

Trans Community Research

Final Project Report

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Finally thanks goes to all involved in creating the questionnaire and focus group questions, and for the steering group comments on the interim and draft reports.

2 Note about Ethics

The Health and Social Science, Science and Engineering Research Ethics and Governance Committee of the University of Brighton approved the research ethics for this project.

In the questionnaire data, no names were requested. In the focus group pseudonyms are used for participants and different pseudonyms are given to the same participant to avoid the aggregated data being identifiable.

Every effort has been made to remove identifying details from both interview and focus group quotes.

For further details of the ethical processes used during data collection, please see the method notes provided in the appendices.

3 Executive summary

3.1 Introduction

This report will address the project's aims of:

1. Identifying the unmet needs and the assets of the Trans community (Trans people who live, work, socialise, study and use services in Brighton and Hove)
2. Identifying evidence and best practice and the extent to which this has been implemented in Brighton & Hove.

The research undertook 9 focus groups with a total of 38 participants and 114 questionnaires were completed. Questionnaires collected both qualitative and quantitative information and consisted of 102 questions.

3.2 Demographics

- 35% of the survey sample identifies as other, 33% identifying as female and 28% as male.
- The majority of respondents do not have a gender recognition certificate.
- 52% of respondents defined their sexual identity/orientation as 'other', 24% people said that they are bisexual, 15% of people said that they were heterosexual/straight and 15% identified as lesbian/gay women, with 10% of the sample saying that they are gay men.
- 93% of the sample are White, which compares to 89% in Brighton & Hove from the 2011 census.
- 69% of respondents were aged 16-44, compared to 57.7% of the population of Brighton and Hove. 2 respondents were aged 65—79 and there was no one over 80.
- 43% say that their daily activities are limited because of a health problem or a disability, which has lasted or is expected to last for over 12 months, this compared to 26% of adults in the Health Counts survey in Brighton & Hove.
- 32% are employed full time, 24% are full time or part time students, 18% are unable to work, 9% are self-employed, 8% are employed part time, 4% are unemployed and looking for work.
- 38% (n. 43) of respondents have been a student in Brighton & Hove in the past 5 years.
- Half of the sample are either atheist or have no particular religion.

3.3 Employment and Study

- 21 survey respondents have had positive experiences in employment.
- 16 participants related having difficult experiences whilst in employment. There are also significant issues surrounding trans people accessing, securing and keeping work (due to discrimination in the workplace).
- 16 people said finding work was difficult and 12 people said that finding and keeping work was difficult because of health, with 9 people relating this to mental health. 11 people said that they had negative experiences at work.
- In focus groups some issues were identified around schools, including the fear of bullying if children were open about having a trans parent.
- Some participants who were students were attracted to the city because of its queer friendly reputation.
- There was some evidence of services and support being provided to trans students, but participants in focus groups highlighted the need for trans specific student services.
- It was contended that more was needed, including addressing the culture of universities/colleges, including lectures and teaching materials

3.4 Brighton & Hove

- Brighton & Hove is perceived and experienced as better than other places for trans people with regards to community, support and friendships.
- Trans people feel that they receive less negative attention in the city.
- Trans Pride was an important event for participants and seen as part of the trans friendliness that attracted people to the city.
- These experiences are tempered by negative experiences within Brighton & Hove that challenge the ideal of Brighton & Hove as a haven for trans people.

3.5 Services

- 84% of people use services in Brighton & Hove.
- There was some recognition of improvements, and trans people feeling able to use these services, however, at other times experiences were very negative.
- Accessing services by telephone was difficult.
- There was a call for private companies to experience trans awareness training along with the public sector.
- Parks and open spaces were used by most trans people with 84% of those respondents who used them saying that they were satisfied or very satisfied.
- Libraries were praised for their staff and LGBT collections that included trans materials, but were asked to also engage with educating the general public on trans issues (79% of people who used libraries were satisfied or very satisfied with these services).

- 86% of respondents who used museums and galleries were satisfied or very satisfied with them. However, it was noted trans people are not visible in the collections and there was a desire to be included.
- Leisure centres and swimming pools were problematic for some trans people, 48% (n. 53) said they don't use them.
- Trans Swimming was praised as getting people back into activity and providing an inclusive space.
- 74% did not participate in organised sports or use a gym. Yet, Roller Derby was praised as a trans inclusive space.
- 57% (n. 64) of this sample are happy to identify themselves as trans on non-trans surveys and monitoring forms, using the question 'do you identify with the gender you were assigned at birth'? 51 respondents thought that the question was good/fine/accurate.
- There were issues with others' negative reactions to monitoring questions, and how this influenced trans people's safety when using services.
- In both the survey and the focus groups the lack of support for trans parents was prominent.

3.6 Finding, Receiving and Offering Support

- LGBT and trans support groups and services were recognised as being very important, and can play an important part in trans people's lives.
- There were some issues with these services, including lack of resources for the services and a reliance on peer support; exclusion of those who have additional needs or who do not feel that they fit; being asked to deal with support needs due to an absence of statutory services. It was noted that complexities and intersectional differences, including disability, can be poorly catered for by these groups who are reliant on a limited pool of volunteer labour.
- 90% of people use the internet to find or give support. This is a key avenue of support and participants spoke of how it helped their wellbeing. Peer to peer support was key in this area.
- In comparison to the City Tracker survey wave 5 which found that 35% of people gave unpaid help in the past 12 months, 81% of trans people in this research have given some form of unpaid help in the last 12 months. This covered services not provided by the public sector, and included volunteering for Trans, LGBT and mainstream services, for the latter two often they were given the 'Trans rep' position.
- 18% (n. 20) of those who responded to the survey helped out individuals and not as part of a group and 16 people in the survey said that they are carers (14%). For those who identified as carers, the two biggest categories cared for were friends and partners.
- 84% of survey respondents said that they didn't know whether they were satisfied or dissatisfied with adult social care. When those who don't know were removed, 25% (n.4) were very dissatisfied, and 10 people (63%) were satisfied/very satisfied.

- It was a concern to trans people in this research that they could not predict whether or not they would receive care that would facilitate living with dignity in older age.
- 18 people in this research said that they were parents. In the questionnaire all 3 who had children in school said that the schools were welcoming.

3.7 Health

- 61% of trans people in this research defined their health as good, very good or excellent (n. 69). This compares to 83% of the Health Counts 2012 results.
- Compared to the Health Counts data, where 70% rate their health as 'about the same' compared to one year ago, 43% (n. 49) of trans people in this research said that their health was 'about the same'.
- In the Health Counts data 18% of say that their health is a bit better or much better than a year ago, this compares to 33% (n. 38) of this sample who believe their health to be a bit better or much better than a year ago.
- 94% are registered with a GP, compared with 89% in City Tracker survey, Waves 5 and 6. There is not any particular concentration of trans patients in any specific GP surgery.
- 65% of respondents are satisfied or very satisfied with their GP. 66% said that they are satisfied or very satisfied that they are listened to, 64% are satisfied or very satisfied that they are involved in decisions and 71% satisfied or very satisfied that they are treated with respect. 19% have changed GPs in Brighton & Hove due to their knowledge of or attitudes to trans issues. In the qualitative data, 74 people spoke of negative experiences, including a lack of knowledge (n. 26); having to educate the GP (n. 10); being misgendered (n. 9), having to change GPs (n. 8), problems changing names or records (n. 6), and problems with administrative and reception staff (n. 5). Despite what might be seen as negative experiences, such as a lack of knowledge, participants rated their experiences with GPs as good.
- 37 people discussed positive experiences, 9 of these included making referrals, being respectful (n. 8), supportive (n. 6), understanding (n. 6,) Whilst these standards might be expected by non-trans people, examples of 'good' care named in this research can be about receiving a service that might be expected.
- 63%, n. 70 of this sample are not confident, unsure, or don't know (the latter 2 suggest a lack of confidence) about the cancer screening they should be offered, with 38% feeling confident or very confident.
- 25% (n. 26) for hospital services, 34% for dentists (n. 34), 25% for community pharmacies (n. 25), and 72% for community health services (n. 72) didn't know whether they were satisfied/dissatisfied with these services.
- When those who don't know if they are satisfied or dissatisfied were removed:
 - 21% (n. 16) were dissatisfied/very dissatisfied, 65% (n. 50) are satisfied/very satisfied with hospital services compared to 85% in 2013 City Tracker data.

- 9 people (32%) were dissatisfied/very dissatisfied, and 14 respondents (50%) are satisfied/very satisfied with community health services.
- 25% (n. 17) were dissatisfied/very dissatisfied with dentists, 61% (n.53) were satisfied or very satisfied with dentists compared to 85% satisfaction rate in the City Tracker survey.
- 8% (n. 6) were dissatisfied or very dissatisfied, 79% (n. 61) were satisfied or very satisfied with community pharmacies/chemists compared to 96% satisfaction in the City Tracker survey. Focus group participants discussed negative experiences of prescriptions not being filled without checking with GP's and misgendering trans people in humiliating ways.
- 60% (n. 68) of the sample have engaged in medical transition. Of these 78% (n. 54) experienced delays.
- The effects of these delays pertained to negative effect on mental health (n. 29), including depression (n. 12) and suicidal ideation/attempt (n. 4), and financial implications (n. 13), including turning to private healthcare (n. 9). Focus group and survey participants also stated that long waiting lists cause anxiety / mental health difficulties – exacerbating existing mental health difficulties - and can lead to self-medication.
- 55% (n. 63) of respondents have been under the care of a gender identity clinic. The majority of those who have used a gender identity clinic were NHS patients (72%, n. 44), with 25% (n. 15) using both NHS and private care, and two respondents used only private care.
- 51%, n. 31 were satisfied or very satisfied, with their experiences of the Gender Identity Clinic compared to 38%, n. 23 dissatisfied or very dissatisfied. This trend continues through listening to you (60% satisfied compared to 29%), involving you in decisions (51% satisfied compared to 30%) and treating you with respect (62% satisfied compared to 25%).
- Participants said that trans people experienced distress with having to go Charing Cross – with the long wait for an appointment and the high cost of travel, particularly if they had to travel peak time. There was anxiety about missing appointments because of travel costs or personal difficulties, and having to wait a long time to be offered another one. Similarly, questionnaire respondents experienced problems with the process of transitioning and accessing Gender Identity Clinic services, citing lost and delayed referrals due to administrative problems as a big cause of this.
- Although there was no specific question in the survey on sexual health, this was an area mentioned by a number of questionnaire respondents. There were particular difficulties identified around terminology used to describe people's anatomy, some good practice was highlighted at the University of Brighton.
- To improve health services, participants highlighted improvements that can be made within GP surgeries, GICs and health services in general to make them more accessible and inclusive of trans people.
- The most frequently suggested action for improving healthcare for trans people was an increase in training (n. 40), followed by a local Gender Identity Clinic (n. 18) and shorter waiting times (n. 13).

3.8 Mental Health

- Only 4% (n. 5) of the sample said they had not experienced some form of mental health issue in the past 5 years.
- The most commonly cited issues are stress (83%, n. 94), anxiety (80%, n. 91), confidence/self-esteem (80%, n. 91), and depression (78%, n. 89). Incidence of self-harm in this research it is 33% (n. 38). Being a trans person in a society which has little awareness or acceptance of trans issues, has an extremely negative impact on trans people's mental health.
- 79% of the sample stated that, in the past year, they have had 2 weeks or more during which they felt sad, unhappy or depressed, or when they lost interest or pleasure in things that they usually cared about or enjoyed. This is considered indicative of being at risk of major depression. In comparison, only 38% of general population respondents in the 2012 Health Counts Survey in Brighton & Hove were identified as being at risk (Brighton & Hove City Council).
- When asked about experiences of mental health services 25 people had no experience of using mental health services with 13 people saying that these services were hard to access. 19 recounted negative experiences and 12 positive experiences.
- 13 survey respondents spoke about community and voluntary services, of these 9 people were positive about their experiences. 6 people said that the time available for them through mental health services was insufficient.
- Respondents spoke of the conflation of trans identities with mental health issues in mental health services and by psychiatrists and other mental health professionals.
- Some participants labelled mental health services things like a 'waste of time', 'dangerous' and, in one case, stating that waiting times for counselling were linked to a suicide. Those who had used community/voluntary sector services reported more positive experiences, although they were aware of the limits to these services.

3.9 Safety

- 14% of the survey sample have **not** experienced any form of hate incident or hate crime that was related to their gender identity in the past five years.
- 83% of the survey sample had experienced negative comments and 64% verbal abuse, 53% respondents experienced teasing and 20% experienced physical violence over the last five years (more than those who had not experienced anything (14%)).
- Individual experiences of hate incident and hate crime reported by focus group members varied from indirect verbal violence to being brutally attacked.
- 69% (n. 65) of the people in this research who had experienced one or more hate incidents did not report any of the incidents they experienced. For many

their relationships with reporting pertained to past experiences, both positive and negative, with the police and other services.

- 18 people spoke of negative experiences with reporting, including not enough being done. 13 people spoke of positive experiences, including the LGBT liaison officer.
- 51% of the sample has had some contact with Sussex Police (n. 58) in the last five years.
- 31% think that police services have improved over the last five years and 15 respondents (13%) do not think that they have. 56% of respondents are unsure.
- Of those respondents who have had contact with Sussex Police in the last 5 years (n.58), 40% think that services have improved, 19% think that they haven't improved and 41% of respondents are unsure.
- A third of trans people in this research experienced hate crime/hate incident from a family member, with 27% respondents saying that they suffered hate crime/incidents in the home.
- In comparison to the whole population sample in the local City Tracker survey, trans people feel are less likely to feel safe (81% felt fairly or very safe, compared to 45% of this sample) when outside in their local area after dark; when outside in their local area during the day (98% felt fairly or very safe, compared to 74% in this sample); when outside in the city centre after dark (64% compared to 35% of trans respondents to this research); when outside in the city centre during the day (96% felt fairly or very safe compared to 65% of trans respondents in this research).
- 65% feel very or fairly safe using public transport.
- 69% feel very or fairly safe in LGBT venues. 84 respondents (74%) feel very or fairly safe attending LGBT groups or events.
- Focus group participants spoke of being on constant alert and using strategies to conceal their gender identities in order to feel safer.
- Toilets were a key space where people felt unsafe.
- In focus groups it was noted that safety fears, along with direct experiences of violence, had effects on trans people's mental health.
- Trans awareness training and education for the general public and services were seen as key to making trans people feel safe. 8 respondents also mentioned increased visibility of trans people would make them feel safe.
- Some requested increased police presence, whereas others recounted concerns about the police or the differential treatment trans people experience from the police compared to cis-gendered people.
- Gender neutral spaces and toilets were requested as a key way of improving trans people's safety as well as addressing the discomfort other users might feel in gender binary spaces.

3.10 Housing and homelessness

- 20% of people used housing support services. The experiences were varied. Some trans people spoke of the help Brighton Housing Trust gave them, and the poor service they received from housing services.

- 47% of people in the survey sample lived in private rented accommodation, but interactions with some letting agents and landlords were problematic.
- 34% (n. 34) of survey respondents had experienced homelessness at some point; 13% (n. 15) in the last five years.
- Participants highlighted negative experiences of hostels and temporary accommodation.
- Improving housing services: this related to safety, training and the provision of trans-specific or trans-friendly housing.
- Whilst letting agents were seen as an issue, the council was called on to support trans people in the private rented sector with securing accommodation, including through deposits and developing awareness training with letting agents.
- Developing affordable housing was also important. Survey respondents and focus group participants also asked for trans housing officers.

4 Introduction

In 2013 Brighton & Hove City Council (BHCC) published the results of a Trans Equality Scrutiny Panel¹ which recommended that a needs assessment be undertaken to identify the needs of local Trans people who live, work, socialise and use services in Brighton & Hove.

This community research asks trans people about their needs. It is part of a wider process which also includes a literature review, stakeholder interviews and data snapshot of the data available in the city and reports on these other pieces of work are available separately. An overall Needs Assessment report will be published which brings together the findings from all sources.

In Summer 2014, the University of Brighton and Brighton & Hove LGBT Switchboard (Switchboard) bid to undertake this research as a consortium, developing a research methodology that incorporated trans people as co-researchers and employed local trans groups to support the research. This research was conducted as community engaged research that genuinely involved local trans people in the design, sampling, analysis and reporting of the research. Data collection was undertaken between October 2014 and December 2014, with findings written up in January 2015.

For the purposes of the needs assessment Brighton & Hove City Council are using the following definition:

“Trans is an umbrella term to describe people whose gender identity differs from their assigned sex at birth”.

On the questionnaire it was stated that this included:

“all trans men, trans women and other gender variant people, which will include, but is not limited to, those with a non-binary gender identity (such as genderqueer and androgynous people) and cross dressers/transvestites.”

Respondents were asked to complete the questionnaire if this applied to them, whether or not they identify with the term trans or use it in their daily life.

4.1 Aims

The aims of the overall needs assessment are to:

1. Identify the unmet needs and the assets of the Trans community (Trans people who live, work, socialise, study and use services in Brighton & Hove)

¹ Findings available at <http://www.brighton-hove.gov.uk/content/council-and-democracy/councillors-and-committees/trans-equality-scrutiny-panel-2013>

2. Identify evidence and best practice and the extent to which this has been implemented in Brighton & Hove
3. Make recommendations to commissioners, providers and others in order to improve the lives and outcomes of Trans people

In this report, aims 1 and 2 will be addressed. Recommendations will follow from this research and the other elements of the overall needs assessment work, and will be developed with trans people.

4.2 Methods

This research was conducted using an online and offline questionnaire and focus groups. The questionnaire contained over 102 questions and a self-selecting sample of 114 trans people completed the questionnaire. The questionnaire consisted of 102 qualitative and quantitative questions. 13 paper versions of the questionnaire were completed (from 100 distributed), the remaining 101 were completed online.

9 focus groups were completed with 38 people. Of these groups, one was specifically for people of colour (run by a facilitator who was a member of the QTIPOC support group - Queer, Trans and Intersex People of Colour - and who we had trained to conduct the research), two were youth 18+/student groups, one group was for over 50s, five groups were mixed.

From the 15 monitoring forms received from focus group participants:

- 5 participants identify their gender as female; 3 as gender-queer; 1 as genderqueer trans woman; 1 as trans woman; 1 as male; 1 as trans man; 1 as non-binary trans-masculine; 1 as non-binary trans feminine and 1 as non-binary.
- In terms of ethnicity: 11 participants define their ethnicity as White English; 3 as Mixed, and 1 as White Other.
- In terms of sexual identity, 4 participants identify as bisexual, 3 as lesbian, 1 as queer, 1 as genderqueer, 1 as pansexual, 1 as heterosexual, 1 as heterosexual & other, 1 as asexual, and 1 as unsure.
- Age-range of participants: 5 participants were age 36-45; 5 were 18-25; 4 were age 26-35; and one was under 18.
- A total of 5 participants declared a disability: Two declared learning disabilities/difficulties; one declared a physical disability; and one declared a mental health difficulty.

Participants were recruited to questionnaires and focus groups via online social media, face-to-face contacts at trans support and activity groups, and meetings specifically organised for this research.

All the qualitative data was coded for focus groups post transcription. The data is presented as findings and is not analysed in depth or interpretations offered, as timescales did not allow for collective analysis and recommendations are to be

produced within the broader Trans Needs Assessment led by Brighton & Hove City Council.

Full details of the methods and tools used for this report can be found in the appendices at Section 17.1.

4.3 Outline of this report

Section 5 outlines the demographic characteristics of those who responded to the Trans Needs Assessment. These characteristics should be considered as a context for interpreting the findings presented in subsequent sections. The section will discuss sample composition and the following demographic characteristics of the sample: gender; gender recognition certificate; sexual orientation; ethnicity; age; disability and religion.

Section 6 looks at the statistics and diverse experiences of employment and studying in the city.

Section 7 looks at how participants in focus groups and survey data understood their place in Brighton & Hove and why they came to the city. It examines the promise of Brighton & Hove, migration to the city and challenging the 'Brighton Haven'.

Section 8 addresses accessing and using services, satisfaction with services, exploring libraries, museums and galleries, leisure centres and swimming, parks and open spaces, sports and gyms. It then goes on to address monitoring, including trans and gender questions and experiences of monitoring. Finally this section examines what focus group participants said about schools.

Section 9 examines support groups and projects, complexities, dual discriminations and multiple marginalisations in the use of services, including support for disabled people. The section then moves to finding and offering support, including the internet and peer support, volunteering. The final two sections examine care, including ageing and care, and parenting.

Section 10 explores health and wellbeing. It covers: general health; general practitioners; cancer care; health and social care. It then looks at medical transition, including gender identity clinics; sexual health and improving health services.

Section 11 reports on the prevalence of mental health difficulties including the risk of depression. It then explores experiences of mental health services including not using services, negative experiences and positive experiences.

Section 12 explores experiences of abuse, police and reporting, domestic violence and feelings of safety. It then looks at the effects of abuse and feeling unsafe and finishes by exploring suggestions that trans people in the research have for improving their safety in the city.

Section 13 outlines participants' current housing situations before moving to discuss finding accommodation, experiences of housing services, and private landlords. The section then explores homelessness and finishes on suggestions for improvements for housing services.

After the conclusion, there is a summary of the Trans Community feedback event held on the 26th February 2015.

5 Demographic details of the sample

5.1 Introduction

This section outlines the demographic characteristics of those who responded to the Trans Needs Assessment questionnaire (the demographics of focus group participants are considered separately at the end). These characteristics should be considered as a context for interpreting the findings presented in subsequent sections. The section will discuss sample composition and the following demographic characteristics of the sample: gender; gender recognition certificate; sexual orientation; ethnicity; age; disability and religion.

To collect demographics of focus group participants, we used Switchboard’s standard monitoring form which covers gender identity, sexual identity, ethnicity, age and disability. We received 15 forms back from participants and, as the collection method was different, we have not integrated data into the table below).

5.2 Gender

35%² of the sample identifies as other (n. 40), this is followed by 33% identifying as female (n. 37) and 28% (n. 32) as male. 4 people (4%) said they would prefer not to say what their gender is.

Table 1: What gender are you?

		Frequency	Percent	Valid Percent
Valid	Other (please specify)	40	35.1	35.4
	Male	32	28.1	28.3
	Female	37	32.5	32.7
	Prefer not to say	4	3.5	3.5
	Total	113	99.1	100.0
Missing	System	1	.9	
Total		114	100.0	

Those who defined their gender as ‘other’ mainly defined as:

Table 2: Gender identity³

Category	No. of responses
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² All percentages are rounded to the nearest whole figures, the tables present one decimal point. N. refers to the number of people. We use the valid percentage in the text, which excludes those who did not answer the question. All tables, however, include the percentages with missing numbers.

³ Bold numbers are used to indicate the number of people within a coded category, ie the number of people who responded in this way (for example Genderqueer). Where people’s responses fitted two categories they are counted in both. These tables are recoded qualitative data that is data that respondents wrote in free text boxes. The total numbers are the number of respondents that said a particular answer and can be less than the other responses that are noted underneath (for example politically gender queer). The total categories are respondents and the subcategories relate to the number of times topics are mentioned regardless of which respondent said them. This provides a more robust analysis of the qualitative data where overall figures focus on respondents rather than responses.

Genderqueer	15
Androgynous/Genderqueer MTF	1
Genderqueer, but using male or neutral pronouns.	1
Politically Gender Queer	1
Genderfluid	1
Trans	14
Pre-op Trans male	1
Pre-op Transsexual	1
Trans Masculine	1
Trans Female	1
Female (transgender woman)	1
trans-feminine.	1
trans masculine demiboy	1
trans male	1
Transintersexual	1
FTM transgendered	1
Non-binary	11
Non binary (middle zone) (to female zone)	1
I believe I'm male and female	1
I present as male in my daily life	1
Agender	3
Somewhere between female and agender/non-gendered	1
vacillating between male and gender neutral	1
Other, including	
Masculine--I do not identify my gender as "male," nor do I consider myself a "man," but I do consider myself a guy.	1
born male	1
Not currently sure, awaiting test results	1
Bi Gender	1
Spiritually Female	1
biological male	1
I am neither male nor female	1
Mid gendered	1
Female born with additional body parts living 50% male for societal acceptance and 50% female as is normal, more regularly female	1

5.3 Gender recognition certificate

The majority of people do not have a gender recognition certificate (74%, n. 84), 11% (n. 12) do and there are 17 people (15%) whose certificate is in process.

Table 3: Do you have a gender recognition certificate?

		Frequency	Percent	Valid Percent
Valid	Yes	12	10.5	10.5
	No	84	73.7	73.7
	In process	17	14.9	14.9
	Don't know	1	.9	.9
	Total	114	100.0	100.0

5.4 Sexual Orientation

Table 4 shows that 52% (n. 59) of respondents defined their sexual identity/orientation as 'other', 27 people (24%) as bisexual. The numbers and percentages for heterosexual/straight and lesbian/gay women are the same (n. 15, 13%). Gay man is the identity that fewest respondents claim (n. 11, 10%)⁴.

Table 4: Which of the following best describes your sexual orientation (note: as participants were able to select all that applied, the overall percentage will be more than 100%):

Category	Number	Percentage
Other	59	51.8
Bisexual	27	23.7
Heterosexual/straight	15	13.2
Lesbian/gay woman	15	13.2
Gay man	11	9.6
Prefer not to say	4	3.5

Those who identified as 'other' identified as:

Table 5: Sexual orientation

Category	No of responses
Queer	22
Queer romantic	1
I'm mostly attracted to women and non-binary people, but occasionally men	1
(although this is also a political term and shouldn't be used by outsiders to refer to the lgbt+ community)	1
as I do not discriminate a prospective partner based on their gender	1
with a strong preference for men (both cis and trans)	1
Pansexual	16
Pansexual asexual	1
I am attracted to -people-, not specific genders	1
Bisexual	8
Bisexual is too restricting	1
Bi curios with male preference	1
Something more than Bisexual	1
if i am with a guy that makes me straight and if i am with a women then that makes me a	1

4 This is unusual for a survey that engages with Lesbian, Gay, Bi and/or Trans people. Gay men often dominate these surveys, this is perhaps an issue that could be explored further in relation to trans people and participation in research.

lesbian	
Asexual	6
Demisexual	1
Homoromantic	1
Panromantic	1
Somewhere between asexual and anti-sexual	1
Pansexual asexual	1
Difficult to fit into categories	4
I'm not sure how I'd understand a non-binary gender identity to interact with the above taxonomy of sexuality	1
disagreement with the social construction of the gender binary and the concept that there is only 2 genders	1
As I don't have a gender but I only like women none of the categories really apply any more	1
Have been sexually active with men but in a long term relationship with a woman so don't really identify as bisexual	1
Pre op	3
Pre op transsexual	2
Pre op trans man with lesbian partner	1
Straight	2
With a 'queer' edge	1
Heterosexual	1
I don't like this question	2
I don't see what my sexuality has to do with my gender	1
not relevant to questionnaire on gi	1
Genderqueer	2
and I'm also on the spectrum of non binary	1
Other, including	
I am female (transfemale)	1
I do not believe in putting anyone in boxes	1
I am female gender queer transvestite admirer	1
Heterosexual woman that was born in shell of a man	1
Mostly only have sex with other male CD/TVs when dressed - to the world I am straight	1
Dyke	1

5.5 Ethnicity

72% of the sample are White British (n. 44), with 3 people (3%) preferring not to say. In Brighton from the 2011 census data, 80.5% of residents are White British (Brighton & Hove City Council). The majority (93%, n. 105) of those completing the needs assessment survey identify as White, this is comparable to the Brighton & Hove

population at 89.1% (Brighton & Hove City Council, 2011). 5 (5%) non-white identified people completed the survey.

Table 6: How would you describe your ethnic origin?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White - English/Welsh/Scottish/Northern Irish/British	82	71.9	72.6	72.6
	White - Irish	4	3.5	3.5	76.1
	White - Any other White background	19	16.7	16.8	92.9
	Asian or Asian British - Indian	1	.9	.9	93.8
	Asian or Asian British - Pakistani	1	.9	.9	94.7
	Other Ethnic Group - Any other ethnic group	1	.9	.9	95.6
	Mixed - Any other mixed background	2	1.8	1.8	97.3
	Prefer not to say	3	2.6	2.7	100.0
	Total	113	99.1	100.0	
Missing	System	1	.9		
Total		114	100.0		

5.6 Age

Table 7 shows that 69% of respondents were aged 16-44 (n.77), compared to 57.7% of the population of Brighton and Hove (Brighton & Hove City Council, 2011). 28.6% of respondents were aged 45-64 (n.32), similar to the city-wide data of 26.7% (Brighton & Hove City Council, 2011). However, only 1.8% of respondents were aged 65-79 (n.2), with nobody aged 80 or over. This compares to Census data for Brighton & Hove in which 10.6% of the population is aged 65-79, and 5% aged 80 or over (Brighton & Hove City Council, 2011).

Table 7: Age

		Age			Cumulative Percent
		Frequency	Percent	Valid Percent	
Valid	16-24	33	28.9	29.5	29.5
	25-44	44	38.6	39.3	68.8
	45-59	26	22.8	23.2	92.0
	60-74	8	7.0	7.1	99.1
	Prefer not to say	1	.9	.9	100.0
	Total	112	98.2	100.0	
Missing	System	2	1.8		
Total		114	100.0		

5.7 Disability

43% (n. 48) of respondents say that their daily activities are limited because of a health problem or a disability, which has lasted or is expected to last for over 12 months. This compares to 26% in the Health Counts in Brighton & Hove research and 14% in waves 5 and 6 of the City Tracker survey (Brighton & Hove City Council, 2012; Brighton & Hove Strategic Partnership, 2013; Brighton & Hove Connected, 2014).

Table 8: Are your day-to-day activities limited because of a health problem or disability which lasted, or is expected to last, at least 12 months?

		Frequency	Percent	Valid Percent
Valid	Yes	48	42.1	42.5
	No	65	57.0	57.5
Missing	Total	113	99.1	100.0
	System	1	.9	
Total		114	100.0	

Of those who said that their daily activities are limited because of a health problem or a disability, which has lasted or is expected to last for over 12 months, the majority said the responses related to mental health (63%, n. 15, 26% of the overall sample), 31% (n. 15, 13% of the overall sample) saying this was a long standing illness, 29% said they have a physical impairment (n. 14, 12% of the overall sample), (see table 9).

Table 9: If 'Yes' please state the type of impairment (please note the percentages do not add up to 100, as this question allowed for multiple answers)

	Number	Percentage of the overall sample	Percentage of those who said that they had activities limited because of health problems
Mental health	30	26.3	62.5
Long standing illness	15	13.2	31.3
Physical Impairment	14	12.3	29.2
Other	12	10.5	25.0
Developmental condition	5	4.4	10.4
Sensory impairment	4	3.5	8.3
Learning disability/difficulty	4	3.5	8.3

Those who selected 'other' described their disabilities as:

Table 10: 'Other' disabilities

Category	No. of responses
Asperger's Syndrome	3
Depression	3
Anxiety	3
PTSD	2
Heart condition	1
Endometriosis	1
Minor arthritis problem resulting from hormone deficiency	1

Temporal Lobe Epilepsy	1
Mobility	1
Chronic health conditions	1
Autism	1
I am full time carer for my also trans partner who has a long-term illness and so can only get out of the house at certain times for short amounts of time and can't be too far from home	1
Transgenderism – discrimination has led to nervous breakdowns	1
Suicide attempt	1
Fear for safety	1

5.8 Employment

32% (n. 36) of respondents are employed full time, 24% are full time or part time students (n. 27), 18% (n.20) are unable to work, 9% (n. 10) are self-employed, 8% are employed part time (n. 9), 4% (n. 5) are unemployed and looking for work.

Table 11: Which of the following best describes your current situation?

		Frequency	Percent	Valid Percent
Valid	I am self-employed	10	8.8	8.8
	I am employed full-time (more than 30hrs per week)	36	31.6	31.6
	I am employed part-time (less than 30hrs per week)	9	7.9	7.9
	I am retired	6	5.3	5.3
	I am unemployed and looking for work	5	4.4	4.4
	I am unable to work due to disability or ill health	20	17.5	17.5
	I am caring for my home and family/dependents	1	.9	.9
	I am a full-time student	25	21.9	21.9
	I am a part-time student	2	1.8	1.8
	Total	114	100.0	100.0

5.9 University/College Students

38% (n. 43) of respondents have been a student in Brighton & Hove in the past 5 years. In Brighton & Hove at the time of the 2011 Census 14.1% of the adult population were students (Brighton & Hove City Council), as we saw from table 11 this figure was 24% for this research. However, 69% of this research sample was aged between 16-44 compared to 58% in the Census figures on the city (Brighton & Hove City Council, 2011).

Table 12: Are you, or have you been, a student at a university or college in Brighton & Hove in the past 5 years?

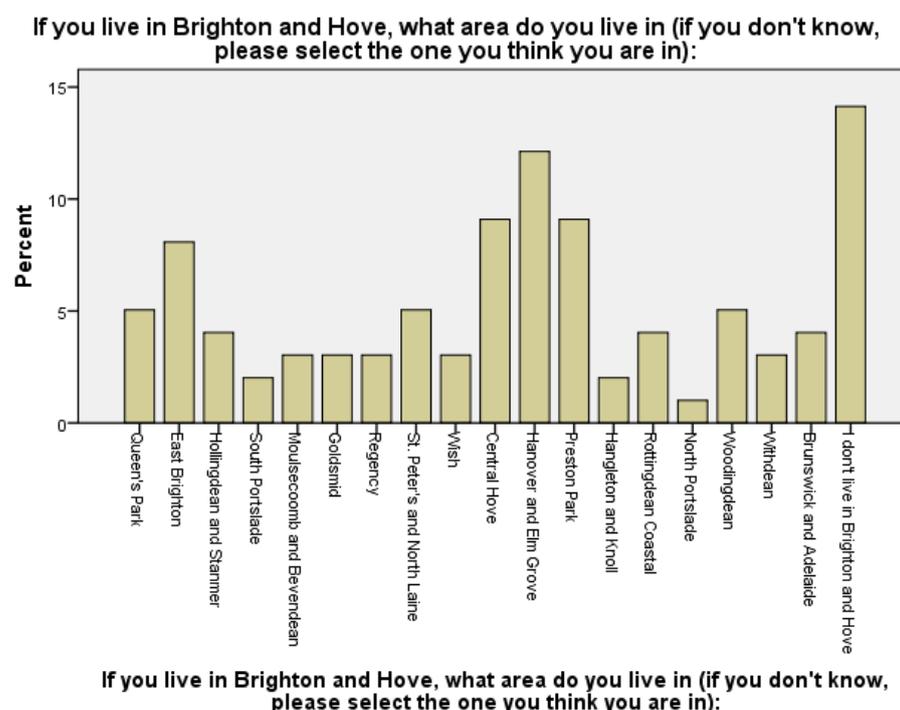
	Frequency	Percent	Valid Percent	Cumulative Percent
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Valid	Yes	43	37.7	37.7	37.7
	No	71	62.3	62.3	100.0
	Total	114	100.0	100.0	

5.10 Place of residence

Figure 1 shows that trans people in this sample live across the city. Although there are small concentrations in some wards, these do not rise above 15% (>8 people) in any one ward. Thus, discussions of concentrations of trans people in any particular area (such as Kemptown) are not supported by evidence. It should also be noted that because an area is not represented, this does not mean that no trans people live there, only that no trans people who live in that area responded to the questionnaire.

Figure 1:



27% (n. 31) of the survey sample are owner occupiers. This is lower than 2011 Census where 53% were owner occupiers (Brighton & Hove City Council, 2011). Nearly half of our survey respondents are in private rented accommodation (47%, n. 53), compared with 28% for the general Census population (Brighton & Hove City Council, 2011). 12% (n. 14) are council or housing association tenants, which is slightly below the 2011 Census level of 15% (Brighton & Hove City Council, 2011). However, there was a higher proportion of survey respondents (12%) in other forms of housing, such as living with parents or homeless, than in the 2011 Census (4%) (Brighton & Hove City Council, 2011).

Table 105: What is your current housing status?

		Frequency	Percent	Valid Percent
Valid	Other (please specify)	14	12.3	12.3
	Owner occupier	31	27.2	27.2
	Private rented	53	46.5	46.5
	Council or housing association tenant	14	12.3	12.3
	Temporary accommodation	2	1.8	1.8
	Total	114	100.0	100.0

Table 106: Those who said 'other' described their situation as:

Category	No. of responses
Living with parents	6
Homeless	2
Other, including:	
Living with a friend's family	1
Through a letting agent	1
Student halls	1
Lodger	1
part time with my ex and our daughter	1
Shared ownership with Housing Association	1
supported living unit	1

5.11 Religion

56 people (50%) either identify as atheist, have no particular religion or prefer not to say. This compares to 42% of the population in census data. 18 people say that they have another religion or philosophical belief (16%) 10 people identify as Christian (9%). This compares to 1% in the census who say that their religion is other and 44% of those in the census who defined themselves as Christians.

Table 13: What is your religion or belief?

		Frequency	Percent	Valid Percent
Valid	I have no particular religion	31	27.2	27.7
	Buddhist	2	1.8	1.8
	Christian	10	8.8	8.9
	Hindu	1	.9	.9
	Jewish	1	.9	.9
	Muslim	1	.9	.9

	Pagan	8	7.0	7.1
	Agnostic	9	7.9	8.0
	Atheist	25	21.9	22.3
	Other (please state below)	9	7.9	8.0
	Other philosophical belief (please state below)	9	7.9	8.0
	Prefer not to say	6	5.3	5.4
	Total	112	98.2	100.0
Missing	System	2	1.8	
Total		114	100.0	

Those who selected other described their religion as:

Table 14: 'Other' Religion

Category	No. of responses
Spiritual	7
Wicca	3
Neopagan	1
Other, including	
Catholic	1
Believe as you see fit, persuade, coerce nor harm not a soul	1
Cosmic developmental reincarnational transcendentalist towards divine unity and beyond	1
I am very influenced by Quakerism	1
anti-theist	1
Pagan	1
I am a meditator and have been for 40 years, I follow a traditional Indian path	1
some things happen and are unwanted, but there is always a thing to be learnt	1
all meaning and value derive exclusively from ourselves and our immediate experience of the world	1
This question is not relevant	1

5.12 Conclusion

This section outlined some of the key demographic details of the survey sample. We can see that participants identify their gender in both binary and non-binary ways: the largest proportion of the sample (35%) of the sample identifies their gender as 'other', with 33% identifying as female and 28% as male. Within these categories, participants identified themselves in diverse ways. The majority of respondents stated that they do not have a gender recognition certificate.

In terms of sexuality, 52% of respondents defined their sexual identity/orientation as 'other', while almost 24% said that they are bisexual, 15% said that they were heterosexual/straight and 15% identified as lesbian/gay women, with 10% of the sample saying that they are gay men. Again, within these traditional categories, participants defined their sexuality in a variety of ways.

In our survey sample, 93% of the sample are white, which compares to 89% in Brighton & Hove from the 2011 census (Brighton & Hove City Council, 2011).

The majority (68.8%) of respondents were aged 16-44, compared to 57.7% of the population of Brighton and Hove (Brighton & Hove City Council, 2011). 2 respondents were aged 65—79 and there was no one over 80.

A higher proportion of survey participants (43%) say that their daily activities are limited because of a health problem or a disability, which has lasted or is expected to last for over 12 months, compared to 26% of the population in the Health Counts in Brighton & Hove (Brighton & Hove City Council, 2012).

In this research, the largest proportion of respondents (32%) are employed full time; the next largest group (24%) are full time or part time students, with 18% unable to work, 9% self-employed, 8% employed part time, and 4% unemployed and looking for work.

A relatively high proportion of respondents (38%) have been a student in Brighton & Hove in the past 5 years.

Half of the sample are either atheist or have no particular religion.

6 Employment and Study

6.1 Introduction

Employment and study are key areas for considering trans inclusions and marginalisations. Studying at college and University can be a key life stage, and also enable further opportunities both socially and professionally. This section looks at the statistics and diverse experiences pertaining to employment and studying in the city.

6.2 Employment

As section 5.8 showed, 32% (n. 36) of respondents are employed full time, 18% (n.20) are unable to work, 9% (n. 10) are self-employed, 8% are employed part time (n. 9), 4% (n. 5) are unemployed and looking for work.

21 people spoke of having positive experiences of employment. They related this to being supported in the workplace (n.7), but also being 'lucky' (n. 7). 16 people said finding work was difficult and 12 people said that finding and keeping work was difficult because of health, with 9 people relating this to mental health. 11 people said that they had negative experiences at work.

Table 15: Tell us about your experiences of finding and keeping work in Brighton & Hove

Category	No. of responses
Positive experiences	21
Supportive	7
I feel lucky	7
I can be out as genderqueer as work, ask colleagues to use neutral pronouns etc.	1
I've had a relatively easy time obtaining and keeping work in Brighton	1
I work for Brighton and Hove City Council and they have been absolutely fantastic. I transitioned on the job	1
I have no trouble finding and keeping work	1
I have received adequate support from my employer during my transition and excellent support from my colleagues	1
I transitioned within a job and for a long time that was totally fine	1
they are very understanding and supportive	1
They are happy to give me the same chance of promotion and development and focus on my skills rather than my gender and mental health issues	1
I have found work in charities that are important to me	1
I 'transitioned'/started using male pronouns when I was working and it was a positive experience	1
I don't believe this could happen anywhere else	1

working with such lovely people	1
I then approached someone at Brighton and Hove Council about the excellent work they were doing around Trans issues and disclosed to them and I am doing some work around Trans issues for them	1
I feel very accepted in the workplace	1
It has been relatively easy to find entry level, retail work in Brighton when I have needed to	1
Trans-inclusive employer	1
Finding work can be difficult because I am trans	16
I feel they'd prefer cis people so when there are few jobs it's hard to find work	1
N/A	13
I don't work in Brighton	5
I've never had a Job	1
Difficult due to health problems, including	12
Difficulty due to mental health	9
Disability	3
Epilepsy	1
anxiety caused by my autism	1
Physical health	1
Social anxiety	1
Anxiety and depression	1
As a disabled trans person I've found it even harder	1
found many employers reluctant to employ a disabled person	1
I am currently disabled and unable to work	1
it seems like my trans friends are more likely to have mental health issues, due to growing up in a transphobic society and services not being targeted at us. This means we're more likely to live on very low incomes	1
Customers and managers exacerbated my mental health problems. Come to think of it other colleagues did too	1
Negative experiences in the workplace because I am trans	11
With colleagues	7
Outed at work	4
Lost my professional career as a result of transitioning	1
information about myself, such as my birth name, then filtered down the whole team as gossip	1
my manager told me at the time of offering me the position that if we were anywhere else but Brighton she would not have offered me the job because of my Trans status	1
I had a temp assignment withdrawn shortly after I had shown them an id document with the wrong gender marker	1
I found it hard to hold down a job until I started working as a trans support worker	1
I still feel totally isolated and excluded	1
Suddenly it seems as though I wasn't deemed ""fit enough"" to do my job properly	1

this is not a guarantee against transphobia, especially that genderqueer/ non-binary is not a gender identity that is officially recognised	1
It is hard to find work	9
but people here are less hostile	1
the reason I now unfortunately do not live in Brighton anymore	1
I can't cope with interviews or perform well in them and employers won't offer alternatives	1
I am not intelligent or confident which doesn't help as employers want intelligent and confident people	1
as an international student, I've found that a lot of part time jobs require a perfect spoken English	1
I feel unable to be out	8
I haven't felt safe being out at work and have just endured female pronouns, being read as a lesbian etc	1
I think that people are likely to find it harder to understand than if I told people I was binary trans, and this makes me reluctant to talk to people about it	1
I am quite worried about how being openly trans could affect my career	1
It makes me feel very torn between being true to myself + caring for my wellbeing, and being able to support myself and maybe a family in the future	1
constantly worried/scared by shared work changing rooms	1
I don't expect people at work to understand my gender and the fact that I use gender neutral pronouns	1
I find it really horrible to be treated as the wrong gender all of the time	1
have never mentioned my sexual orientation at work as I find so much prejudice against CDs, even from the gay community	1
The fear of being judged for being trans by potential employers at interview has led to me avoiding looking for work in the past	1
where I can be confident that my gender identity won't be a problem with my colleagues and superiors	1
Volunteering	6
Positive experiences finding/having volunteer work	4
I have been unable to find a job past unpaid charitable labour in Brighton & Hove despite trying	1
Difficult to find suitable positions	5
I am often either labelled as over-qualified or under-qualified	1
lack of opportunity here	1
I am a student	5
do not feel I can spare the energy that goes into working alongside my education	1
there's not a lot of work that can accommodate to my schedule and the quantity of work	1
but the job centre expects me to give up my studies if I find a full time job whose hours conflict with my course	1
It is important to pass	4
Employment became easier once I started passing as male, more opportunities felt available than before	1

Upon reaching the point I passed more often than not, I suddenly found feedback from potential employers a lot more favourable	1
Difficult to find a job because of my age	3
Negative experiences due to being LGB	3
No one said much about the fact that I was bi but I didn't feel respected and I was treated badly occasionally because of it	1
I've also been sacked once because my boss was homophobic	1
It is difficult as I might need to wear a uniform	2
I really rely on dressing myself to manage dysphoria	1
Gender-specific uniform	1
Other, including	
I am a housewife and I take care of my children	1
Dealing with abuse for being trans and Scottish means being called ""Jock"" and ""Tranny"" on an almost daily basis	1
I moved to the area for an industry specific job after graduation from university	1
I'm not presenting so my transness hasn't affected my job hunt	1
Okay	1
I have not spoken about my LGBTQ identity within BME organisations, and I find it a hard discussion to have about my BME identity within LGBTQ organisations too	1
I have managed to build up a business	1
I often worry that I'm going to be let go or have to leave due to my conscience because of criticising racism, transphobia and other problems in the workplace	1
I feel like because I have a non-binary identity I'm much less clear on what my rights are in the workplace	1
I would like to get more paid work in the future I feel like I want to broaden my horizons	1
Managers in Brighton don't know how to manage and haven't got a clue about motivating staff or utilising their resources	1
Absolutely shit	1
I asked my bosses to change a racist theme they'd chosen for a party and although they did they were pretty resistant	1

11 people (10%) feel unsafe going to work.

Table 16: How safe or unsafe do you feel going to work?

		Frequency	Percent	Valid Percent
Valid	Don't know	19	16.7	17.6
	Very unsafe	6	5.3	5.6
	Fairly unsafe	5	4.4	4.6
	Neither safe nor unsafe	18	15.8	16.7
	Fairly safe	39	34.2	36.1
	Very safe	21	18.4	19.4
	Total	108	94.7	100.0
Missing	System	6	5.3	
Total		114	100.0	

Participants also faced significant hurdles both seeking and keeping employment. From the outset, the process of seeking work appears for many to be the cause of anxiety. The potential to be misgendered or 'outed' in a job interview appeared to have a significant effect on an applicant's confidence.

