

SCOTTISH TRANSGENDER ALLIANCE

30 Bernard Street, Edinburgh, EH6 6PR

www.scottishtrans.org



Transgender Experiences in Scotland

RESEARCH SUMMARY

Key research findings of the
Scottish Transgender Alliance survey
of transgender people living in Scotland

March 2008



EQUALITYNETWORK



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ABOUT THE STA

The **Scottish Transgender Alliance (STA)** was formed to address issues of prejudice and the lack of information and support for transgender people in Scotland. The Scottish Transgender Alliance membership is drawn from transgender community groups, organisations and individuals engaged in developing work or delivering services for the benefit of transgender people throughout Scotland. It seeks to improve the lives and experiences of transgender people in Scotland.

Funded by the Scottish Government Equality Unit, the Equality Network employs a Development Worker to support the work of the Scottish Transgender Alliance and promote transgender rights and equality across Scotland.

The aims of the Scottish Transgender Alliance Development Project are:

- To ensure that transgender equality and rights are integrated into national and local programmes and strategies that promote gender equality and rights.
- To ensure that transgender equality and rights are also integrated into national and local programmes and strategies that promote LGBT (lesbian, gay, bisexual and transgender) equality and rights.
- To ensure that the project works to and promotes an inclusive model of transgender identity which encompasses all those whose gender identity or gender expression differ from the 'norms' expected by the society they live in, including transsexual people, cross-dressing people, intersex people and androgyne/polygender people.



RESEARCH BACKGROUND & OBJECTIVES

The Scottish Transgender Alliance Development Worker carried out a national survey of transgender people during the summer of 2007. The overall aim of the research was to provide greater insight into the lives and concerns of transgender people with a particular focus on public service provision.

The impetus for this research was the creation of the Public Sector Gender Equality Duty which requires public sector bodies to be proactive in working to eliminate discrimination and harassment of transsexual people. The Scottish Transgender Alliance, together with the Scottish Government Equality Unit and the Equal Opportunities Commission (prior to its amalgamation into the new Equality & Human Rights Commission), have promoted in Scotland the good practice of using the tools of the Gender Equality Duty to reduce discrimination and harassment against all transgender people, not only transsexual people.

Employers and service providers in Scotland regularly request evidence about the issues faced by transgender people in order to better inform their equality scheme decisions. The Scottish Transgender Alliance also needed a formal evidence base to better inform the direction and priorities of its equality development work.

This research is intended to provide a starting point for employers, service providers and equality organisations to better understand the experiences, needs and current expectations of transgender people living in Scotland.



METHOD

The survey was designed to collect a mixture of detailed qualitative and quantitative data regarding the following areas:

- The demographics, gender identities and gender expression variety of transgender people living in Scotland;
- Transgender people's experiences of discrimination and harassment within their local communities in Scotland;
- Transgender people's experiences of key services in Scotland.

The survey was distributed both as a paper survey and an equivalent secure online survey during the period July 2007 to September 2007 inclusive. Distribution was via transgender support groups and transgender and LGBT email news lists and gender identity clinics.

A total of 71 valid, non-duplicated survey responses were received. This is the largest survey of transgender people in any published Scottish research to date.

The most directly comparable previous survey is the *NHS & University of Glasgow Scottish Transgender Survey* which was led by Dr Phil Wilson and was distributed across Scotland in a very similar manner throughout 2005. The *NHS & University of Glasgow* survey had 52 respondents. Therefore the 71 responses of the Scottish Transgender Alliance survey is a 36.5% larger sample size (19 more respondents) than the most comparable previous survey.

The Scottish Transgender Alliance survey also compares favourably with *Engendered Penalties*, the UK wide research published by Press For Change in 2007 and commissioned by the Equalities Review. *Engendered Penalties* had the largest number of survey respondents of any international transgender research and had a Scottish sample of 73 people.



KEY FINDINGS

Demographics

The mean average age of the survey respondents is 40 years old and the median average age is 39 years old (with a respondent age range spread of 16 years old to 70 years old).

