



Scottish  
Trans

# Scottish Trans and Non-binary Experiences: Research Report

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Report by Vic Valentine and Florence Oulds

Cover illustration by Livvie Nash

 [livvienash](#)

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# Introduction

For some years, much focus of trans political, advocacy and campaigning work has been on reform of the Gender Recognition Act 2004. We thought it was important to be able to shed a light on what things are like for trans and non-binary people when they are just trying to do the same things as everyone.

We already know from long engagement with trans and non-binary people what many of the issues are, but we wanted to have up-to-date evidence, in detail, about trans and non-binary people's experiences across Scotland.

This is to help us make sure we're focusing our work on the things that are having the biggest impact on trans people's everyday lives.

And it's to help decision-makers – like local and national governments, parliament, service providers, and public bodies – understand what life is really like for trans people. But much more importantly, what needs to be done to improve things.

This report tells the story of what we found. It's divided into three sections:

1. Public services and neighbourhoods
2. Housing and homelessness
3. Work, benefits and the cost of living

In each section of the report, there are:

- Recommendations for what needs to be done to improve things
- Commitments to work we will do because of what we've found

We also plan to produce much shorter versions of this report, aimed at specific sectors, to help them understand what barriers trans people are facing and how they can make a difference.

# Summary

You can find a much shorter version of this report, that takes you through all of the key findings at: [scottishtrans.org/resources/trans-experiences-scotland-summary](https://scottishtrans.org/resources/trans-experiences-scotland-summary)

## Who did we talk to?

This survey covers the experiences of **571 trans and non-binary people living in Scotland**. We heard from people with diverse gender identities:

- 48% were non-binary
- 27% were trans woman/women with a trans history
- 19% were trans men/men with a trans history
- 5% were unsure or questioning

91% of our respondents were white – 10% were Asian; African, Caribbean or Black; from mixed ethnic groups; or from other ethnic groups.

The majority of respondents were disabled – 67%.

Our respondents lived in 31 of Scotland's 32 Local Authority Areas.

## Public services and neighbourhoods

- Levels of satisfaction with public services varied substantially – from 71% being very or fairly satisfied with public spaces such as parks, down to only 20% being very or fairly satisfied with Police Scotland
- 61% of respondents had avoided at least one of the public services we asked about due to fear of being harassed, being read as trans, or being outed
- 54% of respondents had had at least one negative experience in at least one public service

- Respondents reported mixed experiences with their GP practice – with 40% rating their care as excellent or good, 33% as fair, and 28% as poor or very poor
- 65% of people rated their neighbourhood as a very good or good place to live
- 41% felt that being trans or non-binary had no impact on their experience of their neighbourhood – but 29% felt it had both positive and negative impacts, 21% felt it had only negative impacts, and 7% felt it had only positive impacts

### Housing and homelessness

- 15% had experienced problems obtaining housing, or staying in housing, due to being trans or non-binary
- 47% worried a little or a lot about their next rent or mortgage payment
- 23% had ever been homeless
- 35% of those felt that their trans status, history or gender identity had ever contributed to them being homeless, 11% were unsure, and 55% felt it had not contributed

### Work, benefits and the cost of living

- 62% currently had a job, and 38% did not. 26% had not had a job during the past five years.
- 42% of respondents had had at least one negative experience in the workplace
- 33% were currently claiming benefits, 26% were not currently claiming benefits but had in the past, and 41% had never claimed benefits
- A majority felt their trans status, history or gender identity had not made it harder to apply for benefits – 61%. But 13% felt it had, and 26% were unsure.

- A majority felt their trans status, history or gender identity had not made it harder to receive benefits – 75%. But 7% felt it had, and 18% were unsure.
- 86% said rising costs for daily necessities had affected their lifestyle over the past 12 months
- People had mixed feelings about whether they could access support in their local community around the cost of living crisis – 38% were unsure, 33% felt they couldn't, and 30% felt they could
- 52% said that rising costs had caused them to need to make decisions between essential household purchases and purchases relating to their transition

# Methodology

A survey method was decided on as a suitable way of reaching a large number of people. In order to understand how our respondents' experiences may be similar to or differ from those of the general population of Scotland, and to be able to understand our respondents' experiences in the context of the National Performance Framework<sup>1</sup>, we included questions using the same wording as those asked in large sample Scottish Government surveys, such as the Scottish Household Survey. We also spoke to subject-matter experts, such as those in homelessness, to ensure that our questions were well designed. A last draft was tested by trans and non-binary people unconnected to the organisation, and final revisions were made based on their recommendations.

The survey was open between March 31st and July 7th 2023. It was available to complete online, hosted on the website SurveyMonkey. It was publicised extensively via our social media platforms, website and mailing lists. Flyers were also handed out at major events while the survey was live, including Mardi Gla, Edinburgh Pride, and our annual national conference in Dundee. We also reached out to other organisations across Scotland (such as trans community groups and third sector organisations) to ask them to publicise the survey, and relied on word of mouth from many social media users to disseminate it as widely as possible. The survey was available in a paper format, although no participants contacted us to request this version.

The survey had 728 responses. The data was filtered to remove any responses from people who didn't identify as trans or non-binary, lived outside of Scotland, or who had answered demographic questions, but no questions about their experiences. Duplicate responses were also removed. This left a sample size of 571 people. Throughout this report, the particular number of respondents to individual questions has been specified, so it is clear how many people subsequent statistics refer to.

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<sup>1</sup> [nationalperformance.gov.scot](https://nationalperformance.gov.scot)

Where there is no number specified, this means that all 571 people answered the question.

**Note:** In 2022, the Scottish Census asked people if they considered themselves to be trans, or to have a trans history, for the first time<sup>2</sup>. Results from this question found that 0.44% of people considered themselves trans – or 19,900 people.

We therefore hope that our sample size – of 571 people – can give a good snapshot of trans and non-binary people in Scotland.

It's equivalent to a sample of more than 100,000 people of the population of Scotland.

**However, it's important to note that people who responded to our survey were self-selecting, so the answers they've given may still not be generalisable to all trans and non-binary people in Scotland.**

The report presents all quantitative findings as percentages, in order to make them as accessible as possible. Figures quoted in the text and displayed on graphs are sometimes rounded to the nearest percent, meaning that in some cases numbers may not total 100.

Many of the quantitative findings are expanded upon using the qualitative responses of participants. We have included direct quotes (although spelling has been adjusted for ease of reading), to ensure that the voices of participants are highlighted. Qualitative questions were analysed using narrative analysis, and grouped into common themes where possible.

<sup>2</sup> [scotlandscensus.gov.uk/2022-results/scotland-s-census-2022-sexual-orientation-and-trans-status-or-history](https://scotlandscensus.gov.uk/2022-results/scotland-s-census-2022-sexual-orientation-and-trans-status-or-history)

# Demographics

**Note:** Where we have been able to, we have compared the demographic information of our survey respondents to Census information about the general population of Scotland. This is to help us understand if there might be other things about our survey respondents that explain differences in their experiences in the areas we asked about, other than the fact that they are trans<sup>3</sup>.

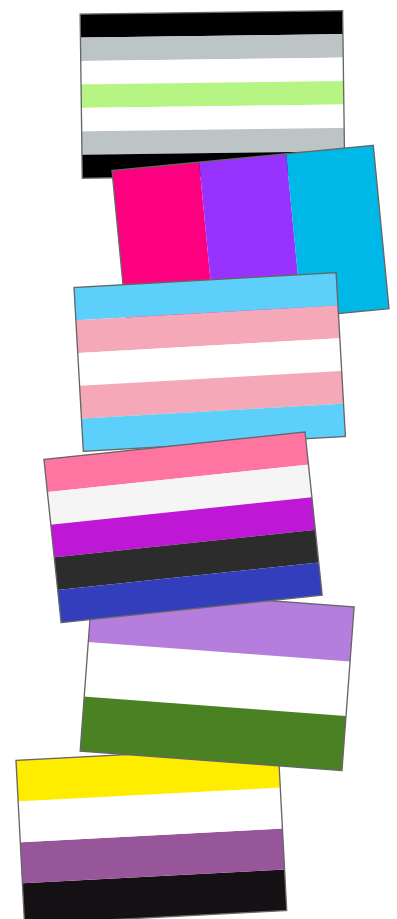
## Gender Identity

Respondents were able to select as many options to describe their gender identity as they wanted to, and were also given the option to write in any other terms that were not included in the question. The five most commonly used terms were:

- Non-binary – 45%
- Trans – 35%
- Trans woman – 25%
- Trans man – 18%
- Trans masculine – 17%

Gender Identity	%		%
Non-binary	45%	Agender	11%
Trans	35%	Androgynous	6%
Trans woman	25%	Other	5%
Trans man	18%	Transsexual	5%
Transmasculine	17%	Demiboy	3%
Woman	17%	Unsure	2%
Genderqueer	15%	Demigirl	2%
Transfeminine	13%	Don't define	2%
Man	12%	Bigender	2%
Genderfluid	11%		

<sup>3</sup> [scotlandscensus.gov.uk](https://scotlandscensus.gov.uk)



We wanted to be able to find out if different types of trans and non-binary people had different experiences based on their gender identity, so we also asked people to let us know which of the following groups they would describe themselves as belonging to:

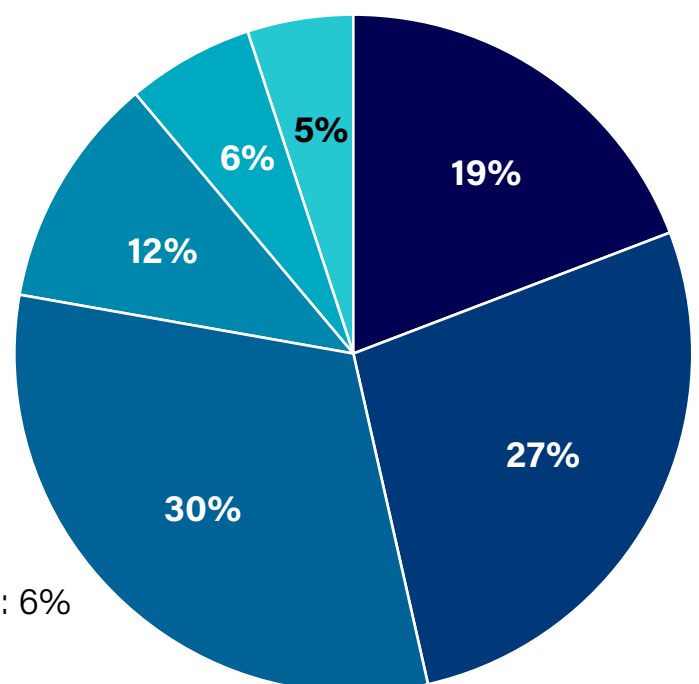
- Trans man/man with a trans history – 19%
- Trans woman/woman with a trans history – 27%
- A non-binary person – 30%
- A transmasculine non-binary person – 12%
- A transfeminine non-binary person – 6%
- Unsure or questioning – 5%

Where differences in experiences by whether people were trans men, trans women or non-binary people were statistically significant (this means that their gender identity is likely to explain the difference in findings between the groups) we have commented on this in the text throughout.

However, we found that there were almost no statistically significant differences between trans men, trans women and non-binary people's experiences.

Which of the following best describes how you see yourself?

- Trans man/man with a trans history: 19%
- Trans woman/woman with a trans history: 27%
- A non-binary person: 30%
- A transmasculine non-binary person: 12%
- A transfeminine non-binary person: 6%
- Unsure or questioning: 5%



In total, almost half of our respondents described themselves as being non-binary – whether that was because they described themselves as a non-binary person (30%) a transmasculine non-binary person (12%) or a transfeminine non-binary person (6%).

## Sexual Orientation

Respondents were able to select as many options to describe their sexual orientation as they wanted to, and were also given the option to write in any other terms that were not included in the question.

The five most commonly used terms were:

- Queer – 39%
- Bisexual – 33%
- Pansexual – 24%
- Lesbian – 16%
- Asexual – 14%

Sexual Orientation	%
Queer	39%
Bisexual	33%
Pansexual	24%
Lesbian	16%
Asexual	14%
Gay	11%
Demisexual	9%
Aromantic	6%
Don't define	6%
Other	5%
Heterosexual	5%
Unsure	5%

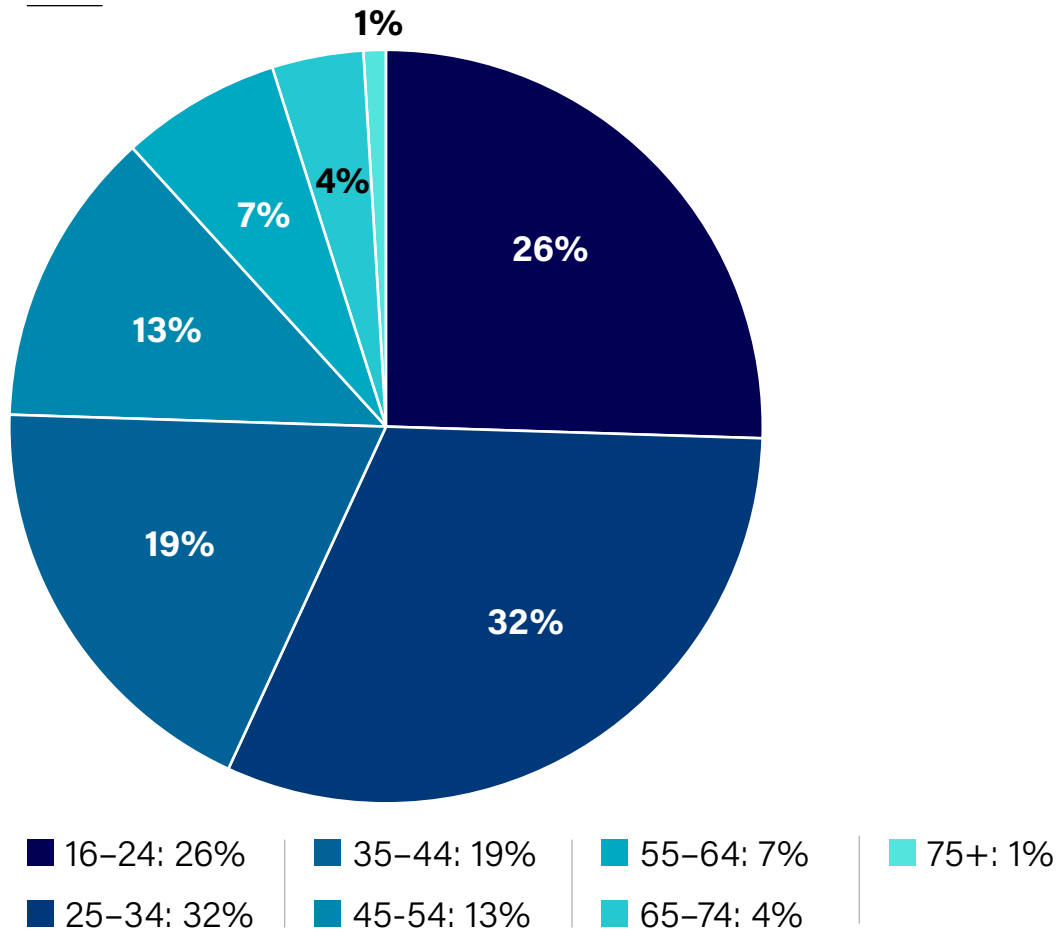
The responses to the sexual orientation survey reflect previous findings from our research – that only a small number of trans and non-binary people are heterosexual.



## Intersex/Variation in Sex Characteristics

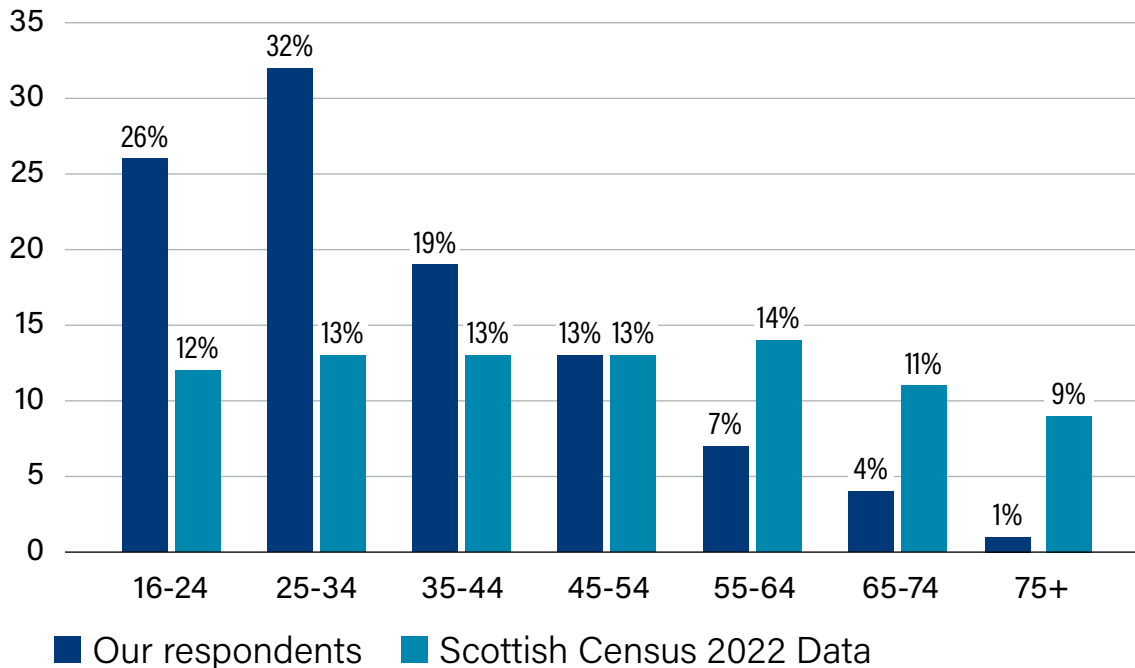
3% of our respondents said that they were intersex, or had variations in sex characteristics ("I/VSC").

### Age



Respondents to our survey were younger than the general population of Scotland compared to findings from the Census in 2022. In particular, our respondents were much more likely to be aged 16–34, and much less likely to be over 55. You can see the differences between the age of respondents to our survey, and the general population, in the graph below (note that the percentages for the total population do not total 100, as the Census also recorded the ages of people under 16).

## Age of our respondents compared to the general Scottish population



It might be that our respondents were younger on average than the general population because more people aged 16-44 are trans and non-binary.

Because our respondents were concentrated in younger age groups, when looking at our findings and comparing them to the general population, it is important to consider age as another reason that might explain any differences.

**Note:** although our respondents were younger than the general population, they were older than trans respondents to the Census – 44% were over 35, compared to 28% of Census respondents.

## Ethnicity

91% of respondents were white. This included:

- 57% who were white Scottish (compared to 78% of the general population)
- 19% who were white British/English/Northern Irish/Welsh (compared to 9% of the general population)
- 4% who were white Irish (compared to 1% of the general population)
- 11% who were another white ethnic group (compared to 5% of the general population)

10% of respondents were Asian; African, Caribbean or Black; mixed ethnic groups; or other ethnic groups. This included:

- 1% who were African, African Scottish, or African British; Black, Black Scottish or Black British; or any other African, Black or Caribbean ethnic group (the same as the general population)
- 1% who were Arab (compared to less than 0.5% of the general population)
- 2% who were Bangladeshi, Bangladeshi Scottish or Bangladeshi British; Indian, Indian Scottish or Indian British; Chinese, Chinese Scottish or Chinese British; or any other Asian, Asian Scottish, or Asian British ethnic group (compared to 4% of the general population)
- 3% who were mixed or multiple ethnic groups (compared to 1% of the general population)
- 3% who were another ethnic group (compared to less than 1% of the general population)

**Note:** National Records of Scotland describes anyone who is not white Scottish or white other British as belonging to a 'minority ethnic group'. Compared to the general population of Scotland in 2022, our respondents were more likely to be from minority ethnic groups – 24% compared to 13%.

This included respondents with diverse races and ethnicities, who experience racism in distinct and different ways. None of the individual groups (e.g. of Black respondents, or Arab respondents) were large enough for it to be possible to meaningfully analyse our findings to see if respondents from racialised minorities had significantly different experiences.

We have therefore prioritised inclusion of respondent comments that also speak to racism, to try to foreground these experiences as much as we are able to.

## Religion or belief

Our respondents were less likely to describe themselves as having a religion or belief than the general population (51% described themselves as having no religion or belief in the 2022 Census):

- 66% of our respondents had no religion or belief
- 17% were Atheist
- 10% were Christian
- 6% were Pagan
- 3% were Buddhist
- 2% were Humanist
- 2% were Agnostic
- 2% were Spiritual
- 1% were Jewish
- Less than 1% were Hindu, Jain or Muslim

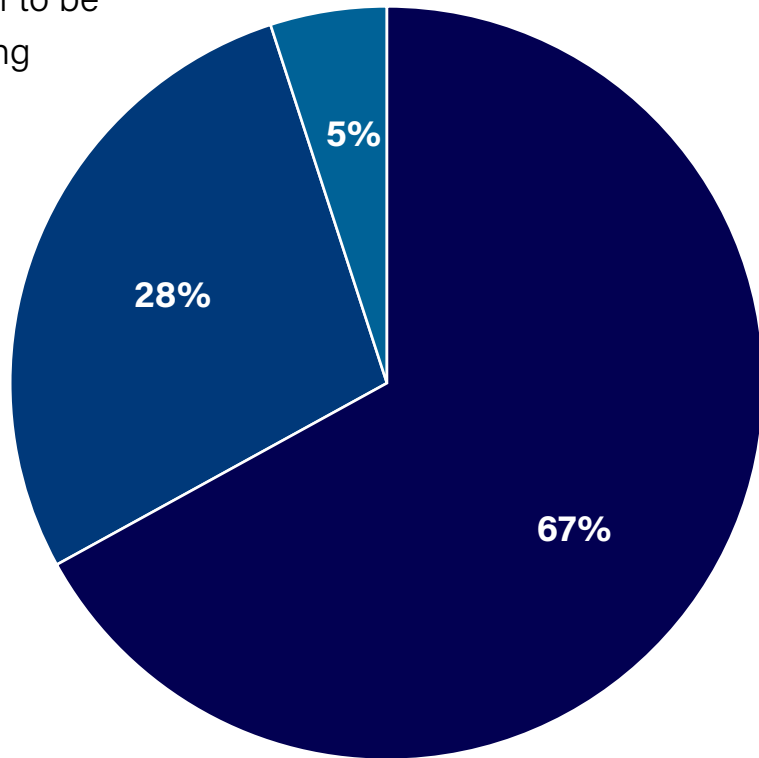
## Disability

The majority of our respondents were disabled. This reflects both our experience of working with trans and non-binary people across Scotland, and previous research we have carried out, which

consistently sees a high proportion of disabled people engaging with our events and research.

Do you consider yourself to be disabled, or to have a long term health condition?

- Yes: 67%
- No: 28%
- Unsure: 5%



**Note:** The Scottish Census asks a different question to identify what proportion of the general population is disabled.

It asks "Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?"

In 2011, the proportion of the general population who answered yes to this question was 20% (the results from the 2022 Census are yet to be published).

We cannot directly compare this with respondents to our survey, because of the different questions asked. However, it seems probable that respondents to our survey were at least as likely, or more likely, to be disabled as the general population.

People were allowed to provide more details when answering this question, although they were not required to. 291 respondents did so. Where possible, we categorised responses into groups. Respondents may have been included in more than one group, depending on the range of additional information provided.

Of those who did provide additional details and whose answers could be categorised:

- 39% mentioned a physical health issue
- 18% mentioned neurodivergence
- 17% mentioned a mental health issue

We found that disabled people were much more likely to have negative experiences in many of the areas we asked about.

We have highlighted these throughout this report – you'll find them in the purple boxes.

We've only included comparisons where the differences between disabled and non-disabled respondents were statistically significant – this means that whether or not respondents were disabled is likely to explain the difference in findings between the groups.

We'll also be producing a separate report focusing specifically on the experiences and findings from disabled trans and non-binary people.

## Location

We had respondents from all over Scotland – living in 31 of 32 Local Authority areas with the exception being East Renfrewshire.

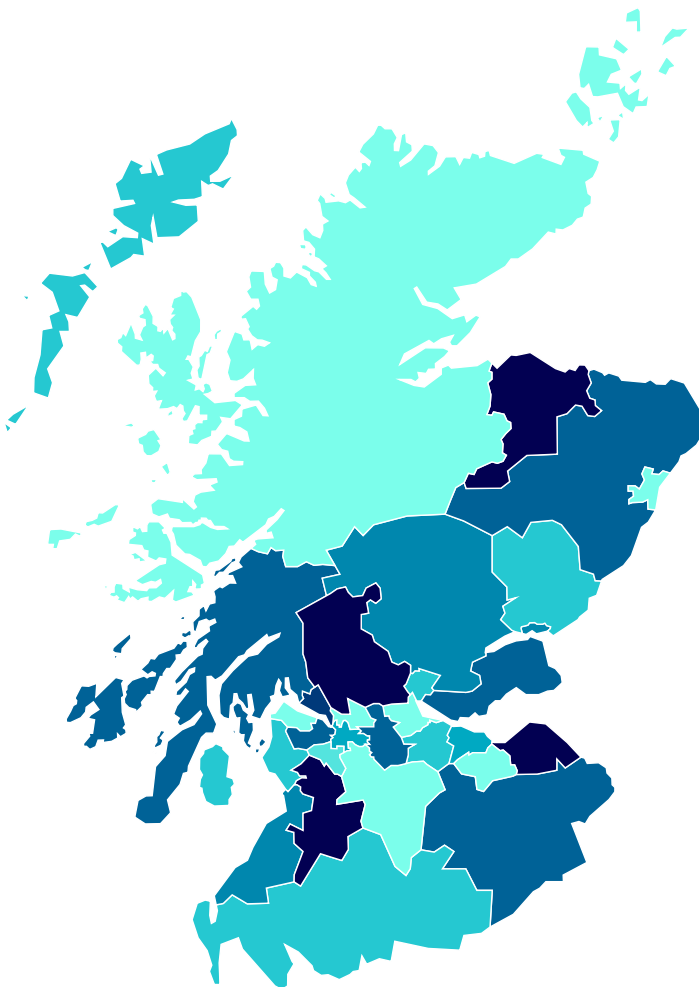
<b>Local Authority</b>	<b>%</b>		
City of Edinburgh	24%	Moray	2%
Glasgow City	17%	North Ayrshire	2%
Fife	5%	Falkirk	1%
Dundee City	4%	Midlothian	1%
Renfrewshire	4%	South Ayrshire	1%
Aberdeen City	4%	East Dunbartonshire	1%
Dumfries and Galloway	4%	Inverclyde	1%
Highland	4%	Stirling	1%
Angus	3%	West Dunbartonshire	1%
East Lothian	3%	Argyll & Bute	1%
North Lanarkshire	3%	Clackmannanshire	1%
Aberdeenshire	3%	East Ayrshire	1%
South Lanarkshire	2%	Na h-Eileanan Siar	1%
West Lothian	2%	Orkney Islands	<1%
Scottish Borders	2%	Shetland Islands	<1%
Perth & Kinross	2%		

However, our respondents were significantly more concentrated in Scotland's two largest cities than the general population. 24% of our respondents lived in the City of Edinburgh, compared to just 9% of the general population. 17% lived in Glasgow City, compared to 11% of the general population.

This reflects our experience of working with trans and non-binary people across Scotland for many years; people often choose to move to larger cities due to an increased prevalence (whether perceived or real) of inclusive social spaces and services.

Despite respondents being more likely to live in Edinburgh or Glasgow, overall our respondents were largely reflective of the general population in terms of whether they lived in remote rural, accessible rural, or rest of Scotland areas.

Type of area lived in	%
Large urban area	54%
Other urban area	21%
Accessible rural area	13%
Remote rural area	5%
Accessible small town	5%
Remote small town	2%



5% lived in remote rural areas, 13% in accessible rural areas, and 82% in the rest of Scotland. This compares to 6% of the general population who live in remote rural areas, 11% in accessible rural areas, and 83% in the rest of Scotland<sup>4</sup>.

This means that where people have told us about their experiences of using services, or how they find their local area, our findings relate to people who live in large cities, towns and rural settings, with a similar spread to what we would expect for the general population.

<sup>4</sup> From the 2019 estimates of where the population of Scotland live [gov.scot/publications/rural-scotland-key-facts-2021/pages/2](https://gov.scot/publications/rural-scotland-key-facts-2021/pages/2)

Part 1:

# Public services and neighbourhoods



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Neighbourhoods ..... 52

## Public services

**Content note:** This section contains mention of sexual assault on p. 29

We asked respondents to tell us about their experiences with different public services.

We chose both services that people use routinely in their lives, as well as those that may only be needed in moments of difficulty or hardship, like Citizens Advice Scotland or Police Scotland. Despite this, all of the services are ones that you'd expect to use close to home, and for a variety of reasons – whether they are related to your gender identity, trans status or history, or not.

We asked our respondents about their experiences with:

- Citizens Advice Scotland
- Community centres
- Food banks
- Pharmacies
- Police Scotland
- Public spaces (such as parks)
- Public toilets
- Public transport

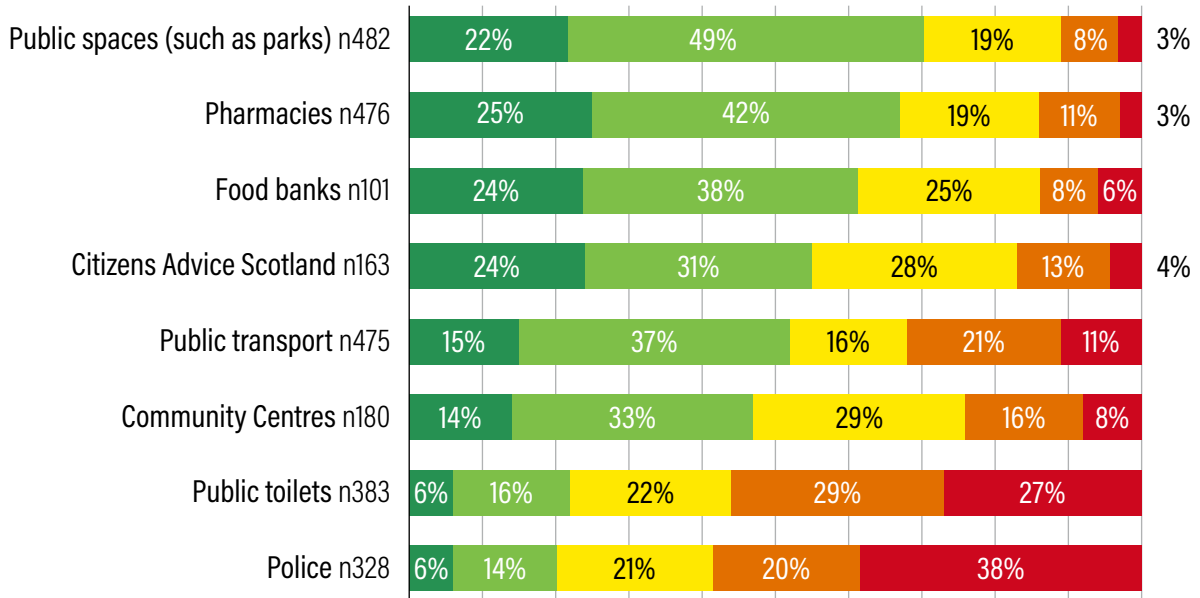
These services should be accessible for everyone, and so we wanted to learn about trans and non-binary people's experiences with them.

