Document 7
Dated: October 2019

GRA EQIA Literature Search
Part 1: Trans Inequalities

https://www.scottishtrans.org/wp-content/uploads/2013/03/trans_mh_study.pdf
https://www.stonewallscotland.org.uk/system/files/lgbt_in_britain_health.pdf
https://www.stonewallscotland.org.uk/sites/default/files/lgbt_in_britain_home_and_communities.pdf
https://www.stonewallscotland.org.uk/system/files/lgbt_in_britain_-_trans_report_final.pdf

Areas of focus:

1. Potential **benefits for mental health** of obtaining gender recognition (and through a simplified process not involving medical intervention) and so having **consistent documentation**, as this might be different from the benefits of social transition which we did have some evidence around;

2. Any published evidence around the **experience of other countries** in relation to reform of gender recognition process (I have been to Ireland and got some information about their experience subsequent to reform, including numbers and 'regret rate') but if there is anything at all you could find this would be useful. The evidence we can find is from groups such as Transgender Europe.

3. Evidence around **disabled trans people**, some are concerned that there may be adverse impacts of removing what might be considered a supportive "gatekeeping" function from medical professionals… where the intersections are between disability and trans- is it mental health/mental capacity issues which might suggest additional easy read guidance or support through the process or does the evidence point another way? We know for children attending GICs that Tavistock clinic down south report a high proportion of them seems to be autistic or on the autistic spectrum. Evidence around that might also be useful in the CRWIA.
   3.1 **Autism**
   3.2 **Intellectual disability**

4. We lack evidence around **older trans people** and the potential benefits and dis-benefits of reform for them. Anecdotally we are aware that the gathering of paper evidence can be very difficult for longer term transitioned trans people.

5. We also thought our previous EQIA lacked any evidence around the **intersection between trans identities and religion and belief**.

6. Information around the **socio economic circumstances of trans people** (more for Fairer Scotland assessment). We propose the draft Bill will have a power to fix a fee but we only know anecdotally that there are concerns around the impact of a fee being disproportionate on trans people. It might be useful to point to something more clear, if it exists.

7. [Other]

Population / demographics

Prevalence:

Zucker, K. J., & Lawrence, A. (2009). Epidemiology of gender identity disorder: Recommendations for the Standards of Care of the World Professional Association for Transgender Health. International Journal of Transgenderism, 11, 8–18. doi:10.1080/15532730902799946.
-> requested 26 Nov

Glidden et al. 2016:

Studies assessing prevalence rates of gender dysphoria in the general population are complex to undertake and most studies have examined trans people attending gender identity clinical services. Because most of these studies have been conducted in Europe, they have adopted the ICD-10 diagnostic term of transsexualism[5,6] or previous diagnostic terms such as gender identity disorder (GID) according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Test Revision (DSM-IV-TR).[7] The prevalence rates quoted in these studies have varied from 0.45[8] to 23.6[9] per 100,000 people. More recent prevalence rates of 1:10,000 to 1:20,000 for men and 1:30,000 to 1:50,000 for women have been reported.[10] In addition, another recent study calculated an overall metaanalytical prevalence for transsexualism of 4.6 in 100,000 people (6.8 for transwomen and 2.6 for transmen).[11] Prevalence studies using the new DSM-5 diagnostic term of gender dysphoria are not currently available.

8. Wålinder J. Incidence and sex ratio of transsexualism in Sweden. Br J Psychiatry 1971; 119:195.
9. Tsoi WF. The prevalence of transsexualism is Singapore. Acta Psychiatr Scand 1988; 78:501.
10. Zucker KJ, Lawrence AA. Epidemiology of gender identity disorder: recommendations for standards of care for the World Professional Association for Transgender Health. Int J Transgend 2009; 11:8. [above]
11. Arcelus J, Bouman WP, Van De Noortgate W, Claes L, Witcomb GL, Fernandez-Aranda F. Systematic review and meta-analysis of prevalence studies in transsexualism. Eur Psychiatry 2015; 30:807. [requested 27 Nov]

On whether continues from childhood:

‘In most gender dysphoric children, gender dysphoria will cease when they reach puberty, whereas adolescents with a GID will likely pursue their wish for sex reassignment into adulthood (Cohen-Kettenis and Pfa¨fflin 2003; Wallien and Cohen-Kettenis 2008; Zucker and Bradley 1995). Likewise, in children under age 12 with co-occurring ASD the gender dysphoria alleviated and in adolescents between age 12 and 18 their GID persisted.’ [De Vries et al. 2010]

Wallien, M. S., & Cohen-Kettenis, P. T. (2008). Psychosexual outcome of gender-dysphoric children. Journal of the American Academy of Child and Adolescent Psychiatry, 47(12), 1413– 1423.
[requested 26 Nov]

If children still experience GD at and after onset of puberty there is a very high rate of persistence into adulthood:

Wren, B., 2000. Early Physical Intervention for Young People with Atypical Gender Identity Development. *Clinical Child Psychology and Psychiatry*, 5: 220-231.

- -> also request: Di Ceglie, Domenico; Freedman, David; McPherson, Susan; Richardson, Philip. Children and Adolescents Referred **to a** Specialist Gender Identity Development Service**: Clinical Features and Demographic Characteristics.** **International Journal of Transgenderism.** 2002, Vol. 6 Issue 1, p1. 1p. , Database: Academic Search Ultimate

-> look at hate crime for disability and race along with trans

- https://www.stonewallscotland.org.uk/our-work/stonewall-research/lgbt-scotland-–-health-report
- https://www.scottishtrans.org/wp-content/uploads/2013/03/trans_mh_study.pdf
- https://www.isdscotland.org/Health-Topics/Equality-and-Diversity/Publications/2017-06-27/2017-06-27-Measuring-Use-of-Health-Services-by-Equality-Group-Report.pdf
- https://www.gov.scot/publications/scottish-government-equality-outcomes-lesbian-gay-bisexual-transgender-lgbt-evidence-review/pages/4/
- https://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF

Bodlund O, Kullgren G. Transsexualism—general outcome and prognostic factors: A five-year follow-up study of nineteen transsexuals in the process of changing sex. Arch Sex Behav. 1996;25:303–16.

Lindemalm G, Körlin D, Uddenberg N. Long-term follow-up of "sex change" in 13 male-to-female transsexuals. Arch Sex Behav. 1986;15:187–210.

Landen M, Wålinder J, Hambert G, Lundström B. Factors predictive of regret in sex reassignment. Acta Psychiatr Scand. 1998;97:284–9.

Lindemalm G, Körlin D, Uddenberg N. Prognostic factors vs. outcome in male-to-female transsexualism. Acta Psychiatr Scand. 1987;75:268–74.

Wålinder J, Thuwe I, Jacobs A. A social-psychiatric follow-up study of 24 sexreassigned transsexuals. Göteborg, Sweden: Scandinavian University Books; 1975.

'Transgender people face severe social and economic discrimination.': For a detailed discussion of such discrimination and hostility, see barbara findlay. *An Introduction to Transgender Women* (Vancouver: LEAF Forum, November 1999); and Jamieson Green, "Introduction," in Paisley Currah and Shannon Minter, eds., *Transgender Equality: A Handbook for Activists and Policymakers* (Policy Institute of the Gay and Lesbian Task Force, 2000). -> look up if nothing more recent/UK

1. Potential benefits for mental health

*Potential benefits for mental health of obtaining gender recognition (and through a simplified process not involving medical intervention) and so having **consistent documentation**, as this might be different from the benefits of social transition which we did have some evidence around.*

Title: **Long-Term Follow-Up of Adults with Gender Identity Disorder**
Authors: Ruppin, Ulrike, Pfäfflin, Friedemann
Source: Archives of Sexual Behavior. Jul 2015, Vol. 44 Issue 5, p1321-1329. 9p. 3

The aim of this study was to re-examine individuals with gender identity disorder after as long a period of time as possible. **To meet the inclusion criterion, the legal recognition of participants' gender change via a legal name change had to date back at least 10 years**. The sample comprised 71 participants (35 MtF and 36 FtM). [71 persons decided to take part in the study which corresponds to 50.7% of all contacted persons and 70.3%of the persons who got back to the authors.] The follow-up period was 10-24 years with a mean of 13.8 years (SD = 2.78). Instruments included a combination of qualitative and quantitative methods: Clinical interviews were conducted with the participants, and they completed a follow-up questionnaire as well as several standardized questionnaires they had already filled in when they first made contact with the clinic.

'As we used a non-experimental design, there were few possibilities to control for other influences than the treatment. In this regard, one must think of selection biases. Particularly good results or experiences during the treatment might influence the decision to take part in a follow-up study. But also a reverse bias is possible: Patients with particularly bad results or negative experiences during the treatment might view a follow-up study as an occasion to make their voices heard. Furthermore, due to the long follow-up time, it seems possible that participants do not remember incidents or facts correctly or depict them differently under the current circumstances. However, biased answers also seem possible at the initial consultation: applicants for treatment may have given favorable responses, because they felt it would have increased their chance to get treated.'

'Very few participants were unemployed, most of them had a steady relationship, and they were also satisfied with their relationships with family and friends. To sum up, the results indicated good social integration of the participants.'

Pfa¨fflin, F.,&Junge, A. (1998). Sex reassignment-Thirty years of international follow-up studies after sex reassignment surgery: A comparison review, 1961–1991. Retrieved from http://web.archive.org/web/20070503090247/http:/www.symposion.com/ijt/pfaefflin/1000.htm
-> found that legal recognition of gender change contributed to treatment effectiveness

Hatzenbuehler et al, 2014. Protective School Climates and Reduced Risk for Suicide Ideation in Sexual Minority Youth. *American Journal of Public Health.*

McNeil, J. Bailey, L. Ellis, S. Morton, J. and Regan, M. (2012) *Trans Mental Health and Emotional Wellbeing Study,* Scottish Transgender Alliance/Sheffield Hallam University
http://www.scottishtrans.org/Uploads/Resources/trans_mh_study.pdf
(26/02/13)

Although McNeil et al found that 'suicidal ideation and actual attempts reduced after transition, with 63% thinking about or attempting suicide more before they transitioned and only 3% thinking about or attempting suicide more post-transition' (2012: 89), Dhejne et al [below] in their 'long-term follow up of (three hundred and twenty four) transsexual persons undergoing sex assignment surgery' in Sweden, found 'substantially higher rates of … death from … suicide, suicide attempts, and psychiatric hospitalisations in sex-reassigned transsexual individuals compared to a healthy control population' (2011: 7).