48% (34/71) of the survey respondents are **(transsexual) women** who have previously transitioned, or are currently transitioning, from **male-to-female (MTF)** and are therefore **living as women**.

“Born a boy but became increasingly uncomfortable and unhappy living in that gender role - huge psychological and social upheaval to me and family but transitioned 20yrs ago and although difficult and traumatic it utterly changed my self esteem and contentment with who I was. Now happy, in stable relationship with female partner with two young children and have wonderful relationship with my two older, grown up daughters from my previous marriage.”

“Pre transition - I was always aware from the very earliest age that I should have been a girl. So I grew up aware that I was different. At the time of transition I guess I used to identify more as a trans woman. But I passed very easily and never told anyone of my trans past. I now live in stealth and identify solely as a women. A few friends know of my trans background, but the majority don't.”

28% (20/71) of the survey respondents are **(transsexual) men** who have previously transitioned, or are currently transitioning, from **female-to-male (FTM)** and are therefore **living as men**.

“As a child I tried to present as a boy as often as I could get away with it. In my teens I presented as a girl, in my early twenties as a butch woman and from 25 as a man.”

“For 8 years I tried to place myself within the lesbian community. Then I came out as transgender, and with deciding to take testosterone, and realising that this will be the way I will live the rest of my life, I've been more and more identifying as transsexual. I am likely to explain myself in the near future as a man with a trans background.”

The remaining **24% (17/71)** of respondents are transgender people with a wide range of gender expressions who have **not transitioned on a permanent basis** from female-to-male or from male-to-female. Instead they are either still living partly or fully as the gender they were labelled at birth or alternatively are living in a non-binary gender expression which is not clearly male or female.

“Since about the age of five I always knew my gender identity was not quite the same of the average male. I always knew I had a very strong feminine side which needed to be expressed.”

“I have progressed from presenting as male, through presenting as female, to finally presenting as androgyne.”

“From trying to conform as male when I was younger, I now have a much more fluid gender identity. I move between genders depending on how I need to express myself at different times.”

“I had no idea what to grow into, or how to explain the point if anyone were to ask. Several years later I encountered transgender writing on the internet; a revelation. It hasn't changed much in my personal life but it has given me a language. That isn't enough but it's better than nothing. I dress my way, often wearing worn home-made clothes that avoid what I perceive to be gender extremes. There's not much I can do about my body though.”

“While the issue has always been there, for many years I tried to suppress it. When I did start to think of it I felt androgynous, that I was both sexes or maybe neither. Now I identify that the male part is stronger, but that the female or maybe something other is also there and part of who I am.”

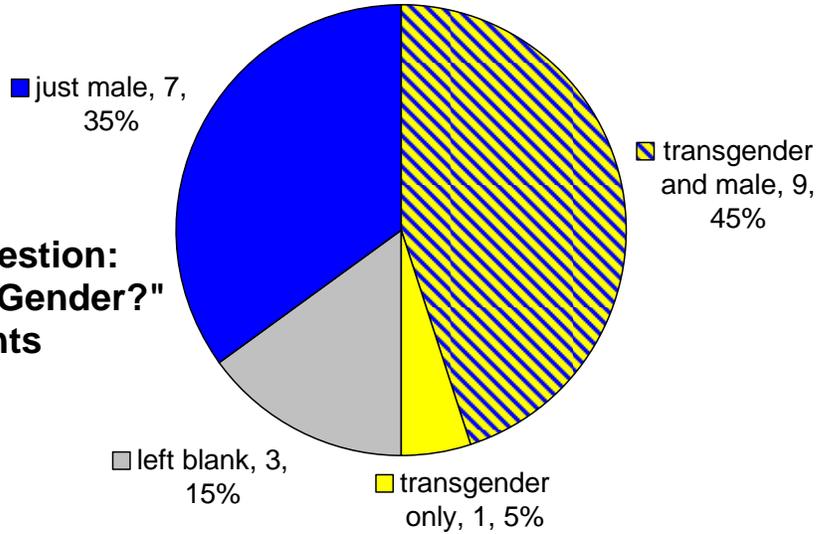
“My main change in expression of my gender has been to bind my breasts. However that is usually not enough to prevent me being taken as female by the world at large, and at this point I have no issue with that. It is nice, however, to have places where I can be seen as male. My GP is currently trying very hard not to see me as a woman. I present to him as a man, as in that situation it is easiest (possibly for him) to think in binary terms of gender. It's not necessarily correct, but it is how the world operates.”