Equally, there may be barriers to using public services. Some of these may be things that affect everyone (such as a lack of funding). Others may be specific to trans and non-binary people, or may be compounded by being trans or non-binary.

Respondents were asked to rate each public service from 'very satisfied' to 'very dissatisfied'. People could also respond 'no opinion/don't use'

The graph below shows how satisfied people were once the 'no opinion/don't use' responses were removed.

How satisfied are you with:



■ Very satisfied   
 ■ Fairly satisfied   
 ■ Neither satisfied or dissatisfied  
■ Fairly dissatisfied   
 ■ Very dissatisfied

## Public Spaces

Public spaces had the highest levels of satisfaction, with 71% saying they were either very or fairly satisfied (n482).

We did not provide a definition of 'public spaces' in the survey, although we did provide the example of parks, and many positive and negative comments related to these, and focused on how well-maintained (or otherwise) they were. Those who left positive comments welcomed the availability of well-maintained public green spaces.

One theme that emerged in comments about public spaces was safety – whether feeling that public spaces were or were not safe:

- “The parks are mostly well-lit so aren’t so intimidating to walk through or hang out in.”
- “Lots of greenspace, kept tidy and safe.”
- “Public spaces in this area are generally not well looked after and can feel unsafe especially at night, although [Park] is somewhere I enjoy a lot during the day.”
- “Parks should be lit up better.”
- “It doesn’t always feel safe to be out in public spaces, particularly on my own or late at night.”

## Pharmacies

67% of respondents were very or fairly satisfied with pharmacies (n476).

Comments related to positive experiences tended to talk about staff being polite, professional, and helpful:

- “I’ve found my local pharmacist to be very trans & non-binary friendly and welcoming.”
- “Pharmacy has been fine, very little interference with my care and have been supportive when I’ve needed advice e.g., around sharps boxes.”
- “I always feel comfortable at my local pharmacy and find the staff to be friendly and discreet.”

Despite overall high levels of satisfaction, some respondents reported significant issues when accessing pharmacies.

Themes included experiences of discrimination, misgendering or using the wrong name, and understaffing and underfunding.

## *Discrimination*

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- “I gave the pharmacy a mixed rating because while normally everything is fine, I have had problems with testosterone supply chain issues and pharmacists not letting me know there will not be any stock until after my prescription is invalid, or telling me they can’t take the script without any other advice. This has had effects on my physical and mental health.”
- “The Pharmacy have been difficult on a couple of occasions, the last time I went to collect my prescription for hormones they asked me ‘was I sure I wanted it all because it’s very expensive’ which I found highly insulting, they also called my prescription ‘highly unusual’. This has made feel anxious about the next time I need to pick it up. It’s my medicine, it’s not a choice.”
- “Pharmacy had apparently prioritised other customers when there was a shortage of HRT medication.”

## *Issues with name and gender*

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- “Pharmacies will often deadname<sup>5</sup> by mistake when they call out your prescription. I don’t believe it is malicious, because how would they know? But you do feel very vulnerable when it happens.”
- “Pharmacies have unintentionally outed me – calling “Miss [lastname]” when my prescription is ready, because I cannot change my title in the NHS without losing access to important services. I have a full beard and pass as male.”

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<sup>5</sup> A term used by some community members for when they are referred to by their birth name.

## *Lack of resources*

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- “Pharmacy services seem to be very over-stretched, as with all services attached to the NHS/public health.”
- “Pharmacy are very friendly and helpful. Can be very low on staff, and I have had quite a few issues with the communication between them and GP (I think mainly GP side) which has caused problems and delays in getting prescriptions.”

As well as using pharmacies to access hormones, trans and non-binary people will of course also use pharmacies to access other healthcare unrelated to their transition.

If they have a poor experience when trying to pick up hormones, this may make them more reluctant to use a pharmacy’s other services, or they may put off collecting other prescriptions.

Even if pharmacy staff themselves are friendly and helpful, having the wrong name and/or gender on their NHS records may present a further barrier.

For many trans and non-binary people, having to use or be called by their previous name can be incredibly distressing, and so if they have not changed their name on their NHS records, this is the name they will have to use to collect a prescription, and the name that will be called out when it is ready to collect.

For those who do find this particularly upsetting, but who also need to regularly collect medication, they may face a regular dilemma between the embarrassment and distress of hearing the wrong name, versus the necessity of accessing healthcare.

Trans and non-binary people can update the name and gender on their NHS records relatively easily via their GP. However, people may not be aware that they can do this, may not yet feel ready to change the name or gender on their records, or may be concerned that changing their record will result in them being unable to access healthcare that they need.

NHS Scotland has relatively simple processes in place for updating the name and sex on your health records. They also ensure that people are still called for relevant health screenings once they have done so.

Comments on accessing pharmacies, and later in questions about people's experiences at their GP, showed that not all trans and non-binary people were aware of these processes.

We will produce guidance and information about this.

## Food Banks

62% of people were very or fairly satisfied with food banks (n101). This was the public service that we asked about with the largest proportion of respondents saying that they either didn't use them, or had no opinion on them – 80% (n512).

## Public Transport

Satisfaction with public transport was quite mixed – with 52% either very or fairly satisfied, but 32% very or fairly dissatisfied (n475).

This was reflected in the comments. Themes that emerged included the reliability of services, fear of using public transport, and experiences of harassment and discrimination when using public transport.

## Fear

- “Public transport in particular is just not safe. I need a car to avoid daily assaults.”
- “Public transport can sometimes be unreliable, but this is true anywhere. I have recently faced some issues on buses, and am not always certain of how safe I will be, or if bus drivers will do anything to stop harassment.”

— “Transport is the big one. Night-time buses and trains are frightening.”

### *Discrimination and harassment*

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- “[Company] bus driver didn’t let my trans pal on because the ID image didn’t match their name, according to the driver. He then spent time making fun of how my friend “didn’t look like an X”. I filed an official complaint and nothing was done.”
- “Saturdays are particularly bad for public transport, people get a couple of drinks in them and feel confident to express the transphobia they usually hide behind stares or spitting on the ground as I pass.”
- “I no longer take the buses late in the evening or at night, as I have twice encountered people who were disorderly, with one of those instances including a group who were shouting violent and threatening things including slurs, I believe directed at me. It took some time for these individuals to be kicked off the bus, even after I had informed the bus driver of what was happening.”

These comments show that trans and non-binary people do sometimes experience discrimination, harassment, and abuse when using public transport, or are anxious that they may experience this.

This may present a substantial barrier to engaging with daily life for trans and non-binary people, especially for those who live rurally and/or those who do not have access to other ways of getting around.

### **Community Centres**

47% of people were very or fairly satisfied with community centres (n180).

Fewer respondents rated their satisfaction of community centres than many of the other public services that we asked about – with 65% saying they had no opinion or didn’t use them (n510). This was reflected in

the comments made about them, some of which spoke to a lack of provision:

- “The one community centre we have has very short inconvenient opening hours and it’s always block booked.”
- “There is nothing to do in community centres if you’re over 10-12.”
- “There need to be more community centres in the middle of town (rather than at the edge like mine) with loads of free events that get young people involved. In mine most classes have to be paid for and it’s all old, retired people going.”

## Public Toilets

Only 22% of people were very or fairly satisfied with public toilets – compared to 56% who were very or fairly dissatisfied (n383).

25% of respondents said they had no opinion on them or didn’t use them (n514). Comments in this section would seem to indicate that the majority of people who responded in this way were avoiding public toilets, as opposed to having no opinion.

The most common theme by far was that there were not enough public toilets available.

Other themes that emerged were around the lack of gender neutral options, concerns about safety, and accessibility.

### *Lack of gender neutral options*

- “Before I transitioned, I was a ‘woman’ with short hair who wore ‘masculine’ clothes and several times I was challenged in women’s toilets and told I was in the wrong one, which led to me using the disabled ones whenever I could because I didn’t feel comfortable in either bathroom. This continued into my transition as I didn’t feel ‘male’ enough for the men’s or ‘female’ enough for the women’s until I have been on hormones for several months.”

- “Public toilets tend to be uncomfortable as they are usually gendered. I was assigned male at birth so I will use the male toilets as it is simply the path of least resistance however I dislike being in and being seen to enter an explicitly male space.”
- “Public toilets should more often have a unisex / non-specific toilet available. This should not come at the expense of disabled toilets or those for men or women.”
- “Toilets that trans or non-binary people would be comfortable to use (i.e. non-gendered, safe, individual cubicles) do not exist.”
- “Public toilets are almost never gender neutral and disabled toilets almost always locked so you have to ask a member of staff to open them which I am scared of as I have a hidden disability that they might not accept.”

## *Safety*

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- “My biggest issue is public toilets. Most places don’t have a gender-neutral option, so I need to choose one or the other. I don’t feel safe either way. I generally use the Ladies because it’s what I’m used to (and to avoid harassment from colleagues), but my clothing and short hair get me fearful, suspicious and angry looks. I’m scared that if I go into the Gents (again, outside of work, which isn’t feasible), someone might try and make conversation and hear my voice, or I’ll be attacked for looking gay.”
- “It can be scary being trans and needing to use the toilet but not feeling safe or accepted in either gendered option.”
- “Public toilets are terrifying in the current climate and Scotland could be tackling this with more gender neutral and single stall bathrooms or taking a stronger stance that trans people belong in the bathroom of their gender.”

Several respondents noted that they used accessible toilets as the only ones that felt safe for them. This is problematic as public toilets often only include one cubicle for disabled people to use. If trans and non-binary people who are not disabled use accessible toilets due to fears of using gendered toilets, this may reduce disabled people's access to toilets they need.

Comments left by respondents clearly showed that many trans and non-binary people find accessing gendered public toilets difficult. This may be because they are non-binary, and do not wish to use male or female facilities, or because they are visibly trans and are concerned about their safety when accessing them.

These concerns are likely to have been exacerbated due to toilets being an area of focus for wider public conversations on when and how trans and non-binary people should be able to access spaces and services, with some comments mentioning this specifically.

Being able to access suitable toilet facilities is of course essential for anyone to be able to participate in public life. If trans and non-binary people do not feel like there are safe or suitable facilities, this can seriously impact their ability to do even basic things, such as leave the house, go shopping, or socialise.

## Police Scotland

Only 20% of respondents said they were very or fairly satisfied with Police Scotland, compared to 58% who said they were very or fairly dissatisfied (n328).

The vast majority of comments relating to Police Scotland were negative, reflecting the reported levels of dissatisfaction. Overall, the comments demonstrated a high level of distrust in, or negative experiences with, the Police. These often related specifically to the way people felt their gender identity, trans status or history, had impacted on their experiences.

Comments included:

- “There’s no trust in the police within most of the trans community and it’s their doing. Trans people are treated like it’s their fault if attacked or abused, the police don’t care, they never will until they end their old school bigotry.”
- “The police have not helped or protected or made me or any of my trans friends safe. I called that I was being threatened, screamed at and terrified, they took over two hours to show up, when they did obviously the men had left and the police then implied I was being dramatic and a liar and there wasn’t a point in calling. Reports they do show up in time for go nowhere and the entire time you’re treated like less.”
- “Police have been unhelpful every time I’ve had contact with them, and traumatising more than once. I would not use them if I had any other option to contact about issues like assaults happening.”
- “I reported a sexual assault to the police last year and was disbelieved.”
- “The few interactions I’ve had with police they have been very impatient and not compassionate at all towards the situations dealing with.”
- “I was brutally assaulted in a pub for being trans, requiring medical attention and later physiotherapy, police officer refused to take my statement and said “you don’t even have any broken bones so it can’t have been that bad”. By the time my complaint was logged, all CCTV of the incident had conveniently been lost and no charges were pressed. It’s at the point now where I wouldn’t even bother to contact the Police for anything. I was raped a few years ago and didn’t report it because they are so dismissive, judgemental and do nothing.”

This last example demonstrates the very serious impact that results from mishandling of reports of hate crime. Where someone has felt

disbelieved, or had negative interactions with police officers when trying to report hate crime, they may then feel unable to report any crime in the future.

One respondent left a comment explaining their experience of racial profiling from the police:

- “I come from an Asian Muslim background [...] For 10 years after 9/11 I was constantly targeted by police who were profiling me according to their stereotypes. I took some photos in a public space and was interviewed by the terror police with no right to remain silent. They told me I shouldn’t go around looking like I do and not expect to be targeted.”

Just as negative experiences with the Police due to gender identity will erode trust in contacting them in the future, this is also the case for those who have had negative experiences due to other aspects of their identity, such as their ethnicity or religion.

A very small number of respondents did leave comments reflecting their positive experiences with the Police:

- “Police know me very well due to my mental health. In general, they’re very nice and caring, and want to help. A few individuals are not.”
- “I liaise a lot with the Police and have always had positive experiences”

## Avoiding public services

We asked respondents if they had ever avoided any of these public services due to fear of being harassed, being read as trans, or being outed.

**61% of respondents had avoided at least one of the public services we asked about due to fear of being harassed, being read as trans, or being outed.**

Of those who had avoided at least one public service for these reasons (n350):

- 80% had avoided public toilets
- 52% had avoided the police
- 35% had avoided public spaces
- 30% had avoided public transport
- 18% had avoided community centres
- 13% had avoided pharmacies
- 6% had avoided food banks
- 5% had avoided Citizens Advice Scotland

### Negative experiences in public services

For each of the public services, we asked respondents if they had had any of a range of negative experiences. We asked if people had experienced:

- Someone disclosing their trans status to others without their permission
- Verbal harassment, insults or other hurtful comments
- Exclusion from services, events, or activities,
- Threats of physical or sexual harassment
- Sexual harassment or violence
- Physical harassment or violence

**54% of respondents had had at least one of these negative experiences in at least one of the public services that we specifically asked about (n491).**

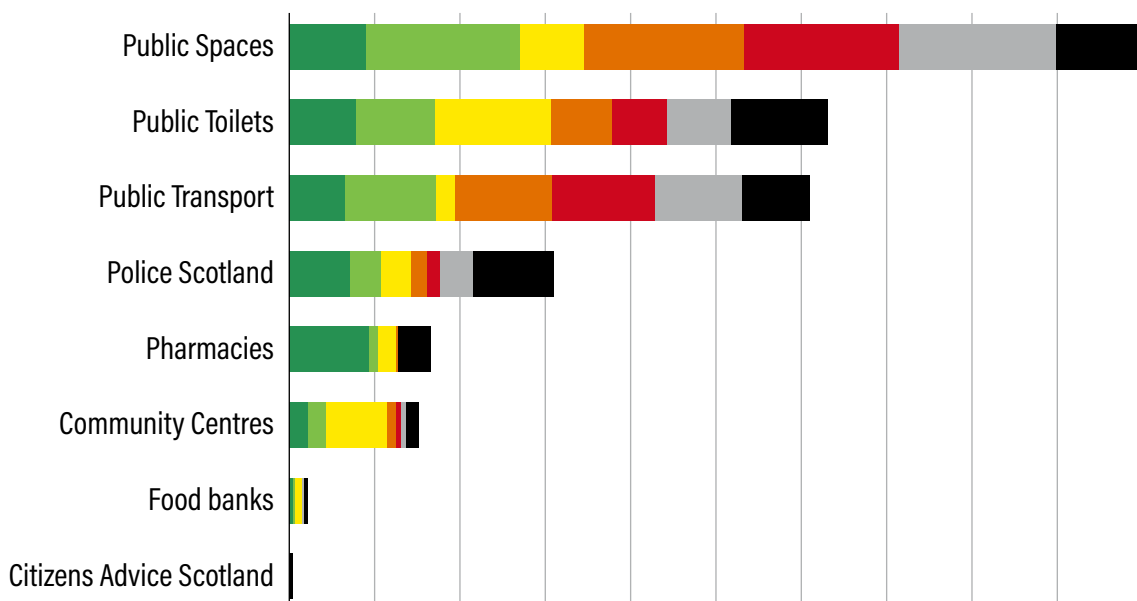
We also asked if people had experienced "any other negative experience not listed above". A further 6% of respondents told us they had had another negative experience in one of the public services we asked about, but not any of those that we did ask about.

- 50% of respondents had experienced verbal harassment, insults or other hurtful comments (n482)
- 32% had experienced threats of physical or sexual harassment or violence (n458)
- 27% had experienced any other negative experience (n429)
- 19% had experienced sexual harassment or violence (n443)
- 19% had experienced physical harassment or violence (n444)
- 18% had had someone disclose their identity without their permission (n460)
- 17% had been excluded from services, events or activities (n438)

This demonstrates that trans people have experienced substantial levels of harassment, abuse, and violence in a range of public spaces and services.

The graph below shows where these negative experiences occurred, once 'not applicable' responses were removed. Percentages total more than 100% as people had negative experiences in more than one setting.

Have you ever experienced any of the following when using public services or charities because of your trans status or history, or gender identity?



	Citizens Advice Scotland	Food banks	Community Centres	Pharmacies	Police Scotland	Public Transport	Public Toilets	Public Spaces
Someone disclosing your trans status/history or gender identity without your permission	0%	2%	9%	38%	30%	27%	32%	37%
Verbal harassment, insults, or other hurtful comments	0.5%	1%	9%	4%	14%	43%	36%	72%
Exclusion from services, events or activities	0%	4%	28%	9%	14%	8%	55%	30%
Threats of physical or sexual harassment or violence	0%	0%	5%	1%	7%	46%	29%	75%
Sexual harassment or violence	0%	0%	2%	0%	7%	48%	26%	73%
Physical harassment or violence	0%	1%	2%	0%	15%	41%	30%	73%
Any other negative experience not listed above	2%	1%	6%	15%	38%	32%	45%	41%

Across these different experiences, public spaces such as parks were by far the most common place where people experienced these issues, followed by public toilets, public transport, Police Scotland, pharmacies, community centres, food banks, and Citizens Advice Scotland.

This reflects findings from our 2016 Non-binary people's experiences in the UK report, where we asked about experiences of physical and sexual violence experienced "while accessing services" and "in public spaces". As with the findings outlined above, non-binary people said they had these experiences much more frequently when in public spaces, with 32% having experienced some kind of physical or sexual violence or threat than when accessing services.

## Other aspects of identity

43% of respondents felt that they had had negative experiences when using public services or charities due to at least one other aspect of their identity.

It's important to remember that the spread of which other aspects of people's identity they felt had caused them to have negative experiences is likely to reflect the characteristics of the people who answered our survey, rather than telling us anything about which aspects of people's identity are most likely to result in them facing negative experiences.

Because of this, although there are some percentages in the discussion below, respondent comments to this question probably tell us more useful information.

These give a sense of the range of ways that different aspects of people's identities may have caused them to have negative experiences. Some comments also reflect the ways that multiple aspects of someone's identity can result in particular kinds of disadvantage and negative experiences.

Of those respondents who had had negative experiences due to other aspects of their identity (n245):

- 70% said this was because of their gender
- 49% said this was because of being disabled
- 47% said this was because of their sexual orientation
- 28% said this was because of their age
- 9% said this was because of their race/ethnicity/nationality
- 7% said this was because of their religion or belief
- 5% said this was because of being intersex/having variations of sex characteristics

## *Gender (or perceived gender)*

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- “Due to not fully passing as a man, I get catcalled in public once in a while.”
- “Often no women’s loos available even if there are men’s loos (with the excuse that women don’t pee up against a wall); street harassment in parks, especially when I was younger and didn’t have a child; having strangers ride on the bus next to me and try to groom me / get my number / chat me up in a way I wasn’t inviting. Once I was worried enough about being followed home that I got off substantially earlier than usual.”
- “With gender, it is just the typical misogyny like catcalling and I’ve experienced a lot less of that since beginning to transition.”
- “I have been catcalled numerous times, and more than once called ableist slurs.”

## *Age*

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- “When I was younger, I did have older men approach me both in public spaces like bus stops, in stores and on the buses themselves in a drunk and predatory way (even with female friends and flagging my queerness). But now that I’m nearing middle-age, there is next to none of that attention anymore. There was an incident recently with a group of teens harassing me and my parents after being at Pride, but this was not in my local neighbourhood, and instead elsewhere in Scotland.”

## *Sexual orientation*

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- “When I presented as female and was in public spaces with my girlfriend, we would get stared at and see people whisper to each other while looking at us.”

- “We have a pride flag hanging from our window which unfortunately regularly gets stolen and has been set on fire in the past. I have also been called slurs due to my assumed sexuality.”
- “It’s hard to tell whether the harassment is coming from being gay or being trans, or some combination of the two.”
- “In the past I have experienced sexual orientation verbal harassment and threats of violence in public spaces and on public transport.”
- “Have had issues in public toilets with people saying as I’m a “lesbian” I shouldn’t be in the girls toilets.”

## *Disability*

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- “People have gotten impatient/angry when I cannot move quickly, or need to sit down (because it is an invisible illness). Some have laughed, jeered, scorned when my balance and coordination is bad.”
- “Now that I pass most of the time, adverse experiences due to my disability seem to overshadow those due to my gender or orientation in most public places.”
- “Lack of awareness of fellow passengers of non visible disabilities even when wearing a rainbow lanyard.”
- “I’m in my late 30s and frequently get glared at and muttered at by elderly people for using a walking stick, as if I’m somehow faking it. Have also been accused of taking up space on public transport and using disabled toilets. Have also been physically attacked by some guy on drugs because I had my stick and needed to get past him, resulting in him attempting to shove me out of the way.”

## *Religion*

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- “Me and other family members are often perceived as Jewish and have been subject to antisemitism, regardless of our actual religious/ethnic background.”

## *Race*

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- “I have encountered verbal harassment several times. Although I am unsure (just because they did not enunciate their words when making these comments) whether they were targeting my identity and/or my ethnicity (an assumption made by the colour of my skin), I think this experience shows the intersectionality of the racism, homophobia, and transphobia.”

## Recommendations

- Organisations providing or maintaining public spaces, such as Local Authorities or businesses, should be aware that trans and non-binary people can face significant risks of physical and sexual violence, harassment and abuse in these spaces, and should consult with trans and non-binary people and equality organisations on how to ensure that everyone can use these spaces safely.
- There should be adequate lighting in all public outdoor spaces after dark.
- There should be greater provision of public toilets, particularly accessible public toilets.
- There should be greater provision of gender neutral public toilet facilities.
- Future public toilet design needs to ensure that these provide safety and dignity for everyone. Organisations providing or maintaining public toilets, such as Local Authorities or businesses,

should be aware that trans and non-binary people can face significant risks of physical and sexual violence, harassment and abuse in public toilets, and consult with trans people and equality organisations on how to ensure that they can use these spaces safely.

- Public transport needs to be safe for everyone to use. Organisations responsible for providing public transport should be aware that trans and non-binary people can face significant risks of physical and sexual violence, harassment and abuse, and consult with trans and non-binary people and equality organisations on how to ensure that they can travel safely.
- Police Scotland need to build trust with trans and non-binary people. This will require changes to practices and proactive outreach to improve the current widespread lack of trust and frequency of negative interactions.
- Public services should have trans awareness and inclusion training for staff working directly with the public, with a particular focus on experiences of discrimination and harassment, inclusive and respectful interactions, name change processes, and maintaining privacy.
- There should be increased provision of safe, inclusive community centres.

# GP practices

**Content note: this section contains a transphobic slur on p. 42**

GP practices are important for everyone – they are normally a person’s first point of contact with the health service. But for many trans and non-binary people they are also the first step towards accessing gender affirming care on the NHS, and play an ongoing role in coordinating their care, including care which is, and is not related to a person being trans.

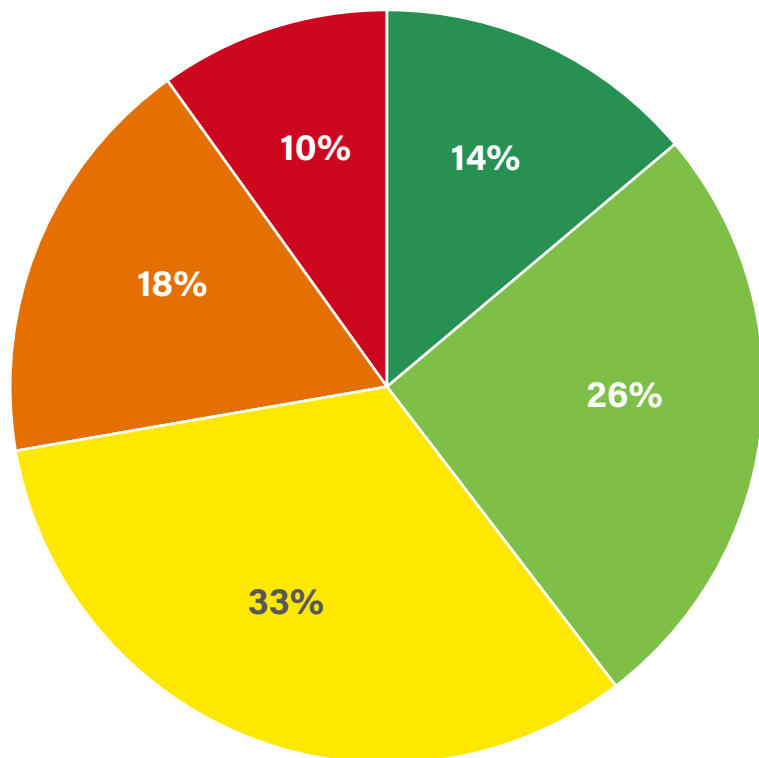
We wanted to understand more about trans and non-binary people’s experiences with their GP practices, as our experience of working with trans and non-binary people is that these can be very mixed – ranging from very supportive and positive to extremely negative.

## Overall Care

When asked how they would rate the overall care provided by their GP practice, 40% rated it Excellent or Good, 33% rated it Fair, and 28% rated it Poor or Very Poor (n508).

Overall, how would you rate the care provided at your GP practice?

- Excellent: 14%
- Good: 26%
- Fair: 33%
- Poor: 18%
- Very poor: 10%



Our respondents rated the care provided by their GP practice substantially lower than the general population.

The Scottish Government Health and Care Experiences Survey 2023/24 found that 69% of people rated the care provided by their GP practice as excellent or good, and just 13% as poor or very poor<sup>6</sup>.

Although all our respondents rated the care provided by their GP substantially lower than figures for the general population of Scotland, disabled respondents rated the care provided by their GP practice significantly worse than non-disabled respondents.

Only 11% of disabled respondents rated the care provided by their GP practice as excellent, compared to 24% of non-disabled respondents.

32% of disabled respondents rated their care as either poor or very poor, compared to only 15% of non-disabled respondents who rated it this way.

Respondents were able to tell us more about how they had rated their GP practice if they wanted to. Several themes emerged from comments. Those relating to poor or negative experiences with GP practices included a lack of understanding of trans healthcare, difficulties booking appointments, poor treatment and experiences, both negative and positive experiences of shared care, problems with referrals, problems with administrative changes, and fear of disclosing being trans to their GP practice.

### *Lack of understanding of trans healthcare*

— “They don’t seem aware of trans healthcare, and I have had to guide them through my needs, but they have not been actively dismissive which I have experienced before.”

<sup>6</sup> [gov.scot/publications/health-care-experience-survey-2023-24-national-results](https://gov.scot/publications/health-care-experience-survey-2023-24-national-results)

- “Overall, the care is good. However, although they are kind and well-meaning, none of their practitioners have a good knowledge of trans healthcare.”
- “Any care I have got has been because I personally have known exactly what I need, and have been able to communicate that – only because of years of knowing what I need as a trans woman.”

A lack of awareness among GPs about trans healthcare means that many trans and non-binary people feel they have to “educate” their GP.

This may cause delays to treatment for those who lack awareness or knowledge about what care is available, or who lack the confidence to advocate for themselves.

Where GPs were more aware of options for trans healthcare and gender identity clinics, respondents noted that this often led to them assuming that gender identity clinics (GICs) would oversee all aspects of trans and non-binary people’s healthcare:

- “In relation to my gender transition my GP has not discussed any elements and feels uninformed of the impacts of my medication. They seem to treat my trans healthcare as a separate issue to be dealt with by the gender clinic. This means that no-one has a whole picture of my present health.”
- “My GP was a bit confused that I am not seeing Sandyford for my hormones (I was discharged from the London GIC in 2009, and have been on repeat prescriptions ever since). However, doctors and nurses in the practice have been decent with prescription renewals and supporting me with other health issues. My main problem is lack of proper health monitoring relating to my hormones.”
- “I’ve been disappointed that although they are in the LGBT Charter programme, they have had a very hands-off approach to my trans-related care and have been unwilling to do more than the bare minimum for me.”

— “My GP practice are very hands-off, particularly with care related to being trans. They will try to refer me to Sandyford for everything, even if not really related.”

These responses highlight a key issue that trans and non-binary respondents raised about their experiences with their GP practice – a lack of enough knowledge of trans healthcare to play a supportive role in their care and an over-reliance on specialist services, even where this would not be necessary.

### *Difficulties booking appointments*

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Difficulties when booking an appointment to see their GP was an issue noted by a high number of respondents. Key issues regarding this included:

- long waiting times for appointments
- lack of face to face appointments
- narrow windows of time each day where an appointment can be booked
- no options for online booking
- no options for booking in advance
- unhelpful or dismissive reception staff.

While these difficulties would apply to anyone wishing to speak to a GP, not just trans and non-binary people, issues accessing a GP appointment compound the other problems that trans and non-binary people may experience at their GP practice. If a trans or non-binary person is already reluctant to see their GP, then difficulties booking an appointment may make them even less likely to persevere in seeking care.

### *Poor treatment and experiences*

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— “At my first appointment there, to get a diagnosis of gender incongruence and referral to a GIC, I was seen by a trainee GP who said he’d never met a “tr\*nny” before.”

- “I feel I have been repeatedly dismissed in my interactions with medical staff, often resulting in little or insufficient treatment.”
- “If I have a problem it seems to always be ‘maybe because trans’. I’m pretty sure the time I had a chest infection wasn’t due to my testosterone prescription.”

In some cases, respondents said that poor treatment from GP staff impacted their mental and physical wellbeing, and has made them less likely to seek care for other issues:

- “I’ve also had a nurse react with visible disgust to my body during a smear which I found very upsetting. I have frequently avoided going to the GP for issues I am worried about due in part to both discomfort around how I may be treated as a trans man and because their poor service makes the experience extremely stressful.”

### *Shared care*

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Due to long waiting times to access NHS GICs, an increasing number of trans and non-binary people are accessing private treatment in order to begin some medical aspects of their transition (such as gender affirming hormones).