Morgan S. Constructing identities, reclaiming subjectivities, reconstructing selves : an interpretative study of transgender practices in Scotland. 2017.

narrative histories gathered through 38 in-depth interviews with 28 transgender-identified participants currently living in Scotland.

'the GRC procedure is so bureaucratically tortuous that most research participants who intended to permanently transition, whether through medical procedures or not, chose to rather change their name officially by deed poll or statutory declaration, legally allowed for anyone in the UK.'

Newman-Valentine D, Duma S. Injustice to transsexual women in a hetero-normative healthcare system. African Journal of Primary Health Care & Family Medicine 2014 01;6(1):1-5

Electronic literature review which asked: What are the unique health problems that transsexual women experience whilst on the journey of sexual re-alignment? What is the current context of the South African healthcare system in which transsexual women should negotiate healthcare? All studies had to be peer reviewed and published in the English language, from January 1972 up until February 2013.

Findings: Transsexual women have the potential to suffer significant side-effects from their sexual re-alignment treatment, including cardio-vascular problems, endocrine problems and mental ill-health.

'Apart from their physical healthcare needs, transsexual women are at great risk of mental ill-health as a result of the dramatic changes they experience during their transitioning process. A USA-based survey, which looked at 446 transsexual individuals, found that transsexual women have diminished mental health as opposed to their heterosexual counterparts. [Newfield E, Hart S, Dibble S, et al. Female-to-male transgender quality of life. Qual Life Res. 2006;15(9):1447–1457.] In 2010, Hoshiai and others, identified that 72% of transsexual women had suicidal ideation, which can be correlated directly with the poor state of their mental wellness. Furthermore, androgen deprivation, which forms an integral part of the treatment

toward gender re-alignment, can lead to depression. [Hoshiai M, Matsumoto Y, Sato T, et al. Psychiatric comorbidity among patients with gender identity disorder. Psychiatry Clin Neurosci.]'

-> findings on poor health outcomes related to medical transition could be relevant in 2 ways:

a) If there is evidence that requiring dr approval for GRC means that some trans people seek medical intervention when otherwise they would not
b) If having a GRC would make it easier in any way for trans people experiencing poor health to access healthcare

On the other hand, could it also mean that some trans people would be less likely to seek medical help and therefore have fewer opportunities for healthcare staff to intervene with poor mental health?

Simon L, Zsolt U, Fogd D, Czobor Pá. Dysfunctional core beliefs, perceived parenting behavior and psychopathology in gender identity disorder: A comparison of male-to-female, female-to-male transsexual and nontranssexual control subjects. Journal of Behavior Therapy & Experimental Psychiatry 2011 03;42(1):38-45

Dysfunctional core beliefs, parenting experiences and psychiatric symptoms were assessed by the Young Schema Questionnaire indexing 19 Early Maladaptive Schemas (EMS), the Young Parenting Inventory and the Symptom Checklist-90-R, respectively, in 30 MF, 17 FM transsexual and 114 control subjects (43 males, 114 females).

Results: Subjects with GID demonstrated a level of psychiatric distress comparable to that of controls. They did display elevated scores, however, on multiple EMSs compared to nontranssexual subjects, indicating feelings of isolation, emotional deprivation and an urge to meet others' needs, with MF transsexuals conceptualizing themselves also as more vulnerable and deficient than controls.

Conclusions: There is no evidence of elevated levels of psychiatric symptoms in GID, but potential predisposing factors, particularly in MF transsexuals, are present; these may originate from the more intense rejection they experience.

'FMs exhibit fewer symptoms of mental distress; more stable relationships both pre- and post-surgery; and have more realistic expectations of sex-reassignment surgery (SRS) than MFs (De Cuypere, Jannes, & Rubens, 1995; Landén, Wålinder, & Lundström, 1998). … These findings suggest that FM transsexuals are socially and psychologically better adjusted than MFs, albeit there are some contradicting results'

Clements-Nolle, K., Marx, R. and Katz, M.2006. Attempted suicide among transgender persons: The influence of gender-based discrimination and victimisation. Journal of Homosexuality, 51(3): 53–69.

assessed the independent predictors of attempted suicide among 392 male-to-female (MTF) and 123 femaleto-male (FTM) transgender persons. We used targeted sampling, respondent-driven sampling and agency referrals to recruit transgender persons over a six-month period in San Francisco in 1997. Trained research associates conducted all interviews at one of eight community-based organizations.

'Gender discrimination was measured by asking clients if they ever (1) were fired from a job, (2) experienced problems getting a job, (3) were denied or evicted from housing, and (4) experienced problems getting health or medical services due to their gender identity or presentation. … Each discrimination item was significantly associated with attempted suicide, but highly correlated with other discrimination items.'

'In bivariate analyses we found that a history of attempted suicide was significantly higher among transgender individuals who were white (38% vs. 29%; p = .04), less than 25 years of age (47% vs. 30%; p = .006), recently unemployed (37% vs. 28%; p = .03), and had been incarcerated (38% vs. 25%; p = .002). Attempted suicide was also significantly associated with … gender discrimination (42% vs. 16%; p < .001),'

'In the multivariate analysis (Table 2), younger age (<25 years)… gender discrimination [AOR = 2.39; 95% CI (1.45,3.94)], … were independently associated with attempted suicide.'

'Our results confirm the importance of many of the individual risk factors identified in the LGB suicide literature (younger age, depression, substance abuse, and a history of forced sex). However, we also found that societal risk factors such as gender-based discrimination and victimization are independently associated with attempted suicide.'

'The high prevalence of gender-based prejudice experienced by MTF and FTM transgender persons in our study and its' association with attempted suicide suggest an immediate need for strategies to increase societal acceptance of transgender populations. Such efforts should include the addition of gender identity to all legislation that protects sexual minority populations from discrimination and hate crimes as such legislation appears to have had an impact on the suicide rates of adolescent white males (Jesdale & Zierler, 2002).'

Cross-sectional studies investigating mental health problems of people attending transgender health services have found high rates of depression and anxiety in this population:

Millet, N., Longworth, J., & Arcelus, J. (2016). Prevalence of anxiety symptoms and disorders in the transgender population: A systematic review of the literature. International Journal of Transgenderism
[requested]

Research has provided evidence that psychopathology in transgender people is predicted by interpersonal Skills:

- Arcelus, J., Claes, L., Witcomb, G. L., Marshall, E., & Bouman, W. P. (2016). Risk factors for non-suicidal self-injury among trans youth. The Journal of Sexual Medicine, 13(3), 402–412. [TBC]

Zeluf G, Dhejne C, Orre C, Nilunger Mannheimer L, Deogan C, Hoijer J, et al. Health, disability and quality of life among trans people in Sweden-a web-based survey.(Report). BMC Public Health 2016;16(1)

Participants were self-selected anonymously to a web-based survey conducted in 2014. Study participants included 796 individuals, between 15 and 94 years of age who live in Sweden. Respondents represented a heterogeneous group with regards to **trans** experience, with the majority being gender nonbinary (44 %), followed by **trans** masculine (24 %), **trans** feminine (19 %) and transvestites (14 %). A fifth of the respondents reported poor self-rated health, 53 % reported a **disability** and 44 % reported quality of life scores below the median cut-off value of 6 (out of 10). Nonbinary gender identity (adjusted Odds Ratio (aOR) = 2.19; 95 % CI: 1.24, 3.84), negative health care experiences (aOR = 1.92; 95 % CI: 1.26, 2.91) and not accessing legal gender recognition (aOR = 3.06; 95 % CI: 1.64, 5.72) were significant predictors for self-rated health. Being gender nonbinary (aOR = 2.18; 95 % CI: 1.35, 3.54) and history of negative health care experiences (aOR = 2.33; 95 % CI: 1.54, 3.52) were, in addition, associated with self-reported **disability**. Lastly, not accessing legal gender recognition (aOR = 0.32; 95 % CI: 0.17, 0.61) and history of negative health care experiences (aOR = 0.56; 95 % CI: 0.36, 0.88) were associated with lower quality of life.

'While efforts were made to reach deep into different types of online networks of individuals identifying as trans, this is a convenience sample. Online surveys have the potential of eliminating several types of selection biases and have proven to be important in including hard to reach groups in health research'

The results of this study demonstrate that the general health of trans respondents is related to vulnerabilities that are unique for trans people in addition to other well-known health determinants.

'Having changed legal gender (aOR = 2.25; 95 % CI: 1.04, 4.85), wanting to change legal gender (aOR = 2.82; 95 % CI: 1.48, 5.37) and not being able to change legal gender because the desired gender it is not available in Sweden (aOR = 3.06; 95 % CI: 1.64, 5.72) were all significantly associated with poor self-rated health, compared to not needing to change legal gender.'

'History of negative health care experiences (aOR = 2.33; 95 % CI: 1.54, 3.52) was a significant predictor of self-reported disability.'

'Wanting to change legal gender (aOR = 0.33; 95 % CI: 0.18, 0.59) and not being able to change legal gender because the desired gender it is not available in Sweden (aOR = 0.32; 95 % CI: 0.17, 0.61) were associated with lower quality of life, compared to not needing to change legal gender. History of negative health care experiences was a significant predictor of lower quality of life (aOR = 0.56; 95 % CI: 0.36, 0.88).'

‘We found a positive association between worse quality of life and wanting to change legal gender as well as not being able to change legal gender because the desired gender is not available in Sweden. This finding suggests that quality of life among trans people is likely to improve with legal gender recognition.’

‘Poor self-rated health was also associated with wanting to change legal gender and not being able to change legal gender because the desired gender is not available in Sweden. However, poor health was reported even among those who had changed their legal gender, although to a smaller extent. This finding points out that despite improved quality of life, trans people may still perceive their general health as poor even after a change of legal gender. Self-rated health has not yet been evaluated in this group, however this finding is in line with studies evaluating psychiatric health [36], and call for improved care of this population.’

‘These results suggest that … increased access to legal gender recognition could improve the overall health and quality of life of trans people in Sweden.’