“I was brought up almost entirely as a girl until age 17, so I presented as a girl and hated any time as a boy (thought I was being punished if I had to wear boy's clothes). When the truth was given me [that I was biologically male], I rebelled and demanded to be returned to male gender - however I agonised over the change back for many years.”

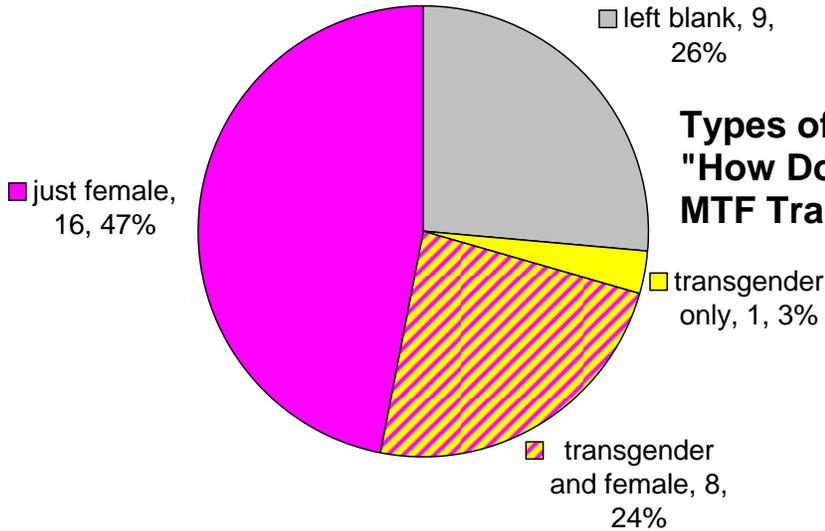
“I always felt intergendered but didn't know I was intersexed until I was 28. At 14 I thought seriously about transitioning to male, but concluded that it wouldn't suit me any better than being female. I use my given name, which is female, but talk openly and frequently about being intersexed on the internet. I am probably more relaxed and open about my gender in public places I know are trans-friendly than I am in other public places.”

“I am a female-bodied woman. I occasionally dress as a man for social reasons, to keep my [MTF] partner company when going to cross-dressed events and because I enjoy it.”

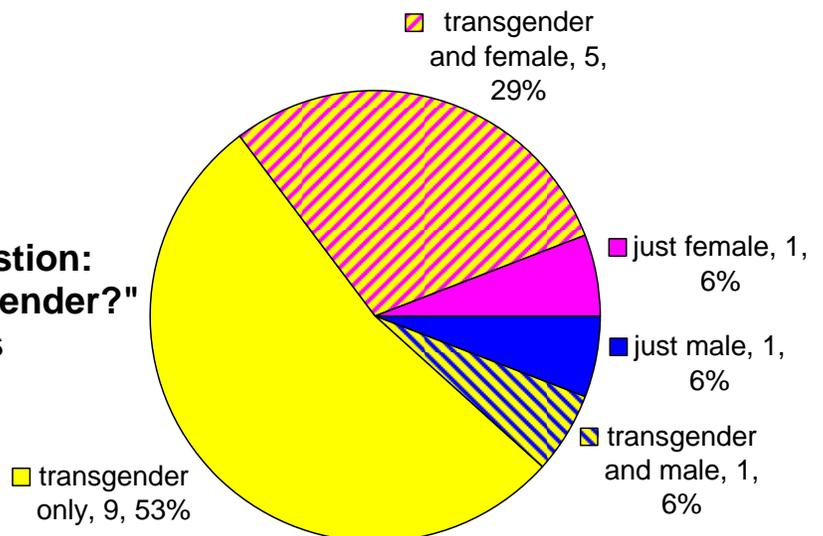
**Types of Answer to Open Question:
"How Do You Describe Your Gender?"
FTM Transitioned Respondents**



