



TRANSPHOBIC HATE CRIME REPORT 2020

**The scale and impact of transphobic
violence, abuse and prejudice**

Dr Cerys Bradley

ACKNOWLEDGEMENTS

With thanks to Nick Antjoule, Dr Luke Hubbard, Kirrin Medcalfe and Melanie Stray.

ABOUT GALOP

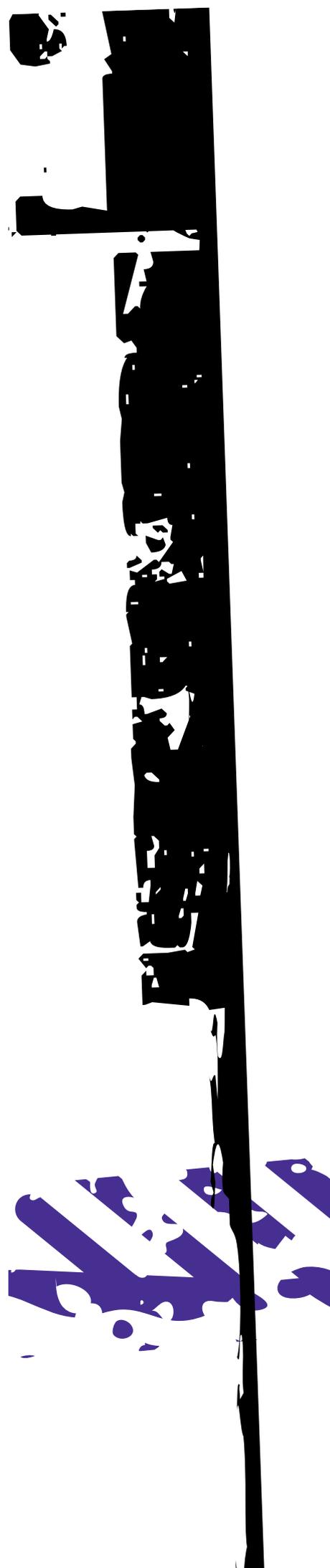
Galop is the UK's LGBT+ anti-violence charity. For the past 37 years we have been providing advice, support and advocacy to LGBT+ victims and campaigning to end anti-LGBT+ violence and abuse. Galop works within three key areas; hate crime, domestic abuse, and sexual violence. Our purpose is to make life safe, just, and fair for LGBT+ people. We work to help LGBT+ people achieve positive changes to their current situation, through practical and emotional support, to develop resilience, and to build lives free from violence and abuse.

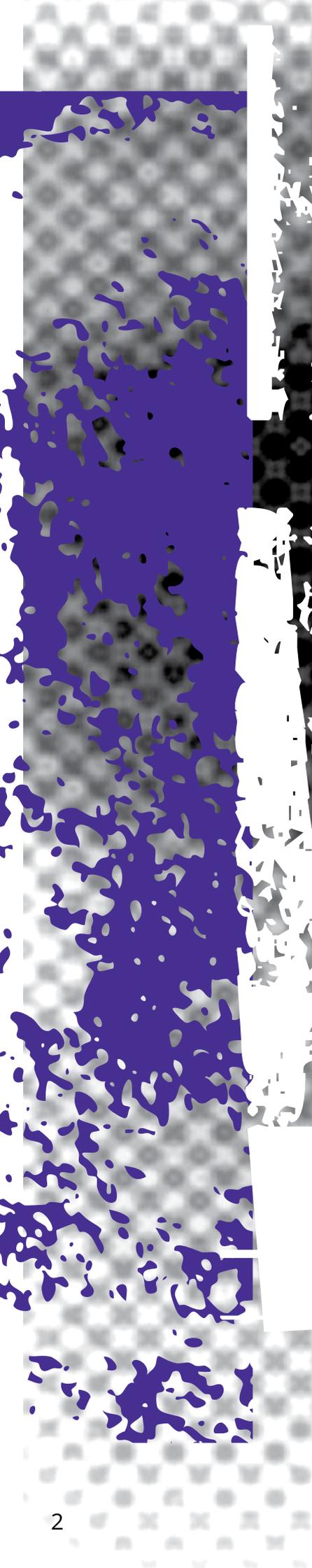
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FOREWORD

This report shows startlingly high levels of transphobic violence and abuse faced by people on a regular basis. This has severe impacts, which can reach deep into trans people's lives.

Whilst the need for support and practical assistance to people facing transphobia is clear, accessible service provision for trans people facing hate crime is patchy or non-existent in most areas.

Faced with this huge level of unmet need, we need leadership within communities, councils, government and police to recognise transphobia, challenge it, and provide specialist services for those targeted, in order that trans people can lead safe, happy and fulfilled lives that are free from abuse and violence.

Nick Antjoule, Head of Hate Crime Services

LGBT+ hate crime is disproportionately on the rise in the UK, and this new report shows the reality of life, right now, for British trans people. As the whole LGBT+ community knows from our history, there are real-world consequences to public debates, and our new report shows how trans victims of assault and abuse are being left behind.

Recorded transphobic hate crime has doubled in the last three years – and we know from this report that only 1 in 7 trans people are reporting their experiences. This is reflected in the escalating scale, severity and complexity of hate crime cases we are supporting at Galop.

We hope the findings and recommendations of this report will act as a springboard for action. My thanks to Cerys Bradley for producing this report and the rest of the Galop team who work hard every day to make life safe, just and fair for LGBT+ people.

Leni Morris, Chief Executive

OVERVIEW

This report presents the findings of a survey to understand the nature and impacts of transphobic hate crimes and prejudice. The survey was completed by 227 participants who shared their experiences of transphobia, how they had been impacted and the ways they had responded to their experiences. The survey was created using the output of two focus groups in which trans people came together to discuss their experiences of transphobia. The results of this survey illustrate the nature of transphobia in the UK and its ability to permeate the lives of those experiencing it.

KEY FINDINGS

Scale and Nature

WHAT?

In the last 12 months:

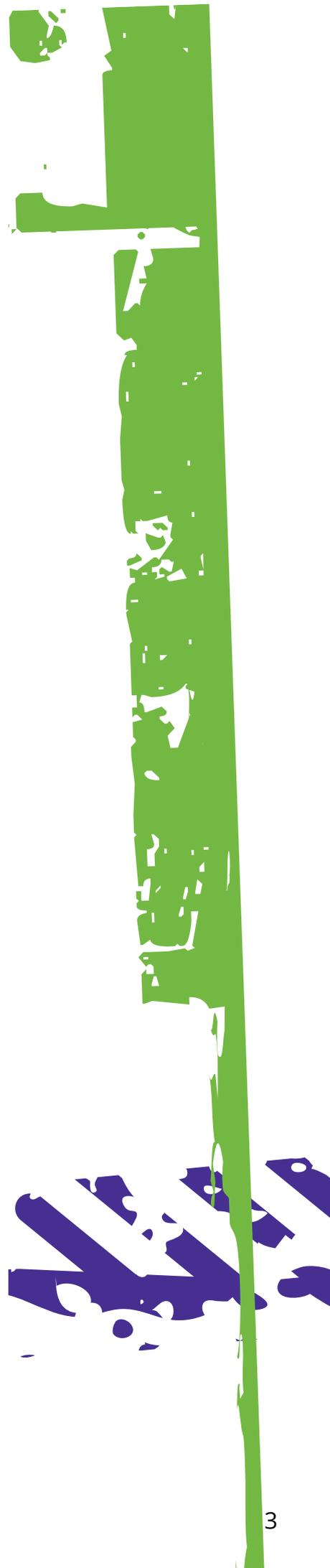
- **4 in 5** respondents had experienced a form of transphobic hate crime
- **1 in 4** had experienced transphobic physical assault or the threat of physical assault
- Nearly **1 in 5** had experienced transphobic sexual assault or the threat of sexual assault

WHERE?

- **6 in 10** respondents had experienced transphobia online
- **5 in 10** had experienced transphobia in the street
- **3 in 10** had experienced transphobia at work
- **1 in 4** had experienced transphobia at home

WHO?

- More than **5 in 10** respondents had received transphobic abuse from a stranger
- Nearly **5 in 10** had received transphobic abuse from a transphobic 'activist', and **2 in 10** had been targeted by a coordinated group



- **4 in 10** had received transphobic abuse from a relative
- Nearly **4 in 10** had received transphobic abuse from someone in the LGBTQIA+ community

Impacts

- **7 in 10** respondents said that transphobia had had an impact on their mental health
- Almost **5 in 10** had self-harmed as a result of experiencing of transphobia
- Nearly **7 in 10** said that their daily routine has been affected by transphobia, with more **5 in 10** of these respondents feeling less able to leave the house due to transphobia
- Nearly **9 in 10** said that seeing transphobia happening to someone else made them worried they would experience it

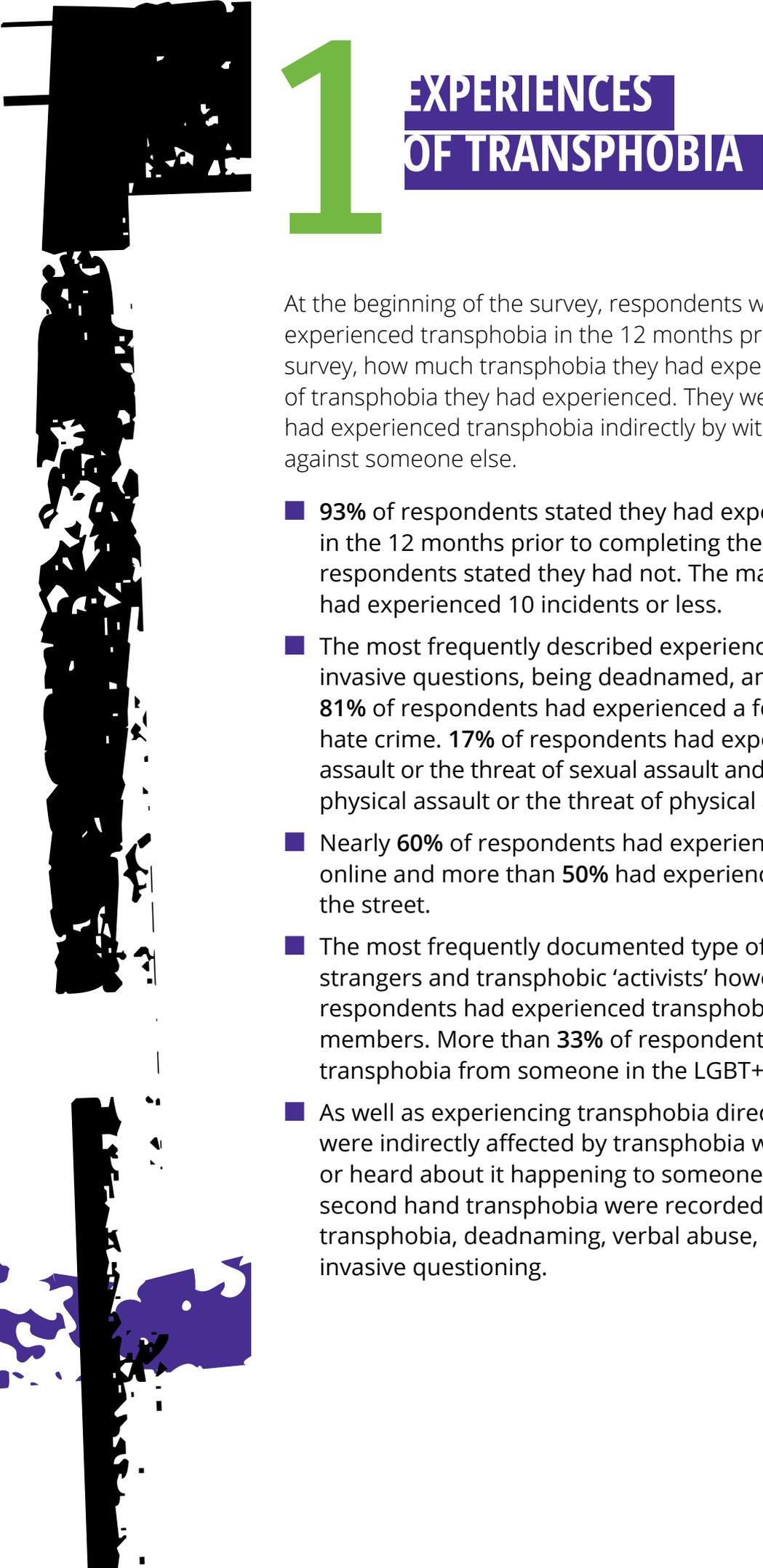
Reporting

- Only **1 in 7** respondents reported their experience to the police
- More than **1 in 3** respondents who did not report chose not to do so because they were fearful of transphobia from the police
- **7 in 10** felt that the police could not help them
- **1 in 3** said that they experienced too many incidents to report them all

RECOMMENDATIONS

- Greater funding to develop specialist support and assistance for people recovering from transphobic violence and abuse. This includes community-based trans social and support services.
- Action to improve police response to reports of transphobic hate crime and increase confidence in the police within trans communities.
- Reduce the waiting time for trans people in need of health care and more training to NHS staff so they can provide appropriate care to trans people.
- Take action to challenge and reduce transphobic prejudice within the mainstream press and on social media.

“I hope this survey helps develop more services and protections for trans people. Honestly though the most important part may be to let trans people know they are welcome... And in the current climate, vocal support is especially necessary”



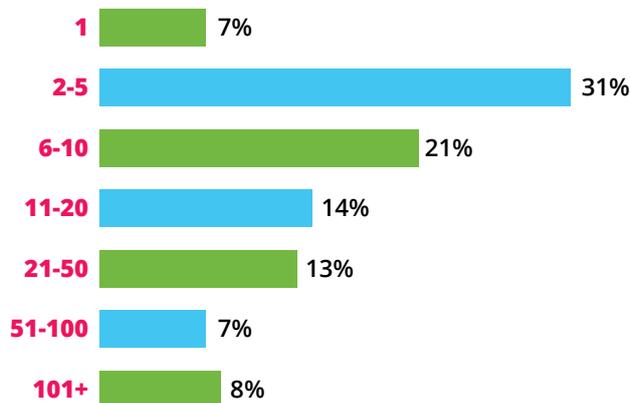
1 EXPERIENCES OF TRANSPHOBIA

At the beginning of the survey, respondents were asked if they had experienced transphobia in the 12 months prior to completing the survey, how much transphobia they had experienced and what type of transphobia they had experienced. They were also asked if they had experienced transphobia indirectly by witnessing transphobia against someone else.

- **93%** of respondents stated they had experienced transphobia in the 12 months prior to completing the survey and **7%** respondents stated they had not. The majority of respondents had experienced 10 incidents or less.
- The most frequently described experiences were being asked invasive questions, being deadnamed, and verbal abuse. **81%** of respondents had experienced a form of transphobic hate crime. **17%** of respondents had experienced sexual assault or the threat of sexual assault and **26%** had experienced physical assault or the threat of physical assault.
- Nearly **60%** of respondents had experienced transphobia online and more than **50%** had experienced transphobia in the street.
- The most frequently documented type of perpetrator were strangers and transphobic 'activists' however **41%** of respondents had experienced transphobic abuse from family members. More than **33%** of respondents had experienced transphobia from someone in the LGBT+ community.
- As well as experiencing transphobia directly, respondents were indirectly affected by transphobia when they witnessed or heard about it happening to someone else. High rates of second hand transphobia were recorded, particularly of online transphobia, deadnaming, verbal abuse, discrimination and invasive questioning.

1.1 Number of experiences

1.1.1 IN THE PAST 12 MONTHS, HOW MANY INCIDENTS OF TRANSPHOBIA HAVE YOU EXPERIENCED?



N = 212

1 The distribution of number of experiences recorded for respondents who identified as female/women/femme) was compared to the distribution of all users using the Pearson's chi-squared test for independence. This showed a statistically significant difference in the distributions ($p = 0.446$) and implies that a higher proportion of female/women/femme identifying participants had experienced more than 100 incidents.

2 This includes transphobic physical violence, verbal abuse, death threats, offline harassment, online harassment and sexual assault.