-> EQIA should note disadvantage to non-binary people

Title: **Them two things are what collide together : understanding the lived experiences of lesbian, gay, bisexual and/or trans people labelled with intellectual disability**
Authors: Dinwoodie, R.
Publisher Information: University of Liverpool, 2014.
Publication Year: 2014
Description:

The overall aim of the project is an exploration of the lived experiences of lesbian, gay, bisexual and/or **trans** (LGBT) **people** labelled with intellectual **disabilities** (ID). The project is reported in two chapters. Chapter one is a report of a systematic review of qualitative research literature exploring first-person accounts of sexual identities in lesbian, gay, bisexual and/or **trans** (LGBT) **people** labelled with intellectual **disabilities** (ID). Compared with service user voices, staff and family views were often over represented in the literature, however, a sufficient number of retrieved studies were eligible for inclusion in the review. Included studies dated from the previous twenty years with few recently published studies. Results were reported in a narrative summary. More interpretative syntheses would have been inappropriate given the limitations of the data. Key findings suggested that **people** labelled with ID who had same-sex attractions had mixed experiences of sexual identities. Further qualitative research was suggested to explore how **people** might experience their sexual identities in the current socio-political climate. Chapter two reports on an original empirical study conducted with a sample of LGBT-identified **people** labelled with ID. The main research question followed the theme of chapter one: how do **people** labelled with ID who are LGBT experience their sexual identities? IPA methodology was felt to be the most appropriate approach for this study as IPA privileges an individual’s unique experiences through in-depth analysis. The position and effect of the researcher is considered an important aspect of IPA research, which felt significant given the researcher’s own sexual

identity experiences. Participants were recruited via a support group for **people** labelled with ID who are LGBT. Participants therefore had access to LGBT-specific support, which offered a unique opportunity for the researcher to explore their experiences of sexual identities and coming out process in the context of an LGBT-affirmative environment. Key findings from data analysis suggested that participants had well established ideas about their identities and disclosed LGBT labels (or 'come out') to some **people**. In abusive environments some **people** made active decisions about what information felt safe to share, resulting in not coming out to everyone. A key clinical implication of the study is participants' need for holistic services to support them with their ID and LGBT needs simultaneously. Qualitative research is suggested which included further exploring the clinical implications of the coming out processes described by participants.

[requested]

Title: National LGBT survey: research report (GEO research report no 001)
Author: Anon.
Publisher: Government Equalities Office
Published: 2018
Added: 18-07-2018
Pages: 304

See Jay's report.

Wilson, P. Carr, S. Young, R. Fleming, P. Speirs, A. and McConnachie A. (2005) ***NHS/Glasgow University: Scottish Transgender Survey – Final Report*** **http://www.nes.scot.nhs.uk/nes_resources/lgbt/documents/6%20Training_activities_resources/6%20Trans_awareness/Resources/Trans_Survey_Glasgow_Uni.pdf** ***(01.03.13)***

Because 'the vast majority of respondents reported major psychological distress before transition' (Wilson et al, 2005: 28/29) many transgender people may be in a poor psychological state at this crucially vulnerable period of their lives, as they embark on such an intense and emotionally complex process. As Connell has noted: 'people in gender transition are grappling with such complex, disturbing and difficult issues that few have much energy to spare' (2010: 17).

Liu H, Wilkinson L. Marital Status and Perceived Discrimination Among Transgender People. Journal of Marriage & Family 2017 10;79(5):1295-1313

Despite calls for increased attention to the experiences of transgender people, scientific understanding of the stigma and discrimination this population experiences is limited. The authors integrate minority stress and marital advantage perspectives to assess marital status differences in transgender-related perceived discrimination among transgender people in multiple life domains: the workplace, family, health care, and public accommodations. They analyze one of the first and most comprehensive large-scale samples of transgender people in the United States (N = 4,286), the National Transgender Discrimination Survey. They find that married transgender respondents tend to report lower levels of perceived discrimination than their cohabiting and previously married transgender counterparts. Married transgender respondents do not, however, report lower levels of perceived discrimination than their never married counterparts, once all covariates are accounted for. These marital status differences appear primarily among transwomen but not transmen. Economic resources account for some, but not all, of these differences.

[in folder]

2. Experience of other countries

*Any published evidence around the **experience of other countries** in relation to reform of gender recognition process (I have been to Ireland and got some information about their experience subsequent to reform, including numbers and 'regret rate') but if there is anything at all you could find this would be useful. The evidence we can find is from groups such as Transgender Europe.*

See also Annex D of the 2018 consultation: https://www.gov.scot/publications/review-gender-recognition-act-2004/pages/14/

Amy Rappole, 2015. Trans People and Legal Recognition: What the U.S. Federal Government Can Learn From Foreign Nations. Maryland Journal of International Law. Vol. 30 Issue 1, p.191-216. 26p.

'The gender listed on a person's birth certificate is thus essential in many 'routine' administrative activities [eg school, employment, driving licences and passports] and can expose a person to discrimination or even violence if the listed gender seemingly "conflicts" with the person's physical appearance.'
[Lisa Mottet, *Modernizining State Vital Statistics Statutes and Policies to Ensure Accurate Gender Markers on Birth Vital Statistic Statutes and Politics to Ensure Accurate Gender Markers on Birth Certificates: A Good Government Approach to Recognizing the Lives of Transgender People*, 19 MICH. J. GENDER & L. 373, 376–77 (2013). –p.392]

'In the first comprehensive study of its kind, researchers found that trans people were two times more likely than the general population to be unemployed and that ninety percent of trans people had experienced discrimination at work or had hidden that they were trans from their co-workers. Over half of the respondents had attempted suicide, and one-fifth had been denied equal treatment by a government agency or official. Only twenty-one percent of the individuals who had transitioned gender were able to update all of their records, and nearly half who presented ID documents that did not match their gender identity or expression reported being harassed.'
[JAIME M. GRANT ET AL., INJUSTICE AT EVERY TURN: A REPORT OF THE NATIONAL TRANSGENDER DISCRIMINATION SURVEY 2–6 (2011)]

Netherlands: 'In 2013, the Netherlands amended its civil code to change the treatment of trans persons. The new law allows persons who are at least sixteen years of age to apply for a change of sex on the individual's birth certificate on the basis of an expert certification that the person has a conviction to be of the opposite sex and understands the extent and significance of this decision. Thus, the Netherlands now has one of the most progressive laws with respect to trans legal recognition'

'Sweden [2013], Denmark [2014], and Argentina [2012] have recognized that not all trans people are distressed by a discrepancy between their gender identity and the sex assigned to them at birth, and have enacted laws which do not require trans people to obtain medical approval before being legally recognized as the opposite gender'

Sweden: 'The modified law now allows adults who have felt "for some time" that they were of the preferred gender to receive legal gender recognition. The law does not require any

medical evidence or diagnosis to receive legal gender recognition.'

'In 1999 Sweden passed a law which compensated groups such as the Roma for the harms inflicted on them [by forced sterilization], but did not compensate trans people who underwent sterilization to get their gender markers changed. A group of 162 trans individuals have since formed a class (registered with the Swedish Chancellor of Justice) and are trying to seek similar compensation. In June 2013, the Council of Europe adopted a resolution stating that at least symbolic compensation must be given for victims of forced sterilization. While Sweden has yet to rule on the class, the Swedish experience demonstrates some of the consequences that may follow modified policies on legal gender recognition.'

Denmark: 'Like Sweden's, the Danish policy does not require an applicant to provide medical evidence in order to receive legal gender recognition Instead, the law mandates a six month waiting period between the initial application and the government's issuance of a new birth certificate and other identity documents. … The motion to amend the law stated that there could be consequences under the penal code for those who falsified their applications.'

Argentina: 'The law requires the government to issue a new birth certificate to reflect an individual's acquired gender. It does not require applicants to present any evidence of medical treatment (psychological or physiological); an applicant needs only to submit an application to the appropriate governmental office stating that he/she falls under the protection of the law—meaning that the person wishes to have his/her gender marker changed to reflect his/her acquired gender. The individual can then obtain a new birth certificate and ID card, and can request for the change to be reflected on all other documents that include the person's former name and sex. It has been reported that the entire process takes around fifteen days to complete'
Any age – one 6 year old.

Title: Reproducing Eugenics, Reproducing while Trans: The State Sterilization of Trans People (on request)
Authors: Lowik, A. J.
Source: Journal of GLBT Family Studies. Oct-Dec2018, Vol. 14 Issue 5, p. 425-445. 21p.
Document Type: Article
Abstract:

In many jurisdictions across the world, **trans people** are required to undergo genital surgeries that render them infertile for the state to legally recognize their genders. This article explores the rationalities used to justify mandating the sterilization of **trans people**, and names these eugenic logics. Much like the negative eugenics strategies directed at **people** of color, Indigenous **people**, those with a history of incarceration and **people** with **disabilities** (among others), **trans people** have had their reproduction restricted under the guise of doing what is in the best interest of children. This article demonstrates how historical eugenic logics concerned with normative notions of sex, gender and sexuality linger in the laws regarding **trans people's** legal gender recognition. This article calls for legal gender recognition based on self-determination, where giving up one's reproductive capacity is no longer a requirement all the while recognizing that **trans people** are parents, desire parenthood and are not

inherently bad parents simply because of their non-normative gender identities or expressions. [ABSTRACT FROM AUTHOR]
http://eds.b.ebscohost.com/eds/detail/detail?vid=17&sid=0feaedb0-8675-4d03-93ab-ade6e48bffc1%40sessionmgr103&bdata=JnNpdGU9ZWRzLWxpdmU%3d#AN=134057021&db=asn

Herman, 2013: Gendered restrooms and minority stress

This paper employs a minority stress framework to discuss findings from an original survey of transgender and gender non-conforming people in Washington, DC about their experiences in gendered public restrooms. Seventy percent of survey respondents reported being denied access, verbally harassed, or physically assaulted in public restrooms. These experiences impacted respondents' education, employment, health, and participation in public life.