Some GPs agree to perform certain services (such as blood tests and prescriptions) for those who have sought private gender affirming care in an agreement called “shared care”, but this is at the discretion of GPs or their practices, as is the case for shared care agreements with any private providers.

Many respondents shared the issues they had faced in trying to seek shared care arrangements with their GPs where they were accessing private healthcare:

- “When I started undergoing HRT treatment with a private service while on the waiting list, I asked if they could do the blood tests that I could send to the private clinic for monitoring which they eventually agreed to but only after weeks to months

of struggling with them and some very dismissive and rude conversations with receptionists. When I asked if they would prescribe for me they led me on for weeks like they would before telling me no, at which point I was about to run out of my medication which left me without for weeks while I had to go back to the private pharmacy for a refill.”

- “They’ll take on blood tests for my private care but refuse to take over the prescription, despite this being normal practice.”
- “They refused shared care with my private company after refusing to give any assistance on bloods, levels or safety. They were scared, ill informed and frankly negligent.”

However, problems with shared care were not limited to those accessing private gender identity services. Some respondents also reported issues with shared care between their GPs and NHS gender identity services:

- “Refusal to engage with the GIC, I need to handle all of that.”
- “GPs here refuse to sign a Shared Care Agreement and acknowledge the treatment prescribed by Sandyford.”
- “Refusing to check blood or hormone levels without explicit request by the Sandyford, even though by that point I had not been a patient with the Sandyford for years.”
- “My previous clinic refused to prescribe me testosterone due to fear of liability, and it caused lots of problems with the gender clinic and my HRT. I had no problems getting nurses appointments for the injections, but I had to organise all of blood tests to monitor my testosterone levels, and the communication between the GP, lab, and Sandyford was terrible. After a period of stopping testosterone due to the communication problems and the GP refusing to take charge of my prescription, I got a call saying my bloodwork showed seriously low testosterone levels. I was shocked none of the people interpreting my tests realised why this was.”

This is especially concerning, as it suggests that some GPs are not willing to enter shared care agreements with NHS specialist services. This results in trans and non-binary people needing to access routine care (such as blood tests and prescriptions) directly from these services when this is not needed, and despite advice of the General Medical Council that GPs should prescribe and monitor hormones on the recommendation of specialists<sup>7</sup>.

However, respondents also gave positive examples of shared care between their GP and private providers or Gender Identity Clinics:

- “My GP has been excellent and has given me a bridging prescription while I await my appointment with Sandyford.”
- “Although I access private healthcare, my GP does my bloods and they are in constant communication with me in regards to them. Contacting me before I contact them for example. They are discreet when I wish to discuss things.”
- “Currently, my practice has a GP who deals with all trans related issues and it has been extremely useful. She knows how to navigate the gender clinic and what she needs to do for monitoring and prescribing hormones, which has made my treatment significantly easier.”

### *Problems with referrals*

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Some respondents reported problems in being referred by their GP practice to a Gender Identity Clinic:

- “GP laughed at me upon first request of referral [to a Gender Identity Clinic].”
- “My GP has been quite dismissive of my needs, avoiding referring me to a GIC... Additionally as I live in quite a remote area, I do not have an alternative option for an NHS GP.”

<sup>7</sup> [gmc-uk.org/professional-standards/ethical-hub/trans-healthcare#recommendation](https://www.gmc-uk.org/professional-standards/ethical-hub/trans-healthcare#recommendation)

- “When going for a referral to the local gender clinic it took 3 tries for them to finally send it away.”

Other respondents reported problems with referrals – in that they were either referred incorrectly to a GIC when the issue was not related to being trans or non-binary, or they were referred to general mental health services but not to gender identity services when this was what they needed. This further reinforces some of the themes explored above around a lack of knowledge about trans healthcare.

- “It took nearly 2 years to get a rheumatology referral, and instead of giving me a gynaecology referral they insisted it was a trans issue rather than a longstanding issue from childhood and so referred me back to the GIC. Luckily my GIC was able to refer me for hysterectomy after only a year (though the waiting list means I will not have surgery until probably at least 2 years from referral) but I have no gynaecologist to see for support or pain management because the GP will not refer me to one.”
- “I have approached my GP to receive support for my mental wellbeing and gender identity but not received anything further than CBT.”
- “I was hoping to get help, better help, but was only referred to CAMHS.”

### *Problems with administrative changes*

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- “It took a number of tries to get my name changed and every time I go to an appointment I have to log in to the appointment by choosing Male or Female on the big touchscreen. Then when my appointment time comes, my deadname often is read out by the prerecorded voice.”
- “It makes me uncomfortable that they can’t change their records to have my preferred name and title instead.”

- “They keep changing my gender marker from M to back to F even when I explain not to.”

### *Fear of disclosing being trans or non-binary*

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In our previous report on Non-binary people’s experiences in the UK, 50% of respondents said they ‘never’ felt comfortable sharing their identity with their GP.

Fears of disclosing being trans or non-binary were also raised by some of our respondents:

- “I have yet to ask for the use of my preferred name or pronouns out of fear of the care I receive being impacted. I have a lot of issues with my womb which my lesbian identity has already impacted the care I received in the past. I don’t want to add to this, I am already very visibly queer so I don’t want to confirm such. But my current GP practice are very wonderful, I just fear ruining that for myself by starting the conversation around my gender identity. I have to visit them a lot, adding further negative experiences with health care practices is something I can’t take on.”
- “I feel quite anxious about telling my GP as I am generally scared that they may react in a transphobic way, especially given the recent influx in hate and stigma against trans people in the UK and the world in general.”
- “As I haven’t come out yet as trans to my GP, I wouldn’t know how receptive they would be as I have heard of trans peoples’ experiences with their own GP quite a few times have not been positive.”

Overall, we were concerned about the proportion of trans and non-binary people who didn't rate the care provided by their GP very highly, and who reported a range of serious negative experiences.

We'll be producing a guide for trans and non-binary people on some of the most effective ways to advocate for yourself at your GP practice, to try and mitigate some of these negative experiences.

There were of course many comments from respondents relating to positive experiences at their GP practices. Some examples given were:

- “Have listened to my health concerns more openly and seriously than any other GP I have been with. All nurses are kind, and have never made me feel uncomfortable or uncertain in regards to my healthcare. One of the doctors also politely reached out and asked my opinion on her thoughts on improving outreach to transgender patients, specifically how to best go about ensuring trans men with cervixes get cervical tests and the healthcare necessary to stay safe.”
- “Everyone I have come into contact with at my GP practice has been very supportive. They are very knowledgeable on trans healthcare.”
- “I have a long history of struggling with health professionals in order to get the care I need, but the GP I am with is incredible. He fights my corner and will chase referrals for me, and my second ever appointment with him, he asked if I was non-binary as I use the title “Mx”. He asked my pronouns, noted my pronouns and gender identity in my medical notes, and discussed a referral to the gender clinic with me.”
- “My GP and practice are incredible, taking into consideration my medical trauma, physical and mental needs and most importantly, listening to me. They go above and beyond to help me fight for the healthcare I need, and my GP was the one who suggested a referral to the gender clinic.”

On the next page, you'll find our concrete recommendations around improving experiences at GP practices.

Respondents also said that they would find it reassuring if practices explicitly stated their support or inclusion of trans and non-binary people, whether through statements on their websites or posters or flags in the practice itself.

While these gestures should complement the recommendations on the next page, small markers of inclusion can help trans and non-binary people feel more confident and comfortable in discussing or disclosing their gender identity to GPs and practice staff, which can be stressful and difficult if they feel uncertain about how this will be received.

Our previous research has highlighted the importance of such 'small markers' of inclusion for the whole LGBTQIA+ community, for example in our **Further Out** report.

## Recommendations

- Based on our findings, it is clear that many GPs and other staff at their practices would benefit from trans and non-binary awareness and inclusion training.
- This should include:
  - A fundamental “trans 101” training covering how to respectfully interact with trans patients,
  - trans specific pathways available via NHS gender identity services,
  - how to identify when it is and isn’t appropriate to refer to specialist gender identity services,
  - how to smoothly make changes to patient records relating to name and gender,
  - GP’s role in supporting gender affirming care for their patients (such as bloodwork, shared care agreements and prescribing hormone treatments) and
  - an awareness of the long waiting lists that cause many trans and non-binary patients to seek private care, or may mean they require wellbeing support whilst on waiting lists.
- NHS Education for Scotland is currently developing a Transgender Skills and Knowledge Framework. They should particularly encourage GP practices to engage with the training resources produced alongside the framework.
- Healthcare Improvement Scotland is currently developing national service standards for gender identity services that include recommendations relevant for primary care. They should ensure that GP practices are aware of the standards, and provide advice and information on how practices can use the standards to ensure that they are providing high quality care in line with the recommendations in them.

- Specialist gender identity services and GP practices should collaborate on shared care agreements for routine prescribing and monitoring of hormones for trans and non-binary patients.
- GPs should ensure that decision-making about entering shared care agreements with private providers is done in a non-discriminatory manner when considering whether to do so for those accessing private gender identity services.
- Trans and non-binary people, as with all people, would benefit from more availability for appointments with their GPs, as well as alternative booking methods such as text or online options for those who are anxious about how they may be treated by reception staff.

# Neighbourhoods

**Content note:** this section contains mentions of physical and verbal harassment and assault on p. 58/59

We asked respondents about the area they lived in to find out how welcomed and included trans and non-binary people feel in the places they live. We defined “neighbourhood” in urban areas as the street the respondent lives on, and the streets nearby. For more rural parts of Scotland, we suggested a wider local area.

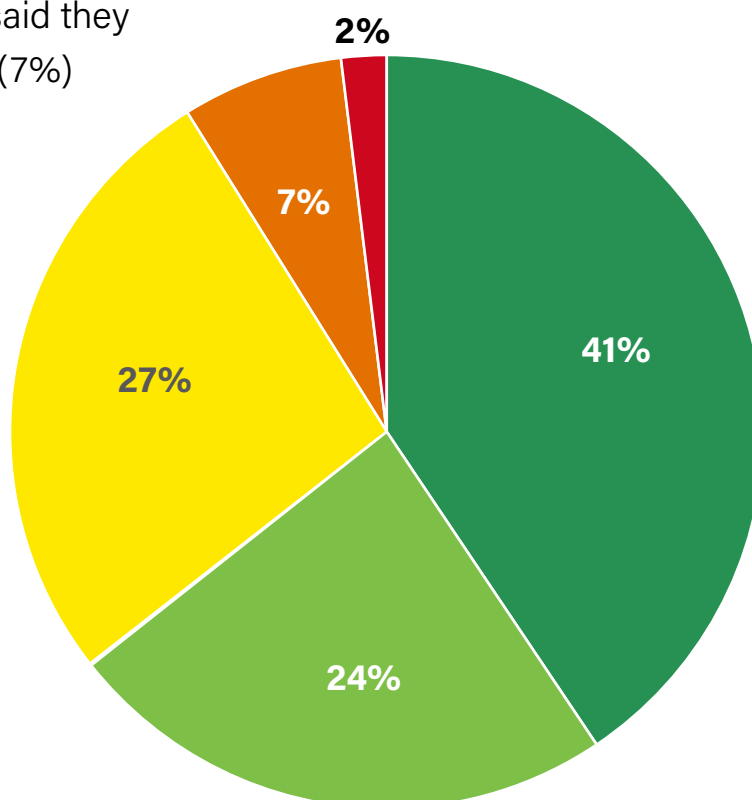
While substantial proportions of respondents did report positive views and experiences of their neighbourhoods, these were often at lower rates than those reported by the general population.

## Rating your neighbourhood

When asked how they rated their neighbourhood as a place to live, the majority of respondents said it was very good (41%) or fairly good (24%) with 27% saying it was average. A small minority said they would rate it as fairly poor (7%) or very poor (2%) (n569):

Thinking about your neighbourhood, how would you rate it as a place to live?

- Very good: 41%
- Fairly good: 24%
- Average: 27%
- Fairly poor: 7%
- Very poor: 2%

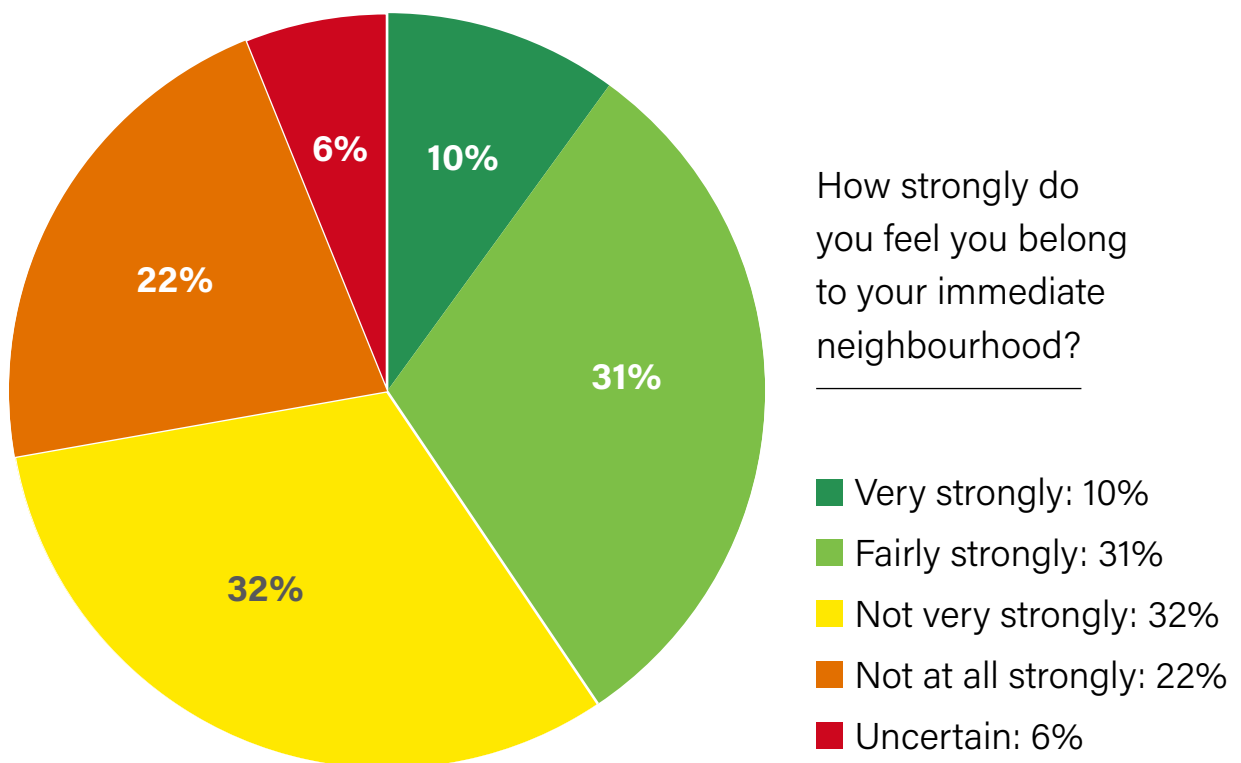


Although the majority of respondents rated their neighbourhood positively, this was still at a lower rate than the general population – where 95% of people rated their neighbourhood as a ‘very good’ or ‘fairly good’ place to live<sup>8</sup>. Only 65% of our respondents rated their neighbourhood this highly (n569).

Disabled people were less likely to rate their neighbourhood as a ‘very good’ place to live – only 20% described their neighbourhood this way, compared to 34% of non-disabled people.

They were also much more likely to rate it as fairly poor (9% compared to 3%) or very poor (2% compared to 1%).

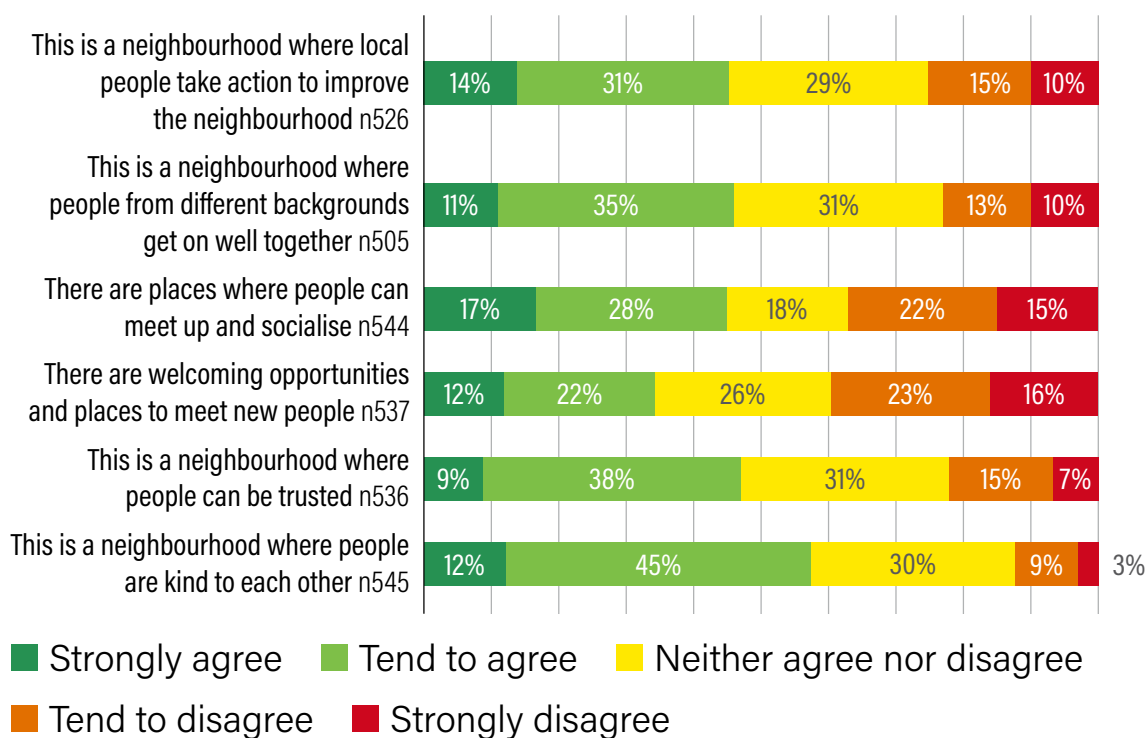
Despite generally positive views about the place where people lived, when asked how strongly they felt they belonged to their neighbourhood, a majority said that they felt not very or not at all (n569):



<sup>8</sup> [gov.scot/publications/scottish-household-survey-2022-key-findings/pages/4](https://gov.scot/publications/scottish-household-survey-2022-key-findings/pages/4)

This again showed a large difference from the general population. In 2022, 83% of the general population said that they felt a ‘very strong’ or ‘fairly’ strong sense of belonging to their community – this was 41% for our respondents (n569)<sup>9</sup>.

We also asked respondents questions about what their neighbourhood was like, thinking about both physical spaces and the people they shared their local area with. The chart below shows people’s responses once those responding “don’t know” were removed.



We were glad to see that overall, trans and non-binary people reported positive perceptions of their neighbourhood. As with the general population of Scotland, people tended to feel more positively about the people they shared their neighbourhood with than its physical spaces<sup>10</sup>.

The majority of respondents agreed that their neighbourhood was a place where people were kind to each other. The largest proportion of respondents agreed that in their neighbourhood people can be trusted, that people of different backgrounds get on well together and that local

<sup>9</sup> See footnote 8.

<sup>10</sup> See footnote 8.

people take action to improve their neighbourhood (although this was not a majority of respondents). This was reflected in some of the positive experiences that respondents told us about in the free text fields for these questions:

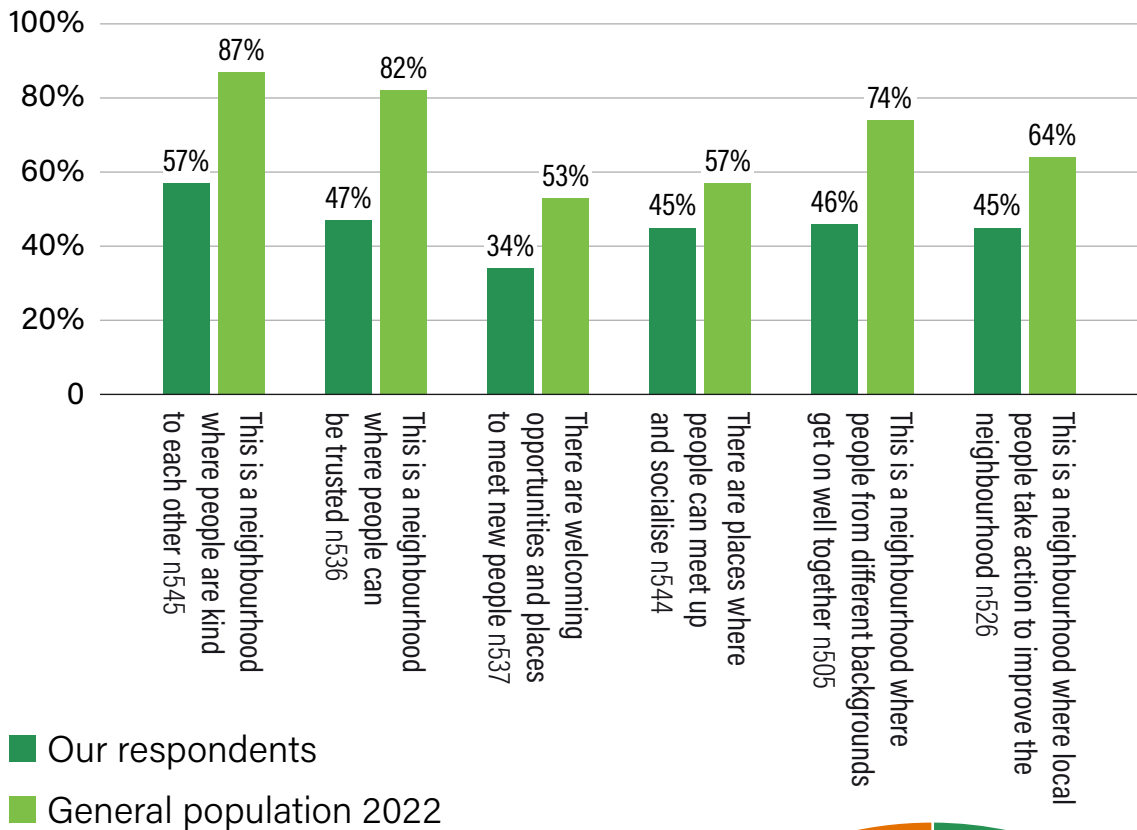
- “This neighbourhood is very diverse and has many queer people in it. Seeing people like myself constantly and having ready access to support networks is a very positive experience.”
- “There are quite a few other queer and trans people in my neighbourhood. I am getting to know other people after moving here last year, and like seeing other queers in the street, rainbow or trans flags up in people’s windows, and pro-trans graffiti and stickers out and about. It feels good to live near other queers just getting on with their lives. There are sometimes anti-trans stickers nearby but there is always a lot more positive stuff.”
- “I mostly feel like I belong in my neighbourhood, but feel quite out of place in terms of being trans (this is the negative bit). But people are almost all accepting and friendly, even if they don’t understand (this is the positive bit).”

A few key themes across comments that mentioned positive experiences were feelings of community and solidarity with other trans, non-binary or other LGBT+ people in the area, including support in the face of anti-trans rhetoric.

45% of respondents agreed that “There are places where people can meet up and socialise” (n544) but only 34% that “There are welcoming places, and opportunities to meet new people” (n537). This seems to indicate that for some people, although they are aware of places in their neighbourhood for spending time with others, they don’t necessarily feel as though these are places where they would be welcome or able to meet people.

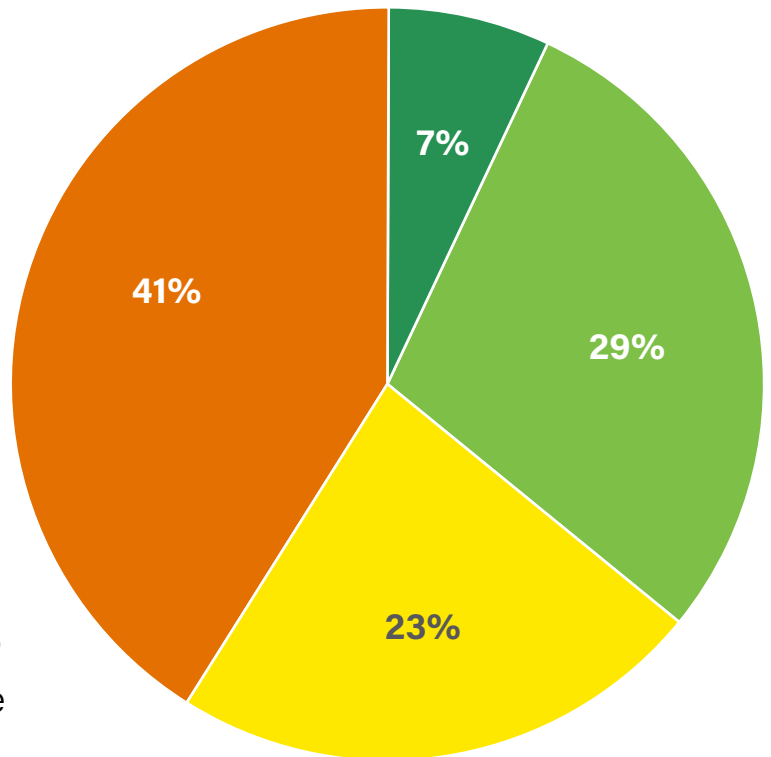
Despite positive views on the people in their neighbourhoods overall, these were still substantially lower than for the general population. This seems to indicate that trans and non-binary people do tend to have less positive experiences and views of their neighbourhood.

Comparison of our respondents and the general population who agreed with statements about their neighbourhood



Do you feel as though your trans status has an impact on your experience of your neighbourhood?

- Yes, only a positive impact: 7%
- Yes, both positive and negative impacts: 29%
- Yes, only a negative impact: 23%
- It has no impact: 41%



While it is reassuring that the most common response to this question was that being trans or non-binary had no impact on people's experiences, it is concerning that almost a quarter said it had only a negative impact (n563). This may explain why our respondents reported less positive views of their neighbourhood than the general population.

Disabled respondents were more likely to feel as though their trans status had an impact on their experience in their neighbourhood:

- 36% of disabled respondents felt it had no impact, compared to 53% of non-disabled respondents
- 26% of disabled respondents felt it had only negative impacts, compared to only 16% of non-disabled respondents who felt that way.
- 31% of disabled respondents felt it had both positive and negative impacts, compared to 23% of non-disabled respondents.
- For only positive impacts, disabled and non-disabled respondents were similar – with 7% for disabled respondents and 8% for non-disabled respondents.

Respondents were able to leave additional comments alongside their answer to this question. Themes included fear, uncertainty, feeling unsafe, harassment, abuse and violence, and experiencing looks, stares or negative comments.

### *Fear, uncertainty, or feeling unsafe*

- “Well it comes with a lot of trauma, and I’m afraid of transphobia, so I keep my trans status hidden and worry about it being revealed to neighbours. I’ve been made homeless multiple times by transphobia so it’s always on my mind, together with other forms of discrimination. I feel too afraid to be in public often and sometimes even keep my blinds shut all day.”

- “I’m often fearful of going outside, not because it’s a bad area just because I don’t know how people might react to me. For the most part people are pleasant enough.”
- “I suppose that in itself is a negative impact in that I’m scared to participate in my neighbourhood for fear of transphobia, but I don’t have any concrete reason to believe they’d be any worse than your average neighbourhood.”
- “In the past year, more negative comments made about transgender people/gender identity in general. Do not feel safe anymore despite 90% of the time passing. I now have more concerns around people knowing my past, whereas before I was quite open about being transgender, and had had no negative experiences to people knowing.”

This last comment demonstrates how wider anti-trans rhetoric and trends can impact trans and non-binary people’s feelings of personal safety, even if they have not noticed negative behaviour in their neighbourhood.

Other respondents also explicitly drew this connection:

- “I’ve made a lot of friends here since coming out, but there’s still hostility sometimes from strangers. And the open anti-trans hostility online has made me much more fearful of going places alone.”

### *Harassment, abuse, or violence*

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- “Throughout my time here in Scotland I have faced endless abuse over being trans, especially in Glasgow, with Paisley being the worst. I’ve had drinks thrown at me, slurs yelled in public with no one coming to mine or my trans friends’ defence. I’ve been so badly bullied I changed schools and then had to drop out anyway when that school ended up worse. I’m not safe in Scotland. People are becoming more and more bold in public

to lash out and members of the public just stare, if it's not transphobia it's blatant apathy.”

- “I have had a positive experience as I have been able to connect to a group of trans people in my neighbourhood however my experiences have primarily been negative as I have experienced harassment like when people shouted the T-slur from car windows when I was in my garden and I have often felt very uncomfortable going out into the community as there are a lot of people from older generations who make little comments and other teenagers who wouldn't hesitate to shout names or throw litter at people they perceive as trans. My neighbourhood feels like a safe space for bigots rather than a safe space for trans people.”
- “I have been harassed outside of my home, and when walking around my local area. I feel unsafe to go out, and will often take longer routes than necessary in order to avoid certain areas where I feel particularly unsafe around the people that live there.”
- “I can't walk home at night without having something happen to me. I have been harassed multiple times. I have also experienced it on the subway around these areas.”
- “I can't really go out in my wider neighbourhood as it is an extremely rough area. I only get off the bus and go the 20 yards to my door. Even the bus journey with people from my neighbourhood can be difficult, I experienced a few weeks of repeated transphobic attacks by the same group on the bus over and over back in 2021. And in 2022 was randomly attacked walking home from a friend's round the corner, a man came up headbutted me briefly knocked me out and then repeatedly kicked my head while I was on the ground. My neighbours repeatedly misgender me – they never met me as anything other than who I am now but refuse to acknowledge who I am and so misgender me constantly [...] I tend to come home lock the door and never answer it to anyone.”

- “Experience almost daily bigotry directed at me. Feel physically and mentally unsafe.”