Angela Well I have sort of been applying for jobs recently but because I haven't really felt confident about it, I've been having to use my birth name and the gender on my legal documents and stuff, and it's something that I'm not even really sure if I wanted to find employment, how I would bring that up or if I would ever feel comfortable bringing that up, because you know, I'm not even sure if it would, you know, I kind of worry that it would put my job at jeopardy if I were to have to bring that up.

Matthew I don't feel comfortable applying for jobs because I don't know what to do. I wouldn't feel comfortable being called by my birth name and incorrect pronouns. So I've been putting off applying for jobs for that same reason.

Catherine faced discrimination in the process of finding work as a consequence of being 'out':

Catherine One time I was travelling to [nearby town] to go to [a] work programme and after about half-a-dozen visits, they decided to call a meeting with me. So the question was, 'Catherine, why do you think you're not getting work?' And I said, 'I don't know. Maybe it's because I'm a woman over the age of fifty, wrong side of fifty, you know, that does apparently have an effect.' And he just said to me, 'Right. There's three things in my view that are stopping you getting work easily. The first thing is that you're transsexual.'... I sat there and I absolutely froze because... I was speechless. I didn't know how to react. I've never actually been so insulted since I had my transition.

For some even the protection of a gender recognition certificate was not sufficient in alleviating the fear of looking for work with a new name:

Joey I've never really been employed apart from one guy that was a family friend who used my old name and I never really got around to telling him because my parents were so terrified of what people would think if they knew that I was trans. So I just never really bothered with that back home. It wasn't worth it. I knew I'd be getting out, but I'm so terrified of applying for jobs, that I don't have one. I can't really approach people. I can act confident and everything, but I'll be shaking and I'll be terrified and constantly thinking like, 'What pronouns are they using for me in their head and how do I tell them what I take because my name is purposely ambiguous so there's no

way to really get it across to them.’ So jobs are near impossible for me.

Matthew For me at least, it would be good to get a recognition certificate because I can change my passport and things like that because I do still travel to [home country] a lot even though we both live here, but when it comes to work, I’m not really sure if it would change much because just because a piece of paper says that I take he, doesn’t mean that the people employing me, if I don’t look male, are going to believe me or if they think it’s just another step towards my sanity or something.

Similarly, several of those in employment described being fearful of losing their positions, should they be ‘outed’ at work. Tom explains:

Tom I was working at a school in the area and I wanted to come out, but there was like a three month probation period and I was like, ‘If I come out, they can just let me go and say that it’s because it didn’t work’... But in the probation period they can just let you go and don’t have to give a reason, but all the kids were just so chilled. Like all the kids. I mean for one thing, all of the kids, whenever one of the other adults misgendered me, the kids were like, ‘No’, and I hadn’t even said anything. They’re just kids. So like yeah that was really scary and I came to [support organisation] a lot and I was asking for all sorts of support. I was like, ‘What can they do? Am I allowed to come out at work anyway? Should I do it? If I wait three months and then I come out, then I might have a really kind of toxic workspace where they all think I don’t trust them and they don’t want me there.’

Kit It took me ages to get to a point where I felt like I knew for sure that my workplace would have to support me with like non-binary trans identity... I looked [it] up online. Like they’ve got their policy that... they won’t discriminate based on gender reassignment and it’s like, you know, straightaway I find that problematic because I don’t feel like anything I do is going to be reassigning... So what does that mean in terms of who they have to support? It was really unclear, because it was like on one hand, it was like gender reassignment counts as any kind of like medical intervention which I didn’t even know if I was going to have at that stage but I did know that I was trans... But then it also said, ‘But you don’t have to have had any intervention yet’. So basically I didn’t understand. I got to the point where I was like, ‘Well I think if I go and see a GP and I say, ‘Look. I’m trans and I want that on my medical record’, then probably I couldn’t be discriminated against legally and I just had to kind of work that out for myself and couldn’t go to my HR department and just ask because that would have involved coming out to them before I knew whether or not it was going to be safe.

The fear of transitioning at work caused Les and Mary to delay their transitions.

Les When I was last working I was actually at that point I was sort of privately thinking about transitioning and saw myself more as male than gender-queer and didn't tell anyone.

Mary I worked for ten years for [workplace] working with learning disability people. Well people with learning disabilities, working for the council. That's sound. It's like a fairly secure-ish job and it was a decent salary, but I had to leave because it was absolutely doing my head in for various reasons and I just didn't want to transition in that environment.

Alfred related the anxiety surrounding transitioning in the workplace:

Alfred It's terrible really because you think if you're waiting, you can theoretically still carry on with your life and do anything you like, but there's a real kind of feeling that while you're waiting, you can't do anything else. I mean after my first appointment I actually took two weeks off work with anxiety because although I felt really good about the appointment, kind of getting a load of things off my chest and just being very open and honest, actually made me feel vulnerable and I felt like I couldn't do a finance presentation at work and I just felt I couldn't face all the senior managers just for a few days. I kind of got over it because I just thought, 'Well silly', [laughs] but just I felt kind of open and vulnerable for a few days and I needed to sort of toughen up again or something...

Being trans can affect one's chances of both gaining employment and pursuing a satisfying career. Despite statutory law, several applicants lost their position as a direct result of their trans status.

Jane I'm currently unemployed ... I actually lost my employment because I was transitioning.

Susan With me it's different because I've been living in [nearby town] since [date] ... I was working at [employer, location]. Got outed in the local press and national press because at the time I was a cross-dresser, but I lost my job, lost my security clearance, was labelled a security risk to the country...

Others, like Renae, faced indirect discrimination in the workplace.

Renae They see me coming and they'll just sit that and smirk at me ... It's that smirk that always does me and it drives me nuts. I'm like, 'No. No. My ability to [carry out procedures], didn't actually become impaired with the growth of breasts. Amazingly still my IQ remained intact.

Constance was deeply upset that her trans status was affecting her career trajectory:

Constance I try and be a professional person. I've always been hard-working. I've always had goals. That's all had to go on a back-burner because I was transgender and I've spent about five years pursuing a career in [particular field]. I've done all the training I possibly could. I've done loads of voluntary work. I've put my all into it, but I feel it's such a professional environment that I don't think I'd be accepted in that field of work [crying].

In contrast, it is clear from Ben's experiences of having a diversity-aware employer willing to develop strategies to facilitate retaining trans employees, that with support, it is possible to navigate a safe path for transition whilst in employment.

Ben I've spoken to human resources and the plan is that I'm going to come back as [name] and human resources have been great. The people that I've told privately at school have been great. I'm going to meet up with the Deputy Head who's in charge of pastoral issues about how the best way to tell the kids is and I've got to work out how to tell the rest of the staff... The plan is the last half-term of school, then I'll tell the staff and then sort of like the last week of school tell all the kids, but we've got to work out a way of doing it that we can tell as many kids all at once so we don't have the Year 9's going, 'Did you know? Did you know?', and then Year 7's finding out through the grapevine.... But they've been very supportive at school, the people that know. The people that I'm worried about are the teachers that are on the five-a-side football team. They're going to be tricky about it, but it'll be alright... There are a couple of friends at school who I told before I told human resources and one of them talked about it with me and said, 'Okay. These are the people are going to have problems but actually these people, they've come into problems with like equality issues about sexism and racism already. So they're all- And the school have dealt with that effectively. So they're all on their last chance anyway. So hopefully that should be alright.

6.3 Schools

Education and schools were mentioned in focus groups, but not asked about in questionnaires. This section looks at information obtained from these focus groups and reports on those who have direct and recent experience of schools either from working in schools or as parents. It does not include the views of pupils at schools. It should also be noted that schools were not explicitly examined in this research, as

the project addressed those over 16. Nonetheless, these comments are helpful in informing broader engagements with schools and trans people's experiences and perceptions of education.

In the parenting section 9.8 of this report the three trans parents who had children at school in Brighton & Hove responded said that their school was welcoming, however, this contrasted with the view of a parent in the focus groups:

Fred Teachers don't want, and schools don't want, that extra problem. They don't want that extra paperwork. They don't want the social problems outside of the school.

Anna So they try and discourage it.

Dave And also causing more social problems for the kids that are LGBT or have parents that are LGBT. Like my children, nearly everybody in their lives who isn't in school are LGBT and they are quite vocal at school. It's not easy for them.

Fear of parents reactions and teachers being seen as not wanting 'extra problems', lead some to conclude that teachers discourage it, which is a 'disservice' to LGBT children and parents.

Education around trans issues for non-trans/cis people was seen as important for some participants. The curriculum was mentioned as an area where including trans people might improve the experiences trans people have not only in school, but also in broader society:

Dave From my point of view schools... I'm annoyed that all the other stuff they do generally about reproduction and bodies and all that, just doesn't bother to mention anything about LGBT stuff. It's like, 'This special day once a year we'll do these people and then we'll just forget about them and go back to cis straight people'.

Anna That should be brought in the school curriculum.

Fred I work in a secondary school [subject] department and am one of the people that puts things together like that and I can say that there is absolutely no focus on people that are non-binary or intersex at all... Transgender people are kind of mentioned. LGB people are focused on more, so I think but we teach like sex education as a science subject rather than PSHE subject.

Participants noted that the absence that they perceived of trans identities and non-binary gender experiences from the schools and curriculums, meant not only did participants feel excluded, but some felt this invisibility precluded other students from learning about the existence and experiences of trans people.

6.4 University/College Students

38% (n. 43) of respondents have been a student in Brighton & Hove in the past 5 years. In Brighton & Hove at the time of the census 14.1% of the population were students (Brighton & Hove City Council, 2011), compared to 24% in this sample, see table 15. Brighton was for some a 'queer-friendly' place to study:

Ariel Well I've been in Brighton now for almost coming on for five years. I came to Brighton to take up a PhD which I'm still doing. I'm part-time doing [course name] at [name] University. That's what brought me really and also initially I didn't know this part of the country at all. So it was the idea for me that Brighton was really a kind of very queer-friendly place.

Table 17: Are you, or have you been, a student at a university or college in Brighton & Hove in the past 5 years?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	43	37.7	37.7	37.7
	No	71	62.3	62.3	100.0
	Total	114	100.0	100.0	

20 participants reported good experiences of being supported by staff including overt efforts to respect privacy and confidentiality, pro-actively correcting misgendering by other students and providing special consideration being given when time off was required for surgical gender reassignment procedures.

Table 18: Please tell us about your experiences as a student

Category	No of responses
Good experiences	20
Including No problems	4
If I had experienced any issues I would have felt very comfortable going to the LGBT student union	1
Fantastic, cannot thank my university enough for the support I was given	1
I feel treated equally as any other woman by staff and so far by students	1
When I overheard a student using a pronoun that miss-gendered me (not with a bad heart but due to ignorance I believe), my teacher was quick to correct her	1
My teachers at college were all accepting of my new identity, name and pronouns and a few students were too	1
I have always been treated with respect and confidentiality has never been a problem	1

I have peace of mind that I am safe to be out or not out and be myself at university with staff that support me	1
My uni are so brilliant, they were able to leave my gender and title blank on their system - although it would be nice if there was a non-binary option	1
I have never felt so accepted and feel I can be open about my identity	1
They also have gender neutral toilets which has been such a relief for me	1
I was very pleased with the Student Life Centre support and the ease with which I could change my gender marker and name on the university record (although, the only options available were male or female)	1
I was accepted for who I was for the first time in my life. It was the greatest few years of my life to this point	1
I really liked the LGBTQ society's stall at Trans Pride though. I love how they used the stall to raise money for the event	1
very good at protecting my privacy as a trans person	1
Some tutors are supportive but that's them as individuals not the system	1
staff were completely supportive when I needed time off for surgery and extensions on assignments during recovery period	1
I met really amazing people who understood and accepted me for who I was and how I identified	1
Negative experiences	19
Including being misgendered	7
Abuse	3
I felt extremely intimidated about transitioning and remained in the closet	1
I felt like the odd kid in the class	1
There was something very unwelcoming towards LGBT people, but it wasn't overt. We could just feel it	1
I felt pretty uncomfortable for most of the time I was there. I ended up dropping out because I didn't feel supported in my learning and a lot of that was to do with the culture	1
I live and pass as male, so no one ever questioned my gender, but I still stuck out as different	1
I sing, and that's the main area of unease for me at college	1
Gender segregated toilet facilities presented a day-to-day struggle for me, causing me to skip days for fear of being ridiculed for my appearance or being told that I was using the 'wrong' toilet, no matter which toilet I used	1

there is too little awareness	1
A teacher would constantly challenge the validity of my identity, and even brought it up in class as if it were a suitable topic for debate, showing no respect for my privacy or dignity	1
I have faced invasive questions from tutors, asking me in thinly veiled terms what genitals I have	1
Using changing rooms for sports lessons made me feel very dysphoric, so I would change alone in the toilets, or bunk-off from PE lessons all together	1
I was not allowed to use the male toilets as as my main tutor said that I would ""make people uncomfortable""	1
I felt I could no longer cope with the extra stress I felt I was under in an unaccepting and unsafe environment	1
Staff were unclear about college policies and gave me a non-answer about what I felt to be a serious issue that was impacting my learning	1
There are no specific services at uni for trans people at all	1
There are nonbinary erasive microaggressions in texts and lectures and seminars	1
Cis members of my LGBTQ society make comments that they think are pro-trans but aren't - not realising how transmisogynistic they are, and erasive of nonbinary people and co-opting our terms	1
I resent how cis people in my union and elsewhere at uni think they're progressive for talking about gender neutral toilets. I feel it's used as a token	1
It troubles me that many cis people seem to associate GNTs with nonbinary people, ignoring e.g. trans women who need protection from the violences they face in women's toilets	1
I was not allowed to use the male toilets in case I made people feel "uncomfortable"	1
I approached the student services to discuss my options if I felt unsafe again during my second academic year and what policy they had in place to protect LGB and T students and I was met with vague answers and confused looks and no proper information	1
other students on my course would avoid using pronouns for me at all and treated me as an outsider	1
The jokes are often transphobic	1
Application forms are binary. "young men and women" is binary. The toilets are binary. The sports teams are binary	1
I was very uncomfortable with only male/female toilets	1
the student newspaper was allowed to publish a for and against argument piece about whether gender neutral toilets should be installed on campus, and the against piece was basically a load of transphobic rubbish	1

Not out as trans/ didn't identify as trans	12
However, my experience was still positive at university - on my course we had specific training for dealing with LGBTQ people which has meant that since starting my social transitioning my friends from university have been well-informed and v. understanding	1
although my class mates are very open and kind	1
Fine cause not obvious to most	1
I was much less happy and confident because of that. So... not being trans brings its own complications	1
More training is needed	3
For me it feels more important to have that stuff recognised by friends / family / lovers than it does by institutions at the moment	1
I wish I could be sure that I could bring it up in my study without experiencing microaggressions and without having to continually remind people who I've told in the past	1

19 respondents reported negative experiences ranging from being questioned inappropriately about their genitalia, to being misgendered by staff, intimidated and excluded. This included in teaching materials and in lectures:

“There are nonbinary erasive micro-aggressions in texts and lectures and seminars” (Questionnaire respondent)

The term micro-aggression emerged in different questionnaire quotes and relates to unintended discrimination that people experience, which is related to social norms that are not challenged or questioned. In this case the non-binary and erasive microaggressions refer to how norms that only see gender as binary erase trans people in lectures and books. For others this created a culture that was unbearable and they left the institution:

“I felt pretty uncomfortable for most of the time I was there. I ended up dropping out because I didn't feel supported in my learning and a lot of that was to do with the culture” (Questionnaire respondent)

12 people said they were not out as trans at University or college, as one participant said:

“I largely tried to navigate it without outing myself” (Questionnaire respondent)

Participants in the focus groups highlighted the need for trans specific student services being provided as there were ‘no specific services at uni[versity] for trans people at all’. The necessity for clarity surrounding trans policies at both an institutional and student union level was also noted as a means for making trans

students' study environments safer and more conducive to achieving their best results. One student said:

"I approached the student services to discuss my options if I felt unsafe again during my second academic year and what policy they had in place to protect LGB and T students and I was met with vague answers and confused looks and no proper information." (Questionnaire respondent)

The absence of trans identities and non- binary gender experiences from the school and university curriculums, in conjunction with 'non-binary, erasive, micro-aggressions in texts and lectures and seminars,' meant not only did several participants feel excluded, but some felt this invisibility precluded other students from learning about the existence and experiences of trans people, thus diminishing their understanding, their opportunity to become informed about trans issues and in turn, accepting of trans people.

6.5 Conclusion

The qualitative data reported 21 respondents had positive experiences in employment. However, it was also clear there are significant issues surrounding trans people accessing, securing and keeping work (largely due to discrimination in the workplace). 16 people said finding work was difficult. 12 people said that finding and keeping work was difficult because of health, with 9 people relating this to mental health. 11 people said that they had negative experiences at work.

In focus groups some issues with schools were identified by parents and those working within schools. These included the fear of bullying if children were open about having a trans parent. 38% (n. 43) of respondents have been a student in Brighton & Hove in the past 5 years. Participants who had studied in the city were attracted to the city because of its queer friendly reputation and there was some evidence of services and support being provided to trans students. However, it was contended that more was needed, including addressing the culture of Universities/colleges, including lectures and teaching materials.

7 Brighton & Hove

7.1 Introduction

Since the turn of the century, Brighton & Hove has understood and sometimes sold itself as the 'gay capital' of the UK. However, previous research has queried this moniker and its applicability to all lesbian, gay, and particularly trans and bi people (see Browne and Bakshi, 2013; Browne and Lim, 2010).

This section looks at how participants in focus groups and survey data understood their place in Brighton & Hove and why they came to the city. It examines the promise of Brighton & Hove, migration to the city and challenging the idea of the 'Brighton Haven'.

7.2 The promise of Brighton

Table 19 outlines why people come to live/work/study/socialise in Brighton & Hove. This table illustrates the promise of the city and its perceived inclusivity, as well as practical issues of work and study (see section 8 for a discussion of these).

Table 19: Why do you live/work/study/socialise in Brighton & Hove?⁵

Category	No.responses
For study	26
I have friends here	24
I like the city/ it's a good place to live	23
Fun	2
It's a quirky city	1
Now I enjoy the array of pubs, restaurants and some of the local independent shops	1
I visit from Southampton as often as possible	1
Creative culture	1
Its vibrancy, its shops, its clubs and restaurants are all excellent	1
Enjoy Brighton culturally	1

⁵ These tables are recoded qualitative data that is data that respondents wrote in free text boxes. The total numbers are the number of respondents that said a particular answer. Where one individual mentioned a number of things under the same category, for example 'I like the city/it's a good place to live, they are only counted once in the figure of 23. However, the subcategories, for example if fun and creative city are mentioned by the same respondent, are counted on the basis of the number of times that they are mentioned. In other words the total categories are respondents and the subcategories relate to the number of times topics are mentioned regardless of which respondent said them. This provides a more robust analysis of the qualitative data where overall figures focus on respondents.

It's a beautiful place	1
Work	22
I feel safe in Brighton	19
It's safer than my home town	5
...within LGBT* communities	1
Inclusive/Accepting	19
I also have the option to keep my trans status private, which I mostly do, because the medium size and respectfulness of Brighton residents allows it	1
Makes me feel less exposed, observed, and antagonised	1
This is of considerable benefit to my wellbeing and mental health and is an extremely valuable asset	1
I was born here/ I grew up here	12
...and live with my Mum so not much choice on the matter	1
I wouldn't live anywhere else	1
I don't have the means to leave this disappointing place. If I could, I would move today	1
I feel comfortable here	12
Don't stand out too much	3
in a city that predominately understands gender diversity	1
Because you don't have to hide; can be accepted in Brighton for non-conformity	1
It's a place where my gender and my relationship are normal, so I never have to think about it	1
Because it's by the sea	9
LGBTQ Community	8
Support	8
Groups	3
GP etc	1
In order to function despite my mental health problems	1
To benefit from trans support system not available in semi-rural small town	1
Family	7
I moved to Brighton to transition	5
Because I live here	5
LGBTQ Scene	5
LGBTQ Friendly	4
Like-minded people	4
Proximity to London	3
Because my partner lived here	3
To escape violence/abuse elsewhere	3
Cosmopolitan	2
Other, including:	
I'm also HIV+ and I don't feel like I could get as good care and/or support about this	1

elsewhere	
Because initially I thought it had a more enlightened stance on equality. However, I now am forced to revise my opinion	1
Early retirement	1
I thought Brighton supported transpeople since interacting with housing department I see I was wrong	1
Came here to claim my new life	1
My parents came here because of local deaf schools	1
I like the familiarity	1
Have 2 children who also live in the area	1
I have good medical services	1
The Downs	1

In the focus group data, participants talked about the positive aspects of Brighton & Hove. Similar to 19 respondents in table 19, many found it comfortable and safe when compared to other places:

PY I think in general it's great for trans people. I think if there was a place you had to be in England, it would be here. So anything bad you sort of say about it could probably be said for everywhere and this is probably your best bet if you want to be in a safe place.

Louise Brighton, I think has got a core of people who have an ethos of sharing and acceptance, diversity, and kind of prides itself on it but I'd like to see that develop, you know, 'We are a city that prides itself on diversity and acceptance'.

18 respondents to the questionnaire mentioned Brighton being an 'inclusive/accepting city. Key to this is not feeling like an 'anomaly' and under constant scrutiny. As Marion said:

Marion You don't feel like so much of an anomaly in Brighton. A lot of the time, you know, because I've lived in lots, well lots of places around the southeast, where you feel conspicuous every time you step out of the house even when you're trying your best not to be [laughs]. In Brighton there's not that pressure. There's not that constant sense of being sort of a bit like you're intruding on other people's space. It feels very much like this is our town and I think that this process is sort of really testament to that.

Others feel they do not have to fight for their gender identity to be recognised as much in Brighton as in other places. This makes Marion feel that they can more easily resolve situations of misgendering when they sometimes occur:

Marion You don't have to fight for your right for your identity here nearly as much. In [name of East Sussex town] somebody will misgender me or whatnot. There's a much greater pressure on me to say, 'No. Sorry. I really don't like that', whereas here, even if someone does it, I still think, you know, in Brighton, on the whole there's so much diversity here. I can kind of get over it much quicker, but in somewhere like [name of city], if I don't put my foot down and say, 'Actually that makes me feel distinctly uncomfortable when you do that', you know, it puts the onus on me always to be piping up.

Friends were a key reason cited by 24 people to live/work/socialise/study in the city (see table 19) Social networks, friendships and being part of a larger group was very important in understanding Brighton as better than other places:

Liz You're not so isolated because there is a larger number of people to meet up with. I think that's the nicest part.

Sarah There's this wonderful, like, strong kind of activist sort of community and real deep understanding of stuff. Loads of really, really lovely, kind people who are like proper down with it, and you know that you're not that far away from someone that you can call if you need a little bit of support or something or want somebody to understand you.

The support was both formal and informal and participants believe that there are a lot of inclusive LGBT groups, as well as trans groups, and there was choice in what could be attended:

Brian In terms of trans stuff, that there is a trans community and stuff like I'm able to say that, 'Allsorts isn't right for me, I'll go to one of the other ones', [laughter] you know. How many places are there where you can say, 'I don't like this trans group. I'm going to choose a different one'? [Laughter] Which is amazing. I love Brighton because it's a really accepting community.... There's more of an awareness that trans people exist here and there are things that- I'm part of the [LGBT Choir] and they're deliberately trans inclusive and they've got like a trans rep and stuff, whereas in other places that I've been, there's not been an acknowledgement of trans people existing.

Some associated with the current culture of the 'town', as well as Brighton's historical legacies:

Tony I definitely think that things are probably easier for me here than they would be if I lived anywhere else in Britain at the moment. For many-many years- so from Prince George onwards really- [people] have been used to strange eccentricities by the sea. I enjoy embracing eccentricity, but I do feel that even the old sort of fifties-sixties dirty weekend thing, I think there's a lot of acceptance in Brighton either for

turning a blind-eye or just saying, 'Different strokes for different folks', and sort of letting people get on with whatever they want to do as long as it doesn't hurt anyone. I love [about Brighton] the fact that we've got all these diverse things we can do and all sorts of different events. I love the place. I love the fact that we're by the sea but we're also by the Downs and we can go for walks, get the buses. The bus system's great. I ride a bike. I actually drive a car, as well. I really like the fact that we've got a Green Councillor [MP?]. She doesn't represent my ward, but I think it's really good to have somebody different who's doing different things and gets on the news for doing it.

The city was also perceived as a place where people felt able to come out, to be in role, both for initial short visits, or for life:

Sophie I thought of Brighton as being a more queer-friendly place and so this was the first place I'd lived actually, where I was able to be out as a queer person and to also start kind of discovering my trans identity as well. I'm not sure if I would have felt comfortable or I didn't think that I would be able to do that anywhere else. It's not felt too difficult, in the sense of being able to slowly come out gradually. It did feel like a place, compared to other smaller places where I'd lived, where it wasn't quite so difficult to access some support and there did seem to be a little bit of trans visibility. I mean, I don't know what it would be like anywhere else I suppose kind of coming out. But this seemed to be a good place to begin for me, in the sense that just availability of certain support groups and there did seem to be a small amount of awareness.

Lisa My first experience of being out in Brighton was when I had a day trip here from London and I have lived in, or I had lived in-role quite a bit in London before that, but the day I spent in-role in Brighton was the safest I've ever felt in-role. When I started day-tripping I made several friends in the trans community and I found the trans community really welcoming and there was a very warm atmosphere, and since moving here, I found that even amongst people in Brighton who are not trans, I can walk the streets of Brighton and not worry about getting crap for being trans because people are chilled out about it here.

Georgina I never really thought of Brighton as a city that was for LGBT people. It wasn't until I started transitioning in the mid-nineties and I was living in [nearby town] then and had some pretty bad experiences there because I was living on a council estate. So I fled back to Brighton and found that there were support groups and services in Brighton to support the trans community. I think without those I would not have actually been able to successfully transition.

These narratives illustrate the importance of support groups and social networks. They also communicate participants' notions of the 'feeling' of living in Brighton and their experiences of the city. Not feeling out of place or being treated as an object of fascination was key to living in the city happily. Reading these comments, it is perhaps unsurprising that Brighton is understood to be good for some trans people's mental health and self-acceptance:

Louise That warm feeling that we all belong together... I wouldn't wish being trans on anyone, but knowing I am, I just wouldn't want to change this for anything. Brighton's enabled me to love being me. At least I don't feel embattled. What other town could you have Trans Pride and Brighton Transformed and stuff? Your picture up on the blooming church wall and people going by going, 'Oh', and just getting it! It's just so life-affirming!

7.3 Local decision making

Participants responses to the questionnaire data regarding local decision making was similar to broader Brighton & Hove research that assessed the population's attitudes to local decision-making. 48% (n.48) of participants disagreed that they can influence decision making in their local area. At the same time, 41% (n.41) agreed that they can influence decision making. This compares to 51% of those in Brighton & Hove research, the City Tracker wave 5, who felt they could influence decision making in their local area (Brighton & Hove Strategic Partnership, 2013). 85% (n.82) of participants who live in Brighton & Hove felt that it was quite or very important to influence decisions in their local area, see table 20a.

Table 20: Can you influence decisions in your local area:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Don't Know	11	9.6	11.0	11.0
	Definitely Disagree	19	16.7	19.0	30.0
	Tend to Disagree	29	25.4	29.0	59.0
	Tend to Agree	34	29.8	34.0	93.0
	Definitely Agree	7	6.1	7.0	100.0
Total		100	87.7	100.0	
Missing	System	14	12.3		
Total		114	100.0		

Table 20a: How important is it to you to be able to influence decisions in your local area?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all important	2	1.8	2.1	2.1
	Not very important	13	11.4	13.4	15.5
	Quite important	36	31.6	37.1	52.6
	Very important	46	40.4	47.4	100.0

	Total	97	85.1	100.0	
Missing	System	17	14.9		
Total		114	100.0		

7.4 Migration

As with other research, and perhaps because of the understandings of the city and experiences discussed in the previous section, migration to the city was a key feature of people's journeys. For some of those who have moved to Brighton & Hove, they have done so because of bad experiences elsewhere and because there is a trans community here:

Peter So I was living in a small town feeling quite like the only andro in the village and thinking, you know, 'I've been here nineteen years and is it time for change? What will happen? I would like to go and explore living in somewhere in a city.' I had been visiting Brighton on and off regularly for a good fifteen years because a gay friend had moved to Kemptown, someone that I knew from [county]. So I witnessed Brighton's sort of LGBT-friendly city state if you like, and the year that I decided to come and explore that with a holiday in April, was literally a month after FTM Brighton launched which I happened to see by chance on the internet on the Visit Brighton site when I was looking up what might be happening when I come in April. So that was like wow, that's a huge boost, and for me in [county], it was almost the reputation was if you want to go and live in a trans sort of friendly city, it was either Manchester or Brighton, and for me. My grandparents were in Sussex. So I've been visiting Brighton since I was a kid. So it was when I came up in this April to explore, I was able to come to literally the second meeting of FTM Brighton. I was also able to go along to the Clare Project and meet people there, but literally when I stepped off the train, I had a real gut feeling, 'This is where I'm supposed to come to'.

For some, Brighton & Hove offers space away from families and connections.

Sophie When I go back home, you know, to the place where I was brought up, there's a different dynamic, you know, when you're in a place that feels like it's connected to family and people that knew you as a child. I know I love to go back home, but it's two separate worlds almost. There's the personal, the family world, the kind of the world where people knew you when you were a toddler. So I appreciate having this separate place where, you know, you're not having to justify and you're not having to sort of, you know, where people don't always know you with all this big back story. The ability to reinvent to be who you are. I mean it's allowed me to change my name and things like

that and then to go home with that bit of confidence, but I imagine a different dynamic if this is your home, your place you went to school and all that kind of stuff. It's got all those memories.

Participants who grew up in Brighton & Hove talked about the ways they experienced the city differently from those who had moved there for a fresh start, or because it was perceived to be trans inclusive or LGBT/Queer friendly. This difference included having a lifelong relationship with the place and established networks that included both family and friends.

For others, moving to Brighton & Hove offered safety and access to support and transitional pathways:

Georgina My GP, when I started transition, she attended the same church as I did and her reaction was to say that she would not offer any treatment or referrals because it was contrary to her beliefs. She outed me to the church minister and I was asked to leave the church. As a result I continued to transition with the help of local friends in [nearby town] and it wasn't until a mob, and there's no other word for it, of about eight people armed with baseball bats and so on, turned up at my friend's house whilst we were playing Bridge and demanded that they "Bring out the paedo". And my friends came to the door. They told me to stay inside. They came to the door and explained to these people that I was transitioning and explained it- and you could sort of see light-bulbs going on in these people's heads- and they realised what was going on. Anyway, that prompted me to immediately leave [town] and head to Brighton. I needed to find a new GP. So when I found the Gender Trust, I asked the Gender Trust, and they referred me to Dr [unclear]- a wonderful women. Complete change! And she referred me to the local mental health trust in [name of town] and I had a friendly conversation there with the mental health specialist who said, 'Who do I refer you to please?' And so luckily [laughs] I was already armed with the information off the internet, I said, 'Please put me in touch with Charing Cross. Refer me to Charing Cross.' In a way my having to leave [town] and come to Brighton, was probably the thing that made a difference to my having a relatively smooth transition and I started transition in '94. Completed transition with confirmation surgery in 2003. So it's just since coming to Brighton there was the support. Not necessarily a full understanding from mental health services locally.

However, the data pointed to the ways in which migration and movement was not simply physical migration. Migration was motivated by factors including the opportunity to use services and visits previously made, as well as aspiring to live in the city:

Helen I live in [name of city]. I come to Brighton because I've got lots of friends here. I come to the Clare Project. That's where I've made a lot of friends actually. My ambition really is to live in Brighton because I think Brighton is the real sort of diversity place as such. To be able to embrace people just wanting to be people and nothing more. Just to fit in, be themselves, and Brighton seems to be the place where they can do that.

Marion In the past year I've been strangled. I've been stalked for three months. I've been beaten up two or three times and it's that kind of stuff. I come to Brighton because it's like a sort of sanctuary you know. There's still instances where you feel frightened here but on the whole I feel a big weight come off me when I get off the train, you know, I can actually feel physically lighter when I'm just walking down that road. It's a very sort of- If I need to kind of decompress, I can go there. I come here... and you know, have room to maneuver... I don't get nearly as much scrutiny for just doing everyday things. Going for a cup of coffee, I don't have to be stared at for hours. I don't feel it nearly as intensely here as I do elsewhere. I think you could wear just a banana on your head [laughter] a large proportion of the time. People aren't going to be- They're like, 'Well it's Brighton isn't it', you know, like that's pretty freeing to have.

Doing everyday things without feeling constantly judged is experienced as freeing and something that Brighton & Hove can offer visitors as well as residents. However, underpinning this is the expectation that trans people are 'different', and that Brighton is accepting because it is generally a place that accepts difference. Therefore, it can make Brighton an appealing place for some trans people to live in or seek to live in.

7.5 Trans Pride

TransPride in Brighton began in 2013 and was celebrated by many participants in this research who enjoyed their experiences and attended regardless of the fact they would normally avoid any kind of politicised or party gathering. Trans Pride was seen as raising visibility and awareness of trans people in the city:

Jed The progression from year one to year two [of Trans Pride] was so encouraging because the first year I remember being told, 'Oh there's going to be a march down St James' Street and we're going to meet and all go down together and people are going to see us', and it didn't happen. We met and there was maybe ten people and we walked up St James' Street together but we didn't have any impact really because there were so few of us and we got stared at and whatever, but it wasn't like a proper march or a parade or whatever. Whereas this year there were loads of people and banners and flags and, you know,

nobody could- You couldn't hide the fact. The road was blocked and everybody knew, you know, 'Oh look. What's happening? Oh it's Trans Pride. What's that?', you know, it got talked about. We went into the supermarket to get some drinks and stuff and there were people saying, 'What's going on? What's happening? Why is this?', and so the exposure was really positive and just to see that phenomenal growth in one year.

It was so important to some, that they associated it with wanting to move to the city:

PY Before I moved here I went to Trans Pride. That was really great. It was one of the things that made me sort of want to move here. It was just a few months before I did and also I've been to Reclaim the Night. That was a lot of fun and that was very-very trans-positive. I sort of went there expecting lots and lots of angry feminists and there was, but I immediately bumped into a very large group of trans people and had a great time. I wouldn't say I had a great time because they were trans, but you know, it was just immediately, 'Oh my gosh. Look at all these trans people. There's lots of us here.'

Trans Pride was seen as different to the 'big' Pride event which focuses on LGBT (or for some just gay) people. Big Pride is also seen as commercialised as most stall holders are there because they 'wanted to make some money', rather than supporting LGBT politics:

Dan I love Trans Pride. I mean I realise that Big Pride is what it is and I go to it... I volunteered with [LGBT charity] this year which was a much better way. I'm definitely going to do that again, but yeah, I also volunteered at Trans Pride and I mean even like the stalls. It was all people that wanted to be there for the fact that it was Trans Pride. They didn't want to be there because they wanted to make some money. There might have been people there that were doing that, but that's not what it felt like. Most of the stalls were just like, 'This is the service we can provide you. We're a charity and we do this for trans people and we do that for the trans community', and that's what it really felt like. It felt like they were there because it was Trans Pride, not because, 'This is part of our calendar and we have to do this every year'. It was lovely wasn't it?... It was just brilliant and it felt like a very inclusive space, you know, it didn't feel like well, you know, 'If you're a gay man, it's okay', and you know, it didn't matter who you were or how you identify. We were all there as a group and some of it was a bit emotional [laughs], but yeah. Oh god I loved it. Really loved it...

I think if it gets bigger but stays the same, then that will be fine. But if it gets bigger in terms of it becomes more commercial and there's non-trans people or non-trans groups or whatever that are there because they want to make a profit or they want to promote

themselves and they're not interested in the whole trans side of things, then that would be a problem I think. But the more trans people that can come together and support each other and celebrate their sexuality, the better I think if that's what's happening. If it keeps that same village feel and that. So I think it's got to be handled really carefully. I like that it's set up and run by trans people and hopefully they've got the trans community's interests as their agenda and they're not going to let it become something that it shouldn't be.

For others, having two Prides enabled people to express different aspects of their identities and both aspects can be important:

Lisa What I found interesting about Pride in Brighton as opposed to in London is that in London you have just one big Pride. So I go to the London Pride and I'm like, 'Okay. This is for all my queer stuff. I'm going to let it all out', but in Brighton, because there's a Trans Pride, I can think, 'Okay. The main Pride, that's for my lesbian identity and Trans Pride is for my trans identity. So I can express those two identities more as coherent things rather than being sort of generically queer and that feels nice.

Rod notes both the inclusion he feels in 'big Pride', but also sees it as a 'commercial event', which is about getting pissed:

Rod I went to both and I've been to all the Trans Prides so far and I've been to Brighton Pride since I came out. So it was about ten years ago, barring a few exceptions. For me, like Big Pride is the really important one because it's the whole of my identity. I'm not just a trans person. I'm a queer person who works in the community and socialises very much in it. Having said that, Trans Pride, there's something really special about Trans Pride that is just lost in Big Pride and that's the very real sense of community, of coming together, family, of having something to be proud about. It's magical which has just kind of been sucked out of the Big Pride. It's just Big Pride feels like a big spectacle, a big commercial event, about getting really pissed. Whereas Trans Pride feels like an actual Pride. It's a community event. There should be more trans inclusion in Big Pride, but I think we should be proud of the Pride we've created. So there's a place for both of them and yeah Trans Pride is really important I think for our own wellbeing as a community that we have that space, that we can showcase who we are as a community. Like performances on the stage. The networking that takes place in all of that. And you can see that organisations are falling over themselves now to take part in Trans Pride and show that they're trans friendly. I think it's a really positive thing for the city and something that's really powerful.

7.6 Challenging the Brighton Haven

The views of Brighton & Hove were not discussed without some acknowledgements of problems both in, and with, the city. Even where acceptances of alternative sexualities were recognised, this had implications for gendered readings:

James Because it is such an accepting place for people of the same gender being in relationships, a lot of the time you kind of get sort of glossed over in that people will see you with someone that looks vaguely possibly like they're your gender and they just assume that you're like a lesbian or you're gay and no one seems to really account for the fact that that might not be exactly how you identify. So while it's great that sometimes I get girls with me and my partner, it's great that they accept that, but it's also not how I want them to see me. So it can be a little bit stunting in just how accepting it is.

James describes how acceptances of lesbian/gay relationships can make trans people and their identities invisible, such that people are not read in the way that they want to be.

Despite experiences of a trans haven, interactions with organisations can be difficult:

Justin I find it still really difficult changing my records and name with the doctor or the bank or everything. It's still been an absolute nightmare. People haven't understood. They still use the wrong pronouns. In the street I get stared at all the time. I think as well because I'm very tall and I'm very androgynous and that's been the same regardless of my identity. I've got loads of difficult situations I've been in in public in Brighton from the kind of less severe just being looked at or the wrong pronouns, to people shouting really abusive comments. People really aggressively asking me what gender I am. People physically threatening me and sexually threatening me. I don't think Brighton is a total haven at all.

The same issues were experienced within lesbian, gay, bisexual and trans communities:

Lisa There's a lot of stupid questions I get asked and particularly within the gay community and that's quite shocking to me [laughs]. I can go to some of the venues and things in Brighton where gay people and lesbians are tolerated and have a certain amount of trans- I wouldn't say transphobia but a certain amount of ignorance from some of the gay community. That's just my experience, but generally with just the general community, I think Brighton's a lot better than a lot of places. That's just my experience. Even just from other angles like sexism which I've experience in other cities. [We] Don't have too bad a time here in Brighton.

Acceptance was also perceived to be limited to certain areas of the city:

Julie It's so important that I've got Brighton on my door step because although people are just as accepting [where the participant lives]... They don't understand me like Brighton people and it's the one place where I can really feel myself without any judgment, but it is only restricted to certain areas of Brighton and it's a very small area and when you step outside that, then there's all sorts of problems that can occur as have already been highlighted... Kemptown feels fairly safe to me, or safer, but there's still rough parts to it and you can still feel threatened late at night. It's a very dangerous place to be. There's been stabbings and all sorts and yet if you go outside that area, it's very hard as well.

Moving to Brighton is not necessarily easy or possible for everyone:

April One of the things that the Clare Project gets approached most about is people wanting to move to Brighton because it's seen as the 'trans mecca', in quotes. Most of the time we have to say, 'Well yes it might be a trans mecca compared to some places but there is no- You cannot get on to the social housing register and you have to be here two years before you get the local connection given to you. So even if you come here for a year and then find you haven't got a house or a home, they can still send you back to where you came from.' It's a huge problem and over a year we probably get between fifty and a hundred people saying they want to move to Brighton to escape their lives wherever they are.

As April recognises, only some trans people have the necessary local connection or the money to move to the city.

Brighton & Hove's attempts to improve its services are recognised by participants, with some seeing these improvements as 'progressive' and others feeling these changes should have been made previously. However, there is a danger in seeing the city as a safe haven, in that "people" may become complacent, not recognising the work that still needs to be done. As Sophie says:

Sophie Knowing people are trying. Keeping asking these questions. Maybe not getting too comfortable as well maybe or becoming too complacent. I think sometimes with Brighton, people can feel, well you know, people pat themselves on the back, 'We're already here. We're already sort of very liberal', and it is. It is in so many ways a lot of those things. it really is. I mean before coming to Brighton, I never saw same-sex couples holding hands openly really. That wasn't something of a familiar sight to me. So there's a lot of things about this place I don't take for granted, but at the same time as with many

places, obviously it's not good to feel that it's- It isn't perfect and being aware of that I think is a good thing. We should be continually self-critical so that we're continually improving, realising who isn't accessing things, who's not showing up and who isn't feeling part of communities, who's not feeling represented and keeping asking how we can continually improve things. I'm sensing that is going on from some of the discussions people are having and that feels really positive, you know, not to be defensive. Yes, Brighton isn't perfect. It's pretty good in comparison to a lot of places, but we can keep hopefully improving it and having these discussions. People are doing some amazing work here and are talking about things that in some situations wouldn't be easy to talk about.

Some participants see Brighton as having the potential to become a poster city for the rest of the nation should these improvements be made. Justin notes:

Justin Brighton- hopefully we can be a role-model to the rest of the country. This is the central hub. This is where it's all got to start, and then from there it can work out to the major cities and then radiate out from that.

7.7 Conclusion

This section has shown that Brighton & Hove is perceived and experienced as better than other places for trans people with regards to community, support, friendships, as well as trans people feeling that they receive less negative attention in the city. Trans Pride was an important event for participants, in terms of visibility, community and a place to access support, and seen as part of the trans- friendliness that attracted people to the city.

However, this report, and in particular this section, demonstrates that these experiences are tempered by other negative experiences within Brighton and Hove. This does not suggest that the experience of living in Brighton and Hove is worse than living in other places. Instead, this report points to areas where the city needs to work to serve its trans populations, as well as indicating the areas where trans people actively contribute to the city.

8 Services

8.1 Introduction

This section explores trans peoples' use of services in Brighton. This section should be read alongside the Support section. This section in the main deals with public sector and mainstream services. It addresses accessing and using services, satisfaction with services, exploring libraries, museums and galleries, leisure centres and swimming, parks and open spaces, sports and gym. It then goes onto address monitoring, including trans and gender questions and experiences of monitoring. Finally the section examines what focus group participants said about schools.

8.2 Accessing and Using Services

84% (n. 96) of respondents use services in Brighton & Hove.

Table 21: Do you use services in Brighton & Hove?

		Frequency	Percent	Valid Percent
Valid	Yes	96	84.2	84.2
	No	18	15.8	15.8
	Total	114	100.0	100.0

The qualitative data revealed the range of services that people used, as Table 21 illustrates. As this was not a question with set answers, these responses cannot be taken as indicative of level of use of these services, but instead illustrates both the understanding of what a service is, and also the variety of services used by participants.

Table 22: What services do you use?

Category	No. of responses
Health Services	54
GP	30
Mental Health	8
Hospital	7
Dentist	6
Claude Nicol Centre	3
Clinic T	3
Endocrinologist	3
Other (mentioned by one person)	14

Public Transport	31
Buses	17
Trains	6
Taxis	3
Libraries	21
Jubilee Library	2
Hove Library	1
Moulsecoomb Library	1
Leisure Centres/ Swimming Pools	14
Trans Swimming	3
King Alfred	1
LGBT Community Groups	9
Allsorts	6
MindOut	6
LGBT Switchboard	1
Brighton Bothways	1
Trans Community Groups	9
Clare Project	7
FTMB	7
Other Community Groups	9
Assert	4
BUCFP [Brighton Unemployed Centre Families Project]	2
Shops	7
Museums	7
Parks/Open Spaces	7
Benefits	6
Public Toilets	5
Public Houses/Bars/Clubs	5
Parking	4
University Services	4

Pride Events	3
Theatre	3
Cinema	2
Council housing	2
Youth services	2
Other: mentioned by only one person each	16

For some, services were not always easy to access:

“If you identify as genderqueer, it’s more difficult accessing services because the system is set up in gender binary ways.” (Focus group, identity unclear]

Mixed experiences using services were apparent in participant’s accounts. Chloe discusses how the improved security she received was both supportive and made accessing services more difficult:

Chloe I’ve only ever claimed benefits via forms, so on the forms now that I’ve officially changed my name, it just says that that’s my name. So I get to claim the form under my correct identity. The problem though is as always with forms, that it’s too simplistic with regard to gender, you know, it says ‘Gender’ and there’s a tick-box for male and a tick-box for female and trying to sort of second-guess the question, like, ‘Okay are they talking about the gender role that I’m living in or the gender role that I legally am?’, and I always have great difficulty with knowing what to put down... The Department of Work and Pensions who I claim benefits from have in a way been too respectful of my gender because when I officially changed my name, I was already claiming benefits at this point. They increased the security settings on my claim to protect the information that I was transsexual, but what that means is it’s not harder for me to deal with problems to do with my claim. I find it impossible to use the telephone for official business which is one of the reasons why I’m claiming benefits and that means that I can’t do anything to do with my benefits on the phone because before I could get my mum to do it because she’s my carer, but now that the security has been upped on my claim, my mum is not allowed to speak on my behalf anymore... I do things on the internet now.