3 Data from the Crime in England and Wales Survey, year ending 2019: www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingseptember2019#other-types-of-violence.

The difference between these figures was measured using a Z-statistic test that returned a p-value of <0.000 , i.e. respondents to this survey were significantly more likely to experience physical assault than the general population was to experience violent crime.

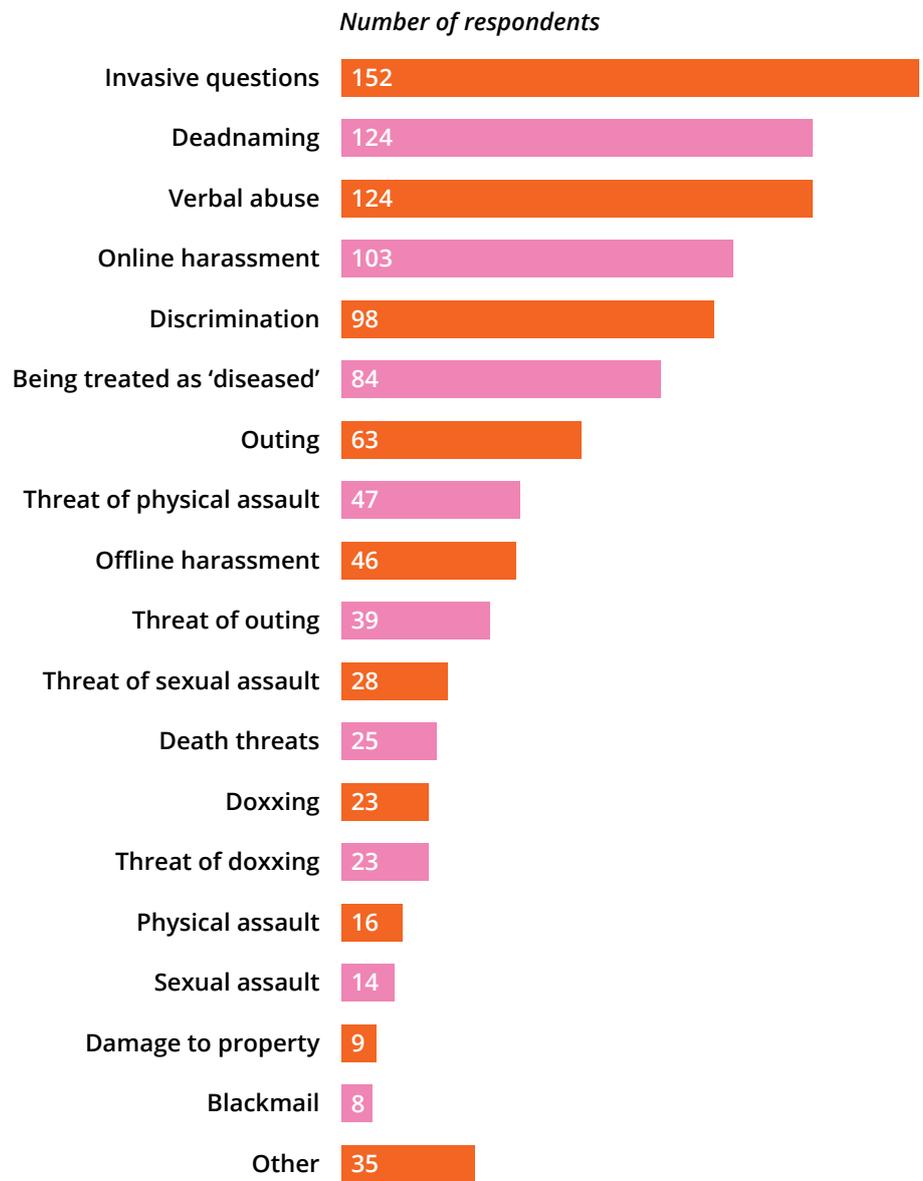
Figure 1.1.1 shows that the majority (58%) of respondents had experienced 10 incidents of transphobia or less with most (31%) respondents stating they had experienced between 2 and 5 incidents. Of the 16 respondents who had experienced more than 100 incidents, 11 identified as female (and/or as women or femme)¹, 1 identified as male (and/or as a man or masc) and the remaining 4 did not share their gender.

1.2 Type of transphobia experienced

To determine the types of transphobia respondents had experienced, participants were asked to select as many incident descriptions from a list as were applicable. The most frequently selected option was being asked invasive or upsetting questions related to one's gender identity, sex and/or body, which was experienced by 70% of respondents. The next most frequent forms of transphobia logged were deadnaming (57%), verbal abuse (57%) and online harassment (48%). 81% of respondents had experienced a form of transphobic hate crime². The number and proportion of respondents who experienced each type of incident is given in Figure 1.2.1.

Of the 212 respondents, 8% had experienced physical assault. This compares to an estimated rate of 1.9% of people within the general population experiencing violent crime in the previous 12 months³.

1.2.1 IN THE PAST 12 MONTHS, HAVE YOU EXPERIENCED ANY OF THE FOLLOWING?



⁴ Data from the Crime in England and Wales Survey, year ending 2019, gives a sexual assault rate of 2.9% for adults aged 16 to 59. A Z-statistic test (p-value < 0.000) was also used to show that the respondents to this survey experienced sexual assault at a higher rate than the general population.

Similarly, 7% of respondents had experienced sexual assault, a higher figure in comparison to the general population⁴.

Additional incidents described by respondents included public vilification and scaremongering from the media particularly newspapers; being misgendered or being told their identity did not exist; and, being rejected by partners or family or humiliated by potential partners.

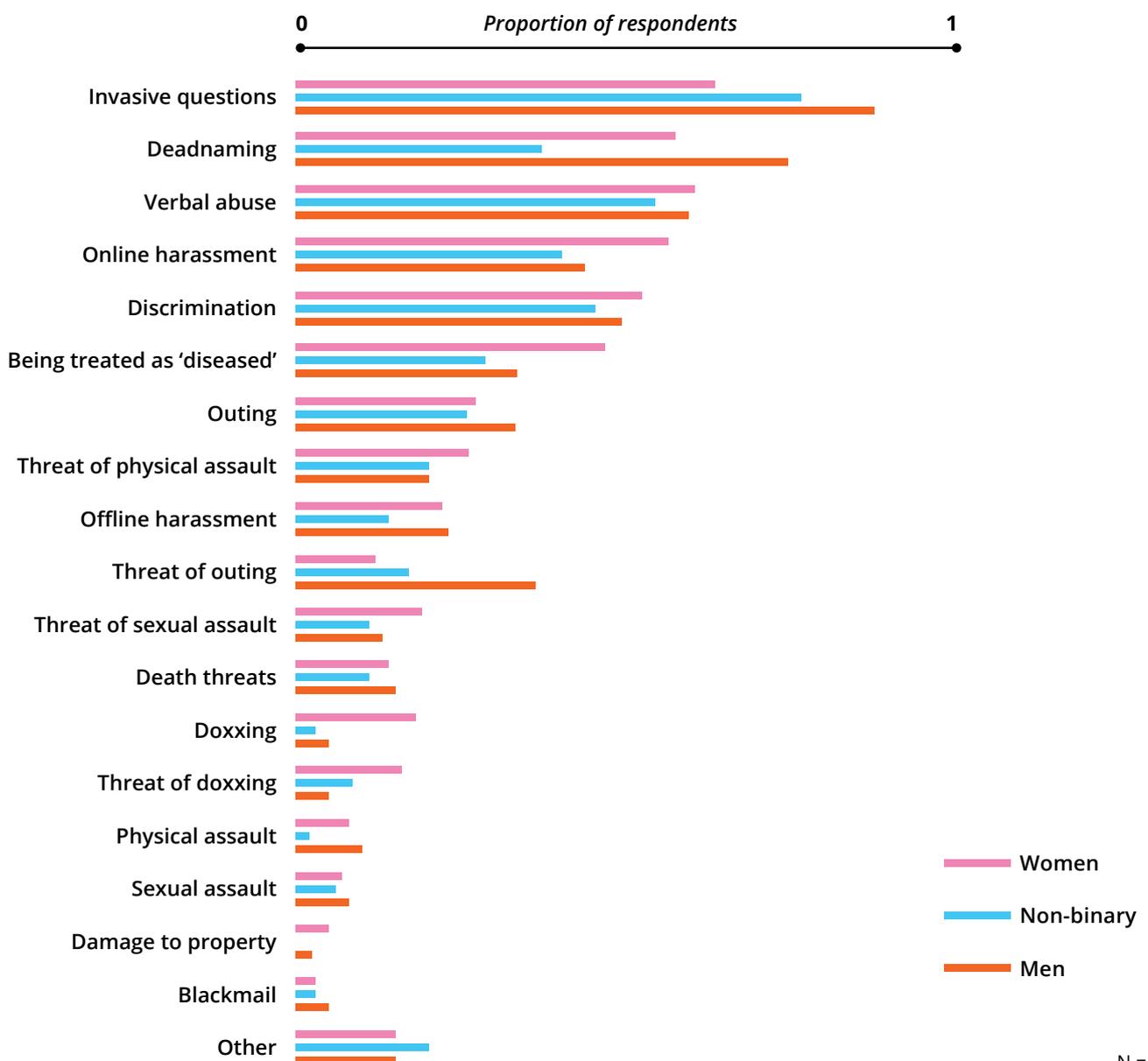
Respondents experienced more online harassment than offline harassment. 34% had experienced online but not offline harassment, 7% experienced offline but not online harassment, and 14% respondents experienced both.

Respondents reported different types of incidents depending on their gender⁵. Figure 1.2.2 shows the percentage of respondents from each gender identity group who selected each type of incident. This shows that respondents who identified as female/women/femme were more likely to experience being treated as if they are 'diseased' or 'contagious'. They were also more likely to experience online harassment and much more likely to be doxxed⁶. By contrast they were less likely to have experienced being asked invasive or upsetting questions.

⁵ This difference was shown to be statistically significant as measured by the Pearson's chi-squared test which returned a test statistic of 28.6 and p-value of 0.805.

⁶ Doxxing is the act of revealing identifying or private information about an online account without the owner's permission.

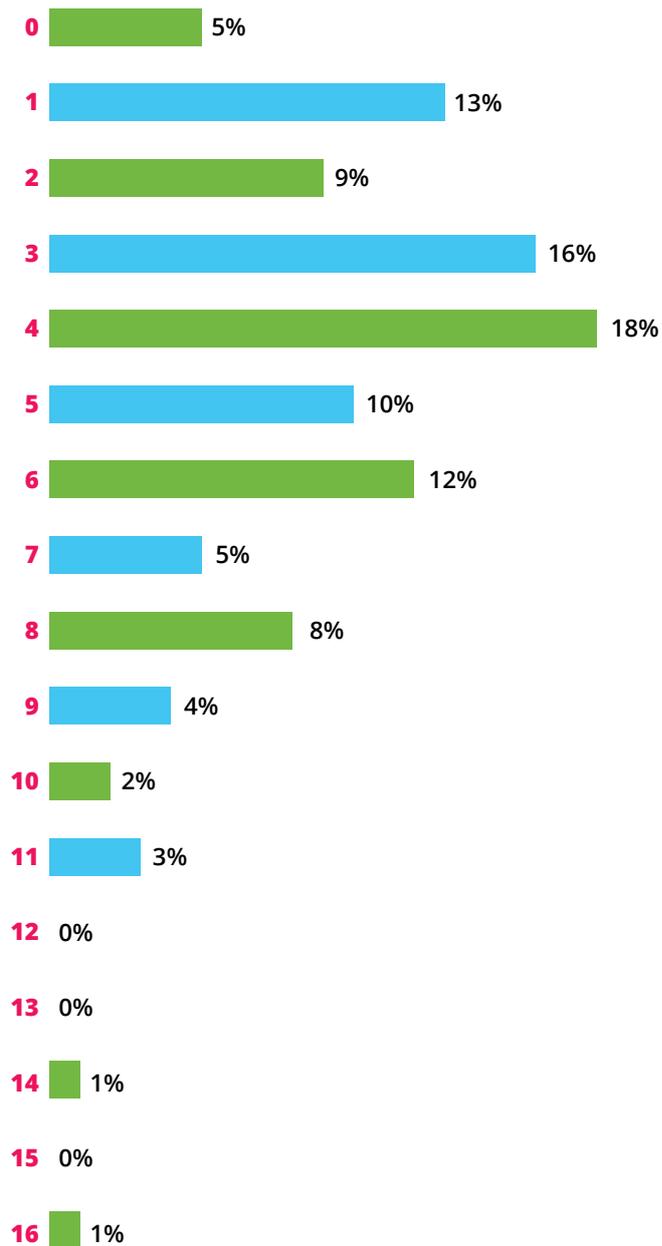
1.2.2 TYPE OF INCIDENT BY GENDER



N = 147

The number of different types of incidents experienced by each respondent was counted. The majority of respondents experienced between 1 and 6 different types of incident, this is shown in Figure 1.2.3.

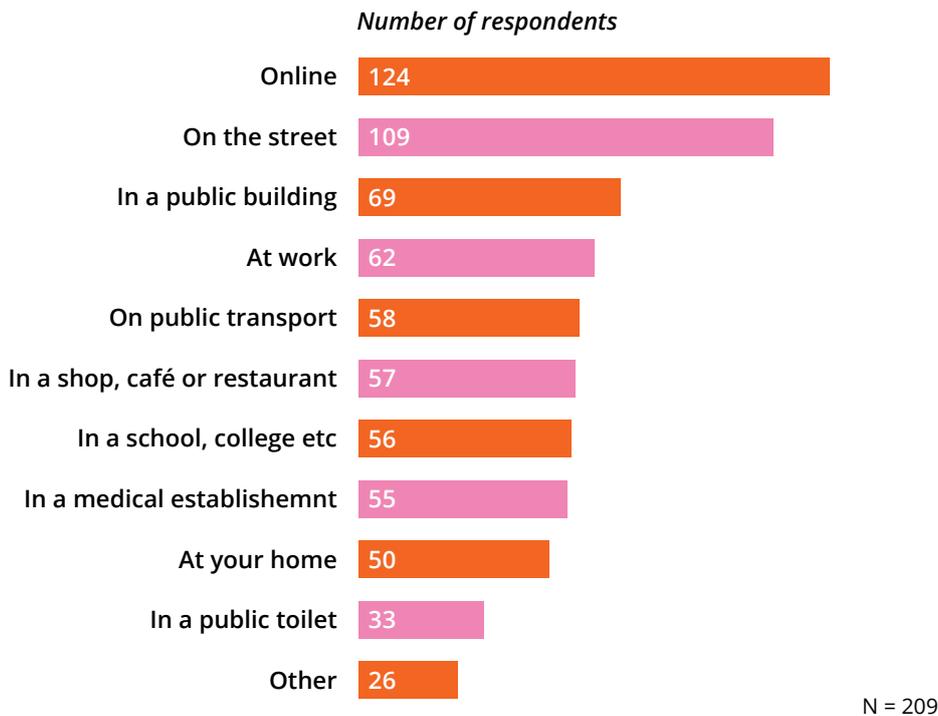
1.2.3 IN THE PAST 12 MONTHS, HOW MANY TYPES OF INCIDENT HAVE YOU EXPERIENCED?



N = 212

1.3 Location of incident

1.3.1 WHERE HAVE THE TRANSPHOBIC INCIDENTS THAT YOU HAVE EXPERIENCED IN THE PAST 12 MONTHS OCCURRED?



Participants were asked to explain where they had experienced transphobia by selecting from a list of locations. As can be seen in Figure 1.3.1, more respondents had experienced transphobia online than in any other location. However, roughly half of respondents had experienced transphobia on the street. Almost a quarter of respondents had experienced transphobia at their home. More than a quarter experienced transphobia in their school or college, at work and/or in a medical establishment. These figures appear particularly high given that these locations should be safe spaces in which inhabitants feel able to be themselves.