**Types of Answer to Open Question:
"How Do You Describe Your Gender?"
MTF Transitioned Respondents**



**Types of Answer to Open Question:
"How Do You Describe Your Gender?"
Non-transitioned Respondents**



39% (28/71) of the survey respondents self-identified their sexual orientation using at least one of the following terms: **bisexual, queer** or **pansexual**. **15% (11/71)** of the respondents self-identified with the term **lesbian** and **7% (5/71)** of the respondents self-identified with the term **gay**. A further **18% (13/71)** of the survey respondents stated that either they were **unsure** how to define their sexual orientation or that they do not want to define it. Only **34% (24/71)** of the survey respondents stated that they currently self-identify their sexual orientation as **straight/heterosexual**. Several respondents used more than one term to describe their sexual orientation.

Overall, **35% (25/71)** of the survey respondents are currently in a relationship with a partner. Looking at the different types of respondent, the percentages who are **currently partnered** are: **29% (10/34)** of the MTF (trans) women respondents, **45% (9/20)** of the FTM (trans) men respondents and **35% (6/17)** of the non-transitioned transgender respondents.

MTF (trans) women are more likely to **have children** (either children biologically related to them or that they help/helped to raise): **53% (18/34)** of MTF (trans) women respondents stated they have children compared to **20% (4/20)** of FTM (trans) men respondents and **35% (6/17)** of non-transitioned transgender respondents.

There is a **high disability rate** among the survey respondents with **37% (26/71)** stating that they are disabled. Of these 26 disabled respondents, seven have multiple disabilities. The two most frequent types of disability stated are: **20% (14/71)** mental health disability and **14% (10/71)** mobility disability.

There is a **high unemployment rate** among the survey respondents with **37% (26/71)** receiving IS/JSA/IB benefits. There is also a high self-employment rate with **20% (14/71)** of respondents stating they are self-employed.

55% (39/71) of the survey respondents have a **HND/Degree or Postgraduate Degree** but only **30% (21/71)** of respondents have a gross annual income of **over £20,000** and **48% (34/71)** of respondents have a gross annual income of **under £10,001**.

KEY FINDINGS

Transphobic Harassment

25% (18/71) of respondents stated that they have previously had to **move out of their home** (often ending up homeless) due to the transphobic reactions of their families, flat-mates or neighbours. **4% (3/71)** of the respondents are **currently homeless**.

46% (33/71) of respondents stated they had previously experienced **transphobic abuse in domestic relationships**: mostly this took the form of verbal abuse but **17% (12/71)** experienced transphobic threatening behaviour; **11% (8/71)** experienced transphobic physical abuse and **6% (4/71)** experienced transphobic sexual abuse.

62% (44/71) of respondents stated that they had experienced **transphobic harassment from strangers** in public places who perceived them to be transgender: mostly this took the form of verbal abuse but **31% (22/71)** experienced transphobic threatening behaviour, **17% (12/71)** experienced transphobic physical assault and **4% (3/71)** experienced transphobic sexual assault.

“I had to move out of the town I was staying in due to violent, intolerant people in the area, including my immediate neighbours. I had people physically accost me in the street in the middle of the day, comments made in the supermarket when minding my own business, things smashed up in my back garden. I feared for my own personal safety so much I was restricted to my flat on many occasions for weeks or even months on end.”

“I once had to be given sanctuary in a train station attendant's office after a crowd of drunken yobs chased me there and started pounding on the windows chanting “we want Nadia, give us Nadia” (that year's Big Brother trans contestant). I now refuse to use public transport”

“Beaten up frequently and dog shit rubbed in my face.”