Chloe’s experience of using phones to contact services was reflected in other narratives, where phones are difficult as gender is presumed through a person’s voice.

In section 5.2, 35% identified their gender as other. Participants noted that within both trans and wider LGBT communities there is a lack of understanding of non-

binary genders. Maria echoes this experience with trans communities and sees gender as a spectrum:

Maria At times I do feel perhaps gender queer if you want to make a label. I just feel that yeah it's completely, not really on people's radar and also in the trans community there is still this idea of binary definitely and that's just society as a whole. It does make life easier if you can just say, 'I use male or female pronouns', but it's changing. I think that's the actual true reality of gender identity is it's a spectrum. It's not binary. Brighton I think is fairly good actually with people just being themselves and fitting in however they want out of most cities, but I think if you would go to certain services in the city, you're still going to have problems unless you make it easy for people.

Maria, along with other participants, indicates the desire to make it 'easy' to access services and to be understood, wherever you locate yourself on the gender spectrum. This includes within trans communities. This also indicates the limitations of surveys and other monitoring techniques, as well as pointing to the binary ways that services are operated.

For others mentioning these issues to services is very difficult, when even those in the trans communities don't understand and can erase your identities:

Phil I think one of the things that I've realised recently is that I identify as gender-queer and I have a CPN, a Community Psychiatric Nurse, and I am in contact with some sort of mental health service I would say at least once a week, but at times it can be more than that and none of them know that I don't identify as female because [laughs] I just can't cope with that because they have so much power over me for various other reasons, that you know, I can't cope with that being used against me as well. That's mine. That's my identity. I mean the fact that I've identified as lesbian, they have in the past used that in a way that I haven't felt comfortable with. So although at some stage I'm going to have to say something to my CPN, at the moment I've feeling really uncomfortable about it and it's becoming more of an issue not saying something, but at the same time I don't know. I just- I don't feel safe saying it, but yes I think the fact that I don't conform to- Like even in trans spaces where I think the gender-queer thing is like even more of a problem for some people. Like I've had friends say to me, 'That's not a thing. It's not a thing,' and I've said, 'Well no. It is. Just because you don't experience it.' 'No. It's not a thing', and they just cut you off because it's not something they've experienced, it doesn't exist. Yeah. It makes you feel like a nonentity. You have no identity and yeah it's hideous. It makes you feel absolutely worthless and not even real.

There was, however, some recognition that work was being put into public services and that this work was having an effect for some trans people:

Alex When it comes to services, that can differ somewhat. I mean there is the benefit in Brighton of not being such an anomalous presence. So people perhaps are a bit more used to seeing trans people, to seeing queer people in general. However, you would think that the level of service might be a bit better that taken into account. Although things have got a bit better in terms of the council since the scrutiny initially. So for example when I've been getting parking permits for example, I've had previously where I've sort of gone up and sort of presented my ID as Mr [name], there has been some question about that sort of briefly before, but it's something that I could do without to be honest with you.

But now my experiences more recently have been and I don't know whether that's to do with stuff that's sort of happened within the council. I know that there's been sort of maybe a bit of media coverage as well, which there are pros and cons to that, but there hasn't been so much of a question around that and that could have something to do with my own levels of confidence as well. I think that being part of this process, the scrutiny process, has sort of- I think it has bolstered my confidence and it's given me a sense that I do have a voice as a citizen. I do have a place. I do have rights that perhaps I wouldn't have felt so confident about asserting previously and I think that's a real part of it.

Alex notes that feeling part of the process was important not only more generally, but also personally in terms of expectations and confidence, indicating individual rewards as well as structural improvements.

Whilst there was a recognition that some local service providers were raising their trans awareness, Tammy argued that this effort also needed to be targeted at the big companies, where individuals can have daily interactions:

Tammy I understand that Brighton and Hove police and council are having trans awareness training. It's really not enough. It really needs to spread to all of the large institutions in Brighton and Hove, not just restricted to council and police. It's very frustrating getting misgendered all the time and quite often I feel like people are actually playing games with me because I am transgender, and it's because they haven't had enough diversity training and it's just very frustrating for me. I think it should be any large company with employees over maybe fifty staff who can afford it, or perhaps less, twenty-five. Should really be getting proper training in diversity and it should be made law. It's not right that we have to keep putting up with this and it needs to change. I'm getting ridiculed all the time. it's very hard for

a trans woman to actually speak in a feminine manner... And I'm not very good at it and of course I get called 'Sir' all the time which people are more aware that it's very hard to speak in a gender you were not... Well it's very hard to swap speech patterns, they might be a bit more understanding.

8.3 Satisfaction with services

13% (n. 15) of respondents feel unsafe using public services. 77 (60%) people in this research felt safe or fairly safe using public services.

Table 23: How safe or unsafe do you feel using public services?

		Frequency	Percent	Valid Percent
Valid	Don't know	7	6.1	6.2
	Very unsafe	6	5.3	5.3
	Fairly unsafe	9	7.9	8.0
	Neither safe nor unsafe	24	21.1	21.2
	Fairly safe	55	48.2	48.7
	Very safe	12	10.5	10.6
	Total	113	99.1	100.0
Missin g	System	1	.9	
Total		114	100.0	

This finding is reflected in the satisfaction with services, detailed below. In summary, in general people in this research were more satisfied than dissatisfied with the services in Brighton & Hove, but between 9%-48% did not use these services (see sections 8.3.1 to 8.3.5 for details).

Participants noted that where gendered toilets or changing rooms were present in any service, this could present difficulties and people risked abuse using them.

8.3.1 Libraries

In the entire sample, 34% (n.38) did not use libraries. Of those respondents who did use libraries (n. 73), 79% were satisfied or very satisfied with them (n. 58).

Table 24: Libraries

		Frequency	Percent	Valid Percent
Valid	Don't use	38	33.3	34.2
	Very dissatisfied	3	2.6	2.7
	Dissatisfied	2	1.8	1.8
	Neither Dissatisfied nor satisfied	10	8.8	9.0
	Satisfied	25	21.9	22.5
	Very satisfied	33	28.9	29.7
	Total	111	97.4	100.0
Missing	System	3	2.6	
Total		114	100.0	

In the qualitative data, there were 11 positive experiences of using libraries. They are in table 25 below.

Table 25: Positive experiences of using libraries

Positive experiences of using libraries	11
supportive of trans events/exhibitions/film showings etc	5
Staff are supportive/don't assume	4
Good LGBT section, including good trans materials	5
Good with name changes and sign ups	2
I would be lost without them, they are my home, I have a special place for them	1
I think the Jubilee library is an absolutely stunning beacon of good practice	1

However, respondents also spoke of difficult encounters:

'The account was in my previous name and the person serving me behind the desk loudly said the name it was under and repeated it after I had explain that I have changed my name.' (Questionnaire respondent)

Participants also asked for more awareness raising for members of the general public as part of the educational function of the library, with one participant suggesting signs are useful.

8.3.2 Museums and galleries

28% (n. 31) do not use museums and galleries, Of the 79 respondents who reported using them, 86% (n. 68) are satisfied or very satisfied.

Table 26: Museums and galleries

		Frequency	Percent	Valid Percent
Valid	Don't use	31	27.2	28.2
	Very dissatisfied	2	1.8	1.8
	Dissatisfied	3	2.6	2.7
	Neither Dissatisfied nor satisfied	6	5.3	5.5
	Satisfied	42	36.8	38.2
	Very satisfied	26	22.8	23.6
	Total	110	96.5	100.0
Missing	System	4	3.5	
Total		114	100.0	

In the qualitative data for galleries and museums, more trans information and history was asked for:

“Why is there nothing about the trans community in the galleries and museums? I was very disappointed and still am.” (Questionnaire respondent)

8.3.3 Leisure centres/swimming pools

58 respondents used leisure centres and swimming pools, and 65% of these were satisfied or very satisfied with the services. 48% (n. 53) said they don't use them (see also responses to using a gym and organised sports below).

Table 27: Leisure centres/swimming pools

		Frequency	Percent	Valid Percent
Valid	Don't Use	53	46.5	47.7
	Very dissatisfied	4	3.5	3.6
	Dissatisfied	5	4.4	4.5
	Neither Dissatisfied nor satisfied	11	9.6	9.9
	Satisfied	29	25.4	26.1

	Very satisfied	9	7.9	8.1
	Total	111	97.4	100.0
Missing	System	3	2.6	
Total		114	100.0	

In the qualitative data four people said that they feared using leisure centres specifically. There were issues associated with staff at leisure centres. Misgendering was mentioned by four people, one of whom stopped attending because of it.

However, one participant said that the staff at the Prince Regent were ‘great’ and two participants appreciated using the gender neutral changing spaces in the Prince Regent. In the main however, positive answers pertained to Trans Swimming (see table 28).

Table 28: Positive experiences of trans swimming

Positive experience of using trans swimming sessions	13
has been immensely helpful and really boosted my self-confidence	1
I only use the swimming pool during the Trans Swimming Club, which is really great - I wouldn't use it otherwise	1
Before that was offered I had not been swimming in over 8 years	1
has given me confidence to use the public swimming pools again	1
trans swimming session were empowering	1
mean I can access a sport I wouldn't otherwise be able to take part in	1
I have felt myself get both fitter and lose a little weight	1
where else in the country would you find this!? Fantastic!	1

The focus groups offered some insight into this finding:

“Swimming pools, leisure things, anywhere where I have to expose my body is extremely difficult for me. There has been mention of the nudist beach and we had a discussion on the forums about where is it safe for you to go to the beach because my body is slightly different. I’m very aware of it, especially when I take my clothes off.” [Focus group participant, identity unclear]

In the qualitative questionnaire data, swimming was mentioned as something that trans people felt they had to give up ‘since coming out’. Passing was a key issue where people ‘didn’t notice’ trans respondents used the pools and leisure centres as they wanted, but if they felt exposed in these spaces they would not use these services.

In contrast, trans swimming was valued by participants who would otherwise have not been able to get involved in this activity:

Phil I have to say the trans swimming, when we went, oh my God, I just really enjoyed it [laughs]. I have always found swimming difficult because I feel like a lot of the time I get away with presenting as male, but I can't in the swimming pool, and when my hairy legs come out, then I look like a female and it's just all a bit of a mish-mash. So to be in the pool with people that weren't going to stare at me and judge me on that, because like I feel awkward, because I quite often I was going in the mornings with my sister to King Alfred and doing lane swimming, and anybody that came past me with goggles on, I'd be thinking, 'Oh are they looking at me under water?', and it's just ridiculous. So to just be able to go there, and although it's a small pool, to be able to do a few lengths and get a bit out of breath and not to be worrying about all of that rubbish, just enjoying being in the pool. I really enjoyed it. Loved it.

However, some participants noted that the staff who attend the pool for these sessions needed training to support trans people's involvement.

8.3.4 Parks and open spaces

103 respondents use parks and open spaces, 84% of whom are satisfied or very satisfied (n. 87). 9% (n. 5) of people do not use parks and open spaces.

Table 29: Parks and open spaces

		Frequency	Percent	Valid Percent
Valid	Don't Use	8	7.0	7.2
	Very dissatisfied	5	4.4	4.5
	Dissatisfied	2	1.8	1.8
	Neither Dissatisfied nor satisfied	9	7.9	8.1
	Satisfied	55	48.2	49.5
	Very satisfied	32	28.1	28.8
	Total	111	97.4	100.0
Missing	System	3	2.6	
Total		114	100.0	

3 respondents appreciated the parks one claiming they kept them 'sane', however another respondent felt that they were unsafe, particularly at night.

8.3.5 Sports and Gym

74% (n. 83) of those who responded do not use a gym or participate in organised sport.

Table 30: Do you regularly use a gym or participate in an organised sport?

		Frequency	Percent	Valid Percent
Valid	Yes	28	24.6	25.0
	No	83	72.8	74.1
	Don't know	1	.9	.9
Missing	Total	112	98.2	100.0
	System	2	1.8	
Total		114	100.0	

Organised sport can be difficult for trans people, as Rachel says:

Rachel Sport is always where the divisions between male and female come complete.

The qualitative data pointed to further issues including negative reactions, changing rooms, culture and the lack of trans specific spaces.

Questionnaire respondents mentioned an inability to play football due to regulations, and their disappointment with this:

“trans people are excluded from playing football in any FIFA football league, which is my sport of interest. I played women's football before transitioning but feel I would not be accepted in to a men's team even if it were permitted.” (Questionnaire respondent)

“before I transition I played women's football under FIFA as the governing body. I now no longer can/feel that I can play competitive sport because of the legislation that prevents trans* people from competing as the gender they identify as. I also could not play women's sport, even if I wanted to, as I receive HRT. I really miss football and wish there was a team that i could play for again.” (Questionnaire respondent)

Table 31: Why do you not use a gym or participate in organised sport?

Concerns about negative experiences/reactions	17
Feeling uncomfortable	6

Feeling unsafe	6
Feeling self-conscious	5
Feeling like I would stand out	2
Would have to exercise without a binder	2
no toilets/changing facilities/safe spaces/complaint procedures (that you feel will be effective/understood)	1
I may just be anxious about the whole process of sharing equipment and the ""protocol"" around what you can and cannot do	1
I'd like to play rugby but maybe after surgery so I can take my shirt off without people getting confused	1
Gendered spaces--I am not always read correctly, it's more stress than it's worth	1
Lack of interest	12
Physical disabilities/ill-health	10
Changing rooms	10
Expense	9
Lack of time	5
Because of the culture	5
Misogyny and Lad Culture prevent me from feeling safe in all male sporting environments	1
I also do not want to risk my safety by putting myself in a space known for it transphobia and homophobia	1
I am not allowed to join and feel unsafe joining male sports and I do not know of any gender neutral ones.	1
Sport is for loud aggressive people whose aim is to beat and humiliate everyone else. A tribal display of power. Horrid horrid.	1
It isn't trans-inclusive	6
Mental health concerns	6
This is really frustrating as exercise is the main thing that helps ease my symptoms	1
Hate exercise. Makes me emotional.	1
I found as my mental health seemed to be steadily getting worse, crowded public noisy places like gyms were too overwhelming to deal with.	1
The gym is the only kind of exercise I'm interested in doing because of the constraints my mental health problems put on me	1
Joining a female only sport would make me far too dysphoric and uncomfortable	1
I have considered joining a gym but I am a bit anxious about it. I'm unsure if this is related to my gender history or not	1

However, some teams and sports were found to be supportive and alongside trans swimming one of the key sports that was inclusive and used by focus group participants was roller derby:

Beth Brighton has an excellent roller-derby team that they're making and it has the best trans policy that I've ever seen and [name] would be happy to talk about it and tell you all about how the team is devised

into two groups and it is binary. There are binary groups but it's like who you identify with and you can join either team on either side. It doesn't really matter. So there's a very free-flow feel about it. He was supported really well with his local roller-derby team. He's early on in transition and he came out to the team. They were very supportive and it's just an exemplar and if you're creating sporting environments and what have you that are open and accessible to trans people, then people have done it. You can do it. There's an exemplar with the roller-derby team. You just have to look them up on the internet. Super Mystery Roller Derby Team.

Overall then, whilst there was a low take up of some services, and areas for improvement, trans people also found and created trans inclusive spaces and appreciated staff and efforts made to ensure these were trans inclusive.

8.4 Monitoring: Trans and Gender Questions

Table 32 shows that 57% (n. 64) of this sample are happy to identify themselves as trans on non-trans surveys and monitoring forms, using the question 'do you identify with the gender you were assigned at birth?' 31% (n. 35) said no and 12% do not know.

Table 32: Are you happy to answer question 3 (do you identify with the gender you were assigned at birth?) on non-trans specific surveys or monitoring of service forms?

		Frequency	Percent	Valid Percent
Valid	Yes	64	56.1	56.6
	No	35	30.7	31.0
	Don't know	14	12.3	12.4
	Total	113	99.1	100.0
Missing	System	1	.9	
Total		114	100.0	

One questionnaire respondent expanded on this at the end of the questionnaire, explaining:

“Depends. Most forms that request identifying one's gender do so for no apparent reason, reinforcing notions that one's gender affects areas of

activity that it ought not to. This perpetuates binary notions of gender + gendered notions (fictitious) of behaviour.”

Table 33 shows that 51 respondents think that the categories used are fine/good/accurate/correct, with 21 people thinking transvestites/cross dressers should not be included in the definition. 8 responses indicated that more gendered responses were needed.

Table 33: What do you think of questions 1-3⁶, including the definition of trans used?

Category No. of responses

Fine/good/accurate /correct	51
Cross dressers/transvestites shouldn't be included	21
Inclusive	19
allows flexibility of self-identification	1
It is good to have options on a form other than male + female	1
I feel happy about the inclusion of 'those with a non-binary gender identity (such as genderqueer and androgyne people) and cross dressers/transvestites.'	1
glad to see non-binary options	1
Should be more gender options	8
Intersex	2
Gender spectrum	1
Gender confused	1
trans*	1
I would use 'other' but I feel like that puts me outside gender and into a box that is undesirable	1
the options in qu. 2 still imply that it's more "normal" to identify as male or female even if you're trans, than to be non-binary	1
You don't mention agender/non-gender people	1
Offensive	7
I feel that the term ""transvestite"" is generally offensive	1
problematic and it also contradicts itself	1
Non-binary should be included	4

⁶ These questions were:

1. **For this project we are defining trans as “An umbrella term to describe people whose gender identity differs from their assigned sex at birth.” This includes all trans people and other gender variant people, which will include, but is not limited to, those with a non-binary gender identity (such as genderqueer and androgyne people) and cross dressers/transvestites.** If this applies to you, whether or not you identify with the term trans or use it in your daily life, please complete this questionnaire.
Yes, this applies to me / No, this doesn't apply to me / Prefer not to say
2. What gender are you? Male / Female / Other (please state) / Prefer not to say
3. Do you identify as the gender you were assigned at birth? (For people who are transgender, the gender they were assigned at birth is not the same as their own sense of their gender) Yes / No / Prefer not to say

Labels/definitions aren't important	3
Question is confusing	2
Doesn't mention transsexuals	2
Differentiation and definition of gender/sex	4
Doesn't capture some of the time, sometimes identify as the sex assigned at birth, sometimes don't	2
Other should be an option	2
Other responses, including	
I think the term trans should be used to cover CD's and TV's too	1
I am a cross-dresser, I don't identify myself as trans, and if I had answered Q1 with 'No' I would not have been able to complete this survey. That is discriminatory.	1
follows a patriarchal approach. If you have a variant of being butch and yet refuse to be identified as gender queer or lesbian you are left out	1
this is just a an umbrella term, and the groups of people that it represents all have very unique identities and different needs	1
too long and wordy for everyday use	1
I would also like to be able to identify that I am a TRANS man because my experience is not that of a cisgendered man and I think that is important to report	1
Be careful that the desire for inclusion doesn't create the very exclusion you are trying to prevent, and fragment the term trans in ways that are unhelpful and divisive	1
2 is confusing, it would be better to have two questions - what was your gender at birth - what gender do you now identify yourself with.	1
I feel that non-binary experiences can be very different to binary transitions and so the data could be skewed by putting these groups together	1
appropriate to have both opting out & opting in (other) (I prefer not to say)	1

A number of questionnaire respondents felt that it was incorrect to include transvestites and cross dressers in the definition of trans, giving a number of reasons for this. Largely, they stressed the idea that these people would still associate with the gender they were assigned at birth:

“I don't believe that crossdressers fall under the definition of trans, as they still identify as the gender assigned to them at birth. I also do not believe that clothes hold an objective gender and the gendering of clothes is a post colonial and binarist way of controlling society in an extremely negative way, so 'crossdressing' should just be 'dressing' in my opinion.”

“I would not include cross dressers/transvestites as this activity does not in itself necessarily involve identifying as a non-cis gender”

“Your definition was good but you mentioned cross dressers who just have fun with presenting and are (normally) cis in their gender identity.”

However, two questionnaire responses challenged this assertion that cross dressers should not be included under the umbrella of trans:

“I think the term trans should be used to cover CD's [Cross dressers] and TV's [Transvestites] too”

This respondent argues that cross dressers are part of the trans category. However, another survey respondent who identified as a cross-dresser, but not as trans, felt that this research was applicable to them:

“I am a cross-dresser, I don't identify myself as trans, and if I had answered Q1 with 'No' I would not have been able to complete this survey. That is discriminatory.”

Many questionnaire respondents were happy with what they saw as a broad, inclusive definition of the word trans that encompassed many identities:

“Given how much variation there is in people whose gender identity differs from their assigned sex at birth, I thought these were well phrased and considered questions for what is an difficult topic”

“Definitions, terms can be interpreted differently but I feel this is quite accurate and respectful to all people experiencing gender related issues.”

“I like the definition, it's inclusive of lots of trans identities.”

However, some people highlighted problems with the way some of the questions were phrased and the options given for them (i.e. 'What gender are you?' and 'Do you identify with the gender you were assigned at birth?'), saying that they could go further and be more inclusive of different identities and experiences:

“Can only give a partial answer as sometimes I identify with sex assigned at birth and sometimes I don't.”

“I would have liked a ""in part"" or ""other"" option or similar in Q3 as I do identify with parts of my birth gender in parts and sometimes but not fully or always so can't answer with a clear yes or no. it's about half and half for me.”

“I am familiar with that definition and understand what it means. However I am uncomfortable with stating my gender as 'male' given the options of 'male/female/other' I would use 'other' but I feel like that puts me outside gender and into a box that is undesirable, it's unrecognisable and adds to my feeling of being 'othered' in society I identify as trans-masculine, I am not a man, or male, although I prefer to use male pronouns, this doesn't mean I am comfortable with being in the 'male' box”

“The trans definition is fine, but you should research whether intersex should be included. Question 2 is ok, as you have other box. Would you consider a non binary box instead? Question 3 is poor as it doesn't cater for the spectrum - people who are non binary. Not all people who are transgender feel they are not the same as at birth- i.e. transvestite”

For trans people in the focus groups, pronouns and titles were problematic. It is included here under monitoring, as often trans people are asked about their titles on forms. This process Kat sees as outdated and unnecessary:

Kat I guess with titles, I think I'm always wondering why they need to know people's titles? I kind of like I'd prefer "Mx" if I have to have a title, but why does anyone need a title nowadays? Just give people a freeform box if you really want them to put a title in. Like there are a lot of occasions where like, information about gender is collected and there really isn't a reason to do it. I think everyone's just so used to like this being a really basic piece of information, so we always collect it. The number of times where it's needed is so rare. Then when it is needed, it should just be like, you should be allowed to define it yourself.

Collecting gender information and titles Kat argues continually collected but rarely needed. Along with MX, Emily asks for a third gender option, although at times they might define in binary ways:

Emily The pronouns. You were saying about like forms and whatnot. There's some movements around Brighton to have things like, is it Mx and those sorts of things on there? I mean in some ways I identify as quite binary. If there's an option to put she, I'll put she, but if there was a third option to say, 'I'd rather not say', I would tick that even though I would prefer to be called just because it's one more tick in that box, that you know, it becomes more of an obvious thing. I'd rather tick that than tick she. I'd tick that, not just for myself. But as a kind of gesture towards all the other people in the trans community. The more that's kind of seen as a third option.

What needs to be accounted for in considering monitoring is not only how trans people feel, but also how the experiences of completing monitoring forms can be alienating, because of how others react to these questions:

Jason Just the day before yesterday in fact I had a horrible experience. I was waiting to leave. I was sitting in a lounge with another guy and his wife and daughter and they were like blocking the door of the lounge and I was kind of trapped in there. We were asked to fill in a feedback form and on the monitoring part on the back it did give you the option of male/female/other, and then they asked the question, 'Have you ever or do you identify as trans?', and the man who was filling his in burst out laughing and said, 'What kind of question is that?!' The family were like, 'What?' And he said, 'They're asking if I've ever been trans', and they were like laughing and joking and making all these comments about it and then again when they got to the mental health questions, they completely took the piss out of that as well and I felt so uncomfortable that actually in the end I had to ask them to move and

leave the room. I went and waited somewhere else because I couldn't cope with their transphobia and their lack of- It's like it never even occurred to them that a trans person might exist.

Phil With the boxes think, ticking boxes, though I find it difficult when I'm ticking the trans box or have I ever considered myself trans. I do a bit of covering it up with one arm depending on who's around me. I'd say that that's really important just because of what Jed went through. The fact that they were really transphobic was hideous, but the fact that those people have now experienced that question, it may make some difference at some point because when they next encounter something to do with trans issues, they will have at least been exposed to that idea that there are trans people in the world. So although it can be difficult to tick that box and we don't always tick it when we should do, it's really important to include it I would say.

Jason indicates how being asked to complete monitoring questions was a transphobic experience because of other people's reactions to these questions. However, as Jason notes, encounters with these categories on monitoring forms can raise awareness and as such they are important to include.

8.5 Conclusion

This section has shown that 84% of people responding the survey use services in Brighton & Hove, with varying experiences. There was some recognition of recent improvements, and trans people feeling more able to use these services, however, at other times experiences were very negative. Accessing services by telephone was difficult, and there was a call for the private sector to experience trans awareness training along with the public sector.

Parks and open spaces were used by most trans people with 84% of those who used them satisfied or very satisfied. Libraries were praised for their staff and LGBT collections that included trans materials, but were asked to also engage with educating the general public on trans issues (79% of respondents who used libraries were satisfied or very satisfied). 86% of respondents who used museums and galleries were satisfied or very satisfied with these services. However, it was noted trans people are not visible in the collections and there was a desire to be included. Although it was noted that leisure centres and swimming pools were problematic for some trans people, trans swimming was praised as getting people back into activity and providing an inclusive space. 74% did not participate in organised sports or use a gym. Yet, roller derby was praised as a trans inclusive space.

57% (n. 64) of this sample are happy to identify themselves as trans on non-trans surveys and monitoring forms, using the question 'do you identify with the gender

you were assigned at birth'? There was some disagreement about the use of the terms cross dressers in the definition, although 51 respondents thought that the question was good/fine/accurate. There were issues with others' negative reactions to monitoring questions, and how this influenced trans people's safety when using services. However, participants argued that the inclusion of the question was important.

9 Finding, Receiving and Offering Support

9.1 Introduction

This section follows from the services section, and indeed the support given and received here can be considered a service in many senses. This artificial separation was necessary in order to include the volume of material in these sections. It was clear whilst the services detailed in section 8 tended to be publically funded and mainstream, those described in this section often relied on volunteers, or a small number of workers and focused on trans/LGBT services and support.

This section will examine support groups and projects, complexities, dual discriminations and multiple marginalisations in the use of services, including support for disabled people. The section then moves to finding and offering support, including the internet, peer support and volunteering. The final two sections examine care, including ageing and care, and parenting.

9.2 Support groups/projects

LGBT and trans support groups and services were recognised as being very important, and play a very important part in trans respondents' lives:

Robert When I first moved back here, I had no idea that any of these things even existed, but really particularly Allsorts, I got there to volunteer to help other people, but it's become, since I've decided to transition it's become really important for me because it really is a space where people are incredibly respectful of your identity and make sure they get pronouns right and will always correct if anyone gets anyone's pronouns wrong or name or anything. I just find it amazing. I think it's a really, really good project. So that's a really good thing.

Participants also recognised that trans arts projects e.g. Brighton Transformed, along with Trans Pride (see section 7.5), have also had a positive effect on wellbeing. Trans specific counselling was also mentioned as important – ideally with a trans counsellor, but also with counsellors who understand trans issues in an in-depth way where there is no need to explain.

However, there were also some issues with the services. For Ally, money was a key issue and the lack of long term support at their University meant that they were 'terrified:

Ally I mostly go through support groups. So like Allsorts and back in [town] I had [group] and I did have a therapist for a bit but he was like a special gender therapist, just to deal with trans things, but in the end he had to start charging me because it wasn't a charity. So I had to drop out and it didn't really go that great for me and I felt really quite unstable and University of Brighton only gives you six sessions a year.

So I'm terrified to use them because I've used one but I don't know if I'm going to need them at a later point and I get massive dissociation but I can't really get to the people that I need to get to because I just don't have that kind of money laying around.

For others accessing events, social spaces and services required some form of advocacy and ideally a community centre that could help in a 'hands on' way:

Mark There's lots of really good interesting community groups [in Brighton] such as the choirs are really good. There's the sports society. There's things like that but there's still sort of certain coming to terms with yourself and your own identity in order to even take part in these things and you have to have a certain amount of confidence. That I don't know how we fix, but I think the third sector has a really important part to play in that certainly in my experience. Going to my GP was a bit useless because I'd end up seeing some health advisor who said, 'Oh why don't you join the sports society?' It's all well and good telling someone to do that, but actually sometimes you need someone to just hold your hand for that first time and then you can fly yourself. So something that actually helps people in a really hands-on way. It just needs to be a brief intervention doesn't it to be a massive thing. Would help people a lot. So some sort of community centre. Actually a practical thing. A community centre would be really great that you could walk into and you could meet with people and you could chat with people. Whether it's a community café or like a community building... A one-stop-shop which is also somewhere you could have a coffee.

It was not only LGBT and trans groups that were seen as supportive. Simon feels 'ordinary' in using mainstream services as a trans person:

Simon It's very based on able-bodied people and I'm really lucky because Brighton has Asser. So we have twice a month there's some kind of social event. Well I can't go to the walking social event for instance but we have film nights and we go out for meals together. We come to Community Base and we take the room upstairs and we can have alcoholic drink or soft drinks. So we kind of create the pub for the people to be social who don't want to be social. So you can be on your own and [laughter] I'm usually playing with my phone and sometimes I can chat with people and it was there that I learnt Strongbow was quite useful because it actually takes the edge off. So it's good but that's like twice a month and sometimes that's enough, but I'm saying I used to do the allotment for the Unemployed Centre but I can't get there anymore. It's a walk up a very steep hill. It's terraced. I can't physically manage going there. I'm only going to my community garden once a month and they're doing the composting and I'm writing the signs. So I have to find ways to be creative and do

manageable stuff physically, but the art stuff that I do is through MIND and the South Down Recovery Centre, but in those situations, you know, I've found everyone very accepting of me as a trans person. They get my, you know, they're always fine with the pronouns I want and it's just very ordinary. I don't feel like it's an issue.

9.3 Complexities, Dual Discrimination and Intersectionality

Where you are not a 'simple one issue' person finding appropriate support can be difficult. When this is found and community, peer and social support received and given this is valued.

Willow People are complex generally, but sometimes if you are presenting with what seems to be quite a lot of different things, you're trans, you're a person of colour, you know, all these different things. People usually can only deal with one thing at a time can't they, you know, people have got to compartmentalise themselves a lot of the time rather than feeling well these are experiences a lot of- You're not always a simple one issue person. Maybe some people are but- It feels that you're having to try to cover every base and obviously a lot of things can't be covered sometimes which is a great shame, but other times it's completely positive. I remember earlier in the year I received a little bit of CBT therapy and the counsellor, it was just by chance, was a person of colour which was- So that always feels quite good when you've not expected something. You've been used to maybe dealing with a particular thing that's the same thing all the time. And it wasn't that we necessarily talked about race or anything like that a lot, but there was a level of comfort there, but obviously you can't always get that necessarily. There are things then you don't necessarily have to explain or spend time trying to ease someone else's awkwardness or something like that. That can take a little bit of the stress off then.

Jessie I think meeting other trans people of colour, like has been like what has made me eventually feel comfortable enough to start coming out. Because I think about- I mean I've been quite fortunate in that I think I feel like I have quite a good support network around me and I've kind of that hasn't been through accessing services really. It's been through- A lot of it has been like through making friends mainly through the internet [laughs] and then like meeting people as friends, like as friends and just slowly- Yeah I mean rather than through any particular organised group initially anyway. But yeah like that was kind of integral to me having somewhere where I felt accepted as a trans person of colour. I mean I kind of I don't really feel like I can- I don't often feel comfortable. Like accessing services, like most of the time I

mean always doctors will make assumptions and then I just don't correct them because I don't know how seriously I'll be taken.

9.3.1 Support for trans people with disabilities

In the focus group self-identified disabled participants reported attending separate support groups and services for their trans issues and disabled/ Asperger Syndrome issues, as some believed that no one group catered for both trans and disability issues in the city. In fact, it was felt there was a lack of awareness of trans issues in their disability groups, and a distinct lack of awareness of disabilities in the Brighton & Hove trans communities:

Becky I find it difficult in Brighton, to go to [name] club, because they weren't accepting of LGBT people as much. When I first went there it was a concern because one bloke said, 'Are you a man or a woman?'

Ruth It would be nice if we had a trans community in Brighton that had a clue about autism.

One potential reason for this, as Doug pointed out, may be due to the de-gendering of people with disabilities:

Doug I'm kind of lucky in that I can get to use disabled toilets without people thinking, because being in a wheelchair, but something I've found quite a few times is that the disabled toilets are locked. Other than the radar key lock, they have another lock on them, and either they're locked so I can't get in anyway or they're just so unclean that you just don't want to use them. You can't use them sometimes. It's just hideous. So yeah I don't get the option of male/female... I find it really handy obviously. I think it's weird that disabled people are non-gendered and everyone else is gendered. I don't know why there should be that difference. Yeah. It's very weird really.

For Ruth accessing trans services was problematic where issues of autism and Asperger's were not well catered for, in their experience:

Ruth I initially found when I went into the [name of trans project] that a lot of people there were autistic or sub-clinically autistic and I found a lot of kindred spirits. Unfortunately it later turned out that the people who actually ran the [trans project] didn't have a clue... I access Assert and Autism Sussex here, and because I got bullied out of the [name of trans project], I now access trans services in London and I'm going to start accessing trans services in Eastbourne in the new year.

Ruth's experiences indicate that there is work to be done in trans services as well as LGBT and mainstream services. Respondents detailed proactively raising trans

awareness at their disability support groups and disability awareness in trans communities, including Ruth:

Ruth I have a podcast... Me and two friends of mine who are also Aspergic talk about our experiences of Asperger's Syndrome.

Ruth also highlighted the need for a combined trans-autistic support group.

Ruth I've been told that one of the things that's come out of the trans consultation already is that there's no trans group in Brighton for Aspes [Asperger's] and there is demand for one and Brighton Council have approached [name] and asked her if she knows anyone who would be good to help out setting up one and she suggested me... It's going to be such a proud moment for me if this takes off because I'll have gone from being isolated from the trans community to leading a trans group and providing a space for people who are in two minorities that I can relate to and it's brilliant. So well-done Brighton Council for recognizing this.

9.4 Providing Support and Services

Mark goes some way to exploring the difficulties of providing services and people who staff them who have 'a clue' about a range of issues that might be needed in these settings. The reliance on peer support groups that are underfunded and rely on individuals who can end up burning out:

Mark So the community is run by dedicated peer support. It's voluntary-based. No one gets paid for it. Most groups are peer support run. What is really difficult is that people go to say the council or any other service in the city for help and they'll get referred back to the support groups because they're seen as the only expert place to provide support, but the support groups can't actually provide that. The support groups are peer support. They're there to help and look after each other but without funding, without actual capacity, without- We're even lacking on skills. I mean like most people can't give decent advice about benefits or about housing or about a whole myriad of different things that we need support in. All we can really do is give cups of tea and sympathy, and even then there's a limit to how much we can do with that because we're all struggling with our own issues as it is. So I think there's too much reliance on the voluntary sector in the trans community to look after the trans community, and whilst it's incredibly important, it needs to be supported better. I think there needs to be some sort of scheme where people actually get paid or something to deliver these services because I think it's the only way you're going to effectively get what you need out of people. Because relying on voluntary service is great except for people, they burn out

really easily because they put in too much because they're so passionate about it. I mean even for myself. For me, I don't go to support groups to get support. It doesn't work for the way that my personality is. I go to support groups to run them because that's how I get support is by doing. So they work in different ways and they're really powerful in that way that those, you can get support by running it in a sort of way, but they need more support to actually keep going and it's there's so many different things such as kind of the admin side, the infrastructure side, the capacity. We're limited in what we can do.

As one questionnaire respondent noted:

"If trans people relied solely on statutory services for help and support, many many more of us would be homeless, mentally ill, impoverished or dead."

The pressures on individual trans people is clear, even where they are paid to do a LGBT or trans role:

Mark As a service provider there's so much more we could be doing and it's utterly frustrating. I try and work really hard in the [service] to try and provide as much information as possible to my colleagues about trans issues. Unfortunately though, I'm the only out trans person I know in the [service] and it feels like pushing a very big rock up a very steep hill because not only do I have to advise my colleagues, I'm having to advocate for something that's very personal to me on a very regular basis and that's extremely exhausting and I struggle generally to do that. So I feel like I'm doing it a disservice in many respects because very often I'm being asked to provide guidance and training to staff about stuff because I'm the only person that knows about it, but I'm only one person. I can only share my experience and the experiences that I've learnt from those around me, but I can't give the broad trans experience. I do not know what it's like to be a woman of trans experience. So I can only go on what people have told me and that still wouldn't be enough. At the end of the day it doesn't matter how many times I say things and doesn't matter, I've got some very good colleagues who do care and do want to change things, but it doesn't matter how many times you tell people, 'Get the pronoun right', some things just never seem to get through. Time and time again a particular trans woman has called the [service] and it's the wrong pronoun throughout, and it gets exhausting how many times I have to tell people.

The exhaustion Mark feels is further exasperated by the constant need to share personal experiences. Mark has the constant pressure of knowing how much is needed and that they could be doing more. This need to do more, includes dealing with intersectional issues where overstretched volunteers and workers often fail to cater for the complexities of trans lives, or as Mark notes what it is like to occupy different subject positions.

9.5 Finding and offering support online

9.5.1 Internet

Almost all respondents 90%, 102 people use the internet to access or find support. In the focus groups, this was seen as invaluable:

Chuck I got most of my information from the internet and YouTube... I really couldn't relate to it as much because it was from a younger perspective. I couldn't think, 'Oh there are people like me that feel that way that are older, that has had a life as a cis person and is now going through this'. And I was randomly looking for FTM groups or trans masculine groups and the I found FTM Brighton online and I just went, 'Right. I'm going.' I found it that day and I went and it changed my life really.

Table 34: Do you access the internet to find and/or offer support?

		Frequency	Percent	Valid Percent
Valid	Yes	102	89.5	89.5
	No	9	7.9	7.9
	Don't know	3	2.6	2.6
	Total	114	100.0	100.0

41 people said they used social media, naming the key sites (Facebook, Twitter etc.) and the internet was very important for getting trans research and information and giving and receiving support. 18 people also used it for socializing.

Table 35: How the internet is used

Category	No. of responses
Social Media	41
Trans research & information	34
Support	26
Trans support	10
Accessing support of social media	5
Mental health support	1
to feel less isolated	1

To give advice to people who are in my same situation or in the situation I was before starting my transition	1
Peer support community groups	1
Socialising/Communicating with friends	18
General research and information	18
Forums	8
TVchix	3
Blogs	7
I use the internet everyday	5
Email	5
Clare Project	5
To find out what's on	5
Shopping	5
Youtube	5
Advice & Information	3
Gaining new skills and confidence	1
Work	4
From home	3
On my phone	3
Watching videos	2
For everything	2
On a laptop	2
Mental Health	2
reading news	2
Advocacy	2
Other, including watching television and one responses	36
It is a scandal that Brighton and Hove, which attracts so many trans people doesn't have one central information hub, where people can find out about services to help and support trans people	1
Local trans people desperately need information about Council services, health services, social support. The Council, local NHS and voluntary sector should work together to provide this as a matter of urgency	1

Many questionnaire respondents stressed just how important a tool the internet was for them, using it in a number of ways to improve their wellbeing:

“I am constantly connected for the internet for work, leisure and information purposes. In my pre-transition, days, the internet was utterly crucial to finding about about being trans and about transition. It is a scandal that Brighton and Hove, which attracts so many trans people doesn't have one central information hub, where people can find out

about services to help and support trans people. Local trans people desperately need information about Council services, health services, social support. The Council, local NHS and voluntary sector should work together to provide this as a matter of urgency.”

“I use the internet to access Trans groups and forums on social media. I also manage some trans friendly groups for other people to gain support. It's good for organising people. Generally, I find the information provided by the NHS and just on the internet in general surrounding FTM trans people/trans- masculine people is relatively difficult to access, so trans groups have been my main source of support.”

“I use the Internet for everything. Socialising, research, banking etc. Read about other trans people's lives to confirm that I'm not alone in how I feel. I am also agoraphobic so I find it useful to buy online.”

Some respondents felt that the internet was particularly important when they first realised they were trans, even if this importance diminished over time, or once it had helped them to access face-to-face support:

“I don't have as much of a need now, but previously I used it to connect with others similar to me, to research treatment general transition related information and to access support for difficulties I was having.”

“At the start of my transition I used many web based trans groups to learn more about gender identity issues. Initially I found them helpful, but only to a limited fashion. Once I had access to a face to face support group, I found I had little use for internet groups.”

“I used the internet, when I first began my transition, to find transgender support groups. I found the Clare Project”

“I used to frequent these spaces a lot more, but now don't feel I need to as much (as I am pretty much "post transition")”

“when first beginning my transition i watched lots of youtube videos for information and to feel less alone since at that time i had never met another trans person”

9.5.2 Peer support

Peer support is the main support listed by participants (n. 39) and consists of emotional support, as one participant said ‘we do our best to take care of each other because we have to’ echoing Mark’s point above.

Johnny noted the importance of peer support, finding the internet and ‘organised things’ either unavailable or unhelpful for their journey:

Johnny I mean I don’t think I’ve ever really identified a hundred per cent as cis woman but when I outwardly identified as a cis woman, I had lots of friends who were trans who I met from the Gender Society at university and when I started questioning myself, I approached my trans friends and said, ‘Help. I don’t know what to do? Help me’, and they said, ‘Okay. You go here, here, here and here’, and luckily a couple of my friends who are trans are counselors. Well they were counselors until they went to [transition]. So it’s kind of other trans people definitely. I wouldn’t have learnt anything from the internet. I wouldn’t have known anything from researching. I think it’s really hard to access information online about being trans, especially being trans masculine, for some reason. Definitely other trans people rather than organised kind of things [is where I get my information].

Community and voluntary groups are also accessed online (18 responses). However, 5 people said no one supported them, with one person afraid to come out online.

Table 36: What support do you offer/receive?

Category	No. of responses
From/to Peers	39
Emotional support	2
Mental health issues	2
I receive free, non-judgemental advice from other trans people	1
The exchange of support on this support group feels very empowering	1
friends who understand my situation and needs as a trans* individual	1
I ask for ears to hear me sometimes that's all...depression is big	1
I've had many public and private conversation about explaining queerness	1
It's reassuring to know that I am not the only person born with gender dysphoria in the world	1
what I found truly invaluable was the steady sense of not being alone	1
Welfare support	1
My friends and wider lgbt+ community look after ourselves a lot because of discrimination we face from others	1
just to hear that someone else in the world knows what it's like	1
Community/Voluntary Groups	18
Trans resources/information	10
Counselling	7
LGBT switchboard	2
Medical	5

None	5
I am afraid to come out	1
Moral support	3
Family	3
Not as much as I would like/need	3
would love to give more support but lack time	1
it is limited	1
Advocacy	2
LGBT Youth worker	2
Other: single responses	31

Many questionnaire respondents mentioned the reciprocal nature of finding and offering support as a positive thing, but also sometimes a necessity within the community:

“I find Facebook groups the most useful, particularly if they are quite specific and therefore don't have a massive membership base. You then feel like you get to know certain characters. I often find it quite therapeutic to have commented on someone else's post to offer information/guidance/support. It makes my experiences seem less pointless. At different times it can be useful to receive information, advice or just to hear that someone else in the world knows what it's like.”

“My friends and wider lgbt+ community look after ourselves a lot because of discrimination we face from others.”

“I try and offer social support to Clare Project members and Trans people in general. I would say I also gain from this in friendships made among trans people.”

“I receive free, non-judgemental advice from other trans people. Advice can relate to how to get the right treatment, for example how to get clinic referrals, how and where to hair removal treatment and voice training, etc. The exchange of support on this support group feels very empowering.”

9.6 Volunteering

In comparison to the City Tracker survey wave 5 which found that 35% of people gave unpaid help in the past 12 months (Brighton & Hove Strategic Partnership, 2013), 81% (n. 92) of trans people in this research have given some form of unpaid help in the last 12 months. Table 37 indicates that 35% (n. 40), give unpaid help at least once a week, with 53% (n. 60) giving unpaid help at least once a month. As noted above peer support is key to both finding and offering support. Volunteering, either formally or informally, is central to the support available for trans people, as well as trans people contributing to LGBT and mainstream services and organisations.

Table 37: Overall, about how often in the last 12 months have you given unpaid help to any group(s), club (s) or organisation(s)? Please only include work that is unpaid and not for your family.

		Frequency	Percent	Valid Percent
Valid	At least once a week	40	35.1	35.1
	Less than once a week but at least once a month	20	17.5	17.5
	Less often	12	10.5	10.5
	I give unpaid help as an individual only and not through groups	20	17.5	17.5
	I have not given any unpaid help at all over the last 12 months	12	10.5	10.5
	Don't know	10	8.8	8.8
	Total	114	100.0	100.0

Trans people do a lot in terms of volunteering and running support services unpaid and in this research participants noted that this was to fill the gaps in statutory services (see above) and this can be detrimental to trans people:

Alex: There's so much that needs to be done actually that then the people who sort of are perhaps under-employed, will then go and do volunteer work and you get a lot of people doing a lot of volunteer work and then sort of getting burnt out, and you know, there's a lot of stress because although there are- We're very lucky to have a community, actually because of the inadequacies of support, because people don't have access to the proper services, the services that should be there, then people, they have to come to FTM Brighton and thank goodness it's there or the Clare Project. But then these are all run by volunteers. We'll get funding for certain activities and to cover our rent, but actually that's a lot of pressure. That's a lot of responsibility. I'm at the point where actually I do a lot of volunteer work. I'm very proud of the volunteer work I do. Actually I'm starting to get burnt-out. I need to finish my work. I need to be getting employed... I've got health issues going on. I have mental health issues going on. I want to get employed but I can't leave this, because if I leave this, then it's not going to happen. We need the support.

In the focus groups people volunteered for a range of services and groups. This was not confined to trans support groups, and trans people volunteered for LGBT and non-LGBT groups as well as mainstream services. Often this was as a 'trans rep', and their trans experiences were often drawn on as valuable assets in their involvement.