[not super relevant but in lit review 2 to read folder if wanted]

3. Disabled trans people

*Evidence around **disabled trans people**, some are concerned that there may be adverse impacts of removing what might be considered a supportive "gatekeeping" function from medical professionals… where the intersections are between disability and trans- is it mental health/mental capacity issues which might suggest additional easy read guidance or support through the process or does the evidence point another way? We know for children attending GICs that Tavistock clinic down south report a high proportion of them seems to be autistic or on the autistic spectrum. Evidence around that might also be useful in the CRWIA.*

Title: Dementia: equity and rights
Author: National Care Forum (NCF)
Publisher: National Care Forum (NCF)
Published: 2017
Added: 01-03-2017
Pages: 53
Explores key issues for people with dementia from groups that have higher prevalence rates and may experience greater disparities in the care they receive. Considers the issues for carers in these groups with regard to the support that is provided. Looks at the following population groups: the oldest old (people over the age of 85); young onset (those under the age of 65); people with disabilities; black and minority ethnic (BME) people; women; lesbian, gay, bisexual and transgender (LGBT) people; and different socio-economic populations. Considers the potential impact on the mental health of people with dementia and carers. Includes a case study for each group to illustrate the particular challenges individuals face in accessing appropriate diagnosis and support. Draws on the knowledge of specialists with backgrounds in dementia, equalities, policy and data analysis. Suggests that dementia should be considered as a disability and that a social/rights based approach should be taken to the response to dementia. Presents a series of overarching themes concerning equity issues in dementia, including that commissioners and service providers should: seek to understand each person with dementia, and carer, as an individual; consider different pathways to diagnosis; explore tailored support options following diagnosis; and enable a variety of peer-support options for people with dementia and carers.

Cognitive Impairment, Alzheimer's Disease, and Other Dementias **in the Lives of Lesbian, Gay, Bisexual and** Transgender **(LGBT) Older Adults and Their Caregivers: Needs and Competencies.**

'more than one in 10 LGBT older adults (13%) in Aging With Pride, including 40% of transgender participants, report they have been denied health care or provided with inferior health care due to the perception of their sexual or gender identities (Fredriksen-Goldsen, Cook-Daniels, et al., 2014; Fredriksen-Goldsen et al., 2011).'

'Among the participants in Aging With Pride, almost one third were living at or below 200% of the federal poverty level, including almost 50% of transgender older adults (Fredriksen-Goldsen, Cook-Daniels, et al., 2014; Fredriksen-Goldsen, Emlet, et al., 2013) indicating a high level of economic vulnerability, which may limit access to health care and intensify the financial hardships associated

with spousal bereavement.’

-> Fredriksen-Goldsen, Cook-Daniels, et al., 2014 in file

Autism

Nobili, A., Glazebrook, C., Bouman, W., Glidden, D., Baron-Cohen, S., Allison, C., Smith, P. & Arcelus, J., 2018. Autistic Traits in Treatment-Seeking Transgender Adults. *Journal of Autism and Developmental Disorders,* 48: 3984-3994.

aimed to compare prevalence of autistic traits measured by the self-reported autism spectrum quotient-short (AQ-short) in a transgender clinical population (n = 656) matched by age and sex assigned at birth to a cisgender community sample. Results showed that transgender and cisgender people reported similar levels of possible autistic caseness. Transgender people assigned female were more likely to have clinically significant autistic traits compared to any other group. No difference was found between those assigned male. High AQ scores may not be indicative of the presence of an autism spectrum condition as the difference between groups mainly related to social behaviours; such scores may be a reflection of transgender people's high social anxiety levels due to negative past experiences.

'Although previous studies have investigated levels of ASD in children attending gender identity services (de Vries et al. 2010) very few have focused on the adult population.'

'there are strong clinical impressions suggesting a high prevalence of autistic traits in clinical transgender populations are supported by a number of published case studies looking at both children and adults and by a few quantitative studies (Kraemer et al. 2005; Lànden and Rasmussen 1997; Lemaire et al. 2014; Mukkades 2002; Parkinson 2014; Robinow 2009; Tateno et al. 2008; Vanderlaan et al. 2015). A recent systematic review exploring the frequency of autism spectrum disorder (ASD) or autism spectrum conditions (ASC) in transgender people suggested the presence of a relationship between being transgender and presenting with autistic traits in children and young people (Glidden et al. 2016).

'Although there is no evidence that adult transgender populations as a whole have higher AQ scores compare to cisgender populations, the findings from all three studies suggest that transgender populations assigned female sex at birth may have elevated levels of autistic traits compared to cisgender females (Jones et al. 2012; Kristensen and Broome 2016; Pasterski et al. 2014). … Therefore, the existing evidence suggests that the high rates of autistic traits found in studies including adult transgender people appears to apply to those assigned a female sex at birth'

'Within the cisgender group 218 people (33.2%) were found to have scores at or above 70, indicating possible ASC caseness, compared to 238 (36.3%) in the transgender group (Table 2). The difference between the groups was not statistically significant'
'When comparing participants assigned female sex at birth, a statistically significant difference was found between groups with 45% of the transgender group scoring ≥ 70 in total AQ scores, compared to 30% in the cisgender group (30%) … There was no difference between groups for assigned males at birth'

'Analysing the factors separately suggested that higher AQ-short scores for the transgender group within the birth assigned females were due to substantially higher scores for social behaviour.'

‘However, the general clinical impression of an over-representation of people displaying autistic traits among transgender clinical populations when compared to cisgender people from the general population (Glidden et al. 2016) was not confirmed by the findings of the present study. This study confirmed previous findings from adult studies that there is no evidence of increased rates of autism in transgender populations as a whole.’

‘Although no differences were found between people assigned male at birth (possible transgender female and/or non-binary people) and cisgender males, a significant difference was found when comparing people assigned female at birth. The study found that within people assigned female at birth the transgender group (possible transgender males and/or non-binary people) was about twice as likely to have clinically significant levels of autistic traits compared to cisgender females. This is in keeping with the findings of previous research using different versions of the same measure (AQ)’

‘The transgender group, however, reported fewer difficulties in relation to other autistic traits of poor imagination, and fascination with numbers and patterns. Therefore, there may be a confounding element where the transgender sample scored higher on the AQ without the presence of ASC. This may indicate that some transgender people do not really present with ASC but the high levels of social difficulties due to anxiety, depression and years of victimisation may affect the way they interact with others, as suggested by Turban and van Schalkwyk (2018). In fact interpersonal difficulties among this population have already been described (Davey et al. 2016). However, this would not explain higher scores on attention switching or attention to detail. … previous research has suggested that autistic individuals report similar scores on the attention switching subscale of the AQ-50 to people with a diagnosis of social anxiety disorder (Cath et al. 2008).’

‘Thus, certain scores on the AQ-short might simply indicate increased social difficulties, which would increase their AQ-short total scores reaching an ASD caseness level, while not being driven by the presence of ASC. This idea is supported by literature investigating autistic traits in socially anxious populations with the use of both AQ-50 (White et al. 2012) and AQ-short (Tonge et al. 2016). These studies suggested that the scores in the subscales related to social functioning and behaviours might be inflated by the difficulties experienced in social interactions and that scores on the AQ subscales related to social functioning need to be interpreted with caution when the subjects display marked social difficulties (Tonge et al. 2016; White et al. 2012). Against this, studies recruiting those with social anxiety may well be sampling individuals who have higher levels of autistic traits. It will be important to try to disentangle these in the future.’

‘Overall, this study found that autistic traits appear to be more prevalent in transgender people assigned female at birth, but not in those assigned male at birth. The autistic traits found in both groups appear to be particularly connected to social skills, which may be associated to the high levels of anxiety and low self-esteem that this group often experiences’

‘Rather than ASD contributing to GD in a direct fashion as described above, an alternative hypothesis is that high birth weight is a proxy for some process that indirectly influences both gender nonconformity and traits of ASD.’

Glidden, D., Bouman, W., Jones, B. & Arcelus, J., 2016. Gender dysphoria and autism spectrum disorder: A systematic review of the literature. *Sexual Medicine Reviews,* 4(1), 3-14.

'Although the research is limited, especially for adults, there is an increasing amount of evidence that suggests a co-occurrence between gender dysphoria and ASD' [this was before Nobili et al. 2018]

Trans people presenting at clinics with autism spectrum disorder (ASD) 'has implications for diagnosis and treatment.'
'Autism spectrum disorder is defined in the DSM-5 as persistent deficits in social communication and social interaction across multiple contexts.'

'Autism spectrum disorder has a prevalence of 20.6:10,000 with a male-to-female ratio of 4.2 to 1,14 although a recent report has suggested that rates could be as high as 1 in 50 for men and 1 in 150 for women.15'

'Researchers investigating rates of ASD in trans people attending services have found that up to 7.8% report a lifetime prevalence of ASD.12 However, these findings are contradictory to more recent studies that have shown no differences between trans people and the general population in relation to ASD.16 The disparity of these findings can be explained by the population selected (adult vs. child), recruitment process (clinics vs population studies), diagnostic classification system used (DSM vs ICD), methodology, design of study (case reports, cohort studies, etc.), and tools selected to assess the diagnoses.'

'Overall, the literature in children and adolescents with gender dysphoria and ASD is very limited and relies primarily on case reports. Although case studies can provide an in-depth discussion about the complex interplay between ASD and symptoms of gender dysphoria (and in some cases other disorders), they are limited by the fact that they cannot be generalized. Nevertheless, robust studies conducted in this area suggest that the prevalence rates of ASD in children and adolescents with symptoms of gender dysphoria are considerably higher than in the general population.'

'In summary, similar to the literature in children and adolescents, there has been a limited amount of publications investigating the relation between ASD and gender dysphoria in adults. The studies that have been conducted appear to suggest that, in some cases, there is a co-occurrence between symptoms of gender dysphoria and ASD, although the studies are more limited and less robust than those in the child and adolescent literature. Most of these studies described prevalence rates and no studies specifically discussed the influence of any of the diagnoses on treatment outcomes.'
-> before Nobili et al 2018 study.
'Although the literature was limited, especially in relation to adults, overall, this systematic review found a high prevalence of ASD in people with gender dysphoria attending clinical services.'

'One limitation that remains is the fact that much of the research has been conducted with those who have been referred to a gender identity clinic. Such a sample is

comparably smaller to querying a diagnosis of gender dysphoria within the larger ASD population. Therefore, these studies at best present the prevalence of ASD in those wishing assessment or treatment for their gender dysphoria.'

'Little has been written about the treatment and potential difficulties within the trans population presenting with previously diagnosed and undiagnosed ASD. To the authors' knowledge, there have not been any reports of outcomes or increased rates of dissatisfaction, de-transition, or postoperative regret in this population. Nevertheless, there remains ongoing clinical concern regarding misdiagnosis, informed consent, or potential treatment difficulties relating to cross-sex hormone treatment and sex reassignment surgeries.'

Kraemer, B., Delsignore, A., Gundelfinger, R., Schnyder, U., & Hepp, U. (2005). Comorbidity of Asperger syndrome and gender identity disorder. *European Child and Adolescent Psychiatry, 14*, 292–296.