“People on public transport talk openly of the violence they wish to visit on you and everyone laughs, people howl abuse on the street and people laugh. I and my partner have had glasses thrown at us in pubs and the bouncers ignore it, people have followed me into toilets to scream abuse and the bar staff (nice middle class people in nice respectable middle class bars) have laughed and done nothing. The list is endless and the disturbing thing is that no one cares, they think we deserve it.”

“When I was raped I never informed the police because it would be my word against these four men...would find its way into the news rags...they would have printed my old name and all about my private life.”

Although **38% (27/71)** did not describe experiencing transphobic harassment from strangers, it must be taken into account that **23% (16/71)** of respondents stated they have never been perceived to be transgender by any strangers. Therefore, just **15% (11/71)** of respondents had been perceived as transgender by strangers on one or more occasion but never experienced any transphobic harassment.

Only **15% (11/71)** of respondents had ever reported any transphobic harassment to the police service. Of those 11, only five stated they were satisfied with the response they received from the police.

“It was mixed depending on the officer involved, some were good and did help - others just laughed at me.”

17% (12/71) of the survey respondents stated they have never let their work colleagues know about their transgender identity or background.

53% (31/59) of the survey respondents who have been known to be transgender by some of their work colleagues stated that they have experienced **transphobic discrimination or harassment at work**.

15% (11/71) of the survey respondents indicated that their **employer failed to protect their privacy** relating to their transgender background or identity and as a result was responsible for causing them to suffer transphobic workplace discrimination and harassment.

8% (6/71) of the survey respondents stated that they had been **sacked** at least once due to their transgender background or identity. In addition, **13% (9/71)** stated that they had **quit their job** at least once due to fear of possible future discrimination or harassment.

“Lack of data security led to me being 'outed' at work as transsexual and it was extremely hard to remain attending work after this happened as it felt like the equivalent of everyone at work seeing me naked - I felt that exposed and vulnerable. Personnel and management were clueless so I had to educate and manage my colleagues' reactions myself.”

“Have been on Incapacity Benefit for 4 years approx. Due to incidence of allegation of professional misconduct and eventually losing job - became depressed which was exacerbated by verbal abuse which was frequent during early stages of transition.”

“I left my job prior to transition because I didn't think I could transition and stay on in the same job. I decided to return to university and train for a different career altogether.”

KEY FINDINGS

Experiences of Services

Of all service provision, survey respondents were the most dissatisfied with the level of service they had received from Human Resource (HR) / Personnel Departments. **40%** of the survey respondents who have used a **Human Resource / Personnel Department** as a transgender employee rated the quality of the service they received as '**Extremely Poor**' – the lowest possible rating on a seven point good/bad Semantic Differential scale: (Extremely Poor, Very Poor, Fairly Poor, Neither Poor Nor Good, Fairly Good, Very Good, Extremely Good).

The high level of negative experiences of HR / Personnel Departments is especially worrying given that legislation in the form of the *Sex Discrimination (Gender Reassignment) Regulations 1999* has existed for almost a decade to protect employees against transphobic discrimination and harassment. It appears from the survey responses that many HR / Personnel Departments still do not understand their legal obligations to trans employees under the Sex Discrimination Act and are perpetuating illegal trans employment discrimination rather than preventing it.

“They passed information on to people they shouldn't have. They suspended me illegally; they were rude, inconsistent and really nasty.”

“Once my employer became aware of my TS status six months ago they have refused to refer to me by my new name or to refer to me in the feminine. Also at various times I have been threatened and subjected to discrimination upon the basis of my mental health.”

“I had to leave this employment due to employers giving out personal info that only human resources should have known about. I was then subjected to abuse by colleagues.”

Survey respondents were more likely to be known to have a transgender background or identity by their **General Practitioners** than by any other service provider. **46%** of the respondents who have used an **NHS General Practice** as transgender patients rated the quality of the service they received as **‘Very Good’** or **‘Extremely Good’** while **14%** rated the service quality as **‘Very Poor’** or **‘Extremely Poor’**. A frequent problem reported was that General Practitioners lack knowledge about transgender health needs, for example in regard to long-term prescription of hormones and also post-operative care and possible complications after genital surgeries. The most major problem reported was difficulty getting NHS records fully updated to correctly reflect a change in gender.