Trans people noted that when volunteering for trans groups, meeting other trans people was an important part of the experience, and was particularly important when other socializing avenues were not enjoyed:

Finn I think for some people it's a good way to meet other trans people. Like you know, it's a safe way of meeting other trans people, you know, particularly if you're volunteering. I mean for me, you know that people aren't going to be drunk [laughs], which you know, is a lot of sort of particularly LGBT spaces are club nights and places where people are drinking. I'm not a big drinker and I can feel quite uncomfortable in those spaces, but volunteering with [LGBT organisation], I found that I've met a lot of sort of likeminded people in a safe place and yeah I've really enjoyed the training that I've got from it. I mean it's been life-changing for me. All of my exposure with [LGBT organisation] has been life-changing but yeah, the volunteering I've found really-really useful. I mean it's such a boost to my confidence, and also like with Pride, I don't know if next year I would go if it weren't for the fact that I know I can volunteer. Like it's really scary. There are so many things wrong about Big Pride [laughs], but volunteering, it makes it feel like it's worthwhile. It makes it feel like it's not just a complete waste of time.

Volunteering was not always a positive experience for some trans people and resulted in confrontations and conflict:

Robert: I've had to give up volunteering at [LGBT organisation] because of gender stuff actually. I've been volunteering there for nearly three years, but because it's on the phone, everyone's gendering me as female that's ringing up. And it was already difficult because they already always assumed I was a lesbian because it's the GL movement really and I was constantly having- ... they're gendering me lesbian and that's a female thing. So I've had to say, 'I'm going to have to leave for a while at least for that'. When I started I was the only bi or trans person there at [organisation]... They've had conversations about, 'Oh people ring up. They want to talk to someone who's gay and lesbian. They don't want to talk to someone who's got an opposite gender partner or whatever.' I'm like, 'Well what about the B and the T?'

9.7 Care

It is not only trans, LGBT and mainstream services and groups that trans people act in supporting roles, as 20% (n. 12) in the survey also helped out individuals and not as part of a group (see table 37). This can be linked to caring as one person who identified as a carer said:

"Almost all of my friends struggle with mental health issues and substance use challenges. We are all constantly caring for and supporting one another. I find that I also provide such care for strangers from time to time when we meet."

In the focus group data, peer support was recognised as essential and was often undertaken informally:

Jessie The best experience of me coming to Brighton has been just kind of mutual aid and support that I've experienced and people just- I mean people that like often have experienced like similar situations. For example like being willing to like support and help each other get through difficult situations. Yeah. I suppose that's probably been the best thing.

16 people in the survey said that they are carers (14%). Of these, 6 care for friends, 5 care for partners, 4 care for someone other than that listed (including 2 that mention community and friends), 3 care for parents (see tables 38 and 39).

Table 38: Are you a carer? (A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	16	14.0	14.2	14.2
	No	94	82.5	83.2	97.3
	Prefer not to say	3	2.6	2.7	100.0
	Total	113	99.1	100.0	
Missing	System	1	.9		
Total		114	100.0		

Table 39: Who do you care for?

	Number	Percentage of carer respondents
Friend	6	37.50%
Partner or spouse	5	31.30%
Other	4	25.00%
Parent	3	18.80%
Child with special needs	1	6.30%
Other family member	1	6.30%

Note that the responses add up to greater than 100% as participants were allowed to select as many options as applied to them.

Those who selected other said:

Table 40: Other caring responsibilities

Category	No. of responses
Partner's dad	1
Lodger	1
I provide support and care for people in my community	1
Almost all of my friends struggle with mental health issues and substance use challenges. We are all constantly caring for and supporting one another	1
I find that I also provide such care for strangers from time to time when we meet	1

9.7.1 Experiences of caring

Table 41 outlines the experiences of caring that were mentioned in the surveys. 6 people believed that their trans status was irrelevant, and 'didn't come into it'. 4 said that it helped them care for others.

Table 41: What are your experiences of caring as a trans person?

Category	No. of responses
It doesn't make a difference	6
It's for my mother, so my trans status doesn't come into it, she's very supportive and it's never been an issue	1
as they were unaware of my trans status it did not affect the interaction	1
It's cool cause not obvious	1
to be honest a lot of the work I do is within the trans community	1
have had no problems as everyone I have worked with assumed I was cis	1
I cop out and visit them as male	1
Mother has had some shocks before about my gender questioning and I would not want to cause her distress or endanger her life now she has Alzheimer's	1
It has helped me to care for others	4
I feel like trans people have a unique insight into the human condition and with that I find that patience to care for others comes quite easily	1
I've been able to care for a friend of mine who is also trans, helping me empathise with them, share experiences, offer support and provide a safer and more trustworthy environment for them to express themselves in	1
my partner (who I care for) also identifies as trans and we are very good at supporting each other in that respect	1

I find that there is a culture of caring for each other in the trans community, so I care for someone when they struggle or are not well and then they might care for me if I struggle or am not well	1
I care for my trans partner, due to their mobility issues	1
Problems Being a Carer My daily life in the home is closeted and it makes me despise any caring duties as a result	4
Stressful	1
I am also disabled so it's a huge strain on my own health	1
Financial strain as Brighton is very expensive and rents very high so it's very difficult to keep going	1
Other: Is there help? I have only recently had my role as a carer recognised and I'm still in the process of being referred to services that could help me so don't know how this will affect that side of things	1 1

While the largest response was that being trans didn't affect people's experiences as a carer (n.6), some questionnaire respondents felt that their experiences as trans people had placed them in a better position to care for others:

“I find that there is a culture of caring for each other in the trans community, so I care for someone when they struggle or are not well and then they might care for me if I struggle or am not well”

“I find it quite easy to care for other people. During my life I have struggled for a long time due to my trans identity. I feel like trans people have a unique insight into the human condition and with that I find that patience to care for others comes quite easily.”

Other questionnaire respondents gave the explanation that a shared trans status with the person being cared for was a positive factor in the experience:

“Being a trans person has affected my experience of caring in that I've been able to care for a friend of mine who is also trans, helping me empathise with them, share experiences, offer support and provide a safer and more trustworthy environment for them to express themselves in.”

“As far as being a carer, my partner (who I care for) also identifies as trans and we are very good at supporting each other in that respect.”

Of those that said that being trans didn't make a difference, some explained this was because they were unable to be open about their trans identities in their caring role:

“While I am out to my family, they prefer that I never make mention to being trans* as they feel it would kill my Granddad (the person I care for). My daily life in the home is closeted and it makes me despise any caring duties as a result.”

“ I cop out and visit them as male. Many reasons. My Mother has had some shocks before about my gender questioning and I would not want to cause her distress or endanger her life now she has Alzheimer's”

Others explained that people were unaware of their trans identities as care givers, so it did not affect their experiences.

9.7.2 Adult social care

Survey respondents were asked about adult social care, and given the examples of access point, home care providers, carer’s support services, day services, advocacy services, social work/care management teams. 84% of survey respondents said that they didn’t know whether they were satisfied or dissatisfied with this service (see table 42). When those who don’t know were removed, 25% (n.4) were very dissatisfied, and 10 people (63%) were satisfied/very satisfied.

Table 42: Adult Social Care (e.g. Access Point, home care providers, carer’s support services, day services, advocacy services, social work/care management teams)

		Frequency	Percent	Valid Percent
Valid	Don't know	82	71.9	83.7
	Very dissatisfied	4	3.5	4.1
	Neither Dissatisfied nor satisfied	2	1.8	2.0
	Satisfied	6	5.3	6.1
	Very satisfied	4	3.5	4.1
	Total	98	86.0	100.0
Missing	System	16	14.0	
Total		114	100.0	

9.7.3 Ageing and care

Several participants raised concerns surrounding the quality of care that they could expect in care homes, given that there are specific issues relating to trans people maintaining their dignity that care workers may not be aware of due to lack of awareness training.

Rachel Some of them wear wigs. Some of them need shaving every day. A whole lot of things like that, and to preserve their dignity, and not only that, to look after the endocrinology, all the rest of it, psychiatry, has all got to be dealt with... I mean that’s the sort of thing that’s got to be tackled and it’s got to be tackled now because trans people are getting older, and I’m eighty-one, so it may happen to me. You never

know. And what's going to happen if I have a stroke or something like that? I don't want to know about having a stroke and I don't want to know what's going to happen afterwards, but somebody's got to think about it.

Erin ...I'm getting older... I don't know where I would be able to turn to?

Becky I'm [role in organisation]... and one of the concerns is of LGBT people in care, because we've all heard the horror stories that befalls other people, let alone people that identify as LGBT in care because of the failings in care homes, but there's a vast amount of ignorance about the needs of trans people generally and especially in care when they're very vulnerable.

Erin and Rachel felt as though there was no reliable way of knowing what quality of care they could expect to receive.

Erin They may be quite trans-phobic or they may not understand. On the other hand they may be very- There are brilliant staff out there I know. So you may get wonderful treatment but it will be a lottery in who looks after you and who provides for your care if you're not able to make those decisions yourself. I can see serious problems ahead. So yes I have thought about it, but I haven't made any provision for it because I just don't know what's going to happen yet. I hope to have a few years yet [laughter].

Rachel Up to now it's, as you say, it's a sort of lottery. You might land in a hospital which are kindly and nice and understanding. I went to [nearby town] Hospital to have a hernia operation last January and they never mentioned me being trans. I was on a female ward. It was run beautifully and absolutely without a murmur everything was right. So you know, you just don't know what's going to happen.

Erin gave a specific example of an instance of transphobic care she had witnessed:

Erin I've come across an individual who was a cross-dresser and she was- I first visited her when she was in a care home and she was left in a room upstairs on her own, half-dressed in female attire. I went and saw her and chiropodist, when I came down the manager of the home said, 'Oh I wanted to see you before you went up there'. Well it didn't bother me at all but I didn't see her again until she was actually in the hospital, in a hospital nightie sitting by the bed. I had to queue up to see her and I saw her there in the hospital, but there was very little support and understanding I felt either in the care home for her or in the hospital because she was just on a mixed ward and I felt for her badly actually, but there was nothing really that I could do for her and

I didn't know what resources were in place, if any, and in fact I don't think there are any to be honest.

Trans people are also carers of the broader ageing population. Care workers may have difficulty accepting trans people's suitability to provide this care. Becky provided an intimate example:

Becky I mean I have one personal incident who, it's not for a patient who was trans, but for a relative who was caring for a patient who was trans and that person was my partner. Their family was going through cancer and was in end of life care really and my partner had to effectively present in male mode just to get accepted as a relative. At one point they came into the hospital and could see the doctors and nurses having a mini-conference down the corridor about, 'Do we allow this person, their partner, in or not?', and the family were very ambivalent as well. The net result of that is that my partner has effectively de-transitioned. Not gone through the full surgical route so that avoids some of the complications but the whole point is that destroyed my partner's confidence completely simply because of the pressures and the complete misunderstandings around that. So a lot of education needs to be done in that area.

As in other arenas, Rachel spoke of trans people being proactive in advising ageing agencies on issues affecting trans people's ageing care:

Rachel I'm in [organisation] pretty well every week in their Head Office and I broadcast a lot. I broadcasted for them earlier this week and so we spread that sort of news around because they've got their own radio station.

Rachel went on to suggest that a priority ought to be establishing a support network as it would be of great value to the community.

Rachel There is another side to this as well. I've noticed a lot of it because I saw a film this week that came from America about somebody who was very much had lived a long life as a woman but had never had the operation. And she was dying of cancer. She was sixty-three and it was a video diary and a support group that came in and I realised how important the support group is to sort of get people through stays in hospital, coming back home and not being able to manage, and it could be something that we start looking at sometime, is how to build a support network so that when somebody actually goes through all this, there is a support network that can pick and volunteer a little bit each of them so that somebody somewhere is able to do the necessary supporting. These are things that have got to be tackled.

9.8 Parenting

18 people (16%) said that they are parents. This compares to local research which asked if children under 17 were living in the household - 33% in the 2012 Health Counts survey and 32% in the City Tracker survey waves 5 and 6 (Brighton & Hove City Council; Brighton & Hove Strategic Partnership, 2013; Brighton & Hove Connected, 2014).

Table 43: Are you a parent?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	18	15.8	16.1	16.1
	No	94	82.5	83.9	100.0
	Total	112	98.2	100.0	
Missing	System	2	1.8		
Total		114	100.0		

Table 44 indicates three people had a child in school in Brighton and Hove, and all found their child's school welcoming or very welcoming as a trans parent.

Table 44: Do you have a child/children in a school in Brighton & Hove?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	2.6	15.0	15.0
	No	17	14.9	85.0	100.0
	Total	20 ⁷	17.5	100.0	
Missing	System	94	82.5		
Total		114	100.0		

However, in focus groups, Robert discussed how children can face bullying due to their parent's trans status and so can seek to hide it:

Robert My son's had like a year of being bullied for looking feminine and being quite feminine. He regularly gets called gay as an insult and a

⁷ 2 people skipped the 'are you a parent' question, so will have been able to answer this one – all 94 who answered 'no' to the question above would have been routed around it – that's the reason for the difference

girl as an insult. I mean he's very good at kind of going, 'Well I'd rather be gay than be like you'. [Laughter]. He was always really open about me being bi as well. He did a project about homophobia and biphobia and interviewed me and it was all great, but he doesn't want them to find out that I'm trans because he's just like, it'll just all start up again.

When asked about experiences of parenting as a trans person, responses discussed the lack of support, fighting for children/separation from children as well as feeling lonely (Table 45). This was supported in the focus group data.

Q45: Please tell us about parenting as a trans person.

Category	No. of responses
Lack of support	2
They are ok but it is hard and lonely	1
Separated from my children because of coming out as trans	1
I have used all my savings and resources to fight a contact battle to get to keep seeing my children	1
I have a step-daughter. I don't think I've experienced problems, but I don't have parental responsibility in the full sense	1

Trans parents in the focus groups spoke of little or no specific support available for either themselves or their children, 2 people also mentioned this in the questionnaire:

Laura I've got two young children. Finding resources for them, some kind of help, was very difficult. It basically came down to sort of Googling and just doing my own research. The thing is, there's lots of LGBT families and I know some, maybe same-sex couples that have had children or adopted, but the trans community, sometimes I didn't feel like they were included in that set.

Robert There's nothing for children of trans parents or children of LGBT parents because my son was thinking about going to Allsorts and actually he is also unsure of his own gender and sexuality, but he specifically wanted to go to meet other children of trans or LGBT parents and that's not what it's for. There isn't anything. There's a group for parents of trans children but not children of trans parents and I think that would be a really great thing because I mean I'm quite lucky in that he is really supportive. He just wants people to talk to that aren't at his school, but other people's children might stop talking to them and all kinds of difficult situations. It would be really great if there was more help.

Laura Maybe just kind of it could be as simple as like a network of trans families that are willing to talk to each other or meet, or even just provide advice or a website. Maybe something for the children to

understand, but as I say, I think the LGB families that I've met, they've certainly had support amongst themselves and I'd like to bring the T into that group.

Laura suggested whilst there was a need for family support, it may be relatively simple to provide and deliver.

The experiences relating to a smooth transition with trans' parents children can be related to their partners attitudes towards their transition. Prejudice against trans people, coupled with a fear that children will face discrimination, can lead to partners attempting to restrict or withhold access to the couple's children. This can result in lengthy and costly court cases in a fight for custodial rights:

Laura There's a lot of stigma attached I think and the default position, well I think for my ex's family, was that I should just move away and not go near my children again... I ended up going to court because it started off with just restricted contact. There was this idea that if I took the children out in public, that we'd get shouted at and I could not dress in the way I wanted, which you know, I always wore trousers for instance, but even having long hair became a problem... I made a court order application for contact and then I got a solicitor to help me. The court process was an absolute nightmare as you'd expect, but the main problem was just the level of ignorance from, you know, from my ex and her solicitors. [They] just misgendered me throughout and even the judge misgendered me and it was just horrific, the whole process in court. I'd certainly advise that it could have been avoided and I think to have some kind of support network for families and families of trans people, be it you know, husbands and wives splitting up or just children or parents of trans people. I'd love to see more of that. I've used everything on trying to keep contact going. [Now] I've got a court order which says I see my children every week but there's been problems there. Some alienation. So one of my children I haven't seen for a year. So it's been devastating to be honest with you and I think it's avoidable. It just needs to be some kind of information and support for families of trans people.

Tina said that, for her, her transition, helped her to be a better parent.

Tina I'm just much happier being myself, you know, I can be a parent for my children now. It's just the whole- It's difficult to put in words what being non-dysphoric actually means. It means waking up in the morning and being okay with yourself. It was such a psychological noose around my neck and that I struggled to carry all this time. Just to be able to express myself who I am is wonderful. I think the other thing that I'd like to say is that treatment works. That hormone treatment and surgery has worked for trans people and they are

effective. They're very effective despite the stigma, despite the oppression in actually coming out and getting there, but these treatments are really-really effective, and it's not only my life they've changed and made a whole lot better, but it's also a lot of people that I know that disappear into the binary as it were. There are very few people who stop if they're sort of accepted in a binary system and talk as advocates about these issues I think and it's important to do that.

9.9 Conclusion

LGBT and trans support groups and services were recognised as very extremely important, and can play a very important part in trans people's lives. There were some issues with these services, including lack of resources and a reliance on peer support; exclusion of those who have additional needs or who do not feel that they fit; and being asked to deal with support needs due to an absence of statutory services. It was noted that complexities and intersectional differences, including disability can be poorly catered for by these groups who are reliant on a limited pool of volunteer labour.

90% of people use the internet to find or give support. This is a key avenue of support and participants spoke of how it helped their wellbeing. Indeed, we will see in the safety section (section 12), that denying access to the internet can be a form of control and abuse. Peer to peer support was key in this area.

In comparison to the City Tracker survey wave 5 which found that 35% of people gave unpaid help in the past 12 months (Brighton & Hove Strategic Partnership, 2013), 81% of trans people in this research have given some form of unpaid help in the last 12 months. This covered services not provided by the public sector, and included volunteering for Trans, LGBT and mainstream services, for the latter two often they were given the 'Trans rep' position.

18% (n. 20) of these also helped out as individuals and not as part of a group and 16 people in the survey said that they are carers (14%). For those who identified as carers, the two biggest categories cared for were friends and partners.

84% of survey respondents said that they didn't know whether they were satisfied or dissatisfied with the Adult Social Care service (see table 42). When those who don't know were removed, 25% (n.4) were very dissatisfied, and 10 people (63%) were satisfied/very satisfied.

It was a concern to trans people in this research that they could not predict whether or not they would receive care that would facilitate living with dignity in older age. Being treated with respect relied upon having care workers who understand that there are issues specific to trans ageing that require specific care services being delivered to them.

18 people in this research said that they were parents. In the questionnaire all 3 who had children in school said that the schools were welcoming. Parents identified that there was a lack of support for trans parents and also the children of trans parents.

10 Health and wellbeing

10.1 Introduction

Health can be a key aspect of trans people’s life journeys as well as everyday experiences. More than cisgendered people, trans people’s health is often key to their wellbeing because it can tie strongly to their gendered identities and presentations. This report follows good practice in separating general and physical health issues from mental health (See section 11). As such, transition is dealt with in terms of physical/general health, and not mental health.

This section addresses the findings relating to health and wellbeing. It covers: general health; general practitioners; cancer care; health and social care. It then looks at medical transition, including gender identity clinics; sexual health and finally improving health services.

10.2 General Health

61% of trans people in this research defined their health as good, very good or excellent (n. 69). This compares to 83% of the Health Counts 2012 results.

Table 46: In general would you say your health is...

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Poor	17	14.9	14.9	14.9
	Fair	28	24.6	24.6	39.5
	Good	35	30.7	30.7	70.2
	Very good	28	24.6	24.6	94.7
	Excellent	6	5.3	5.3	100.0
	Total	114	100.0	100.0	

Compared to the Health Counts data, where 70% rate their health as ‘about the same’ compared to one year ago, 43% (n. 49) of trans people in this research said that their health was ‘about the same’. In the Health Counts data 18% of the Brighton & Hove sample say that their health is a bit better or much better than a year ago, this compares to 33% (n. 38) of this sample who believe their health to be a bit better or much better than a year ago.

Table 47: Compared to one year ago, how would you rate your health in general now?

		Frequency	Percent	Valid Percent
Valid	Much worse than a year ago	5	4.4	4.4
	A bit worse now than one year ago	22	19.3	19.3
	About the same	49	43.0	43.0
	A bit better now than one year ago	23	20.2	20.2
	Much better now than one year ago	15	13.2	13.2

Total	114	100.0	100.0
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10.3 Health Services

People's experiences of health services were varied, with a large number of both positive and negative experiences identified. Where questionnaire respondents identified positive experiences, they were most likely to mention their care at the GIC (n. 8), shortly followed by experiences with their GPs (n. 7).

Table 78: Please tell us about your experiences of health services

Category	No. of responses
Positive experiences	37
GIC	8
GP	7
Claude Nicol	2
the experience was really positive, they were very helpful, and really kind and lovely people who seemed to genuinely respect and care about what I wanted and felt	1
It is evidence of the difference training & experience makes to the quality of service provision	1
GIC Staff treated me with respect	1
I get regular blood tests	1
very aware of people not identifying with their assigned gender and careful to use selected terminology	1
Other (mentioned by one person)	10
Negative experiences	30
GP	4
Claude Nicol	3
Surgical results	2
Initially hostile	1
traumatic	1
Surgical after-care	1
not treated with respect	1
ableist	1
professionals do not seem very happy to treat us	1
dis-empowering	1
quite a few times doctors/specialists have not offered me any help for things that continue to cause me pain/discomfort, so I have had to learn to live with them	1
even though I specifically told him that I wasn't exclusively attracted to women he wrote that in my report	1
Didn't maintain confidentiality	1
Other (mentioned by one person)	4
Lack of awareness & transphobia	16

Implied being trans was a mental health issue	3
as an inpatient at the Sussex County Hospital, mostly from other patients	1
asking me lots of personal questions with regarding to transition	1
I was accused of being a drag queen	1
what gender dysphoria is and how it affects people	1
laugh at me when I talk in gender-neutral ways about my sexual health	1
Chemist challenged me when I bought contraception	1
the doctor I saw constantly misgendered me	1
I heard the paramedics say 'that's not a female' and laugh out loud at my appearance	1
Despite my medical records having been updated and the hospital having me in a female ward, I was very distraught when the blood bag had a male gender marker on it	1
over hearing a conversation between two medical staff discussing my trans status	1
asked if I had had lower surgery, if I planned to, what my "name was before" etc	1
I was disappointed to see gender options that said: female, male, transgender	1
The process is too slow	15
Bad for my health	2
Have had to go private	2
Difficulties navigating the pathway	10
I don't feel I needed a psychiatric assessment	2
I feel like they are very black and white and I was not	1
Charing Cross is unfit for purpose as it is entirely overwhelmed	1
entirely disrespectful	1
I think asking people to do "real life experience" is pretty hilarious when the vast majority of people cannot do so until they've been on hormones for some time	1
Lost contact with the GIC	1
utterly disorganised	1
clerical chaos	1
I had to put a lot of work in to make things happen	1
my identity does not fall under the Harry Benjamin Standards and therefore I would not qualify	1
Lack of knowledge	8
GP	3
I felt like I had to stay within the parameters of of what the councillor understood and felt they could help me with, as opposed to what I actually needed to talk about	1
had no knowledge or understanding of what gender dysphoria is and how it affects people	1
Who knows why ftms get bad joint pain etc.	1
What is the correct range to use in blood tests for trans people	1
sometimes making the problem worse for me than it was before	1
Mental health services	6
Negative experiences/opinions	4
As I have mental health issues I have often felt that my other concerns have been minimised	1

Turned down for one-to-one CBT work as having too complex needs/problems	1
Being trans hasn't affected my experiences	4
I don't want to come out as trans	3
it makes me too nervous	1
being misgendered is less stressful than having them use my gender identity as a weapon against me	1
out of anxiety	1
I have already covered this in other questions	3
No	1
I haven't used health services in Brighton & Hove	1

Positive experiences were apparent in both questionnaires and focus groups:

“With the GIC I would say the experience was really positive, they were very helpful, and really kind and lovely people who seemed to genuinely respect and care about what I wanted and felt.” (Questionnaire respondent)

Tim So I then went for that, for the psych assessment at Hove Poly Clinic and that was a very good experience...It was brilliant that the lady who interviewed me had just recently been to some sort of trans awareness event. I'm not quite sure what event it was but she'd been to something and so therefore she was almost like really pleased that I'd come in the door and she could put what she'd learnt into practice, and it was really nice because she understood everything. She told me she'd been to this event and she kind of knew what to do. And I said, 'Do you think you can write me a letter that says I'm going to permanently live as a man so I could get my ID', and she did exactly what she promised and sent that letter through the post and she obviously supported my referral to the GIC.

Tim's response indicates that proper and recent training was an important factor in their positive experience of attending a psychiatric assessment. Many questionnaire respondents who recorded positive experiences also referenced the training of staff as a factor in these experiences. An increase in training for healthcare providers was also the most suggested action for improving healthcare for trans people (Table 78). Despite this, some participants shared experiences of health services that demonstrated transphobia and a lack of respect for individuals from healthcare professionals:

“I heard the paramedics say 'that's not a female' and laugh out loud at my appearance, pointing out things that clearly made me not a woman.” (Questionnaire Respondent)

Leanne: It's respecting people's privacy and dignity and recently I've heard of this year a trans women identifies as female, has been living a life as a woman for the last five years, was taken into A&E with, not saying what with, but ended up... with curtains drawn round being called he because she had a penis. Yeah.

There were specific issues facing people of colour and Liam described feeling distinctly apprehensive about the 'Eurocentric' medical team and institutional structure at the Charing Cross Gender Identity Clinic, which reflected experiences in health services more generally:

Liam It's like my experiences with Charing Cross. It is very sort of you will often be interacting with people that are, you know, white male doctors quite often and things that could make a person feel quite, in all kinds of ways actually because class would factor into it as well, but things that could feel intimidating. The gatekeepers to a lot of these services, especially somewhere like Charing Cross, are- Even if the person themselves isn't a white doctor, the structure of it is very Eurocentric, white supremacist, and very privileged in certain experiences. I think as a trans woman of colour from maybe a different background and different experience, Charing Cross could potentially have become even more sort of difficult to negotiate actually, I imagine I could have found.

The use of binary genders in services was mentioned as a key way in which people were related to, including health services:

Les: Just, so, across the board. Like GPs. When we go to A&E. Like everybody is so focused on, 'Are you male or are you female?', and you know, even if you do identify with one or the other, it's only okay if you identify with the one or the other that somebody else sees you as. Like, you know, it's fine when I'm in a male toilet and I'm not talking and everybody's fine with that, but as soon as I talk, it's like, 'Oh no. I'm sorry. No. Get out of here.' It's just ridiculous. It feels to me like it doesn't matter what I think, what I feel, what I am. It's what everybody sees me as and I absolutely, you know, even in Brighton where you'd think that particularly people up in A&E would be used to seeing a diverse community. They're very straight on, 'Well if you fit in this box, I'll treat you this way, but if you fit in this box, I will treat you a different way.'

There were specific issues facing people of colour. Liam described feeling distinctly apprehensive about what was seen as the 'Eurocentric' medical team and institutional structure at the Charing Cross Gender Identity Clinic, which reflected experiences in health services more generally:

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background and different experience, Charing Cross could potentially have become even more sort of difficult to negotiate actually, I imagine I could have found.

10.4 General Practitioners

The majority of respondents are registered with a GP (94%, n. 107).

Table 48: Are you currently registered with a GP?

		Frequency	Percent	Valid Percent
Valid	Yes	107	93.9	93.9
	No	5	4.4	4.4
	Don't know	2	1.8	1.8
	Total	114	100.0	100.0

Table 49: What is your GP practice?

Category	No. of responses
St Peters Medical Centre	8
Prefer not to say	7
N/A	7
Park Crescent Health Centre	6
Ship Street Surgery	6
Dr (named)...(a truly wonderful man who also treats another trans woman I know who recommended him to me) He is a victim of his own success and always very busy.	1
I will be applying	1
Pavilion Surgery	6
University of Sussex	4
Lewes Road Surgery	4
Charter Medical Centre	4
Albion Street Surgery	3
Brighton & Hove Wellbeing Centre	3
Regency Surgery	3
Montpelier Surgery	2
Stanford Medical Centre	2
Woodingdean Medical Centre	2
Brighton Station Health Centre	2
Sackville Medical Centre	2
Portslade Health Centre	2
Beaconsfield Medical Practice	2
Single mentions of other GPs	9

As can be seen from the table above, in this sample there does not seem to be a particular concentration of trans patients in any particular GP surgery.

10.5 Satisfaction with General Practitioners

65% (n. 69) of the sample are either satisfied or very satisfied with their GP's. 21% (n. 22) are neither satisfied or dissatisfied, with 14% (n. 15) either very dissatisfied or dissatisfied. This is less than the 2013 City Tracker survey where 89% of people were satisfied or very satisfied with their GP overall.

Table 50: How would you rate your experiences with your current GP: Overall

		Frequency	Percent	Valid Percent
Valid	Very dissatisfied	6	5.3	5.7
	Dissatisfied	9	7.9	8.5
	Neither	22	19.3	20.8
	Satisfied	38	33.3	35.8
	Very satisfied	31	27.2	29.2
	Total	106	93.0	100.0
Missing	System	8	7.0	
Total		114	100.0	

In terms of listening to you, 66%, n. 71 are satisfied or very satisfied. 23% are dissatisfied or very dissatisfied with how their GP listens to them (n. 20).

Table 51: How would you rate your experiences with your current GP: Listening to you

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very dissatisfied	5	4.4	4.6	4.6
	Dissatisfied	15	13.2	13.9	18.5
	Neither	17	14.9	15.7	34.3
	Satisfied	43	37.7	39.8	74.1
	Very satisfied	28	24.6	25.9	100.0
	Total	108	94.7	100.0	
Missing	System	6	5.3		
Total		114	100.0		

12% of people are dissatisfied or very dissatisfied with their experiences of being involved in decision making (n. 13). 69 respondents are satisfied or very satisfied with this (64%).

Table 52: How would you rate your experiences with your current GP: Involving you in decisions

		Frequency	Percent	Valid Percent
Valid	Very dissatisfied	7	6.1	6.5
	Dissatisfied	6	5.3	5.6
	Neither	25	21.9	23.4
	Satisfied	36	31.6	33.6
	Very satisfied	33	28.9	30.8
	Total	107	93.9	100.0
Missing	System	7	6.1	

Total	114	100.0	
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67% (n. 76) of people also felt satisfied or very satisfied that their GP treated them with respect, with 19% (n.14) feeling dissatisfied or very dissatisfied.

Table 53: How would you rate your experiences with your current GP: Treating you with respect

		Frequency	Percent	Valid Percent
Valid	Very dissatisfied	7	6.1	6.5
	Dissatisfied	7	6.1	6.5
	Neither	17	14.9	15.9
	Satisfied	41	36.0	38.3
	Very satisfied	35	30.7	32.7
	Total	107	93.9	100.0
Missing	System	7	6.1	
Total		114	100.0	

71% (n. 73) of people who answered the question: Have you ever had to change your GP in Brighton & Hove, due to their knowledge or attitudes to trans issues? said that they have not changed their GP for these issues. 19% (n.20) said yes.

Table 54: Have you ever had to change your GP in Brighton & Hove due to their knowledge or attitudes to trans issues?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	20	17.5	19.4	19.4
	No	73	64.0	70.9	90.3
	Don't know	10	8.8	9.7	100.0
	Total	103	90.4	100.0	
Missing	System	11	9.6		
Total		114	100.0		

10.5.1 Experiences with GPs

In the qualitative data 37 people discussed positive experiences, 9 of these included making referrals, being respectful (n. 8), supportive (n. 6), understanding (n. 6, see table 55). Whilst these might be expected, examples of 'good' care can relate to a service that others might expect:

“My current GP was really nice when I went to her after my surgery, she checked in with me and congratulated me, and was very pleasant, giving me the time to talk about how I felt about it all and the results. The extra minute or so she spent with me really made a difference, I didn't feel rushed, or that I had to say the usual trans buzzwords. She understood my history without making me feel like an alien who had to explain myself.” (Questionnaire respondent)

Not having to explain yourself or being made to feel like an 'alien', may be taken for granted by others, for this questionnaire respondent, this care was mentionable and

not assumed. For those who go ‘above and beyond’, trans people can feel grateful:

“I’ve had my current GP since I was 13 (8 years). He is amazing and I regularly recommend him to other trans people. He has gone above and beyond for me and I am extremely grateful.” (Questionnaire respondent)

For Mary the ease of the process was surprising:

Mary I went to my GP for referral in March last year and she was great. Like I was like, you know, two things. ‘I’ve got a bad back and I was on painkillers and I’m transgender [laughter]’. She was like, ‘Okay’. She said, ‘I’ll do you a referral’, and I was like, ‘What? Really? Is it that easy?’ And she was like, ‘Darling. I’ve been a GP in this town for twenty years [laughter]

Participants in all the focus groups indicated a certain satisfaction with GPs and some thought that there is a general awareness and acceptance amongst GPs because of the number of people transitioning in the city. A view shared by this questionnaire respondent:

“As my GP had had previous trans patients, he had all the appropriate knowledge and was able to treat me with confidence. The practice nurse staff are also similarly experienced. Having health professionals who know what they are doing is invaluable.” (Questionnaire respondent)

However this was not always supported by experiences of participants:

Steve: Well my GP didn’t know about the process which was surprising because it’s Brighton but he tried and was like, ‘Do I have to refer you to a therapist?’ I was like, ‘No you don’t have to refer me to a therapist’. He was like, ‘Are you sure?’ I was like, ‘Yeah. Yeah. I’m pretty sure.’... And then like a while later I got a letter in the post that was like, ‘Oh I looked it up. I have to give you a blood test. So book that please.’ It was just like not together.

Table 55: Please tell us about your experiences with GPs

Category	No. of responses
Negative Experiences, including	74
<i>Lack of knowledge</i>	26
About the care pathway	11
incompetent	1
do not not know how to respond appropriately to us as trans people when we have general health needs	1
refusing a trans woman a prostate screen because she can't possibly have a prostate	1
I was told that I am unable to be referred to the GIC of my choice	1
<i>I have to educate my GP</i>	10
hormones	3

How to get funding	1
GIC	1
NHS Guidelines	1
Non-binary trans identities	1
Blood tests	1
surgery	1
being too arrogant to accept that many of us have become expert patients by necessity in the face of the frightening level of ignorance displayed by many GPs	1
<i>Being misgendered</i>	9
<i>Have had to change GP</i>	8
Because lack of knowledge about mental health	3
Because of negative experiences due to being trans	3
Because they didn't listen	2
Because they were Evangelical Christians	1
They would have been awkward	1
(they would have) made my life a misery	1
<i>Problems changing name or gender on records</i>	6
<i>Problems with admin/reception staff</i>	5
ignorant	2
misgendered	2
disrespectful	1
Lack of knowledge	1
Appalling	1
Need trans awareness training	1
<i>Other</i>	
dismissive	3
Didn't listen to what I wanted	3
stressful	2
surprise	2
belittling	2
uncooperative	2
disbelieving	2
invasive	1
unpleasant	1
horrible	1
distressing	1
disgusted	1
May not take me seriously	1
Reluctant to help	1

Breach in confidentiality	1
Treat me like I'm stupid	1
(treat me like I'm) weird	1
My GP will not prescribe me testosterone on repeat prescription even though I have been on HRT for almost 2 years	1
Have issues	1
rude	1
ignorant	1
Not very proactive	1
treating patients like medical curiosities rather than human beings	1
prying into our transition histories when it isn't necessary or relevant	1
Because I have mental health issues they have often acted like other things wrong with me are because of that, which leads to worse care	1
disrespectful	1
no monitoring of my hormone treatment is ever done, so I have to request blood test/ liver function etc	1
insensitive	1
Positive Experiences	37
Made referrals	9
respectful	8
supportive	6
understanding	6
helpful	6
friendly	3
knowledgeable	3
experienced	2
caring	2
In awe	1
Taking my issues seriously	1
Good at listening	1
sympathetic	1
nice	1
attentive	1
accepting	1
open	1
flexible	1
lovely	1
Nurses there are also brilliant	1
asking what they need or taking the time to find out	1
never been misgendered	1

GPs don't have enough time	7
To talk through issues	1
To talk about the process of transition/what to expect	1
To discuss dysphoria	1
Over time has gotten worse	1
Not enough listening	1
Definitely isn't enough alternative advice	1
I have not discussed being trans with a GP	5
because my non binary/genderqueer status did not affect the health problems I consulted them about	1
Am dreading the possibility of having an accident or calling an ambulance when in my usual female mode	1
I largely avoid my GP because I'm trans	1
I don't want to go in for a check-up because I don't want questions about my binder	1
Fear around changing GPs	4
Better the devil you know	1
Might have to educate them again	1
Having to find a new doctor who understands	1
I haven't had any experiences yet	2
Don't go to visit my GP because dysphoria is too strong	1
Other, including	
rather not discuss as it upsets me!	1
I feel confident in raising (issues) again but only because of the Trans scrutiny	1
Lie about mental health to avoid delays to transition	1
All GPs and medical staff having contact with patients should have mandatory training in how to meet the needs of trans patients	1
there are other GPs at the practice who I have no faith in and would be very concerned about talking to about my trans status	1
Never discussed my sexual orientation with my GP	1
Been okay but took ages to build trust	1

74 people spoke of negative experiences, including a lack of knowledge (n. 26); having to educate the GP (n. 10); being misgendered (n. 9), having to change GP's (n. 8), problems changing names or records (n. 6), and problems with administrative and reception staff (n. 5).

There were reports of a lack of knowledge amongst GPs by both focus group participants and questionnaire respondents. Lack of knowledge at times related to referrals and the rights of trans people:

Anna: They make statements that they've got no substance. My first GP was

similar. I said, 'Can I get help on the National Health Service with this gender problem?', the first GP I had in Brighton. 'Oh no. No. You'll never get anything. They won't do that. You'll have to virtually prove that you're a nutcase, that you're so mad', which is totally wrong. Completely weird un-PC language and just giving me all this false information and people. How do they know they won't look on anything favourably?

The lack of knowledge meant that GPs confused trans identities with sexual orientation, which was often a source of frustration:

I told her I was genderqueer a few months ago because I was listing off stressful things in my life and that was one of them. All she did was ask "is that to do with you being bisexual?" which was disappointing." (Questionnaire respondent)

Mary When I said I was trans and I wanted a referral, she asked me if I fancied girls. And I was like, 'Well what are you on about?' [Laughter] It's unprofessional.

Lack of knowledge also affected clinical care in relation to the assumptions regarding mental health (see section 11 mental health):

Chuck I've had such mixed experience with GPs. Like my first GP when I said that I was considering transition said, 'Oh I'm going to put you onto antidepressants because all trans people are depressed and they need to go on antidepressants'.

Despite the lack of knowledge and the need to educate GPs, respondents reported having been treated positively by GPs:

"At first there was a delay in my treatment because my Dr did not know what to do. I had to give him all the information but he has always been respectful and understanding." (Questionnaire respondent)

"Both my original GP at the practice and my current GP are both pretty much clueless when it comes to trans issues and healthcare, but have both been supportive, attentive and friendly in their care of me." (Questionnaire respondent)

These quotes indicate the level of service from GP's that is expected by some participants. In these quotes the 'but' indicates a positive impression, despite the lack of knowledge shown by the GP's.

Participants in both focus groups and the questionnaire highlighted problems around being misgendered and the correct use of pronouns (n. 9 in the qualitative survey data). Often, this was a problem throughout their use of GP surgeries, and included

both administrative staff and GPs themselves:

Mary Like when I phone up, they got my name wrong. I took my deed poll in to get my name changed and the woman's like, 'This may be a stupid question, but it's still Sir isn't it?' And I'm stood there like, Mary, marvellous stood in a dress [laughter]. I was like, 'That is a stupid question. No. It's not.' And then she was like, 'Oh sorry. I needed to check'.

"My GP called me by the wrong name and would not call me by that name when requested. I was misgendered and told that I was incorrect about information that I knew to be correct." (Questionnaire Respondent)

Fred My GP, I actually ended up seeing a locum to talk about my gender dysphoria and the subsequent referral to a Gender Identity Clinic, and the doctor did not know what they were talking about and I know that that's not an individual- I know that lots of people have had the exact same experience, and while it wasn't entirely negative, they did misgender me the whole way through [laughter].

Fred says that 'while it wasn't entirely negative'. This downplays the violence that many trans people spoke of feeling when they are misgendered (see section 12, Safety).

Respondents also indicated that it was difficult to change your records at the GP, which could exacerbate problems around being misgendered:

"Unfortunately he told me that I can't change my name and gender marker on my record, which turned out to be untrue." (Questionnaire respondent)

This once again shows a lack of knowledge, not only on the part of GPs, but also amongst those keeping the records.

"When I legally changed my name - I took my papers to the GPs to change my details on the system. They said they couldn't change my name because they weren't allowed to due to my legal sex. They changed my name to a shorter version of my birth name (not my legal name) and kept my title as 'miss'. A few weeks later I took my documents back to ask again and they said they would change it for me. The next time I went they called out my birth name with the title 'miss' in front of the reception to call me in - and my prescriptions had "miss" with a mixture of my birth name and my legal name on them. The third time I went back they changed it for me after I pressured them lots. However they wanted to put my gender as female (even though I identify as male). After I contested this they put it down as n/a." (Questionnaire respondent)

10.6 Cancer screening and care

63%, n. 70 of this sample are not confident, unsure, or don't know (the latter 2 suggest a lack of confidence) about the cancer screening they should be offered, with 38% feeling confident or very confident.

Table 56: How confident are you that you know what cancer screening you should be offered?

		Frequency	Percent	Valid Percent
Valid	Don't Know	7	6.1	6.3
	No confidence	23	20.2	20.5
	Unsure	40	35.1	35.7
	Confident	23	20.2	20.5
	Very confident	19	16.7	17.0
	Total	112	98.2	100.0
Missing	System	2	1.8	
Total		114	100.0	

Whilst many were unaware of the cancer screening that they should be offered, others felt that they had to take responsibility in ways that were onerous, and that cisgendered people did not have to:

Dave So like now, because I have my own records, they can't remind me to come for smear tests for example. It's not possible for them to do and I've got friends who are trans women who they had to register as having had hysterectomy so they don't get reminders for smear tests. I just feel like there really should be setting up the system to allow for trans people... There should be an option on that computer system to just say, 'Link to this previous record', because I've had to go in and go through it loads of times and probably have to go in again... I've got to remember all my own smear dates and all that kind of thing and it's a kind of small practical thing but it becomes a big deal because of all the other shit you're dealing with at that time."

River spoke of how negative experiences as a trans person of colour, which has led to them feeling unsafe in health services, influenced their lack of engagement with services and has an impact on their access to, and seeking out of, appropriate screening:

Willow I'm just thinking a lot about how I think like my lack of engagement with certain services has been like is directly I suppose linked to my experiences as a trans person of colour. I won't go into any details, but like, kind of instances of violence I've faced have like made me come to the point where I kind of feel like I'm quite scared of accessing services because I don't know whether I'm going to be taken seriously or not because from the general public I'm certainly not. A lot of the

time I don't feel like I'm taken seriously. Especially from like a lot of healthcare professionals. I kind of get that same impression. I mean I wouldn't know how to talk to my GP about like my gender identity for example... And I mean like there are other implications as well. I mean like in terms of... Like, I don't know. Like, it kind of makes other things difficult as well. Like I find for example, like if I go to like, down the road, if I have like a screening or something, that's a particularly stressful horrible thing that I feel could be made a lot easier if I felt safe being open about it.

Another focus group participant explained how their GP had not understood the anxiety that some cancer screening can cause for trans people :

Kat I did specifically move to the current GP I'm at because I had a bad experience with my old GP who I tried to like speak to them about problems with having smear tests because of being trans and they were really like dismissive and told me I should just have a big glass of wine before I go. It was really bad.

In contrast to this, Fred expressed how valuable it was to have a trans-specific service where it is possible to access cancer screening:

Fred I went to Clinic T and I found it an extremely useful place to go. The people there were fantastic that ran it. The people were really-really friendly and welcoming, and as a trans masculine person it was a great place to have a smear test done.

10.7 Health care

25% (n. 26) for hospital services, 34% for dentists (n. 34), 25% for community pharmacies (n. 25), and 72% for community health services (n. 72) didn't know whether they were satisfied/dissatisfied with these services.

When these were removed 21% (n. 16) were dissatisfied/very dissatisfied, 65% (n. 50) are satisfied/very satisfied with hospital services; 9 people (32%) were dissatisfied/very dissatisfied, and 14 respondents (50%) are satisfied/very satisfied with community health services; 25% (n. 17) were dissatisfied/very dissatisfied with dentists, 61% (n.53) were satisfied or very satisfied with dentists; 8% (n. 6) were dissatisfied or very dissatisfied, 79% (n. 61) were satisfied or very satisfied with community pharmacies/chemists.

This compares to the local City Tracker 2013 data, which accessed the general population of the area, where 85% were satisfied/very satisfied with hospitals, 85% satisfaction with dentists and 96% satisfaction with chemists (Brighton & Hove Strategic Partnership, 2013).

10.7.1 Hospital services (not gender identity services)

In the overall sample 25% (n. 26) of people said that they didn't know whether they were satisfied/dissatisfied with hospital services (see table 57). When these were removed 21% (n. 16) were dissatisfied/very dissatisfied, 65% (n. 50) are satisfied/very satisfied (see table 57). This compares to the local City Tracker 2013 general population data, where 85% were satisfied/very satisfied with hospitals.

Table 57: Hospital services (not gender identity services)

		Frequency	Percent	Valid Percent
Valid	Don't know	26	22.8	25.2
	Very dissatisfied	7	6.1	6.8
	Dissatisfied	9	7.9	8.7
	Neither Dissatisfied nor satisfied	11	9.6	10.7
	Satisfied	36	31.6	35.0
	Very satisfied	14	12.3	13.6
	Total	103	90.4	100.0
Missing	System	11	9.6	
Total		114	100.0	

Table 58: Hospital services (Not gender identity services) without don't know

	Frequency	Percentage
Very dissatisfied	7	9.10%
Dissatisfied	9	11.70%
Neither dissatisfied nor satisfied	11	14.30%
Satisfied	36	46.80%
Very satisfied	14	18.20%

10.7.2 Community Health Services

For community health services, with the examples substance misuse services and district nurses given, 72% of respondents didn't know whether they were satisfied/dissatisfied with these services (see table 59). When these were removed 9 people (32%) were dissatisfied/very dissatisfied, and 14 respondents (50%) are satisfied/very satisfied (see table 60).