-> case study

Mukkades, N. (2002). Gender identity problems in autistic children. *Child: Care, Health and Development, 28*(6), 529–532.
[read on K&E]

-> case studies

Parkinson, J. (2014). Gender dysphoria in Asperger's syndrome: A caution. *Australasian Psychiatry, 22*(1), 84–85.
The incidence of Asperger's syndrome is reported as above average in young people presenting with gender dysphoria. Patients with Asperger's syndrome, however, are prone to obsessive preoccupations. This paper points out that the apparent dysphoria may in some cases prove to be a transient obsession.

-> case study

Robinow, O. (2009). Paraphilia and transgenderism: A connection with Asperger's disorder? *Sexual and Relationship Therapy, 24*(2), 143–151.
[read on K&E]

'**Asperger's Disorder** is over-represented among people presenting to sexual **disorder** clinics, both with **transgenderism** and with **paraphilias**.'
'Between 1985 and 2002 there was a multidisciplinary Gender Identity Clinic at the Vancouver General Hospital, Canada. While the clinic lacked the resources, including manpower, to confirm diagnoses of **Asperger's**, it was clear to all members that there was a strong over-representation of individuals with odd preoccupations and impaired interpersonal skills.'
-> anecdotal report of prevalence from clinic

Vanderlaan, D., Leef, J., Wood, H., Hughes, S., & Zucker, K. (2015). Autism spectrum disorder risk factors and autistic traits in gender dysphoric children. *Journal of Autism and Developmental Disorders, 45*, 1742–1750.

-> diagnoses not confirmed in this study

'Beginning in September 2009, information on autistic traits among children less than or equal to 12 years of age were systematically gathered by our specialty Gender Identity Service using a psychometrically validated parent-report instrument. Data were collected from 47 consecutive patients at the outset of clinical assessment for GD as well as 13 outpatients who had been assessed for GD previously and were continuing to attend the clinic for therapeutic services. Of these 60 cases, 11 were excluded for various reasons … Of the 49 remaining cases (40 natal males, 9 natal females) that were retained for analysis, the mean (SD) age at the time that the study measures were completed was 7.19 (2.71) years.

'Autistic traits were assessed using the Social Responsiveness Scale (SRS; Constantino and Gruber 2005). The SRS is a 65-item parent-report questionnaire with a onefactor solution that captures social awareness, social cognition, social communication, social motivation, and repetitive behaviors.'

'Gender nonconformity was assessed using the Gender Identity Questionnaire for Children (GIQC; Johnson et al. 2004). The GIQC is a 14-item questionnaire in which parents rate their child's preferences in domains such as the gender of preferred playmates, fantasy role-playing or dress-up play, preferred activities and toys,wishes to be the opposite sex, and feelings about sexual anatomy.'

'Most literature regarding the link between GD and ASD consists of clinical case reports (e.g., Lande´n and Rasmussen 1997; Parkinson 2014; Williams et al. 1996); however, some quantitative data have begun to emerge. In one study, 6.4 % (7 of 108) of children and 9.4 % (9 of 96) of adolescents referred for GD were classified as having ASD based on the Diagnostic Interview for Social and Communication Disorders
(de Vries et al. 2010). Similarly, a study of adults with GD found that 5.5 % (5 of 91) showed traits consistent with an ASD diagnosis (Pasterski et al. 2014). Both studies concluded that these prevalence rates were significantly higher than estimated population prevalence rates for ASD.'

'In a sample of children clinically referred for GD, the present study examined maternally reported gender nonconformity and autistic traits in relation to three ASD risk factors: birth weight, parental age at birth, and sibling sex ratio.'

'Based on maternal-report SRS T scores, 44.9 % (n = 22; 17 natal males, 5 natal females) of the 49 cases were in the clinical range. The probability of being in the clinical range did not vary by sex based on Fisher's exact test, p = .71. The mean (SD) T score was 71.05 (9.79) for those cases in the clinical range and 47.78 (5.06) for those in the nonclinical range. Thus, the children in the clinical range exhibited autistic traits ranging from mild to severe with moderate levels on average; the non-clinical range children showed scores that were consistent with unaffected populations'
'Patients in the clinical range were significantly older, had significantly lower IQ scores, had significantly more behavioral and emotional problems based on CBCL total T scores, had

significantly higher birth weights, and showed significantly greater gender nonconformity. … Of note given the focus of the present study was the significant positive correlation between birth weight and gender nonconformity.'

'Even though both groups showed mean birth weights in the normal range, GD children with clinical-range autistic traits weighed 372 g (11.5 %) more at birth on average, corresponding to a large effect size (Cohen's d = .76). Relatively higher birth weight was associated with elevated gender nonconformity and these two factors in combination were associated with clinical-range autistic traits.'

'Little is known about the precise mechanisms that link birth weight with ASD risk. Brain overgrowth in particular, as opposed to large size at birth in general, may be responsible. … It is possible that traits of ASD and/or their neurobiological underpinnings have a direct influence on the emergence of cross-gender behavior and identity.'
'Social communication deficits may also contribute. Robinow (2009) suggested that neurobiological abnormalities associated with reduced social functioning in ASD, such as those found for frontal and temporal regions, might make it difficult for some children to acquire concepts regarding gender norms. Social communication deficits might, therefore, underlie the cognitive ''lag'' that many GD children exhibit in terms of their gender constancy development (Wallien et al. 2009; Zucker et al. 1999). Further, Strang et al. (2014) posited that social communication deficits limit a child's awareness of social cues in response to his or her gender role enactment.'

'To date, only the study by de Vries et al. (2010) considered formal diagnostic criteria of both conditions. In that study, many of the 16 youth referred for GD who were classified as having ASD were only subthreshold for a diagnosis of Gender Identity Disorder, the formal DSM-IV diagnosis that preceded GD in DSM-5. Even though it is based on a small number of cases, this tendency appears to be somewhat at odds with the current study, which showed that traits of ASD were associated with greater gender nonconformity. As such, it is necessary to question whether the present findings regarding high birth weight would hold in the context of formal diagnoses. If so, then the various hypotheses described above regarding the significance of high birth weight for the GD–ASD link would be tenable across the autism spectrum. If not, then it might be the case that processes related to high birth weight contribute to an association between gender nonconformity and autistic traits, but alternate explanations must be sought for cases in which patients satisfy a formal diagnosis of ASD.'

Glidden et al: 'The study found that gender nonconformity and high birth weight were, independently and combined, a predictive factor for increased ASD traits. Limiting these finding was the reliance on parent report questionnaires, which are not diagnostic tools.'

De Vries, A., Noens, I., Cohen-Kettenis, P., van Berckelaer-Onnes, I & Doreleijers, T., 2010. Autism Spectrum Disorders in Gender Dysphoric Children and Adolescents. *Journal of Autism and Developmental Disorders,* 40: 930-936.

First non-case-study report? 'To date, however, studies using systematic measures on this co-occurrence have not been published. The literature on the co-occurrence of ASD and gender dysphoria consists of seven papers describing nine case histories of individuals with ASD and concomitant gender identity problems, mostly children'

Children and adolescents (115 boys and 89 girls, mean age 10.8, SD = 3.58) referred to a gender identity clinic (2004-2007) received a standardized assessment during which a GID diagnosis was made and ASD suspected cases were identified. The Dutch version of the Diagnostic Interview for Social and Communication Disorders (10th rev., DISCO-10) was administered to ascertain ASD classifications. The incidence of ASD in this sample of children and adolescents was 7.8%

Prevalence rates of autism spectrum disorder (ASD) in various recent studies are generally in the range of 60 per 10,000 (for a review, see Fombonne 2005) although some studies report a prevalence above 1% (e.g. Baird et al. 2006). With the reported prevalence rates of ASD and GID, the random co-occurrence of both would be extremely rare.

'ASD diagnoses were confirmed using the Dutch version of the Diagnostic Interview for Social and Communication Disorders-10th revision (DISCO-10 Wing 1999; Dutch version Van Berckelaer-Onnes et al. 2003). The DISCO-10 was chosen for its particular effectiveness for diagnosing disorders within the broader autism spectrum.'

Children:
'According to the DISCO algorithms, seven (six boys, one girl) of the 11 ASD suspected children had ASD. The incidence of ASD in all 108 assessed children (70 boys, 38 girls) was 6.4% (n = 7). The incidence of ASD in the 52 children with a GID diagnosis was 1.9% (n = 1), which was significantly lower than the incidence of 13% (n = 6) ofASDin the 45 children with a GID-NOS (gender identity disorder not otherwise specified [subthreshold]) diagnosis (p\.05). In the 11 children with no GID diagnosis, none had ASD.'
'The mean IQ of the children with ASD was significantly lower compared to the mean IQ of the children without ASD'

'Most remarkable results were that six of the seven children with GID and ASD were male, all seven children fulfilled the strict criteria of autistic disorder, and in six of the seven children the gender dysphoria had alleviated when outcome was evaluated at least 1 year after the initial assessment.'

Adolescents:
'According to the DISCO algorithms, nine (six boys, three girls) of the 15 ASD suspected adolescents had ASD. The incidence of ASD in all 96 assessed adolescents (45 boys, 51 girls) was 9.4% (n = 9). The incidence of ASD in the 77 adolescents with a GID diagnosis was 6.5% (n = 5), which was significantly lower than the incidence of 37.5% (n = 3) of ASD in the eight adolescents with a GID-NOS diagnosis (p\.05). In the 11 adolescents with no GID diagnosis, one suffered from ASD and transvestic fetishism but no gender dysphoria.'
'The mean age of the adolescents with ASD (M = 15.41, SE = 0.65) was significantly higher than the adolescents without ASD (M = 13.77, SE = 0.24, t = -2.09, df = 94, p\.05). The mean IQ of adolescents with an ASD (M = 89.88, SE = 5.52) was not significantly different from the mean IQ of the adolescents without ASD'

'The incidence of ASD in the combined sample of children and adolescents was 7.8% … The incidence of ASD in the combined sample of 129 individuals with a GID diagnosis was 4.7%

(n = 6), which is significantly lower compared to the incidence of 17.0% (n = 9) of ASD in 53 individuals with a GID-NOS diagnosis (p<.05).'

'The incidence of 7.8% ASD in gender identity clinic referred children and adolescents is ten times higher than the prevalence of 0.6–1% of ASD in the general population. This important finding confirms the clinical impression that ASD occurs more frequently in gender dysphoric individuals than expected by chance.'