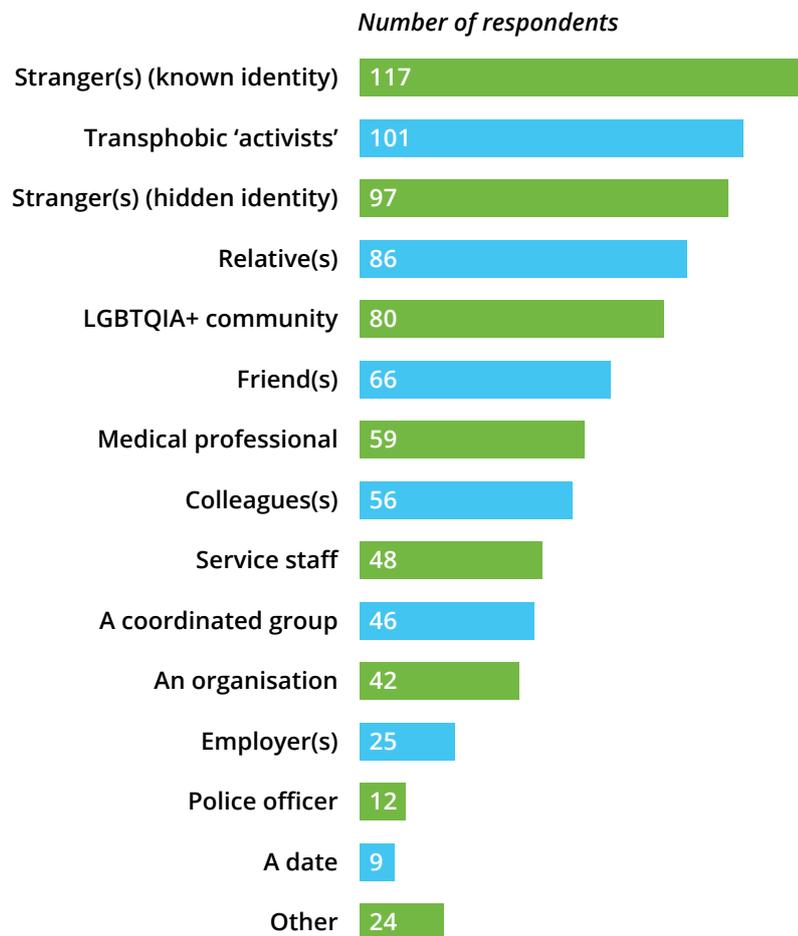
Other locations that participants had experienced transphobia included in clubs and bars, in a job interview, in an AA meeting, in a place of worship and at a school event.

1.4 Perpetrator

Respondents were asked to identify who had perpetrated transphobia against them from a list of potential individuals and groups. These results are given in Figure 1.4.1.

The most commonly selected perpetrators were strangers and transphobic 'activists' such as people belonging to anti-trans hate groups. However, more than a third of respondents had experienced transphobic abuse from family members.

1.4.1 IN THE PAST 12 MONTHS, HAVE YOU EXPERIENCED TRANSPHOBIA FROM ANY OF THE FOLLOWING PEOPLE



N = 210

“transphobia & transphobic gaslighting from family, even if it is less directly violent, can be devastating for young trans people’s sense of self and wellbeing... transphobia in what’s supposed to be your safe space, from those who are supposed to care most, is devastating”

Additionally, more than a third of respondents had experienced transphobia from someone else within the LGBT+ community.

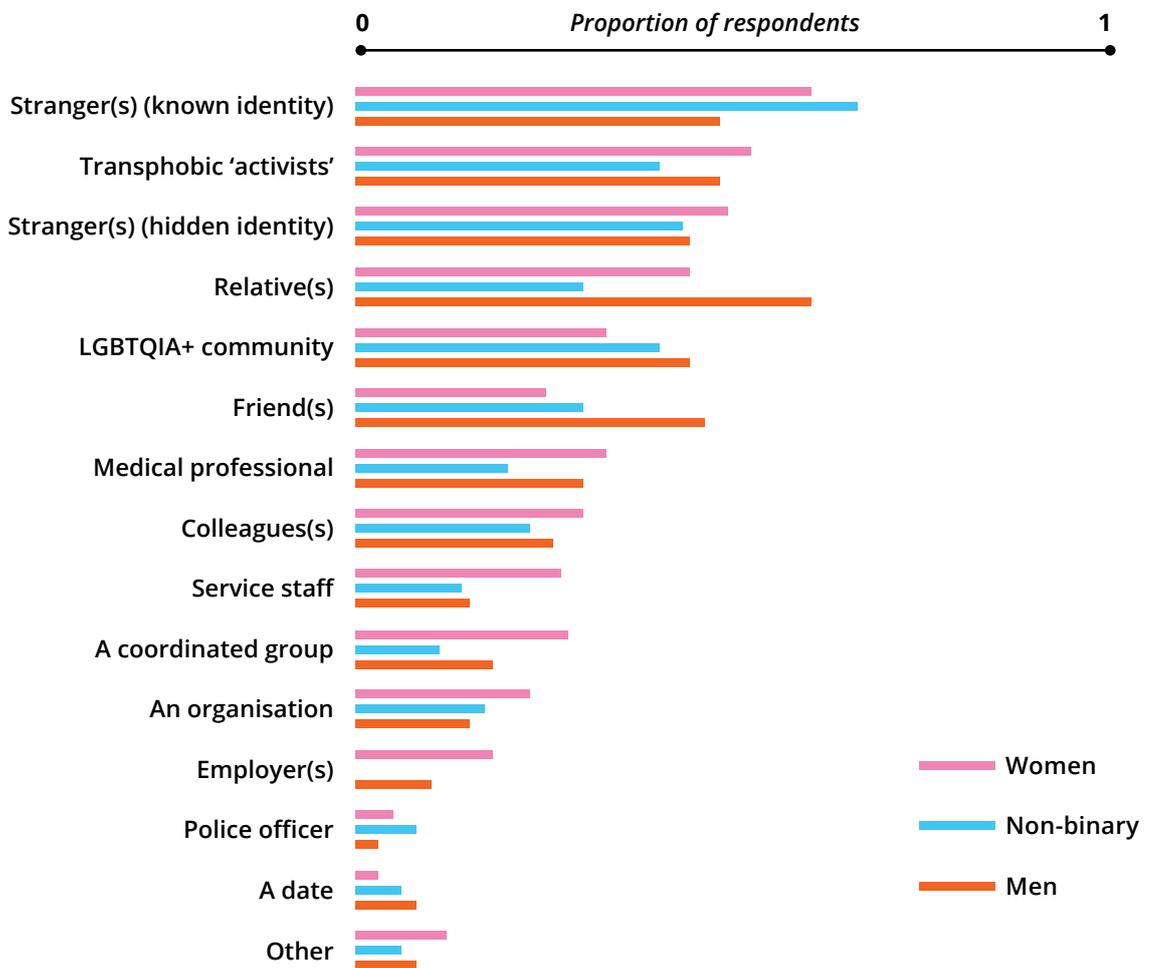
“Binary trans people experience a lot of transphobia from the LGBT community. We get told to leave venues, we get told we aren’t diverse enough, we get told we aren’t doing enough. We are enough.”

Some respondents had also experienced transphobia from media organisations or from politicians. Once again, these results show that transphobia can be perpetrated by anyone and can come from strangers and people who are explicitly transphobic as well as those who you should be able to trust, like family and community members.

7 The difference in gender was measured by a Pearson chi-squared test. This returned a test statistic of 31.0 and p-value of 0.32 and so it should be concluded that the types of perpetrator given by respondents from each gender category were of different proportions.

The distribution of type of perpetrator was separated into responses by gender⁷. Figure 1.4.2 shows that respondents who identified as female/women/femme were more likely to report being targeted by a coordinated group than by both respondents who identified as male/men/masc and those who identified as non-binary. They were also more likely to have been targeted by service staff. Respondents who identified as male/men/masc were more likely to state that they had received transphobia from friends and/or relatives.

1.4.2 PERPETRATOR BY RESPONDENT'S GENDER

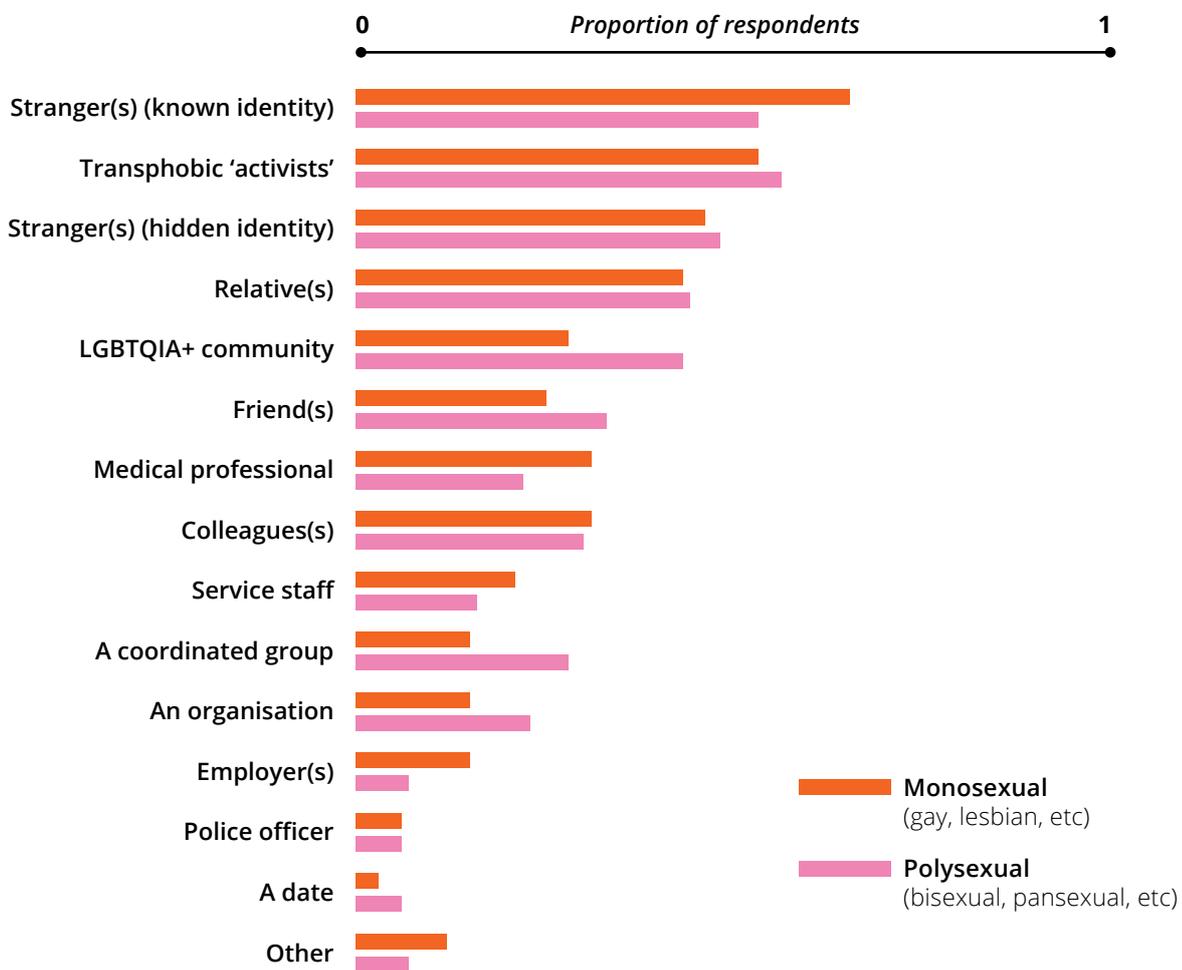


N = 147

There was also a difference between the type of perpetrator that respondents who described their sexuality as monosexual (gay or lesbian) or as polysexual (such as bisexual, pansexual, etc.) had been targeted by. Figure 1.4.3 shows that respondents were more likely to have been targeted by a member of the LGBT+ community and/or by a coordinated group if they recorded their sexuality as a form of polysexual identity⁸.

⁸ This result was shown to be statistically significant using the Pearson's chi-squared test which returned a test statistic of 8.66 and p-value of 0.85.

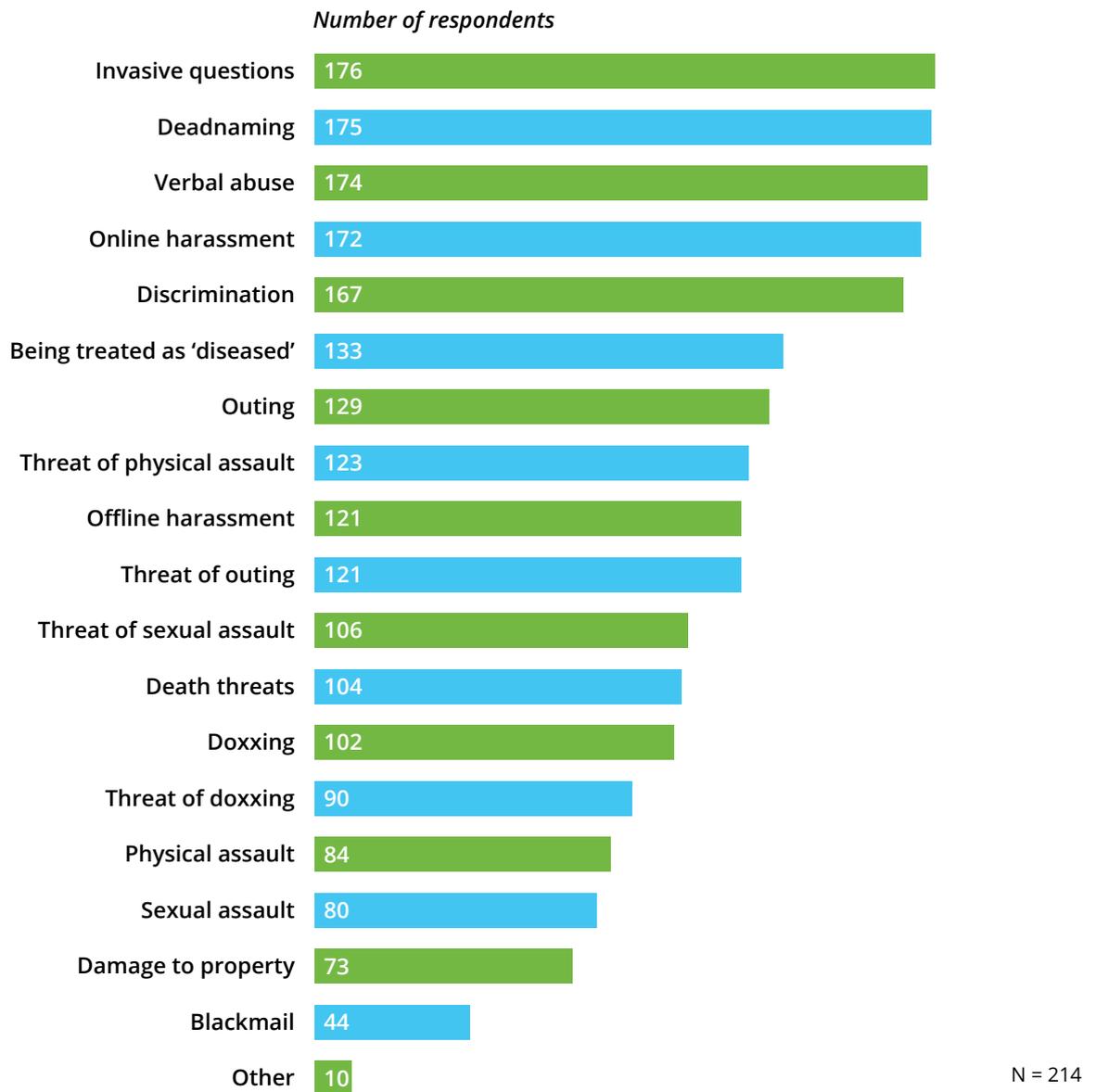
1.4.3 PERPETRATOR BY RESPONDENTS' SEXUALITY



N = 115

1.5 Indirect experiences of transphobia

1.5.1 IN THE PAST 12 MONTHS, HAVE YOU WITNESSED OR HEARD ABOUT ANY TRANSPHOBIC INCIDENTS OF THE FOLLOWING NATURE BE EXPERIENCED BY SOMEONE ELSE?