Table 59: Community health services (e.g. substance misuse services, district nurses)

		Frequency	Percent	Valid Percent
Valid	Don't know	72	63.2	72.0
	Very dissatisfied	4	3.5	4.0
	Dissatisfied	5	4.4	5.0
	Neither Dissatisfied nor satisfied	5	4.4	5.0
	Satisfied	9	7.9	9.0
	Very satisfied	5	4.4	5.0
	Total	100	87.7	100.0

Missing	System	14	12.3
Total		114	100.0

Table 60: Community health services (e.g. substance misuse services, district nurses) without don't know

	Frequency	Percentage
Very dissatisfied	4	14.20%
Dissatisfied	5	17.90%
Neither dissatisfied nor satisfied	5	17.90%
Satisfied	9	32.10%
Very satisfied	5	17.90%
Total	28	

10.7.3 Dentist

34% (n. 34) said that they did not know if they were satisfied/dissatisfied with dentists. When these were removed 25% (n. 17) were dissatisfied/very dissatisfied with dentists, 61% (n.53) were satisfied or very satisfied. This compares to the City Tracker 2013 data, where 85% were satisfied with dentists.

Table 61: Dentist

		Frequency	Percent
Valid	Don't know	34	29.8
	Very dissatisfied	7	6.1
	Dissatisfied	10	8.8
	Neither Dissatisfied nor satisfied	9	7.9
	Satisfied	26	22.8
	Very satisfied	15	13.2
	Total	101	88.6
Missing	System	13	11.4
Total		114	100.0

Table 62: Dentist satisfaction without don't know

	Frequency	Percentage
Very dissatisfied	7	10.40%
Dissatisfied	10	15.00%
Neither dissatisfied nor satisfied	9	13.40%
Satisfied	26	38.80%
Very satisfied	15	22.40%
Total	67	

10.7.4 Community Pharmacy/Chemist

25% (n.25) said they didn't know if they were satisfied or dissatisfied with community pharmacies. 8% (n. 6) were dissatisfied or very dissatisfied, 79% (n. 61) were satisfied or very satisfied. This compares to the City Tracker 2013 data where 96% were satisfied with chemists.

Table 63: Community Pharmacy (Chemist)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Don't know	25	21.9	24.5	24.5
	Very dissatisfied	4	3.5	3.9	28.4
	Dissatisfied	2	1.8	2.0	30.4
	Neither Dissatisfied nor satisfied	10	8.8	9.8	40.2
	Satisfied	38	33.3	37.3	77.5
	Very satisfied	23	20.2	22.5	100.0
	Total	102	89.5	100.0	
Missing	System	12	10.5		
Total		114	100.0		

Table 64: Community Pharmacy (Chemist)

	Frequency	Percentage
Very dissatisfied	4	5.10%
Dissatisfied	2	2.60%
Neither dissatisfied nor satisfied	10	13.00%
Satisfied	38	49.30%
Very satisfied	23	30.00%
Total	77	

Participants in focus groups described problems when collecting prescriptions from community pharmacies, highlighting a lack of awareness amongst some staff. For Will his experiences were of misgendering and humiliation at the hands of staff:

Will 'Oh you've got me under this name, but I'm now Dave and all my stuff's under Dave and you'll find the prescription under Dave. I've just changed it to Dave which is a male name.' And she was going, 'Oh we haven't got it. We'll have to ring the doctor.' She went out the back and she was going, 'Can someone ring the doctor for this young lady over here?' And I went, 'Excuse me. I'm not a young lady. I'm transgender. Please use male pronouns.' She went, 'I didn't know', and then she ran off carried on saying, 'Young lady', really loudly and she and whatever.

Not believing trans respondents was a shared experience, and Mary also mentioned that she was pulled aside and her GP contacted before a prescription would be fulfilled:

Mary 'Can you just wait five more minutes?' Like, 'Yeah. Okay. I've been waiting

for thirty years.’ [Laughter] So this other kid was like, ‘Can I have a word with you’. He took me in the back and he was like ‘because you...’ I was like, ‘Oh here we go’. He’s like, ‘Because you were born in May’. I said, ‘Yes, I was’. So he goes, ‘Well there’s no point beating around the bush. I called your GP because this is a hormone prescription’. I was like, ‘Yes. I know it is.’ ‘Just to check that it’s the right thing.’ And I said, ‘Look I have got a prescription from my endocrinologist in my bag’. He’s like, ‘I’m sorry. I’m going to have to call him.’ So he said, ‘Can you wait?’ I was like, ‘Darling I’ll sit here and wait all day’. And he was like, ‘Okay’. And then the implication was that I had to leave. So I traipsed all the way back home. Phoned my GP to forewarn them and luckily they’d already phoned and then, ‘Yeah. That’s fine.’ It’s like, ‘What?!’ How could I have accidentally got a hormone prescription?”

For others the chemist themselves made inappropriate and inaccurate comments:

Once I had started to look more masculine and changed my title to 'Mr' the chemist really embarrassed me and said it was illegal to use these as hormones, thinking I was MTF and was really confused and I was just not confident enough to assert myself. Despite the prescription being signed off by my GP who knew what she was doing. I felt like it was not his place to impart his opinion on who he thought I am and what he thought I was doing. (Questionnaire respondent)

10.8 Medical Transition

60% (n. 68) of the sample have engaged in medical transition (see table 44). Of these 78% (n. 54) experienced delays (see table 65). The effects of these delays pertained to negative effects on mental health (n. 29), including depression (n. 12) and suicidal ideation/attempts (n. 4), and financial implications (n. 13), including turning to private healthcare.

Table 65: Have you engaged in medical transition?

	Frequency	Percent	Valid Percent
Valid Yes	68	59.6	60.2
No	44	38.6	38.9
Don't know	1	.9	.9
Total	113	99.1	100.0
Missing System	1	.9	
Total	114	100.0	

Table 66: If yes, did you experience any delays during this process?

	Frequency	Percent	Valid Percent
Valid Yes	54	47.4	78.3
No	13	11.4	18.8
Don't know	2	1.8	2.9
Total	69	60.5	100.0
Missing System	45	39.5	

Total	114	100.0	
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Table 67: What effect did these delays have on you?

Category	No. of responses
Negatively impacted on my mental health	29
Depression	12
Anxiety	5
Increased stress	4
Self-harm	4
Suicidal ideation/attempts	4
Anger	2
Dysphoria	2
Distress	2
Emotional problems	2
My relationships suffer	2
Low moods	1
I do not sleep well	1
I drink too much	1
I feel ground down and weary constantly	1
I feel like I have very little worth	1
I do not feel cared for or supported	1
Shattered my confidence	1
Eating disorder	1
Confusion	1
misery	1
fear	1
terror	1
vulnerable and at the mercy of a system that can at times be beyond heartless	1
I was ready and a competent adult, able to make choices and accept the consequences but the NHS GIC system infantilised me and put me through hell for years	1
Problems with the process, including	16
<i>Mis/lack of communication</i>	3
I had a 2-3 month delay when a letter from the mental health team to my GP went missing. It's a really long wait anyway, so the extra time is really unhelpful.	1
I had miscommunication from my doctor, and Charing Cross, which held me back months on starting hormones	1
Inexperience from my GP - sent referral to wrong place	1
<i>Delays, extra waiting times and waiting lists</i>	10
After missing an appointment I lost contact with Charing Cross GRC due to having to change address/surgery and I appear to have been lost in the system.	1
I was never honest with my GP about the seriousness of these issues because I was fearful of my medical transition treatment being delayed even further	1
I was phoned the day before an appointment at Charing Cross, at which I was hoping to be prescribed hormones, and told that my appointment had been cancelled and that I would have to wait another 3 weeks to be seen	1
It takes forever to get referrals to the gender identity clinic, then it takes forever to get the various appointments needed at the GIC. It took around 3 years to get to the point where I had top surgery.	1
Was delayed in referral & then with 3 assessments by 3 different consultants at Charing X GIC	1
Would have been much harder if I had been 'applying for' primary surgery; was tolerable, if frustrating, waiting 3 years for revision surgery.	1
there has been a big delay because they said it would take 8 to 12 weeks but there has been no reply on the letters or any info in general	1
2 of my appointments at Chx were cancelled at the last minute thus delaying my treatment further	1

Turns out if you move home at any point during the waiting list period, you are sent straight to the back of it	1
I have come to expect delays. When waits are known, it is not so bad. When they are unnecessary or unplanned they can be devastating	1
Lack of knowledge/awareness	2
I do not know what the process I am involved in looks like, no one can tell me, not the gender clinic, or my GP	1
I just feel helpless and lost and confused	1
I was not automatically referred to an endocrinologist when I started transitioning, and it was only by chance that I found out I needed one	1
Financially, including	13
Had to switch to private healthcare	9
After the consultant at Charing Cross was massively insulting at my first appointment after waiting 2 years to get there	1
Had to spend savings on surgery for my sanity	1
I spend my money on flippant things	1
I do not earn as much money as I need	1
Frustration	8
I just resigned myself to waiting, as I knew that far too much bureaucracy was involved	1
Negatively impacted on my day-to-day life	6
Couldn't leave the house/agrophobic	3
They stop you getting on with your life and living it fully	1
I think having to wait for certain services led to me becoming reclusive	1
Terrible, affecting all aspects of my life	1
Life on hold and no clear schedule over 18 months	1
I feel like I just don't want to have deal with being trans so much of my time and would rather hide in a cave	1
constant fear of being "discovered"	1
Negatively impacted my physical health	3
this emotional turmoil affects my health in general too	1
As I was binding daily for 3 years	1
Negatively impacted my education	3
Started self-medicating with hormones	3
Negatively impacted my employment	3
due to shared changing rooms and gendered "cut" of uniform meaning my binding was revealed	1
Other, including	
this delay contributed to the feeling that I would never get the help I needed	1
It felt like torture	1
disempowered	1
Confusion	1
panic	1
It is odd that - and I know this isn't true for lots and lots of trans people - but the service I've received at the GIC is awful, but the service I've received from other medical staff who aren't particularly specialist in trans care has been fine.	1

Alongside the 29 qualitative questionnaire respondents who said that long delays negatively affected their mental health, focus group participants said that waiting causes anxiety / mental health difficulties – exacerbating existing mental health difficulties:

“I was phoned the day before an appointment at Charing Cross, at which I was hoping to be prescribed hormones, and told that my appointment had

been cancelled and that I would have to wait another 3 weeks to be seen. It felt like torture- I was in a very depressed and vulnerable state at the time, had waited months for my appointment, during which I was very dysphoric, and this delay contributed to the feeling that I would never get the help I needed. I felt like harming myself.” (Questionnaire Respondent)

Questionnaire respondents said that delays in their transition caused or exacerbated depression, with 12 participants who experienced these delays mentioning this explicitly.

Focus group participants talked about the difficulty of feeling that the transition pathway is very structured and that there is not enough space to make your own decisions about what you want to do:

Jean If you were to go for example to a hospital for diabetes care, everything is written down for you. You’ve got excellent pre and post-op care. Your voice is listened to within the Health Service. So if you don’t want to do injections for example, then they’ll look at different ways. So if you don’t want to do a certain pattern of injections, because you still have to be, if you’re type two, you still have to have injections, but if you don’t want to inject every time you eat, then you’ve got a choice of how you use your insulin and it’s very much based up to you. So it’s very user-led rather than service led. This is what we’ve got at the moment, is a very service-led provision.”

The process is a ‘mystery’ for some trans people, which means trans support groups are relied on to offer support in lieu of patient support (see also section 9):

Beth And there’s a lot of mystery in the trans community about what transition is, about what you, about where you can stop-off, about what it’s for and how you enable it. And there’s nothing sort of written down about saying, you know, ‘If you feel comfortable in one part of your transition, then that’s fine to stay there. You don’t have to go through to have hormones or surgery if you feel you’ve come to terms with your identity without changing your physical body or going on hormones. So it’s like voluntary services capture all of this and we end up processing it in our spare time with very few resources, not enabled, not tied into the local mental health services well enough.

Particular concerns were raised about how having non-binary identities fitted into the traditional pathway you were expected to follow during transition:

Kat I definitely feel quite like nervous about it because I’m really stressed just reading online about kind of how everything is defined and how binary it is. Even that I find really upsetting. So I can’t imagine having to sit in like appointments with people and sort of pretend to be more binary than I am and stuff like that, you know, in order to make them think that they should let me have the help that I know that I need, you know? So I’m trying to like figure out if there’s a way I can do it where I can avoid as much of that as

possible, but yeah... Just the whole kind of language I think needs to be rethought a lot, because, like, I wouldn't extrapolate any of my experiences to everyone. I know everyone has, like, different experiences and stuff, but for me personally, like anything that refers to gender reassignment, straightaway I find that difficult because I don't feel like I'm having my gender reassigned. Like my gender is what my gender is, and if I want to get some support medically to feel better within myself, then that, you know, like that should be fine. I shouldn't have to kind of like, I don't know, talk in language that doesn't feel like it applies to me in order to get that support. I just definitely think if a lot of the language was kind of rethought to be less binary, that would be really, really helpful, because it's off-putting because straightaway you're like, 'Oh I don't even know if this applies to me. I don't know if I'm protected at my workplace. I don't know if I can get access to this support because I feel like I have to either pretend that I'm going through a process that is different to the one I am going through or I'll not pretend and then maybe they'll say I can't have the support because I don't fit into that.

River I remember after my second appointment with this doctor that had not been open to any talk of non-binary identities, but just feeling very demoralised because obviously these people are in a position of power. So it's only in hindsight then you are going to speak with other people and you realise well this is their way of doing things in general. So you realise it's not a personal thing and they're not always that well informed in spite of being experts in their field. They're not always necessarily right even. It's obviously unequal isn't it in the sense of power. You're going to them almost pleading for sort of- And obviously they have a very particular route that they're trying to steer people down and a very particular idea about gender. Some people have said about names for instance. They seemed okay with my name, but with some people, some people are told their name is too gender-neutral and things like that or clothing.

Some focus group participants also raised concerns about how their race and ethnicity intersected with their experience of transition, and how there was a lack of knowledge and support for trans people of colour:

Willow It's a scary thing to offer your help when you feel like you're kind of maybe still on the journey and like to start talking about like your being a person of colour in that mix, it just kind of makes it really scary to start bringing that into that and then saying that you're now going to fight to say we're going to find support for everybody. It's nicer if there's a group of us. It feels safer if there's a group of us doing it together, but as we've all said, sometimes you feel like you're talking and nobody's hearing you.

One participant (identity not clear on the recording) spoke about the isolation they feel as a person of colour, including within the trans community, where everyone is sometimes assumed to have a shared experience:

Jackie Not everybody has the same opportunities. Not everybody feels the same way about transitioning. So they're very like, 'This is the way it's got to be done', because I think that's the way their doctor said or whoever said... There was nobody within the group who was of colour and then there was nobody who- Everybody had gone down the same- Well that's the impression I got, that everybody had gone down the same route. So I didn't really know how to- They weren't horrible or anything. It just felt- They were like, 'Come in and sit', but I just really couldn't identify with what they were- Because some of the guys were like stealth and it was very different to maybe the kind of community I was looking for."

River explained that there were issues associated with transitioning that were specific to people of colour, and that finding information surrounding those issues was difficult.

Rain Well things like aftercare for people of colour, like there's no- Like I remember when I was talking about getting my top surgery, one of the things that I was really worried about was like colour like returning and I just felt like, 'My god', like there were some people I spoke to who were like, you know, obviously they'd been wanting surgery for so long. I just felt so bad for them, that some of the surgeons out here still didn't know how to do the procedure properly. So it wasn't even like a thing about whether the colour would return. It was more so whether or not you'd still have a nipple and some people were like, 'Oh well I lost my nipples but I don't'- Like I'm just really happy that I've had the surgery', and to me that was really like who do you talk to about that? I had no- Like I was just like I couldn't talk to my GP. I couldn't really talk to my family. I started seeing a therapist like privately in [another town]. I literally took a year and a half out of my life and I was just a mess for a year and a half just to go through that. I was just having therapy maybe twice a week. Was just writing these babbling emails to my friends. Like it really was a weird time and I think having the surgery in [another country] helped a lot because I met other- I knew of and I met other people of colour who had the surgery and I felt safe in their hands, but what I didn't feel safe- I mean now I think it's changed a lot and I've come across more trans guys who are- I think people are more aware of the surgery

10.8.1 Gender Identity Clinics

55% (n. 63) of respondents have been under the care of a gender identity clinic. The majority of those who have used a gender identity clinic were NHS patients (72%, n. 44), with 25% (n. 15) using both NHS and private care and two private care only. The majority were under the care of Charing Cross GIC (n. 47)

Table 68: Have you ever been under the care of a Gender Identity Clinic/Service?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	63	55.3	55.3	55.3
No	48	42.1	42.1	97.4
Don't know	3	2.6	2.6	100.0
Total	114	100.0	100.0	

Table 69: Are you or were you...?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid An NHS patient	44	38.6	72.1	72.1
A private patient	2	1.8	3.3	75.4
Both	15	13.2	24.6	100.0
Total	61	53.5	100.0	
Missing System	53	46.5		
Total	114	100.0		

Table 70: GICs

Category	No. of responses
Charing Cross	47
Transhealth	10
The Laurels, Exeter	6
Tavistock & Portman	2
Gender Care	2
London	2
Sandyford, Glasgow	1
Russell Reid	1

57% (n. 36) of those who have been under the care of a GIC are still patients. Six respondents did not know whether they were still a patient

Table 71: Are you still a patient?

	Frequency	Percent	Valid Percent
Valid Yes	36	31.6	57.1
No	21	18.4	33.3
Don't know	6	5.3	9.5
Total	63	55.3	100.0
Missing System	51	44.7	
Total	114	100.0	

66% (n. 40) of those who answered the question were referred for surgery.

Table 72: Were you referred for surgery?

	Frequency	Percent	Valid Percent
Valid Yes	40	35.1	65.6
No	20	17.5	32.8
Don't know	1	.9	1.6
Total	61	53.5	100.0
Missing System	53	46.5	
Total	114	100.0	

Table 73: How long did you have to wait after your referral for surgery?

Duration	Frequency
Less than 18 weeks	1
18 weeks – 6 months	3
6 months – 1 year	12
1 year+	10

Lots of participants stressed the length of waits during the medical transition process. In one focus group (focus group 3), participants agreed that it was ‘like being on trial’ and that by the time they receive any help, many trans people are ‘at breaking point’.

“It took two years to get a referral and it has been another three years and I haven't had surgery yet. I do not even know if the funding has been found” (Questionnaire Respondent).

Lou Well it's killer. Just the wait times and you feel like you're going nowhere. Like it would be like two years. Like I'd have been going for like two years and every time I'd go there we'd sort of go over exactly the same thing and then she'd go, 'What's new?', and I'd just literally say what's new and then sort of it would be the same sort of vague, 'Oh we can start doing this at some point', like that, because yeah just a lot of, 'Are you sure', like just loads. 'Are you sure? Are you sure? Are you sure? Why are you wearing trousers?'"

10.8.2 Satisfaction with Gender Identity Clinics

51%, n. 31 satisfied or very satisfied, with their experiences of the Gender Identity Clinic compared to 38%, n. 23 dissatisfied or very dissatisfied. Participants in all focus groups said that trans people experienced distress with having to go Charing Cross – with the long wait for an appointment and the high cost of travel, particularly if they had to travel peak time. There was anxiety about missing appointments because of travel costs or personal difficulties, and having to wait a long time to be offered another one. Similarly, questionnaire respondents experienced problems with the process of transitioning and accessing Gender Identity Clinic services, citing lost and delayed referrals due to administrative problems as a big cause of this.

Table 74: How would you rate the following aspect of your experiences with Gender Identity Clinics: Overall

		Frequency	Percent	Valid Percent
Valid	Very dissatisfied	11	9.6	18.0
	Dissatisfied	12	10.5	19.7
	Neither dissatisfied nor satisfied	7	6.1	11.5

	Satisfied	19	16.7	31.1
	Very satisfied	12	10.5	19.7
	Total	61	53.5	100.0
Missing	System	53	46.5	
Total		114	100.0	

This trend also continues with 'listening to you' (60% satisfied compared to 29%).

Table 75: How would you rate the following aspect of your experiences with Gender Identity Clinics: Listening to you

		Frequency	Percent	Valid Percent
Valid	Very dissatisfied	10	8.8	16.1
	Dissatisfied	8	7.0	12.9
	Neither dissatisfied nor satisfied	7	6.1	11.3
	Satisfied	24	21.1	38.7
	Very satisfied	13	11.4	21.0
	Total	62	54.4	100.0
Missing	System	52	45.6	
Total		114	100.0	

And 'involving you in decisions' (51% satisfied compared to 30% dissatisfied)

Table 76: How would you rate the following aspect of your experiences with Gender Identity Clinics: Involving you in decisions

		Frequency	Percent	Valid Percent
Valid	Very dissatisfied	11	9.6	18.0
	Dissatisfied	7	6.1	11.5
	Neither dissatisfied nor satisfied	12	10.5	19.7
	Satisfied	17	14.9	27.9
	Very satisfied	14	12.3	23.0
	Total	61	53.5	100.0
Missing	System	53	46.5	
Total		114	100.0	

There is a drop in dissatisfaction in treating you with respect (65% were satisfied compared to 25% who were not satisfied)

Table 77: How would you rate the following aspect of your experiences with Gender Identity Clinics: Treating you with respect

		Frequency	Percent	Valid Percent
Valid	Very dissatisfied	8	7.0	13.3
	Dissatisfied	7	6.1	11.7
	Neither dissatisfied nor satisfied	8	7.0	13.3
	Satisfied	16	14.0	26.7
	Very satisfied	21	18.4	35.0
	Total	60	52.6	100.0
Missing	System	54	47.4	
Total		114	100.0	

Focus group respondents discussed issues with GIC services, particularly at Charing

Cross where they felt the service was overwhelmed and had a number of administrative problems:

John The quality of the service as well is so inconsistent. I mean I've had really great experiences with some aspects of the service, but actually... Charing Cross... I've had some fantastic experiences with some professionals and I've had dreadful experiences with other professionals and I feel like, I mean you know, maybe there's nothing to this, but actually what I feel like is that there would be more accountability to patients if we knew that they weren't all the way up in London. I mean you call them, and call them, and call them. 'Have you got this piece of paperwork?' 'Oh no. Well let me look in this stack of paper', and you can [hear them] rustling around. [Laughter] It's so far away.

Elizabeth: I'd just had my results from the testing, because they're my blood test results. My GP, I said, 'I want a copy of those', you know, and they'd managed to lose three versions of my blood tests in the last six months. And I'm like well please keep going.

Kate The staff at Charing Cross, they're completely different... They've got some real issues. Their admin went into meltdown sort of beginning of this year. They've actually been fighting a losing battle in that they've got a lot of people going through the system and every year another five thousand are onto the books and it's really, you know, overloading them. The fact that they also had some mishaps to do with the surgeons who do the GRS surgery, decided to go private.

John "Did you read [Doctor's NAME] open letter? He wrote an open letter about it and what he actually said- what he wrote in that open letter as I recall was that the systems in Charing Cross were so behind that they were making promises that they couldn't keep, that they weren't actually supporting the services that he was supposed to be offering. That he wasn't prepared to deal with them anymore.

These responses demonstrate a theme throughout focus group participants and questionnaire respondents of anxiety around engaging with Charing Cross due to a lack of faith in the processes and systems in place there. John's opinions are formed from an Open Letter, which has not been verified by this study. What is important is that this letter and discussions of it inform perceptions of Charing Cross, and is given authority beyond trans people's experiences.

It is important to note that experiences were not uniform across trans communities and different groups have different needs. For example, the people of colour focus group felt that there was a broad lack of awareness within the medical profession surrounding issues facing trans people of colour:

- Liam I recently went to a consultation and it was for the top surgery... It seems like a bit awkward when they said about all the scaring and skin colour and it was a white doctor and it seemed like he was a bit awkward.
- River And it would have been nice for your doctor to say, 'Okay. This is what you can do if this happens.'
- Liam It was as if it was an awkward sort of thing. He didn't explain really and certainly didn't give sort of ideas of what to expect and sort of things like that. Really it's quite a practical thing isn't it? Sort of people have different shades of skin and people heal and whatever in different ways. So it seemed as if the whole structure is presuming that you're in an extreme minority if you're not white. You're more of an afterthought or maybe just a bit of an awkward and it becomes an awkward thing.

Liam, and other members of the group, supported the assertion that for trans people of colour their experiences are of being made to feel like an 'afterthought' in healthcare if you are not White.

10.9 Sexual Health

There was no specific question on sexual health, this was an area mentioned by a number of questionnaire respondents. There were particular difficulties identified around terminology used to describe people's anatomy:

When I went for a sexual health check at the Claud Nicol and I wrote down that I was genderqueer and trans on the form. The nurse who saw me didn't ask any question about whether I might like different words used for my body, and I don't think disclosing my trans status had any effect. I was really disappointed as it's the only time I've been brave enough to disclose it" (Questionnaire respondent)

"Sexual health - "people with vaginas/penises" on chlamydia screening envelopes and similar. Don't assume someone's gender or genitals. Don't assume anyone's sexual orientation." (Questionnaire respondent)

Experiences of exclusion were also apparent in how sexual health screening was undertaken:

"I got very upset during a tutorial session at [college], where a sexual health team was handing out screening kits, labelled 'for girls' and 'for boys', due to the feeling of exclusion this obviously ciscentric labelling implies. These kits needlessly and offensively equate genitalia with gender identity; girls with penises and boys with vaginas were completely left out of the equation. It hurts me and other trans people personally that our identities are ignored and invalidated due

to our genitals in this way” (Questionnaire respondent)

This pertained not only to the trans person’s body, but also their partners:

“I don't like that nurses at my GPs surgery and even the Claude Nicol laugh at me when I talk in gender-neutral ways about my sexual health. I do this partly so as not revealing identifying information about partners. e.g. I like to use phrases like "neither of us has sperm"" (Questionnaire respondent)

However, a few participants mentioned that the University of Brighton used trans-inclusive language in their sexual health services, and this was seen as an example of good practice:

“Sexual health services at UoB [University of Brighton] are very aware of people not identifying with their assigned gender and careful to use selected terminology such as "___ bodied people" rather than "boys or girls"" (Questionnaire respondent)

“The University of Brighton has addressed this issue by re-labelling these kits 'If you have a penis' and 'If you have a vagina'. I think this should be the case everywhere.” (Questionnaire respondent)

10.10 Improving Health Services

Participants highlighted improvements that can be made within GP surgeries, GICs and health services in general to make them more accessible and inclusive of trans people.

Participants were asked what would improve health services. Table 79 shows that the top three responses were training (n. 40), a Brighton Gender Identity Clinic (n. 18) and shorter waiting lists (n.13).

Table 79: How can health services be improved for trans people?

Category	No. of responses
More training & understanding	40
For GPs	2
It is a significant problem when GPs act as gate keepers and stop patients seeing professionals who actually understand the condition	1
Going to hospital is scary, and when the doctors and nurses who treat you are ignorant on Trans matters it makes it so much worse	1
Generally less cisnormativity, or cissexism	1
Less judgemental	1
language used is important, there are non descript terms that can be used	1

it is extremely frustrating to be seen by doctor who do not understand our particular needs	1
Brighton GIC	18
Due to size of local trans population	2
it will save money, remove frustration and travel, and undoubtedly give better treatment	1
based on a completely different approach	1
Shorter waiting lists	13
It's disgraceful	1
Listen to trans people	12
Ask questions if you aren't sure of something	2
The only people that know about their gender identity, is the patients	1
Trans people should be treated as experts in their own gender identity	1
people should not be made to justify why they feel this or that way about their body	1
Accepted without constantly analysing	1
More knowledge of non-binary people	8
Health service in general is very binary. Very behind the times. Puts me off seeking support	1
Better understanding of being trans & mental health	8
More mental health support	3
Being trans is not itself a mental health issue	2
By not assuming that if you are mentally ill and/or autistic you can't be trans	1
It is ironic how detrimental it can be to trans people's mental health, seeking help with gender from health services	1
awareness of the mental health effects of bad communication, inefficiency and delays	1
Increase access to services	8
access to medical treatment for those who would like to transition, however not transition all the way	1
Gender identity services don't include non binary trans people and they should	1
not be forced to do the real life test in order to qualify for HRT and surgery	1
Surgeons performing surgeries relevant to the transsexual experience could be easier to find	1
health services need to be smooth and organised	1
Remove need for psychiatric assessment on pathway	7
I fully understand the need for checks and balances, but they should never be linked to Mental Health services and the wrong connotations that has	1
Increase visibility	5
Of trans-friendly services	3
A public campaign supported by everyone...to make trans people aware of	1

their efforts to be inclusive, regardless of gender identity	
a register of locally based specialists who have demonstrated to patients that they meet the standards in care that we seek	1
Of trans people	2
having details up in rooms that show positive imagery	1
Reduce gendered questions & assumptions	4
Don't make people have to fit into a box as soon as they start engaging with health services	1
remove needless gender stuff	1
normalise us by making it not a big deal	1
Be aware that there may be some ""anatomical"" differences and take it into account discretely	1
Change forms	4
so we don't have to misgender ourselves on them	1
Offer a box for preferred name and pronouns	1
allow and recognise neutral titles on forms	1
give us options	1
would be valuable for people who for any reason cannot change their legal name (e.g. foreign nationals living in the UK)	1
Improve the running of Charing Cross	3
after care post op provision needs immediate assessment for people sent home by Charing Cross	1
More GICs	3
Have multi-disciplinary teams	2
A key problem is that health services are divided into "about transitioning" and "not about transitioning" and this is a distinction that is more blurry than it is often conceived	1
More research	2
Increase privacy	2
understand the confidential aspects of gender history	1
Involve trans people	2
More specialists	2
A Trans health worker would be great	1
Refer people to trans community groups	2
allocate a small fund to the invaluable service they provide	1
Change labelling on sexual health kits	2
Don't know	2
Other, including	
Drop in centre for administering hormones	1
everything can be improved for Trans people	1
Make sex education in schools more trans-inclusive	1

Spelling trans vocab correctly	1
Clinic T is brilliant	1
Staff could challenge transphobia	1
Gender neutral toilets in all service provider locations	1
Have specifically designated staff in both the Council and local NHS to progress trans equality	1
There needs to be greater recognition that genderqueerness and autogynaephilia ⁸ are common and benign parts of being trans, and not an indication that one should not transition.	1
If people can get boob jobs on the nhs to further their career ⁹ , and diagnosed gender dysphoric people cant, then theres something wrong	1
We don't choose to spend this money just so we can treat ourselves, but due to necessity	1

10.10.1 Training

The most common suggestion for how to improve health services for trans people was for further training to be undertaken by healthcare professionals. This was something that was mentioned repeatedly by both focus group participants and questionnaire respondents:

Seb More education for GPs. That would be so great. It would be like a half a day thing. That's all it would take. It would be such an easy task. Make it as cheap as possible.

Seb notes the importance of training and seeks to make it as 'cheap as possible', questionnaires also noted the importance of raising awareness of the existence of trans people.

“For one, everybody should have training about trans issues. Practitioners should know about the existence of not only trans men and women, but also non-binary people. They should be trained about forms of address, pronouns, and general problems that trans people face in daily lives. Seeing a doctor is a very stressful experience that could be eased if they were given basic training.” (Questionnaire respondent)

This training was seen as important in relation to trans issues, but also more broadly about equalities issues:

“More education and understanding of basic trans identities, knowledge of the medical pathways and options open for trans people to access medical

⁸ This view is not accepted by all trans people and can be seen as offensive and contentious.

⁹ Whilst this is not accurate, it is important to note that this perception exists amongst some trans people.

treatment. General equality training would be useful as well.”
(Questionnaire respondent)

This training is seen to be central to improving trans people’s experience of care, including hospital care:

“More training, more education, more knowledge for medical staff. Going to hospital is scary, and when the doctors and nurses who treat you are ignorant on trans matters it makes it so much worse.” (Questionnaire respondent)

10.10.2 Local service: Brighton Gender Identity Clinic

Many participants expressed the need for a Gender Identity Clinic in Brighton, and lacked any faith in Charing Cross:

“We need a gender clinic in Brighton. The wait for Charing Cross is far too long. We need support by a local service which we can access easily if we cannot afford trains etc. The positive affect on local trans people of knowing that their city cares about their needs and is willing to look after them in their home town would be immeasurably positive.” (Questionnaire Respondent)

John But in my experience with the service at Charing Cross, actually has been so poor that I have no confidence actually that their supervision would make any difference to my safety in terms of taking testosterone, in terms of dosing.

Unidentified participant, focus group: “You have to go all the way to London. It’s very undignified. You’re waiting and waiting for appointments. People get appointments cancelled. I hear all this stuff. It’s not how human beings should be treated generally I think. People should be given reasonable appointments quite close to home.

Billy Charing Cross has an enormous catchment area. I mean the whole London trans population and the Brighton population of trans people and all of the people in the southwest. The numbers are enormous and it’s not working for people.

“it is well known in the community that the standard of care and waiting times for trans people under the care of Charing Cross gender clinic is inadequate and puts lots of people in vulnerable positions. I believe that it is a major contributing factor to the high statistics of suicide or attempted suicide of trans people in Britain.” (Questionnaire Respondent)

10.10.3 Time: Waiting Times and time to listen.

13 people talked about shorter waiting lists as key to improving services, with 12 identifying time to listen as important. Questionnaire respondents highlighted the need for more time and opportunities to talk about their experiences:

“I think that they should have a trans worker in every GP or somewhere to go - like a specialist person. I could see them instead of a GP. I don't want to go to a gender clinic but I would like to talk to someone about my dysphoria. Something in the middle because to be trans doesn't mean you want an operation. A trans health worker would be great. Could even be a volunteer. Drop in services would be fine or even a virtual online chat with someone.”
(Questionnaire Respondent)

“I think giving trans people the time to talk about what they're going through, emotionally. Checking in on a trans person's mental health is so important, as we do suffer severely from mental health problems, that's a well known fact.” (Questionnaire Respondent)

A lack of time was something that had also been raised as a negative issue around GP care, with 7 questionnaire respondents mentioning this (table 79).

10.11 Conclusion

Over half (61%) of trans people in this research defined their health as good, very good or excellent (n. 69). This compares to 83% of the Health Tracker 2012 results (Brighton & Hove City Council, 2012).

Compared to the Health Counts data, where 70% rate their health as ‘about the same’ compared to one year ago (Brighton & Hove City Council, 2012), less than half (43%, n. 49) of trans people in this research said that their health was ‘about the same’. In the Health Counts data 18% of the Brighton & Hove sample say that their health is a bit better or much better than a year ago (Brighton & Hove City Council, 2012), this compares to 33% (n. 38) of this sample who believe their health to be a bit better or much better than a year ago.

94% of respondents are registered with a GP. There does not appear to be any particular concentration of trans patients in any specific GP surgery. Two thirds (65%) of respondents are satisfied or very satisfied with their GP's. 66% said that they are satisfied or very satisfied that they are listened to, 64% are satisfied or very satisfied that they are involved in decisions and 71% satisfied or very satisfied that they are treated with respect.

In the qualitative data 74 people spoke of negative experiences with GPs, including a

lack of knowledge (n. 26); having to educate the GP (n. 10); being misgendered (n. 9), having to change GP's (n. 8), problems changing names or records (n. 6), and problems with administrative and reception staff (n. 5). Despite what might be seen as negative experiences, such as a lack of knowledge, some participants rated their experiences with GPs as good. 37 people discussed positive experiences, 9 of these included making referrals, being respectful (n. 8), supportive (n. 6), understanding (n. 6). Whilst these might be expected, examples of 'good' care can be about receiving a service that others might expect.

In terms of screening, 63%, n. 70 of this sample are not confident, unsure, or don't know (the latter 2 suggest a lack of confidence) about the cancer screening they should be offered, with 38% feeling confident or very confident.

In terms of other satisfaction rates: 25% (n. 26) for hospital services, 34% for dentists (n. 34), 25% for community pharmacies (n. 25), and 72% for community health services (n. 72) didn't know whether they were satisfied/dissatisfied with these services. When these were removed 21% (n. 16) were dissatisfied/very dissatisfied, 65% (n. 50) are satisfied/very satisfied with hospital services compared to 85% in 2013 City Tracker data (Brighton & Hove Strategic Partnership, 2013). 9 people (32%) were dissatisfied/very dissatisfied, and 14 respondents (50%) are satisfied/very satisfied with community health services. 25% (n. 17) were dissatisfied/very dissatisfied with dentists, 61% (n.53) were satisfied or very satisfied with dentists compared to 85% satisfaction rate in the city tracker research (Brighton & Hove Strategic Partnership, 2013). 8% (n. 6) were dissatisfied or very dissatisfied, 79% (n. 61) were satisfied or very satisfied with community pharmacies/chemists compared to 96% satisfaction in the city tracker research (Brighton & Hove Strategic Partnership, 2013).

Focus group participants mentioned negative experiences of prescriptions not being filled by pharmacists without first checking with GPs and of misgendering trans people in humiliating ways.

60% (n. 68) of the sample have engaged in medical transition. Of these 78% (n. 54) experienced delays. The effects of these delays pertained to negative effect on mental health (n. 29), including depression (n. 12) and suicidal ideation/attempts (n. 4), and financial implications (n. 13), including turning to private healthcare. Participants stated that long waiting lists cause anxiety / mental health difficulties – exacerbating existing mental health difficulties - and often leading to self-medication.

55% (n. 63) of respondents have been under the care of a gender identity clinic. The majority of those who have used a gender identity clinic were NHS patients (72%, n. 44), with 25% (n. 15) using both NHS and private care.

51%, n. 31 satisfied or very satisfied, with their experiences of the Gender Identity Clinic compared to 38%, n. 23 dissatisfied or very dissatisfied. This trend continues through listening to you (63% satisfied compared to 29%), involving you in decisions

(51% satisfied compared to 30%) and treating you with respect (62% compared to satisfaction 25%). Participants said that trans people experienced distress with having to go Charing Cross – with the long wait for an appointment and the high cost of travel, particularly if they had to travel peak time. There was anxiety about missing appointments because of travel costs or personal difficulties, and having to wait a long time to be offered another one. Similarly, questionnaire respondents experienced problems with the process of transitioning and accessing Gender Identity Clinic services, citing lost and delayed referrals due to administrative problems as a big cause of this.

11 Mental Health

11.1 Introduction

Trans (and LGBT identities) identities and lives have long been pathologised as signifying mental illness. Although it is now increasingly recognised that ‘transsexualism’ is not a mental health disorder, the process of transition in the UK is currently led by mental health professionals, tying trans identities to psychological issues. What is clear is that trans peoples’ mental health suffers greatly because of the continuing social discrimination and exclusion, and the daily struggles trans people face (See Johnson et al., 2007; Browne and Lim, 2008).

This section reports on the prevalence of mental health difficulties including the risk of depression. It then explores experiences of mental health services including not using services, negative experiences and positive experiences.

11.2 Prevalence of Mental Health Difficulties

Only 4% (n. 5) of the sample said they had not experienced some form of mental health issue in the past 5 years. The most commonly cited issues are stress (83%, n.94), anxiety (80%, n.91), confidence/self-esteem (80%, n.91), and depression (78%, n.89). Incidence of self harm in this research it is 33% (n. 38), whereas in the Health Counts survey 2012 it is 10%, noting that the Health Counts survey asks ‘ever’ rather than ‘in the last 5 years’ (Brighton & Hove City Council, 2012).

Table 80: Have you experienced difficulties with any of the following in the past 5 years

Difficulty	Number	Percentage
Stress	94	82.5
Anxiety	91	79.8
Confidence/self-esteem	91	79.8
Depression	89	78.1
Significant emotional distress	74	64.9
Isolation	70	61.4
Suicidal thoughts	70	61.4
Anger	57	50
Problem eating/eating distress	51	44.7
Panic attacks	42	36.8
Self-harm	38	33.3
Insomnia	38	33.3
Fears/phobias	37	32.5
Addictions	29	25.4
None of the above	5	4.4

The figures relating to a range of mental health difficulties are very high. As focus group participants noted the experience of living as a trans person can take its toll:

Charlie: ...it's not surprising that so many of us have mental health issues. It's because of what we have to deal with on a day-to-day basis, and if they want to make a difference, they need to imagine they are put in our shoes for one day or a week. You take an average person off the street... ninety-nine per cent would probably go under. So we need all the support we can get.

For Taylor, safety issues were important, but experiences of homelessness had a negative impact on mental health (see also sections 10 and 11).

Taylor: For example, sofa-surfing. Like I've been forced into living in situations where or like staying with people where I really didn't feel comfortable at all being open about my gender or sexuality. Not to the extent that I was worried about any kind of violence but like it definitely had quite a bad impact on my mental health.

11.2.1 Risk of Depression

In this research, 79% of people (n. 89) stated that, in the past year, they have had 2 weeks or more during which they felt sad, unhappy or depressed, or when they lost interest or pleasure in things that they usually cared about or enjoyed. This is considered indicative of being at risk of major depression. In comparison, only 38% of general population respondents in the 2012 Health Counts Survey in Brighton & Hove were identified as being at risk (Brighton & Hove City Council).

Table 81: In the past year have you had 2 weeks or more during which you felt sad, unhappy or depressed, or when you lost interest or pleasure in things that you usually cared about or enjoyed?

		Frequency	Percent	Valid Percent
Valid	Yes	89	78.1	78.8
	No	23	20.2	20.4
	Don't know	1	.9	.9
	Total	113	99.1	100.0
Missing	System	1	.9	
Total		114	100.0	

65% (n. 74) of people stated that they felt sad or depressed much of the time in the past year.

Table 82: Have you felt depressed or sad much of the time in the past year?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	74	64.9	64.9	64.9
	No	34	29.8	29.8	94.7
	Don't know	6	5.3	5.3	100.0
	Total	114	100.0	100.0	

And 72% (n. 81) reported that they have had 2 years of their lives or more where they felt sad, depressed or sad most of the time.

Table 83: Have you had 2 years or more in your life where you felt depressed or sad most days?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	81	71.1	71.7	71.7
	No	28	24.6	24.8	96.5
	Don't know	4	3.5	3.5	100.0
	Total	113	99.1	100.0	
Missing	System	1	.9		
Total		114	100.0		

11.3 Mental Health Services

When asked about experiences of mental health services 25 people had no experience of using mental health services with 13 people saying that these services were hard to access. 19 had negative experiences and 12 recounted positive experiences. 13 people spoke about community and voluntary services, of these 9 people were positive about their experiences. 6 people said that mental health services did not have enough time (see table 83).

Table 83: Tell us about any experiences of mental health services, including community and specialist services, in Brighton & Hove?

Category	No. of responses
I have no experience of using mental health services in Brighton & Hove	25
Negative experiences	19
Uninformed money led minimum commitment to care	1
Mental health services in this country are a joke	1
was assessed by a community mental health nurse. I thought he was homophobic	1
I felt really undermined	1
I got a letter saying that I had 'self esteem and identity issues', when what I actually said was that I was angry that people were homophobic and transphobic, not that I felt bad about myself!	1
I had a tough time finding a GP that took my mental health issues seriously	1
my friend killed herself due to the long wait to receive counselling	1
does not have a good understanding of autism, and speaks to me in an inappropriate way - for example, by referring to my autism as a "disorder" rather than a "condition"	1
not a pleasant experience	1
Judged harshly	1
Drugs/meds are not the only answer but there is barely any counselling if you have no money	1
staff are rude and uncaring	1

They discharged me when I was highly suicidal and refused to offer me any help	1
Dangerous	1
couldn't care less whether I lived or died	1
treat inpatients as though their mental illness is just a bad behaviour that needs to be punished	1
In University I went to the campus mental health service and found their knowledge to be a little Freudian and outdated	1
the worker forget to keep in touch and cancelled meetings	1
Waste of time	1
because it was late at night there was nobody available and I was told I would have to wait overnight	1
didn't seem to offer any particularly helpful advice	1
Mental health services have been unable to help several friends of mine with depression	1
I intercepted multiple letters which would have outed me	1
Mental health services are in a terrible state	1
Community/Voluntary Organisations	13
Positive	9
MindOut saves lives/is fantastic/good experiences	3
Services that I have been referred to at Mind and through the LGBT Switchboard have been exemplary	1
brilliant in supporting me through a very stressful time related to my job	1
receive regular, subsidised counselling via the Clare Project	1
Assert is brilliant	1
Mind Out have been very helpful to me when i have been distressed	1
used the Rock Clinic for counseling, and again have found them to be excellent, and incredibly helpful!	1
I have accessed low cost psychotherapy throughout the voluntary sector (Mankind, Clare Project) - this was very helpful	1
They aren't able to do enough	3
I only have access to assert once a month it's not enough	1
Have had to turn to the "community" ie Clare Project, FTMB Brighton, but these do not provide me with strategies for recovery, in times of crisis, only support	1
haven't been able to give me what I need, and I feel like the support is different there	1
I was going to a group called Mind that supports LGBT people with mental health	1
I used to have peer mentoring with another transgender person to provide support and understanding through my transition	1
Positive experiences	12
put me in an all male ward with no qualms	1
They helped me to get on anti-depressants after my GP refused to listen to me	1
offered me several sources of support and help	1

She recommended that I sought help in those places before I was put onto any medication and I am incredibly thankful for that	1
I was prescribed adequate and appropriate medication	1
went to BHEDS who were very good and supportive	1
been seen by community mental health nurse who was very supportive	1
My doctors were very helpful when I went to them about my depression, and I can only say good things	1
it helped me a great deal with my depression and anxiety and helped me get formally diagnosed with autism spectrum disorder	1
so far am pleased with the treatment and support I am receiving	1
It is hard to access mental health services	11
There is not enough funding and support, so people have to pay for said services if they are having a crisis and need immediate treatment	1
They control what services I am offered; what care I get; what help I am given	1
Have not been able to access trans specific counselling when I have needed	1
told I wasn't eligible for help and given nothing - just left to cope as best as I could by myself	1
Not even sure where to go for trans dedicated mental health support	1
I found it hard to know where to go	1
I couldn't access anything and my mental health was deteriorating exponentially	1
I don't understand the logic of this	1
By making it so difficult, nhs ends up having to deal with much worse problems than if they had dealt with it when it was light or moderate	1
unless you are about to commit suicide, you can't get proper care	1
I was turned down	1
Mental Health Services don't have enough time	6
CBT sessions are too short - 12 weeks is not enough if you have long term issues	1
Having to start from scratch with new practitioners is demoralising	1
experiences with NHS bodies have felt rushed and as if they are trying to fulfil a quota	1
I find it laughable that he did this in just one appointment without any real conversation about my life, feelings or situation	1
I did feel that more could have been done i.e follow ups etc.	1
no follow up to check I was OK. Consequently I took myself off medication too soon	1
most of the counselling offered is inadequate for long term mental health problems	1
Private mental health services	5
Positive	2
Because of problems with NHS services	2
Paying was the only realistic and adequate solution	1
I try to manage my own mental health	5

I have dependent persons who rely on my wage which relies on me not digging too deeply into my psychology	1
I just have to live with it	1
I'm trying to deal with it by my own means	1
I usually deal with my depression by talking to friends or dealing with everything else by myself	1
I have learned strategies over the years to lift myself out of the depression I have suffered	1
I don't feel that the way I feel counts for receiving any support	1
Mental health services focused on my LGBT identity when I came out	4
said my transition was the cause of my problems and didn't listen to me when I said they weren't	1
Assuming that me being bisexual must somehow be the reason for my mental health issues	1
upon finding out that I was trans*, this overtook much of the session despite my being trans* and my being paranoid were in no way connected	1
I mentioned I'd like to be referred to by "They" at which point the focus of my sessions became my gender	1
I feel unable to come out to mental health services	4
I am just about to come out as Gender Queer to my mental health team and inform them of my name change, but I'm scared about it as I don't think they will understand or take me seriously	1
I'm wasn't out as trans to my therapists in the past as because of the biphobic incidents with others I feared being further stigmatised	1
never discussed my sexual orientation with them, am too shame ridden	1
I have kept my trans status a secret from them	1
It is hard enough dealing with the prejudice and insensitive questioning that this provokes without having to deal with them knowing that my gender identity is non-binary	1
More trans people should be involved in training/service provision	2
Other, including	
Any mental health service I have used I have told people I am trans because it is always relevant	1
My eldest child has ended up with CAMHS which could have probably been avoided if more family support had been pushed	1
feel that there are serious developments to address any shortfalls within care provision	1
I believe the overall drive is for inclusivity and a non stigma approach	1

11.3.1 Not using services

25 people in the survey did not use mental health services. Participants spoke about feeling wary of coming out to mental health professionals. 4 people in the questionnaire felt unable to come out to services and 4 people said that their LGBT

identities were conflated with mental health issues when they did come out. Participants spoke of their fear of being labelled 'mentally ill', and the confusion about the causes of their mental health difficulties because of how these can be conflated with trans identities:

Stuart I've dealt with mental health professionals but I've not really been out except to one person that I saw privately and he was very good with it. I had post-traumatic stress disorder and there are some people who they've not said anything but you can see that they're thinking, 'Well is this really a thing or is this just another trauma response?', and want to attribute it to it's just [Stuart] being mad rather than it being an actual thing that's happening.