'GID-NOS appeared to be given when the cross gender behavior and interests were merely subthreshold (mostly in children), or atypical or unrealistic.'

'Future studies should focus on dimensional measures and specific cognitive or neuropsychological profiles of individuals with co-occurring gender dysphoria and ASD. For example, the observed rigidity in gender related beliefs in young children may make children with ASD more prone to develop gender dysphoria'

Glidden et al: 'De Vries et al[12] used a well-validated diagnostic tool for ASD, the Diagnostic Interview for Social and Communication Disorder.[44] However, patients were selected for further examination with the Diagnostic Interview for Social and Communication Disorder only if the clinician suspected a diagnosis; therefore, possible cases could have been missed by the researchers.'

Intellectual disability

Title: Who's Missing? Awareness of Lesbian, Gay, Bisexual and Transgender People with Intellectual Disability

Noonan, A ; Taylor Gomez, M Noonan, A (correspondence author)

Sexuality and Disability, June 2011, Vol.29(2), pp.175-180

We aim to present the complexity of issues which prevent LGBT people with intellectual disability from living full lives and having opportunities for sexual expression.

-> Doesn't focus on trans separately.

Literature identifies that people with intellectual disabilities have often been seen as either too infantile to need to be concerned with sex, or dangerous because they cannot appropriately control their sexual desires.

A narrative review of the literature about people with intellectual disability who identify as lesbian, gay, bisexual, transgender, intersex or questioning

Wilson, Nathan J ; Macdonald, Jemima ; Hayman, Brenda ; Bright, Alexandra M ; Frawley, Patsie ; Gallego, Gisselle

Journal of Intellectual Disabilities, June 2018, Vol.22(2), pp.171-196

Presents a summary about the key issues facing people with intellectual disability (ID) who identify as lesbian, gay, bisexual, transgender, intersex or questioning (LGBTIQ). The aim of this review was to consolidate research of the topic; to identify whether any pilot studies reporting social/sexual/educational interventions had been published; and to offer some perspective on the type of future research required to better inform policy, practice and theory that may lead to better outcomes for people with ID who identify as LGBTIQ. Almost all of the research literature on the topic is either exploratory or descriptive which serves to outline the range of issues faced by people with ID who identify as LGBTIQ.

-> Doesn't focus on trans separately.
-> But, trans people may be more likely to be LGB+?

Evidence for sexuality section?

Literature presents LGBT+ people with intellectual disabilities as dually marginalised, and that this can make relationships more difficult. It can also be more difficult for those with intellectual disabilities to be accepted within LGBT circles or subculture.

Literature identified a need for care providers to be educated about the needs of LGBT people with learning disabilities.

The literature 'identifies a clear need for … targeted education, support and information services that support individuals who are labelled with an ID and who identify as LGBTIQ.'

Wilson, D., 2006. Gender Identity, Cross-Dressing and Gender Reassignment and People with Learning Disabilities. *Tizard Learning Disability Review,* 11(2): 4-11.

Not peer reviewed?

[requested 26 Nov]

Parkes, G., Hall, I. & Wilson, D., 2009. Cross Dressing and Gender Dysphoria in People with Learning Disabilities: A Descriptive Study. *British Journal of Learning Disabilities,* 37(2):

Retrospective review of anonymised data from clinical records about people referred to a specialist service. 13 participants, all cross-dressed, 7 had gender dysphoria, 3 of these appeared to have gender identity disorder. 12 biologically male. High levels of concurrent mental health problems.

The aim of this study was to describe the gender identity needs of a group of adults with learning disability who were referred with gender dysphoria, cross-dressing or a wish for sex reassignment surgery to a specialist service called Consent. 'Consent' is a tertiary referral centre in Hertfordshire, UK, for people with learning disabilities who have additional needs relating to their sexuality or their sexual health. It accepts referrals from London and Hertfordshire.

'The prevalence of gender dysphoria and gender identity disorder is not known in the population of people with learning disability.'

'Amongst people with learning disability, treatments have been varied and may be determined by what was available locally. There was one case report of a man seeking a 'sex change' but actual treatments did not involve hormones or sex reassignment surgery ([15]).'

'People with learning disability may need longer assessments and more psychotherapeutic exploration and intervention prior to thinking about hormone and surgical interventions.'

'For people with gender dysphoria, there may be ethical dilemmas as to whether any intervention would be in their best interests. Longer periods of assessment and exploration may be required as well as consultation with the wider network supporting the person.'

Capacity issues are not always clear-cut. 'Careful assessment of their capacity to consent and ability and willingness to comply with post operative aftercare would be needed in these complex situations.'

'A developmental perspective may help to shed light on the issue: children age 4–5 have been described as having more fixed and concrete stereotypical views of

gender role which only become looser later in childhood ([5]). We have observed that, depending on their developmental level, people with learning disability may also have this more concrete way of looking at gender roles. This would suggest that fairly simple psycho-educational interventions could be used to help people move on and look at gender roles more loosely. A longer period of assessment may be helpful to decide the most appropriate interventions for each individual, and maximise an individual's capacity to give informed consent to any intervention.'

'International guidelines call for stability of mental health prior to any treatments ([10]). There are no specific guidelines for treating people with learning disability although a thorough understanding of what hormone and surgical treatment entails is required in order to have capacity to consent to treatment. The implications of irreversible treatments are difficult concepts as is the need to comply with post operative care.'

'Whilst it is important that people with learning disabilities should be able to access the same range of interventions as anyone else, it is vital to ensure there is proper exploration and education about sexuality and gender as part of the process of developing informed consent, prior to embarking on irreversible treatment interventions. Indeed, only one person in this study was in a category which is associated with a lack of regret after having sex reassignment surgery. We think that many people with learning disabilities who have gender identity needs which would benefit from further psychotherapeutic exploration prior to any specific referral to mainstream gender identity services for hormonal and surgical interventions and even then these should be done with caution. We would suggest people may need to have issues around sexual identity explored in a non threatening way which would allow exploration of their view of gender roles and reasons for seeking gender transformation. Where views are stereotypical and more concrete, work may focus on developing a looser view of gender roles and a greater acceptance of difference in others but especially in themselves. Further research is needed to assess the best ways of supporting people with learning disability and cross dressing behaviour and gender dysphoria'

Green R., Roberts C.W., Williams K., Goodman M., Mixon A. (1987) Specific cross-gender behaviour in Boyhood and later homosexual orientation. Br J Psychiatry, 151 : 84 – 8

[on Knowledge Hub but not accessible – need to request if not too old?]

Parkes G., Hall I. (2006) Gender dysphoria and cross-dressing in people with intellectual disabilities: a literature review. Am J Ment Retard, 44 : 260 – 71.

Here, we review the literature on this subject and present an illustrative case example. We searched databases, followed-up references from relevant articles, and contacted colleagues in the field. We found nine papers with case examples and one survey. Gender identity problems certainly occur in people with intellectual disabilities, and developmental perspectives are important in assessing and treating them. In some cases autistic spectrum disorder was comorbid, for individuals with and those without intellectual disability. Aggression was also common. Documented treatments were primarily psychological and social and did not include hormones and sex reassignment surgery. Capacity to consent is a factor that determines treatment.

Review revealed 9 case reports and one survey.

The survey was of 124 children and adolescents referred to the gender identity disorder unit at the Portman Clinic in London (Di Ceglie, Freedman, McPherson, & Richardson, 2002). Ten of these young people had intellectual disabilities and 20 were general academic underachievers; IQ level was not noted. Personal communication with the researchers revealed that their criterion for describing someone as having intellectually disabilities was a clear diagnosis in the individual's case notes. It is difficult to infer anything from these results other than to say that gender identity disorder can occur in children and adolescents with intellectual disabilities.

'There is not enough published material to form a comprehensive view of gender dysphoria in people with intellectual disability, and more research is needed to clarify the issues.'

For Children

Children with GID manifest more traits of separation anxiety ([11]) and more internalizing psychopathology ([7]). Some 20% of GID **children** are described as being **gender** dysphoric in adolescence ([13]). Adolescents with GID are also at high risk of suicide ([7]).

11- *Zucker, K.J. (1999)* ***Gender identity*** *disorder in the DSM IV. Journal of Sex and Marital Therapy, 25, 5 – 9.*
7- *Menvielle, E.J. (1998)* ***Gender identity*** *disorder (letter). Journal of the American Academy of* ***Child*** *and Adolescent Psychiatry, 3, 243 – 244.*
13 - *Zucker, K.J., Bradley, S.J. & Sanikhani, M. (1997) Sex difference s in referral rates of* ***children*** *with* ***gender identity*** *disorder: some hypothesis. Journal of Abnormal* ***Child*** *Psychology, 25, 217 – 227.*

4. Older trans people

*We lack evidence around **older trans people** and the potential benefits and dis-benefits of reform for them. Anecdotally we are aware that the gathering of paper evidence can be very difficult for longer term transitioned trans people.*

Siverskog A. Ageing Bodies that Matter: Age, Gender and Embodiment in Older Transgender People's Life Stories. NORA: Nordic Journal of Women's Studies 2015 03;23(1):4-19

Older trans people's life stories in Sweden.

qualitative **life**-**story** interviews with six **older transgender people**, aged 62 to 78. They were recruited through advertisements in newspapers and through a Swedish online forum for LGBTQ-identified **people** [and so more likely to be those active in LGBTQ community] 3-6 hour interviews.

The participants live in both urban and rural areas in Sweden. They are all white, but differ in relation to class, (former) occupation, health status, integration within social networks, engagement in **transgender** groups, sexuality, partnership status, and **gender** identities.

Different context: transsexualism still remains a necessary diagnosis if one needs trans care and legal **gender** change in Sweden… after an assessment consisting of a two-year psychiatric investigation where one must be diagnosed with transsexualism, transsexual **people** have had the formal right to get hormone treatment, go through sex reassignment surgery, and change their legal **gender**

The ageing body can limit prospects for undergoing sex reassignment surgery (SRS). The analysis illustrates how older trans people may face ageist attitudes during the transition processes. Later life and the future might also bring fears about situations in which one will need care. For older trans people, this could mean fears of being discriminated against, having fewer possibilities to choose which contexts to be in, and which persons to have in one's home and close to one's body.

Older age can mean that surgery is ruled out.