In addition to their own experiences of transphobia, participants were asked if they had experienced transphobia indirectly by witnessing transphobia happening to someone else. Figure 1.5.1 illustrates the number of each type of incident witnessed.

The most frequent types of incident witnessed were online harassment, deadnaming, verbal abuse, discrimination and being asked invasive or upsetting questions. In addition to the options provided, several respondents stated they had also been affected by the murder of a trans person.

2 IMPACTS OF TRANSPHOBIA

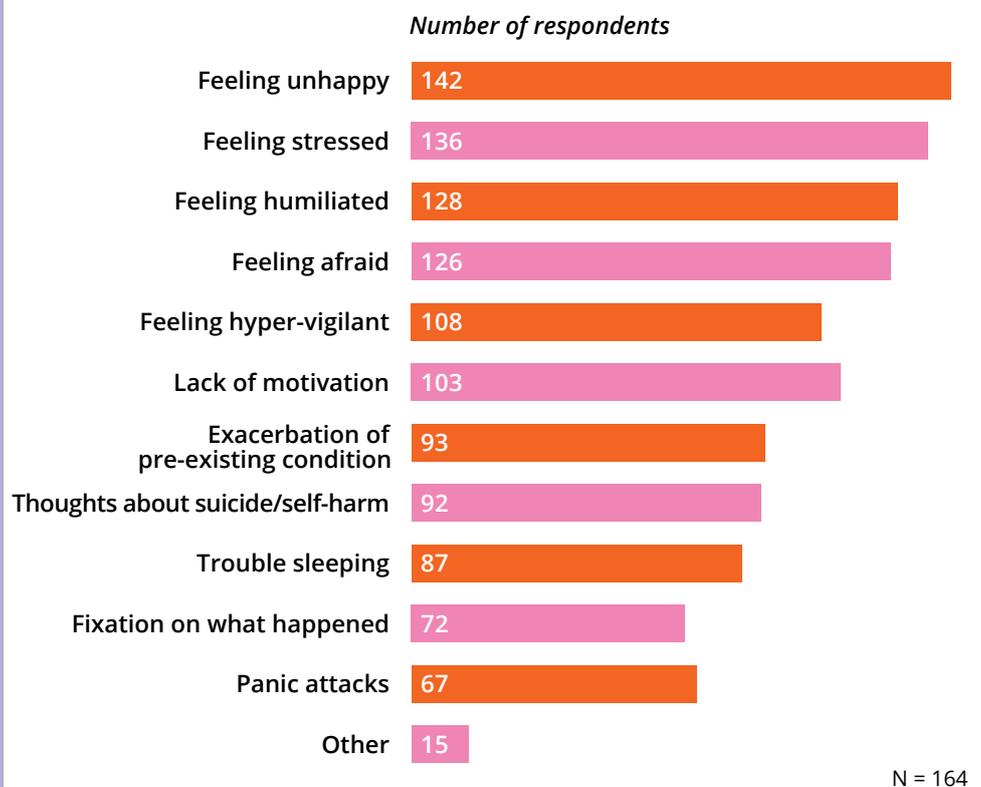
Respondents were asked about how transphobia had impacted on their lives. They were asked if transphobia had impacted their mental or physical health, daily routine, relationship with their gender, relationships with others, finances, and their ability to access services. For each aspect, they were asked about the scale and nature of the impact and if they had any additional comments they wanted to share.

- 70% of respondents stated that transphobia had an impact on their mental health. This was the most commonly reported type of impact. Half of the respondents described the impact that transphobia had on their mental health as either big or significant.
- Nearly 50% of respondents said they had self-harmed and more than 50% had contemplated self-harm or suicide.
- Nearly two thirds of respondents were unable to use public toilets due to transphobia and more than half were unable to leave their house.
- 70% of respondents said that transphobia made them feel more insecure about their appearance and nearly 60% felt that transphobia either caused or exacerbated their gender dysphoria.
- Over 50% of respondents felt that transphobia had a big or significant impact on their relationship with others. This included by making it harder to trust strangers and open up to people. 28% of respondents had experienced abusive relationships because of transphobia.
- When asked if transphobia had prevented them from accessing a service, nearly 80% of respondents said that they had avoided seeking medical treatment out of fear of experiencing transphobia and nearly half had received incorrect medical treatment due to transphobia.
- Indirect experiences of transphobia were shown to have a big impact on respondents, with 75% saying that witnessing someone else's experience of transphobia negatively impacted on their own mental health.

2.1 Impact on mental health and emotional wellbeing

“Transphobia is everywhere on everything and there’s no escape, no safe space for me to feel safe and accepted. This just makes me feel low and worthless all the time and in fear of people knowing I’m trans.”

2.1.1 TO WHAT EXTENT HAS EXPERIENCING TRANSPHOBIA IMPACTED ON YOUR MENTAL HEALTH AND EMOTIONAL WELLBEING?



The most common impact of transphobia was on mental health or emotional wellbeing as 72% of respondents reported at least one example of how this had been impacted by their experiences of

transphobia. As can be seen in Figure 2.1.1, experiencing transphobia caused respondents to experience a wide range of negative emotions and symptoms of mental health conditions such as anxiety, depression and PTSD. All of the impacts listed had been experienced by at least 40% of respondents to this question with more than 50% of respondents experiencing thoughts of self-harm or suicide.

The impact of transphobia on one's mental health or emotional wellbeing was considered to be either big or significant by 66% of respondents⁹. Just 1% of respondents felt that transphobia had no impact on their mental health or emotional wellbeing whatsoever.

Respondents were more likely to describe the impact of transphobia on their mental health as significant or big if they had experienced damage to property, death threats, doxxing and/or threats of doxxing and sexual assault and/or threat of sexual assault. As these forms of transphobia are violent or put the survivor at risk of violence it appears this is an indicator of increased impact on mental health and emotional wellbeing.

Some respondents explained in their own words how living in an environment of constant transphobia adversely affected their health over time:

“How could it not impact my mental and emotional wellbeing? It's a constant alienation that is so isolating it smothers.”

Respondents also described how the impact of transphobia on their mental health and emotional wellbeing was contingent on other things. Factors such as how they are feeling, where they are and who the perpetrator is were all described as having the potential to increase the impact of an incident. Respondents were more likely to say that transphobia had a significant impact on their mental health if they experienced transphobia from an organisation or an employer¹⁰.

⁹ N=116

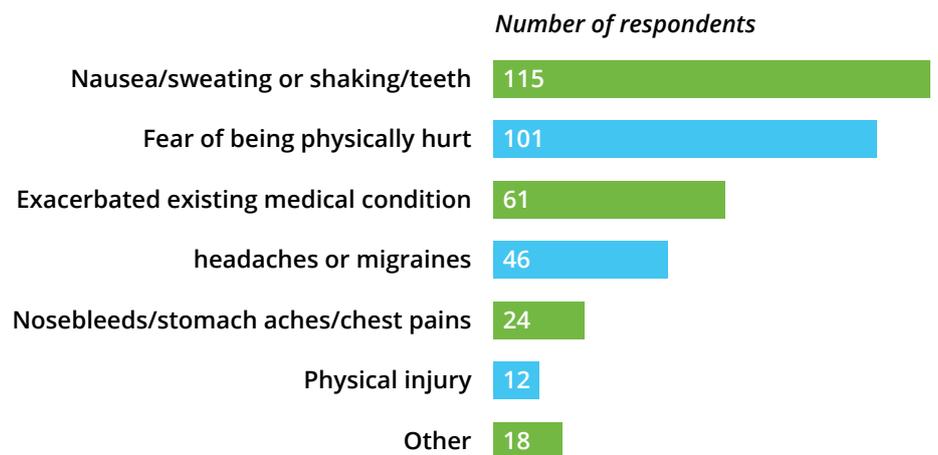
¹⁰ Both differences were found to be statistically significant to the 5% level using a Z-statistic test.

“... The fear is particularly prevalent when public figures – politicians, high profile newspaper columnists etc – demonise trans people in print or on air; it makes the fear more pronounced because you worry someone's going to act on it.”

2.2 Impact on physical health

“Coping mechanisms such as drinking, comfort eating and forced purging bring increased health risks. Also depression has caused periods of self-neglect affecting aspects such as dental health.”

2.2.1 IN THE PAST 12 MONTHS, HAVE YOU EXPERIENCED TRANSPHOBIA FROM ANY OF THE FOLLOWING PEOPLE



N = 144

Less respondents (63%) said that they had experienced a physical impact due to transphobia than the number of respondents who had experienced an impact to their mental health. Furthermore, as can be seen in Figure 2.2.1, the most common type of physical impact was the physical symptoms of anxiety e.g. nausea, excessive sweating or shaking, teeth grinding, etc. A large proportion (70%) of respondents to this question were impacted by the fear of being physically hurt.

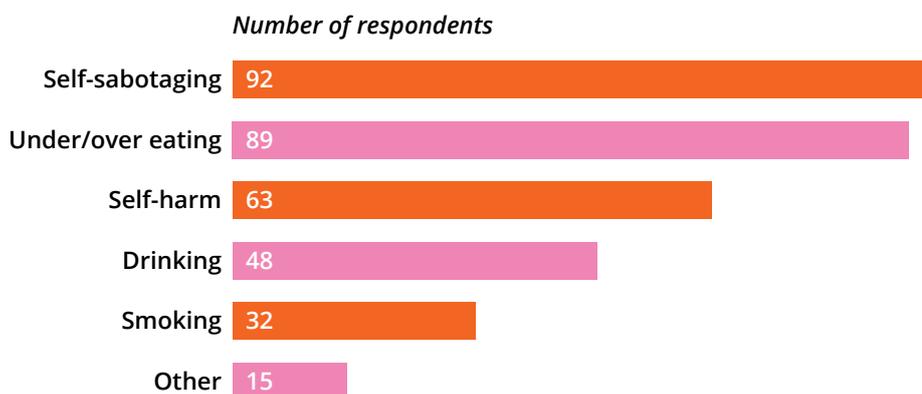
Respondents also shared how transphobia had forced them to harm or neglect their bodies and so impair their physical health. This occurred through being unable to exercise, avoiding seeking

medical help, intentionally starving oneself and wearing a binder in an unsafe way.

“[transphobia] caused me to push myself to bind longer than is safe in order to avoid harassment, causing bad back & chest pain”

When asked directly if transphobia had caused them to engage in self-destructive behaviours or other behaviours that could potentially cause bodily harm, 46% of respondents said that they had self-harmed because of transphobia. Additionally, 65% said that they had started either over or under eating. The number of respondents who felt transphobia had caused each behaviour is given in Figure 2.2.2.

2.2.2 HAVE YOU DEVELOPED ANY OF THE FOLLOWING BEHAVIOURS AS A RESULT OF YOUR EXPERIENCES OF TRANSPHOBIA?



N = 136

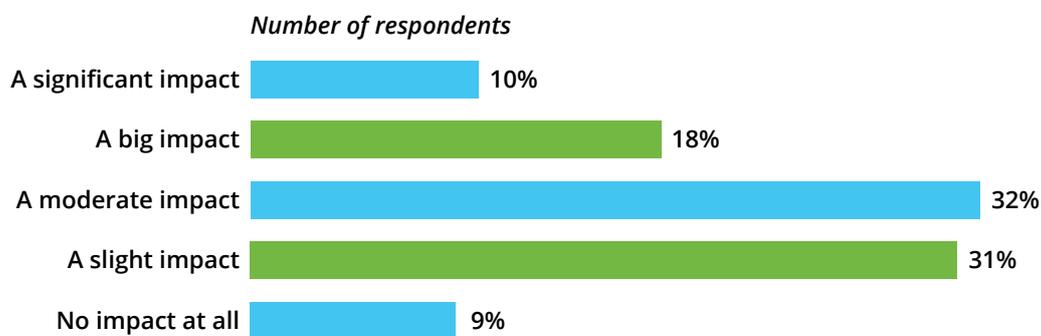
“being a constant victim of transphobia makes you very aware of the space you take up in the world, and how you are perceived by onlookers. this hyper-awareness has added to my body image issues”

When asked to describe the impact that experiencing transphobia had had on developing these behaviours, the responses were skewed slightly towards transphobia having a big impact, rather than a slight impact or no impact. Some respondents described how transphobia had changed their whole behaviour or how inevitable it was that they would have to adopt new behaviours to cope with transphobia.

“It’s altered my whole outlook and behaviour from outgoing to very reserved”

This reiterates earlier responses in which respondents characterised transphobia as unavoidable and able to affect all aspects of their life. Respondents were also asked the extent to which transphobia had impacted their physical health. Figure 2.2.2 shows that, in contrast to the impact that respondents felt transphobia had on their mental health, the majority of respondents considered the impact on their physical health to be moderate or slight.

2.2.3 TO WHAT EXTENT WOULD YOU SAY THAT EXPERIENCING TRANSPHOBIA HAS IMPACTED ON YOUR PHYSICAL HEALTH?



N = 163

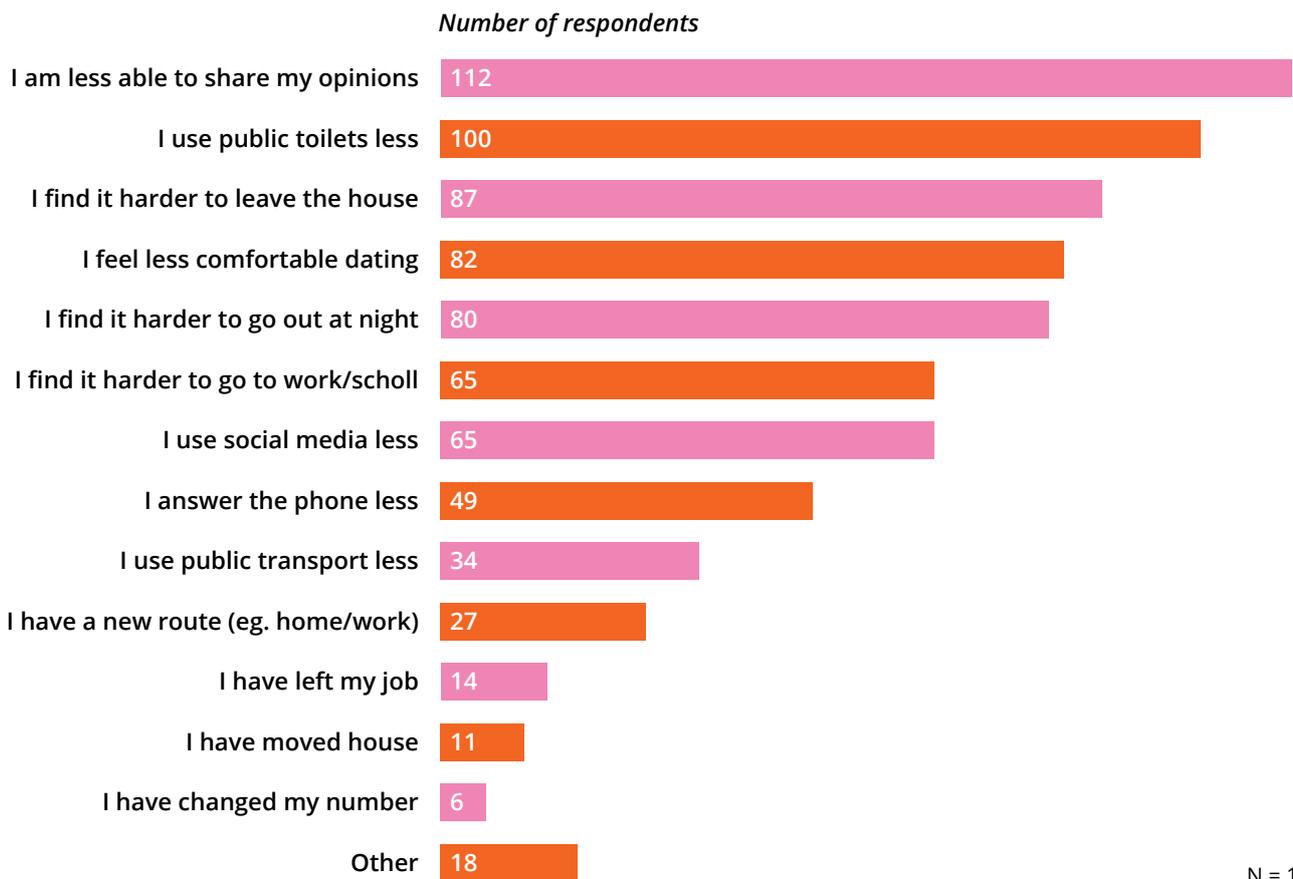
Respondents offered many additional comments on how transphobia had impacted their physical health, these included health conditions caused by stress as well as from being unable to take care of themselves due to depression and feelings of low self-worth.