George I've had some interesting things with mental health and my gender as well because I suffer from quite a few mental health problems and I think a lot of people are finding it difficult to separate the mental health problems from my gender problem and that's really frustrating because to me they're not linked and it's kind of like my journey is being stunted because they can't believe that my gender is separated from the mental health which is my main problem with the health services in Brighton and Hove. I don't know. I've got a feeling it may be the same everywhere.

Jamie expressed reluctance to come out to mental health professionals because of a lack of awareness of non-binary gender identities:

Jamie I think one of the things that I've realised recently is that I identify as gender-queer and I have a CPN, a Community Psychiatric Nurse, and I am in contact with some sort of mental health service I would say at least once a week, but at times it can be more than that and none of them know that I don't identify as female because [laughs] I just can't cope with that because they have so much power over me for various other reasons, that you know, I can't cope with that being used against me as well. That's mine. That's my identity. I mean the fact that I've identified as lesbian, they have in the past used that in a way that I haven't felt comfortable with. So although at some stage I'm going to have to say something to my CPN, at the moment I've feeling really uncomfortable about it and it's becoming more of an issue not saying something, but at the same time I don't know. I just- I don't feel safe saying it.

Nic reported that a mental health diagnosis can preclude a trans person from medical transition:

Nic My mental health diagnosis excludes me from being allowed to go to a GIC clinic or change my gender officially. It's a diagnosis of exclusion for any gender-queer or trans services within the healthcare service. I've not even

gone there with my workers because I know that they'll just throw it back to, 'Oh but it's your mental health problem. It's not something separate.' And because I have so many medical issues, my GP I feel is really dismissive of me and my needs, and to add another need in would just be too much. I couldn't do it. I already feel like they think I'm just wasting their time and making stuff up and whatever when I go and see them. So if I was to add in another thing, it would just be like, 'Whoa', you know, 'We don't want to know'. So it's something that I only really live openly with my friends. My family and the healthcare service, I haven't even gone there because like I say, it's just not worth it. They don't even acknowledge the stuff that's going on already. I'd never pass the psychiatric assessment. I could never be put on T. I could never have surgery and I find it really-really hard. For years I completely denied that I had a problem, that it was a problem, and that actually I do, you know, I feel a lot more male than female and I haven't let myself even go down the path in my head of, 'I'd like to transition', because I can't.

Nic's narratives indicates how the current focus of transition on mental health issues and through mental health pathways can exclude those who have specific diagnosis and may want to transition. Accessing certain health services and being diagnosed in a particular way then, can preclude access to hormones and to transitioning itself, which is also dealt with as a mental health issue.

11.3.2 Negative experiences

Some respondents in the questionnaire labelled mental health services as a 'waste of time', 'dangerous' and, in one case, saying that waiting times for counselling were linked to a suicide. For some respondents mental health services were associated with danger and a lack of support. Nora spoke about the wait for crisis services where there was an immediate need:

Nora [Counselling/Support] It should be there at the point of a crisis, 'We'll get you through this tonight', you know, like you've been admitted for anything like that. The usual thing. They will kind of go, 'Don't worry. We'll get you some help. We'll get you some help', and at the time you think, 'Oh thank god. Someone's going to...' Three or four months down the line you still haven't got an appointment for anything. That should be instigated at the point at which somebody's at their crisis point, not when it's blown over for a bit, because it will always come back and kick you in the ass again if it's not resolved when it's happening.

Whilst Riley's experiences of counselling were good, they found access mental health services on the NHS 'impossible':

Riley: My experience of counselling from Charing Cross actually has been very good, but counselling on the NHS generally, it's impossible to access mental services on the NHS. Impossible. I know trans people who've attempted suicide, they've been told that they will have support and then they don't have support,

even though they were promised support. This is someone who has tried to kill themselves. If you can't get support when you've tried to kill yourself, when can you get support?

Respondents in the questionnaires asked for trans training and trans service providers, indicating negative experiences. Those who are presumed to be 'experts' and 'highly educated' such as psychiatrists are seen to need trans awareness training:

Jamie I suppose my mental health team [need trans awareness training] like particularly the psychiatrists. The fact that ... your gender is not necessarily what you were assigned at birth, is seen as a mental health thing. That's ridiculous. I think a lot of psychiatrists would have that view, that you know, if you are questioning your gender, well obviously you're ill, you know, there's got to be a label for that. It's not something that's wrong with you. It's something that's wrong with your body. It's not your mind, and to try and get that across would be amazing. If I thought that they understood that, it would make my coming out ever so much easier.

11.3.3 Positive experiences

Eddie has had a more positive experience of mental health professionals since coming out as trans - a supportive counsellor has helped:

Eddie I guess this year really where I've started to access these things as an out trans person. I've found it to be a better experience now that I've been able to put that out there for myself. For instance I've started seeing a counsellor now that I'd seen beforehand actually some years ago, and it just feels for me more of I'm able to say now I've got a different name now and the person was very good about that actually. They've not batted an eyelid. They knew me as a completely different name, different pronouns and all this kind of thing. And now they're meeting me again and they've not really missed a beat. So I feel I've been really lucky. I've not always had great experiences, but that at least to me has felt that the person's been really respectful.

Most of those who had used community/voluntary sector services reported positive experiences. 3 people spoke of positive experiences of Mind Out:

"I've had particularly good experiences though from both MindOut, who ran a trans specific mental health group" (Questionnaire respondent)

Focus group participants spoke positively about the support they had accessed via LGBT voluntary organisations such as Switchboard and MindOut. The trans specific services offered by The Clare Project were seen as particularly valuable:

Gabby I found it helped much more than I thought it would just from the early

stages onwards. It's just having people around you that are in similar situations I think and going through a similar thing. So you can actually talk about it. Also I think sometimes being trans you can feel like very much like the odd one out in the wider community, and at work and things you can actually feel like you're quite different and it's kind of a mental health issue I think if you spend every day worrying about how you are. So going to something like where there's lots of other trans people makes you feel like, 'You know what? I'm okay', and just being around people. We've all got completely different backgrounds, but because we're going through a similar thing, we can relate to each other really well and I think that's so important.

However, one focus group participant said that the dual role of social/support group and counselling service that was played by the Clare Project at times made accessing these services difficult:

When I first came out as trans and I was in crisis and I went to the Clare Project. I was really fortunate actually that I have friends who knew about the Clare Project who could direct me there. [Starts crying] Sorry. And I remember that I went there and I spilled my guts out and I was so grateful that I could do that with their counselling because they do have counselling but it's very limited. And it's also it's not really confidential in that it's within the Clare Project. You'll go there and you'll bump into people who you don't really want to talk to. It's a bit weird when you're sitting around and having coffee and then somebody goes, 'It's your counselling time now'. So everyone knows you've gone for counselling. It's a bit kind of like, 'Whoa', and then you've got to come out and it's like, 'More coffee?' You might have just had the most intense experience for half-an-hour or so and then you come out and you're like, 'Biscuits?' Sometimes you'll come out of a counselling session and you just want to purge. Actually why should that impinge on your time that you actually want to spend networking with your friends? I think that it's great that it's there, but I think there needs to be something else where you can go for counselling with someone who sort of knows about trans at more than a basic level. [Focus group participant, unidentified]

What is clear from this narrative is the desire for both services that the Clare Project offers, but in different spaces and at different times. As Section 6 indicates there is a demand for trans services combined with a lack of financial and other forms of resource support. Here this participant indicates that this demand would create safer spaces and more privacy in times of crisis.

11.4 Conclusion

79% of people (n. 51) stated that, in the past year, they have had 2 weeks or more during which they felt sad, unhappy or depressed, or when they lost interest or pleasure in things that they usually cared about or enjoyed. This is considered indicative of being at risk of major depression. In comparison, only 38% of general

population respondents in the 2012 Health Counts Survey in Brighton & Hove were identified as being at risk (Brighton & Hove City Council, 2012).

Only 4% (n. 5) of the sample said they had not experienced some form of mental health issue in the past 5 years. The most commonly cited issues are stress (83%, n.94), anxiety (80%, n.91), confidence/self-esteem (80%, n.91), and depression (78%, n.89). Incidence of self harm in this research it is 33% (n. 38), whereas in the Health Counts survey 2012 it is 10%, noting that the Health Counts survey asks 'ever' rather than 'in the last 5 years' (Brighton & Hove City Council, 2012). Being a trans person in a society which has little awareness or acceptance of trans issues has an extremely negative impact on trans people's mental health.

When asked about experiences of mental health services 25 people had no experience of using mental health services with 13 people saying that these services were hard to access. 19 had negative experiences and 12 recounted positive experiences. 13 people spoke about community and voluntary services, of these 9 people were positive about their experiences. 6 people said that mental health services did not have enough time.

Respondents spoke of the conflation of trans identities with mental health issues in mental health services. Some respondents in the questionnaire labelled mental health services as a 'waste of time', 'dangerous' and, in one case, saying that waiting times for counselling were linked to a suicide. Most of those who had used community/voluntary sector services reported more positive experiences, although they were aware of the limits to these services.

12 Safety

12.1 Introduction

Safety is a key area for trans people and lack of safety has wide-ranging effects, including in relation to housing (section 13) and mental health issues (section 11). Although focus groups suggested that those who live here generally experience Brighton as trans friendly (see section 7), many have experienced violence and verbal abuse in public places and do not feel safe on the streets. This section will explore experiences of abuse, police and reporting, domestic violence, feelings of safety. It then looks at the effects of abuse and feeling unsafe and finishes by exploring suggestions that how trans people in the research have for improving their safety in the city.

12.2 Experiences of abuse

14% (n. 16) had **not** experienced any form of hate incident or hate crime that was related to their gender identity in the past five years. It should be noted that even this figure of 14% not experiencing hate crime is likely to be underreported, as has been identified in other research (see Browne et al, 2013).

Table 84 shows that 83% had experienced negative comments (n. 94) and verbal abuse (64%, n. 73). 53% respondents had experienced teasing (n. 60), with 20%, (n. 23) experiencing physical violence (more than those who had not experienced anything).

Table 84: Have you experienced any of the following in the last 5 years due to your gender identity?

	Numbers	Percentages
Negative comments	94	82.5
Verbal abuse	73	64
Teasing	60	52.6
Harassment	44	38.6
Bullying	41	36
Physical violence	23	20.2
Sexual assault	17	14.9
I have not experienced any of these	16	14
Other, please specify	16	14
Criminal damage	7	6.1

Table 85: Other, please specify

Category	No. of responses
Being misgendered	3
Some local shopkeepers have gendered me as male even when I have used their shops obviously presenting as female	1
Inappropriate gender identifying pronouns & names & language	1
This amounts to an erasure of my identity and is a slow and insidious violence against me	1
I have constantly been miss pronounced and called `he` while working with the public	1
Other, including	
Online abuse	1
Threats to my life	1
I have had groups of boys discriminating against me shouting things in the street	1
I was mugged on the street last year and discriminated against because of my diversity	1
Only occasion negative comment	1
workplace demotion/non progression	1
emotional manipulation	1
I keep my cross-dressing a secret	1
Misrepresentation of who and what I am as a person	1
Looks	1
Ignoring	1
refusing to serve me in bars and shops	1
rudeness in public	1
pushing and barging into	1
verbal sexual harassment	1
From other trans* people	1
Not in Brighton & Hove, just rare minor comments	1
Disbelief	1
Refusal of support by gp	1

20% of the survey sample spoke of experiencing physical violence and focus group respondents also spoke of physical violence:

Kelly I was attacked in my own home- I came home and there was somebody in my house. They beat the living daylight out of me.

As the quantitative data indicated, experiences of abuse ranged from the physical violence and more threatening and abusive behavior to 'less severe':

Bobbie I've got loads of difficult situations I've been in in public in Brighton from the kind of less severe just being looked at or the wrong pronouns, to people shouting really abusive comments. People really aggressively asking me what gender I am. People physically threatening me and sexually threatening me.

83% have experienced negative comments and 64% have experienced verbal abuse. Reece notes how this can be internalised so that trans people blame themselves, such that 'bad days' are blamed. However, as Reece argues this does not mean that trans people 'deserve it':

Reece Just the number of times I've been shouted at in the street by people. Shouting out in the middle of the park, 'Have you seen that there? That's a man there. You're not fooling me mate.' All that sort of stuff. That's on my bad days, you know, when I've not shaved or something [laughs]. Doesn't mean that I deserve it though.

Verbal abuse does not have to be directed at the trans person, but can be making comments to others:

June When I'm talking about violence, it's just verbal aggression and things like that and certainly where I live locally, When I went to the local shops, people would make indirect comments about, that I had guys shouting, 'Adams apple!', and things like that. Once you're aware of that threat, it kind of escalates a little bit. The other thing about indirect violence is the way that a lot of people stare at you like you're something that is weird or what have you and this is something that's common when people transition. I don't get that now. I'm very lucky. I think I've got passing privilege and that means that I get along much better, but indirect violence is the way that people stare. They talk to each other. You can't it down for a meal without someone nudging the next person next to them and pointing and looking and that's kind of indirect.

June recognises verbal aggression as violence and notes how it does not need to be direct. Stares, 'nudging' and noticing trans people in ways that make you a focus of conversation is also experienced as a form of violence.

For Dom trans issues can be subsumed to presumptions of lesbian identities, creating forms of what June termed indirect violence:

Dom [I was] put into an all-female bay that other women were frequently making comments to the nurse about the young boy over in the bed opposite, you know, and especially the older patients. It felt really uncomfortable that they

were discussing my gender and I could hear them discussing it and yet nobody actually asked me. Then they made the assumption also to my gender, because of how I looked I was automatically a lesbian. They automatically referred to my partner as she, and if I had said different, I don't think they'd have taken it on-board at all. It's like the opposite of the kind of homophobia that I used to experience when I had long hair and people wouldn't accept that I was a lesbian. Trans issues don't enter people's heads I don't think.

Dom thought that it didn't occur to people that someone could be trans, instead reading him as a lesbian. Where cisgendered people may be seeking not to be homophobic, they may instead negate gender identifications and misgender both the individuals and their partners. This can have implications where 'trans issues don't enter people's heads'.

12.2.1 Who carried out the hate crime/incident

73% (n.83) of respondents experienced hate crimes/hate incidents from strangers. Around a third of people experienced issues with family members (n. 38, 33%), staff in shops and bars (n. 30, 26%), 23% (n.26) had issues with peers at school/college/University, and 22% (n. 25) experiencing issues with LGBT people.

Table 86: Who carried out the assault, verbal abuse, criminal damage, sexual assault, teasing, harassment, bullying, abuse or made negative comments?

Who	Frequency	Percentage
Strangers	83	72.8
Family member	38	33.3
Staff in shops / bars	30	26.3
Peers at School / College / University	26	22.8
LGBT person	25	21.9
Colleague	24	21.1
Neighbour	19	16.7
Manager / Supervisor	14	12.3
Customer / Service User	14	12.3
LGBT venue	13	11.4
Health care worker	13	11.4
Teacher / Tutor / Lecturer	12	10.5
Partner	12	10.5
Service provider	10	8.8
GP	10	8.8
Service worker	8	7
LGBT service or group	8	7
Lover	7	6.1
Other please specify	7	6.1
Landlord	7	6.1

other service users	5	4.4
A dependent	1	0.9
Total	INSERT	

Table 87: Those who selected other identified:

Category	No. of responses
Police officer	2
Friend	1
Employer - I had difficulty with changing my name	1
All	1
Everyone	1
Housemate	1

“The thing I do find very strange is on some of the general pubs, the security are very anti [trans], which shouldn’t be the case but is.”

(Unidentified participant, Focus group 3)

12.2.2 Where the incidents took place

67% of these incidents occurred on the street (67%, n. 76), with 40% (n. 46) of respondents experiencing hate crime/hate incidents in mainstream venues, and 27% (n. 31) saying that they happened in the home.

Table 88: Where did the incidents take place?

Where	Number ¹⁰	Percentage
On the street	76	66.7
In a mainstream venue	46	40.4
Inside the home	31	27.2
LGBT venue	26	22.8
Other	22	19.3

Table 89: Those who selected other identified:

Category	No. of responses
Workplace	9
I worked in a supermarket, so had regular customers comment on my transition	1
Teasing from colleagues	1

¹⁰ This was a multiple answer question, therefore there are more responses than survey participants.

School/College	5
Shops	2
Bus shelter	1
Online	1
LGBT Bar	1
Pubs & clubs	1
University campus	1
Numerous cafes	1
Uni	1
Public transport	1
Churchill sq	1

12.2.3 Domestic violence

A third of trans people (n. 33) in this research experienced hate crime/hate incident from a family member. 27% (n. 31) respondents experienced hate crime/incidents in the home. Count Me In Too found that rejection because of sexual and gender identities can lead to hate crime/hate incidents from family members (see Browne and Lim, 2007). In this sample 63% (n. 70) have experienced domestic violence.

Table 95: Have you ever experienced any abuse, violence or harassment from a partner, previous partner or family member? (this may include physical, verbal, sexual, mental, emotional or financial abuse)

		Frequency	Percent	Valid Percent
Valid	Yes	70	61.4	62.5
	No	37	32.5	33.0
	Unsure	5	4.4	4.5
	Total	112	98.2	100.0
Missing	System	2	1.8	
Total		114	100.0	

When asked about experiences of abuse, 18 people spoke of abuse from their family, 11 from parents and 7 other experiences. Experiencing abuse from a partner/ex-partner was discussed by 16 respondents. 11 people spoke of emotional abuse and 10 people relayed their experiences of physical abuse.

Of these experiences not all related to trans identities, but many did, including being unable to discuss trans status, removing the ability to contact support networks, insults regarding trans status, threats of outing, being cut off from families and children. Whilst some spoke of 'putting it behind me', others mentioned the emotional toll that the abuse continues to have.

Table 96: Please tell us about your experiences if you want to

Category	No of responses
Abuse from Family	18
... including Abuse from parents	11
Mother	3
Father	3
Throughout my childhood and teens	1
Stepfather	1
Recently she was throwing insults at me after me coming out as trans	1
I think she has BPD so I guess that's why she behaves in that way towards me.	1
She kept referring to me as a "fella" and as a "he"	1
huge pressure to be what my parents or mum wanted me to be	1
... including other Abuse from family	7
Not having a relation with my family has definitely affected my mental health, but being bullied by most of them was an even worse experience	1
I am not allowed to talk about being trans* because it could kill my granddad and confuse my niece	1
My family thinks I am going through a 'phase' and that I am doing it to spite them	1
Have completely cut me off	1
While I continue to try and regain contact with my son	1
Treated my situation as a mental instability that needed to be "fixed" but did nothing to help me	1
He rarely makes mention of my name change, my taking hormones, my change in clothes...or anything that makes him feel uncomfortable	1
Cut off my internet access so I couldn't seek like-minded friends they considered to be manipulating me. Took two years to gain a laptop and locate support groups in a near town	1
My brother believes that gay people are a fault in DNA and any non-White, non-English person should not be anywhere near him	1
Abuse from partner/ex-partner	16
Who did not believe that I was trans	1
threatened to tell neighbours and friends about my cross dressing	1
she phoned my Mother to tell her about cross dressing in a fit of rage	1
Emotional abuse	16
being blamed for their mental state and threatened with one of them committing suicide because of me	1
controlling and possessive behaviour	1
using my trans experience and struggles to shame me and manipulate me	1
threat of suicide if I saw anyone else	1
from my mother and grandmother concerning my gender and many other things	1
It impacted my feelings on my gender identity very heavily	1
Subtle and long term	1

To the extent that I stopped an attempt to transition	1
Often emotionally manipulated me	1
I did not think of it as "emotional abuse" for a long time	1
In a relationship with somebody who constantly threatened self harm and suicide	1
Made me feel responsible for self harm and depression	1
Spied on me	1
Stalked and harassed my friends	1
Coerced me into breaking up friendships	1
Taunted me about my appearance & gender identity	1
Verbal abuse	11
Says hurtful things and uses really foul language	1
describing me as a homosexual and talks of my gay friends referring to those trans people I meet	1
her first reaction was to be disgusted by me and make very negative comments about the clothes I wanted to wear	1
Another LGBT person (former friend) started using drugs and became verbally abusive	1
scream abuse	1
Degrading my physical appearance (and therefore gender identity)	1
Physical abuse/violence	10
I was beaten up by my (female) partner and given concussion	1
Abusive ex partner who attempted strangulation	1
Occasionally resorts to threatening behaviour, physical intimidation	1
I experienced repeated domestic violence at the hands of my mother's partners when I was a young adolescent	1
Sexual abuse	3
forced me into sex work	1
was also sexually manipulative to the point that I felt in retrospect that it was abuse	1
Other	
has poor anger management, lack of self control, can get frustrated	1
Is generally horrid to me	1
I was depressed for 18 months afterwards	1
Neglect	1
I have had many accusations thrown at me, been treated like monster	1
I have had a false police report made about me	1
I cannot do anything about these things. There is no-one to help	1
Still abused on some level as they try to convince me that I misread the entire situation	1
Had good experience of support from RISE, especially for children	1
Just rejection and the emotional toll of it	1
Not angry just cut off	1
Lost my daughter completely	1

I ended up locking myself up in my room, 24-7 for almost 2 years. I only left my room to go to the toilet and eat, and only when she was not around	1
I have put that behind me	1
Neglecting my health needs sometimes	1

12.3 Police and reporting

69% (n. 65) of people in this research did not report any of the incidents that they had experienced. 5 respondents (5%) reported all of the incidents that they experienced.

Table 90: Did you report the incident(s)?

		Frequency	Percent	Valid Percent
Valid	None of the incidents	65	57.0	69.1
	Some of the incidents	24	21.1	25.5
	All incidents	5	4.4	5.3
	Total	94	82.5	100.0
Missing	System	20	17.5	
Total		114	100.0	

Under-reporting is clear in this data and for some focus group participants reporting was an issue. June raised the issue of whether there are suitable places to report:

June In terms of sort of sexual assaults on trans women, I think that they might be unreported, under-reported, because like where do you go to report these things? if they are sort of very traumatic for you, which groups can you approach? Historically women’s centres aren’t the best places for trans women. How do you then cope with the after-effects without having those kind of services available to you. And also it’s remarkable that- It was a friend that was with me that noticed the times when I’d been assaulted because it’s so subtle and because it’s so like, you know, it’s expected within the bounds of normal in our society to grope women and to feel their breasts or what have you. It quite shocked me. It was like because I don’t know how I’d normalised it so much, but I didn’t even really notice it because it was expected that these things happen for trans women and that, you know.

June indicates the ways that certain forms of abuse can be understood as being unreportable, not because of what happened, but instead because of who experienced it.

Susie believed that a lack of knowledge regarding the different ways in which incidents can be reported hinders reporting for trans people:

Susie I don’t know if anybody knows that the LGBT Community Safety Forum have a Report It service, a third party reporting service, and one of the things about that is that unless the individual wants to, we will not pass information on to the authorities or the police. It does give them a way to report something and it gives them a way to

collect statistics, anonymised statistics, because there's a vast amount of unreported because people don't want to report to the police. They don't trust the police in many cases and that's historical. It doesn't just have to be LGBT Community Safety Forum. It can be any other organisation that people trust to be able to report.

Susie argues that reporting to organisations and agencies as an alternative to the police is needed because there is often a mistrust of the police.

12.3.1 Experiences of reporting

For many their relationships with reporting, and whether they would report a hate incident/hate crime pertained to past experiences with the police and other services. After being asked about reporting hate crime incidents, participants were asked to 'Tell us about your experiences of reporting' (see table 91).

Table 91: Experiences of reporting

Category	No. of responses
Negative experiences	18
Including, not enough is done	7
LIPSERVICE	1
Most of the time it is a pointless waste of time	1
The police never do anything. They didn't even investigate it.	1
was listened to but nothing happened	1
In an LGBT venue my friend reported for me to the staff, while I was outside crying. The man was not asked to leave, apologise or do anything else	1
Every incident I have reported. Nothing was done, I have no respect for the police, I used to love the law, I wanted to be a lawyer. I have no respect for the law now. Its a joke!	1
Other negative	
The reporting process was more stress and trauma than the initial crime	1
The school said that I had brought this bullying upon myself. It was also clear that the school would not intervene in tutors' use of transphobic language towards me. This only made me more depressed and afraid of school.	1
The police were not trained to deal with trans people and I ended up having to educate them about pronouns and how I expected to be treated. This is not my responsibility	1
I report some incidents through gires.org.uk. This form was difficult to find online.	1
I was initially assured this would be treated very seriously, the person was sentenced but once the court case was over, I never received any compensation or advice.	1
The police call centre were not so good or other offices I talked to when the LGBT police were not on duty	1
Positive experience	13
Including LGBT Liaison Officer	2

It was handled very well. The contractors were given equalities training.	1
Very good for the one report I made to the police, they listened and offered support	1
The community safety team were understanding, supportive and helped me a lot when I was very distressed and upset	1
They (community safety team) advised me well and also followed up with more information and helped me deal with the perpetrators and stop the harassment, they were excellent	1
Police were fantastic! Felt really supported!	1
The police were very good and increased a presence on the streets in the local areas	1
The council were prompt to act and contacted the tenants concerned	1
The LGBT police were very good too, supportive, informative and understanding	1
My personal tutor was very supportive, and when I reported the transphobic language a teacher had used towards me, they made it clear that the teacher would be disciplined.	1
very good and supportive	1
It was ok, lady police officer was quite nice	1
Other	
I would feel anxious to call the police, as I would be afraid of further repercussion, or being targeted by the same people again.	1
Dealt with my counsellor	1
I would not have gone to the police with their horrendous history of violence and discrimination against minority communities	1
I reported the incidences to my keyworker and to the police	1

9 people in the qualitative data spoke of positive experiences with the police, including mentioning the importance of the LGBT liaison officer. Rosie discussed how initial contacts with the Police LGBT Liaison Officer lead to a somewhat positive experience and a feeling of now being able to go to the police station directly:

Rosie In general terms I feel safe in the city. I've had a couple of incidents in the last six months which involved having to report it to the police. Both times it was to [Police LGBT Liaison officer] initially who then said, 'You'd better go up to the Police Station and make a statement', which I did in both instances. They got back to me. They traced one lot of perpetrators but I haven't heard any more since. So whether anything's actually happened with that... They said they would get back to me but that's now three or four months ago, but just knowing how long these things take. I'd go straight to the Police Station having been to the Police Station after speaking to [LGBT Liaison Officer].... Partly because I know [LGBT Liaison officer] anyway, but I wasn't sure of the protocol in doing it anyway.

18 people in the survey spoke of negative experiences with reporting. These negative experiences focused on the police and in the focus groups, even the

presence of a supportive LGBT liaison officer was not sufficient in addressing the previous encounters people have had with the police.

For Graham 'positive behaviour' by the police is needed in order to improve reporting:

Graham I don't believe that people would feel comfortable reporting things unless they see positive behaviour by the police in the first place. I think it's a police culture thing...

As section 9 illustrates, trans people support each other. Here this is extended to show that this includes dealing with the perceived lack of support from police when reporting crimes:

June The other lady that I know has been attacked three times this year. She again is a transitioning woman. She has suffered. She's been knocked out. She's been attacked outside her home and she's such a sweetheart as well. She's been attacked in her own home. She's a very-very robust character but her experiences with the police were negative because the police sniggered and what have you when she was talking about support and she felt it was a very glib offer of support for her afterwards which is where I introduced her to Transiness and she's hopefully felt more of a sense of community. She's certainly quite lively chatting. So that's lovely. She reported it to the local police. Also because of the thing about not wanting to report things to the police, because people feel bad. I've had a chat... about it and the only thing I can do is give people names and addresses for people that they can talk to, She reported it to the local police. Also because of the thing about not wanting to report things to the police, because people feel bad.

June also spoke of police 'sniggering' at someone she knew because of her trans status. Kelly had a similar feeling of being dismissed, despite surviving a severe and violent attack:

Kelly I was attacked in my own home- I came home and there was somebody in my house. They beat the living daylights out of me. The guy who came round was really nice. He was a really nice police officer but I did get this feeling of like, 'You're humouring me just because you don't want this to become a bigger issue'.

For Dom, it was not only the police who didn't take complaints about harassment seriously. Their narrative indicates how perceptions of vulnerability can override people's experience:

Dom When I moved in [to council housing], there was an elderly couple and the lady still lives there, and they were really-really antagonistic when we moved in and my then partner, she- the woman- used to shout either out of the window like down to us or she'd come to the

top of the stairs and shout down to us that she had assumed my partner was my foster carer and that I was a young boy. And she would shout stuff out of the window about, 'Will you make sure that your boy is quieter'. We used to play Rock Band and not late at night or anything, but just in the day, but she would bang on the floor and like, 'Your boy is making too much noise', and we told her again and again and again, you know, 'I'm not a boy'. She just never took it on-board and she totally kind of outed us by shouting out through the window. We made a complaint to the housing people just because we were there anyway and they said, 'Do you have any problems?', and so we talked about her. And their response was basically, 'She's just an old lady. What harm can she do? She's just an old lady.' She actually physically assaulted me at one point and I had bruises all down my arm. We called the police and the police came. They saw the bruises. They heard what had happened and they then asked about who it was and we told them it was the lady upstairs. They laughed in my face and just said, 'She's an old lady. We'll go and speak to her but we're not going to do anything. She's just an old lady.' They didn't take it seriously at all. It was two male policemen and I was horrified. I don't think I'd go to the police direct anymore. I think I'd always go via an LGBT person because it was just such an undermining experience. It was like, 'You're not important. You don't matter. Your issues don't matter. They weren't interested.

For others the issue was less the initial interactions and more the response and follow up from that reporting. 7 people in the questionnaire spoke of not enough being done. One respondent said:

Every incident I have reported. nothing was done, I have no respect for the police, I used to love the law, I wanted to be a lawyer. I have no respect for the law now. Its a joke! (Questionnaire respondent)

Vivienne believes that there are particular issues with LGBT venues and sexual assaults:

Vivienne I think my experience of reporting to the police, yes they're really good at taking down details, very bad at getting back to you and when I reported an attack, verbal attack... I know for certain they didn't and it's actually written into law that they have to get back to you and tell you the results of the investigation¹¹. The main area of problems as

¹¹ This is Vivienne's interpretation. There is a 'Code of Practice for Victims of Crime' which lays out entitlements for victims https://www.cps.gov.uk/publications/docs/victims_code_2013.pdf

far as sexual assaults and things like that, actually tends to occur inside LGBT venues. Now I told this to the local LGBT champion... [Senior Police Officer], and he went, 'Huh, I've never known that' [Laughs] I mean I've been reporting it for ages and he's taken it away and they're going to look at whether they can attach a trans awareness need to the licence application and venues, licences can be withdrawn if trans people are continually subject to sexual assault, like people putting their hands on people's breasts or touching their genitals, which happens quite a lot...

Vivienne argues that more could be done to not only address experiences of sexual assaults in LGBT venues, but also transphobia more broadly through licencing legislation. Susan's comment about a senior police officer, illustrates that some people believe that they can speak to the 'top people', as well as the perception that there is a lack of awareness of these issues in LGBT venues.

12.4 Contact with police

51% of the sample have had some contact with Sussex Police (n. 58) in the last five years. For 22 people this was reporting incidents. Trans people also encountered the police in a wide range of other circumstances.

Table 92: Have you had contact with Sussex Police in the last 5 years?

	Frequency	Percent	Valid Percent
Valid Yes	58	50.9	50.9
No	51	44.7	44.7
Not sure	5	4.4	4.4
Total	114	100.0	100.0

Table 93: Why did you have contact with the police?

Category	No. of responses
Reporting incidents/crime	22
Including assault	7
Violent attacks	1
Theft/Burglary	4
Harassment/Abuse/Hate Crime	5
Domestic violence incident (not directed at me)	1
Neighbour nuisance	1

To report a disturbance in a flat near mine	1
An attempted abduction	1
People bullying me or people making me feel threatened	1
Fraud within an organisation	1
an issue of damage to my car	1
to report a friend missing who was trans and vulnerable	1
my neighbour	1
Due to work	6
For our service users	1
I was working with them in the LGBTU field	1
Through my volunteering	1
Motoring Incidents	2
Mental Health	2
when either my partner or I have been mentally ill	1
I was reported at risk when my mental health was really bad	1
Other	
Attended police events	1
Organising community events	1
To find out what a false police report said about me	1
I was involved in the Police Trans External Reference Group, where we advise the police on issues	1
Friendly with LGBT Liaison Officer	1
Was Independent Witness at last EDL rally in Brighton	1
Have had police call to ask if I had observed anything on several occasions concerning local murders, rapes and assaults	1
Applied for various jobs and had interviews	1
I have had contact with the LGBT liaison officer regarding how to report hate crimes	1
They called in at Clare Project to reassure	1
I was hit by a car whilst walking	1
To transfer information to London Met. police	1
They were extremely supportive	1
I have also contacted the police when I locked myself out of my house, and they were very helpful and kind, though they had no way to know I was trans at that time	1
In a positive way - their presence and support / positive attitude at Trans Pride was much appreciated	1
I have done some work with the LGBT liaison officers. Whom I found to be very helpful and who seemed genuinely dedicated to improving the service that the police provide to trans people	1
Asked for help with trans issues / consultation	1

They (unsuccessfully) decided to try and provoke me into an assault police charge by getting in my face, calling me ""missus brown"" and shoving me. Thankfully there was someone committing the even more heinous crime of walking whilst black, and they lost interest in me and went and roughed up him instead.	1
It was not voluntary. I was arrested for protesting.	1
I know some police staff socially	1
Trans m to f friend violently attacked outside my home	1
Not in a personal capacity	1
To deal with a racist incident	1

12.4.1 Perceptions of improvements

56% of respondents are unsure if services that the police provide have improved (n. 63), 31% think that they have (n. 35) and 15 respondents (13%) do not think that police services have improved over 5 years (see table 94). Of the 58 respondents who had contact with Sussex Police in the past 5 years, 40% (n. 23) felt that services had improved, 19% (n. 11) felt that they hadn't and 41% (n. 24) were unsure (see table 95).

Table 94: Have the services Police provide to trans people improved over the last 5 years?

		Frequency	Percent	Valid Percent
Valid	Yes	35	30.7	31.0
	No	15	13.2	13.3
	Not sure	63	55.3	55.8
Missing	Total	113	99.1	100.0
	System	1	.9	
Total		114	100.0	

Table 95: Cross-tabulation: Have you had contact with Sussex Police in the last 5 years? Have the services Police provide to trans people improved over the last 5 years?

			Have the services Police provide to trans people improved over the last 5 years?			
			Yes	No	Not sure	Total
Have you had contact with Sussex Police in the last 5 years?	Yes	Count	23	11	24	58
		% within Have you had contact with Sussex Police	39.7%	19.0%	41.4%	100.0%

		in the last 5 years?				
	No	Count	11	2	38	51
		% within Have you had contact with Sussex Police in the last 5 years?	21.6%	3.9%	74.5%	100.0%
	Not sure	Count	1	2	1	4
		% within Have you had contact with Sussex Police in the last 5 years?	25.0%	50.0%	25.0%	100.0%
Total		Count	35	15	63	113
		% within Have you had contact with Sussex Police in the last 5 years?	31.0%	13.3%	55.8%	100.0%

12.4.2 Feelings of safety

In comparison to the local City Tracker survey, trans people feel are less likely to feel safe (81% felt fairly or very safe, compared to 45% of this sample) when outside in their local area after dark; when outside in their local area during the day (98% felt fairly or very safe, compared to 74% in this sample); when outside in the city centre after dark (64% compared to 35% of trans respondents to this research); when outside in the city centre during the day (96% felt fairly or very safe compared to 65% of trans respondents in this research) (Brighton & Hove Strategic Partnership, 2013). 65% (n. 74) feel safe using public transport. 69% (n. 79) feel safe or very safe in LGBT venues.

Some trans people did feel safe in Brighton & Hove, as one questionnaire respondent said:

I feel safe to walk the streets in a skirt or dress, heels and a handbag knowing full well that while not everyday do I pass as female, I am ok with strangers seeing me and recognising me as a transgender

As already discussed in section 7, 19 trans people said they lived/worked/socialised or used services Brighton because they feel safer in the city. For others however this isn't the case and they describe themselves as being on 'high alert the entire time':

Sally I feel threatened every time I go out of the house and sometimes I just don't go out of the house because I'm terrified and I'm on high alert the entire time looking for trouble.

Facilitator Every single person in the room is nodding.

For some the threat to safety is worse than abusive comments:

Vicky There's a big difference obviously between somebody being abusive and somebody threatening because threatening is very-very much worse.

The fears trans people in this research discussed, are not just around strangers. June speaks of the fear of 'trans panic', which Beth describes as a panic when people find out that you are trans, with those who might be known to trans people.

June A trans woman who is in the process of transitioning, this lady, all she did was talk to her neighbour and have a cup of tea and a chat. They'd been talking for a long time and all of a sudden that was it, you know, she obviously found out that she was trans and then there was this big trans panic and that's what happened. And I think that's what overshadows trans people, is this trans panic. Someone finds out. So even though I've got passing privilege, I still have the pressure of trans panic, in that if someone realises that I'm a transitioned woman, that they'll react aggressively and violently towards me.

Passing could be defined as not being read as trans and thus not being a visible target of transphobia. This was seen by focus group participants as easing the threat of violence. June however notes that even this 'privilege' is provisional and there is still a fear of 'trans panic'.

However, Brighton was seen as safer than other places, where Lois feels that they can go 'under the radar':

Lois I'm from quite a small place and you're standing out. You're in a majority White place and you're not White. So you feel kind of there's obviously a vulnerability there, but at the same time a lack of self-awareness as well. So obviously in comparison. Brighton in comparison, I feel I can go under the radar a lot more because to me it's quite different to being in a place that's sort of eighty-five per cent white or more. Obviously for me, you know, sometimes as I'm going along, you know, there are real positives and some experiences where I feel safe. For example obviously Trans Pride for instance and the times in that park and that's felt, you know, sort of safe to an extent just in the sense that you are around other people that are trans people as well.

Lois not only feels that they can go under the radar, but also that there are some experiences where safety is experienced, such as trans Pride. It is clear from the data below, that not all trans people feel unsafe in the spaces and at the times that are focused on.

Feeling safe in the local area

In comparison to the City Tracker survey wave 5, where 81% felt fairly or very safe (Brighton & Hove Strategic Partnership, 2013), 45% (n. 51) of this sample felt this when outside in their local area after dark (see table 68). (Please note this does not only include Brighton & Hove residents).

Table 97: How safe or unsafe do you feel outside in your local area...After dark?

		Frequency	Percent	Valid Percent
Valid	Don't know	1	.9	.9
	Very unsafe	11	9.6	9.7
	Fairly unsafe	32	28.1	28.3
	Neither safe nor unsafe	18	15.8	15.9
	Fairly safe	44	38.6	38.9
	Very safe	7	6.1	6.2
Total		113	99.1	100.0
Missing	System	1	.9	
Total		114	100.0	

In comparison to the local research study, city tracker survey wave 5, where 98% felt fairly or very safe (Brighton & Hove Strategic Partnership 2013), 74% (n. 78) of this sample felt this when outside in their local area during the day (see table 98).

Table 98: How safe or unsafe do you feel when outside in your local area...During the day?

		Frequency	Percent	Valid Percent
Valid	Don't know	1	.9	.9
	Very unsafe	3	2.6	2.8
	Fairly unsafe	7	6.1	6.6
	Neither safe nor unsafe	17	14.9	16.0
	Fairly safe	41	36.0	38.7
	Very safe	37	32.5	34.9
Total		106	93.0	100.0
Missing	System	8	7.0	
Total		114	100.0	

Feeling safe in the city centre

64% of those in the City Tracker survey, wave 5 (Brighton & Hove Strategic Partnership, 2013), felt fairly or very safe when outside in the city centre after dark compared to 35% n. 39 of trans respondents in this research (see table 70). The limits this puts on trans people can vary by seasons, as one focus group participant said:

Renae It's winter now and I'm more and more aware that it's dark after I come home from work and I find it very frightening to be out at that time.

Table 99: How safe or unsafe do you feel outside in the city centre...After dark?

		Frequency	Percent	Valid Percent
Valid	Don't know	3	2.6	2.8
	Very unsafe	17	14.9	15.6
	Fairly unsafe	32	28.1	29.4
	Neither safe nor unsafe	18	15.8	16.5
	Fairly safe	35	30.7	32.1
	Very safe	4	3.5	3.7
	Total	109	95.6	100.0
Missing	System	5	4.4	
Total		114	100.0	

96% of those in the City Tracker survey, wave 5 (Brighton & Hove Strategic Partnership, 2013), felt fairly or very safe when outside in the city centre during the day compared to 65% (n.69) of trans respondents (see table 100).

Table 100: How safe or unsafe do you feel when outside in the city centre...During the day?

		Frequency	Percent	Valid Percent
Valid	Don't know	2	1.8	1.9
	Very unsafe	7	6.1	6.6
	Fairly unsafe	6	5.3	5.7
	Neither safe nor unsafe	22	19.3	20.8
	Fairly safe	41	36.0	38.7
	Very safe	28	24.6	26.4
	Total	106	93.0	100.0
Missing	System	8	7.0	
Total		114	100.0	

12.4.3 LGBT Venues, Groups and Events

69% (n. 79) feel fairly safe or very safe in LGBT venues (see table 72). However as Tyler notes, feeling safe in your current gender presentation may not mean these venues will feel safe if you 'completely transition':

Tyler For me I've said if I start taking [T] and I completely transition, the fear for me is just being read as like a CIS man and then where do I go if I want to hang out or I want to go out one night with my partner? Do I go to a straight club? Will I get turned away if I go to like a queer place? I know lots of people who do get turned away when they go to queer places. Like if I go to a straight night, will I get anything? It's just all those questions and I know I feel confident the way that I am now. So I know how to navigate the way that I am, but those are the questions sometimes. I think having a community is an important thing to not necessarily just for- It's the support of being able to put the information together.

Table 101: How safe or unsafe do you feel in LGBT venues?

		Frequency	Percent	Valid Percent
Valid	Don't know	13	11.4	11.4
	Very unsafe	2	1.8	1.8

	Fairly unsafe	8	7.0	7.0
	Neither safe nor unsafe	12	10.5	10.5
	Fairly safe	47	41.2	41.2
	Very safe	32	28.1	28.1
	Total	114	100.0	100.0

84 respondents (74%) feel fairly or very safe attending LGBT groups or events (see table 73).

Joan is excited at the prospect of trans and queer friendly lesbian groups:

Joan I haven't tried integrating into the lesbian community. It's really scary thinking about it, but I have found a lesbian group in Brighton that explicitly says on their website that they're trans-friendly. So that's really exciting. I've used women's toilets in queer-friendly venues in Brighton and never had any trouble, but it's just being in heavily genderised binary spaces like that, where if you feel like you're anything less than one hundred per cent one or the other, it can make you really uncomfortable and you hear horror stories about people perceiving trans people as less than one hundred per cent and losing their shit over. Unfortunate term but [laughter], you know, getting really angry about trans people using toilets or integrating into gay and lesbian communities and it's really scary.

Joan describes the fear of 'integrating into the lesbian community', alongside not having any specific experiences, but hearing of others over reacting in negative ways ('losing their shit').

Table 102: How safe or unsafe do you feel attending LGBT groups or events?

		Frequency	Percent	Valid Percent
Valid	Don't know	16	14.0	14.2
	Fairly unsafe	6	5.3	5.3
	Neither safe nor unsafe	7	6.1	6.2
	Fairly safe	41	36.0	36.3
	Very safe	43	37.7	38.1
	Total	113	99.1	100.0
Missing	System	1	.9	
Total		114	100.0	

12.4.4 Public transport

65% (n. 74) feel safe using public transport. Trans people spoke of experiences of being spat at on buses and feeling unsafe on public transport.

Susie I've been spat at on a number two bus going up St James' Street. it was just one drunk man and I'm sat there in the number two bus reading my book and he walks past me and gobs off at me. I wasn't even aware of it until I realise he missed me completely [laughter]. Missed me completely. All over the window of the bus. A bit on my book and went, 'Urgh'. The bus driver stopped the bus at the next stop. Told him to get off. He was getting off anyway, but nobody

would look at me. Everybody was- Don't want to acknowledge that an incident has occurred.