### *Looks, stares, or negative comments*

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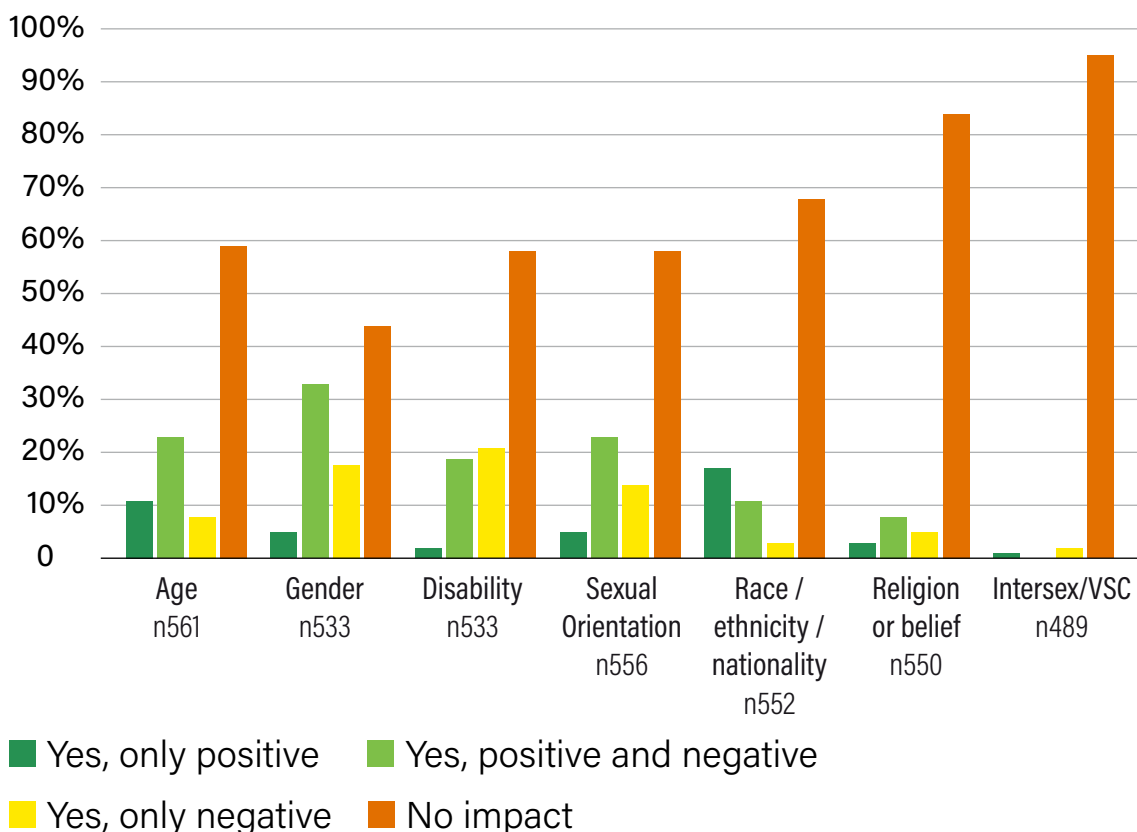
- “The looks and comments I receive walking down the street make me feel unwelcome and unsafe. I never received this attention before I was visibly trans.”
- “I’ve never had any trouble but i do get looks when I’m out and about.
- “My wife has noticed we get dirty look from some older people when we walk around holding hands. But then we also get a lot of people out on the street complimenting us and saying they like my hair or my wife’s dresses.”
- “I generally have very little interaction with my local community, but when I attended a local class recently I experienced transphobic comments regularly.”
- “I live in quite a “safe” area with many families, however some neighbours are judgemental towards myself and my trans friends. My neighbours have made snide comments about the clothing and appearance of me and my trans friends unprompted when we passed one another, and once implied another trans friend was there for sex work when she was not.”
- “I live on a popular trail and I have had people from all over telling me how much they appreciated seeing our queer progress flag out. That said, I’ve never heard anything like that from my neighbours, and the only time the topic of being transgender has come up was in the context of someone else on my community council telling me how unnatural it is.”

Another theme mentioned was the presence of stickers or flyers with anti-trans messages, which many said made them feel unwelcome and unsafe in their area.

— “I also see a lot of anti-trans stickers in the neighbourhood so I am afraid that people are actively transphobic in the area (as opposed to just ignorant). A small trans sticker put up on a lamppost near my house was quickly scratched off (not professionally cleaned or removed) within days despite it being in an awkward location, so it seems it made someone angry. The stickers and offensive comments have made me reluctant to trust my neighbours or invite other trans people over for friendship or community organising because I don’t want to provoke them with our presence.”

## Other aspects of identity

Do you feel as though any other aspects of your identity have an impact on your experience of your neighbourhood?



74% of respondents felt that at least one other aspect of their identity had an impact on their experience of their neighbourhood – whether positive, negative, or mixed.

It's important to remember that the spread of which other aspects of people's identity they felt had impacted on their experiences of their neighbourhood is likely to reflect the characteristics of the people who answered our survey, rather than telling us anything about which aspects of people's identity are most likely to impact on how they find their neighbourhood.

For the majority of these aspects of identity apart from gender, most respondents found that they had no impact, with the lowest impact being intersex / variations in sex characteristics – although this is to be expected as only a small percent of the population are intersex, and only 3% of respondents to this survey identified themselves as such.

For gender, disability, sexual orientation, I/VSC and religion, larger percentages of respondents felt that these parts of their identity had only negative impacts on their experience of their neighbourhood than positive.

For almost all characteristics, apart from race and ethnicity and disability, the most common response was that respondents experienced positive and negative impacts in their neighbourhood because of different parts of their identity. Some respondents commented on how the different aspects of their identity impacted their experiences in free text fields, with many discussing intersecting experiences with their gender identity:

### *Race, ethnicity, religion and sectarianism*

- “It would be risky to be out as a trans person where I stay as there are significant levels of homophobia and sectarianism, and so I deduce trans people would also be treated maliciously.”
- “It mostly doesn't impact as my gender identity is not obvious. I think it could be more negative if it were. I think my racial identity has more of a negative impact currently. The

neighbourhood is being actively gentrified and that will have an impact.”

- “Re religion and belief: living and being from Glasgow this is a lot more complicated. My Irish heritage and being raised catholic has had a large impact on my experience in “safe spaces” – usually in a negative manner. when it is raised, and there is an assumption of “we don’t talk about sectarianism here” in queer safe spaces in Glasgow, that makes folks of Irish heritage feel particularly uncomfortable as we cannot discuss our generational trauma. This plays into the “it’s two groups that don’t like each other” narrative of sectarianism in Glasgow that ignores the historical oppression of the Irish people. I have never ever felt comfortable speaking about my background in queer safe spaces such as youth groups, etc. additionally, the complete lack of awareness of the issue in the queer community outwith Glasgow is astoundingly bad. I went to university in Edinburgh and have had several experiences where people have made comments about Catholics that very clearly is ignorant of the history of catholic oppression in Glasgow.”
- “Football in Edinburgh is sectarian, although less so than in Glasgow – being from an Irish Catholic family I feel uncomfortable around the Hearts stadium on match days, even though I know most supporters are friendly; I’ve seen plenty of hats / stickers to demonstrate that not all of them are. Last year we got stuck in town because the roads were closed for an Orange march, which made me feel very uncomfortable as a queer Irish person.”
- “Minor incidents in my youth from people in the neighbourhood not liking that my mum isn’t originally from this country.”
- “I am more affected by being a second-generation Chinese immigrant, as I don’t have strong ties to the community in general due to lack of socialising as my parents did not understand how to integrate me into certain social situations.”

- “My area is the only area in Scotland to adopt the Catholic model for sex education because they refused to teach LGBT+ sex education. There is a strong distance in the older generation for anyone who is different.”

## I/VSC

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- “I don’t “pass” anyway, and my name is unisex when I receive post, so I don’t think people have the opportunity to treat me differently because of it. I have different sex characteristics e.g. I have facial hair and also breasts, but this has been something I’ve been treated differently for my whole life it’s not specific to my neighbourhood.”

## Age

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- “Although I don’t think people know I am trans I think I am treated with more suspicion because I look a lot younger than my age (due to being trans).”
- “I am probably around the same age as many people in my neighbourhood which makes me feel more like I belong here.”
- “The aspects of my identity (age, race) that match the majority of people in my neighbourhood have a positive impact on how easily I fit into my neighbourhood and how well I am treated by other people in my neighbourhood.”
- “My neighbourhood is definitely built for older people so being a teenager in this tiny rural village is extremely boring since there is nowhere to exist except the woods or our houses and nothing to do for teenagers and young people. There are groups for very small children and groups for elderly folks but nothing for young people.”

## *Sexual orientation*

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- “This small town has a lot of openly homosexual and bisexual people in very visible public facing work and leisure roles which feels welcoming and safe but I still hear homophobia openly voiced by older neighbours and even the main social enterprise that offers support to so many excluded by society is not openly welcoming to trans or nonbinary people or queer people.”
- “The social community of Edinburgh’s centre and old town are pretty positive in regards to varying LGBT expressions and religious beliefs. Many pubs and bars are extremely LGBT supportive, as has been expressed over the years.”
- “My gender and sexuality have not caused any problems so far, but I feel like some people might have avoided asking anything for fear of being offensive because I appear androgynous. On the positive side, I feel like people sometimes feel safer interacting with me as a feminine gay man and so I don’t feel as worried about making people uncomfortable or scared by accident.”
- “I have no issues with the local community but I am happy to admit that I am gay. However I would not be so open with my trans identity and what effect that would have.”

## *Disability*

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- “The town has a relatively good attitude towards those with mobility & developmental issues, but mental health, race & ethnic background, non-Christian religious beliefs, non-het sexual orientation & non-cis gender expression are not well catered for.”
- “My disability means that I am mostly housebound so I don’t come into direct contact with my neighbours very often, but there are a lot of disabled people around here and, perhaps as a consequence, other people tend to be accommodating and helpful.”

- “I don’t have a chance to get out all that often, either due to physical or mental issues, so I often feel a bit isolated from my community, both in my neighbourhood but also the queer community in Edinburgh as a whole, and fear of transphobia definitely contributes to that.”

## Rural areas

Some comments from respondents mentioned how living in rural or more isolated parts of Scotland impacted their experiences of their local area:

- “I’ve been able to use my experience growing up trans in a rural-ish area in my volunteer youth work. However, with many people knowing each other, I feel scared to stand out too much, and that the wrong people will find out.”
- “I moved to this highland village with my new husband when I identified as female. It has been challenging to come out as trans although most people have been accepting. I still feel pretty isolated though as I know no other trans people.”
- “I live in a very small village which I only moved to just over 2 years ago due to escaping a violent ex-partner. Though the people are friendly enough I’ve found it’s very insular so have been unable to form any actual bonds with people. The nearest support for LGBTQI+ people is 1hr and 20 minutes away on 2 buses.”
- “I live in a town where there is a strong religious community that hold positions of influence. Although things definitely seem to be improving, it is a relatively isolated area, & most of the opportunities to socialise are for cis het white folk.”
- “Coming from a remote island, being trans makes me feel incredibly isolated. I only knew one other trans person, and we both felt very cut off from the wider trans community. Furthermore because of the small population many people weren’t aware of trans issues and I often felt unsafe coming out to people.”

## Recommendations

- While many trans and non-binary people who responded to our survey did feel included and safe in their neighbourhood, it is clear that a significant proportion do not, and that some fear and experience harassment and violence when leaving the house.
- Work by Local Authorities on community cohesion should pay attention to the particular types of harassment and isolation that trans and non-binary people experience, and consider how these can be addressed alongside wider plans to improve community relations.
- Local Authorities should provide increased funding for community spaces, and require community spaces to have a trans inclusion policy or plan.
- Local Authorities should provide increased funding for trans-specific social and wellbeing spaces and support, to address the impact of trans people facing a range of negative experiences in their neighbourhoods.
- As some respondents raised, having more spaces and services available in their local area may better enable them to make connections within their neighbourhood, whether that is with other trans and non-binary or LGBTI+ people, or other residents in their area.
- Such spaces may also enable a better understanding of trans and non-binary people's lives, and hopefully improve community cohesion and positive interactions between all members of communities.
- Many of our recommendations for public services, housing, and homelessness services also apply here.

Part 2:

# Housing and homelessness



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# Housing

We found that trans and non-binary people were having substantial issues with housing and homelessness.

We will be producing short, practical guidance for housing providers on how to reduce the barriers and discrimination faced by trans and non-binary people that we heard about during this report.

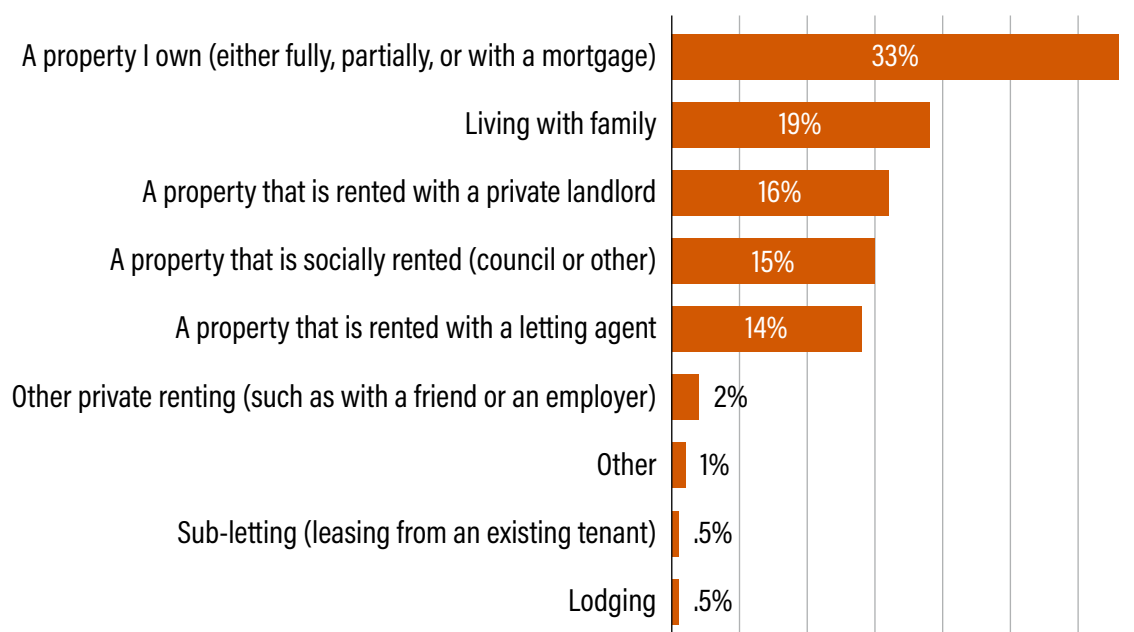
We will be reaching out to trans and non-binary people to see how we can work together to tackle some of the issues that you told us about.

We will also reach out to housing and homelessness charities and organisations to see how we can work with them to make things better.

We asked our respondents a range of questions about their housing situation. As with other areas of people's lives that we asked about, disabled respondents often reported poorer experiences or satisfaction than non-disabled respondents.

## Types of accommodation and satisfaction

What kind of accommodation are you currently living in?



Our respondents were much less likely to own their homes and much more likely to rent privately than the general population.

The 2022 Scottish Household Survey found that 65% of people owned their homes – compared to 33% of our respondents (n497)<sup>11</sup>.

It also found that 13% rented privately – compared to 32% of our respondents (n497).

Some of these differences are a result of the fact that our survey respondents were younger overall than the general population of Scotland.

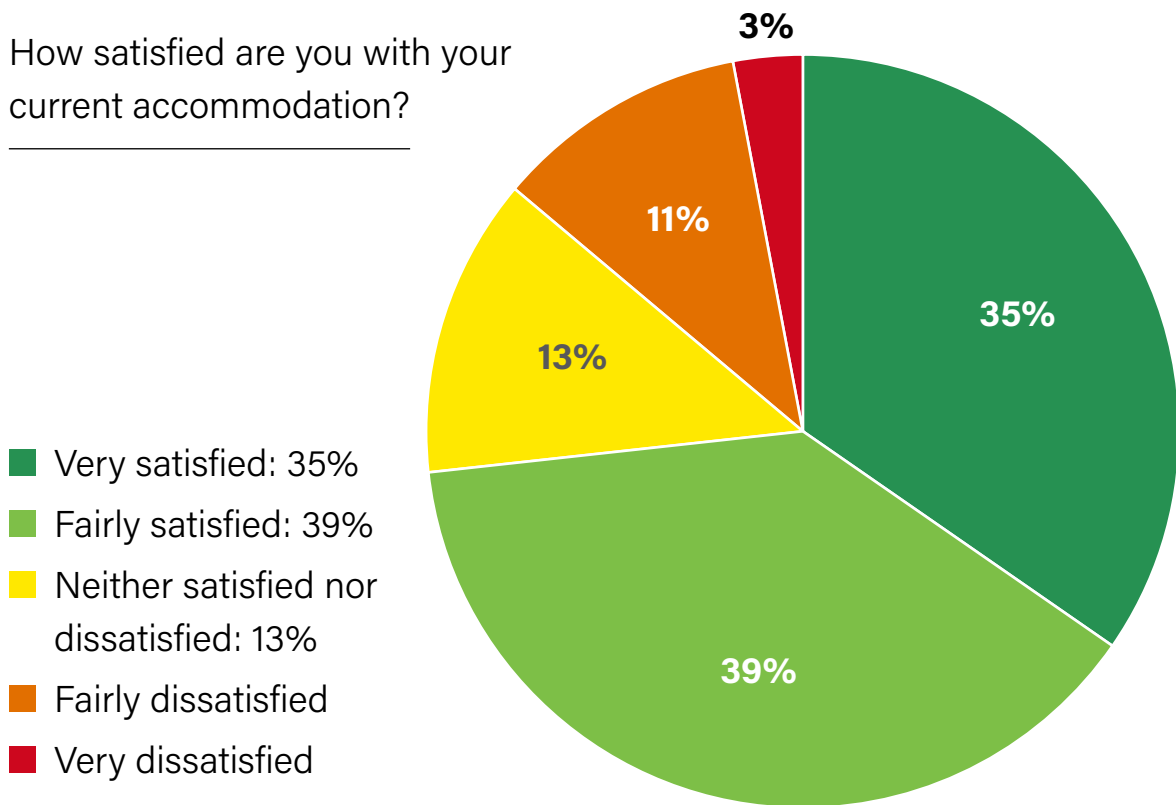
However, even when looking at results broken down by age, our respondents were still less likely to own their own homes, and more likely to rent privately.

Disabled and non-disabled respondents reported several differences in their current living situation.

- Only 26% of disabled people currently lived in a property they owned, compared to 50% of non-disabled people.
- 18% of disabled people currently lived in a property that is socially rented, compared to only 9% of non-disabled people.
- 20% of disabled people currently lived with family, compared to 11% of non-disabled people.

<sup>11</sup> [gov.scot/publications/scottish-household-survey-2022-key-findings](https://gov.scot/publications/scottish-household-survey-2022-key-findings)

How satisfied are you with your current accommodation?



The majority of respondents were satisfied with their current accommodation, but this was still at lower rates than the general population.

The 2022 Scottish Household Survey found that 91% of people were very or fairly satisfied with their housing, compared to 74% of our respondents, and just 4% were very or fairly dissatisfied, compared to 14% of our respondents<sup>12</sup>.

Disabled and non-disabled respondents reported significant differences in their satisfaction with their current accommodation.

- Only 30% of disabled people were very satisfied with their current accommodation, compared to 49% of non-disabled people.
- 17% of disabled people were either very dissatisfied or fairly dissatisfied with their current accommodation, compared to only 7% of non-disabled people.

<sup>12</sup> See footnote 11.

## Can you choose whether you can stay in your accommodation?

83% of respondents reported that they were able to choose whether/when to leave their accommodation, with 17% saying they might be asked or required to leave by someone else.

Disabled people found themselves in more precarious living situations. One in five said they might be asked or required to leave their current accommodation by someone else, compared to one in ten non-disabled people.

## Problems with housing because of being trans or non-binary

### *Renting or buying a property*

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15% of respondents had experienced problems obtaining housing due to being trans or non-binary.

Of those who had, people reported problems renting or buying all kinds of accommodation that we asked about:

- 38% had experienced problems with a property rented with a private landlord
- 31% had experienced problems living with family
- 29% had experienced problems with a property rented with a letting agency
- 15% had experienced problems with a property they were trying to buy
- 14% had experienced problems with a property that was socially rented
- 7% had experienced problems with lodging
- 6% had experienced problems with sub-letting
- 6% had experienced problems with other private renting.

The main themes that emerged from comments left on this question were around experiences of discrimination, and difficulties providing proof of identity due to updating name or gender on documents.

### *Experiences of discrimination*

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- “It would be impossible to prove, but I went from being a “top candidate” and “ideal potential tenant” to not suitable as soon as I arrived at the property. It was very clear immediately that I was not who the letting agent expected me to be, and I was verbally discouraged from applying despite earning more than triple the minimum required and having years of great references.”
- “I’m a tenant with [Housing Association]. I contacted them regarding an issue and was invited to a meeting face to face. At this meeting there was two male members of staff during the meeting I mentioned that I was transgender and intended to transition in the near future. The members of staff made me feel uncomfortable with their negative comments and transphobia towards me.”
- “I was trying to rent a private let the lady seemed all for it as it was rural and not that many people had been interested. When she had asked what age I was because I looked young in my profile picture/was it an old picture, I told her 31. Then she started asking about my name, was it short for [name], nope just [name] etc. She must have then went through a troll of what was visible (there’s not much due to work) on my profile and found I liked a trans page, and asked if I was trans – I felt uncomfortable answering but said yes and her reply was that she didn’t think this would work out and blocked me.”
- “I’ve had an estate agent refuse to assist in buying a property because they didn’t want to upset their clients by sending trans people over. We’ve also been refused placing offers by owners selling property because of being trans.”

- “Once I disclosed I was trans and was told that if I was on a waiting list or pursuing surgical or medical transition then I was not reliable for paying rent because I might take sick leave or be unable to work.”

### *Difficulties with ID*

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- “I was looking at a property in [town] and when I progressed my application to the stage of needing my passport, I sent the info with an explanation of my passport name didn’t match the name I use, and I never heard back from them and could no longer get them on the phone... this was in 2020, I think.”
- “Legal documents were a mish mash of my dead name & new name and so applying for a mortgage was made rather impossible due to my documents all being in different names.”
- “The last time I moved into a rented property, the proofs and requirements to be allowed to rent the property were so stringent that there were questions around whether my fully legal deed-poll certificate along with my original passport (I had not yet obtained an updated one) and my original birth certificate would be enough to verify my identity.”

### *Staying in a property*

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15% of respondents had experienced a problem staying in accommodation. Again, this had occurred in all types of accommodation that we asked about. Of those who had experienced problems:

- 30% had experienced problems staying in a property where they were living with family
- 23% had experienced problems staying in a property that was rented with a private landlord
- 10% had experienced problems staying in a property that was rented with a letting agency

- 10% had experienced problems staying in other private rented property
- 9% had experience problems staying in a property that was socially rented
- 7% had problems staying in a property they owned
- 7% had problems staying in a property where they were lodging
- 2% had problems staying in a property where they were sub-letting

When asking people whether they had had problems staying in accommodation because they were trans or non-binary, we included asking people about if this had happened when they were living with family.

This was the type of living situation where people reported the most difficulties with staying in their accommodation – 30% of people in this situation had had problems.

This shows that familial rejection is an issue for trans and non-binary people in Scotland, and may contribute to housing insecurity and/or homelessness.

The discussion below in the main text relates to other kinds of accommodation, excluding living with family – as the issues experienced and actions needed to improve things are different.

The main themes that emerged from those who told us more about why they had had problems staying in accommodation were around experiences of abuse or harassment, particularly from neighbours, difficulties with housemates, and issues with landlords.

### *Abuse and harassment*

- “Neighbour had issues with me being trans. This was worse when he had been drinking.”
- “Threats of violence as my trans status at time was known.”

- “I was targeted by a neighbour who found out I was trans. He came to my door threatening me with a knife.”
- “I was harassed and screamed at by both neighbours and the public every time I left the house over being trans, I stopped going out it was so horrible and eventually had to leave the flat and the area over death threats and stress exhaustion from being harassed.”
- “I have problems with one of my neighbours, who’s very aggressive and appears to have picked on me because of my gender.”

### *Difficulties with housemates*

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- “Had to leave housing shared with other LGBT people because one claimed “trans women are creepy” and “trans women smell bad”.”
- “Landlord was great but flatmate was homophobic and transphobic so eventually left.”

### *Difficulties with landlords*

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- “Once we had to delay rent because we had had no cooker for a year and the property had been condemned as fire unsafe by the council. The landlady claimed that we were “men fraudulently claiming to be women” who had maliciously tried to destroy her property, as proven by a plastic hair dye glove that had got accidentally stuck in the bathroom shower drain. She wrote to my rent guarantor misgendering me and demanding money, and was ignored.”
- “My old landlord’s mum is transphobic and she pretended to sell the house in order to get me out of it.”

## *Difficulties staying in accommodation when living with family*

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The most common reason given for people having problems staying in their accommodation was when they were living with family.

- “When I started to transition as a young person, my relationship with my family broke down and I had to move out of my family home so I was homeless. I stayed in young people’s homeless temporary accommodation for two years before getting a housing association rented property.”
- “My parents did not accept me being trans. I was unsafe anyway, but this made me more so. From a young age, I’d faced neglect, and emotional and physical abuse. When things got worse, when I was a teenager, and after them being told I was trans, I then became actively suicidal, as I felt trapped.”
- “Had to leave family home because at the time parents did not accept transition.”
- “My family is very religious and I came out as trans to them years ago and they still aren’t accepting and don’t respect my wishes. So I don’t feel comfortable in my home.”
- “I don’t think my family would ever kick me out for being trans but it can be hard sometimes living with family who don’t fully understand me and it can be exhausting. And especially exhausting as I don’t have the money or job to move out on my own.”

## *Affordability of housing*

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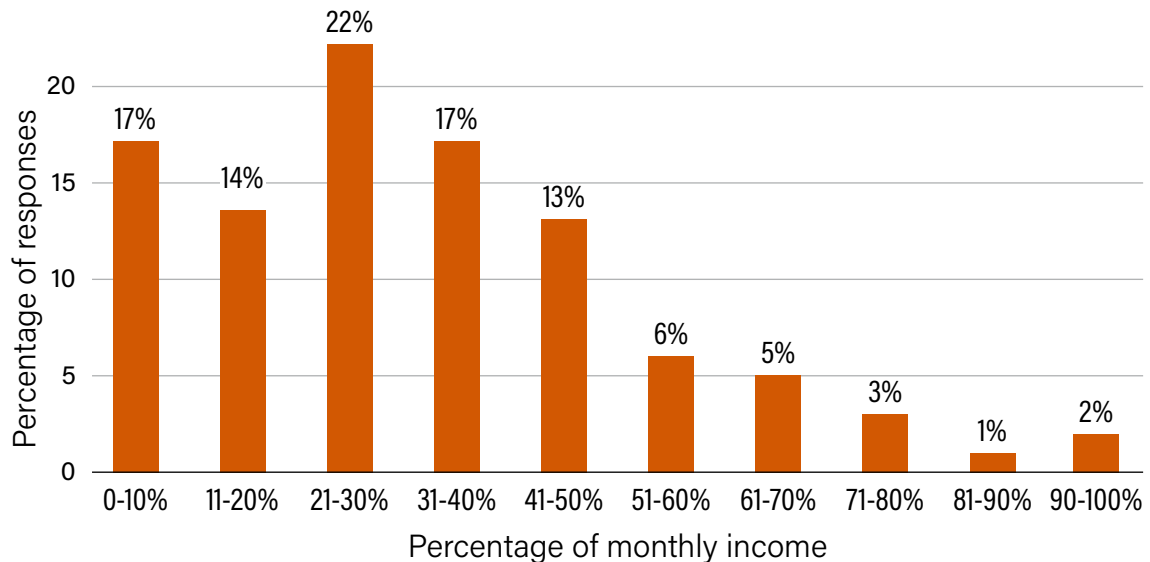
### *Proportion of monthly income on accommodation*

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We asked people what proportion of their monthly income they spent on accommodation costs such as their rent or mortgage. 8% of people were not sure, and 13% said this was not applicable – presumably as they did not make any financial contributions to accommodation costs.

The below graph shows the spread of responses for those who both did make financial contributions to accommodation and knew how much these were.

What proportion of your monthly income do you spend on your accommodation?



The Organisation for Economic Co-operation and Development states that spending 40% or more of disposable income on housing means that it can be considered a 'burden' on household income<sup>13</sup>. It is one of the most widely used measures to for housing affordability.

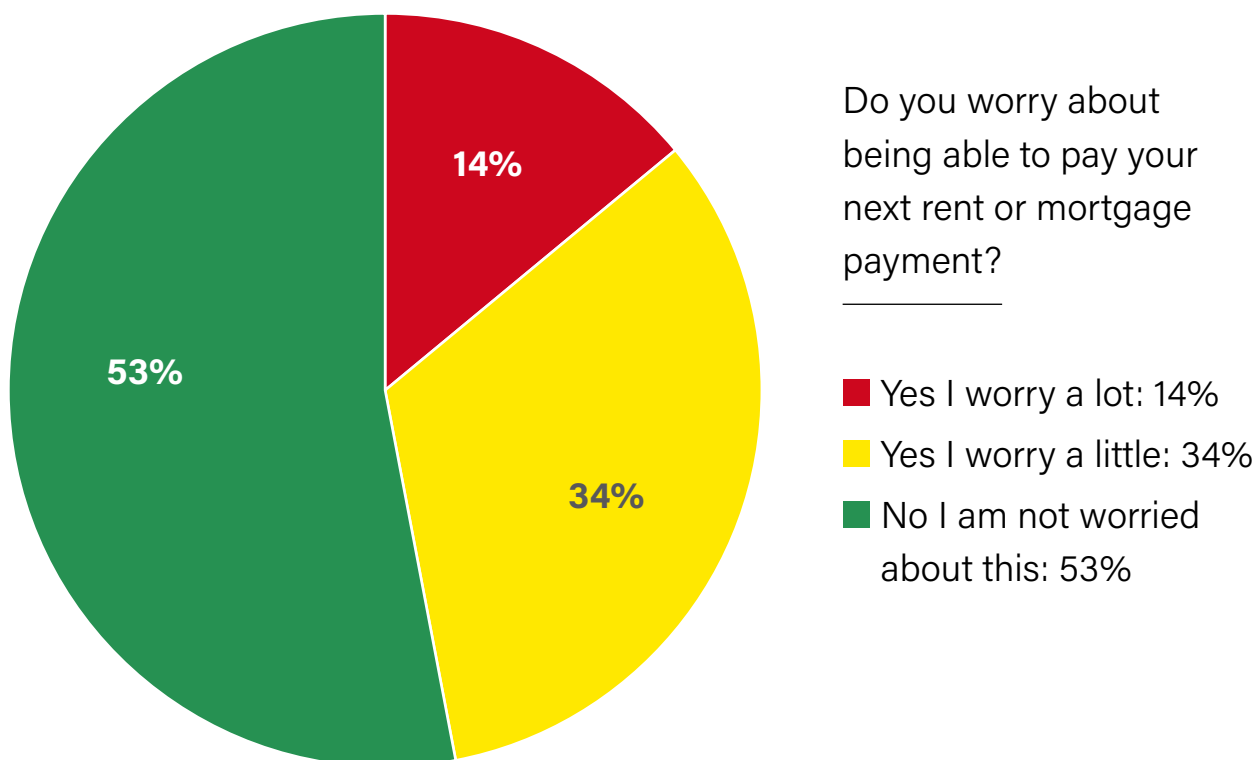
30% of respondents who made financial contributions and knew how much these were spent 40% or more of their monthly income on accommodation costs (n376).

6% spent 70% or more of their monthly income on accommodation costs (n376).