“My current GP is really excellent and supportive. However, she says she finds it hard to access any information or training about trans issues...She also has tried to ensure that my gender is correctly updated on all my medical records but she has found it hard to get info on any procedures for this and therefore she thought she had changed it all but then it turned out that she hadn't - she didn't know that I needed a new community health index number allocated.”

“I had problems with the NHS computers when printing out my prescriptions. They came out as Mr XXX XXX ie with the wrong pronoun. This was very embarrassing for me in the Pharmacy!”

“My GP practice showed virtually no knowledge of trans issues, didn't seem to make an attempt to find out either. Several doctors made comments that showed complete lack of understanding about this issue...I didn't feel taken seriously. Inappropriate pronouns / other gender specific terms used frequently. Practice initially changed only my forename, leaving the title as MISS which appeared on a flashing LED screen in the waiting room & on prescriptions. They initially refused to change it because of the automated reminders for gender specific screening but eventually did.”

“I have experienced abuse from the reception staff and a nurse at my local surgery. I was also called up at home and abused over the phone...They refused to call me by male pronouns and kept calling me Miss. They said they wouldn't change my information to say Mr or Male until I had had full gender reassignment. I feel completely unsafe using this service and won't be doing so in the future.”

“He did everything in his power to make my transition as difficult as possible, mainly through a fear of getting sued in future perhaps. He refused to write me a prescription for medication that the specialist said I should get; refused to let the staff nurses administer the injection despite being given clear guidelines to follow and assurances that the specialist was still taking responsibility for monitoring of my health etc. He also held a meeting with other doctors in the surgery to make sure that none of them would agree to override his decision. What he said to my face was not what his actions showed later on (found by gaining access to my medical records). With such a breach of trust, I could not go to my GP about anything to do with my gender dysphoria, and this lack of trust, and the man's lying meant that I did not feel I could go to him about anything else.

One of the most consistently annoying things apart from my lack of hormones by them was their consistent inability to change my gender on their computer systems correctly, and that of the central database. Despite having told them about it numerous times, phoned and asked, spoke to the people at the desk etc, when I get a prescription, it still has female prefix on it. This is both embarrassing and highly irritating and shows a complete lack of respect by the GP who could so easily have made sure this was fixed if he wanted to.

I could not change my GP, as living in a small rural town, I would have to go to the next town to the GP there, and they would not take on someone out with their area. As such, I've had no access to a GP for over 2 years.”

The survey respondents described their experiences of using **NHS sexual health services** very favourably - praising the respectful and non-judgmental ethos of such services and their willingness to treat service users according to self-defined gender identity regardless of physical body characteristics. This is a significantly encouraging finding as NHS sexual health services are delivered in the form of single-sex specific services and it is often assumed that single-sex specific services will struggle to accommodate transgender people. Also the physical examinations carried out by such services are of a particularly intimate nature which could easily be very distressing for a transgender person.

“Nervous before going but they took time to put me at ease and were very respectful of my male identity regardless of my genitals. Reception staff were also very nice.”

“Service was difficult to access because the appointment lines were split into male and female phone numbers and I didn't know which one I was allowed to phone. However, once I actually contacted them, they were very reassuring that I could use the service in accordance with my gender identity despite being quite early on in my transition.”

“They were professional and sensitive at all times, as well as helpful.”

“The doctors and counsellors were very friendly and to be fair have probably seen it all over the years.”

The NHS services which the survey respondents were least satisfied with were **NHS24** (which provides telephone-based medical advice and assistance out with standard GP surgery hours) and **Mental Health Services**. Very few respondents had ever used NHS24 – this is not particularly surprising as many transgender people are very unhappy about the gender assumptions people make about them based upon the sound of their voice and consequently fear speaking

to strangers over the telephone. It appears from the survey that transgender people are at risk of avoiding seeking the out-of-hours medical care they need due to fears of how unfamiliar NHS professionals may react to any revelation of their transgender background or identity.