Leah, however, argued that the risk of using public transport was something that happened to everybody. She suggested that vulnerability was something that women experience. She suggests that this is 'normal' and can be differentiated from transphobia:

Leah I travel back from London sometimes on the last train and there are people who've been to clubs and things like that and I feel as vulnerable as any woman would. That's normal because there are abusive people who are going to abuse everybody in the carriage and you have to accept that that is one of the risks of life if you take the last train home. So you've got to differentiate between that sort of behaviour and behaviour which is actually transphobia.

Normalising fear through gender and something you 'have to accept' is a key way in which LGBT people deal with abuse and violence (see Browne et al., 2011). For Lois, even though he has not experienced physical abuse, he still feels vulnerable because of how he might be read:

Lois So if I'm going out in the night I would be the bus back and I suppose sort of I've not really had a lot of hostility. I've known of people that have done though, you know, friends of mine have mentioned things... They've had abuse thrown at them, but I've not had that experience. Sometimes just physically though I can feel a bit vulnerable. So I'm never quite sure how people are going to read me. Are they going to read me as just a young guy? Touch wood, you know, there's not been a lot of hostility following that, but just not quite knowing how you're going to be read can make you feel vulnerable I guess. So not necessarily unsafe, but sometimes, I can feel quite vulnerable side wise I guess. There's a lot of short, small, you know, little guys around. It's not unusual, but it can make you feel physically quite vulnerable I guess.

Table 103: How safe or unsafe do you feel using public transport?

		Frequency	Percent	Valid Percent
Valid	Don't know	1	.9	.9
	Very unsafe	6	5.3	5.3
	Fairly unsafe	17	14.9	14.9
	Neither safe nor unsafe	16	14.0	14.0
	Fairly safe	56	49.1	49.1
	Very safe	18	15.8	15.8
	Total	114	100.0	100.0

12.4.5 Strategies used to feel safer

Participants spoke of using tactics in order to feel safer. Passing once again comes up, and for Harry and Dom their voices can change the way that people respond to them, so they try not to speak at times:

- Harry I find it safer than other places I've lived but I was saying earlier actually that when I'm recognised as male, which is normally before I open my mouth, I feel safer as soon as somebody identifies me as being a kind of not a typical female but with a female voice. I feel really unsafe because of the way people respond to me. It completely changes from being really friendly to being really like, you know, not wanting to know and shutting down conversation and stuff. So I find myself trying to put on a deeper voice than normal to try and not be kind of outed and feel therefore more unsafe.
- Dom I think we both do it. We like refrain from speaking. As soon as somebody identifies us as male, we then just like sort of think, 'Okay. Well I won't say anything else and they can just carry on thinking of me as male and that's fine.' But yes. As soon as I have to actually speak, I'm like, 'Oh no', and yeah it does make me feel really uncomfortable...

Public toilets were a key source of fear with tactics such as gender non-binary presentation being used to make trans people feel safer:

- Jo I find like whenever I travel anywhere, like airports and like at service stations are like my worst place. I hate service stations because they're just like this random throwing together of people from all over the place, I always feel unsafe going into toilets at service stations. Like I'll do whatever I can to try and like look as non-confusing as possible when I go in there.
- Bailey For me personally, when I go to the toilet, I will decide which toilet to use based upon a judgement of my personal safety. Now I know that some people would say, 'Well why do you have to choose, you know, just go with the default', actually that- I mean firstly I've been confronted in women's toilets and that's uncomfortable and actually I don't really want to be talking about the fact that I'm trans in the toilet. I just want to go to the toilet.
- Jack Just one point. I'm terrified of people who present as cis men and that can be a trans man who presents as a cis man... Or cis men just generally. And to be in a male space like a male toilet with the thought of a cis presenting man coming in is my idea of hell. I would be absolutely terrified...
- Tim I don't want to go in a men's toilet because men are scary and it makes absolutely perfect sense to be nervous of men because men commit most violent crimes and sexual assaults by miles. Yeah. I mean it's not fun to have to go in there. I wouldn't exclude them, but I

just don't think they'd be inclined to go in there if there was a men's toilet.

Joan I've used women's toilets in queer-friendly venues in Brighton and never had any trouble, but it's just being in heavily genderised binary spaces like that, where you know, if you feel like you're anything less than one hundred per cent one or the other, it can make you really uncomfortable and you hear horror stories about people perceiving trans people as less than one hundred per cent and losing their shit over it. Unfortunate term but [laughter], you know, getting really angry about trans people using toilets or integrating into gay and lesbian communities and it's really scary, and at the moment, for me not having regular support from the trans community, it's really difficult to figure out how to get over that hump and work out how to feel comfortable in heavily genderised spaces like that....

Participants spoke of choosing to go to the toilet that feels safest, rather than the toilet that fits their gender experience.

Bailey Like I think the thing I feel about the men's and women's toilets is like I feel that I can go in the women's toilets and I'll do that because that's the toilet that feels safe. I don't want to go in the men's toilet because I'd just feel afraid to go in there and like I don't feel like that's going to feel any more right.

Hugh I still use the women's toilets. I'm actually, I hate to say it, a bit too scared to use the gents toilets. Because for example. I mean probably a few people have seen this. I feel like the situation that could happen to me is a bit like the one in the Trans Parent film programme. Have you seen that? Where there's actually a male to female character that's the main character, and at one point she goes into the toilets supported by her family, like family member and whatever else, but like gets completely upset and embarrassed when some other woman turns around and says 'What are you doing in here you pervert?', and all this kind of thing. It's that kind of feeling that everybody's scared of. The problem is, although I think Brighton people would probably be more accepting, unfortunately in Churchill Square you've got out-of-towners, tourists, all sorts, and it is a bit of a scary thing.

Thomas ...Like I feel like I'm at the stage where if I did go into a female bathroom, I'd probably get away with it, but if I tried to go into a male bathroom and I made eye-contact with someone, I feel like they would know and it feels like kind of a lie. And like even going in and just going straight to a stool, like it still feels like I don't quite belong there yet, especially while I'm still all baby-faced... and I can't really look the part that I feel like I should. So any time I'm in that sort of space or in a binary environment, when people say, 'We're going to split you into boys and girls', or whatever and you're just there like, 'Oh but what about me? Where do I go?'

Focus group participants explained that they literally avoid using the toilets until the pain cannot be withstood any longer.

- Kelly 'If I go into the female toilet, I could potentially be in a lot of trouble with some of these more blokey guys here, you know, some of the really hard end of things. If I go into the guys' toilets, they're all going to go accuse me of...' Because I dress like this the entire time, you know, 'If I go in there, they're going to accuse me of being...' So I can't win. So the amount of times I've sat there, you know, to the point where I'm in pain. I don't mean to be graphic. I think, 'My kidney's are going to explode'.
- Joan If I'm not in a safe venue or I'm not with a safe person, then I just hold on.
- Frankie Just in general I avoid going to the toilets in public spaces. I'd rather be in pain and wait 'til I get home than go into a public toilet. I do on occasions, but it's been okay so far for me. I've not had anyone try to challenge me, but you don't want that to happen either.

Others opted to use the accessible (for disabled people) toilets.

- Thomas Any time I'm near a bathroom basically because recently they've- I don't know. It's the last year or so when they've started putting locks on disabled bathrooms which still aren't ideal, but I count myself as a varying form of disabled because I can't use the male or the female...
- Dom It just fills me with anxiety and I have the smallest bladder every [laughter], so I have to use the toilet when I'm out and in fact since Jep's been in a wheelchair, it's actually been quite useful that I've been able to go in and we use it at the same time.... I mean a friend did say to me that they have a trans friend that uses disabled toilets for that very reason, but people will challenge you for using a disabled toilet if you don't have a visible disability.
- Vicky On the whole I do okay but even at my work I still use the disabled toilets and just because I don't feel safe in either really. I mean often times I sort of come out and someone's gone, 'You're not disabled'. They see a completely able-bodied white male. They'll be like, 'Well you're definitely not disabled'. 'It's like I can't go there and I can't go there, what do you expect me to do? I'll be threatened by somebody wherever I went and as far as I can see...

There appeared to be a perceived safety in numbers, with Benjy, Kelly, Jenny and Freya all saying they relied on friends to accompany them.

- Benjy ...There was like a group of three or four of us all young trans kids, young trans boys, and we just went straight to the male bathroom because most of us were comfortable with it and that felt fine and the disabled ones were locked so I didn't have a choice. But when there's

a few people, you're safe because you've got other people around you and you don't feel so isolated in where you are...

Kelly I call a friend and get them to come down and just accompany me. It's just ridiculous.

Jenny I kind of feel like yeah like I mean when I'm in sort of in public and stuff, the only time I'll probably feel like comfortable enough to use toilets, is if I can go with someone else so I know that I'm probably not going to get harassed if I do. They're going to be able to stick up for me or whatnot.

Freya It depends where I am. There are venues where I'm already used to it. So I just go... I've got safe venues and I've got safe people as well. So if I'm with a safe person in a venue where I feel less than comfortable, I'll say to them, 'Can you come to the toilet with me?'

Peyton also points to presentation and strategies to avoid violence. They speak of hiding themselves, and also carrying other clothes:

Peyton I definitely feel safer in that I am from a town where the threat of physical violence from very real constantly growing up. I haven't had any trouble since I've been in Brighton. One of the limiting factors on how I feel comfortable presenting myself is- if I want to present in a certain way, like I often I suppose have to think about like what time of day it is. Like how I'm going to be travelling. Like if I can quickly like hide myself if I need to. I've started using particular strategies. I'll carry sunglasses with me so like if I'm wearing make-up I can quickly hide my eyes and things like that. I also like I wear outfits that I know I can quickly, I can change one part. So like if I'm wearing a dress, I often carry a pair of trousers in my bag so I can tuck the dress in and wear a coat over the top and things like that. If I felt completely safe, I wouldn't feel like I needed to do those things, but I definitely feel safer here.

Peyton notes the ways in which the strategies themselves highlight the lack of safety that trans people feel, 'If I felt completely safe, I wouldn't feel like I needed to do those things'. Peyton's narrative shows how fear can influence trans people's everyday lives, even where they feel safer than in other places and may not have experienced 'any trouble' in Brighton.

12.5 Effects of abuse

It is clear from the data and quotes above that safety issues have significant effects on trans people's everyday lives. Trans people in this research reported fearing confrontation, harassment and instances of violence when needing to use gender specific public toilets:

Bailey At a service station, actually I've been chased through the men's toilets. I got chased through the toilets. There was no way out. I just had to get into a cubicle to be safe. So I'd come in the door and the guy was shouting at me, 'Excuse me! Excuse me! You're a woman.'

You're a woman. You're a woman', just over and over again... It impacts my behaviour sort of in Brighton because it was traumatic. It was a trauma. This guy is literally trying to shove, like force, the door open. I managed to sort of like shove it closed and get it bolted and he was pacing. He was pacing backwards and forwards... I was in there for a long time.

Bailey notes the effects that this abuse can have, in this case causing trauma, see below.

Fear of everyday spaces lead trans people to be careful how they dress, to worry about abuse on 'bad days'. It was clear in the focus group data that experiences of abuse and the constant surveillance needed to feel safe in daily life had significant effects on mental health:

Sally Anybody could be a threat in the street. You're looking ahead in the dark and trying to decide whether it's a fella or not in the distance. You know what I mean?

Deb It's not good for your mental health that sort of stuff is it?

Sally No. It's not.

Constance Having to live like that permanently.

Oliver I used to go around in a rage the whole time because I just have to be ready to defend myself. Like a red mist all the time.

Seeing potential threat in everyone can cause both fear and rage. This can trigger feelings of gender dysphoria, negatively impacting on the user's mental health.

Bailey Every time I go into a women's toilet, I feel like I'm somehow letting myself down or something or something's going on there because it's like, I don't know, it's like I'm admitting, 'Yeah. It is really just a story I'm telling myself, but like actually when it comes down to it, I'm a woman', which isn't what I'm doing but it feels like every time I go in it's some kind of weird betrayal of myself.

For some it can also lead to other forms of mental health difficulties including addiction:

June There's another girl. I'm just taking personal stories- that we've talked to with girls in Transiness and supported and there's just so many. There's another girl who had drug issues. I'm not saying any names so it's confidential, but she had drug issues. She wasn't supported by her family. She was actually in a very wealthy family. Had a really good job and what have you, but because the parents weren't very supportive, she became involved with men and they ended up offering her drugs and it felt nice. It was a break from all the oppression she's felt at home, and thankfully we caught her and referred her on to the appropriate agencies. She's got

support. She's got a counsellor and she's doing very well, but it was a really close call and time and time again younger trans women are extremely vulnerable and are slipping through the net all the time.

June had supported a younger woman through a drug addiction (this was not unusual see section 9). June believed this had developed as an escapist retreat from the difficulties she was facing at home due to her trans status.

12.6 Making trans people safer

In considering improving safety, training and education was key in the qualitative questionnaire data (n. 30). Schools (5 people) and bus drivers (4 people) were those who were most frequently mentioned.

These responses indicate that what is needed is a broader societal shift, as Jenny notes legislation is not sufficient to eliminate discrimination.

Jenny Like even if you do sort of put like legal stuff in place to help trans people and such, you know, it's quite hard to get rid of stuff when there is this stigma and the kind of the discrimination that happens and a lot of the time it might, just because it's not necessarily legal to out and out say you're firing someone because they're trans anymore. That doesn't mean they're never going to discriminate because of that.

In the questionnaire data trans awareness events and improving education was seen as key to make trans people safer. For Leah this awareness did not need to be located in training and education and could instead be about normalising trans people using public spaces, such as bus stops:

Leah There was a really good poster campaign in the States about transgender, transsexual people on bus stops and you just had basically people from the local community who identified as trans and who they were and it was okay and they're normal successful people. And that campaign I think is a really-really good idea to make Brighton a trans-friendly city, to say that, 'X is a trans person', so that everybody walking past looks at these posters or catches them in the eye and goes, 'Oh trans. Normal.'

This could also be linked to increased visibility of trans people, which 8 questionnaire respondents mentioned.

Training was not limited to other people. Focus group respondents also mentioned the importance of personal safety training for trans people:

Leah When I went out first as Leah, I remember going out late at night and having to go to a cash machine and I was very scared because there were a lot of louts down the road and I wasn't very happy, and as a result of that, I went to the personal safety workshop which was run by MindOut and I found that very useful and giving me more confidence of what to do should something and how to avoid trouble.

I think that was essential really if you hadn't got that. It is the confidence with which you carry yourself. In the community people ignore you if you're confident, and if you look shy and retiring and a victim as it were, then you're more likely to be picked on.

Whilst trans people cannot be held responsible for violence perpetuated against them, for some this training may make every day spaces more accessible.

Table 104: Improving trans people's safety

Category	No. of responses
Training/Education of general public & services	30
In schools	5
Bus drivers	4
Educating the ignorant that we're people too can help	1
Trans awareness training for the police	1
Improved educational services about trans issues	1
People just need to be educated and aware	1
Run more trans awareness events and amplify trans voices across Brighton and Hove	1
I'm not sure/don't know	11
Increased visibility of trans people in the city	8
Public campaigns	4
Positive role modelling	1
Policing	8
Increased police presence	4
More LGBT police	2
trained trans support officer schemes	1
If the police actually do their job	1
Better police responses	1
Better involvement with the police and an increased level of trust is needed	1
Lots of trans people avoid reporting hate crime or dealing with the police because they do not trust they will be supported and treated with respect in the same way that cis people do	1
I have been unable to report hate crimes as the perpetrators simply vanish before they can be flagged for police attention	1

8 respondents mention policing as needed to improve trans people's safety. These relate to both increased police presence and an improvement in the police itself. Bev sees the police presence as reassuring:

Bev It's always reassuring to me, it has been when I walk down West Street at night at the weekend. I think there's a whole load of cops around and I just think, you know, it's reassuring because I think they're there in case anything should happen...

For Deb more policing in the St. James Street/Kempton area particularly trans friendly police officers, could perhaps improve the safety of the area:

Deb Sort of whole area around St James' Street, Kempton. Personally, it is for me and perhaps there should be a police presence there every night of the week late at night. I know it doesn't make everyone feel safe. [But] just to know that there's trans friendly, trans educated, police on beat in that area every night of the week 'til late, would be a Godsend. I'm not saying feel particularly vulnerable all the time, but I just think it's a really good idea. Or if the budget will not stretch to that, maybe just some of the time at the weekend. Trans friendly ones.

However, as Deb, recognises not all see police presence as reassuring:

Bobbie When I see police I'm more scared than if I don't see the police, because again of the situations I've seen. So I'm more nervous because I think, 'If I defend myself, am I going to prison? Am I going to lose my kids?'

In addressing issues of safety in toilets, participants asked for gender neutral toilets:

Justin Gender-neutral toilets would change my life. If everywhere had gender-neutral toilets and at least public toilets if they have gender-neutral toilets, it would make a massive-massive difference.

Deb Sometimes I don't always feel like getting a hundred per cent made up. Sometimes I prefer to present as androgynous. Like work for example. I work outdoors. I wear a fleece. I wear combats. That is me. That's my persona. If I'm coming home and want to pop into a coffee shop and it's got male or female, that's quite difficult for me because I'm made to feel like people are looking at me as to which one I'm going into. So in circumstances like that, I'd prefer to have a toilet with male *and* female on the door as a third option perhaps, or as mentioned perhaps by some of the other members... [Crying].

Gender neutral toilets were described as 'lifesaving'. Nonetheless, some participants argued that there was a need to respect other users whose fear was also an important consideration for them:

Sally I've always got a line prepared in case someone says, 'What are you doing here?' I'm like, 'I'm having a piss. What are you doing here?' Just something. It's been okay but I get stared at, but I worry that like

you said, that my presence is going to make people threatened and it's that horrible feeling like they're going to think that I'm a fella in a dress taking the piss, using the toilets, or like doing it for some kind of novelty value and I'm going to frighten someone. Then that makes me feel bad because I'm really not a very frightening person.

Riley Before I was going to transition I went to a funeral and I was wearing a shirt and tie, like a full suit, and I went in the women's toilets. Didn't really think about it. Then I noticed every single woman was just sat there staring like really frightened and it dawned on me that they'd all read me as male and I felt dreadful. But if I went in the men's, they could just as easily read me as female. So where am I supposed to go to the toilet?

Jack From my point of view, the gender-neutral toilets would be a life-saver because I don't feel comfortable going into a women's space when I'm not a woman and I could oppress the women there with me being there. So I would prefer to have the gender-neutral toilets.

In asking for gender neutral toilets as a key way of making participants feel safer in Brighton, participants recognised the importance of others as well.

12.7 Conclusion

A total of 14% of this sample reported not having experienced any form of hate incident or hate crime that was related to their gender identity in the past five years. The majority (83%) had experienced negative comments, 64% verbal abuse, 53% respondents teasing and 20% experiencing physical violence (more than those who had not experienced anything).

Individual experiences of hate incidents and hate crime varied from indirect verbal violence to being brutally attacked.

In this research, over two thirds (69%, n. 65) of people did not report any of the incidents they experienced. For many their relationships with reporting pertained to past experiences, both positive and negative, with the police and other services. 18 people spoke of negative experiences including not enough being done. 13 people spoke of positive experiences, including the LGBT liaison officer.

51% of the sample have had some contact with the police (n. 58). 56% of respondents are unsure if services that the police provide have improved (n. 63), 31% think that they have (n. 35) and 15 respondents (13%) do not think that police services have improved over 5 years. Of those respondents who had contact with Sussex Police in the last 5 years, 40% (n. 23) thought that services had improved, 19% thought that they had not (n. 11) and 41% were unsure (n. 24)

A third of trans people in this research experienced hate crime/hate incident from a family member, with 27% respondents saying that they suffered hate crime/incidents in the home.

In comparison to the local City Tracker findings, trans people are less likely to feel safe (81% felt fairly or very safe, compared to 45% of this sample) when outside in their local area after dark; when outside in their local area during the day (98% felt fairly or very safe, compared to 74% in this sample); when outside in the city centre after dark (64% compared to 35% of trans respondents to this research); when outside in the city centre during the day (96% felt fairly or very safe compared to 65% of trans respondents in this research) (Brighton & Hove Strategic Partnership, 2013). 65% feel safe using public transport. 69% feel safe or very safe in LGBT venues. 84 respondents (74%) feel safe attending LGBT groups or events.

In the focus group data participants spoke of being on constant alert and using strategies to conceal their gender identities when they felt unsafe. Toilets were a key space where people felt unsafe. In most of the focus groups, participants spent some time discussing feelings of safety and/or experiences of violence when using public toilets. In focus groups it was noted that these kinds of safety fears had adverse effects on trans people's mental health.

13 Housing and homelessness

13.1 Introduction

This section explores trans people's experiences of housing and homelessness. Housing is a key contributor to feelings of safety, mental health state, and quality of life. As identified in section 7, there are specific difficulties in moving to Brighton & Hove and housing in the city. These specific issues include the desire to migrate to the city to escape transphobic experiences, however, many arrive here without money, somewhere to live, or a local connection, and find that housing support is limited. This section will firstly offer an overview of housing experiences, before moving to discuss finding accommodation, experiences of housing services, and private landlords. The section will then explore homelessness and finish on suggestions for improvements for housing services.

13.2 Overview of Housing Experiences

Housing was a key issue for focus group participants – finding safe, affordable housing in Brighton & Hove was very difficult. Most focus group participants are in housing that they deem insecure or unsuitable for their needs. There is a common experience of temporary housing, of moving around a lot to be safe. Focus group participants generally agree that it's hard to afford decent housing in the city, especially if you don't work.

Unemployment is a key issue in this regard, and Holly notes that limited housing support for home owners means that housing is put at risk because of the discrimination trans people can face in employment (section 6):

Holly Well I'm currently unemployed. So my mortgage is being paid by the DWP [Department of Work and Pensions]. And that lasts for two years and I've been unemployed- Well I've been signing on for eleven months. So I've got another thirteen months to go in the worst scenario. I actually lost my employment because I was transitioning. I'll probably have to sell the house, which obviously one doesn't want to do. The fortunate thing is there is equity in the property. So there would be money to spend but that's not going to last forever either. I try not to think that far ahead at the moment.

Where housing is secure, participants describe themselves as 'lucky' and relate this directly to their employment situation. For Amanda, however, this is not taken for granted or assured as discrimination within the workplace is faced everyday and has to be faced without support:

Amanda My housing situation is fairly stable. I live with my partner and my children. So we pay a mortgage. I'm lucky that the [my employer] has taken on-board the messages of the 2004 Gender Recognition Act in that they can't discriminate against me, sack me, because of my transition. So I've been fortunate but that's thanks to the work of trans people before me who've helped set that up, and one of the main enablers is the fact that I knew this. So income is generally okay. I think the problem of course is that keeping up that income can be difficult as a transitioned woman because you're facing everyday prejudice within the workplace without support, which can be quite difficult.

13.3 Housing services

12% (n. 14) of this sample currently lives in council or housing association housing and 20% (n. 22) have used housing services in Brighton & Hove. Of these 22 people, 7 said that they used Brighton Housing Trust (there may be more that used this service but did not record it here).

Table 107: Have you used housing services in Brighton and Hove in the last 5 years?

		Frequency	Percent	Valid Percent
Valid	Yes	22	19.3	19.5
	No	86	75.4	76.1
	Don't know	5	4.4	4.4
	Total	113	99.1	100.0
Missing	System	1	.9	
Total		114	100.0	

Q108: Which housing services did you use?

Category	No. of responses
Brighton Housing Trust	7
For legal advice	1
Advice drop in	1
Benefits	6
Housing benefit	5
Council tax	1
Housing advice	2
Homemove	2

Other, including	
MyLets (Letting Agents)	1
Emergency housing after 2nd violent attack inside my home by a flatmate who targeted me for being trans	1
Local Housing Office	1
Warden	1
Rise	1
Council homelessness team	1
Temporary accommodation team	1

Q109: Please tell us about your experiences with housing services in Brighton & Hove
Category No. of responses

Negative experiences	10
Positive experiences	6
Safety issues	3
We need trans emergency housing	1
They don't know I'm trans and don't need to	1
decision making took longer than expected	1
There is a housing crisis in Britain and it's not going to change to help trans people	1
Treatment of me has much improved in recent years	1

The experiences of using housing services varied, with 10 people having negative experiences and 6 people having positive experiences. In the main negative experiences in the questionnaire findings pertained to lack of understanding or respect, lack of empathy, and aggression. There was at least one instance where a participant was told to 'go back to where I came from'. People also spoke of feeling 'ignored' and 'forgotten'. Perry tells their story of using a housing charity to advocate for their housing needs, where delays and a lack of communication were apparent:

Perry I'm looking at care, and since I've been in Brighton and I've reached that kind of magic age. I've been able to apply for sheltered housing and this is me looking ahead to the fact that I'm very isolated, I'm getting less able physically to manage looking after myself... So I've had this application [with housing services] in now for about a year since the application was put in through with [housing charity] advocates for sheltered housing. Eventually they [housing services] had a meeting about me ... but nobody came back and said what the result was. This [housing charity] advocate's been fighting to find out and then suddenly it transpired that I just hadn't been told that I had been turned down. Another month passes and time passes.

Poor experiences of housing services could have significant effects on mental health, as one participant said:

‘I had a severe panic attack and relapse after my communications with the housing department.’ (Questionnaire respondent)

Safety was also a key issue, where the temporary housing they were given was reported to be ‘just as dangerous’ for some as the situation they left.

In contrast, positive experiences highlighted the respect that was shown and being advocated for to live in areas where the participant felt safe:

Eric I too was made homeless at one point and I was sofa surfing waiting to be housed and the BHT [Brighton Housing Trust] worker who was supporting me really advocated for whereabouts I was housed. They have really advocated that I didn’t get housed in [unsafe] areas. The first place they [Brighton & Hove Housing services] nearly housed me was the same property, that someone had just left because of homophobic abuse. So if they put another LGBT person back in the same property, it would have just been totally ridiculous. So the housing people themselves were rubbish, but BHT were really good at advocating.

Similar to Peter, Eric had positive experiences with Brighton Housing Trust, who were able to address some of the shortfalls of Brighton & Hove Council. Reagan also felt that they were ‘really helpful’, but felt that there was a need to be aware of the dangers of hostels and trans people:

Reagan The six months between me breaking up with my ex-partner and finding somewhere new to live was really terrifying because I mean I was lucky to have a friend that could put me up on their sofa for a few months, but that was a really distressing few months. I was dealing with a break-up. My mental health was at its worst than it’s probably ever been. I was really suicidal. So I went up to Brighton Housing Trust who were really helpful. They did loads to help me out, but they did suggest that I go to [a homeless hostel] and that clearly was not suitable for me at this point. I might have been living male, I might have had a male name on my paperwork saying male, but I wasn’t on testosterone, and even if I was on testosterone, it wouldn’t have been suitable. So they were like, ‘Well you’ve got some money in your bank account’. I had about two hundred quid. And they said, ‘Go and stay at a backpackers hostel’, which to me just didn’t seem good enough. I was like, ‘Okay. So if I go and do that for a week, then I’ll have no money and then what do I do? Do I then sleep on the streets with nothing and I can’t even feed myself?’ And it was just utterly ridiculous and I felt so lost and vulnerable at that point and I’m not really sure how I managed to save myself, but eventually I think I

managed to move into somewhere quite quickly. Again this friend of a friend found somewhere that I could stay, but for a few weeks it was utterly terrifying and I didn't have my family because my family haven't been there for me through my transition. So I couldn't get support from them. I was on my own apart from luckily I had a few mates in the city.

One participant felt that the treatment they experienced had improved in recent years. This participant was able to use the council's LGBT Housing Strategy to enable them to 'push the right buttons':

Mel We [Mel and partner] applied to the council. We'd had an application in the council but we'd lived in various small rented accommodation before finding this rented flat. Getting deeper and deeper into debt because we couldn't really afford private accommodation. My partner had become increasingly disabled and when we applied for housing, we actually got put on the list, 'Partner disabled. At risk of-' Because our tenancy was only for a fixed period. We knew the housing association would then [have] one excuse or another. So we got a council flat eventually but the council now have an LGBT housing strategy and- if you know the right buttons to push, you can get the right grading, but as [another participant] says, unless you've got the two year residency, you don't have a hope. So while you can get on the list for social housing, but we got categorised B which is second from the top. A is only for those people who are desperately at risk of homelessness. We got offered a council flat and we will stay there because the private sector...

Mel and many others, feel they have to accept whatever social accommodation they are offered and feel that they can never leave.

13.4 Private landlords/letting agents

47% (n. 53) people lived in private rented accommodation. However, finding this accommodation was not always easy and focus group participants spoke of trouble with letting agents:

Mel My experience in housing. When I transitioned, it was difficult getting private accommodation. I was very fortunate getting just a small one bedroom flat but when I met my partner, we wanted something obviously bigger than a little bedsit and it was difficult. We would go to estate agents and two trans women and the negative reactions were quite common. We eventually found a flat. The [resident's] association at that flat said that, 'We only accept married couples', and I wrote a polite letter to them saying, 'I suggest you take legal advice before you actually come down as a refusal', and within two weeks of going back to them, 'Sorry. We got it wrong. We'll give you a flat'. But at the same time the residents in that block of flats were fine. When we had our civil partnership, they were brilliant. We were being congratulated by

the residents. So it's great, but the residents association are very sort of controlling. It's a privately owned block. I mean one estate agent we went to, to rent a flat, they said, 'We'll get in touch with the owner of the flat', and they came back to us and said, 'Actually the rent's a little bit higher than what was quoted on the advert'. So we said, 'Fine. We'll pay that.' Then they came back and said, 'Sorry. The owner says the rent's a bit higher'. Exactly. It's just because they didn't want two trans women. It was never articulated that it was the owner not wanting trans people, but it was quite clear.

Nathan also spoke of how it was 'clear' that trans status plays a part in interactions with letting agents even if they 'wouldn't say anything overt':

Nathan I live privately rented and I'm really lucky with my housing situation at the moment. I landed on my feet but the fall through the air was a little bit scary because I broke up with my last partner. We were living together and I ended up sleeping on my mate's sofa for about three months. Then when that tenancy ended I actually had the money to go and find somewhere else to live and this was a few months before I started taking testosterone and it was not good. I didn't feel like I was taken seriously at all. I did feel discriminated against. I also was claiming housing benefit. So as soon as I let slip that I was on that, the letting agency just didn't want to know and it didn't matter that I had a job. They just didn't want to know, but just generally I think I just felt quite uncomfortable with the way that they interacted with me. They wouldn't say anything overt. Like I could just tell there was something that felt really uncomfortable. So that was a really scary time.

Joan spoke of how living in different places for safety issues, means that letting agents and official channels are unavailable to her. She lives in constant fear of being 'out on her ear':

Joan In the past year I've lived in I think more than six different places. Partly due to the violence I've had in the places that I have lived in. Partly because when I've lived in places, they've been short-term temporary. I've got to go and sleep somewhere. On the surface I'm working this very decent job at [employer] and on the surface everything looks fine, but if I want to go through a letting agency, I can't anymore because I don't honestly remember where I've been from when to where. I'm not on the books with the council under my name even though my deed poll's been done. I don't exist in some regards. I have to keep on the lookout for places where there's a landlord that I've heard of that might be able to rent me a place and they don't want a month and a half's deposit upfront. Even if I had it, I can't give it to them because they won't take my ID. It's like I'm completely kind of invisible. I've been all over the place just trying to be safe. I don't know whether I'd be out on my ear in the next month

or so. I need somewhere where I can afford the rent. Where I can actually prove that I exist for longer than two months at a time. It affects everything. I rang up and asked for a credit card from my own bank and I said, 'Is my credit history fine?' They said, 'Yeah. Your credit history is perfect.' I was like, 'So why can't I have a credit card?' They said, 'Oh you've lived in five places this year. So we don't think you're an acceptable risk for us.'

Joan notes the importance of finding and securing safe housing, and how difficult this can be. As she says it affects 'everything'.

Letting agents are perceived as being unaccountable, so that trans people have to accept poor service and them using the wrong pronouns. As Alex notes finding somewhere to live is 'scary' and this fear means that they put up with agents that know their gender, but 'make out that they don't':

Neil I had trouble with my previous agency when I changed my name in getting them to change their documents and everything and that was a palaver. After a certain period of time I just left it because actually I couldn't be doing with the headache. Now in my current accommodation I have a contract in my actual name which is nice, but I don't think they even know that they are mis-pronouncing me and misgendering me because actually to be honest, when it comes to something like having somewhere to live, it's scary, and actually you don't necessarily want to raise anything. If they're happy to give you somewhere to live and they're going to call you she, okay I'll take that because I want somewhere to live. I know that they must know because I've given them documents which have a male title. So they must know, but they just make out that they don't.

Harley noted the lack of regulation and the feeling of having no recourse to address the practices of letting agents and landlords. This means that she would not want to 'kick up any kind of fuss', because 'they are the ones between you and having a house':

Harley If you like have a problem with your letting agent, basically they hold all the power. Like why would you ever try and have any kind of dispute with your letting agent or your landlord? If you tried to get them to stop mis-pronouncing you and they were like, 'No. We're not going to and you're causing a fuss and we don't like it', who would you go to for support on that because there's no regulation of them? There's nothing you can do. You would never kick up any kind of fuss with a letting agent if you didn't need to because they are the ones standing between you and having a house.

These ideas were shared by one questionnaire respondent who viewed letting agents as the gatekeepers to housing. They adopted a male gender in order to not be ‘doubted as a suitable tenant’:

I have looked for flats as male. Even as male I have found Brighton letting agents to be a pain. Housing is important and I don't want to give any reason to doubt my suitability as a tenant. I have had friends in London who transitioned and were not taken seriously afterwards. (Questionnaire Respondent)

When asking about experiences with landlords and letting agents, financial concerns were named by 6 people. In these responses, as well as in the focus groups, rents in the private rented sector were believed to be too high. This was a particular issue for trans people, where job loss and unemployment is a reality, due to issues with discrimination on the basis of trans status (see section 6).

There were also issues of landlord harassment (n. 4) and concern about trans status in finding and keeping accommodation (n.4). Some decide not to come out. As one participant stated ‘my landlady is fine, she doesn't know I'm trans and doesn't need to’. Another questionnaire respondent elaborated further on his experience with one landlord discovering his trans status:

“One landlord found out I was trans from a fellow tenant in the building + kicked me out after letting himself into my flat. He stole any bond and kicked me out immediately thus I forfeited a month's rent also. I was made homeless - AGAIN. I do not feel safe renting EVER because of my trans status. It was almost impossible for me to rent before my passport was changed to male. No agent would accept a transman.” (Questionnaire Respondent)

Table 110: Please tell us about your experiences with private landlords/ letting agents in Brighton & Hove

Category	No. of responses
Financial concerns	6
Rents are too high	3
Have child, can't afford to move	1
usual rent hikes	1
The housing benefit support cut off point bears nor resemblance whatsoever to rents in this city	1
Money grabbing bastards	1
The rents are too high to live unless you work in London	1
finding a flat was difficult because I used to be on Housing Benefit and there was a lot of discrimination against that	1
Positive experiences	6

With landlords	3
took me in when I was pretty desperate, knowing I was trans	1
Accept benefits	2
I arrived to sign the papers and had to supply my passport along with my name change documents, and didn't even raise a question about it	1
Maintenance problems	4
I worry about complaining in case I am evicted	2
needs nagging to repair and respond to concerns	1
Harassment from landlords	4
[Landlord] was very keen to know what kind of genitals I was born with and tried to touch and kiss me against my will	1
he was sexually harassing me	1
has a habit of poking me for no apparent reason, which is quite disturbing	1
found out I was trans from a fellow tenant in the building and kicked me out after letting himself into my flat	1
I worry about my trans status	4
I do not feel safe renting ever because of my trans status	1
No agent would accept a transman	1
I don't want to give any reason to doubt my suitability as a tenant	1
I have had friends in London who transitioned and were not taken seriously afterwards	1
Other, including	
I am a guest that is all	1
My landlady is fine, she doesn't know I'm trans and doesn't need to	1
had to move around a lot	1
Ghastly	1
It was very difficult to find a house	1
I was made homeless - again	1
Renting through letting agents is not the cheapest or easier thing to do, especially as a non-student and having a part time job	1

There were also positive experiences, three of which were with landlords. But when they elaborated on these experiences, 'positive' was often seen as the lack of negative reaction, rather than full acceptance, and a relief at having somewhere safe to live for a while. Jeff, for example, discusses the relative safety of Brighton, and feeling unable to move whilst transitioning.

Jeff I see myself renting for quite a while because of money issues and also to afford somewhere that I could buy, I'd have to move out of Brighton, which I probably will do at some point, but I think while I'm transitioning it's been useful to be places where you can say things like, 'You've got the wrong title down', and they're a bit confused but they don't say anything. They're just like, 'Oh okay', and they make the changes necessary, whereas if I were to do that up in [nearby town] where I work, then there'd be a bit- it would be more of an issue.

Similarly Libby worries about leaving a place where although some don't 'miss a beat', others are merely 'not hostile':

Libby I rented as in my old name five years ago and then very shortly afterwards I just, with fear and trepidation I have to say, told my landlord that I was now Anne and he didn't miss a beat and said, 'Oh cool'. That was it. And my neighbours have turned out to be fantastic. So though I can't live in that flat long-term, I'm really trepidations about having to leave the [place] because I've got used to people... And I know other people haven't been so lucky. And I know not everybody's quite on-board. I still get some funny looks but they're kind of not hostile, but most people are actually actively just fine. Just my neighbours and where I live it's a bit like a village. So most of the shop-keepers and bar owners sort of know me now.

Libby cannot stay in the flat 'long-term', and fear of moving is a key feature of this data. Indeed, Brian's optimism regarding changing documents in Brighton, is not shared by all:

Aaron We just needed to do our tenancy agreement at the moment in fact. It should have been done about a month ago. We went in to do it and I thought, 'Well it's better to just do the name change at the same time so they can't charge us twice for admin fees'. I thought it would be relatively straightforward. No. They had to get our guarantors to re-guarantor. Send stuff out to those parents again. I mean obviously luckily those parents know what the situation is but it still caused a massive headache with them. They needed me to re-send some kind of like deposit code which I didn't have. So I had to go on there with my old name and my old information, and then they didn't accept it. I had send them other information. It's just a massive nightmare. Every single thing to do with changing my details has been so much more difficult than I expected it to be and the housing's no different.

Earlier in the focus group Aaron mentions the 'luck' of keeping their accommodation when rents were put up with a month's notice in an area that is being gentrified. As Aaron is aware, keeping accommodation is not always possible.

13.5 Homelessness

This section has already indicated some of the key vulnerabilities that trans people experience and can lead to homelessness. Discussions of feeling 'lucky' at finding and keeping accommodation indicate the fears that many trans people have regarding their accommodation, for some the fear of losing housing means that they cannot transition:

Belle I'm sort of currently in a place where if I were to want to transition, I probably wouldn't be able to stay at home where I am now and I'd have to find some other form of housing. At this point it's quite unstable and I mean I'm currently not employed. So that would be a problem if I didn't get a job in the future.

34% (n. 34) of those who answered the question said that they had experienced homelessness. 40% (n. 14) of these were more than 10 years ago, with 43% (n. 15) experiencing homelessness in the past five years. 13% of the whole sample had experienced homelessness in the past five years. In focus groups participants spoke of experiences of sofa surfing and using services such as Brighton Housing Trust (see section 13.3). Leaving relationships and parental homes was a key way in which housing was put in jeopardy, as well as high rents.

Table 111: Have you ever experienced homelessness?

		Frequency	Percent	Valid Percent
Valid	Yes	34	29.8	34.3
	No	64	56.1	64.6
	Don't know	1	.9	1.0
	Total	99	86.8	100.0
Missing	System	15	13.2	
Total		114	100.0	

Table 112: When was this?

		Frequency	Percent	Valid Percent
Valid	In the last year	4	3.5	11.4
	1-5 years ago	11	9.6	31.4
	6-10 years ago	6	5.3	17.1
	More than 10 years ago	14	12.3	40.0
	Total	35	30.7	100.0
Missing	System	79	69.3	
Total		114	100.0	

Becoming homeless was an important issue in the focus groups and many spoke of trans people 'falling through the cracks', in that they were not 'caught' by housing services or supported in other ways. Experiences of being homeless highlighted

specific issues for trans people, particularly bad experiences within hostels and temporary accommodation:

Jim I at one point was classed as homeless by the council. So they put me in temporary B&B accommodation. I absolutely should have called the police because of an incident one night. I had one room in a place in Brighton and there was a guy that had been there for years although it was supposed to be temporary because they couldn't find him housing, and he got drunk one night and was banging on my door with his friend and they were asking questions, was I a boy? was I a girl? was I a lesbian? would I have sex with them? They were just hideous and I was absolutely petrified and I just locked the door, put a chair against the door, and I'm just sat there until daylight came and then I ran out.

Jim indicates the kind of key safety issues of that trans people can experience when using homeless services.

13.6 Improving services

Safety comes out as the top consideration for improving housing services for trans people in Brighton & Hove (n. 11). This pertains to the location of housing for trans people, but also alludes to increasing the priority for housing for vulnerability for trans people who are at risk of abuse that is specific to their gender identity. For this respondent trans people are a special case:

Trans people present a special case for housing. Their needs are specific and as a minority within a minority (of LGB people) greater consideration should be given to where they are placed. A policy should be introduced that means if a trans person bids on a property and the surrounding residents have shown any - any - degree of ignorance in terms of respect for their neighbours - a good deal of time both for the housing office staff and the trans person would be saved if this was picked up and either the trans person advised or dissuaded altogether from taking up a tenancy in that particular home. We still have so far to go in society and are about 15 years behind the status our LGB friends enjoy. We seek an opportunity to contribute positively to our community and that at large and this can only be achieved if suitable accommodation is provided. (Questionnaire respondent)

Training for those involved in housing in the city was also seen as important, mentioned by 6 respondents. In the focus groups, training for letting agents was seen as crucial.

Changes were also needed to address the financial implications of transition and the associated effects on finding and securing housing:

Joan What usually is the problem with private rental, is once you get it, is you need the deposit and a month and a half or two months or whatever in advance. If there's some way that a mechanism could be set up so that this money could be obtained and paid back over a period of time, it would make people's lives so much easier, plus also if there was a way of having shared housing register for trans people. Like where people could get access to housing. Especially during the periods where you're paying for things that are quite expensive. Especially things like hair-removal and things like that. Those costs are huge and I'm always broke at the end of the month. If they had a sort of safe place where Brighton people could come in and say, 'Look. This is going on'.

Joan sees the council as part of the equation, working with trans people to secure funding for trans people, as well as working with letting agents. 4 survey respondents discussed the affordability of housing, with 3 asking for improvements in letting agents and the private rental sector. Whilst one respondent in the survey asked for criminal justice interventions, another questionnaire respondent suggests a star rating system for letting agents indicating their trans friendliness.

Miriam There's also a role for letting agencies to come on-board to have much more trans awareness and the ability to understand that even people who aren't able to work, because the majority of trans people are not actually in employment, which is a major problem for letting agencies, but letting agencies need to get past this problem with housing benefit. That trans people are more likely to be on housing benefit, and with support from the council, letting agencies should be able to let to trans people and other people with similar problems. Long-term unemployed, mental health or physical problems. Just be there to provide the money up-front, take it back over however long it takes, be more proactive in getting estate agents and leasing agencies to be supportive.

"A star rating system for real estate agents on their trans friendliness and a sticker system supported by the council (how much would it cos to get stickers printed??? NOTHING) whereby estate agents who are friendly can put them on the door and the community can promote them."
(Questionnaire respondent)

Table 113: Please tell us what could be done to improve housing services for trans people in Brighton & Hove?

Category	No. of responses
Safety	11
More thought given to where you are placing someone	4
increase priority for reasons of vulnerability	1
Blocks of flats on estates can prove to be problematic for trans people	1

shelter after violent attack	1
Safe houses	1
there needs to be hostels and bedsits where showers are not gender specific - a pre-op trans male can be very at risk in a male only shower room	1
Promote broken rainbow for domestic violence incidences	1
Training	6
Consultation	1
should be mandatory and done by Allsorts Youth Project	1
vulnerability issues for trans persons, especially MTF folk	1
isolation issues for trans persons	1
Trans housing and workers	5
with support for new transitioners who need daily support	1
need to accept that trans people sometimes cannot share accommodation	1
trans emergency housing	1
Affordability	4
Especially for those out of work	1
understanding which communities are at risk of low/no income, it seems like no one really cares about how people are getting by	1
Improving letting agents/private rental sector	3
a criminal complaint procedure about rental agents who discriminate	1
A star rating system for real estate agents on their trans friendliness and a sticker system supported by the council	1
Be supportive	2
Believe people if they talk about being trans	1
Cap private rents	2
Mental Health	2
accept validity of depression caused by trigger incidents	1
include information of mental support	1
Other, including	
Appreciation of intersectional needs: trans/race/disability/learning & socialising differences	1
Allow and recognise neutral titles in forms	1
outreach to people sleeping rough who understand trans issues	1

5 people asked for trans housing and/or trans housing officers. Melanie also sees this as key:

Melanie People arriving in Brighton presenting as homeless will tend to be put in hostels. Most hostels are full of people with the potential to be very-very transphobic. It's very-very dangerous. I don't know anybody who's been in a hostel and hasn't suffered some form of attack, verbal or physical. So there needs to be, as has been often suggested in the time I've been an activist, there needs to be an area or a hostel where people for LGBT, potentially just for T people, where the staff have been trained, the council have been trained, and it is a safe space.

Aware of the limits of affordability for the council, Amanda argues for a more affordable 'halfway house':

Amanda I just want to raise the issue about an organisation based in London that offers support for [young] LGBT homeless people, and for Brighton to facilitate [this organisation] here would be an immense benefit for the city both in terms of prioritising trans care if the council is wanting to be an example for the way that trans care is run in the UK and to facilitate trans people actually getting support from each other. The long-term benefits of something like [this organisation] is that you have young people who are homeless, having trouble, what have you, who are able to be housed, and then when they're able to be housed, they can then find support, jobs and be an active part of the community and society. So it's actually a win-win. Mental healthcare is very expensive. It's very over-used, and if you take steps to help young LGBT people and trans people, then this might be a halfway house of working. Instead of the council footing the whole bill, is foot part of the bill. Minimal cost and there'll be plenty of volunteers to help out.

For Amanda long terms support starts with younger LGBT people, allows Brighton & Hove to act as an example leading the way in the provision of trans care. Like 2 survey respondents for Amanda, mental health is key.