“I have developed twitches that are triggered by anxiety, especially by transphobia. Hearing my deadname causes me to twitch nonstop for up to an hour.”

2.3 Impact on daily routine

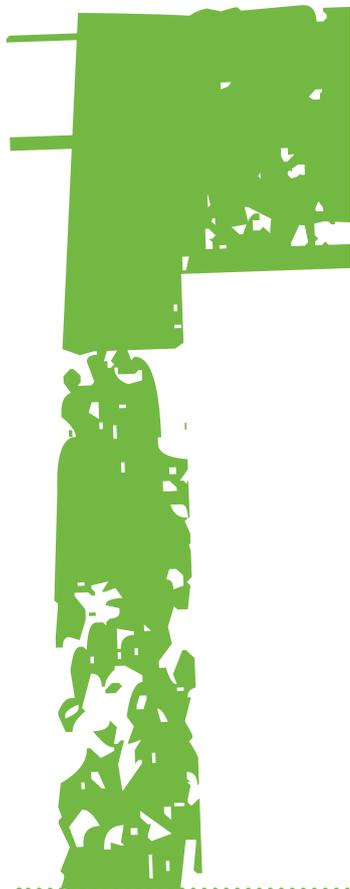
“Before I leave the house, if I’m planning to do something where my trans identity might be an issue, I have to do a huge itinerary in my head of all the things that might prevent me passing...”

2.3.1 TO WHAT EXTENT HAS EXPERIENCING TRANSPHOBIA AFFECTED YOUR DAILY ROUTINE?



N = 162

Respondents were asked about which elements of their day to day life, from their ability to leave the house and socialise to their ability to fulfil their commitments to work or school, had been affected. The results are summarised in Figure 2.3.1.



The most frequent impact was that transphobia made respondents feel less able to share their thoughts or opinions in public. This self-censorship may have a severe impact on an individual's mental health especially if they are constantly monitoring what they say or do out of fear for their safety.

In addition, the basic elements of many respondents' routine were impacted with more than half of respondents explaining that they were not always able to leave the house and 40% unable to go to work or school. Another way that movement was restricted was an inability to use public toilets. This was particularly the case for non-binary respondents and respondents who identified as male/men/masc¹¹. Feeling unable to use, or being actively prevented from using, toilets in public places can have an enormous impact on an individual's life as it severely restricts where they can go and how long they can be away from home. This can also put individuals at risk of developing medical conditions, such as Urinary Tract Infections, if there is nowhere safe to relieve themselves in a public setting.

"I now avoid public toilets, which means I have to be careful what I consume out and about."



¹¹ This was found to be statistically significant at the 5% level.

¹² This was a statistically significant increase at the 5% level for every impact except for if they had changed their number, left their job and if they had moved house.

As may be anticipated, far fewer respondents stated that they had moved house in response to transphobia. However, 7% of respondents had felt the need to take this action which is a significant undertaking in terms of time, money and effort. Similarly, 9% of respondents needed to leave their job because of transphobia.

A few respondents also mentioned how their hobbies, such as playing gendered sports, had been impacted as they were no longer welcome to participate or would no longer play out of fear of receiving transphobia.

Respondents with a disability were more likely to say that transphobia impacted their daily routine in nearly every way¹². This could be because these respondents also experienced ableism which intersected and exacerbated the transphobia they faced.

"Being disabled trans, it's becoming more difficult to anything without some sort of abuse, from carers to just going out makes me more of a target because I'm seen as more of a vulnerable target"

In addition, transphobia could further restrict the opportunities that some with a disability has to live their life. For example, if a transphobic incident occurs in a space that someone is reliant on due to their disability then they must either return to a place which is no longer safe or lose a vital part of their daily routine. Alternatively, the times when it is most convenient to leave the house might be mutually exclusive to when it is safest making it much harder to travel to work or run errands.

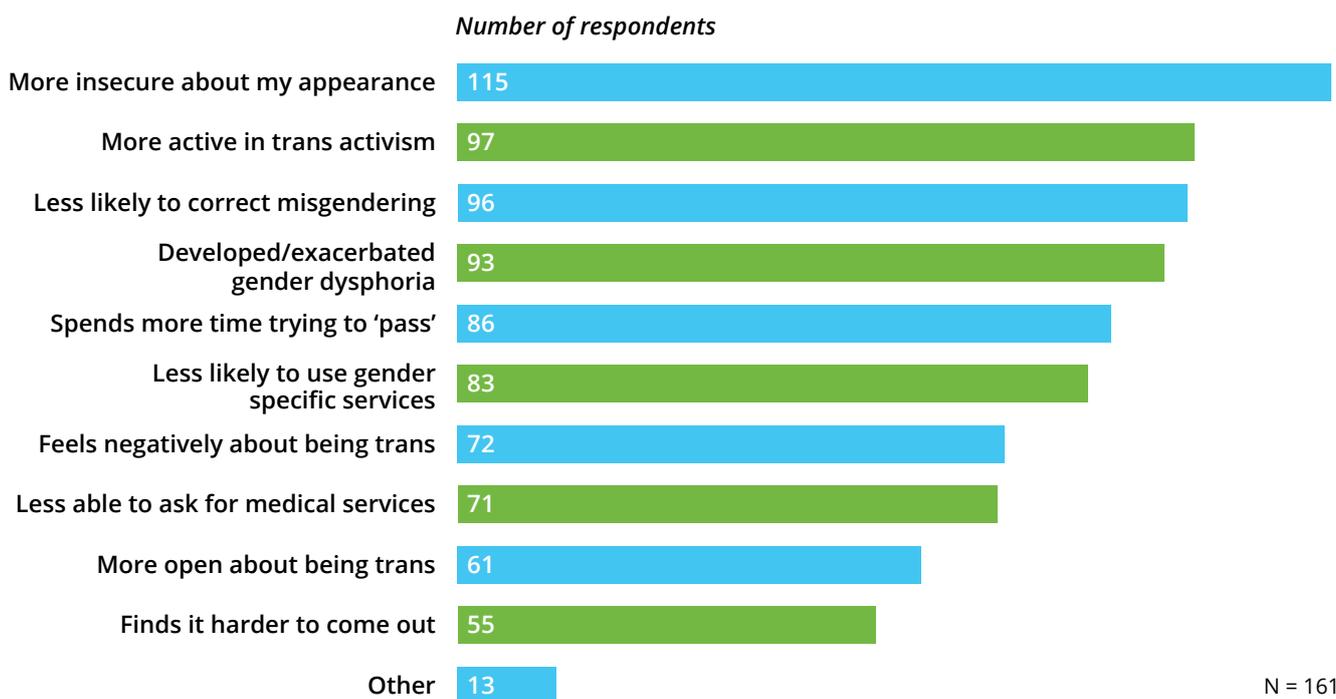
Overall, 42% of participants¹³ said that transphobia had a big or significant impact on their lives and just 4% found that it had no impact at all. Despite this, there were also comments from respondents who discussed how they tried to resist allowing transphobia to change their lives.

13 N = 165

“Hesitant sometimes for example going out Though tried not to let this stop me.”

2.4 Impact on relationship with gender

2.4.1 TO WHAT EXTENT HAS EXPERIENCING TRANSPHOBIA AFFECTED YOUR RELATIONSHIP WITH YOUR GENDER?



N = 161

14 N = 163

15 Non-binary respondents were a lot less likely to say that transphobia caused them to spend more time trying to pass to a statistically significant degree at the 5% level. This could be because 'passing' as non-binary can identify someone as a potential target for transphobia than expressing oneself in a more gendered manner. The way that the answers to this question differed by gender suggest that transphobia affects individuals within the gender binary differently than those outside it, at least, in terms of their relationship to their gender. And, therefore, that more non-binary specific options were required in answer to this question.

Respondents were asked how they felt that experiencing transphobia had impacted their gender expression, their gender, and how they interacted with others about their gender. 161 respondents answered this question and their responses are given in Figure 2.4.1.

High numbers of respondents said that transphobia made them feel insecure about their appearance (71%) and less likely to correct others when they were misgendered (60%). 58% of respondents also felt that transphobia had exacerbated, or caused them to develop, gender dysphoria. This shows the extent to which experiencing transphobia makes it harder for trans people to feel comfortable about their body in relation to their gender. Respondents were further restricted as 52% found themselves less able to use gender specific services.

When asked how much of an impact experiencing transphobia had on respondent's relationship with their gender, the majority (61%) of respondents¹⁴ stated the impact had been big or significant. By contrast just 13% considered transphobia to only have had a slight impact or no impact at all.

Respondents described how transphobia had made their lives harder or more complicated because of having to balance their safety with their preferred appearance¹⁵. They were presented with a catch-22 situation to either express their gender or stay safe. In addition, transphobia was described as having a distorting effect on the way that people saw themselves and their gender. It has prevented some respondents from exploring or expressing their identity but has also become a key part of the gender experience for others resulting in their identity feeling inauthentic in the absence of transphobia.

"Every time I am not feeling crippling dysphoria, I am terrified that I am not transgender, and I have been told that I have to hate my body all the time otherwise I am not transgender."

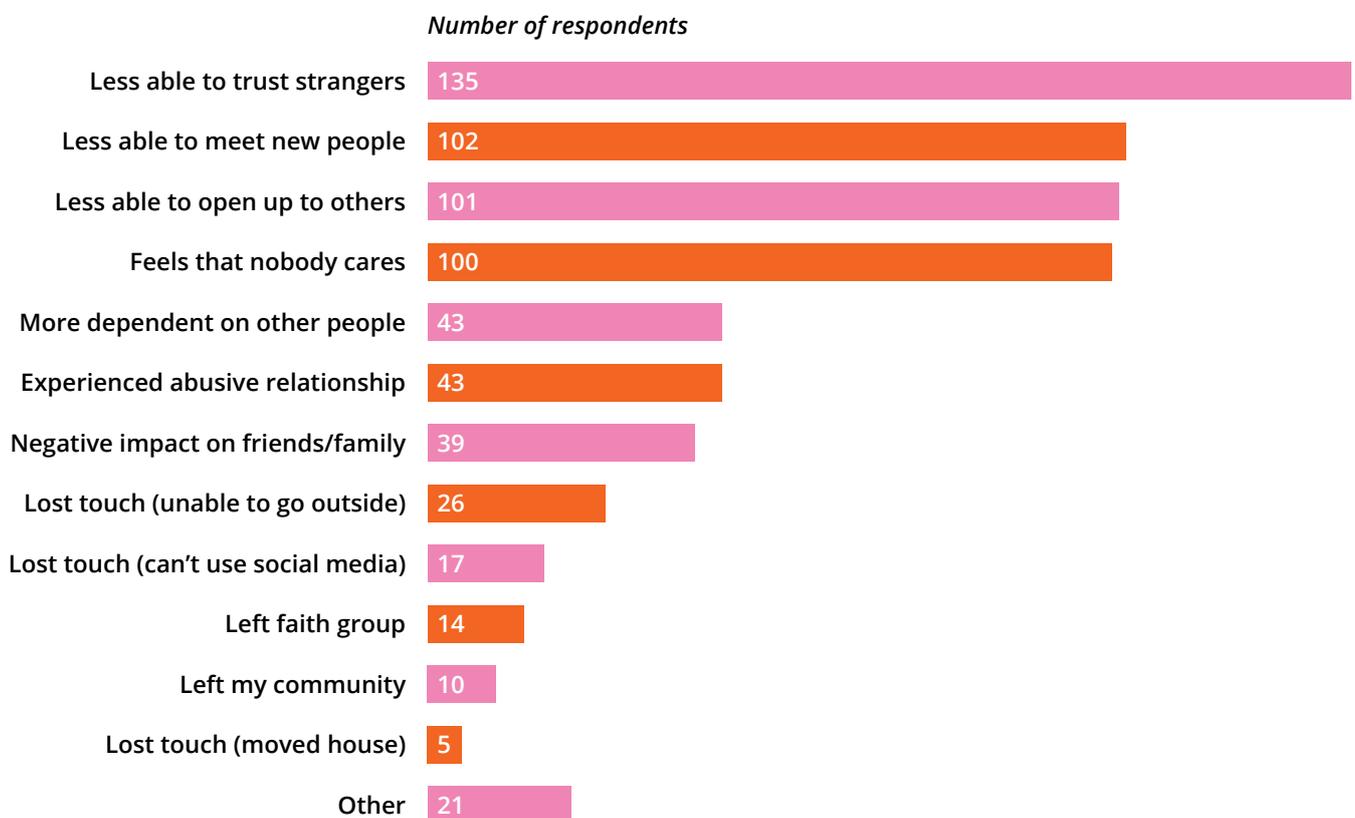
Once again, several respondents described how they were trying to resist the transphobia they had experienced by not letting it get to them or by becoming stronger and more empowered in response. 60% of respondents became more engaged in trans activism due to their experiences. However, several respondents described the obligation they, or others, felt to be involved in trans activism and how constantly being involved in the fight had exhausted them.

"I called myself an activist and started my PhD on how waiting for trans healthcare feels. Now I want to quit and disappear."

2.5 Impact on relationship with others

"I now assume everyone is transphobic until I'm proved wrong to avoid disappointment and ridicule."

2.5.1 TO WHAT EXTENT HAS EXPERIENCING TRANSPHOBIA AFFECTED YOUR RELATIONSHIPS WITH COLLEAGUES, SCHOOL FRIENDS, FAMILY OR OTHER PEOPLE?



N = 155



In addition to asking about respondents' relationships with their gender, respondents were asked about how their relationships with others had been impacted by transphobia. 87% of respondents to this question said that they were less able to trust strangers because of transphobia. This was, by far, the most frequently selected answer followed by feeling less able to meet new people, less able to open up to others about their personal life and feeling that nobody cares about them.

Over a quarter of respondents to this question stated that they experienced abusive relationships because of transphobia. This is particularly concerning as, as previously shown, respondents felt less comfortable seeking gender specific services and are less likely to report incidents to the police.

Several respondents left additional comments explaining how they avoided interacting with strangers out of fear they might be transphobic. It was self-preservation to not open up to others in case they became abusive or dangerous even though this prevented respondents from developing meaningful relationships with others.

"I would like to be open with people but I rarely tell new friends I am trans as I fear their reaction. That's horrible. No real friends."

Alternatively, respondents described how they were worried about coming out to people that they did have a relationship with because they didn't know how that relationship would be affected.

"I want to tell my son who is 30 but find it so difficult I don't want to hurt the people I love"

Some respondents described how they had to be careful about to whom they disclosed the fact that they were trans in case they were deliberately or inadvertently outed. This was particularly the case within a work context with respondents concerned over losing their job or facing other, work related consequences.

2.6 Impact on finances

“Had to pay for a private gender GP online as current GP refused care”

2.6.1 TO WHAT EXTENT HAS EXPERIENCING TRANSPHOBIA AFFECTED YOUR FINANCES?



N = 127

Respondents were asked how they felt their finances had been impacted by transphobia. Figure 2.6.1 shows that the most frequently selected answer was that respondents were less confident in applying for a job or promotion. When given an opportunity to provide further information, several respondents described how they had experienced discrimination in the workplace, for example, by being passed over for promotion or being treated differently. Further, some had had to leave a job because of a transphobic workplace and were concerned about having a similar experience or were struggling to apply for a job because of the discrepancies between their name/gender in their life and on paper.



“The moment I came out I was immediately demoted from being a supposed top performer to not being good enough for some mystic reason.”