“They [NHS24] seemed to find me too complicated to help.”

The main problem reported with **Mental Health Services** was that lack of understanding and knowledge about transgender issues by general psychiatrists often results in transgender people being given inappropriate treatment which fails to assist them with their gender dysphoria and causes many months or even years of delay in getting access to assessment by an experienced gender specialist. The following were typical comments from survey respondents:

“The very first person I saw was terrible. He listened to me only briefly, had to ask what gender identity disorder was, and then immediately dismissed it out of hand saying that I could not have such a rare disorder and that I must have just convinced myself I did from reading rubbish on the internet.”

“I was first diagnosed as transsexual at age 24 but they told me that because I suffered from depression and self-harmed that I couldn't get hormones, surgery or even a referral to a gender clinic...I wasn't allowed to use men's toilets despite living as a man fully and having my name legally changed. They made me wear a bra and called me 'she' and wouldn't use my male name. This caused my mental health to get even worse.”

“The psychiatrist ...misdiagnosed me with various psychiatric problems because he didn't know anything about gender dysphoria. He over-medicated me - giving me Largactil (an anti-psychotic) despite my medical records showing clearly that I was not experiencing any psychotic symptoms. He was very controlling, patronising and prejudiced about LGBT issues.”

46% (33/71) of the survey respondents stated that they have never used any **sport and leisure services** in Scotland. The respondents explained that they avoid using sports and leisure services because they feel too self-conscious about their physical appearance to try to change in single sex communal changing areas and were worried about receiving transphobic harassment from staff and other service users. However, some other respondents stated that recently they had started to use sports and leisure services for the first ever time after Edinburgh Leisure in association with the LGBT Centre for Health & Wellbeing had run a limited number of transgender swimming sessions which built up their confidence in using the facilities.

“Have always avoided public leisure facilities in the past because of my transgenderism; I felt awkward and uncomfortable. Am now learning to swim!! New transgender swimming group has made a huge difference to me. Can also use sauna and gym for first time.”

KEY RECOMMENDATIONS

Work needs to be undertaken to:

- Reduce employment discrimination against transgender people and improve the responses of HR / personnel departments;
- Encourage and support reporting of transphobic hate crimes;
- Create guidance resources for NHS Scotland professionals (especially GPs and Mental Health Services) and transgender patients relating to transgender specific health needs;
- Increase the opportunities for transgender people to use sports and leisure centre facilities for health improvement;
- Share good practice in service provision (especially single sex services);
- Further research transgender quality of life and disability issues within the transgender population;
- Further research transgender experiences of domestic abuse;
- Further research the needs of transgender young people and also the needs of young people who have a transgender parent.

TERMINOLOGY

Gender Identity

This is an individual's internal self-perception of their own gender. A person may identify as a man, as a woman or, less commonly, as androgyne or polygender.

Gender Expression

This is an individual's external gender-related appearance (including clothing) and behaviour (including interests and mannerisms). Any person may have masculine, feminine and/or androgynous aspects of their appearance or behaviour.

Biological Sex

A person's biological sex includes all aspects of their gender-related biological structure: not only their genitals but also their internal reproductive system, their chromosomes and their secondary sexual characteristics such as breasts, facial and body hair, voice, and body shape. Most people's biological sex will be clearly and consistently female or male. However, a small but significant number of people have bodies which are not completely male or female. People born with these kinds of physical variations are referred to as intersex people. A person may also have a biological sex which is not completely clearly male or female if they have undergone some hormonal or surgical intervention as part of a process of gender reassignment.

Transgender People or Trans People

These are umbrella terms used to describe a whole range of people whose gender identity or gender expression differ in some way from the gender assumptions made about them when they were born. The terms transgender people and trans people can include: transsexual people, intersex people, crossdressing/transvestite people and androgyne/polygender people.