'Lily talks about how she experienced communications regarding "the limitations" of her **age** several times during the investigation. One of the therapists questioned whether SRS was really necessary when she did not have so much time left in **life**:'

'**older** trans **people** may face ageist attitudes during the transition process'

Some lack of bodily functions which can be seen as 'failures' for trans people become more normalised in older age, as something that cisgender people also experience- eg lack of erections or menstruation. Older bodies being more

androgynous for some is also a positive. But for others, 'the ageing body can also be experienced as something that makes the performance of **gender** harder', such as wrinkles making it harder to apply make-up.

'The **older** body becomes, for Lena and Sture, something that does not allow the performance of certain femininities they want to perform, while, on the other hand, these particular femininities are also what they feel they need to perform to be able to pass as women. A more faded expression of femininity, which may be appropriate for passing according to **age**, might make it impossible for them to pass as women.'

-> could this make it harder for older trans people who want a legal gender change to prove that they have been 'living in their acquired gender'?

'the time after retirement can be experienced as a time of freedom, although it can be defined in different ways by others'

'Fears about a future need for care were also illustrated in the interviews. …In care situations, it is not always possible to choose who will be in one's home or close to one's body. The ability to make choices concerning one's own body becomes restricted, along with choices about which social rooms you want to be in, and which social relations can be upheld.'

Addis, S. Davies, M. Greene, G. Macbride-Stewart, S. and Shepherd, M. (2009) The Health, Social Care and Housing Needs of Lesbian, Gay, Bisexual and Transgender Older People: a review of the literature, *Health and Social Care in the Community,* 17 (6) 647-658

[Addis et al in the most extensive meta-analysis of one hundred and eighty seven papers or chapters on the health, social care and housing needs of older lesbian, gay, bisexual and transgender adults, found that 'the main themes that emerge from the review were isolation (and that) the health, social care and housing needs of LGBT older people is (sic) influenced by a number of forms of discrimination which may impact upon … provision and access' (2009: 647).]

'This review found no research which included results on transgender groups.'

Crossland J. Exploring the Care Act's potential for anti-discriminatory practice with lesbian, gay, bisexual and trans older people. Quality in Ageing and Older Adults 2016;17(2):97-106

Purpose – The planning and provision of care for older people in the lesbian, gay, bisexual and trans (LGBT) communities is an increasing challenge to traditional welfare systems. The purpose of this paper is to explore the potential of the newly implemented Care Act 2014 in England for developing an anti-discriminatory approach. Design/methodology/approach – The review draws on existing research and conceptual literature to identify how key provisions of the new act can be interpreted in light of current knowledge. Findings – Overall the provisions of the Care

Act lend themselves well to positive interpretation in relation to the needs of older LGBT people and their support networks. A potential tension, however, arises in the locality focus of the legislation that could constrain good practice with geographically dispersed communities. There is also a need to challenge both heteronormative and ageist assumptions that lead to older LGBT people remaining unrecognised. Practical implications – Applied with imagination and commitment, the provisions of the new act could enable new forms of person-centred care to emerge to support older LGBT people. Social implications – Social workers are in a key position to influence how the Care Act is interpreted and applied in practice and can act as change agents for a societal move towards older LGBT people having greater choice and control over their well-being. Originality/value – This review presents examples of how the provisions of the legislation can be utilised to support positive change for older LGBT people.

[in file]

Harper P. How healthcare professionals can support older LGBTQ+ people living with dementia. Nursing Older People (2014+) 2019;31(5):16-21

Older lesbian, gay, bisexual, trans, queer and others (LGBTQ+) people living with dementia have specific needs related to their sexual orientation and identity that should be addressed to maintain their personhood. They may face challenges in health and social care settings, such as heteronormativity and lack of awareness of older LGBTQ+ needs. Service provision for older LGBTQ+ people with dementia is lacking. Healthcare professionals' attitudes towards older LGBTQ+ people with dementia are often poor and there is a clear need for better training, while increased knowledge and awareness would help to challenge the concept of heteronormativity. This article explores some of the needs of older LGBTQ+ people with dementia, the role of legislation and regulation and how healthcare professionals can provide support.

Jones SM, Willis P. Are you delivering trans positive care? Quality in Ageing and Older Adults 2016;17(1):50-59

the need to demonstrate culturally competent services and real concerns regarding tackling discrimination and abuse. Despite legislative advancements, there was a sense that activism is central to tackling these issues and trans people are articulating their demands for shaping future provision. The research identifies a number of recommendations for care providers and future areas of research. Originality/value – In response to identifying an absence of trans voices being heard on the subject of trans elder care, this study sought to understand expectations of services, amplify the voices of the participants and share the priorities they articulated to influence future service design and practice.

King A, Cronin A. Bonds, bridges and ties: applying social capital theory to LGBT people's housing concerns later in life. Quality in Ageing and Older Adults 2016;17(1):16-25

as something that is framed by issues of social networks and connections and the benefits, or otherwise, that accrue from them.

‘older trans people may have particular concerns that people coming into their home may result in unwanted questioning of their gender identity (Witten, 2009). For instance, older trans people may have additional fears that may arise from personal items, such as photographs displayed in their home, as well as concerns about personal care. In all of the cases noted above, questions of trust with those entering the home may be paramount and being able to form bonds with these “others” will affect how the home continues to be experienced.’

‘Meanwhile, Witten (2009) has shown that housing decisions amongst older trans people in the US are constrained by the intersection of poverty and a lack of access to supportive social networks, particularly for trans women of colour.’

Sociolegal and practice implications of caring for LGBT people with dementia. Nursing Older People 2016;25; 28(5; 10):317; 26-333; 30

The needs of lesbian, gay, bisexual and trans (LGBT) people with dementia are poorly recognised. This is due partly to assumptions that all older people are heterosexual or asexual. One quarter of gay or bisexual men and half of lesbian or bisexual women have children, compared with 90% of heterosexual women and men, which means LGBT older adults are more likely to reside in care homes. Older LGBT people may be unwilling to express their sexual identities in care settings and this can affect their care. Members of older people’s informal care networks must be recognised to ensure their involvement in the lives of residents in care settings continues. However, healthcare professionals may not always realise that many LGBT people rely on their families of choice or wider social networks more than on their families of origin. This article explores sociolegal issues that can arise in the care of older LGBT people with dementia, including enabling autonomy, capacity and applying legal frameworks to support their identities and relationships. It also highlights implications for practice.

[in folder]

Wathern T, Green RW. Older LGB&T housing in the UK: challenges and solutions. Housing, Care and Support 2017;20(3):128-136

Purpose This paper considers the challenges and solutions in relation to older lesbian, gay, bisexual and trans (LGB&T) housing in the UK. The purpose of this paper is to identify the key housing issues and concerns affecting older LGB&T people in the UK, and ways in which these might be addressed. Design/methodology/approach This is a practical discussion which focusses on the issues of policies and provision in relation to older LGB&T housing in the UK, both specialist and mainstream housing. Findings There is a growing body of literature from both the voluntary sector and academic researchers highlighting the housing issues affecting older LGB&T people. There is a need for both specialist and appropriate mainstream housing provision. However, policy and funding issues constrain the creation and/or development of such provision. Practical implications Policy makers and housing providers in the UK need to address, and meet, the diverse housing needs of older LGB&T people. Social implications Until their housing needs are met, many older LGB&T people remain

concerned about their housing futures, and may end up living in housing which is not their preference and which is not suitable for them. Originality/value This paper is the first to provide a comprehensive overview of the work of Stonewall Housing's network for older LGB&T people, and the challenges and solutions which have been identified in relation to their housing issues and concerns.

[in file]

Westwood S, Wathern T. Introduction to "housing, care and support for older lesbians, gay, bisexual and trans people". Housing, Care and Support 2017;20(3):85-88

[in file]

Witten TM. End of Life, Chronic Illness, and Trans-Identities. Journal of Social Work in End-of-Life & Palliative Care 2014;10(1):34-58

In this study, the experiences and needs of a sample of 1,963 current, global, English-speaking, transgender-identified adults responding to the Transgender MetLife Survey (TMLS) as related to a number of later-life and end-of-life (EOL) preparations and concerns were examined. EOL concerns are integrated with concerns and challenges around chronic illness and disability. Overall, this population was significantly ill-prepared for the major legalities and events that occur in the later to EOL time periods. The population was found to harbor significant fears around the future. Drawing on the author's decades of survey research in transgender aging and case data along with current scientific and online literature, illustrative quotations and case examples are provided.

'Because EOL challenges are frequently discussed within the context of religious, spiritual, and/or faith beliefs and because the traditional Western religions frequently reject, marginalize, or otherwise invisibilize trans-persons, EOL issues are not as easily discussed and pathways to things such as where to be buried become problematic. For example, one TMLS respondent reported that she was told that she would not be allowed to be buried in the church graveyard of the church that she had attended for the bulk of her adult life. The stated reason was that she was a transsexual.'

'Many TMLS respondents feared their last days would be disrespected and that last wishes would not be carried out'

Westwood S. Abuse and older lesbian, gay bisexual, and trans (LGBT) people: a commentary and research agenda. J.Elder Abuse Neglect 2019 Mar;31(2):97-114

With increasing visibility of older lesbian, gay, bisexual and trans (LGBT) people,

there is an urgent need to understand abuse in their lives. This is an under-researched area, which this scoping study (based on a literature review and a small subset of data taken from a larger project) serves to demonstrate. The content of this article formed the basis of a paper presented at a workshop on 'LGBT Elder Abuse' held at Keele University(UK) in 2017, convened and chaired by the author. It considers LGBT elder abuse in terms of polyvictimisation, intersectionality and the abuse of power. The identifies knowledge gaps, proposes a research agenda, and explains why such an agenda matters. In particular, the need for researchers of elder abuse, LGBT domestic abuse and organisational abuse to cut across their traditional boundaries of inquiry in order to address how the abuse of older LGBT people intersects with each domain http://search.ebscohost.com/login.aspx?direct=true&db=i3h&AN=135671772&site=eds-live&custid=s2198163&authtype=uid&user=scotland&password=Sc0tgovlib*.

Bouman WP, Claes L, Marshall E, Pinner GT, Longworth J, Maddox V, et al. Sociodemographic Variables, Clinical Features, and the Role of Preassessment Cross-Sex Hormones in Older Trans People. The Journal of Sexual Medicine 2016;13(4):711-719

'The literature [on trans older adults] that does exist deals mainly with the lack of adequate and appropriate services for older gender nonconforming and trans people.'