“Less likely to be hired if you’re trans. My right to work documentation is my birth certificate which is in my birth name instantly outing me to potential employers. I’ve backed out of interviews rather than show my birth certificate”

The next most frequently selected answer was that transphobia had impacted the respondent’s finances because they had to pay for medical treatment. 13 respondents left additional comments explaining how they had to pay for private health care, for example, because they had experienced transphobia within the NHS or the waiting times were too long or they had to pay for cosmetic surgery to help them ‘pass’.

“ALWAYS mistreated by HSBC telephone banking – told I am “obviously not the account holder”, reduced to tears every time, account locked several times, unable to pay my rent as a result.”

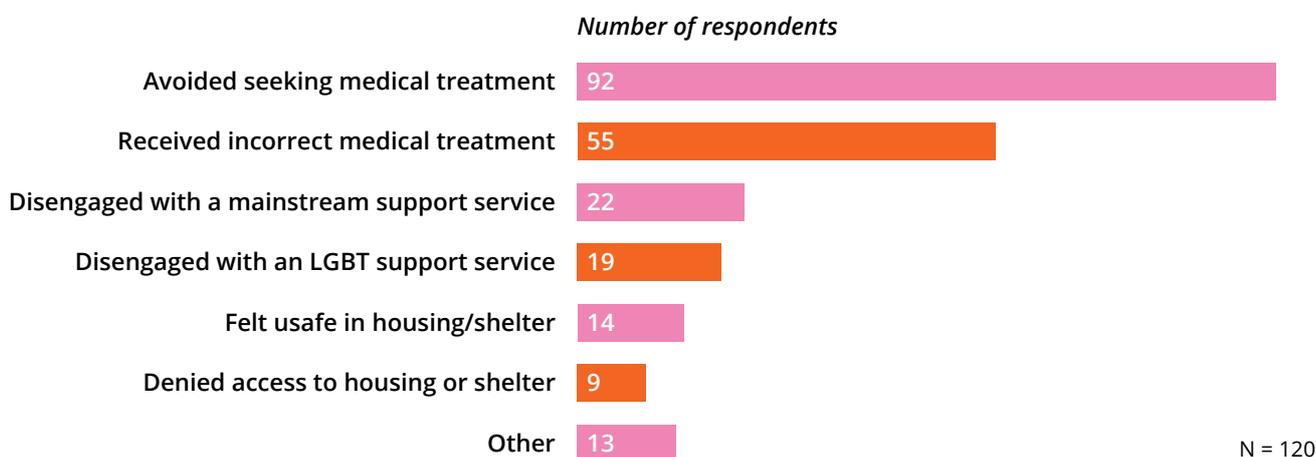
Respondents were also asked to consider the size of the impact of transphobia on their finances. 23% of respondents¹⁶ felt that this impact had been big or significant. This was much lower than other types of impacts; however, there was a high correlation between those who selected significant impact or big impact and those who were unemployed and/or who had lost their community due to transphobia¹⁷ i.e. those who had less of a safety net.

16 N = 157

17 It should be noted that sample size of respondents who answered this question and had lost their community due to transphobia was small (10 respondents) and therefore this result should not be taken as statistically significant.

2.7 Impact on access to services

2.7.1 TO WHAT EXTENT HAS EXPERIENCING TRANSPHOBIA AFFECTED YOUR ABILITY TO ACCESS SERVICES?



Respondents were asked if transphobia had prevented them from accessing services such as medical, housing or support services. 120 respondents answered this question and their results are presented in Figure 2.7.1. This shows that the majority (77%) of respondents had avoided medical treatment and a further 46% had not received the correct medical treatment due to transphobia.

Some respondents were unable to access police services due to transphobia, the reporting experiences of respondents is described in more detail in Section 3.3.

27 respondents left additional comments explaining how they had suffered discrimination within medical services. Incidents ranged from being misgendered by medical staff to verbal abuse and transphobic comments and from having to educate medical staff on trans issues to being refused treatment. Several respondents described being afraid of receiving transphobia and so, as a consequence, avoided seeking medical attention at the detriment of their health.

“My GP told me I made him feel queasy when I asked for a GIC referral. I had to change doctors twice to get a referral.”

18 N = 161

19 This difference was statistically significant at the 5% level.

20 The number of respondents who registered these impacts was very small and so this difference was not found to be statistically significant.

A similar number of respondents (29%)¹⁸ said that transphobia had a big or significant impact on their access to services as on their finances. This was approximately the same number of respondents who felt the extent of the impact to be slight or none.

Crucially, the proportion of respondents who said the impact that transphobia had on their ability to access services was significant or big was higher within the subgroup of participants who were unemployed¹⁹. These respondents were also more likely to say that they had been unable to access housing or a shelter or felt unsafe within housing or a shelter due to transphobia²⁰. Trans individuals who are dependent on state services are particularly vulnerable if those services are transphobic as they are prevented from accessing basic needs.

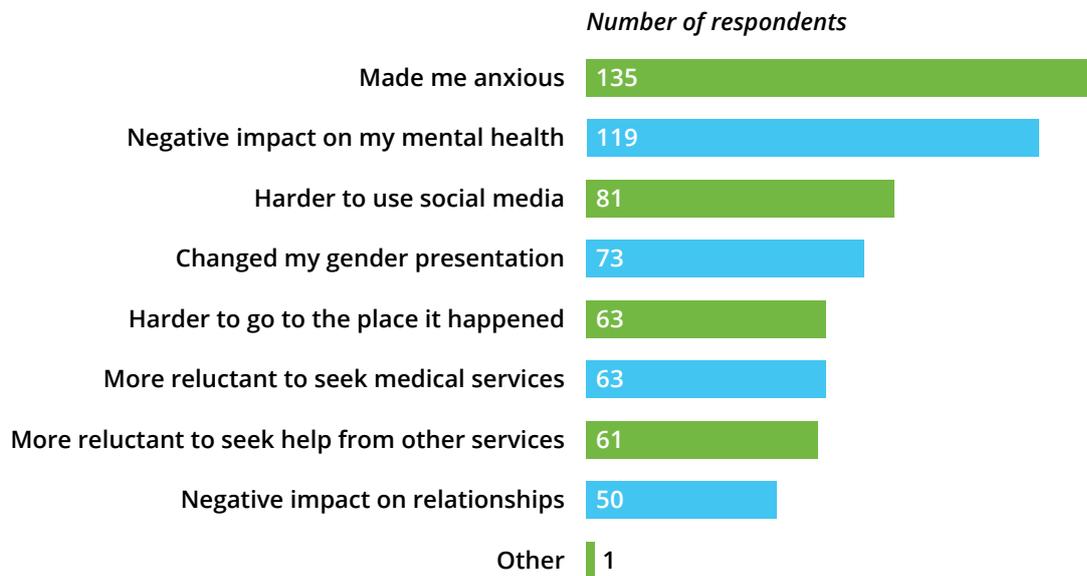
2.8 Impact from indirect experiences of transphobia

“It just puts you on edge constantly, not knowing if you will be the next to experience unwanted behaviour from others”

In addition to asking about how respondents had been impacted by their own experiences of transphobia, they were asked how the transphobia experienced by others had affected them. These responses are given in Figure 2.9.1.

Nearly all (85%) of the respondents who answered this question said that witnessing someone else experiencing transphobia made them anxious that they too would experience transphobia.

2.8.1 IF YOU HAVE WITNESSED SOMEONE ELSE EXPERIENCING TRANSPHOBIA, HAVE YOU BEEN AFFECTED BY THIS IN ANY OF THE FOLLOWING WAYS?



N = 158

“It has made me feel like the attacks are directed at me even though they’re happening to other trans people”

This was followed by stating that witnessing transphobia had a negative impact on their mental health. A respondent provided an alternative impact which was that witnessing someone else experience transphobia “[m]ade [them] stand up and fight for that person”.

Respondents’ lives were further restricted by second-hand transphobia, as this made respondents less likely to go to certain places and seek medical care. In addition, more than half of respondents found it harder to use social media because they had witnessed online transphobic abuse.

Just 3% of respondents²³ felt that hearing about someone else’s experiences of transphobia had no impact on them at all. This is in keeping with existing research that demonstrates that attacks on individuals because of an aspect of their identity can have wider impacts on communities of people who share that part of their identity.

23 N = 158

Respondents described how hearing about other people’s experiences of transphobia reminded them that they are living in a



constant atmosphere of transphobia, especially if they have close community ties to other trans people.

“The sheer amount of issues is staggering. I feel in a persistent state of battle.”

This makes finding safe spaces away from transphobia even harder giving little respite to those targeted by it.

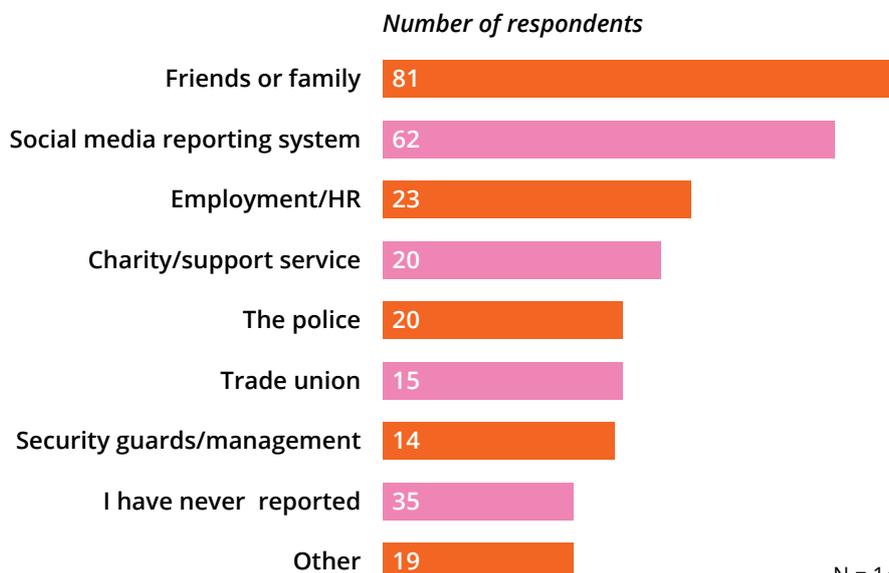
3 RESPONDING TO TRANSPHOBIA

In addition to being asked about their experiences and the ways they had been impacted, respondents were asked about how they had responded to transphobia. This section of the survey predominantly focuses on reporting but also asked respondents about other measures they had taken in response to the transphobia they had experienced.

- Just 14% of respondents reported their experience to the police. Of those who reported, 50% felt that their experience had been unsuccessful or very unsuccessful.
- When respondents who had not reported their experiences to the police were asked why they had not reported, 70% said they felt that the police could not help them. One third of respondents explained that they had too many incidents to report.
- 35% of respondents sought counselling to help recover from their experiences of transphobia.

3.1 Reporting rates

3.1.1 HAVE YOU REPORTED ANY OF THE TRANSPHOBIA YOU HAVE EXPERIENCED IN THE PAST 12 MONTHS TO ANY OF THE FOLLOWING ORGANISATIONS?



N = 145

To begin with, respondents were asked if they had reported any of their experiences in the last year to a variety of different organisations. Figure 3.1.1 shows that nearly 1 in 4 of respondents experienced transphobia and did not report it.

Of the 145 respondents, just more than half (56%) reported their experience(s) to friends or family. A very small proportion (10%) reported to the security guards or management of the establishment where it happened. A similar number reported to their Trade Union and only marginally more (16%) reported to their employer or HR department. Respondents also stated they had reported to colleagues, their school, their political party, the Independent Press Standards Organisation, the perpetrator and online community groups via the 'Other' option.

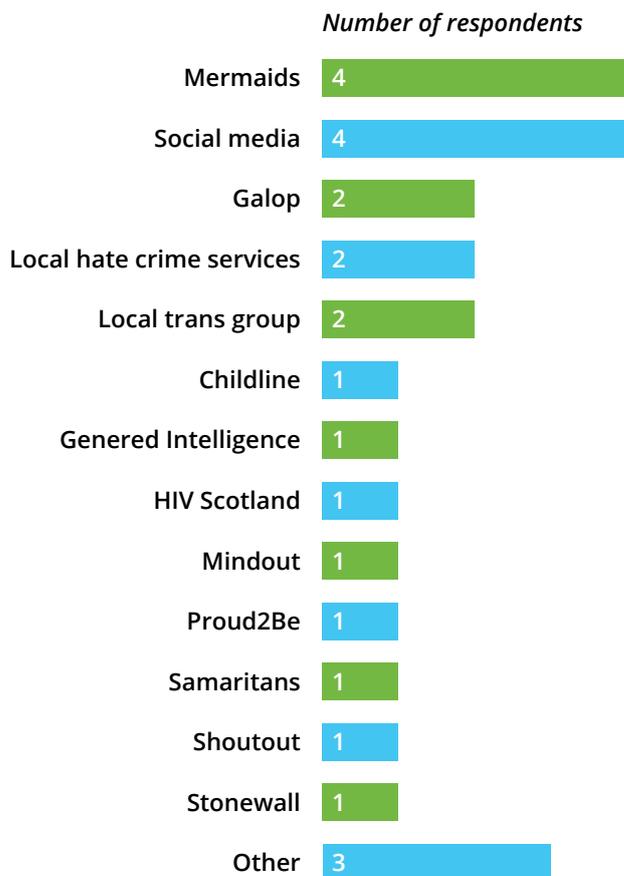
3.2 Reporting to a charity or other services

“my experience is always being put on a wait list and being spoken to weeks or months after the traumatising incident, when the support is less effective or irrelevant.”

Just 14% of respondents stated they had contacted a charity or other support service. Figure 3.2.1. shows the organisations contacted. Services that were needed but not available were suggested by 32 respondents. This included: services for immediately after a significant incident, such as victim support services and legal services; services to help with day to day difficulties, such as emotional support from a support group or phone/text line; and support through experiences like school or medical procedures.

In addition to describing services, respondents explained how existing services were insufficient. Several respondents explained how existing services such as the police, their work HR or local support group needed to be more knowledgeable on trans issues and less transphobic generally. Other factors that respondents felt would improve services were if services (like victim support) had a dedicated trans unit, if they were more available (e.g. 24/7) or if they were more clearly signposted.