**Note:** people responded to this question as individuals, rather than as households.

<sup>13</sup> [oecd.org/content/dam/oecd/en/data/datasets/affordable-housing-database/hc1-2-housing-costs-over-income.pdf](https://www.oecd.org/content/dam/oecd/en/data/datasets/affordable-housing-database/hc1-2-housing-costs-over-income.pdf)

## Worrying about next rent or mortgage payment



A slim majority (53%) were not worried about this, but 34% worried a little, and 14% worried a lot.

Disabled people were more than twice as likely to worry a lot about being able to afford their next rent or mortgage payment.

17% of disabled people said they worried a lot about this, compared to 7% of non-disabled people.

## Leaving or selling a property

25% of respondents had had to leave or sell a property before they wanted to, because they could no longer afford to live there.

As you might expect, this happened most frequently in the private rented sector. Of those who had had to leave or sell a property before they wanted to (n143):

- 43% had had to leave a property that was rented with a private landlord
- 31% had had to leave a property that was rented with a letting agency
- 13% had had to leave or sell a property they owned
- 9% had to leave or sell a property living with family
- 8% had to leave or sell another type of property
- 6% had to leave other private renting
- 6% had to leave a property that was socially rented
- 3% had to leave a property they were sub-letting
- 3% had to leave a property where they were lodging

Disabled people had had to leave or sell a property because they could no longer afford it much more frequently than non-disabled people.

29% of disabled people had had to leave or sell a property, compared to 17% of non-disabled people.

### *How could housing providers better include trans or non-binary people, and/or remove barriers that trans or non-binary people face to accessing housing?*

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We asked respondents about ideas they had for how housing providers could improve things for trans and non-binary people.

The main themes that emerged from people's suggestions were housing reform, more training for housing providers on trans and non-binary people's housing needs, greater understanding around name and ID changes, LGBT+ only/friendly housing, information on the safety of housing and neighbourhoods, and changing forms to have more inclusive gender and title options.

## Housing policy reform

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- “Social housing would help lots of people, including trans and non-binary people, as would private rental regulations more like in Germany, where tenancies are usually long-term. I think it’s almost impossible to stop private landlords / letting agencies from discriminating, so I think a huge expansion in social housing would be most helpful. Councils should be facilitated to buy out private landlords.”
- “If tenants had better housing rights generally, landlords would not be able to evict/refuse housing to trans people without scrutiny.”
- “Free at the point of need housing for everyone. But failing that, rent controls, more social housing, and fairer mortgage deals (that take into account the paying of rent as proof that you can afford to pay a mortgage).”
- “Wages increasing and rent freezes are needed for everyone but especially trans people that are far more likely to live in poverty (me and all of my trans friends are currently living in poverty and unable to access housing).”
- “Rent controls and stronger tenant unions, stricter laws on energy efficiency, and a right to housing.”
- “Strict rent controls... More social housing and make it accessible and easy to get... Highlighting tenants’ power through unions like Living Rent.”

## Training for housing providers

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- “Private landlords and letting agencies should be required to undertake mandatory anti-discrimination training so that hopefully everyone can have the same experience I had with my private landlord.”

- “I think education about the specific needs of the trans community in terms of community mental health support, as well as the capacity to deal with transphobic discrimination (and anti-social behaviour) would be good.”
- “Acknowledging (and awareness of) the specific issues that lead to trans people being homeless and be proactive in offering help in those circumstances.”
- “Making it harder to become a landlord, giving them training first and as part of that some inclusion training which would include trans inclusion training, so landlords are less horrible... Trans inclusion training for letting agents and council housing employees.”

#### Improved understanding around name and ID changes

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- “Be clear about what documentation – especially around changes of name – is acceptable and in what combinations it might be required.”
- “Institutions need to understand that people can and do change their name at any time for any reason.”
- “Make sure they have a policy that covers how they validate documentation for potential renters/buyers when the names don’t necessarily match up. For example, my driving licence is in my current name but my passport is in my old name because it’s expensive and complicated to change but housing providers should make sure their staff know what to do in that situation and don’t make us feel like weird exceptions that they ‘need to check’ about or challenge us about. They should have a process wherein the staff knows, if a name differs between documents, they need to ask for a deed poll or whatever they have decided is appropriate for the situation so the trans person is no longer an ‘inconvenience’ and can progress with their application at the same rate as cis people would.”

## LGBT+ only/friendly housing

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- “Housing associations for trans people.”
- “Be explicit about supporting trans and non-binary people. It is already hard enough to find affordable housing and any places are very quickly taken. It’s stressful enough without having to worry that you’ll be discriminated against because of you’re visibly trans or gender nonconforming.”
- “More LGBTQIA exclusive housing.”
- “Having agencies, landlords etc who declare themselves LGBTQ+ friendly would be a start.”

## Safety

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- “More understanding, and education. Especially on what can make a trans person feel unsafe where they are, and how to keep them safe where they’re moving to. There was nowhere to explain this on the forms, boxes were too small for questions, and the face to face was inaccessible, and I didn’t feel like I could actually express what I needed.”
- “I think actually understand the safety risks trans and non-binary people face in housing situations, especially with neighbours/ neighbourhoods. I think often it’s not thought of as an additional risk or not cared about – and if we say hey this is going on and it’s not ok we are made out like we are being dramatic or trouble makers. But for cis housing managers who sit in offices then go home and are nice and safe that might feel OK, for the trans person who has had their neighbours or locals threatening them and saying they know where they live, to have been physically attacked on the streets outside your home – it makes even inside feel unsafe. And no amount of ‘they are just words they won’t actually do it’ makes that worry and anxiety go away.”

- “Make sure their properties and neighbourhoods they’re in are safe for trans people, focus on providing safe, affordable housing and make sure that their tenants are aware of any potential issues, especially harassment from neighbours.”
- “Consider our support networks and safety.”

### Inclusive options on forms

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- “All my social housing forms were binary gendered. Assumption my title is Mr without asking, etcetera. I am with a very very large social housing provider, so this one organisation changing their processes to be more non-binary inclusive could reach a huge number of people.”
- “Forms could be better to include other options than just male and female.”
- “Options to include Mx as our title. Not have male & female as the only ‘gender’ options on forms.”

# Homelessness

We asked our respondents a range of questions about their experiences of homelessness.

We provided a definition of homelessness, which was:

“Homelessness encompasses a range of living situations, such as if you do not have a home where you can live with your whole household (e.g. family, spouse, children), if you have no legal right to stay where you are (e.g. sleeping on a friend’s sofa), if it is not reasonable to stay in your home (e.g. because you are experiencing abuse from those you live with), if there is not enough space for you to live within your home, if you have inconsistent access to housing or shelter, or if you are living on the street.”

As with other areas of people’s lives that we asked about, disabled respondents often reported poorer experiences than non-disabled respondents.

1% of respondents to the survey were currently homeless (n511).

Scottish figures for 2022-2023 found that 1% of people in Scotland were homeless.

However, these figures included children – meaning our respondents were probably more likely to be homeless<sup>14</sup>.

## Experiences of homelessness

*Have you ever been homeless?*

We asked our respondents if they had ever been homeless.

<sup>14</sup> [gov.scot/publications/homelessness-in-scotland-2022-23/pages/the-extent-of-homelessness-in-scotland](https://gov.scot/publications/homelessness-in-scotland-2022-23/pages/the-extent-of-homelessness-in-scotland)

Of respondents who answered the question (n497):

- 73% had never been homeless
- 23% had been homeless
- 4% weren't sure

Disabled respondents were more likely to have been homeless than non-disabled respondents.

29% of disabled respondents had been homeless, compared to 13% of non-disabled respondents.

Research in 2015 found that 8% of the Scottish population had experienced homelessness at some point in their life time.

Respondents to our survey had experienced homelessness at a substantially higher rate<sup>15</sup>.

### *How many times have you been homeless?*

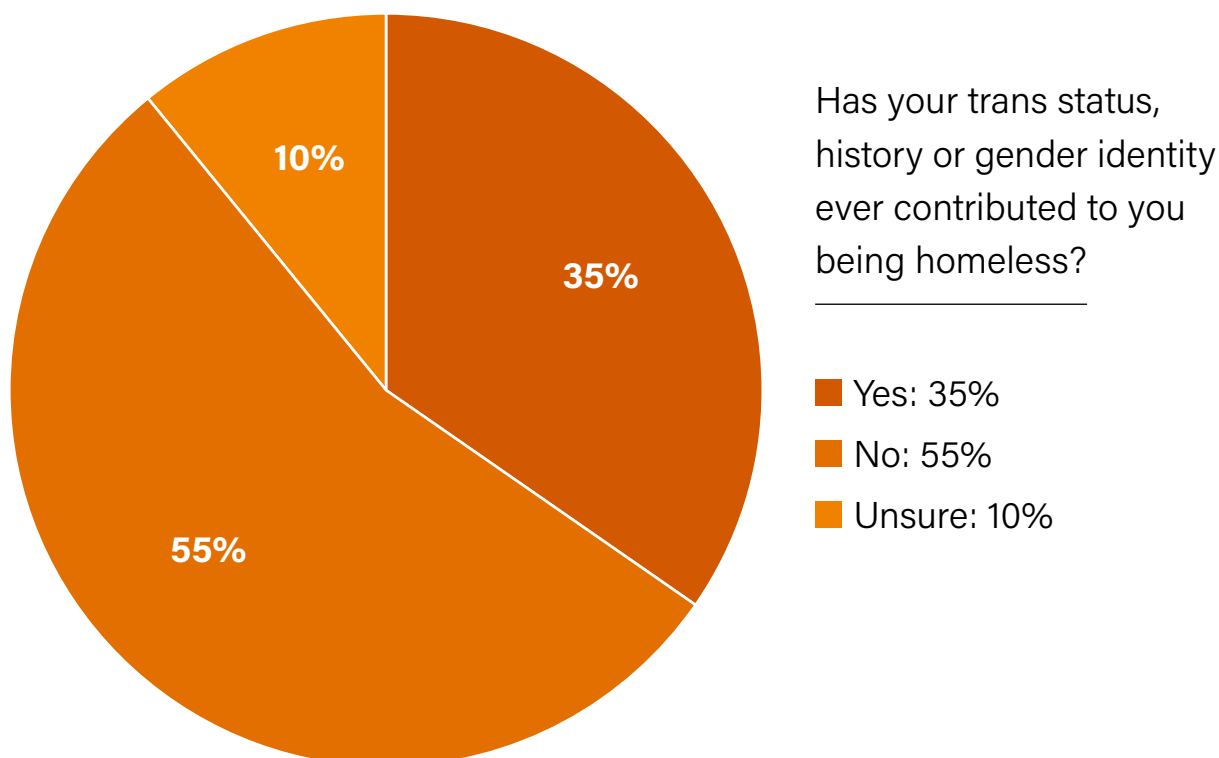
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We asked respondents who had been homeless if they had been homeless more than once (n119).

- 60% had only been homeless once
- 25% had been homeless twice
- 9% had been homeless between two and five times
- 5% had been homeless more than five times

<sup>15</sup> [publichealthscotland.scot/our-areas-of-work/equity-and-justice/homelessness/overview](https://publichealthscotland.scot/our-areas-of-work/equity-and-justice/homelessness/overview)

## Has your trans status, history or gender identity ever contributed to you being homeless?



A small majority, 55%, felt that their trans status, history or gender identity had not contributed to them being homeless. However, 35% said it had contributed, and 10% were unsure (n119).

Themes that emerged from respondents who told us more about their trans status, history or gender identity leading to their homelessness were: being kicked out by parents/family breakdown, gender-based violence, discrimination from landlords, and discrimination at work leading to loss of income.

### Kicked out by parents/family breakdown

- “My mum couldn’t cope with me so told me I was leaving home on my 16th birthday.”
- “Coming out as trans caused my relationship with my family to break down for a while and caused me to become homeless as I had to leave my family home as a young person.”

- “1st time I was homeless my parents kicked me out when I came out to them as trans.”
- “Familial abuse has led me to being in and out of the household several times.”

## Gender based violence

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- “I was in an abusive relationship, and was unable to explore my identity for fear of abuse.”
- “I was briefly homeless twice due to domestic abuse but I am unsure if my gender was a factor in this.”
- “I left an ex-partner because they refused to let me come out, live as or be the true me – after a number of years of that and their violence I couldn’t take more so I walked out on everything in the hope I could at least be me.”
- “I also suffered from gender violence in a previous relationship meaning I was made homeless to ensure I was safe and to get out ASAP.”

## Discrimination from landlords

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- “Verbally told it was my status, but in writing it was because owner needed property for themselves.”
- “Every time it was explicitly because I was trans (and in some cases a trans woman and not a trans man). Was lodging with a lady that opened my mail revealing my successful Gender Recognition Certificate application. She obviously must have read this as I was evicted via e-mail the next day after staying there happily for some months.”
- “My landlord’s mother was transphobic and kicked me out the house.”

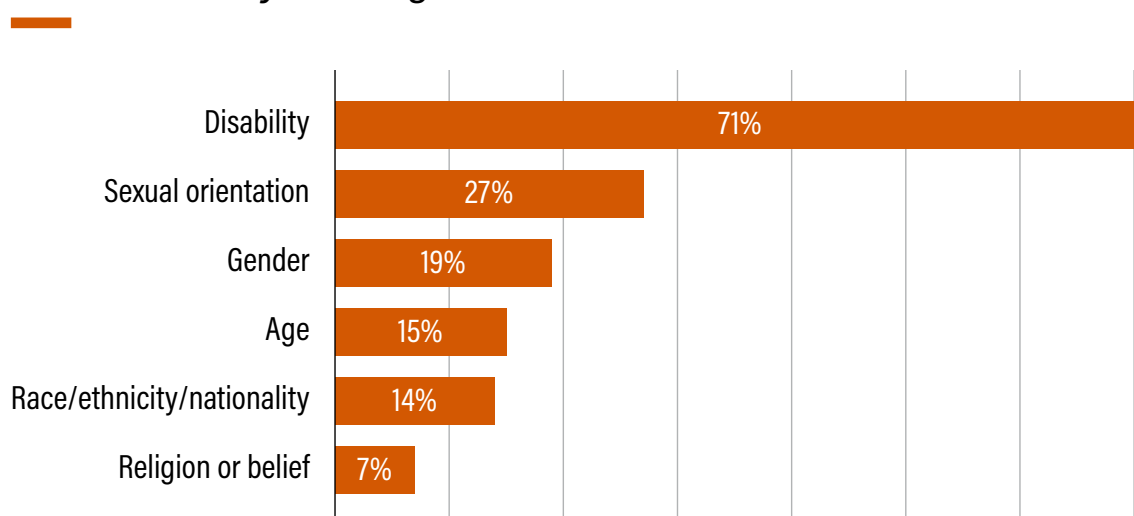
- “Impossible to access housing when landlords are transphobic and ridiculous priced. Me and other have had to flee flats over unsafe areas and threats for being trans with no notice to find new accommodation and being left homeless. A lot of family aren’t safe to stay with, a lot of cis people have a family to fall back on this isn’t the case for all trans people.”

### Discrimination at workplace leading to loss of income

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- “Try working endless shift work in an industrial setting where you are clearly marked out as “different”. Long growing hair and clearly effeminate in a physically male setting was a horrible life to lead so I made a spontaneous decision to quit without thinking of the consequences for the future. Not recommended!”
- “I left my job around 10 years ago when I first began transition. This was due to ongoing discrimination in the workplace which eventually took a severe toll on my mental health. I searched for work for ~6 months unsuccessfully until my savings ran out and I had to leave my rented accommodation to stay with a friend on an informal basis. I found work a few months later, but continued to live with this friend for the subsequent 3 years until I could afford the mortgage deposit on a small flat.”
- “Around the time I was figuring out my trans identity I had lost a job and home by being physically assaulted during working period though from external antagonists. Subsequently suffered from intense agoraphobia and could not do my current job and became unemployed and homeless and stuck indoors at a friend’s place.”

*Have any other aspects of your identity ever contributed to you being homeless?*



We asked respondents if any other aspects of their identity had contributed to them being homeless. 50% of respondents felt that they had (n119).

For those who felt this way, the above graph shows what percentage of people said other aspects of their identity had contributed to their homelessness.

It's important to remember that the spread of which other aspects of people's identity they felt had contributed to them being homeless is likely to reflect the characteristics of the people who answered our survey, rather than necessarily telling us anything about which aspects of people's identity are most likely to contribute to them becoming homeless.

Some respondents left additional information about how other aspects of their identity had contributed to their homelessness.

Themes included mental health, immigration status, and discriminatory attitudes towards those on benefits because they are disabled.

## Mental health

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- “Mental health, struggle with money management. Rent arrears caused homelessness.”
- “My mental health spiralled downward, was fired from my job and could no longer afford rent, then moved in with a “friend” who I needed to be on the rental agreement in order to claim housing benefit but who wouldn’t do that who then eventually gave me less than 2 weeks to move out and I ended up homeless.”

## Immigration status

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- “I was living as a gay man, prior to realising I was actually trans – I’m sure homophobia played a part. Being an immigrant probably didn’t help either.”
- “...international citizens are treated differently for some reason. Nobody cared when I needed help.”

## Discriminatory attitudes towards those on benefits

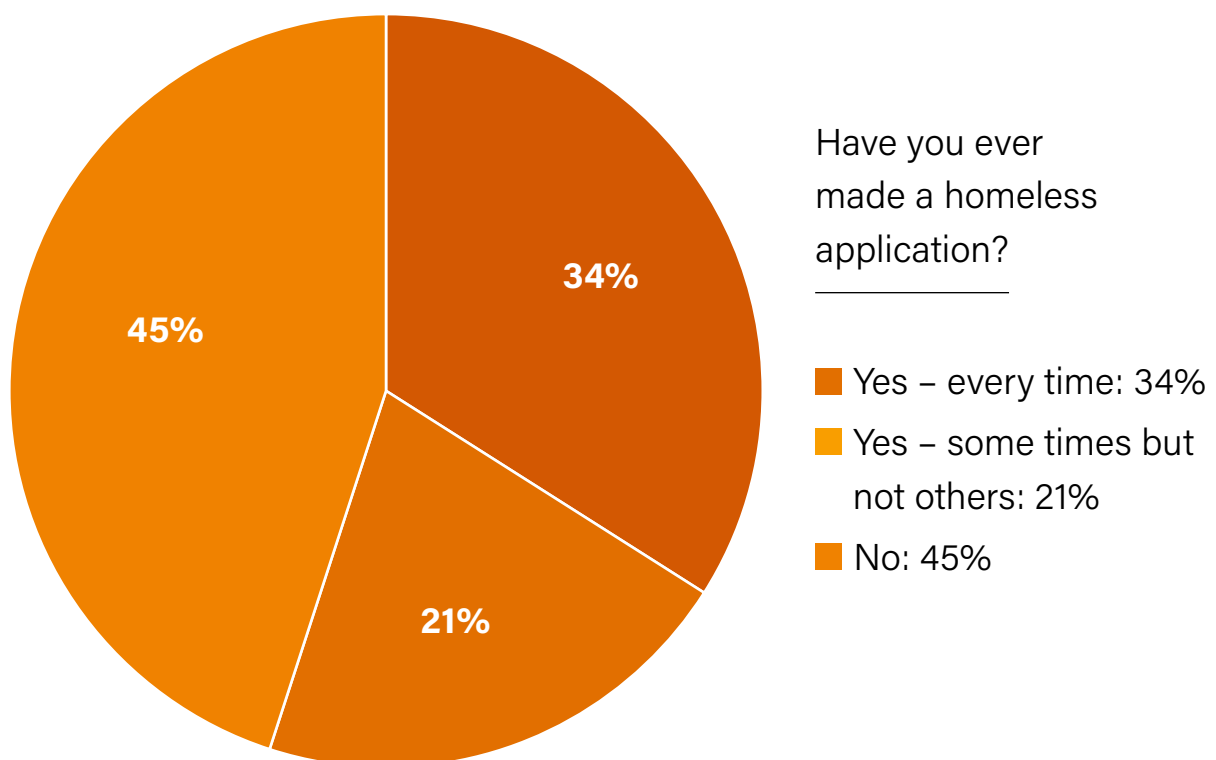
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- “When trying to find private rental accommodation, most landlords had rules that ensured most people on benefits wouldn’t be eligible. Even though I could have paid for six months in advance on a six month contract and would be eligible for housing element, I needed a guarantor that made 3x the annual rent. This was only for people on benefits, and because I come from a working class family like most people on benefits do, I could not even get a viewing for most places. I am on benefits because I am unable to work, and have no chance in the private rental market because I’m young and not working. Even though I’m on disability benefits and not choosing to not work, I was lucky if I was even accepted to view one property for every ten or fifteen applications I made. When I did get a viewing, it was always through an agency, and my benefits stopped me from getting any further.”

— “It’s IMPOSSIBLE and so horrid trying to find accommodation while disabled and not working. No landlords or agencies will consider you the second they see benefits they turn you down. You could make 2x the rent they need and they’ll still say no because you’re not working and disabled.”

## Homeless applications

A homeless application is an application you make to your local council if you are currently homeless, or are likely to become homeless in the next two months<sup>16</sup>.



Of respondents who had experienced homelessness, the largest proportion of respondents, 45%, had not made a homeless application, compared to 34% who had made an application every time they had been homeless, and 21% who had made an application some times but not others (n119).

Some respondents left additional information about their answers. One theme that emerged was that people who were staying with friends/sofa

<sup>16</sup> [scotland.shelter.org.uk/housing\\_advice/homeless/application](http://scotland.shelter.org.uk/housing_advice/homeless/application)

surfing/not rough sleeping did not think making an application was relevant to them:

- “I didn’t know how to and was couch surfing, hoping to get a job so I can find somewhere permanent but couldn’t.”
- “I was very privileged to have a friend who was happy to give me a place to sleep, so I felt like I shouldn’t apply for homeless support as it might take vital resources away from someone who needed it more than me.”
- “I was sleeping on my sister’s sofa and felt the situation would be temporary so did not request additional support.”
- “I was lucky to move between friends and family with “camping” holidays in between.”

Other comments broadly related to negative experiences, fear of discrimination, or lack of faith that they would be helped included:

- “No point, they don’t help if you’re already homeless. They only care about people at risk of becoming homeless.”
- “Too afraid of discrimination and even violence from Local Authority. A friend has been housed with cis men and assaulted multiple times. The one time I did apply they refused me as I had no income due to DWP transphobia.”
- “I asked for social housing but did not receive any support.”
- “I am happy to shame [Local Authority]’s lack of help when I was homeless. A death of the person I lived with made me homeless. I was sofa surfing and went to [Local Authority] for help. They said the only way they would help me is if I put myself in a shared hostel. As a trans person with PTSD and a physical disability that affects my mobility due to chronic pain, they said that was the only way to help me. To put me in a worse position than I was already in. Stay in the safety of bouncing house to house with people I knew, or force myself into an inaccessible hostel with strangers for months. Because of my trauma, I could not take this offer. Now I am deep in debt and still I am in unstable housing.”

Some respondents also explained that they had experienced homelessness when a child, so it had not been their responsibility or they had not been able to make an application.

### *Do you feel that your application was impacted by your trans status, history or gender identity?*

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We asked people if they felt their trans status, history or gender identity had impacted their homeless application, or the support they had asked for from a Local Authority (n64).

- 78% felt it had no impact
- 11% felt it had only negative impacts
- 6% felt it had both positive and negative impacts
- 5% felt it had only positive impacts

### *Do you feel that your application was impacted by any other aspects of your identity?*

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We asked respondents if they felt that any other aspects of their identity had impacted their homeless application, or support they asked for from a Local Authority.

41% of respondents felt that other aspects of their identity had impacted their application (n64).

Respondents were able to select more than one answer to this question. Of those who felt other aspects of their identity had ever contributed to them being homeless:

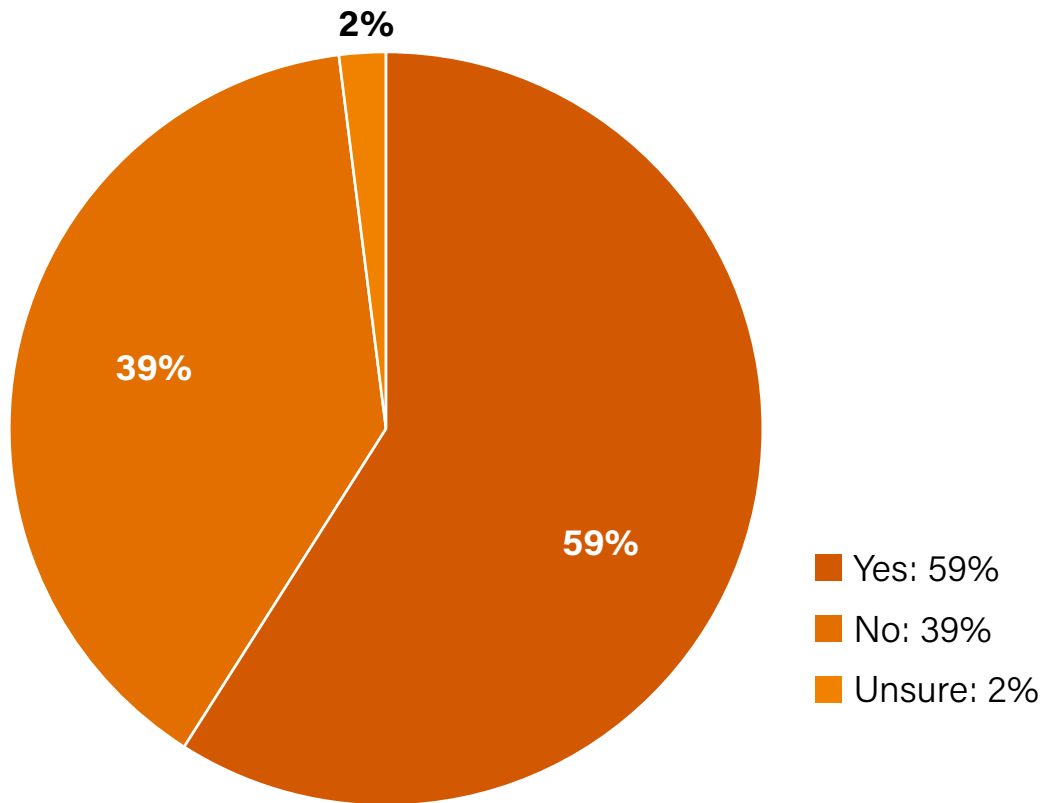
- 81% said this was because they were disabled
- 31% said this was because of their gender
- 27% said this was because of their sexual orientation
- 15% said this was because of their age
- 12% said this was because of their race/ethnicity/nationality
- 1% said this was because they had a variation of sex characteristics

Some respondents left additional comments to this question. These included:

- “Mental health was so bad that I couldn’t ask for help or be persistent in asking for what I needed which I was told I needed to do.”
- “I would not have been given support if I had not been seriously mental ill at the time.”
- “I am an immigrant and I had atrocious mental health at the time.”
- “Because I pass as a feminine gay man and struggle with mental health and disabilities, the homeless team understood that I wouldn’t do well in the temporary housing they can offer and could face discrimination. They made sure that I was safe staying with my ex partner until I got a flat, and made it clear that if I changed my mind they would look into what options I had and try to find the best one for me.”
- “Being disabled had a positive impact on how homelessness services treated me as it meant they didn’t try to put me in a terrible high rise flat in a really bad area and instead put me in a homeless temporary accommodation that provided support to disabled young people until I got allocated a housing association tenement flat in a reasonable area.”
- “I specifically told them that it would be beneficial for me to live away from a place my abuser would be able to find me but that did not seem to affect the urgency I expected it to.”

## Hostel, temporary and emergency accommodation

Have you ever stayed in a hostel, temporary accommodation, or emergency accommodation, due to being homeless?

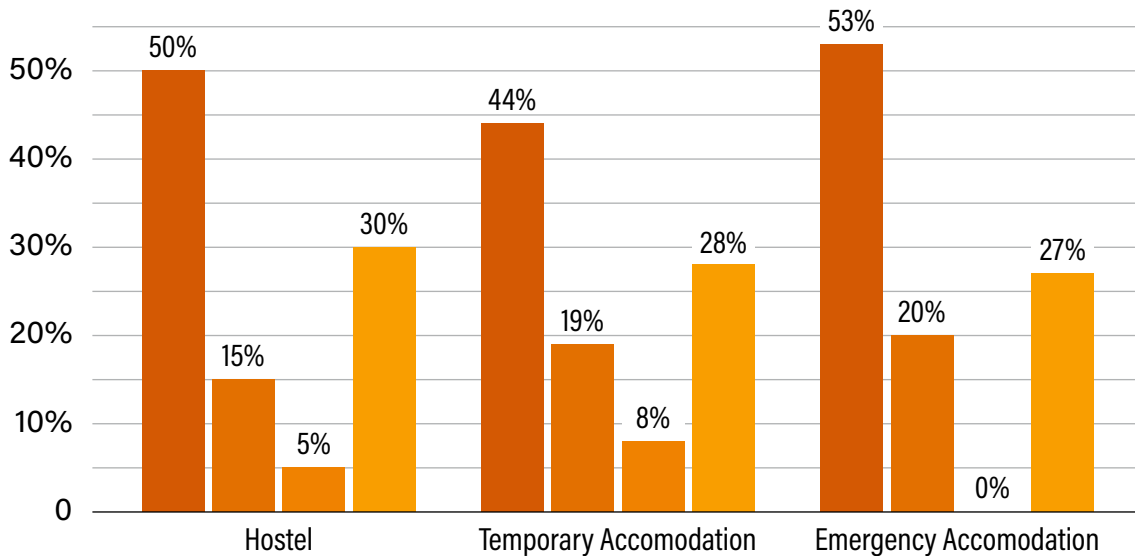


59% had not stayed in a hostel, or temporary or emergency accommodation due to being homeless, 39% had, and 2% were unsure (n119).

In total, only 46 respondents had stayed in a hostel, temporary accommodation or emergency accommodation as a result of being homeless.

The findings in this section should be understood to reflect the experiences of that small group.

Do you feel as though your trans status, history or gender identity ever impacted on your experiences of staying in a hostel, temporary accommodation or emergency accommodation?



■ No impact   ■ Yes – only positive impacts  
■ Yes – both positive and negative impacts   ■ Yes – only negative impacts

Respondents reported broadly similar feelings on whether being trans or non-binary had impacted their experience in different types of accommodation.

In each type of accommodation we asked about, the most common response was that they felt being trans or non-binary had not had an impact. This was the case for:

- 50% of those who had stayed in a hostel (n20)
- 44% of those who had stayed in temporary accommodation (n36)
- 53% of those who had stayed in emergency accommodation (n15).

The next most frequent response was that it had only had a negative impact. This was the case for:

- 35% of those who had stayed in a hostel (n20)
- 30% of those who had stayed in temporary accommodation (n36)
- 27% of those who had stayed in emergency accommodation (n15).

After this, the most frequent response was that it had only had a positive impact. This was the case for:

- 15% of those who had stayed in a hostel (n20)
- 19% for those who had stayed in temporary accommodation (n36)
- 20% of those who had stayed in emergency accommodation (n15).