Transsexual People

This is a term used to describe people who consistently self-identify as the opposite gender from the gender they were labelled at birth based on their physical body. Depending on the range of options and information available to them during their lives, most transsexual people try to find a way to transition to live fully in the gender that they self-identify as. Transitioning is also known as gender reassignment. Most, but not all, transsexual people take hormones and some also undergo surgery to make their physical body match their gender identity better.

A female-to-male (FTM) transsexual man (trans man) is someone who was labelled female at birth but has a male gender identity and therefore is currently transitioning, or has already transitioned, to live permanently as a man.

A male-to-female (MTF) transsexual woman (trans woman) is someone who was labelled male at birth but has a female gender identity and therefore is currently transitioning, or has already transitioned, to live permanently as a woman.

Intersex People

This is a term used to describe people born with external genitals, internal reproductive systems or chromosomes that are in-between what is considered clearly male or female. There are many different intersex conditions.

When an intersex baby has ambiguous genitals, medical doctors often make an educated guess about which gender to assign to the baby. Sometimes the guess made by the doctors turns out not to match the intersex person's own gender identity in which case the intersex person may decide to transition as a teenager or adult.

In many cases, an intersex person will simply identify as a man or as a woman. However, in some cases, an intersex person may identify as being neither a man nor a woman.

Cross-dressing People

This is a term used to describe people who dress, either occasionally or more regularly, in clothes associated with the opposite gender, as defined by socially accepted norms. Cross-dressing people are generally happy with the gender they were labelled at birth and do not want to permanently alter the physical characteristics of their bodies or change their legal gender. Cross-dressing men are sometimes referred to as transvestite men, however this is becoming an increasingly out-dated term and may cause offence.

Androgyne People or Polygender People

These are terms used to describe people who find they do not feel comfortable thinking of themselves as simply either men or women. Instead they feel that their gender identity is more complicated to describe. Some may identify their gender as being a form of combination between a man and a woman, or alternatively as being neither. Like transsexual people, androgyne people and polygender people can experience gender dysphoria (sometimes as intensely as transsexual people do). They may partially transition socially and might take hormones or occasionally have some surgery done.

Gender Dysphoria

This is a recognised medical issue for which gender reassignment treatment is available on the National Health Service in Scotland. Gender Dysphoria is distress, unhappiness and discomfort experienced by someone about their biological sex not fully matching their gender identity. Transsexual people usually experience intense gender dysphoria which is significantly reduced by transitioning to live as their self-identified gender, perhaps taking hormones and/or getting surgery to make their physical body match their gender identity better. Other types of transgender people may also experience varying degrees of gender dysphoria, especially if their social circumstances prevent them from fully expressing their gender identity.

Lesbian

This is a term used by some women to self-identify as experiencing romantic love and/or sexual attraction towards other women. Sometimes women prefer to use the term gay.

Gay

This is a term used by some people to self-identify as experiencing romantic love and/or sexual attraction towards other people of the same gender as they are. Sometimes women prefer to use the term lesbian.

Bisexual

This is a term used by some people to self-identify as experiencing romantic love and/or sexual attraction towards both men and women.

Queer

This is a term used by some people to self-identify as experiencing romantic love and/or sexual attraction towards other people who are the same gender as they are or towards other people who have a gender identity or gender expression which differs from the 'norms' expected by the society they live in. This may include potential attraction to androgyne or polygender people who do not identify as men or women.

Pansexual

This is a term used by some people to self-identify as experiencing romantic love and/or sexual attraction towards other people regardless of gender identity, gender expression or biological sex. This specifically includes potential attraction to androgyne or polygender people who do not identify as men or women.

Heterosexual or straight

These are terms used by some people to self-identify as experiencing romantic love and/or sexual attraction towards other people of the opposite gender.

SCOTTISH TRANSGENDER ALLIANCE

30 Bernard Street, Edinburgh, EH6 6PR

www.scottishtrans.org

EQUALITYNETWORK

www.equality-network.org



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The views expressed in this report are those of the author, James Morton, and not necessarily those of the Scottish Government Equality Unit.

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