13.7 Conclusion

Quinn Housing has been quite a big issue for me. I mean I was quite fortunate in that I kind of have just like managed to just fall into the two houses I've lived in in Brighton I've been one of three trans people. So every house I've lived in has been a trans-majority house and that's been purely out of coincidence as in like the first house, like they were

interviewing people to like live in the house and the first person like fitted perfectly and happened to be trans. So that's been really valuable for me as in terms of like feeling safe in my own home. Like especially like it kind of ties in as well into like into like class and stuff. I mean like I don't have any form of income at the moment and like I had a period of sofa-surfing like only this year and the implications of that on my mental health was pretty big. Like having a stable place to sleep like made a massive difference to my mental health and also having not just a place where I can sleep at night but also a place where I feel comfortable being open about my gender. It's one thing knowing people and it's another thing knowing people at the right places and the right time to meet with people. So living with other trans people means that I wake up in the morning and at least if I know I don't have to leave the house that day, I can generally present however I want to and that's not an issue and I'm not faced with any awkward questions, which hasn't been true of like other living situations I've had.

As Quinn indicates, housing is key for mental health and housing issues often relate closely to safety. As Quinn also says it is more than having a place to sleep: living somewhere that feels safe and comfortable is a privilege many enjoy without thinking about it. For trans people in this research, comfortable housing is something that has to be carefully sourced. When comfort is found, moving because of other needs, such as the need for support in sheltered accommodation, can be feared.

Trans people in this research who have secure housing feel 'lucky' and worry about when this won't be the case. 27% of trans people in this research own their own homes, but even this does not feel secure. Employment and housing are inextricably linked and, given that trans people often feel that their employment is at risk (see section 6), their housing is also insecure with little safety nets. 20% of people used housing support services. The experiences were varied. Some trans people spoke of the help Brighton Housing Trust gave them, and the poor service they received from housing services. This research indicated that whilst 47% of trans people lived in private accommodation interactions with some letting agents and landlords were problematic.

Improving housing services: trans people in this research focused on issues of safety, training and the provision of trans-specific or trans-friendly housing. Whilst letting agents were seen as an issue, the council was called on to support trans people in the private rented sector with securing accommodation including through deposits and developing awareness training with letting agents. Developing affordable housing was also important. Survey respondents and focus group participants also asked for trans housing officers.

14 Conclusion

14.1 Introduction

'The Council is working with Brighton University and LGBT Switchboard on the next phase of the Trans Equality work which started with the ground breaking Trans Equality Scrutiny last year. When we spoke to you during the Scrutiny process you told us you wanted a more inclusive, Trans aware council and city. We have been working hard on this and since then have worked with local Trans people to launch Trans Pride, Trans Inclusive Swimming Sessions and Trans awareness training for our staff and GPs, amongst other initiatives to improve the experience of Trans people living, working and socialising in Brighton and Hove. You told us then that we should keep talking to you and most importantly change public services across the board. In order to do this we are asking you to tell us, in more detail, about what life is like for you. The information you provide will be used for detailed service planning in areas such as mental health, housing, adult social care and community development. We would therefore like to invite you to talk to us again through this new survey. Please help us continue the good work... and if there is something you would like to know about what has happened so far and what the next steps for the work include please get in touch. We would love to hear from you. With many thanks for your time.' (Brighton & Hove City Council, 2014 Statement on the cover of the questionnaire)

'I feel that it is important that people of ALL genders feel safe and happy, and be treated equally. I understand that there is still transphobia and people who don't understand or believe in trans people, and there still will be for awhile, but hopefully we can do all that we can to make things better. I hope that this questionnaire will help with that.' (Questionnaire respondent)

We start the conclusion with these two quotes, as they illustrate the desire to support trans people through Trans equality work, and also the need to move beyond this to a fairer and more inclusive city. This survey participant hopes for a better life for everyone through us 'all' doing what 'we can to make things better'. There can be little doubt from these preliminary research results that there is much still to do and achieve by us 'all'.

14.2 Summary of key findings related to aims

14.2.1 Employment and Study

The qualitative data reported 21 respondents having had positive experiences in employment. It was also clear there are significant issues surrounding trans people accessing, securing and keeping work (largely due to discrimination in the workplace). 16 people said finding work was difficult and 12 people said that finding

and keeping work was difficult because of health, with 9 people relating this to mental health. 11 people said that they had negative experiences at work.

In focus groups some issues with schools were identified by parents and those working within schools. These included the fear of bullying if children were open about having a trans parent. 38% (n. 43) of respondents have been a student in Brighton & Hove in the past 5 years. Participants who had studied in the city were attracted to the city because of its queer friendly reputation and there was some evidence of services and support being provided to trans students. However, it was contended that more was needed, including addressing the culture of Universities/colleges, including lectures and teaching materials.

14.2.2 Brighton & Hove

This section has shown that Brighton & Hove is perceived and experienced as better than other places for trans people with regards to community, support, friendships, as well as trans people feeling that they receive less negative attention in the city. Trans Pride was an important event for participants and seen as part of the trans friendliness that attracted people to the city.

However, this report, and particularly this section, demonstrates that these experiences are tempered by other negative experiences within Brighton & Hove. This does not suggest that the experience of living in Brighton & Hove is worse than living in other places. Instead, this report points to areas where the city needs to work to serve its trans populations, as well as indicating the areas where trans people actively contribute to the city.

14.2.3 Services

This section has shown that 84% of people use services in Brighton & Hove, with varying experiences. There was some recognition of improvements, and trans people feeling able to use these services, however, at other times experiences were very negative. Telephones and accessing services by telephone was difficult, and there was a call for private companies to experience trans awareness training along with the public sector.

Parks and open spaces were used by most trans people in this research with 84% of those who used them saying that they were somewhat satisfied. Libraries were praised for their staff and LGBT collections that included trans materials, but were asked to also engage with educating the general public on trans issues (79% of people who used these services were satisfied or very satisfied with them). 86% of respondents who used museums and galleries were satisfied or very satisfied with them. However, it was noted trans people are not visible in the collections and there was a desire to be included. Although it was noted that leisure centres and swimming pools were problematic for some trans people, trans swimming was praised as getting people back into activity and providing an inclusive space. 74% did

not participate in organised sports or use a gym. Yet, roller derby was praised as a trans inclusive space.

57% (n. 64) of this sample are happy to identify themselves as trans on non-trans surveys and monitoring forms, using the question 'do you identify with the gender you were assigned at birth'? There was some disagreement about the use of the terms cross dressers in the definition, although 51 respondents thought that the question was good/fine/accurate. There were issues with how others negative reactions to monitoring questions, and how this influenced trans people's safety when using services. However, participants argued that the inclusion of the question was important.

In focus groups some issues were identified, around schools. These included the fear of bullying if children were open about having a trans parent. In both the survey and the focus groups the lack of support for trans parents was prominent.

14.2.4 Support

LGBT and trans support groups and services were recognised as being very important, and can play a very important part in trans people's lives. There were some issues with these services, including lack of support and a reliance on peer support; exclusion of those who have additional needs or who do not feel that they fit; being asked to deal with support needs due to an absence of statutory services. It was noted that complexities and intersectional differences, including disability can be poorly catered for by these groups who are reliant on a limited pool of volunteer labour.

90% of people use the internet to find or give support. This is a key avenue of support and participants spoke of how it helped their wellbeing. Indeed, we will see in the safety section (section 12), that denying access to the internet can be a form of control and abuse. Peer to peer support was key in this area.

In comparison to the City Tracker survey wave 5 which found that 35% of people gave unpaid help in the past 12 months (Brighton & Hove Strategic Partnership, 2013), 81% of trans people in this research have given some form of unpaid help in the last 12 months. This covered services not provided by the public sector, and included volunteering for Trans, LGBT and mainstream services, for the latter two often they were given the 'Trans rep' position.

20% (n. 12) in the survey also helped out individuals and not as part of a group and 16 people in the survey said that they are carers (14%). For those who identified as carers, the two biggest categories cared for were friends and partners.

84% of survey respondents said that they didn't know whether they were satisfied or dissatisfied with the Adult Social Care service (see table 42). When those who don't

know were removed, 25% (n.4) were very dissatisfied, and 10 people (63%) were satisfied/very satisfied.

It was a concern to trans people in this research that they could not predict whether or not they would receive care that would facilitate living with dignity in older age. Being treated with respect relied upon care workers understanding that there were issues specific to trans ageing that required specific care services being delivered to them.

18 people in this research said that they were parents. In the questionnaire all 3 who had children in school said that the schools were welcoming.

14.2.5 Health & Wellbeing

61% of trans people in this research defined their health as good, very good or excellent (n. 69). This compares to 83% of the Health Tracker 2012 results (Brighton & Hove City Council).

Compared to the Health Counts data, where 70% rate their health as 'about the same' compared to one year ago (Brighton & Hove City Council, 2012), 43% (n. 49) of trans people in this research said that their health was 'about the same'. In the Health Counts data 18% of the Brighton & Hove sample say that their health is a bit better or much better than a year ago (Brighton & Hove City Council, 2012), this compares to 33% (n. 38) of this sample who believe their health to be a bit better or much better than a year ago.

94% are registered with a GP. There does not appear to be any particular concentration of trans patients in any specific GP surgery. 65% of respondents are satisfied or very satisfied with their GP's. 66% said that they are satisfied or very satisfied that they are listened to, 64% are satisfied or very satisfied that they are involved in decisions and 71% satisfied or very satisfied that they are treated with respect. In the qualitative data 74 people spoke of negative experiences, including a lack of knowledge (n. 26); having to educate the GP (n. 10); being misgendered (n. 9), having to change GP's (n. 8), problems changing names or records (n. 6), and problems with administrative and reception staff (n. 5). Despite what might be seen as negative experiences, such as a lack of knowledge, participants rated their experiences with GPs as good. 37 people discussed positive experiences, 9 of these included making referrals, being respectful (n. 8), supportive (n. 6), understanding (n. 6). Whilst these might be expected, examples of 'good' care can be about receiving a service that others might expect.

63%, n. 70 of this sample are not confident, unsure, or don't know (the latter 2 suggest a lack of confidence) about the cancer screening they should be offered, with 38% feeling confident or very confident.

25% (n. 26) for hospital services, 34% for dentists (n. 34), 25% for community

pharmacies (n. 25), and 72% for community health services (n. 72) didn't know whether they were satisfied/dissatisfied with these services. When these were removed 21% (n. 16) were dissatisfied/very dissatisfied, 65% (n. 50) are satisfied/very satisfied with hospital services compared to 85% in 2013 city tracker data (Brighton & Hove Strategic Partnership). 9 people (32%) were dissatisfied/very dissatisfied, and 14 respondents (50%) are satisfied/very satisfied with community health services. 25% (n. 17) were dissatisfied/very dissatisfied with dentists, 61% (n.53) were satisfied or very satisfied with dentists compared to 85% satisfaction rate in the city tracker research (Brighton & Hove Strategic Partnership, 2013). 8% (n. 6) were dissatisfied or very dissatisfied, 79% (n. 61) were satisfied or very satisfied with community pharmacies/chemists compared to 96% satisfaction in the city tracker research (Brighton & Hove Strategic Partnership, 2013). Focus group participants mentioned negative experiences of prescriptions not being filled without checking with GP's and misgendering trans people in humiliating ways.

60% (n. 68) of the sample have engaged in medical transition. Of these 78% (n. 54) experienced delays. The effects of these delays pertained to negative effect on mental health (n. 29), including depression (n. 12) and suicidal ideation (n. 4), and financial implications (n. 13), including turning to private healthcare. Participants stated that long waiting lists cause anxiety / mental health difficulties – exacerbating existing mental health difficulties - and often leading to self-medication.

55% (n. 63) of respondents have been under the care of a gender identity clinic. The majority of those who have used a gender identity clinic were NHS patients (72%, n. 44), with 25% (n. 15) using both NHS and private care.

51%, n. 31 satisfied or very satisfied, with their experiences of the Gender Identity Clinic compared to 38%, n. 23 dissatisfied or very dissatisfied. This trend continues through listening to you (63% satisfied compared to 29%), involving you in decisions (51% satisfied compared to 30%) and treating you with respect (62% compared to satisfaction 25%). Participants said that trans people experienced distress with having to go Charing Cross – with the long wait for an appointment and the high cost of travel, particularly if they had to travel peak time. There was anxiety about missing appointments because of travel costs or personal difficulties, and having to wait a long time to be offered another one. Similarly, questionnaire respondents experienced problems with the process of transitioning and accessing Gender Identity Clinic services, citing lost and delayed referrals due to administrative problems as a big cause of this.

There was no specific question on sexual health, this was an area mentioned by a number of questionnaire respondents. There were particular difficulties identified around terminology used to describe people's anatomy, some good practice was highlighted at the University of Brighton.

Participants highlighted improvements that can be made within GP surgeries, GICs and health services in general to make them more accessible and inclusive of trans people.

14.2.6 Mental Health

79% of people (n. 51) stated that, in the past year, they have had 2 weeks or more during which they felt sad, unhappy or depressed, or when they lost interest or pleasure in things that they usually cared about or enjoyed. This is considered indicative of being at risk of major depression. In comparison, only 38% of general population respondents in the 2012 Health Counts Survey in Brighton & Hove were identified as being at risk (Brighton & Hove City Council, 2012).

Only 4% (n. 5) of the sample said they had not experienced some form of mental health issue in the past 5 years. The most commonly cited issues are stress (83%, n.94), anxiety (80%, n.91), confidence/self-esteem (80%, n.91), and depression (78%, n.89). Incidence of self harm in this research it is 33% (n. 38), whereas in the Health Counts survey 2012 it is 10%, noting that the Health Counts survey asks 'ever' rather than 'in the last 5 years' (Brighton & Hove City Council, 2012). Being a trans person in a society which has little awareness or acceptance of trans issues has an extremely negative impact on trans people's mental health.

When asked about experiences of mental health services 25 people had no experience of using mental health services with 13 people saying that these services were hard to access. 19 had negative experiences and 12 recounted positive experiences. 13 people spoke about community and voluntary services, of these 9 people were positive about their experiences. 6 people said that mental health services did not have enough time.

Respondents spoke of the conflation of trans identities with mental health issues in mental health services. Some respondents in the questionnaire labelled mental health services as a 'waste of time', 'dangerous' and, in one case, saying that waiting times for counselling were linked to a suicide. Most of those who had used community/voluntary sector services reported more positive experiences, although they were aware of the limits to these services.

14.2.7 Safety

14% of this sample have not experienced any form of hate incident or hate crime that was related to their gender identity in the past five years. 83% had experienced negative comments) and 64% verbal abuse, 53% respondents teasing and 20% experiencing physical violence (more than those who had not experienced anything). Individual experiences of hate incident and hate crime varied from indirect verbal violence to being brutally attacked. Toilets are a key area where abuse and violence occurs.

69% (n. 65) of people in this research did not report any of the incidents they experienced. For many their relationships with reporting pertained to past experiences, both positive and negative, with the police and other services. 18

people spoke of negative experiences including not enough being done. 13 people spoke of positive experiences, including the LGBT liaison officer.

51% of the sample have had some contact with the police (n. 58). 56% of respondents are unsure if services that the police provide have improved (n. 63), 31% think that they have (n. 35) and 15 respondents (13%) do not think that police services have improved over 5 years. Of those respondents who have had contact with the police, 405 (n. 23) think that services have improved, 19% (n. 11) think that they haven't and 41% (n. 24) are unsure.

A third of trans people in this research experienced hate crime/hate incident from a family member, with 27% respondents saying that they suffered hate crime/incidents in the home.

In comparison to the local city tracker research, trans people feel are less likely to feel safe (81% felt fairly or very safe, compared to 45% of this sample) when outside in their local area after dark; when outside in their local area during the day (98% felt fairly or very safe, compared to 74% in this sample); when outside in the city centre after dark (64% compared to 35% of trans respondents to this research); when outside in the city centre during the day (96% felt fairly or very safe compared to 65% of trans respondents in this research) (Brighton & Hove Strategic Partnership 2013). 65% feel safe using public transport. 69% feel safe or very safe in LGBT venues. 84 respondents (74%) feel safe attending LGBT groups or events.

In the focus group data participants spoke of being on constant alert and using strategies to conceal their gender identities when they felt unsafe. Toilets were again a key space where people felt unsafe. In focus groups it was noted that this, along with direct experiences of violence, safety fears had effects on trans people's mental health.

In the data trans awareness events and improving education was key. 8 respondents also mentioned increased visibility of trans people. Some requested increased police presence, whereas others recounted their fear of the police and the differential treatment trans people experience from the police compared to cis-gendered people. Finally gender-neutral toilets were requested as a key way of improving trans people's safety as well as addressing the discomfort other users might feel in gender binary spaces.

14.2.8 Housing & Homelessness

Housing is key for mental health and housing issues often relate closely to safety. As Jessie also says it is more than having a place to sleep: living somewhere that feels safe and comfortable is a privilege many enjoy without thinking about it. For trans people in this research, comfortable housing is something that has to be carefully sourced. When comfort is found moving because of other needs, such as the need for support in sheltered accommodation, can be feared.

Trans people in this research who have secure housing feel 'lucky' and worry about when this won't be the case. 27% of trans people in this research own their own homes, but even this does not feel secure. Employment and housing are inextricably linked and, given that trans people often feel that their employment is at risk (see section 6), their housing is also insecure with little safety nets. 20% of people used housing support services. The experiences were varied. Some trans people spoke of the help Brighton Housing Trust gave them, and the poor service they received from housing services. This research indicated that trans people whilst 47% of people lived in private accommodation interactions with some letting agents and landlords were problematic.

Improving housing services: trans people in this research focused on issues on safety, training and the provision of trans-specific or trans-friendly housing. Whilst letting agents were seen as an issue, the council was called on to support trans people in the private rented sector with securing accommodation including through deposits and developing awareness training with letting agents. Developing affordable housing was also important. Survey respondents and focus group participants also asked for trans housing officers.

14.3 **Unmet needs**

Unmet needs will be identified at the next stage, as the findings are presented to the trans community and linked to other aspects of the Trans Needs assessment process.

14.4 **Assets**

This research has both examined the needs of trans people and their role as assets to the city. The research has found that trans people contribute in various ways, formally and informally, in terms of their employment/economic activity and the skills they share in volunteering and in informal helping and support relationships - particularly in supporting other trans people.

As part of the wider Trans Needs Assessment process, further consideration will be given to the ways in which trans people are assets to the city along with additional examples of the resilience of community and individuals despite the negative circumstances and experiences identified in this report.

14.5 **Conclusion**

This research has sought to examine the needs and assess of trans people in Brighton & Hove. As such, it undertook a large-scale in-depth questionnaire and focus groups. The findings presented here are designed to feed into the broader trans needs assessment process and ultimately to improve trans lives in the city and beyond.

15 Trans Community Feedback

15.1 Introduction

On Thursday 26th February, the researchers held a meeting so that trans people could give their views on the research findings. A total of 19 people attended the meeting. Attendees were sent a copy of the draft report by email after agreeing to maintain confidentiality regarding the findings. They also signed a confidentiality agreement upon entering the meeting.

A total of 19 trans community members attended the meeting. Following a short introduction by the trans-identified researchers, attendees were asked to discuss the following 2 questions with others seated at their table:

- 1) What do you think about the findings?
- 2) What do you think are the priorities for action in each section?

A note-taker was appointed at each table, who also fed back to a larger group discussion in the final part of the meeting.

15.2 Community view and priorities on each section of the report

15.2.1 Employment and Study

- There are challenges both with getting into employment and retaining employment More attention should be given to the impact of transitioning on employment
- Job Centre staff require trans awareness training
- Job Centre could offer support with interview skills and confidence building, also I.T. skills training
- A separate body / advocate for trans people should be attached to Job Centres
- There could be a campaign to raise awareness of trans issues in the workplace
- Educational institutions should include more trans-positive material in the curriculum and in publicity materials

15.2.2 Brighton & Hove

- Sticker scheme in shop and cafe windows showing that it is a safe space for trans people. The Chamber of Commerce may be able to support this.
- Trans awareness training can be offered to local businesses, and public services such as the job centre
- A resource pack of basic information is needed for trans people arriving in the city or already living in the city e.g. housing information, where to support and services. This should be created by the community and widely disseminated
- Tourists should be made aware that this is a trans-friendly city. This could be via a billboard at the train station and in tourist information / publicity materials

15.2.3 Services

- Museums do not represent the richness of trans history
- Trans sports facilities are needed. There's a problem with gender specific groups/clubs/facilities. More mixed / non-binary services needed
- More widespread trans awareness training is needed, across all sectors

15.2.4 Finding, Receiving and Offering Support

- Support needed for trans parents and for children of trans parents
- A refuge is needed for trans people experiencing domestic violence
- More support groups are needed, so that trans people have greater choice and access to support
- Specific need for a support groups for trans people on the autism spectrum, and training for trans groups on autism
- More support needed from LGB groups – the findings of this research should be disseminated to LGB groups and the groups need to get together to work on the recommendations
- Online support should be available 24/7. Trans people don't always feel comfortable with telephone-based support and services are not always available when needed
- Trans people are often volunteers because of unemployment, long-term sickness, and under-employment. The positive contribution of trans volunteers should be recognised in terms of the positive impact they make and the financial value

15.2.5 Health and Wellbeing

- More joint up services needed. Services should be able to refer trans people to other relevant services e.g. from food banks to counselling
- There is still work to do regarding increasing trans people's experience and satisfaction with GPs. More awareness training needed and GPs and reception staff
- GPs need training in the trans care pathway
- Trans awareness training for pharmacists is needed, including how to deal with questions discretely
- It isn't easy to change your gender on your existing medical record – a new record usually needs to be set up. It should be easier to just change the existing record
- A list of trans-friendly GPs / other health professionals is needed
- Very few trans people access dental care; trans-awareness training for dentists is needed and also dental hygiene awareness for trans people
- Awareness training is needed for care providers/ agencies, especially around elderly care
- There could be an accreditation scheme for care providers
- Positive experiences of Clinic T. More trans specific health services needed

- Demand for gender services / GIC in Brighton. Can existing services coalesce into a local gender service / a 'bridging' service to the Charing Cross GIC?

15.2.6 Mental Health

- This section is very important – suggestions / actions need prioritising
- Increased access to trans specific / trans-inclusive mental health and accredited counselling services are needed, as there are often delays with accessing support at the GIC
- Trans specific mental health services are needed
- There is a lack of trans-aware/ trans-friendly practitioners in the medical and mental health fields – trans people should be able to access all mental health services
- The link between mental health and poverty needed to be taken into account
- Trans peer support groups act as mental health services; trans people have skills they can share. Help/funding needed to 'help trans people to help themselves' e.g through setting up and running peer support / wellbeing groups
- Funding should be made available for trans people who wish to train as counsellors
- Trans people require support to increase their resilience
- A list of trans support services could be available at Mill View Hospital and within other mental health services

15.2.7 Safety

- There is an under-reporting of hate crimes
- Toilets are a very complex issue in regard to safety. More 'all gender' toilets needed
- More awareness-raising and promotion is needed of trans and trans-inclusive services, as more visibility improves feelings of safety
- Brighton Transformed was very positive in terms of promoting a feeling of safety. There's a need to build on the success of this with other projects
- Universities could do more to improve safety of trans students, especially for freshers and through the provision of trans-inclusive teaching materials
- Personal safety sessions for trans people would be useful

15.2.8 Housing and Homelessness

- Homelessness is a key issue/ concern for trans people
- Safe house needed for trans people arriving in the city – negative experiences of hostels/ emergency housing
- Trans status should be regarded as a protected characteristic/ priority when applying for housing and this should be specified on the form
- Trans Housing Officers are needed
- BHCC Housing Department staff require trans awareness training – examples were given of trans people being outed by housing staff

- A better, more publicised and visible, complaints procedure is needed to report poor/transphobic service within the Housing Department and other services
- Private housing agencies e.g. letting agents require trans awareness training
- More research needed into the links between homelessness and trans vulnerabilities, and comparison of trans people's housing needs and experiences in relation to the 'general population'
- There were some positive experiences of housing and dealing with letting agencies
- Trans friendly letting agents should be identified and publicised
- Meetings could be organised for those who want to house share

15.2.9 General comments about the research:

- General population figure could have been included alongside generic stats for comparison
- There seems to be no mention of substance misuse in the report
- There may be issues with a skewed sample / bias – is the sample representative?
- Access issues may mean that some trans people weren't able to participate in the research
- The researchers ideally would have visited more trans groups to inform them about the research
- Some trans people's voices e.g. people of colour and 'non-conforming' trans people may not have been adequately captured.

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17 Trans Needs Assessment Report: Appendices

These appendices offer more detail into the processes and tools used in the Trans Needs Assessment. As such, they may be useful to adapt for other research/needs assessments. If you are to use the focus group questions and/or the questionnaire questions, please contact Dr. Kath Browne (k.a.browne@brighton.ac.uk)

17.1 Appendix 1: Methods

17.1.1 Introduction

This research is participatory and follows a similar format to Count Me In Too. Ethical approval for this research was granted from the Health and Social Science, Science and Engineering Research Ethics and Governance Committee at the University of Brighton on the 29th September 2014. The research takes the form of an online and paper-based questionnaire (including both qualitative and quantitative) and focus groups. Data has been collected during October and November 2014 in Brighton & Hove, as well as through online forums.

17.1.2 Participatory approach

This needs assessment has been led by the Trans Needs Assessment Steering Group consisting of representatives of trans community groups, service providers and policy makers. This steering group helped to design the questionnaire and focus group prompts on the basis of the trans scrutiny panel and in relation to other available data in the city. They were also involved in analyses, and the recommendations will be written by this group (not the researchers) after the conclusion of this project.

Also key to this research is a strong link between the researchers and trans community groups in the city, including the relationship with the Trans Alliance, a not for profit group for trans groups in Brighton to meet, share information, support each other and work together. The members of the Trans Alliance have been supporting this research by publicising the survey within their own groups/projects, helping with focus group recruitment, providing a 'safe person' at each focus group to provide support for anyone who becomes distressed, and providing feedback on the research as it progresses.

The project also has links with QTPOC (Queer, Trans and Intersex People of Colour), and trained a member of the group to facilitate a focus group for other QTPOC members; and with online group Transiness, who have promoted the survey to their members and helped recruit focus group participants; and with key individuals in the local trans community, who have helped to promote the research.

17.1.3 Questionnaires

The questionnaires (see appendix 1) were designed in collaboration with trans people and the cross-agency Needs Assessment Steering Group to ensure that they are appropriate and have maximum possibility of effecting social change. Trans people were able to influence how the questions are asked, including the wording and order of the questions. Policy makers and service providers were consulted so that they could be given the information that is needed to ensure change for trans people in the city.

The length of the questionnaire was deemed necessary by trans people and the rest of the trans needs steering group, in order to cover all the areas where research data is needed.

There has been some provision for supported completion within trans support groups and through Switchboard. This includes the Switchboard researcher (E-J Scott), attending groups to explain the survey and support completion, and engaging with support workers to help individuals complete the survey where necessary.

However, an issue was identified 3 weeks into the research, where it was clear that the length of the questionnaire meant that a significant proportion of people were not getting to the end of the online version. Some had completed up to q90, but their responses could not be used as consent is only given by clicking 'done' at the end of the questionnaire. Closing the questionnaire window prior to pressing 'done' means that the questionnaire cannot be used.

In order to address this issue, with the agreement of the Chair of the Health and Social Science, Science and Engineering Research Ethics and Governance Committee, and in consultation with Brighton & Hove City Council, a number of actions were taken:

1. The questionnaire information was changed to clearly indicate that unless 'done' is pressed at the end of the questionnaire, the information submitted cannot be used.
2. Each page of the questionnaire indicated that 'done' had to be pressed to submit information, and that pages could be skipped to get to the last page, if people did not wish to continue.
3. The questionnaire was changed to allow people to return to the questionnaire and complete it, if the same computer is used and cookies are turned off. (Saving the questionnaire would require taking details such as an email, and this questionnaire deliberately included asked for no personal details).
4. A message has been sent out through key stakeholders, social media and trans groups that people need to get to the end of the questionnaire to ensure that their information was included. This also acted as a reminder to complete the questionnaire before the deadline (4th December 2014). This message was repeated at regular intervals.

In total 114 questionnaire were submitted - 101 online and 13 paper copies.

17.1.4 Focus groups

The focus groups have followed a prompt sheet (see appendix 2), covering the same topic areas as the questionnaire. However, as these were semi-structured, topics were covered in various orders and in some groups not all topics were not covered. Trans people in the groups were empowered to focus on topics that were of the most interest to them, and to deviate from the prompt sheet if they wished to highlight other issues.

The focus groups were undertaken by the trans-identified researcher at Switchboard, E-J Scott. The University of Brighton researcher, Vic Valentine, also trans identified, was trained to undertake focus groups when a second researcher was required. A trans Person of Colour was approached to undertake the People of Colour focus group. They agreed and were trained to facilitate the group.

The researchers were all trained in the processes of facilitating a focus group, gaining consent, in pausing or concluding the research if necessary and in addressing painful and difficult stories. This sought to improve the skill sets of the researchers involved in the research, as well as ensuring robust and ethical data collection.

At the outset all participants were given a participant information sheet (appendix 3, section 17.3) and this was verbally explained by the researcher. At the conclusion of the focus groups, consent was checked and participants asked to sign a consent form (appendix 3, section 17.3). At this stage participants could withdraw their consent.

All focus groups were concluded with a debrief led by an identified 'safe person' - an individual from a local trans support group. Participants were given a list of support organisations to take away with them. None of the researchers were present for this.

It was originally the intention to hold separate groups for trans people who identified in particular ways (trans men, women and genderqueer/non-binary people), at various stages of social and medical transition, of various ages, people of colour, disabled people, and with other identifying characteristics. In some cases this was achieved, however attempts at holding a number of the separate groups largely unsuccessful because a number of participants who had signed up did not attend on the day. These groups were either cancelled or participants were asked if they were prepared to join a mixed group – which they did. 9 focus groups were completed with 38 people. Of these groups, one was specifically for people of colour (run by a facilitator who was a member of the QTIPPOC support group - Queer, Trans and Intersex People of Colour - and who we had trained to conduct the research), two were youth 18+/student groups, one group was for over 50s, five groups were mixed.

Difficulty in recruiting to focus groups are perhaps not surprising when targeting vulnerable people within trans communities, as issues of confidence, fear of going out, being visible and being with others, mistrust of 'authorities' and of giving their personal information and other personal reasons can prevent attendance.

The main downside to this is that groups were not as specifically defined as intended e.g. a 'sex worker' focus group, a 'trans women' group, or a 'genderqueer' group did not take place. Nonetheless, individuals who identify with these groups have been represented in this research.

Recordings from the focus groups were externally transcribed and coded.

17.1.5 Sampling and recruitment

There are no reliable estimates of trans populations on which to base a representative sampling frame. The aim of this research therefore was to create a diverse sample. The research used known networks, snowball sampling and online social media.

The Switchboard Research Assistant and the University of Brighton Research Assistant publicised the project within the trans community, working closely with local trans groups and other community organisations to recruit participants, undertake focus groups, and contribute to analysis and reporting. The Switchboard researcher publicised the research via trans, LGBT and wider community channels, on and off-line, including with flyers, via local media and visiting key support groups.

Trans and non-trans organisations and community development workers were asked to distribute information about the project, and trans people were involved in the sampling to engage hard to reach groups. Switchboard's LGBT HIP (Health & Inclusion Project) was involved, facilitating access to existing data, and links with other community organisations and advising on how to engage and involve hard to reach trans people (including disabled, BME and Older people) in the research.

A trans public meeting was held in October to give information about the research and invite involvement. It was held in an informal venue and was a trans-led event. The University of Brighton and Switchboard researchers introduced the research, answered questions about the research, recruited to focus groups and handed out paper based questionnaires to those who requested them. The Clare Project provided additional support at the event.

Facebook messages and sharing information about the research through other forms of social media was used to gain participants, particularly to recruit to the questionnaire. This included snowball sampling and word of mouth, where people are encouraged 'share' the questionnaire and details of the research amongst their friendship groups. Public facing Twitter feeds were used, and Pride in Brighton & Hove also posted about the research.

A small amount of funding was available to enable local trans groups and individual trans volunteers to support the research by engaging their members and finding hard to reach trans people e.g. via information events and/or by receiving expenses for helping trans people to complete the survey on a one-to-one basis.

Paper-based surveys were distributed at the project launch event, via trans group meetings (Transformers, Clare Project, Trans Switting), via a college support group, and to trans individuals who requested them.

17.1.6 Exclusions

Participants in the research identify themselves as trans and their self-identifications are not to be questioned. Those who did not identify as trans when filling in the survey were excluded from the research. If people who identify as cisgendered (or non-trans), have never identified as trans, live, want to live and always live in the gender into which they were born, were turned up to focus groups they would have been asked to leave a list of support services offered. This would have been carefully negotiated and will ONLY be judged by an individual's self-declaration and explanation of why they have decided to attend the group.

Participants had to live, work, socialise or use services in Brighton & Hove, however if they completed the paper based questionnaire and/or attended a focus group, their ideas and opinions will be used where possible, for example in academic papers or to address trans needs more broadly.

Participants had to be over the age of 16 to participate.

The services offered to support involvement in the research, i.e. a debrief with trans groups are only available for trans people. However, trans is broadly defined and those who require help may be directed to other LGBT services if appropriate. The post-focus group debrief does not exclude on the basis of living/working/socialising/using services in Brighton & Hove.

17.1.7 Analysis

The quantitative questions from the questionnaires were analysed in SPSS, and given the timescales the focus has been on descriptive statistics. Further analysis may be possible, given the numbers of participants in the research. However, it should be noted that with 114 respondents, this may be limited.

The statistics presented here, are not offered with significant interpretation, although they are compared to other local statistical data collected, where possible. They are however combined with the qualitative material both from the questionnaires and from the focus group.

The qualitative data from the questionnaires was coded by the University of Brighton researcher, Vic Valentine and key quotes identified for the report.

Focus groups were coded by the Switchboard researcher, E-J Scott. Focus groups were coded in relation to individual comments and stories. This mainly took the form of pre-defined categories that were formed from the questionnaire. However, emergent themes were also considered and have been used to write parts of sections that were not addressed in the questionnaire material.

The data is presented as findings and has not been analysed in depth. The report does not offer interpretations of the findings. This is because the timescales did not allow for collective analysis and Brighton & Hove City Council will create findings with the trans communities from the overall piece of work of which this is one component.

17.2 Appendix 2: Focus Group Schedule

Brighton & Hove

Can you tell us your name and a bit about yourself (don't worry about using your name, we will make sure that we change the transcript and we won't use your name in any reports, presentations or publications from this group)

Tell us about your relationship to Brighton (live, work, socialise, use services)

Why Brighton?

What is it like to be a trans person in Brighton?

Health

Tell us about your experiences of health services (including waiting times, post op treatment, travel etc.)

GP's

Gender Identity Clinic

How have/do these experiences affect your health?

Has your gender presentation impacted on treatment by mental health professionals?

Tell us about your experiences of Mental Health services

Housing

Tell us about your experiences of housing in Brighton & Hove

What could be done to improve the situation?

Community safety

Have you ever experienced abuse, violence or discrimination because you are trans?

If you want to, tell us about your experiences

Have you had any contact with Sussex Police?

Prompt if not addressed: are they aware of the LGBT team? Have you ever had police contact through the LGBT team

What were your experiences?

Do you feel safe in Brighton & Hove?

Leisure and recreation

What do you do for leisure?

Have you ever found it more difficult to access leisure activities because of your gender presentation?

What would you like to do?

Do you volunteer in Brighton & Hove?

Final questions

What are your experiences of being a citizen of Brighton & Hove? How do you feel about being part of the city?

Tell us about your best experience in Brighton & Hove

17.3 Appendix 3: Consent Form and Information Sheets

Consent Form

Title of Project: Trans needs assessment in Brighton & Hove.

Name of Researcher: _____

I _____ agree to be involved in this research which investigates trans people's views and experiences of Brighton & Hove. I give my permission for the research team to use excerpts from the focus groups.

The researcher has explained to my satisfaction the purpose of the study. I have been informed of the nature and purposes of the study and have read the information sheet. I understand the principles and processes of the study.

I have responded to questions and prompts regarding Trans people's views and experiences of Brighton & Hove.

I understand that the data has been recorded, but that my personal details will be kept confidential and that every effort will be made to anonymise the extracts used.

The researchers have provided a list of trans support groups and other contacts that I can use for support if I need to do so.

I understand that the data collected during this study will be looked at by the Trans needs assessment research team, and that it may be used in University of Brighton & Switchboard outputs, including a report for the Brighton & Hove Clinical Commissioning Group and academic presentations and texts.

I understand that after 10 years this data will be archived with other LGBT data. This will be archived in a way that ensures anonymity. The anonymised data may be used by other researchers as part of this archive. I give/do not give (please delete as appropriate) permission for researchers other than those on this research team to access my parts of this focus group as part of archival research.

I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without any adverse effects.

I confirm that I agree that the researchers can include my words in the above study.

Name of Participant

Date

Signature

Researcher

Date

Signature

Participant Information Sheet for Focus Groups

Who are we? We are a group that has been brought together from LGBT Switchboard Brighton and the University of Brighton to undertake research about trans needs in Brighton & Hove.

Why are we doing this research? We are doing this research because the trans scrutiny panel in Brighton & Hove recommended that a trans needs assessment be undertaken to identify what trans people want from the city.

What is this research about?: This research is going to get a picture of current Trans* needs, including things you like and things you might want to change. We aim to use your answers to better understand the current state of Trans* lives in the city of Brighton & Hove.

Who can take part? Anyone who identifies as Trans* can take part in the focus groups. There are specific focus groups for Trans* people who identify as BME, older trans people, those who no longer understand themselves as trans and those who are considering transition.

What will be involved? The group will include up to 6 people who you may already know, discussing their experiences of trans needs and assets in Brighton & Hove. The focus group will be conducted by a researcher who is Trans* identified. They will use a series of prompts and listen to responses from individuals and they may encourage group discussion. They will record what is said in the focus group.

You can respond to the prompts or other people's comments. You will also be given the opportunity to respond creatively using pictures and written words.

We ask that you do not discuss details of individuals or say who was in the focus group outside of it. You can talk about what you have said and in general terms about the conversations that were had, but please do not mention anyone in particular, name any individuals or discuss the conversation in a way that might be revealing of another person's identity.

What happens to the information? The recorded material will be transcribed by an external agency who are used to dealing with sensitive and confidential data, and have already worked with LGBT material. They will have a strict code of conduct and adhere to under strict confidentiality guidelines.

The drawings or words you create will be yours to take home, we would ask that we can take a digital image of what you have made. You should say no if you are not happy that we use this as part of the research.

The data will then be stored securely at the University of Brighton and at Switchboard. We will use online storage for anonymised transcripts to share this between us.

We will not use any identifying details about you in any report, presentations or article that we write about the research. This means we will change names and we will anonymise the information as much as possible. If you have concerns about you or someone else being identified because of something you have said, please speak to the researcher (EJ or Vic) as soon as possible.

The monitoring data (collected using the monitoring sheet) and all other information will be kept separate from the focus group transcripts.

What if I change my mind? Your participation in the group is entirely on a voluntary basis. You can leave the group at anytime. You can answer questions or not answer

them. You can withdraw consent for your information to be used at anytime, even after the focus group (the researcher will tell you when the last chance to withdraw your consent is, before the report is finalised).

What happens if I become upset during or after the focus group? We will have volunteers on hand to support you during and after the focus group, if you become upset or feel troubled as a result of things that are discussed in the group.

We will have a debrief meeting after the focus group where no researchers will be present. This will be run by a local trans group.

The trans group who run the debrief may also check in with you a few days later, to see if you need any additional support. If you have a support worker, you can give us their name and contact details before the focus group and we will let them know if you have become upset during the group and may need any additional support from them.

Will you ever tell someone about something that I have said in the group? The researcher might tell those leading the debrief if you have said something that indicates that you or another person is in serious danger. They will then talk to you about the next steps.

Contact details: If you want to be told about what the research finds out, get in touch with either EJ Scott or Vic Valentine (personal details removed). If you have any questions, problems or complaints let Kath Browne know (k.a.browne@brighton.ac.uk, tel. 01273 642377). If you would like to speak to a different person, please contact Maria Antoniou (email maria.antoniou@switchboard.org.uk, tel. 01273 642377), or the School of Environment & Technology at the University of Brighton (entec@brighton.ac.uk, tel. 01273 642288), who will be able to assist you or direct you to someone who can. Finally you can contact the council (contact: Alistair Hill Alistair.Hill@brighton-hove.gcsx.gov.uk)

17.4 Appendix 4: Focus groups detail

FOCUS GROUP TIMING: In total - 794 minutes / 13 hours+

Focus Group number/number of participants	Description.	Issues	Stopped due to distress?
1. Seven participants.	This focus group was for older trans people, although a person under 35 arrived later, and the group were welcomed them to stay.	Brighton (experiences in, migration, trans magnet) Volunteering Support Employment & unemployment Safety, violence, fear GP's Gender clinics Drugs & alcohol Transitioning Ageing- care, dementia, dignity, care staff, good practice guidelines, trans awareness training Housing, renting, care homes, expense in Brighton, hostels, safety Mental health Police Recreation Family, parenting Asperger's Deafness Disability Sport Art (including Brighton Trans*formed and Queer in Brighton)	No
2. Four participants.	This focus group was mixed.	Brighton & Hove, B&H as trans sanctuary, necessity vs unaffordability Eastbourne, Volunteering, community, burnout Safety, violent attack, sexual assault Misgendering GP's Gender clinics, waiting times, travel, poor experiences, dissatisfaction Transition, expense Hormones Gender dysphoria Mental health, counselling, suicide attempts, self-harm, drugs & alcohol Lack of trans counsellors, need for	Yes

		<p>trans specific counselling Employment, unemployment, workplace discrimination Trans swimming Gender queer identities, non- binary identities, pronouns Housing, renting, safety, letting agents Gender neutral toilets Trans Pride</p>	
3. Six participants.	This focus group was a general focus group.	<p>Brighton & Hove, gentrification, expense, necessity vs. unaffordability, trans magnet, migration, LGBT community Fear, safety, violent attack, harassment, fear of CIS men Transitioning Mental health GP's GIC, waiting, dissatisfaction, fear of travel to Hormones Smear test reminders Updating records, loopholes Police Sexual assault Gender neutral toilets Support groups Employment, unemployment, discrimination in the workplace Volunteering Trans inclusion in school curriculum Parenting, support Pronouns Community Trans Pride Brighton Trans*formed</p>	Yes
4. Five participants.	This was a mixed youth group.	<p>Brighton & Hove, necessity vs. unaffordability LGBT community Pronouns Trans Pride Schools, invisibility in curriculum, inclusion Parents, leaving home to transition Coming out GP's Gender identity clinics, waiting lists, difficulty accessing hormone blockers Therapy, unskilled counsellors, lack of trans awareness by mental health professionals</p>	No

		<p>Housing, couch surfing, expense, hostels</p> <p>Safety</p> <p>Employment, unemployment, unsafe in workplace</p> <p>Misgendering</p> <p>Gender recognition certificate</p> <p>Toilets, fear, safety, gender neutral, school toilets</p> <p>Gender roles</p> <p>Violence, abuse, safety</p> <p>LGB no T</p> <p>Trans swimming</p> <p>Support groups, Allsorts</p> <p>Volunteering</p>	
5. Three participants	This was a mixed focus group.	<p>Brighton & Hove, best place in UK for trans people, Brighton trans awareness</p> <p>Mental health issues, mental health assessment blocking transition path</p> <p>Internet support</p> <p>Toilets, avoidance, gender neutral, terror</p> <p>Employment and unemployment, transition in workplace, losing employment</p> <p>Gender recognition certificate</p> <p>Misgendering</p> <p>Harassment, violence, fear of attack</p> <p>Housing, renting, council housing, harassment on council estate, unsafe hostels, BHT</p> <p>Trans awareness training</p> <p>Community</p> <p>Trans swimming</p> <p>Roller derby</p> <p>Trans pride, LGBT Pride (unsafe)</p> <p>Rainbow chorus</p>	Yes
6. Six participants	This was a youth focus group.	<p>Brighton & Hove, trans community, visibility, isolation</p> <p>Counselling, no trans counsellor, trans issues not mental health issues</p> <p>Identity not only trans</p> <p>GP's</p> <p>Gender Identity Community – intimidating, waiting times, gender stereotyping, presenting, prescriptive roles, scary</p> <p>Harassment</p> <p>Indirect discrimination at school</p> <p>Trans pride</p> <p>Reclaim the Night</p>	No

7. Three participants	This was a group for TPOC	<p>Migration to Brighton, escape from rural isolation</p> <p>Study</p> <p>Mental health, MINDOUT</p> <p>LGBT haven</p> <p>Growing up in Brighton</p> <p>Trans/queer community of colour, visibility, uniqueness</p> <p>Invisibility of trans people of colour</p> <p>Personal control of transition over medical professionals</p> <p>Misgendering</p> <p>Trans masculinity & black male hyper masculinisation</p> <p>Gender identity clinic, white male drs, lack of POC health information (ie: scarring), Eurocentric structure, avoidance of Charing Cross, private medical transition</p> <p>Aftercare for TPOC</p> <p>Seeking TPOC information from the USA</p> <p>Housing, trans squats, homelessness, sofa surfing, safety at home</p> <p>Being misunderstood, alienation, isolation</p> <p>Complexity of TPOC identity and lives</p> <p>Loss of queer identity</p> <p>Black & Asian History Month</p>	No
8. Three participants	This was a general focus group	<p>FTM/gender queer identities, genderqueer misunderstood, misidentified, binary limitations</p> <p>Brighton, trans magnet, safer, more tolerant, trans community</p> <p>Autism, lack of trans Asperger's support</p> <p>Mental health</p> <p>GP, delays, medical professional's lack of trans awareness, misinformation, private route for transition</p> <p>Study</p> <p>Gender identity clinics</p> <p>Transphobia in police and courts</p> <p>Volunteering, community, dedicated peer support</p> <p>Under-resourced third sector, role it plays, services it offers</p> <p>Claiming benefits, misgendering, difficulty with dealing with council service providers</p> <p>Homelessness, sofa surfing, trans sleeping rough, unsafe hostels</p>	No

		Sexual harassment Family, parenting, custodial court battles	
9. One participant	Several members of a trans group indicated they would attend this focus group at a meeting.	Brighton, migration, trans magnet, FTM Brighton Trans role models Dysphoria GP Gender Identity Clinic, waiting times triggering dysphoria, private route Transitioning in the workplace, time off work Mental health, CBT Fear of toilets Housing, renting, neighbours' reactions Trans Pride Name change, registering to vote Internet support	No