3.2.1 IF YOU REPORTED TO A CHARITY OR SUPPORT SERVICE, WHICH CHARITY OR SUPPORT SERVICE DID YOU REPORT TO?



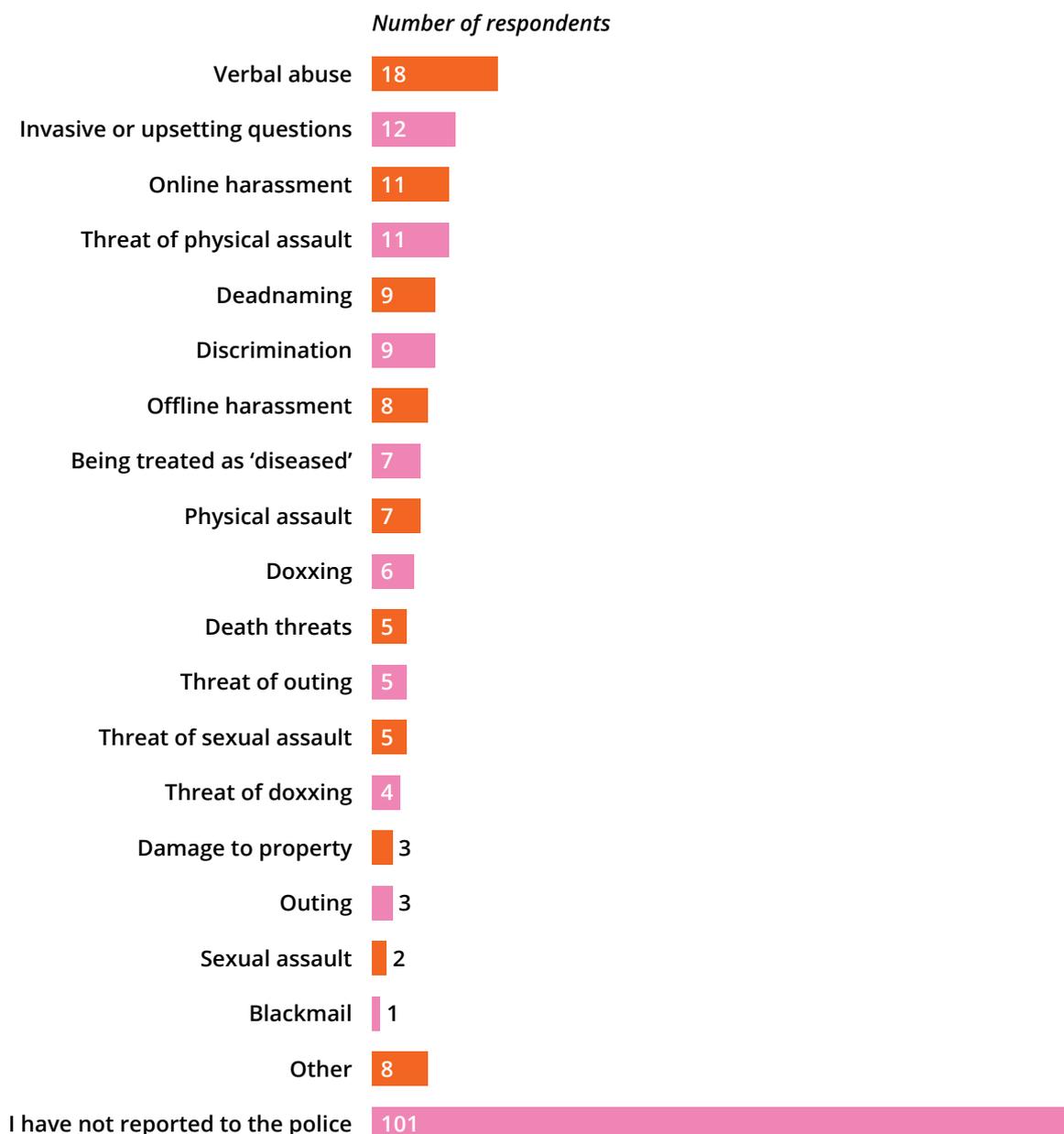
N = 20

“Trans specific counselling available free at point of use and within days of the incident rather than years”

“I wish there was someone who was below the police but could do something about it if it’s less severe than needing the police.”

3.3 Reporting to the police

3.3.1 WHICH OF THE FOLLOWING TRANSPHOBIC INCIDENTS, THAT YOU HAVE EXPERIENCED IN THE PAST 12 MONTHS, HAVE YOU REPORTED TO THE POLICE, IF ANY?



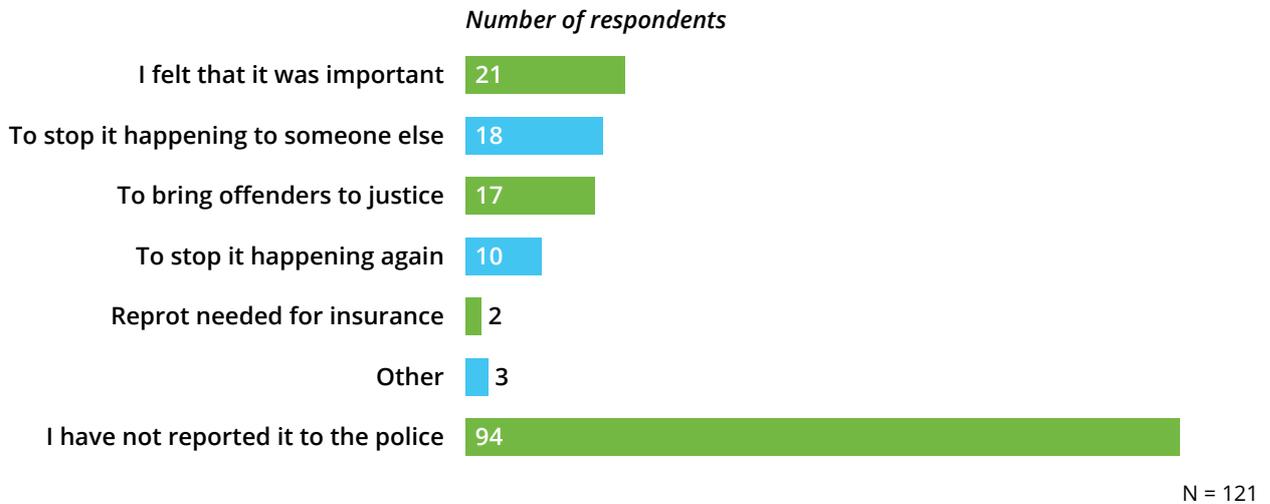
N = 129

Only 14% of respondents stated they had reported to the police. Respondents were asked which types of transphobia they had reported and why they had chosen to report or not report their experiences. They were also asked about their experience reporting to the police. The number of respondents who reported each type of incident to the police is given in Figure 3.3.1.

Other types of incident included indirect and direct intimidation through newspapers.

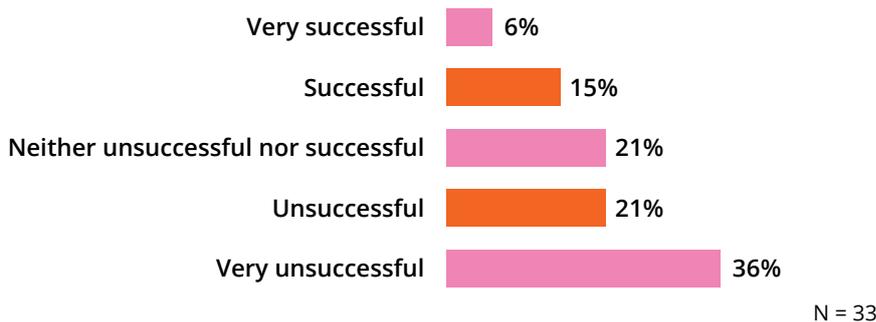
As shown in Figure 3.2.2, respondents who reported to the police often listed more than one motivation for reporting. The most popular motivations were because the respondent felt that it was important and because they wanted to stop it from happening again, either to themselves or to someone else.

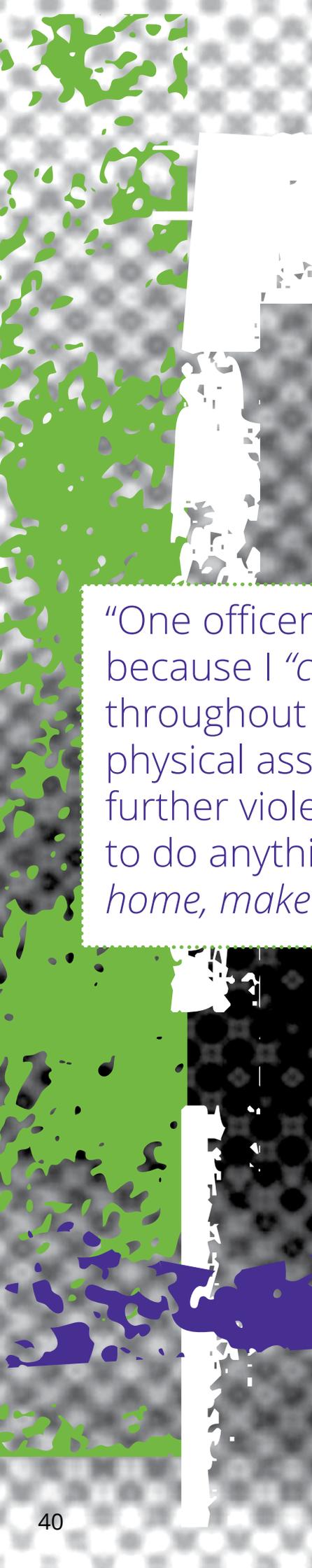
3.3.2 IF YOU HAVE REPORTED AN INCIDENT TO THE POLICE, WHAT MOTIVATED YOU TO DO SO?



When asked, most respondents who had reported an incident to the police, considered their experience to be unsuccessful or very unsuccessful. Though only a small number of respondents answered this question, this is because so few respondents had reported an incident to the police. Further, it suggests an explanation for why so few respondents had actually reported. These results are given in Figure 3.3.3.

3.3.3 HOW WOULD YOU RATE YOUR EXPERIENCE REPORTING TO THE POLICE?





Respondents were asked if they would like to share any additional comments about their experience reporting to the police. Overwhelmingly, respondents described the experience as pointless as the police were unlikely to take action and not capable of doing anything if they did.

“It feels pointless, they’ll never catch anyone”

Additionally, respondents described unpleasant interactions with the police in which they suffered more transphobic abuse which put them off reporting in the future.

“One officer said I left myself open to being abused because I *“chose to be different”*. Misgendering throughout the interview then told that the physical assault, death threats and threats of further violence against me weren’t strong enough to do anything about and maybe I should *“go home, make a cup of tea, and dress ‘normally’”*”

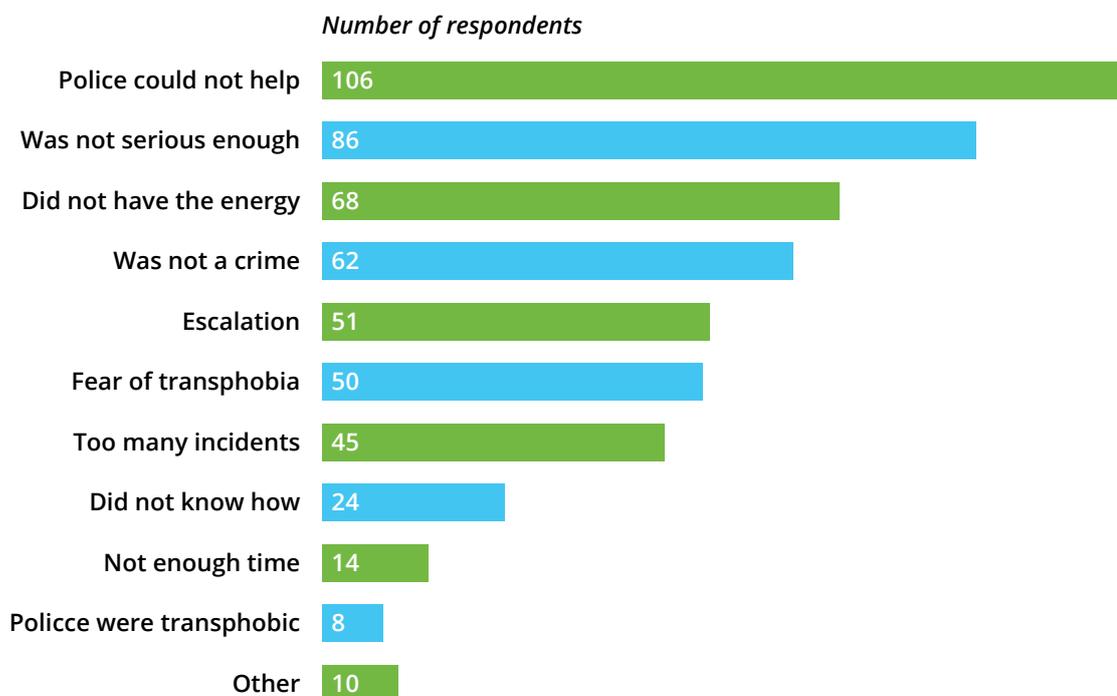
There were 2 positive comments made about reporting to the police:

“The police were very supportive although the perpetrators were not caught.”

“Very helpful and friendly”

Finally, respondents were asked why they had not reported an incident to the police if they had refrained from doing so. The responses to this question are given in Figure 3.3.4.

3.3.4 IF YOU HAVE NOT REPORTED YOUR EXPERIENCE, WHY HAVE YOU NOT REPORTED IT?



N = 145

The majority of respondents who answered this question did not report their experience to the police because they did not believe the police could help. This was followed by believing that their experience was not serious enough to be worth exploring. Far more respondents said that they did not report because they were fearful of experiencing transphobia from the police than because they had themselves experienced transphobia. This reemphasises the impact witnessing or hearing about another person's experience of transphobia can have on an individual.

Other reasons given for not reporting included being closeted offline, being put off by the fact that trans hate crime is not treated the same as other crimes and feeling unable to bring a case against friends and family.

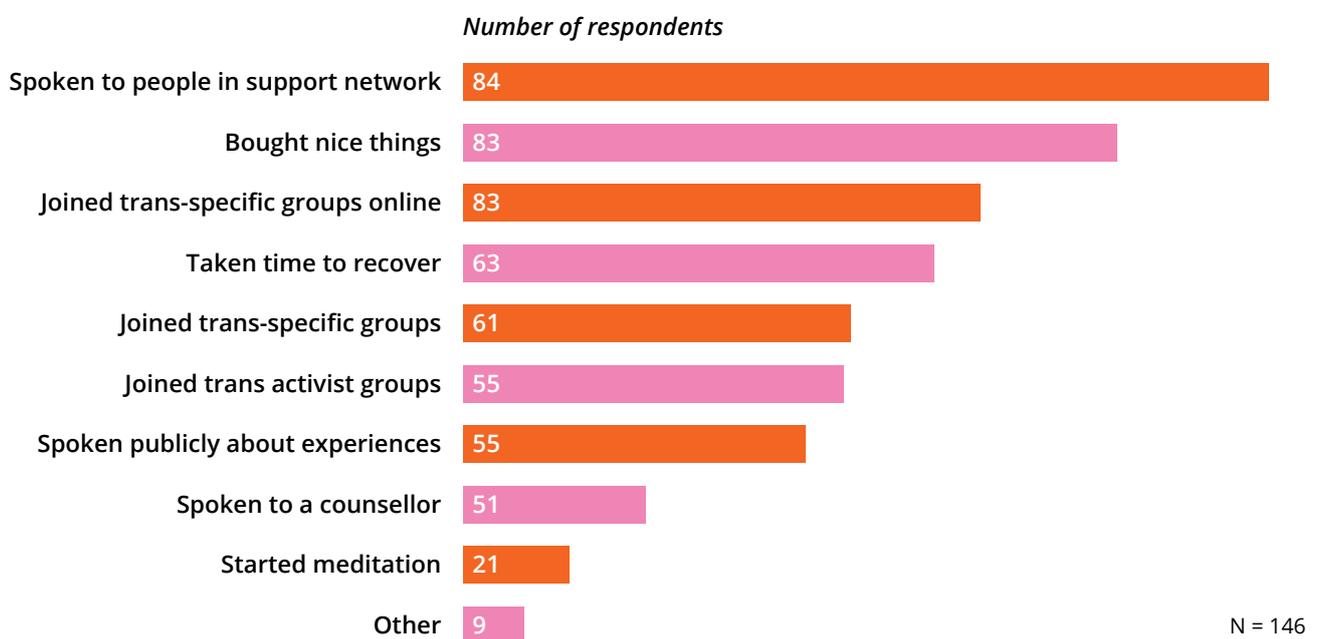
The types of responses given to this question differed by age and by gender²². For example, under 18 year olds were more likely to say that the police could not help them than respondents of other age groups and respondents who identified as male/men/masc were

²² The sets of distributions of reasons given separated by gender and by age were both shown to be independent using Pearson's chi squared test which returned a test statistic of 0.395 and 0.999 15.0 and p-value 0.999 respectively.

more likely than average to say they had not reported an incident because they did not feel it was serious enough. Therefore, when aiming to improve reporting rates, it is important to consider many barriers to reporting instead of using a one-size-fits-all approach.

3.4 Other responses

3.4.1 HAVE YOU TAKEN ANY OF THE FOLLOWING ACTIONS IN RESPONSE TO EXPERIENCING TRANSPHOBIA?



The final question asked respondents if they had taken any actions to help themselves after their experiences. Figure 3.4.1 shows that more respondents spoke to someone in their support network than a professional counsellor. 35% respondents said that they had spoken both to a professional counsellor and someone in their support network.

One of the most frequently selected answers was joining a trans-specific online group, more respondents chose this option than seeking out a physical group. 35 respondents stated they had joined a trans activist group, a trans-specific group and an online group. 1 participant used the 'Other' option to explain that they formed a group for non-binary people.

Several participants also stated that they had taken up self-defence classes in order to "feel less powerless".