The least frequent response was that it had had both positive and negative impacts, with 5% of those who had stayed in hostels reporting this, and 8% of those who had stayed in temporary accommodation.

Some respondents left additional comments about their answers. These included:

- “I had to move from my first place in temporary accommodation because the guy in the flat across the hall from me was giving me abuse for being trans.”
- “I experienced some anti-trans harassment and threats of violence from other service users. I was occasionally misgendered by staff but not maliciously.”
- “I wasn’t out yet and the area I was housed wasn’t the safest or most comfortable area to come out in.”
- “I lived and worked in a hostel as a teenager due to difficulties at home. I was exploited by the hostel staff and still have nightmares about it. Nothing could make me go there again.”
- “I did not disclose my trans status and was very careful.”

*Do you feel as though any other aspects of your identity ever impacted on your experiences staying in a hostel, temporary accommodation, or emergency accommodation?*

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We asked respondents if any other aspects of their identity had impacted their experiences in homelessness accommodation.

33% felt that other aspects of their identity had had an impact, across all types of homelessness accommodation that we asked about (n46).

This is only a very small number of respondents, so numbers and percentages do not tell us a lot about overall patterns.

However, being disabled was the aspect of a person's identity that this group of respondents most frequently said had impacted their experiences of homelessness accommodation.

### *Is there anything else you would like to tell us about your experiences of homelessness?*

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We asked respondents if there was anything else they would like to tell us about their experiences of homelessness.

23 people left additional comments. The most common theme was people explaining that they had not been rough sleeping – with some saying that they were grateful that this was not their experience, or it meant they had not considered themselves homeless:

- “By your description, I was homeless but I don't consider that I was ever at risk of sleeping rough on the streets due to support from my sister.”
- “Had to sofa surf.”
- “I was very lucky to be able to stay with accepting friends until I was able to access housing for myself again, so aside from it being a stressful time, I did not have any bad experiences, but I can imagine many people do not have that luck.”
- “I was not able to find permanent accommodation for a short time after leaving university, but was able to stay with a family member.”
- “I was lucky in that I could sofa surf. I was housed reasonably quickly in a social housing bedsit, which was a lovely wee flat.”
- “I had to stay with friends/a partner's parents which was hugely stressful.”

— “Squatting.”

— “Slept on a friend’s floor due to work not paying me for a number of months.”

Another theme was people sharing how difficult, scary and negative their experiences had been:

— “The second time I stayed with my partner in a friend’s flat, so it wasn’t so bad. The first time, when I was on my own, I was scared all the time, partly because I had experienced a lot of harassment, some of it related to being non-binary, in the past. It was terrifying to lack a safe space to escape to. I took to sleeping in the park in the daytime (it was summer and other people were lying around there just to relax, so I didn’t stand out) and walking around all night.”

— “It was the worst time of my life. My mum had passed, my wife left me, couldn’t afford rent and utilities on just my wage. So I then had to give up my house, my car, my job and my dog. Moved to another city to be close to family.”

— “It was terrifying both times and worsened my mental health.”

— “It was really unpleasant and I wish secure housing was a right so I wouldn’t have to go through it again.”

— “It is hell.”

— “It was a heartwrenching time, and I am still experiencing it to this day. Not currently homeless, but could be again very soon and it is a terrifying experience.”

— “Was experiencing physical and emotional abuse from a male family member, was confined to my bedroom with a bucket for a toilet. Had a social housing flat lined up but was not finished and was during covid. Cause of this and reassurances of a quick turnaround and my disabilities, emergency accommodation was ruled out. Annoyingly it was several months before I signed for the flat and a few more after issues with flat were fixed e.g. flooding twice, furniture and carpets etc.”

One respondent talked explicitly about how being neurodivergent had impacted their experiences with homelessness services:

— “I did avoid homeless hostels in most places for fear of violence and abuse. Once a council found a temporary flat for me on a council estate but I was so terrified that the police were looking for me, and 3 police cars found me, took me for a GP assessment, and she was annoyed and irritated with me, said “anti-depressants”, I said “no” due to life threatening adverse reactions, and I walked down the corridor saying “I’m sorry, I’m sorry”. She was blaming me as a patient in crisis, brought in by the police. It was perhaps inevitable that I would soon end up in a mental hospital as a voluntary patient after a friend tried to get me admitted over 4 days, as I was intensely suicidal. The problem was that the call handlers would ask me as an autistic individual, “How do you feel?” and I would reply, “I don’t know”. I was not being awkward. I suffer from a condition which means that I find it difficult to put my feelings into words.”

*How could homelessness services better include trans or non-binary people, and/or remove barriers that trans or non-binary people face to accessing housing?*

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We asked respondents about ideas they had for how homelessness services could improve things for trans and non-binary people. Some themes included:

*Need to reform housing policy*

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- “Just give people a house to live in.”
- “Homelessness for trans people would be far, far less common if housing was accessible. Rent caps, rent freezes, lower rent and laws to stop landlords discriminating based off disabilities, benefits and gender.”
- “Get rid of private landlords and make all housing social housing, lower prices or get rid of having to pay altogether. That will make it better for all regardless of gender.”

## LGBT+-only accommodation

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- “Trans and non-binary people need the option to have LGBTQ-only temporary housing if they need it. Many may not feel like they do, but the option needs to be there.”
- “Have worked in homelessness services and there are currently no temp accommodation services for trans people, especially non-binary people. Even data collection and storage does not always account for gender and most remain closeted except for occasionally with a good worker. Encountered many young trans people fleeing their home having been thrown out or in abusive situations due to their gender expression who either left Scotland or sofa surfed or slept on the street!”

## Increased awareness and understanding in services

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- “Again education and understanding of the additional risks to safety for trans and non-binary people. Maybe some understanding that people might not have the name they use on all their documents etc.”
- “It needs to be acknowledged that anyone can find themselves homeless, and resources expanded out to include all groups. I found that homeless services and help services in general are very focused on families and moms with kids. That’s terrific, they need help, but they aren’t the only ones finding themselves homeless.”

## Policies in place for supporting trans people

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- “Stigma is with us whether we want it or not. It is down to policy and procedures that people have to follow whether they agree with the concept of trans identity or not.”
- “As with other services, having a clear and accessibly communicated policy on how these services support trans or non-binary people, which has been informed by those people, is vital. There should also be an accessible safeguarding system, so that any negative experiences can be discreetly reported as well as be acted on.”

## Outreach from services

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- “Simply knowing what services exist and how to access them is a huge thing. Since trans and non-binary people face a higher risk of homelessness, even when very young, it would be helpful to have community outreach to make sure they know what to do in the event of a crisis before it happens.”
- “Better outreach and support networks for trans and non-binary people, Four Pillars provides great 1-1 services for this and has good connections with people who can assist in housing. However the local constabulary and council could use better education in terms of homeless statistics in the trans and non-binary community.”

## Specific issues for trans women

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- “It is essential that trans women are always housed away from other homeless people and homeless men, due to the risk of violence and abuse. Geographically well away from other homeless people, in a secret location. I cannot tell you about how terrified I was as a homeless trans woman and ended up twice intensely suicidal and admitted as a voluntary patient on mental health wards where I was given a room in the women’s side of the ward, and access to the women’s television room. I was safer there.”
- “Although the [organisation] say they don’t discriminate officially, in practice they still do in many places. And there are plenty of women’s hostels that won’t house AMAB<sup>17</sup> people.”

<sup>17</sup> “Assigned male at birth” – a term used to describe people whose sex was recorded as male when they were born. While this can be used to describe some groups of people, it shouldn’t be used to describe an individual without their consent, and it’s important to avoid generalising about large groups of people who can have very different experiences.

## Housing and homelessness recommendations

- The Scottish Government should do more to increase the availability of safe, affordable, accessible housing for everyone by increasing the provision of social housing
- Local Authorities should recognise familial rejection after coming out as a significant risk factor for homelessness
- There should be more support for individuals to make claims under the Equality Act 2010 where they have faced housing discrimination
- Social housing providers should take reports of transphobic abuse and harassment from neighbours more seriously, and be more responsive to requests to relocate people to safer housing in these circumstances
- Housing providers should ensure that they have clear policies in place around proof of identity, so that trans and non-binary people do not face unfair barriers to obtaining housing
- Housing providers and providers of temporary accommodation, emergency accommodation and hostels should organise trans awareness training for staff.

Part 3:

# Work, benefits and the cost of living



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## Work & employment

We asked respondents a series of questions about their current employment, work history, and experiences in the workplace to find out more about trans and non-binary people and the world of work.

Research often finds that trans and non-binary people have higher rates of unemployment than the general population. For example, the UK Government LGBT Survey found that 63% of trans respondents had been employed in the last year, compared to 75% of the general population<sup>18</sup>.

There are many potential reasons for this, such as discrimination during hiring processes and from colleagues, employers, and customers, making it harder for trans and non-binary people to find and maintain employment. We have often found high levels of discrimination and negative experiences in the workplace in our past research with trans and non-binary people.

Throughout this section, we have provided comparisons to data about the general population where possible.

However, it's important to know that measures about employment and income are done in lots of different ways.

This means many of our comparisons should be used as indicating that we *might* be able to learn something from differences between our respondents and the population, not that we definitely can.

We've tried to be as clear about this as we can be throughout this section

62% of respondents were currently employed in some capacity (including self-employed) with 38% currently unemployed (n496).

Just over a quarter of respondents (26%) had not been employed at all in the past five years.

<sup>18</sup> [assets.publishing.service.gov.uk/media/5b3b2d1eed915d33e245fbc3/LGBT-survey-research-report.pdf](https://assets.publishing.service.gov.uk/media/5b3b2d1eed915d33e245fbc3/LGBT-survey-research-report.pdf) p. 131

## How do our respondents compare to the general population?

The Office for National Statistics use the International Labour Office definition of “unemployed” which is a person who is:

“without a job, have been actively seeking work in the past four weeks and are available to start work in the next two weeks”

4% of the Scottish population was estimated to be unemployed in August 2023<sup>19</sup>.

Another measure that is used is whether a person is “economically inactive”. The Office for National Statistics defines this as:

“A person who is neither employed nor unemployed is economically inactive. This may be because someone is retired, looking after family or home, or a student, among other reasons.”

23% of the Scottish population was estimated to be economically inactive in August 2023<sup>20</sup>.

Our question simply asked people if they were currently in paid employment. It is therefore very likely that some of our respondents who did not currently have a job would not be defined as “unemployed”.

Despite this, with 38% of respondents not currently in paid work, **our respondents did seem to be substantially more likely to be unemployed than the general population.**

Unemployment rates differ significantly by age in the general population, and respondents to our survey were significantly younger than the general population. However, unemployment and economic inactivity rates were higher compared to the general population in all age groups of our respondents.

As you will see below, our disabled respondents were far less likely to currently have a job.

<sup>19</sup> [gov.scot/publications/labour-market-trends-august-2023](https://gov.scot/publications/labour-market-trends-august-2023)

<sup>20</sup> See footnote 19.

Disabled people were less likely to currently have a job, or to have been employed in the last five years.

55% of disabled respondents currently had a job, compared to 78% of non-disabled respondents (n496).

31% of disabled respondents hadn't been employed in the last five years, compared to 14% of non-disabled respondents (n494).

## Types of employment

Of those who were employed, 71% had permanent employment, with the remaining 29% in more precarious work, including (n306):

- 11% working on fixed contracts
- 4% working casually
- 3% on zero-hour contracts
- 1% working for an agency
- 1% working seasonally
- and 9% working "in another way"

Research published by the Living Wage Foundation found that 17% of workers in Scotland were in insecure work in 2023<sup>21</sup>.

68% of people worked full-time, and 30% worked part-time (n307).

For those working full time:

- 89% worked full-time at one job, with 11% working full-time across multiple jobs (n209)

For those working part-time:

- 74% worked part-time at one job, with 26% working part-time across multiple jobs (n89).

Disabled people were much more likely to work part-time. 37% did, compared to 16% of non-disabled respondents (n307).

<sup>21</sup> [livingwage.org.uk/precarious-pay-and-uncertain-hours-insecure-work-uk-labour-market](https://livingwage.org.uk/precarious-pay-and-uncertain-hours-insecure-work-uk-labour-market)

## Earnings

When asked about their current annual income from all sources of work (before deductions) the most common earnings bracket was between £25,000 – £29,999 (17%) (n301).

However, the majority of respondents (53%) earned below this, with:

- 16% earning between £20,000 – £24,999
- 11% earning between £15,000 – £19,999
- 12% earning between £10,000 – £14,999
- and 15% earning less than £10,000 per year.

The remaining respondents (30%) earned over £30,000, with:

- 13% earning between £30,000 – £39,999
- 8% earning between £40,000 – £49,999
- 9% earning over £50,000

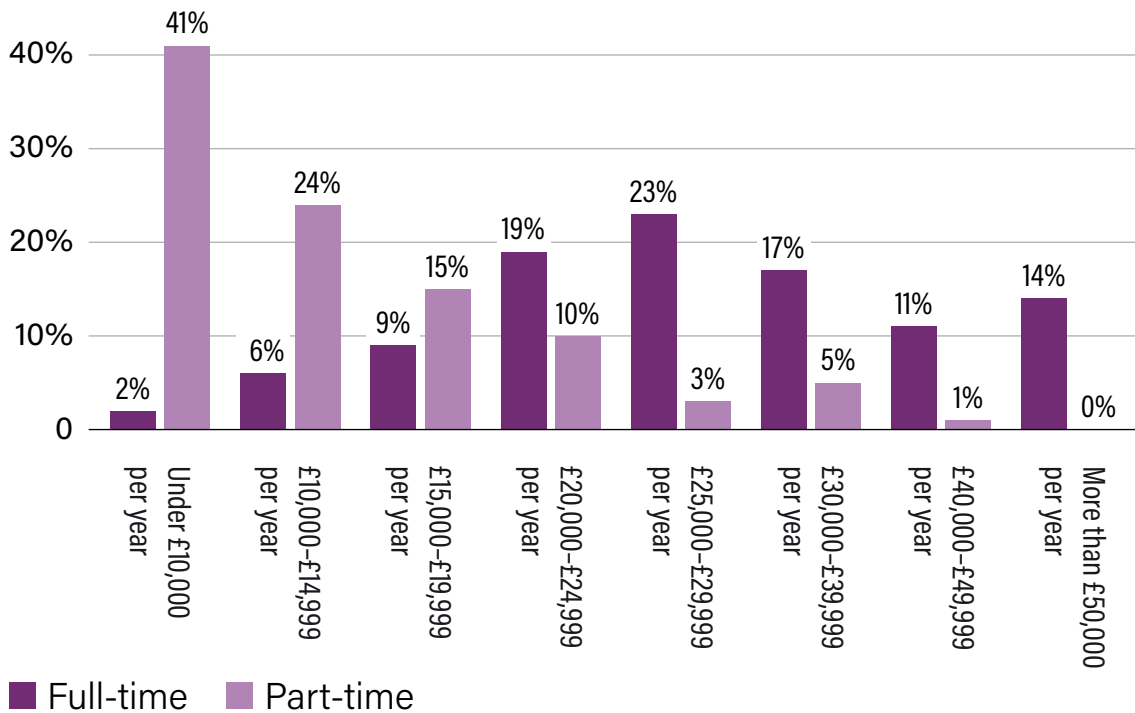
Disabled respondents earned less than non-disabled respondents. This is likely explained by the fact that they were more than twice as likely to be working part-time (n307).

35% of disabled respondents earned under £14,999 a year, including 16% earning under £10,000. This compared to 11% of non-disabled respondents, including only 6% earning under £10,000 (n301).

11% of disabled respondents earned over £40,000 a year, including 6% who earned over £50,000. This compared to 28% of non-disabled respondents, including 16% who earned over £50,000 (n301).

Earnings were of course different between people who worked full-time or part-time.

## What are your annual earnings?



### How did our respondents' income compare to the general population?

The median full-time salary in Scotland in 2022 was £33,332.

At least 59% of our respondents working full-time earned under £29,999 per year. This means that the highest median earnings of our respondents working full-time was £29,999 – and was likely lower. This means that our respondents who worked full-time tended to earn less than the national median salary.

The median salary for a person working part-time in Scotland is £12,882.

41% of our respondents working part-time earned under £10,000 per year with a further 24% earning £10,000 – £14,999. This means that our respondents who worked part-time likely had earnings in-line with the national median salary from the previous year<sup>22</sup>.

<sup>22</sup> [bprcdn.parliament.scot/published/2023/2/27/e0888682-8f9a-46f0-9448-5a588c583f58/SB%2023-08.pdf](https://bprcdn.parliament.scot/published/2023/2/27/e0888682-8f9a-46f0-9448-5a588c583f58/SB%2023-08.pdf)

## Experiences in the workplace

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42% of respondents said they had had at least one negative experiences in the workplace, which included:

Someone disclosing your trans status, history or gender identity without your permission	26%
Verbal harassment, insults or other hurtful comments	24%
Exclusion from events or activities	10%
Having to leave your position, job or career	9%
Threat of physical or sexual harassment or violence	6%
Sexual harassment or violence	4%
Physical harassment or violence	3%
Any other negative experience	18%

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From responses given in free comment boxes in relation to questions about negative experiences in the workplace, the most common issues faced by respondents by far are misgendering (using the wrong pronouns for someone) and “deadnaming” (calling someone by their birth name or the name on their identity documents rather than their preferred name).

Having someone use the wrong name or pronouns for you is often very upsetting, especially if it is done deliberately. For trans and non-binary people working in customer-facing roles, this may be more common:

- “[I] Work in healthcare. Not uncommon to be misgendered by patients and occasionally staff, vast majority not malicious but still upsetting.”
- “I work in retail and get misgendered on the daily. Usually by customers, but sometimes also by coworkers, the latter being the more painful one as they know my name and pronouns. To be fair, the customers also know my pronouns as I always wear a pronoun badge at work, but most people don’t bother reading

it or, I assume, don't know what it means. It's very annoying and I never know whether I should bother correcting them as, again, you never know how people might react. Best case scenario, they apologise and then I have to be like 'it's okay' when it really isn't and they shouldn't assume in the first place, but also I'm not here to educate them on that kind of stuff, I just want to do my job in peace. On the other hand, you never know if they might just, well, contradict you and start arguing with you or potentially even get aggressive, so I usually just let it slide because self-preservation, but it doesn't sit right with me to do that either."

Many trans and non-binary workers face a dilemma, as they feel that telling other staff and/or customers about their preferred pronouns would also "out" them as trans or non-binary. This then means they have to decide between the discomfort of being misgendered or the potential for negative reactions or discrimination if they do reveal their trans status.

This can even be the case in organisations that are more proactive about trans and non-binary inclusion:

- "Our work Slack added pronouns next to employee names to be more inclusive. While well-meaning, this just means it feels like I had to either come out NOW, or willingly misgender myself to everyone."
- "A friend and trusted colleague used they/them pronouns for me publicly despite being asked for this to be kept private and personal, and this has been picked up on. I feel glad to have someone correctly gender me but do not feel in control of who knows and how to come out in an environment that I'm not fully comfortable being open about my identity in yet. I have heard many colleagues say transphobic, and generally queerphobic, statements. In spite of training and education in inclusion, this persists and can be uncomfortable. Some individuals make violent threats against transgender people and I am concerned that they hear my colleague using they/them pronouns in reference to me."

Another key issue for trans and non-binary workers was facing discrimination, harassment, and bullying in the workplace, from colleagues, management, and customers.

- “I am looking to leave my job because I can’t cope with the transphobia and constant gossiping of people I work with. They think it’s ok to tell people my past without my permission. I have been excluded from job promotion opportunities. Been bullied by my manager and been outed to everyone in my organisation.”
- “I work in a supermarket. I’ve dealt with plenty of aggressive and rude customers. Since I came out, I’ve had mostly positive experience, but a few outwardly transphobic people, and people leaving anti-GRR propaganda around my store.”
- “I was being paid less than cis counterparts for the same job.”
- “I was working for a startup in London when I came out as non-binary, and the team there were absolutely horrible. Our Finance Director was acting as our HR person, and he would constantly make bigoted, homophobic and transphobic jokes. We all worked in the same office, so this was all day, every day. I had no support internally, I was asked not to disclose that I was non-binary to any of our clients, and to essentially be closeted all the time. When I shaved my head, I was reprimanded and the CEO asked me to run any “major appearance changes” like this by him in future. Which is absolutely illegal. And that’s just the tip of the iceberg. I left because the stress of that job was negatively impacting my health.”
- “I have been turned down for individual projects/jobs in situations where I was pretty sure that it was because I’m non-binary, but it’s often impossible to prove. One employer told me straight out that they thought I was unsuitable to work on material for children (there is nothing I can think of apart from my non-binariness and my sexuality which might have inspired this) but as they were American there was no action I could take.”

As well as direct harassment and discrimination, many respondents reported hearing anti-trans discussions and gossip in their workplace, with many feeling that this was passively targeted at them:

- “There’s a transphobe at work who knows I’m non-binary, and will often go off on (generalised) rants about trans people when I’m nearby (sometimes this is when we’re stuck in the van together). I don’t know if this is targeted or not. He likes to make offensive comments, but he’s actually fairly respectful towards me on shift.”
- “I feel like some coworkers know, but they haven’t treated me differently. I hear some rude gossip about others a lot though, and I bet it’s sometimes about me when I’m not there.”

Trans and non-binary people who try to improve working conditions for themselves and other trans and non-binary or LGBT+ colleagues also face an additional burden on top of their workload:

- “I am the only employee who is not an older cis man. I have had multiple month long breakdowns over the ongoing harassment and discrimination. This has been something I myself have had to put the effort into changing which is further exhausting. In a job that I am already over worked and under paid at it makes it feel less and less worthwhile. But with no other options out there I am left trying to make it work out. I fear of changing jobs only to have it be the same or worse.”

## Other aspects of identity

37% of respondents felt that another aspect of their identity had contributed to negative experiences in the workplace. Of those respondents who felt this way (n212):

- 27% said it was because of being disabled
- 27% said it was because of their gender
- 25% said it was because of their sexual orientation

- 13% said it was because of their age
- 5% said it was because of their race/ethnicity/nationality
- 4% said it was because of their religion or belief.

Trans and non-binary people may have negative experiences at work due to multiple parts of their identity, either separately or in ways that compound one another.

This may make it even harder for some trans and non-binary people to find and retain employment, as for example they may find a job which has a positive trans and non-binary employee policy but which is not willing to give them reasonable adjustments for their disability, or which has a strong network for LGBT+ staff but no support for People of Colour.

### *Age and gender*

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A common issue among respondents was feeling that they were not treated fairly compared to other colleagues because of their age and gender:

- “I have felt like my perceived age and gender have made people not take me seriously in the past. I don’t think it’s ever been intentional, but I was once called “adorable” in a focus group which make me feel like I’m not being taken very seriously in a professional capacity. This was an offhanded comment that was meant to defuse the negative atmosphere in a focus group I was facilitating and assure me that they weren’t complaining about me, but it sort of confirmed my fear that I was seen as a young woman at work, which is definitely not what I was trying to project.”
- “The real invisibility cloak is being a woman with grey hair... Have been talked over repeatedly in meetings, had male colleagues repeat literally what I have said – seconds after me saying it – and claiming idea as their own. Been talked down to, have had managers say “I know how women can talk, so keep it brief” etc.”

- “Constantly the only young woman (or young person perceived as a woman) in the room, frequently feeling talked over and ignored. Discussions about how to make hiring processes more inclusive where we’ve been told “we just give the job to the best person”. Being passed over for training opportunities and for promotion.”

As noted above, for some trans and non-binary people this is not because of their gender identity or trans status, but because of the gender others perceive them to be.

### *Race, ethnicity or nationality*

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Respondents also noted that their race and nationality lead them to be ignored or overlooked in the workplace, as well as explicit and more subtle racism:

- “Assumptions made about people of my nationality. My opinion and input ignored despite having closer knowledge to the issues being discussed.”
- “I used to be a teacher and would face racism from the kids I taught. I didn’t hold it against them but I lived in the same community and it was sad to think that the kids were learning racism from the parents I saw walking down my street. The school’s response to any incidents was pathetic – usually explaining to me why I should ignore the kids. More recently I work in an office environment and there’s no open racism, but lots of little things. For example when I joined my current employer, I met my HR Rep who told me to make sure I filled in my diversity monitoring form.”

### *Disability*

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The most common characteristic mentioned by respondents was disability, with many employers failing to provide reasonable

adjustments, or failing to recognise that certain expectations around professional behaviour are unattainable for some disabled people.

Comments which mentioned inaccessibility in the workplace for a specific disability almost exclusively referred to neurodivergence and mental health issues:

- “My job is extremely unfriendly to autism and ADHD. As soon as I have an issue with something that affects what I can do or the company’s bottom line, it’s suddenly my problem.”
- “As an autistic person, I’ve had issues with being held back by performance reviews that focused mostly on my communication style rather than my work. I’ve also had issues with employers gaslighting me by telling me we agreed something that we hadn’t and then suggesting it was my ADHD that was the issue. I had to record all meetings and send emails to confirm what was agreed for every single conversation where actions were discussed in order to avoid this. Which was exhausting.”
- “Chronic ill health prevents me from acquiring steady work and limits my access to resources needed to gain a better paid/longer term contract. (e.g. unable to attend conferences/networking events, unable to work contracts with higher number of hours per week.)
- “Being autistic in the corporate world causes all sorts of problems, from sensory issues in the office, to passive aggressive statements around how people should be coming into the office more or trainings that tell you that you have to make eye contact and not fidget to be an effective communicator.”

We plan to produce workplace inclusion guidance, to address some of the key issues that trans and non-binary people said that they faced in the workplace.

## Recommendations

Some respondents did have positive experiences as trans and non-binary people in the workplace, and these spell out some of the ways that workplaces can model trans and non-binary inclusivity:

*“My employers have always been totally supportive and accepting.”*

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While it is important that this is followed by functional trans inclusion in policy and practice, creating an atmosphere of inclusion and acceptance can play a huge part in helping trans and non-binary be themselves at work.

By helping trans and non-binary people relax and “drop their guard” about exclusion or discrimination, they can focus on doing their job and progressing in their career the same as anyone else.

They will also likely find it easier to connect with their colleagues and be honest about areas they may be struggling in.

*“My employer is inclusive and the HR dept have an inclusive policy for LGBTQ with people who have volunteered to be champions and be a focal point to handle any issues.”*

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As mentioned above, inclusive HR policies can help ensure that trans and non-binary people are treated fairly at work, and provide a positive framework for those who support or work alongside them, rather than having to “figure out” what they are entitled to.

Key points to cover in workplace trans and non-binary inclusion policies include:

- Statement of support for trans and non-binary workers within the organisation
- Clear process for things like changing name and gender on HR systems and emails

- Transparency around how information about a worker's trans status is shared, and with who
- Resources and training for managers and other workers on trans and non-binary awareness and inclusion
- How discrimination or harassment against an employee because of their trans status can be resolved within the organisation.

Equality champions or trans and non-binary /LGBT+ networks are really important resources for trans and non-binary workers, as they provide safe spaces for discussing experiences and options around issues they may encounter, as well as the knowledge that there is always someone they can talk to who will support them.

*“Comment was made during a Microsoft Teams meeting and the person who made the comment was disciplined almost instantly.”*

Training and work on trans and non-binary awareness can help ensure employees know how to respectfully refer to trans and non-binary colleagues and treat them with dignity, but sometimes disciplinary issues may still arise.

It is important to have a system in place in case harassment or discrimination does occur which is readily accessible to workers, and allows for a fair resolution for everyone involved.

This resolution does not always have to be disciplinary, and should include options for training and conflict mediation to ensure positive working relationships in future.

As noted above, many trans and non-binary people do not report problems for fear of repercussions, so it is crucial that their anonymity can be maintained if they do not wish it to be known that they have made a complaint.

## Benefits

*“Claiming benefits via the DWP and the job centre I have found is the most dehumanising experience in the world and is one of the major reasons I don’t currently claim them despite being unemployed and poor.”*

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We found that trans and non-binary people described having a range of significantly negative experiences when trying to access benefits.

An issue that came up frequently was around trans and non-binary people having their records locked with “Special Section D” to protect their privacy.

We will explore whether we are able to work with the UK Government on changing how trans and non-binary people’s records are dealt with by the DWP.

Beyond this, many of the issues and negative experiences that people go on to describe in relation to claiming benefits in this chapter speak specifically to issues around accessibility, and to disabled people facing particular barriers and discrimination. But even where the issues described aren’t specifically due to being disabled, we know that they will be disproportionately affecting disabled people – as they are significantly more likely to be claiming benefits.

We will be reaching out to Disabled People’s Organisations, to find out if there are ways that we can support their work to improve disabled people’s experiences of accessing benefits.

**33% of our sample were currently claiming benefits, 26% were not currently claiming benefits but had in the past, and 41% had never claimed benefits (n491).**

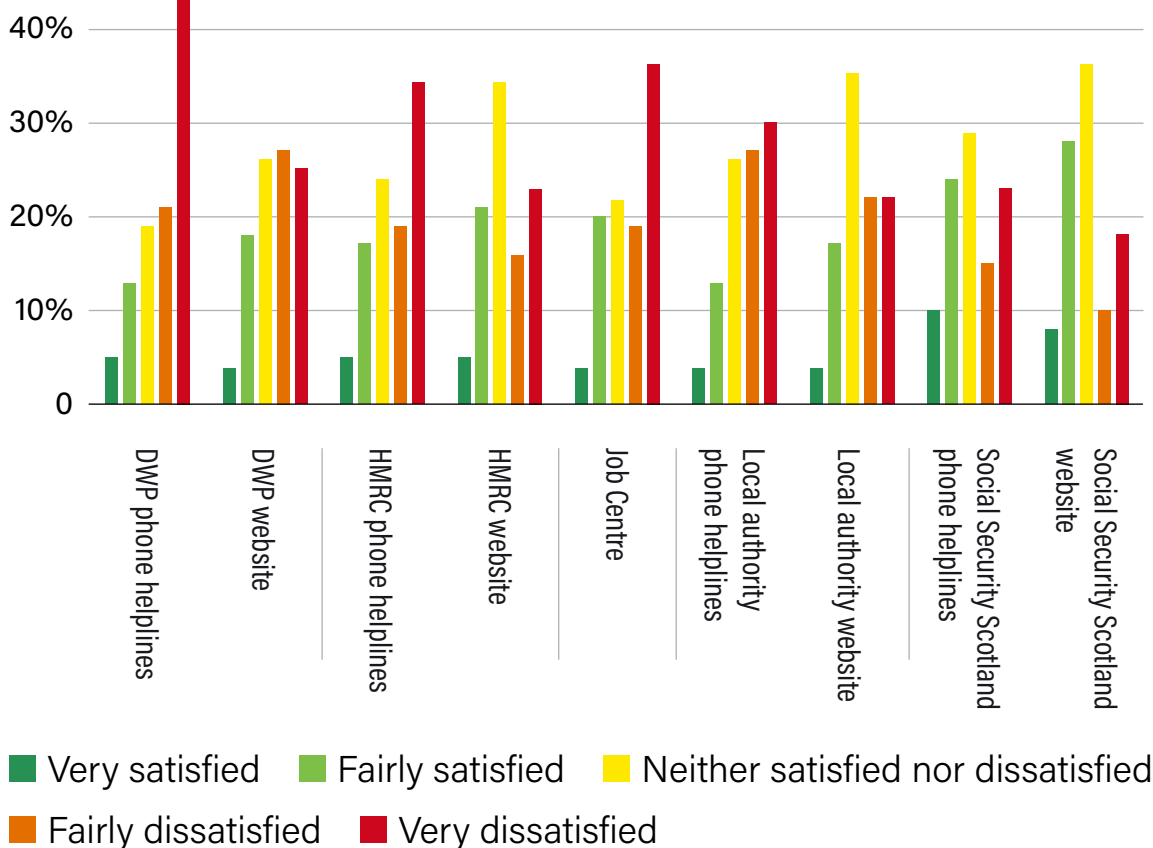
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Perhaps unsurprisingly, disabled respondents were more likely to be currently claiming benefits, or to have done so at some point:

- 45% of disabled respondents were currently claiming benefits versus 7% of non-disabled respondents
- 56% of non-disabled respondents had never claimed benefits, but this number fell to 34% of disabled respondents.