4

DISCUSSION

4.1 Experiences of transphobia

The most commonly reported incidents were forms of verbal abuse or other methods of invalidating an individual's gender or experience, for example through deadnaming or invasive questions. Being consistently harassed for your gender identity or repeatedly experiencing others refusing to acknowledge who you are can make it harder to be accepting of who you are and live freely.

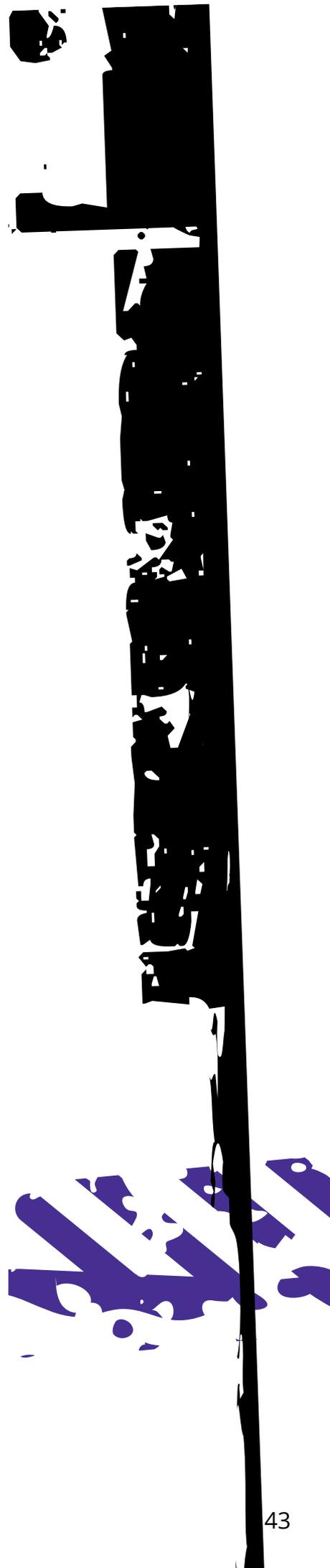
The analysis on incident location demonstrates how transphobia occurs in every part of daily life can, and does, happen everywhere. The constant nature of transphobia may make it harder for people to recover from their experiences if they do not feel able to find places where they are safe from attack.

Whilst it is unsurprising that a high proportion of respondents have experienced transphobia from transphobic activists, it is surprising that nearly 40% had experienced transphobia from other members of the LGBT+ community. When transphobia is perpetuated by people from within the community it erodes more spaces where trans individuals can feel safe and accepted. This can prevent people from accessing support as well as from being able to socialise or express themselves fully in public.

More respondents described witnessing others' experiences of transphobia than experiencing it themselves for each type of incident. As discussed later in this report, hearing about someone else's transphobia can also impact an individual and lead them to change their behaviour. The impact on individuals is therefore greater due to the high levels of indirect exposure reported.

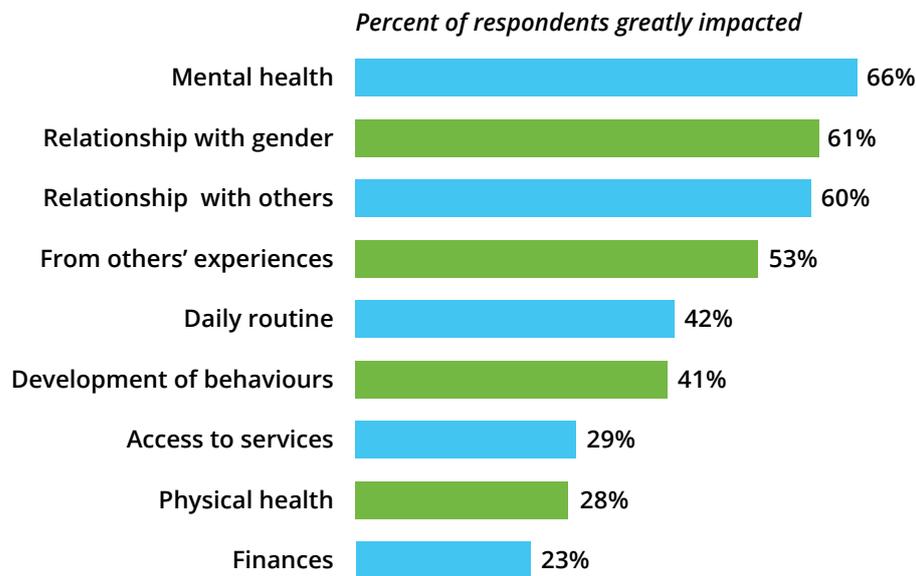
4.2 Impacts of transphobia

Respondents described a wide range of different impacts from experiencing transphobia and determined those different impacts to have affected them at different rates. Figure 4.2.1 shows the proportion of respondents who felt the impact of transphobia to be significant or big for each type of impact. This implies that the



greatest impacts of transphobia are on an individual's mental health, relationship with their gender, and relationship with others.

4.2.1 PROPORTION OF RESPONDENTS WHO DESCRIBED THE IMPACT OF TRANSPHOBIA AS BIG OR SIGNIFICANT



Analysis of the ways that the mental health of respondents was impacted by transphobia shows that living in a constant atmosphere of transphobia can be particularly damaging but many factors, such as how an individual is feeling, where they are and who the perpetrator is, can all determine the extent of the impact for a given incident.

The impacts of transphobia on an individual's physical health were connected to their mental health as the most common harms to physical health were the physical symptoms of low mental health. It was also shown that taking steps to avoid transphobia, for example by not going to the doctors or binding for extensive periods of time, could cause severe physical harms.

Transphobia caused some respondents to adopt behaviours such as over or under eating and/or self-harm. This might be caused by individuals internalising the transphobia they experience or developing dysphoria in response to and, therefore, trying to punish or harm themselves. However, some respondents also described how the constant atmosphere of transphobia they lived in made them feel highly scrutinised which, in turn, damaged their body image.

The ways that respondents had to protect themselves from transphobia also affected their daily routine. The most frequently

experienced impacts on daily routine were self-censorship and avoiding public toilets. In addition, high proportions of respondents found it harder to leave their home, particularly at night or to go to work. Individuals therefore severely restrict their day to day lives so as not to experience transphobia. The impacts on daily routine were particularly severe for respondents who had a disability.

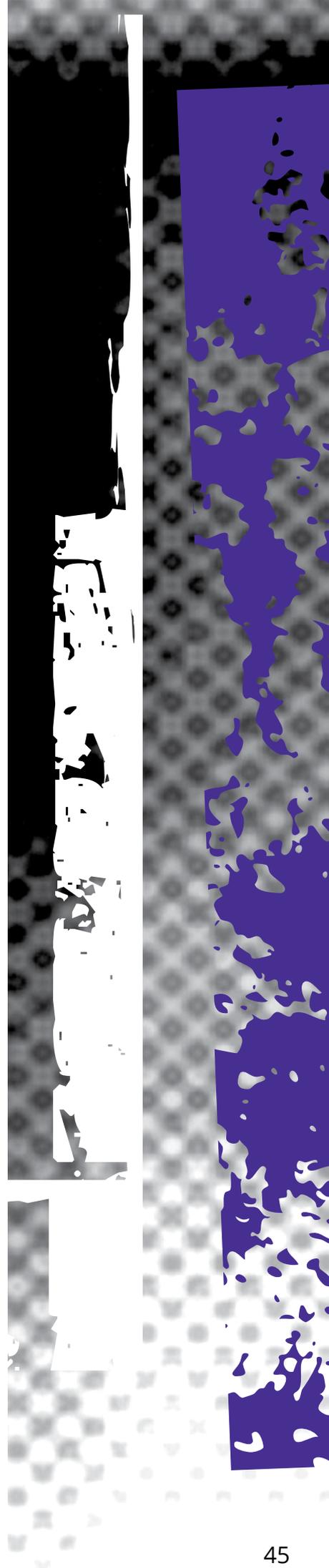
Respondents described how experiencing transphobia distorted their relationship with their gender making it harder to be themselves both in public and in private. Several respondents discussed how transphobia had become such a large part of their lives that it had started to feel like a key part of their gender identity. This resulted in them being denied the ability to fully live their lives even when they were not experiencing transphobia.

Similarly, their relationship with others was highly affected as transphobia can not only leave individuals isolated from old support networks but also prevent them from building new connections as they are wary of strangers as sources of more transphobia. High rates of transphobic abuse from relatives were found within this report, which suggests elevated risks of domestic abuse. This is a particular issue as many respondent described experiencing barriers to accessing services.

Fewer respondents described how their finances had been impacted by transphobia, however the impact of transphobia on an individual's finances could be severe with some respondents even relocating due to it. The impact of transphobia on an individual's finances was particularly pronounced if they were unemployed and/or did not have a financial safety net through community ties.

Unemployed respondents were also more vulnerable when trying to access services. Those individuals dependent on state organisations for services like housing can be denied basic needs and protections due to transphobia with serious consequences.

Finally, respondents were highly impacted by witnessing transphobia experienced by others, with more than half of respondents describing the impact of this indirect transphobia as significant or big. The high rates of transphobia witnessed in addition to that experienced contributes to an all-encompassing, constant transphobic atmosphere.





4.3 Responding to transphobia

Respondents were most likely to report their experiences to friends and family than to a formal organisation. Of the formal reporting channels, social media reporting systems were much more frequently reported to than, for example, the police or an employer.

When seeking help after an incident, several respondents explained that they could not find the right support. This was either because services, such as trans specific victim support services did not exist or because existing services did not have the knowledge or capacity to support them in an adequate and respectful manner.

A very low (14%) proportion of respondents reported to the police and most of those that did described their experience as unsuccessful or very unsuccessful with some respondents experiencing further transphobia from the police.

Of the respondents who had not reported to the police, most said they chose not to do so because the police could not help them. A large proportion also said that they felt the incident was not serious enough and/or was not a crime. Trans people are living in an atmosphere of transphobia much of which is preventing them from living their lives and yet this is not being formally challenged either because it is not considered to be a crime or because trans people have been disempowered from using the criminal justice system. In either instance, the harms caused by transphobia need to be addressed more seriously both by the Criminal Justice System and the agencies that enforce it.

METHODOLOGY

An online survey was created and distributed via Galop's social media accounts on Twitter and Facebook and through partner organisations. The survey was live for 5 weeks beginning on the 28th October 2019. It received 401 responses, of which 241 were complete. As this survey was designed to assess the experiences of people living in the UK, a further 13 responses had to be discounted as they were completed by respondents from outside the UK. Whilst not every respondent shared their location, of the 136 respondents who did, 83% lived in England, 15% in Scotland and 2% in Wales.

A series of additional, optional demographic questions were asked. The answers to these questions describe the respondents as follows:

Gender: 151 respondents recorded their gender. 49% female/women/femme; 27% male/men/masc; 24% non-binary/gender queer/gender fluid/agender²³. These gender identity groupings have been created in order to understand how discrimination through the gender binary intersects with transphobia and has required the assumption that respondents expressed their gender in a manner that would be associated with their gender which might not be the case.

23 neither agender, pansexual nor asexual were offered as options to answer the gender or sexuality questions and, instead, were given within the 'Other' option by respondents.

Trans history: 151 respondents answered the question "are you trans or someone with a trans history?". 97% yes; 2% partially; 1% no; 3% unsure.

Intersex: 151 respondents answered the question "are you intersex?". 5% yes; 87% no; 5% unsure, 3% prefer not to say.

Sexuality: 151 respondents recorded their sexuality. 25% gay/lesbian/other non-heterosexual monosexual identity; 8% heterosexual; 66% bisexual/queer/pansexual/other polysexual identity; 9% asexual³.

Disability: 103 respondents described at least 1 form of disability. Of these, 58% had a long-standing psychological or mental health condition.

Race and Ethnicity: 143 respondents answered the question on ethnicity. 96% identified as White. More specifically, 77% English/Welsh/Scottish/Northern Irish/British; 4% Irish; <1% Gypsy or Irish Traveller; 15% other White background. Of the remaining respondents, 1 identified as White and Asian; 1 as White and Black Caribbean; 2 as a different Mixed/Multiple ethnic background; 1 as another ethnic group.

Age: 150 respondents recorded their age. 12% 18 or under; 20% 18 – 24; 19% 25 – 34; 17% 35 – 44; 20% 45 – 54; 11% 55 or older.

Religion: 143 respondents answered the question on religion. 32% recorded a religion or identified with a spirituality and the remaining 68% stated they were atheist, agnostic or had 'no religion'.

Employment: 149 respondents recorded their employment status. 57% described themselves as in some form of employment, 17% as unemployed and 26% as students.

To develop the survey, Galop hosted two focus groups with trans people

who shared their experiences of, and thoughts about, transphobia. The discussions from these focus groups were qualitatively analysed in order to extract the ways that participants had been impacted by transphobia. From this, a list of 9 types of impact was created (impact on mental health and emotional wellbeing, impact on physical health, impact on daily routine, impact on relationship with gender, impact on relationships with others, impact on finances, impact on access to services, impact on behaviour, and impact from indirect experiences transphobia). Survey respondents were asked if they had experienced any of these impacts as a direct consequence of transphobia and, on a Likert Scale of 1 to 5, the extent to which they had been impacted.

Respondents were then asked about how they had responded to their experiences of transphobia. This was both in terms of if they had reported any incidents and to whom, as well as if they had taken any other approaches, such as adopting new behaviours, to help come to terms with their experiences.

All of the questions in the survey were optional and, as a consequence, the number of respondents for each question varies and is stated as the value for N for each question in the report.

The quotations in this report have been edited for readability. Spelling errors have been corrected and apostrophes have been added but no other punctuation has. Some quotes were too long to include in their entirety and so only the relevant portion has been included, this has been indicated with an ellipsis.

Limitations

The main limitation of this work is the sample size. Most questions were completed by over 100 respondents, however some have a smaller value of N. For instance, only a small percentage had reported their experiences to the police. Whilst this is, in and of itself, interesting it means that few comments can be made on why those who have experienced transphobia are not reporting their experiences.

In addition, the sample is skewed predominantly to White respondents and so how transphobia intersects with race could not be examined. The findings of this report, therefore, do not provide a complete picture of trans experiences in the UK.

The length of the survey was considerable and, potentially as a consequence, only 32% of respondents answered every question (not including the demographic questions) in the survey. Because not every respondent answered every question, the sample sizes for each question varies. This could be because some of the questions were more relevant to respondents than others. For instance, more respondents may have answered the question asking if transphobia had impacted their mental health than their finances because more respondents had experienced more impacts on their mental health than on their finances. However, it may also have been due to fatigue and respondents becoming less able to answer questions later in the survey.

TERMINOLOGY

Asexual people do not experience sexual attraction towards others, or have low or absent interest in or desire for sexual activity.

Agender people do not identify with or have a gender.

Deadnaming is the act of referring to a trans person by the name that they were given at birth and no longer uses.

Doxxing is the publishing of private or identifying information about a particular individual without their consent.

Femme is a gender identity and/or presentation that originates from lesbian subculture and is used by people who are very feminine in their appearance and/or behaviour.

Gender dysphoria is a condition where an individual feels distress or discomfort because their gender differs to the gender they were assigned at birth.

Intersex people are individuals whose anatomy or physiology differs from contemporary cultural stereotypes of what constitute typical male and female.

LGBT+ is an umbrella terms which includes lesbian, gay, bisexual, trans, non-binary, intersex, queer, pansexual, asexual and other minority sexual orientations and gender identities. In the original survey, the acronym LGBTQIA+ was used however, for the purpose of this report, LGBT+ has been chosen as per Galop's naming conventions.

Masc is a gender identity and/or presentation that originates from lesbian subculture and is used by people who are very masculine in their appearance and/or behaviour.

Monosexual sexuality a sexuality that describes attraction to one gender (e.g. heterosexual or gay).

Non-binary gender identities are identities that are not exclusively male or female, or neither.

Outing is disclosing a person's gender history, gender identity, sexual orientation or HIV status without their consent.

Polysexual sexuality a sexuality that includes attraction to multiple gender identities (e.g. bisexual or pansexual).

Trans (or transgender) is an umbrella term, which includes everyone whose gender history, identity or expression does not fit what others assumed they were at birth.