When asked about their experience of using websites, phone lines, and services in order to claim, access or find out information about benefits, 'no opinion/don't use' was the most common response. Once these responses were removed, overall satisfaction tended to be low – particularly for phone helplines.

How would you rate the following?



When it came to phone helplines:

- 64% were very or fairly dissatisfied with the DWP (n177)
- 57% were very or fairly dissatisfied with their Local Authority (n121)
- 53% were very or fairly dissatisfied with HMRC (n134)
- 38% were very or fairly dissatisfied with Social Security Scotland (n89).

Whilst people reported higher levels of satisfaction using websites, these were still not particularly favourably rated:

- 52% were very or fairly dissatisfied with the DWP (n188)
- 44% were very or fairly dissatisfied with their Local Authority (n166)
- 39% were very or fairly dissatisfied with HMRC (n165)
- The only exception to this was the Social Security Scotland website, where 28% were very or fairly dissatisfied, compared to 36% who were very or fairly satisfied (n97).

Respondents also rated their level of satisfaction with Job Centres poorly overall. 24% were very or fairly satisfied, 22% were neither satisfied nor dissatisfied, and 55% were very or fairly dissatisfied (n189). Many comments highlighted problems with attending appointments due to a lack of accessibility, and feeling that the requirements for applying for jobs, or the jobs that were found for people, were inappropriate and unhelpful.

People were able to tell us more about their answers to this question if they wanted to. The most persistent theme that emerged was the inaccessibility of many of the services that people had to use to claim or access benefits. Other themes that emerged were people feeling as though they were treated with hostility and a lack of care, and people encountering specific barriers and poor treatment due to being trans or non-binary.

### *Inaccessibility*

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— “Phones not answered, slow, cumbersome & hard to navigate websites.”

- “The landlines of Social Security Scotland are extremely inaccessible (waiting times of more than an hour, unable to arrange a call beforehand).”
- “I don’t really use phone lines as I’m really hard of hearing especially on the phone. However I recently had to use DWP phoneline to sort something, it’s still as annoying as ever!”
- “I am physically disabled and my local job centre refused to let me use the lifts. I had just seen a staff worker with no mobility aids use it, but I was not allowed due to fire hazard. I had to either leave the support of my partner (a wheelchair user) and put myself in pain for my appointment or have my appointment in the hallway with no privacy. I forfeited privacy, assuming that if I did force myself to climb the stairs, the DWP would decide that meant I was fit for work.”
- “Accessing information can be hard, and what answers you find are often ambiguous and general, not answering what I need to know. Getting through by phone takes ages and requires more spoons than I can spare, and then you have to speak to someone, and getting the information can take another 20 minutes even for a simple question. It’s all very hard work and overwhelming.”
- “Trying to get in touch with DWP and Jobcentre in particular for something straightforward like documentation relating to a benefit I’ve been on for more than a decade has been a nightmare.”
- “These websites are just not designed to help disabled people.”
- “Job centres need to have a larger variety and actually give help and help people secure interviews and jobs rather than just listing jobs on their website and making us do all the work. This is impossible for someone with a disability and being able to send in one application rather than dozens with what kind of job we are looking for and then given offers back based on that would be much more helpful.”

## *Being treated with hostility and a lack of care*

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- “Generally awful experience, so rude and pressurising. Treated like scum.”
- “Job centres policing/escorting people to the toilet/ the surveillance and security guards are horrible. It’s a scary place to be. I could never appear non cis in my identity there.”
- “The DWP have been utterly shameful. When I put down on my form that I am autistic, one woman hounded me for a full hour telling me I was lying about it. She left me in tears. She clearly got a sadistic joy out of it and said that when I started crying it was proof that I was lying.”
- “DWP are terrible. I ended up suicidal after dealing with them for PIP. The decision maker was judgemental and horrible in what she wrote about me.”
- “Claiming benefits via the DWP and the job centre I have found is the most dehumanising experience in the world and is one of the major reasons I don’t currently claim them despite being unemployed and poor. Expecting someone to hunt and apply for jobs for 35hrs per week or face sanctions is unrealistic and cruel, especially given how few feasible jobs there are on the market. They make you feel like human garbage for being unemployed and seeking help and god forbid you have a disability or mental health issues such as depression or anxiety that can often make entering the workplace difficult. They constantly force you to apply for jobs that you have no interest in or go to job fairs on the other side of the city as well as meet with them every week to make sure you’re doing everything they want. If, like me, you do suffer from mental strains such as anxiety and stress you never have time to try and work on it because you’re too busy stressing about your next meeting with them.”
- “I very briefly interacted with the Job Centre during redundancy, and it was not a good or supportive experience.”

- “Job Centre and DWP are terrible, I did voluntary work for them years ago and it opened my eyes to just how horrible they are. The helplines are also awful and everyone has a disgusting attitude towards benefits claimants.”
- “The DWP should stand for Dehumanising and Wicked People. They have contributed to the deaths of so many people. I was nearly one of them. The DWP messed up my claim so badly they ended up having to pay compensation money, but that will never cover up the months I spent suicidal because of them.”
- “Then I got on ESA, easy enough once someone at the local job centre finally saw me as a human who was not lying to get out of work. Through ESA I was given an 18-month contract at a centre for disabled people, but this job was hellish and ended up with me going into a mental health ward for over a week. Then I applied for PIP and was stuck in appeals for more than 2 years, a period I am still not sure how I survived.”

### *Specific barriers and poor treatment due to being trans or non-binary*

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- “I have been misgendered, and despite having legally changed in my name in June 2021 it is stressful and time consuming having to inform each & every government agency that my name has changed. Most forms/websites don’t give me a gender neutral option, so I have to “pick a side”, and opt for male, with the title of Mister.”
- “I found the experience of attending a job centre in person uncomfortable. Despite being openly trans at the time and having been transitioning for a while, I would have definitely been reluctant to appear earlier in my transition.”
- “Because of my ‘trans status’ though, there were extra security things on my account, and the person taking the call couldn’t do it. Both were saying it was odd, and for me to explain would have meant having to ‘out’ myself to them. I had to wait until someone higher up

phoned me the next day, and I then didn't have support for the call. Thankfully it was just him telling me something, otherwise I'd have not managed to move forward if it was something else."

- "The system is not set up for trans people. We have our records made only accessible by certain people meaning we are reliant on being called back as frontline people cannot access the records. Often we have to make multiple calls waiting up to an hour to speak to someone."
- "My 'record' was deemed as sensitive – for being trans – and as such, only managers could access it. Each fortnight when 'signing on' there was N E V E R a manager around and my claim couldn't be processed leading to inevitable delays. Any time I complained I was ignored."
- "Due to the DWP/HMRC badly designed "special customer" system that they put trans people's files into in order to restrict access to trans history info, it is extremely difficult to get help with benefit claims and tax issues as staff cannot see your file when you phone up. Also, the "special customer" restriction causes you to fail any online automated checks using your NINO to prove your identity."
- "I was forced to be on Jobseekers while unable to work long term due to disability, forcing me onto jobs and interviews, for work I could not sustain, was told to use my legal name and keep any info about being trans to myself and not tell employers, dead naming, misgendering etc etc."

### **Do you feel as though your trans status, history or gender identity has ever made it harder to apply for or receive benefits?**

A minority of people felt that their trans status/history, or gender identity had had a negative impact on their ability to claim benefits (13%), with a further 26% feeling unsure if it had had an impact (n280).

A small minority of people felt that their trans status/history, or gender identity had had a negative impact on their ability to receive benefits for which they had already made a successful claim (7%), with a further 18% feeling unsure if it had had an impact (n275).

The main themes that emerged around being trans or non-binary having impacted on people claiming or receiving benefits were around issues with records being locked to protect people's privacy, facing barriers due to name changes, feeling as though they had to hide being trans or non-binary due to fears of discrimination, and people being disbelieved about being trans or non-binary/not having gender affirming care properly considered as part of claims.

### *Issues with locked records*

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- “I continually have to reconfirm my National Insurance Number, because someone put a restricted lock on checks at some point. Because of this, claims always take approximately twice as long as they should, as my NI will get a restricted ping and then I have to phone HMRC and approve them releasing information.”
- “For a while my DWP file had an access restriction on it so that only senior staff could look at it.”
- “Due to the “special customer” restriction problem.”
- “My national insurance records being locked or whatever they call it made it difficult to claim benefits, and I'd have to be phoned back every time I contacted them.”

### *Barriers due to name changes*

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- “I have had to go out of my way to be addressed by my chosen name by Universal Credit, but this seems to be a limitation of their data management systems and they have always made an effort to be accommodating.”

- “I have been misgendered at every opportunity and had several issues because of the discrepancy with my deadname.”
- “I’ve always worried my winter fuel payment will get turned down as the account is in my legal name and DWP deadname.”
- “Things like my bank, P60 etc. are in my new name – the DWP have lost my deed poll so their systems still have me as deadname and it can’t be updated until they have it. But they won’t give me the info to send it to them. And now changing anything is impossible because it would look like 2 people on the system.”
- “It took the council about 3 months to process my change of name (for housing benefit), after I had already changed it with my bank.”
- “Everything just comes to the wrong name or worse! To “Male-name (female-name) surname”. What nonsense is that? It outs you in every way possible and that was on the envelope!”

### *Feeling as though they had to hide being trans or non-binary*

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- “I haven’t felt safe disclosing my trans status to the DWP as I fear they would only abuse me for it the way they abused me for being disabled.”
- “I have not disclosed my gender identity out of fear of discrimination.”
- “I generally hide my gender identity when dealing with official paperwork/government systems, in an attempt to avoid discrimination and keep the process as straightforward as possible.”
- “Using my dead name, misgendering myself, feeling like I had to hide my gender identity in interviews in order to get a job.”

*Being disbelieved/not having gender affirming care considered properly as part of claims*

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- “When I first claimed they didn’t believe me that I had changed my sex.”
- “They said I was “choosing” the issues that were causing me to suffer anxiety and depression. I was also accused of going for non-essential cosmetic surgery (my top surgery). Very condescending.”

*Do you feel as though any other aspect of your identity has had an impact on claiming or receiving benefits?*

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38% of respondents felt that at least one other aspect of their identity had had an impact on them claiming or receiving benefits (n290).

Of those who felt that an aspect of their identity had had an impact (n110):

- 85% said this was because they were disabled
- 19% said it was because of their age
- 16% said it was because of their gender
- 15% said it was because of their race/ethnicity/nationality
- 6% said it was because of their sexual orientation.

The largest proportion of respondents by far who felt another aspect of their identity had impacted on them claiming or receiving benefits was disabled people.

The main themes around how disabled people felt this had impacted on them claiming or receiving benefits concerned the inaccessibility of the processes/systems of applying, and being disbelieved about being disabled when applying or claiming benefits.

### *Inaccessibility*

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- “Lack of accessible options, insistence upon initial phone calls, limited ways to contact DWP/Jobcentre, e.g. I was completely unable to contact them online including email or webchat and my only option was to phone, which was also problematic and not straightforward.”
- “The PIP assessment, as well as work capability and adult disability assessments, aren’t very accessible for people with neurological conditions, mental health issues, or fatigue issues. Just filling in the forms left me exhausted and overwhelmed, and when I had my assessment I masked my symptoms because I can’t deal with strangers or appointments without doing so, but there was no recognition of that fact.”
- “Despite having clinical diagnoses from my GP & having been awarded enhanced level Adult Disability Payment I am currently having challenges with applying for LCW, as they insist on doing a separate health assessment.”
- “Back when I was receiving income support (in my partner’s name), my partner’s illness meant that I was the one who had to attend appointments. Provision for disabled access was appallingly bad. Towards the end, I was only able to get there because a friend volunteered to drive me and used the staff car park without permission.”

## *Being disbelieved*

- “My mental health and trauma affects me every day, as well as being autistic, and I’m trying to work on things myself. However, I feel very worried all the time that I won’t be believed and they can just stop my benefits any time, and then I’d be left with nothing.”
- “The person who interviewed me for PIP said I didn’t have a cognitive impairment and implied I lied through my form. He wasn’t qualified to make that judgement as he had no experience with brain injury survivors and admitted this. I still lost my benefits and was put through a lot of stress. My GP wrote quite a scathing letter and the decision was overturned.”
- “After my appointment, she wrongly decided I was not eligible, and I would have given up without the mandatory reconsideration or tribunal if I had to do it on my own, because it was far too much for me to handle.”
- “I was refused PIP on my first application and scored zero on everything despite being awarded it on my next application. It seemed like they didn’t even look at my application and just rejected it.”

Comments relating to age spoke to how the intersection of the person’s age and being disabled had had an impact:

- “When I applied for PIP, the woman assessing me didn’t believe the things I said about my own mental health and neurological problems. She didn’t believe I had short term memory issues because of my age.”
- “My being disabled tends to be looked down on and with them getting ever worse as I get older then it’s not helping matters.”
- “There has always been an undercurrent of the idea that, because I am younger, my disabilities aren’t that bad.”

Comments relating to race/ethnicity/nationality spoke about the additional barriers to claiming or receiving benefits as a migrant:

- “Not having a British passport adds some additional steps when initially applying for universal credit. I also cannot set up a Government ID account to access HMRC etc.”
- “Claiming as non-UK citizen, despite being entitled to it, is more difficult. Being also trans adds to the paperwork and explanations needed, so it’s an even more tiring process.”

Only one person said that they felt that their religion or belief had had an impact on them claiming or accessing benefits. However, we thought it was important to highlight the comment they left explaining their experience:

- “They tried to force me to do unpaid work experience in a casino, despite being from a Muslim background.”

## Is there anything else you would like to tell us about your experiences claiming benefits?

### **“a fortnightly experience in dehumanisation and trauma”**

Respondents were invited to tell us anything else they wanted to about their experiences of claiming benefits – whether positive or negative.

The large majority of comments described people having extremely negative experiences – whether that was difficulties navigating the process for making a claim, feeling stigmatised, feeling anxious and scared about their financial situation, or a general sense of hopelessness about the system.

- “Dealing with the DWP (mostly in connection with income support) was always a horrible experience. I was treated like some kind of moral failure even though I was actually working - I just couldn’t support two people whilst also providing care.

I learned to record the length of time which it took before phone calls were answered, to take the name of everyone I spoke to, to keep precise records of times and dates and, wherever possible, to deliver letters in person, as that was the only way to guarantee even a minimum standard of service. I still had to cc my MP on several occasions in order to get my basic rights met. I often had to go without food and was constantly afraid of money being cut off so that I would find myself homeless. It has been seven years now since I was in that situation and yet I still feel physically sick when a brown envelope comes through the door.”

- “The whole benefits system is broken, it was complicated for me to navigate as young person who’s native language is English so I cannot imagine how difficult it is for others. Claiming and accessing benefits just feels like there’s a massive wall trying to keep you out and then once you’re in you’re in a vicious cycle of fearing you’re not “trying hard enough” to find jobs or to “get off” benefits. Literally one of the worst experiences I’ve had dealing with government services honestly and I fear having to go through it again.”
- “Claiming benefits made me feel like a terrible person. I felt I never had the right to claim the way they treated me during my time there. Even when I lost a family member they said I was being lazy. Even when I was joining the military at the time they said it was not a career. They told me I wasn’t trying hard enough during a recession and then they randomly rejected me from my benefits making my life crippling to do anything. Some days I had to skip meals. They sometimes did the whole random check-ups on you and do a “health” assessment making you go to these places at certain times to see if you are eligible for your claim. Despite having medical history and reports they still cut you off from your claim even though you have been proven not fit for work by psychologists and psychiatrists and doctors.”
- “The DWP are devils. They question you until you feel like you’re not human anymore. They treat you like you’re a parasite.”

- “The current benefits system is inhumane and intentionally cruel in order to dissuade people from using it. I put off claiming for two years when I should have been (a circumstance that forced me into doing sex work to survive, a common occurrence among my trans and disabled friends) because I was terrified of how they would treat me, and I was proven absolutely right.”
- “It was exhausting, inaccessible, stressful, and very fear inducing.”

A significantly smaller proportion of comments described more positive or mixed experiences:

- “The staff at my local Job Centre were immensely helpful, respectful & courteous. Most other experiences I have had when interacting with the benefits system have been negative.”
- “PIP assessors in this area have been devious and not always provided full info given, to the DWP. Also, they cancelled an appointment by phone hours before, and told the DWP I had been a no show. In contrast the assessors for limited capacity for work related activity (LCWRA) for Universal Credit and DWP advisors have been helpful and kind. DWP policies, on the other hand, are awful.”
- “Overall ok as been on them for years and have a good welfare advisor. Only issue is that ESA won’t update my title even though I have repeatedly asked them to.”
- “Despite my Dyspraxia and mental health affecting my everyday, PIP turned me down even when years ago I was suicidal. I am on Job Seekers/Universal Credit now. They have been much kinder in how they treat me and always seek to understand and comfort me. They still can’t remove my birth name from their record but when speaking to them they always use my preferred name unless they don’t know.”

## Recommendations

More needs to be done to humanise and destigmatise the processes in place for claiming benefits. Staff working across services administering benefits should:

- Have training on trauma-informed approaches to working
- Have trans and non-binary inclusion training
- Have disability inclusion training.

Public services need to rebuild trust with people who have had negative experiences when claiming and receiving benefits. Communications from services should focus on wanting to support and help people, not interrogate and disbelieve them.

Public services should work with Disabled People's Organisations to increase the accessibility of information provided about benefits

Public services should work with Disabled People's Organisations to increase the accessibility of the processes for claiming benefits – with a particular understanding of the barrier that relying on phone conversations can present to people.

Job centres should take a more person-centred, flexible approach to supporting people into employment. They should review whether current practices meet the needs of people looking for jobs, and make necessary changes to processes to ensure that all people accessing Job Centres are genuinely supported to find appropriate working opportunities.

Department for Work and Pensions should review and update the "special customer record" system used to maintain privacy of trans and non-binary people's records, in partnership with trans and non-binary people.

Social Security Scotland should review whether any of the benefits that they administer are impacted by the "special customer record" system used to maintain privacy of trans and non-binary people's records, and work with trans and non-binary people to update the processes in place.

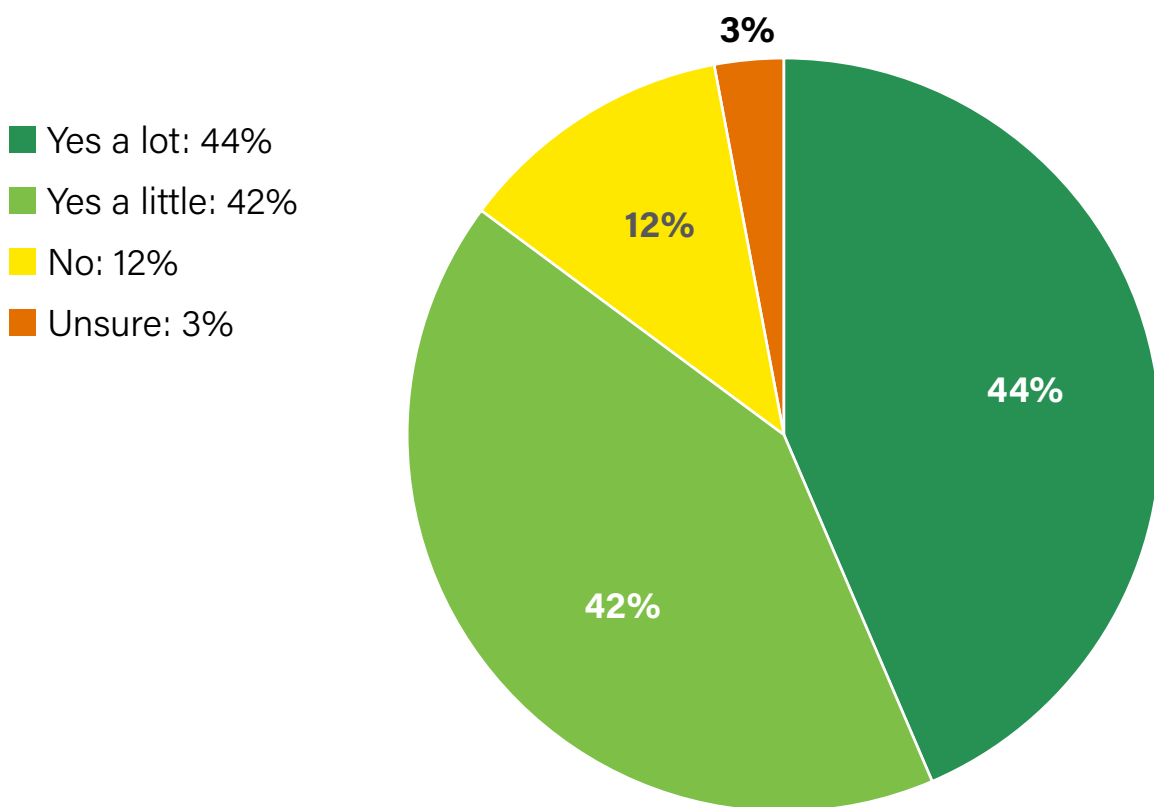
Public services need to have clear name change policies in place across systems for claiming and accessing benefits, to prevent people experiencing financial hardship. Where possible this should allow for people to do a “one stop” change across the board (if they want to), and where this is not possible because of lack of integration, services should inform people of the various touchpoints of their records and how they can ensure their name is updated everywhere needed.

## Cost of living

We asked respondents a range of questions about the cost of living crisis.

As with other areas of people's lives that we asked about, disabled respondents often reported poorer experiences than non-disabled respondents.

Have rising costs for food, fuel etc. affected your lifestyle over the past 12 months (e.g. caused you to make different financial decisions than you normally would)?



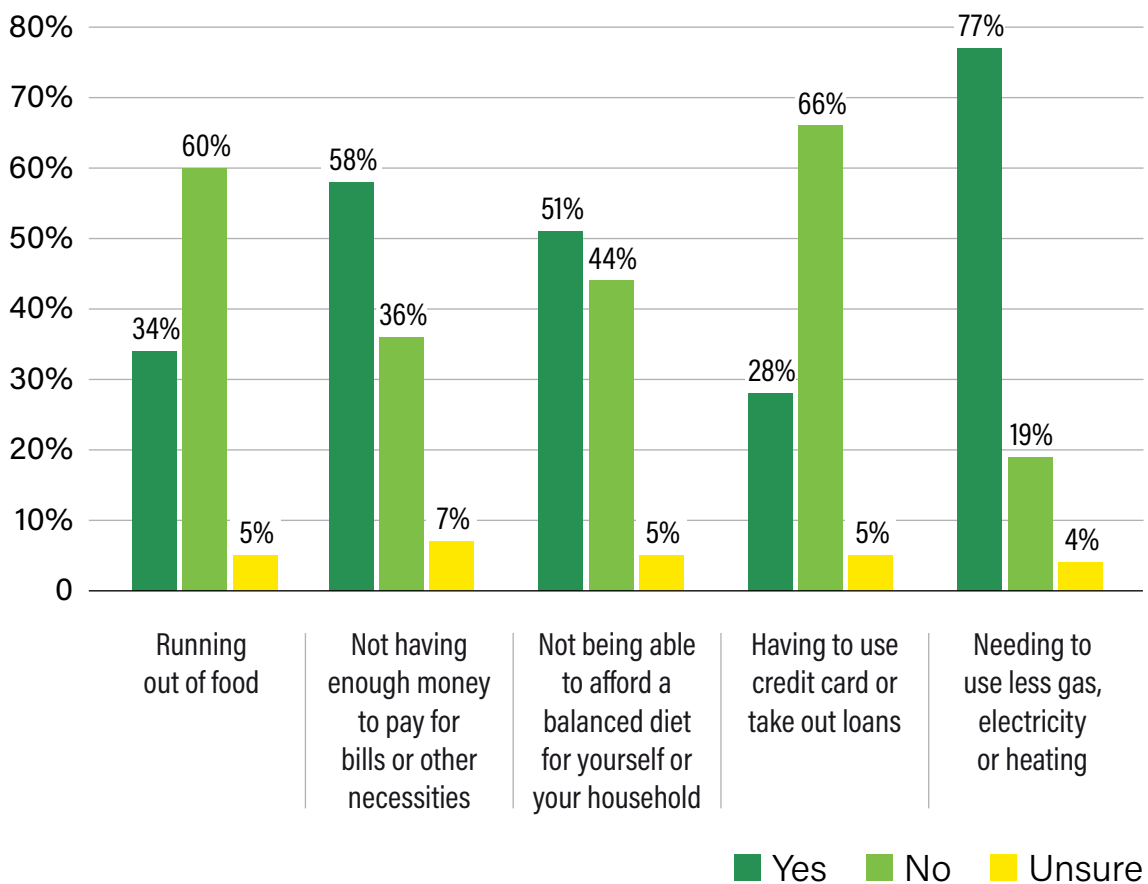
A large majority of respondents said rising costs had affected them in the last 12 months, with 42% saying it had affected them a little, and 44% that it had affected them a lot. 12% said they had not been affected, and 3% were unsure (n468).

Disabled respondents were more likely to have been affected by rising costs in the last 12 months.

- 90% of disabled people had been affected, compared to 80% of non-disabled people
- Disabled people were particularly more likely to say they had been affected 'a lot' by rising costs – 48%, compared to 29% of non-disabled respondents

This is likely to be explained by disabled respondents having a lower income than non-disabled respondents

Have you felt anxious or worried about any of the following over the last 12 months in relation to rising living costs?



Disabled respondents were much more likely to have felt anxious or worried about some of these situations in the last 12 months.

	<b>Disabled</b>	<b>Non-Disabled</b>
Running out of food	42%	20%
Not having enough money to pay for bills/other necessities	64%	45%
Not being able to afford a balanced diet for yourself/household	59%	33%

Findings were more similar between disabled and non-disabled respondents when asked about taking out credit cards or loans, and needing to use less gas, electricity or heating.

### Accessing support from your local community

People felt uncertain and fearful about accessing support from their local community around the cost of living crisis.

Lots of respondents said that they were 'unsure' to the questions asked in this section. Comments often related to worries, fears and concerns about barriers, difficulties or discrimination that people might encounter, even if they had not had any negative experiences (although some people had had negative experiences).

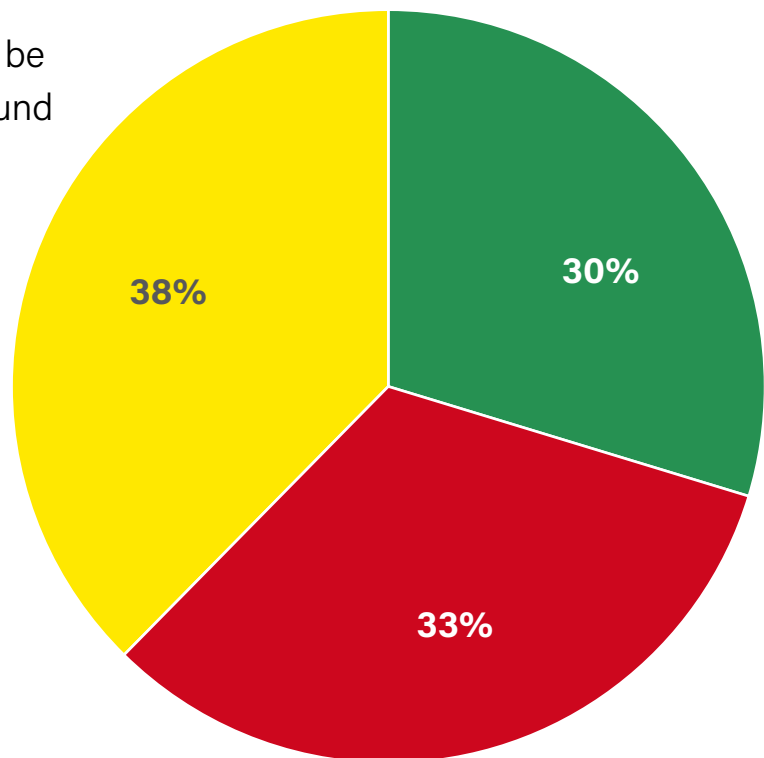
This in many ways reflected the findings around people's feelings about their neighbourhood.

This uncertainty and fear is likely in part explained by trans and non-binary people's experiences of "minority stress". This refers to the health and wellbeing impact on people who are a part of a marginalised group, either because they have had negative experiences due to their identity, have heard of the negative experiences of others who share their identity, internalise negative societal attitudes about people like them, or feel they have to conceal their identity out of fear they will face discrimination<sup>23 24</sup>.

People's negative experiences with neighbours, with the general public while out in their neighbourhood, or hearing about these experiences from others, increase people's fears and concerns about how they will be treated in the future. These experiences and fears then impact negatively both on people's mental health, and their ability to access support.

Do you feel that you would be able to access support around the cost of living (such as free groceries) from your local community if you needed it?

- Yes: 30%
- No: 33%
- Unsure: 38%



<sup>23</sup> Meyer, I.H. (2003). "Prejudice, Social Stress, and Mental Health in Lesbian, Gay and Bisexual Populations: Conceptual Issues and Research Evidence." *Psychological Bulletin*, 129(5): 674-697.

<sup>24</sup> Meyer, I.H. (2015) "Resilience in the Study of Minority Stress and Health of Sexual and Gender Minorities." *Psychology of Sexual Orientation and Gender Diversity*, 2(3): 209-213.

Respondents were fairly evenly split on whether or not they would feel able to access support around the cost of living from their local community – with 38% unsure, 33% feeling they would not be able to, and 30% feeling that they would be able to (n467). Trans women were the least likely to say they felt able to do so – 22% said they would, compared to 33% of trans men, and 34% of non-binary people.

### **If you needed to access this support from your local community, do you think that this would be in any way impacted by your trans status, history or gender identity?**

The largest proportion of respondents to this question said they were unsure if their trans status, history or gender identity would have any impact on them if they needed to access support around the cost of living from their local community – with 47% feeling that way (n460). 24% felt it would have no impact, 18% felt it would have only a negative impact, 8% felt it would have both positive and negative impacts, and 3% felt it would have only a positive impact.

Respondents were able to tell us more about their answer to this question if they wanted to. The main themes that emerged were around fear or anxiety about accessing community support, feeling that they would need to hide the fact they were trans or non-binary to access support, and positive feelings around accessing community support. People often described feeling more confident about community support that was trans and non-binary or LGBT+ specific.

#### ***Fear and anxiety***

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- “Trans mutual aid is very supportive but I feel unable to access trans specific services for not being “trans enough” and I worry about taking what could be used by people even more in need than me.”
- “Those that run these things are often church based, and negative towards the queer and neurodiverse.”
- “I’m sure I could find (LGBT) community led efforts and have my community support me. Outside of that I would worry for the worst.”

- “There are services available but every service I interact with comes with the risk of being misgendered, this resulting in dysphoria, leading to physical dysphoria, leading to spiralling etc. etc.”

### *Hiding your trans identity*

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- “The media around trans people is awful right now so I think I’d have to hide being trans.”
- “My Mum goes to Food Banks, which are a mostly Christian organised group and so I fear if they find out I am Non binary/transgender that they may exclude myself or my family, that we may not get food. I don’t think this will happen but I do feel it could.”
- “I’d be scared of them finding out that I’m trans as it only leads to violence against me.”
- “I noticed people asking for help on my local neighbourhood groups (e.g. [Local Community Group]). I learned about the different local groups that provide food for free or help with finances from these discussions. The general supportive, understanding and helpful responses were encouraging and made me feel that I could go to these organisations if I needed to. I would be wary about encountering transphobia, so I would probably hide this to ensure I can access services. But I’m unsure if I would actually find it as a barrier, as [my neighbourhood] is fairly pro-LGBT.”

### *Positive feelings around community support*

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- “Those that know my gender identity see past it. It isn’t a factor in their decisions regarding me, for which I am grateful.”
- “I have a number of friends living nearby who are either trans themselves or committed allies.”

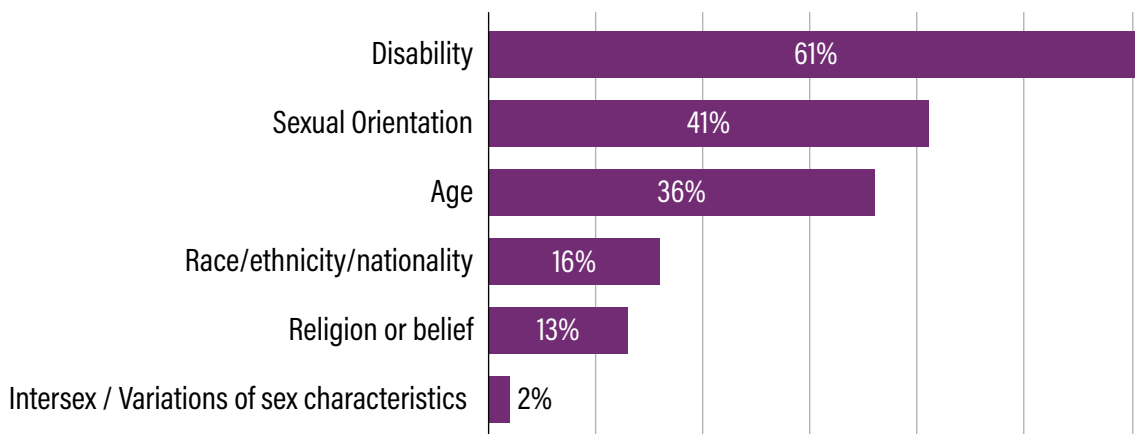
- “I have a lot of queer friends who have needed to use these services before and so I would be able to request their help.”
- “I feel good about the potential for queer mutual aid in my neighbourhood.”

## Other aspects of identity

We asked respondents if they felt that any other aspects of their identity would impact them accessing community support around the cost of living crisis.

36% of respondents felt that any other aspect of their identity would have an impact (n460). The graph below shows which characteristics these respondents felt would make an impact.

Do you think that accessing this support would be impacted by any other part of your identity?



Respondents were able to tell us more about their answer to this question if they wanted to. There were a small number of comments across a range of different aspects of people’s identities, including:

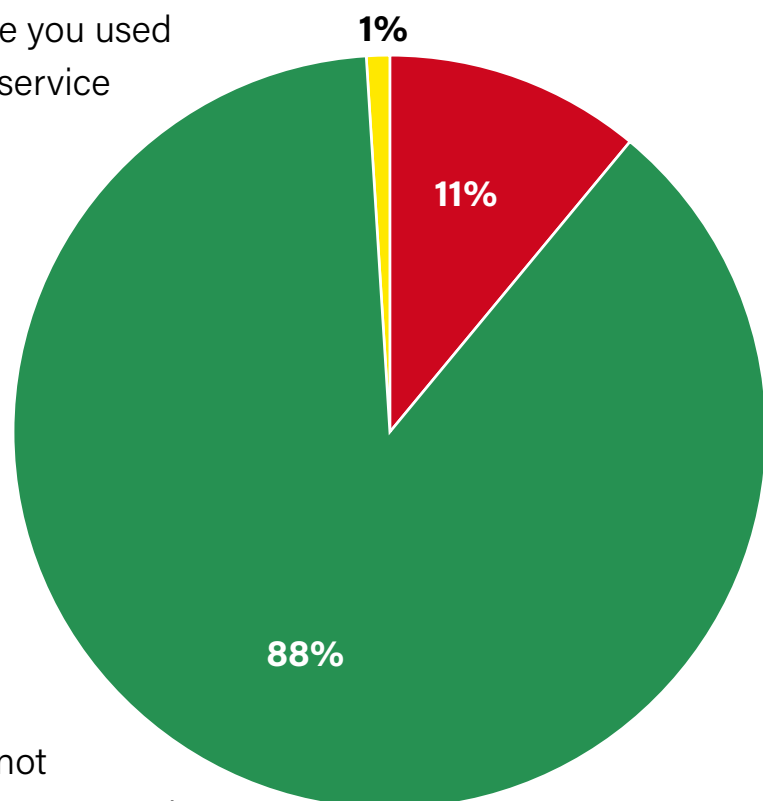
- “It looks like a lot of the support you can get involves physically going places, carrying heavy loads or the use of cars. I might be able to get to a location but I cannot carry heavy things (e.g. bags of groceries), and I don’t have a car.”

- “A lot of the food bank stuff here is run from a very small close knit extremely religious church – and they have been quite open in the past about being against gay marriage, same sex adoption etc.”
- “I am afraid of having issues for being an immigrant.”
- “I’ve encountered worse reactions to any form of disability recently, and I feel there is a lot of in-built ableism in society. Also, there are a few religious-led charities in the area who actively have stances that exclude queer people – but I do know not to approach them.”
- “I’m too anxious to ask for help, and lots of help is done through helplines and I cannot do phone calls due to my disability.”
- “A lack of disabled access at places like food banks stop people seeking help.”

## Food Banks

In the last 12 months, have you used a food bank or any other service that provides free food and groceries?

- Yes: 11%
- No: 88%
- Unsure: 1%



88% of respondents had not used a food bank in the last 12 months, 11% had, and 1% were unsure (n465).

The Trussel Trust, the largest network of food banks in the UK, reported giving out 262,479 food parcels in Scotland between 1st April 2023 and 31st March 2024. They operate around 60% of foodbanks – meaning that the total number of parcels given out last year across the whole foodbank network could be around 450,000<sup>25 26</sup>.

If every one of these were given to an individual person, that would mean about 8% of the population had received a food parcel last year. The proportion of the population will in fact be much lower, with many people receiving parcels on numerous occasions.

With 11% of our respondents having used a foodbank in the last year, it seems likely that this was much more common amongst our respondents than the general population.

This may be explained by some of our findings around employment and earnings.

### In the last 12 months, have you gone to any of the following for financial support?

45% of respondents had approached at least one of the sources we asked about for financial support in the past 12 months (n468).

Of those who had sought financial support (n212):

- 82% had gone to family
- 33% had gone to friends
- 13% had gone to charities/community groups
- 9% had gone to social media networks
- 9% had gone to crowdfunding sites.

<sup>25</sup> [trusselltrust.org/wp-content/uploads/sites/2/2024/05/EYS-Scotland-Factsheet-2023-24.pdf](https://trusselltrust.org/wp-content/uploads/sites/2/2024/05/EYS-Scotland-Factsheet-2023-24.pdf)

<sup>26</sup> [researchbriefings.files.parliament.uk/documents/CBP-8585/CBP-8585.pdf](https://researchbriefings.files.parliament.uk/documents/CBP-8585/CBP-8585.pdf)

Respondents were able to tell us more about their answer to this question if they wanted to.

We also know from data provided by GoFundMe to The Ferret in 2022 that the number of trans people crowdfunding for transition costs in Scotland increased by 65% that year – reflecting both the problems with NHS gender identity services waiting times, and issues around the cost of living crisis<sup>27</sup>.

### *Gone to friends for financial support*

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- “The majority of my friends are also disabled and trans, we are extremely lucky to have built our own small community, if one of us needs something, the others will all give what they can to help.”
- “I’ve had to ask my friends for money loads and we’ve basically been passing the same twenty quid between us to try and keep us all afloat.”
- “I have been forced to ask for financial help to contribute towards my prescriptions and private doctor appointments. With the help I’m hanging on by a thread, without it I would have to stop all transition.”
- “Am usually very fond of treating friends, but recently have had to ask them for monetary support and favours too. It really makes me feel bad.”

### *Crowdfunding for financial support*

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- “I tried to raise 3 months salary so I could go off and have top surgery and I wouldn’t have to worry about money while off work. In the end I only managed to raise £130.”

<sup>27</sup> [theferret.scot/trans-people-scotland-crowdfunders](https://theferret.scot/trans-people-scotland-crowdfunders)

- “We set up a crowdfund, but we don’t have a big reach and our friends and family are as poor as we are. Beforehand – before the flat really started falling apart – I wondered, what if I set up a transition crowdfund? Now I know.”

### *Choosing between essential household purchases and transition costs*

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- “I can’t afford a binder on top of bills it’s been over a year and I still can’t afford it. I eat twice a day to save money so I can afford bills and have never and probably will never be able to access private healthcare that I desperately want and need. I’ve been on the NHS wait list for hormones and surgeries for 8 years and still feels no closer. If I had money to access private healthcare for transitioning (the NHS service for trans people may as well not exist, the wait times are years, people kill themselves waiting to be seen for a first appointment, I’ve tried to.) If I could access private healthcare for hormones and surgeries my life and mental health would be completely different.”

**52% – or more than half – of our respondents said that rising costs had caused them to need to make decisions between essential household purchases (food, bills etc.) and purchases relating to their transition (e.g. gender affirming clothes or cosmetics, private healthcare) (n461).**

43% of respondents had not had to do so, and 5% were unsure.

Disabled respondents were more likely to have had to make decisions between essential household purchases and transition related costs.

57% of disabled respondents said they had had to do this, compared to 41% of non-disabled respondents.

Some of this is likely to be a result of the fact that disabled respondents earned less than non-disabled respondents.

Disabled respondents may also face additional everyday costs that non-disabled people don’t.

Respondents were able to tell us more about their answer to this question if they wanted to. More than one hundred people left additional comments.

Many respondents talked about their desire to access gender affirming care, and feeling that it was necessary to do so privately because of long waiting times for NHS services. For some people, this was impossible because of their financial situation. For others, rising costs for household necessities meant this was not currently possible for them, or they had had to pause accessing private healthcare, or they had delayed accessing care.

Overall, responses showed that many trans and non-binary people across Scotland feel unable to access the care that they need – with inadequate provision from the NHS, and the cost of living crisis meaning that private alternatives were often not an option (indeed, if they ever had been for some people).

### *Struggle to access gender affirming care*

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- “The waiting list for the gender clinic is years long. Alternatives are too expensive to even consider.”
- “I do often find myself significantly cutting back on gas/ electricity usage as well as food to be able to afford transition related healthcare.”
- “Gender affirming care will never be affordable for me. I wear clothes that are too tight/ non new as I can’t afford it due to gas and food costs. I rarely leave my flat as I had to sell my car as I could no longer afford it.”
- “I don’t think I have a chance of medical transition on the NHS. The other option is private healthcare, but that kind of money just doesn’t exist for us.”
- “I’ve opted to eat less or make other sacrifices so I can keep saving toward medical costs. It’s exhausting.”

- “I cannot afford the surgery I wish to have and at this rate, I will never be able to save up for it. The NHS continues to stall. I must put my savings towards food for my child and my partners.”
- “I am worried about being able to afford the costs of travel & accommodation required for my top surgery. All the surgical providers are based in England, & although I can claim these expenses back from NHS Scotland I still need to have the money to pay for it myself, then keep all receipts, etc. to get reimbursed later. The only surgical provider in Scotland is one private surgeon in Edinburgh, & I absolutely can’t afford any private healthcare to ease my transition.”
- “I was considering seeing a private GP to talk about transitioning but even with a job I just wasn’t earning enough to afford it along with daily necessities.”
- “I’ve had to stop or cut back a lot of private healthcare such as electrolysis: that’s £75 a session and I just can’t afford that. I was on weight loss drugs to try and lose wait for surgery but at £240 a month I’ve had to stop. I’m despairing.”

Outside of medical costs, other respondents talked about how rising costs had impacted their ability to access gender affirming items, or social spaces for trans and non-binary people, and the impact this had had on their wellbeing and their sense of progressing in their transition.

- “I have struggled to find the money to travel to support groups for trans & non binary people, as they are all over an hour & a half away by public transport.”
- “I stopped buying clothes and going to places or events that would be gender affirming, so that I could pay bills and food.”
- “I have to choose between food or razors to shave my face.”
- “I have to choose between survival and being myself so it’s not great.”
- “I have postponed buying a new binder due to rising fuel costs. I could afford it, but am scared that this money might be needed for surprise gas/fuel bills.”

## Recommendations

We have not included many recommendations in this section, as many of the real solutions to the cost of living crisis are far outside of our expertise, and not specific to trans and non-binary people.

- More needs to be urgently done to tackle waiting times for NHS gender identity services. This should build on the existing work and financial commitments in the Scottish Government’s “NHS gender identity services: strategic action framework”<sup>28</sup>.
- Community services seeking to mitigate the cost of living crisis should have trans inclusion training, and proactively communicate to local trans and non-binary people that they are welcome to use their services.

We found that trans and non-binary people are feeling the effects of the cost of living crisis, as many people in Scotland are.

Often, this was in the same ways as everyone else – challenges paying for household essentials, staying warm, and paying bills.

But we also heard about some of the specific ways that this was impacting on us. The bad state of NHS gender identity services meaning people were feeling like they had no choice but to go privately, sometimes to the detriment of other parts of their life, around people being unable to access gender affirming items (like clothes, prosthetics and binders) that help them feel more confident and content, and people being unable to afford to travel to affirming social spaces.

We have already been doing some work around the cost of living crisis over the past 18 months, but we will now be looking at ways we may be able to address some of these issues directly in our work.

<sup>28</sup> You can find the framework here: [gov.scot/publications/nhs-gender-identity-services-strategic-action-framework-2022-2024](https://gov.scot/publications/nhs-gender-identity-services-strategic-action-framework-2022-2024)

You can find our guide to the framework, as well as what more needs to happen to improve gender identity services in Scotland here: [scottishtrans.org/wp-content/uploads/2024/06/Whats-happening-with-trans-healthcare-in-Scotland-2024-06-17.pdf](https://scottishtrans.org/wp-content/uploads/2024/06/Whats-happening-with-trans-healthcare-in-Scotland-2024-06-17.pdf)

# Summary of recommendations

At the end of each section of this report, we have made specific recommendations for improvements that could be made by service providers, organisations, Local Authorities, and the Governments.

Below is a summary of the key recommendations that we think would have a positive impact on the lives and wellbeing of trans and non-binary people in Scotland.

## Public services

- Public services should have trans and non-binary awareness and inclusion training for staff working directly with the public, with a particular focus on experiences of discrimination and harassment, inclusive and respectful interactions, name change processes, and maintaining privacy.
- Organisations providing or maintaining public spaces, such as Local Authorities or businesses, should be aware that trans and non-binary people can face significant risks of physical and sexual violence, harassment, and abuse in these spaces, and consult with trans and non-binary people and equality organisations on how to ensure that they can use these spaces safely.
- There should be increased provision of safe, inclusive community centres, better lighting in public outdoor spaces after dark, and greater provision of public toilets, particularly accessible and gender neutral public facilities.
- Future public toilet design needs to ensure that these provide safety and dignity for everyone. Organisations providing or maintaining public toilets, such as Local Authorities or businesses, should be aware that trans and non-binary people can face significant risks of physical and sexual violence, harassment and abuse in public toilets, and consult with trans and non-binary people and equality organisations on how to ensure that they can use these spaces safely.

- Public transport needs to be safe for everyone to use. Organisations responsible for providing public transport should be aware that trans and non-binary people can face significant risks of physical and sexual violence, harassment and abuse, and consult with trans people and equality organisations on how to ensure that they can travel safely.
- Police Scotland need to build trust with trans and non-binary people. This will require changes to practices and proactive outreach to improve the current widespread lack of trust and frequency of negative interactions.

### GP practices

- It is clear that many GPs and other staff at their practices would benefit from trans and non-binary awareness and inclusion training. This should include:
  - A fundamental “trans 101” training covering how to respectfully interact with trans and non-binary patients,
  - trans specific pathways available via NHS gender identity services,
  - how to identify when it is and isn’t appropriate to refer to specialist gender identity services,
  - how to smoothly make changes to patient records relating to name and gender,
  - GP’s role in supporting gender affirming care for their patients (such as bloodwork, shared care agreements and prescribing hormone treatments), and
  - an awareness of the long waiting lists that cause many trans and non-binary patients to seek private care, or may mean they require wellbeing support whilst on waiting lists.

- NHS Education for Scotland is currently developing a Transgender Skills and Knowledge Framework. They should particularly encourage GP practices to engage with the training resources produced alongside the framework.
- Healthcare Improvement Scotland is currently developing national service standards for gender identity services, that include recommendations relevant for primary care. They should ensure that GP practices are aware of the standards, and provide advice and information on how to ensure that they are providing high quality care in line with the recommendations in them.
- Specialist gender identity services and GP practices should collaborate on shared care agreements for routine prescribing and monitoring of hormones for trans patients.
- GPs should ensure that decision-making about entering shared care agreements with private providers is done in a non-discriminatory manner when considering whether to do so for those accessing private gender identity services.
- Trans and non-binary people, as with all people, would benefit from more availability for appointments with their GPs, as well as alternative booking methods such as text or online options for those who are anxious about how they may be treated by reception staff.
- Respondents also said that they would find it reassuring if practices explicitly stated their support or inclusion of trans and non-binary people, whether through statements on their websites or posters or flags in the practice itself. While these gestures should be complemented by trans and non-binary inclusion policies to ensure trans and non-binary patients are treated fairly, small markers of inclusion can help trans and non-binary people feel more confident and comfortable in discussing or disclosing their gender identity to GPs and practice staff, which can be stressful and difficult if they feel uncertain about how this will be received.

## Neighbourhoods

- Work by Local Authorities on community cohesion should pay attention to the particular types of harassment and isolation that trans and non-binary people experience, and consider how these can be addressed alongside wider plans to improve community relations.
- Local Authorities should provide increased funding for community spaces, and require community spaces to have a trans and non-binary inclusion policy or plan.
- Local Authorities should provide increased funding for trans-specific social and wellbeing spaces and support, to address the impact of trans people facing a range of negative experiences in their neighbourhoods.

As some respondents raised, having more spaces and services available in their local area may better enable them to make connections within their neighbourhood, whether that is with other trans and non-binary or LGBTI+ people, or other residents in their area. Such spaces may also enable a better understanding of trans and non-binary people's lives, and hopefully improve community cohesion and positive interactions between all members of communities.

## Housing and homelessness

- The Scottish Government should do more to increase the availability of safe, affordable, accessible housing for everyone by increasing the provision of social housing.
- Local Authorities should recognise familial rejection after coming out as a significant risk factor for homelessness.
- There should be more support for individuals to make claims under the Equality Act 2010 where they have faced housing discrimination.

- Social housing providers should take reports of transphobic abuse and harassment from neighbours more seriously, and be more responsive to requests to relocate people to safer housing in these circumstances.
- Housing providers should ensure that they have clear policies in place around proof of identity, so that trans and non-binary people do not face unfair barriers to obtaining housing.
- Housing providers and providers of temporary accommodation, emergency accommodation and hostels should organise trans and non-binary awareness training for staff.

## Work & employment

There are a range of policies and actions that employers and organisations can implement to ensure trans and non-binary employees are able to be themselves in the workplace. These include:

- Creating an atmosphere of inclusion and acceptance, allowing trans and non-binary people to relax and “drop their guard” about exclusion or discrimination, meaning they can focus on doing their job and progressing in their career the same as anyone else. This can be done through things like clear statements of support for trans and non-binary workers within the organisation.
- Establishing inclusive HR policies to ensure that trans and non-binary people are treated fairly at work, and provide a positive framework for those who support or work alongside them, rather than trans and non-binary people having to “figure out” what they are entitled to. This trans and non-binary inclusion policy could also cover other key information for staff and management, such as a clear guide on how to change name and gender on HR systems and emails, transparency around how information about a worker’s trans status is shared and stored, and how discrimination or harassment against an employee because of their trans status can be resolved within the organisation.

- Training for all staff and/or management on trans and non-binary awareness and inclusion and the workplace, and/or the presence of champions or named individuals within an organisation who staff can reach out to if they have any questions about trans and non-binary inclusion. This is especially important for those who may want to learn more about how to respectfully refer to or include their trans and non-binary colleagues, but may feel embarrassed about asking them directly.
- Supporting trans and non-binary staff to establish support networks in the workplace, both as sources of support and solidarity for staff within the organisation, and as bodies that management can consult when implementing any policies or changes that may impact trans and non-binary people within the organisation.

## Benefits

- Public services need to rebuild trust with people who have had negative experiences when claiming and receiving benefits. Communications from services should focus on wanting to support and help people, not interrogate and disbelieve them.
- Public services should work with Disabled People's Organisations to increase the accessibility of information provided about benefits.
- Public services should work with Disabled People's Organisations to increase the accessibility of the processes for claiming benefits – with a particular understanding of the barrier that relying on phone conversations can present to people.
- Public services need to have clear name change policies in place across systems for claiming and accessing benefits, to prevent people experiencing financial hardship. Where possible this should allow for people to do a “one stop” change across the board (if they want to), and where this is not possible because of lack of integration, services should inform people of the various touchpoints of their records and how they can ensure their name is updated everywhere needed.

- More needs to be done to humanise and destigmatise the processes in place for claiming benefits. Staff working across services administering benefits should:
  - Have training on trauma-informed approaches to working
  - Have trans and non-binary inclusion training
  - Have disability inclusion training.
- Job centres should take a more person-centred, flexible approach to supporting people into employment. They should review whether current practices meet the needs of people looking for jobs, and make necessary changes to processes to ensure that all people accessing Job Centres are genuinely supported to find appropriate working opportunities.
- Department for Work and Pensions should review and update the “special customer record” system used to maintain privacy of trans and non-binary people’s records, in partnership with trans and non-binary people.
- Social Security Scotland should review whether any of the benefits that they administer are impacted by the “special customer record” system used to maintain privacy of trans and non-binary people’s records, and work with trans and non-binary people to update the processes in place.

## Cost of living

We have not included many recommendations in this section, as many of the real solutions to the cost of living crisis are far outside of our expertise, and not specific to trans and non-binary people.

- More needs to be urgently done to tackle waiting times for NHS gender identity services. This should build on the existing work and financial commitments in the Scottish Government’s “NHS gender identity services: strategic action framework”.
- Community services seeking to mitigate the cost of living crisis should have trans inclusion training, and proactively communicate to local trans and non-binary people that they are welcome to use their services.

## Conclusion

We found that trans and non-binary people were facing a range of challenges, barriers and negative experiences when navigating their daily lives. Sometimes, these included facing discrimination, harassment and abuse.

This was the case in all of the areas we asked about. It was in their neighbourhoods, using public services, and when accessing care from their GP. It was when trying to find or stay in housing, or when navigating homelessness. It was in the workplace, when they were claiming benefits, or trying to deal with the cost of living crisis.

Fortunately, there are clear and concrete steps that can be taken that will help to address this. That is why we've included recommendations throughout the report. We will be working to make sure that decision makers, public bodies and service providers who can make a difference are aware of the things we've learnt. But more importantly, what they can do to help contribute towards making trans and non-binary people's lives better.

If you were one of the people who responded to our survey, we want to say a big thank you. Taking the time to share your experiences will help us with our work to make Scotland a better place for trans and non-binary people.

# Glossary

It is important to remember that language around trans issues is constantly changing and evolving. Particularly as many terms are related to people's personal identities, the terms may be used by different people to mean different things. This is a non-exhaustive list of some of the terms used in this report and our current understandings of their meanings.

## *AFAB*

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Acronym for "assigned female at birth", a term used to describe people whose sex was recorded as female when they were born. While this can be used to describe some groups of people, it shouldn't be used to describe an individual without their consent, and it's important to avoid generalising about large groups of people who can have very different experiences.

## *AMAB*

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Acronym for "assigned male at birth", a term used to describe people whose sex was recorded as male when they were born. As with AFAB, caution should be used when using this term to describe individuals or groups of people.

## *Assigned sex at birth*

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When a baby is born, a doctor will normally declare "it's a boy" or "it's a girl" based on the babies external genitals (sometimes this is not the case if a baby is born with a visible intersex variation). A baby is then expected to grow up to identify as the gender that "matches" with their body – so a baby born with a penis is expected to grow up and be a boy.

## *Cisgender / cis*

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A person who identifies with the sex they were assigned at birth. Cisgender is the word for people who are not transgender.

## *Deadname*

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A term used within the community to refer to a person's birth name. Many trans and non-binary people feel great discomfort if they are referred to by the name they were given at birth rather than the name they have chosen for themselves.

## *Gender dysphoria*

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A person's sense of distress or discomfort around some aspect of their gender experience. This can be body dysphoria (e.g. a trans person who is distressed about their genitals, or a trans person who is distressed about their face or body hair), or it can be social dysphoria (e.g. a non-binary person who is distressed about people assuming they are female when they meet them, and using gendered language to refer to them).

## *Gender expression*

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The external characteristics and behaviours that are typically defined as being either more masculine or feminine, such as clothing, hairstyle, make-up, mannerisms, speech patterns and social interactions.

## *Gender identity*

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How we understand ourselves as being a man, a woman, or somewhere in between or beyond.

### *Gender reassignment*

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The language used in the Equality Act 2010 to refer to any part of a process of transitioning to live in a different gender (regardless of whether any hormonal or surgical changes take place).

### *Intersex / Variation in sex characteristics*

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Umbrella term used for people who are born with variations in sex characteristics, which do not always fit society's perception of male or female bodies. Intersex is not the same as gender identity or sexual orientation.

### *Misgender / misgendering*

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When a person uses incorrect gendered language to refer to someone. This can be intentional or unintentional, and is often based on assumptions about how a person identifies, but can be very upsetting for trans and non-binary people.

### *Non-binary person*

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A person who identifies as having a gender which is in-between or beyond the two categories 'man' and 'woman', as fluctuating between 'man' and 'woman', or as having no gender, either permanently or some of the time.

### *Outing*

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Exposing someone's LGBTI+ identity to others without their permission. Outing someone can have serious repercussions on their personal safety at home or at work situations.

## *Passing*

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Being seen or read as a certain gender. Most often, this refers to being read as the gender you identify as e.g. a trans man being read as a man.

## *Pronouns*

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Words we use to refer to people in conversation. Some pronouns are gendered, and some people express their preferences to be referred to by certain sets of pronouns. The most commonly used pronouns are 'she/her/hers', usually used for women, and 'he/him/his', usually used for men. Some people will use gender neutral pronouns, such as the singular 'they/them/theirs' or 'ze/hir/hirs', and some people will use a mixture of pronouns.

## *Transgender / Trans*

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Umbrella terms for anyone whose gender identity or gender expression does not fully correspond with the sex they were assigned at birth. For example, a person who was assigned male at birth but identifies as a woman may identify themselves as being trans.

## *Transition*

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The process of changing the way you live in order to match up with your gender identity. Examples of transitioning include changing your name, asking people to use different pronouns for you, and changing the way you express your gender. For some people, this will involve medical treatments such as hormone therapy and surgery.

## *Trans man*

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A person who was assigned female at birth but identifies and lives as a man.

### *Trans woman*

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A person who was assigned male at birth but identifies and lives as a woman.

### *Transphobia*

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Discriminatory or prejudiced actions or ideas related to someone's actual (or perceived) gender identity or gender expression.

## Need support?

Below are links to organisations that provide a wide-range of support – including helplines, in-person peer support, online support, counselling, crisis support, and support for survivors of gender-based violence.

### Trans/LGBT+

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LGBT Health and Wellbeing [lgbthealth.org.uk](https://lgbthealth.org.uk)

LGBT Youth Scotland [lgbtyouth.org.uk](https://lgbtyouth.org.uk)

MindLine Trans+

[mindinsomerset.org.uk/our-services/adult-one-to-one-support/mindline-trans](https://mindinsomerset.org.uk/our-services/adult-one-to-one-support/mindline-trans)

Galop [galop.org.uk/get-help/helplines](https://galop.org.uk/get-help/helplines)

LGBT Foundation [lgbt.foundation/help/helpline-email-support](https://lgbt.foundation/help/helpline-email-support)

MindOut [mindout.org.uk](https://mindout.org.uk)

### Gender-based violence

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Rape Crisis Scotland [rapecrisisScotland.org.uk/help-helpline](https://rapecrisisScotland.org.uk/help-helpline)

### Mental health support

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Breathing Space [breathingspace.scot](https://breathingspace.scot)

Samaritans

[samaritans.org/scotland/how-we-can-help/contact-samaritan](https://samaritans.org/scotland/how-we-can-help/contact-samaritan)



Scottish Trans is a national project of the Equality Network working to improve the equality, human rights and inclusion of trans people.

[scottishtrans.org](http://scottishtrans.org)  
[info@scottishtrans.org](mailto:info@scottishtrans.org)

✕ ScottishTrans  
f scottishtrans.org  
@ scottish\_trans



The Equality Network is a national lesbian, gay, bisexual, trans and intersex (LGBTI) equality and human rights charity in Scotland.

[equality-network.org](http://equality-network.org)  
[en@equality-network.org](mailto:en@equality-network.org)

✕ LGBTIScotland  
f EqualityNetwork  
@ lgbtiscotland

30 Bernard Street  
Edinburgh  
EH6 6PR

Registered Scottish Charity: SC037852  
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