[in file]

K. Norman, 2015. *'Socializing Transgender': Social Care and Transgender People in Scotland. A Review of Statutory and Voluntary Services and Other Transgender Experiences of Social Care Support*. A Report to the Scottish Government based on a Thesis Submitted for the Degree of Doctor of Philosophy to the University of Edinburgh. Available at: https://www.scottishtrans.org/resources/research-evidence/ [accessed 20 November 2019].

Three online surveys (two with transgender people, and one with service providers/commissioners) and additional asynchronous, semi-structured online interviews were undertaken, to supplement the survey data, with 10 transgender people and 9 service providers/commissioners.

Information and links to surveys circulated via the Scottish Trans Alliance.

47 responses to first survey of transgender people (survey one) and 29 responses to the second survey (survey two).
10 transgender people took part in online interviews by self-selecting to be interviewed at the end of the first survey.
very few transgender people aged 66 or over.

[Demographics but no other key findings.]

Fredriksen-Goldsen et al (2014) Physical and mental health of transgender older adults: an at-risk and underserved population. The Gerontologist 54 (3) 488-500

[in file]

5. Intersection between trans identities and belief

*We also thought our previous EQIA lacked any evidence around the **intersection between trans identities and religion and belief**. [Not sure how critical this evidence would be though, as my notes do not indicate why we thought this was relevant.]*

Herriot L, Callaghan TD. Disrupting the trans-versus-Catholic dichotomy: An example from a Canadian elementary school policy. International Journal of Transgenderism 2018 Apr;19(2):170-183

Background: Mainstream media is increasingly reporting on the relationships between Catholic and trans identities in parochial schools, particularly with regard to gendered washroom use. With greater numbers of trans youth coming out at younger ages, significant educational policy changes are being considered around how Catholic schools can or should include trans youth. Method: This study applies trans and queer theologies to Critical Discourse Analysis (CDA) in investigating the Wilson case, which was the first known instance of a Catholic school including some affirming policy provisions for trans youth. The authors additionally collected and coded 12 news articles from a variety of platforms to discern and discuss the theological arguments in the public square against more fulsome trans student inclusion in Catholic schools. Results: The authors found two related theological arguments against full inclusion, namely the notion that (1) Gender is God-given and therefore cannot be chosen or changed, and (2) That transgressive bodies are not sacred parts of the divine gender plan. Conclusion: Trans theology allowed the authors to disrupt both of the theological claims advanced by the Catholic educators quoted in the Wilson case. This created rich, imaginative space in which to reconsider the relationships between Catholic and trans identities, namely by not arranging them in a binary. Significance for policy-making in parochial schools is discussed.

[requested 22.11.19]

Wilcox MM. When Sheila's a Lesbian: Religious Individualism among Lesbian, Gay, Bisexual, and Transgender Christians. Sociology of Religion 2002;63(4):497

The pseudonymous Sheila Larson is well known among sociologists of religion for having coined the term "Sheilaism" to refer to her personal belief system - an individualistic religiosity that has concerned many social commentators. Recently, however, authors such as Wuthnow (1998) and Roof (1999) have suggested that the various forms of religious individualism may be advantageous for some. Working from interviews with lesbian, gay, bisexual, and transgender Christians and former Christians, this article contributes two new angles to such discussions by 1) arguing

for a more nuanced understanding of individualism as a tool or tactic rather than as the diametric opposite of religious communalism and 2) exploring the role of such individualism in the lives of those who are forced into it.

[in file]

6. Socio-economic circumstances of trans people

*Less to do with the EQIA than the Fairer Scotland assessment but we lack information around the **socio economic circumstances of trans people**. [This may be a lack generally I appreciate.] We propose the draft Bill will have a power to fix a fee but we only know anecdotally that there are concerns around the impact of a fee being disproportionate on trans people. It might be useful to point to something more clear, if it exists.*

7. [Other]

National Transgender Discrimination Survey (US)

6,456 valid respondents

6,368 answered sexuality question:

- 21% gay/lesbian/same-sex
- 23% bisexual
- 20% queer
- 21% heterosexual

- Transgender children: more than a theoretical challenge.

By: Kennedy, Natacha; Hellen, Mark. **Graduate Journal of Social Science.** Dec2010, Vol. 7 Issue 2, p25-43. 19p. 2 Charts, 3 Graphs. , Database: Sociology Source Ultimate

[in file]

McKay, Tasseli, 2019. Understanding (and Acting On) 20 Years of Research on Violence and LGBTQ + Communities. Trauma, Violence & Abuse. Dec2019, Vol. 20 Issue 5, p665-678.

Review of findings from 20 years of research (1996-2016) on violence, vulnerability, and sexual and gender minorities. Synthesizes findings from 102 peer-reviewed articles as well as a small number of unpublished studies and grey literature.

'More studies with probabilistic sampling approaches, standardized measures, and larger samples of gender minorities are needed.'

Key findings:

'Sexual and gender minority individuals appear to experience violence and victimization in disproportionate numbers throughout childhood, adolescence, and adulthood

Many studies suggest that sexual and gender minorities are more likely than those in the sexual and gender majority to be victims of violence and victimization in a variety of forms, including physical and sexual assault, harassment, bullying, and hate crimes

Better research is needed to understand victimization disparities between gender minority individuals and nongender minorities and how they may change over time

Physical and verbal victimization of sexual and gender minority students during the school day is commonplace

Contradicting the conventional image of bias-related victimization as perpetrated by strangers or acquaintances, bias-related verbal, physical, and sexual victimization by close family members (particularly parents and the male partners of bisexual women) contribute a substantial proportion of the victimization experiences reported by sexual and gender minority individuals'

'Lombardi, Wilchins, Priesing, and Malouf's (2001) study with a web-based convenience sample of 402 gender minority adults found that experiences of verbal abuse and physical violence, including victimization in the childhood home, were common … Qualitative interviews with a purposive sample of gender minority individuals in Spain found that childhood sexual abuse was a widespread and common experience for participants (Ferna´ndez-Rouco, Ferna´ndez-Fuertes, Carcedo, La´zaro-Visa, & Go´mez-Po´rez, 2016). … Preliminary research suggests experiences of childhood victimization may be common among gender minority individuals as well, but our review did not find evidence on comparative prevalence or risk.'

'Data from a probability-based web sample of 5,907 middle school– and high school–aged youth for the Teens, Health, and Technology Survey found a high prevalence of sexual harassment victimization among girls who identified as lesbian or queer (72%), girls who identified as bisexual (66%), boys who identified as gay or queer (66%), and gender minority youth (81%) (Mitchell, Ybarra, & Korchmaros, 2014).'

'The U.S. Transgender Survey, which recruited a convenience sample of 27,715 gender minority respondents from all 50 states, the District of Columbia, and U.S. territories, found that 10% of respondents who were out to their immediate families as transgender reported that a family member had used violence toward them because of their gender (James et al., 2017). Among those who were out or perceived as gender minority as youth, most reported experiencing some form of bias-related victimization—including harassment (54%), physical assault (24%), and sexual assault (13%)—in childhood (James et al., 2017).' [large, non-probability based sample]

'Studies using nonrepresentative or noncomparative methods find that bullying, harassment, and bias-related victimization are commonplace in various samples of gender minority individuals, but these studies do not support generalization beyond their specific study populations.'

'Stotzer's (2009) review of several selfreport studies with non-probability-based samples found that sexual assault was very common among gender minority individuals: Around half of gender minority respondents in these self-report surveys had been victims of sexual assault in their lifetimes, with a median age at first sexual assault sometime in adolescence (from 12 to 15 years old, depending on the study). Testa and colleagues (2012), summarizing results of several needs assessments studies with gender minority respondents (all without comparison groups), noted that such studies had found lifetime physical assault victimization rates of 43–60% and lifetime sexual assault victimization rates of 43–46%.'

'Many [studies] also suggest that sexual and gender minority adults are more likely to be physical assault victims, but those with gender minority individuals used nonrepresentative or noncomparative methods that do not support generalization.'

'The studies included in this review provide growing evidence that experiences of victimization are commonplace among sexual and gender minority youth and adults. … Many studies reviewed here find that physical and sexual violence and hate-related verbal abuse from family members—particularly parents of sexual

and gender minority youth and male partners of bisexual women—is widespread … The victimization to which sexual and gender minority youth are commonly exposed has particularly serious and often long-term effects on health and life chances (Mustanski, Andrews, & Puckett, 2016; Russell et al., 2011, 2012; Sinclair et al., 2012; Zou, Andersen, & Blosnich, 2013).

Righetto GG, Vitorino EV. The "Meeting" of Information Literacy with the Trans People Narratives. Informacao & Sociedade: Estudos 2019 jul;29(3):109-128

The main objective of this article is to point out the constant situation of stigma, oppression, and prejudice towards trans people, whose gender identities permeate the male/masculine and female/feminine understandings. The method used was though qualitative research and bibliographical survey, which narrative interview as the main method of collection; It includes qualitative theoretical and conceptual pointings on information literacy, that "meet" with excerpts of five narratives obtained by transgender (or simply "trans") people from Florianópolis region, Santa Catarina, under three aspects: of information, of social vulnerability and of resilience, and from the social phenomenology standpoint. These narratives were obtained through ethical criteria and served as a cornerstone in the empirical corpus at master's level research, completed in early 2018. Through the narratives exposed and the "bonding" with the literature, it was perceived that information is the principle - and the main issue - of the developed relations in social spaces and their components: information needs' of trans people are given by lack of information and absence of understanding from other people and institutions, almost totally; which triggers the transgender population's social exclusion and the restriction of quality of life, including various social vulnerability faces - either on education, health, housing, labor market, security, among others. As conclusions, it appoints the urgent need for studies, research and interdisciplinary initiatives in this scenario, mainly in the Information Science field, whose scope is considered predominantly social. So, the rise and importance of information literacy for Brazil in recent years strongly indicate the need to share experiences applicable for Brazilian reality, to the detriment of the challenges required, also implying in the social inequities reduction and regional inequalities, mainly related to the access policies and use of information for the citizenship exercise and to the lifelong learning. Copyright of Informacao & Sociedade: Estudos is the property of Universidade Federal de Campina Grande, Centro de Humanidades and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)

Peitzmeier SM, Agénor M, Bernstein IM, Mcdowell M, Alizaga NM, Reisner SL, et al. "It Can Promote an Existential Crisis": Factors Influencing Pap Test Acceptability and Utilization Among Transmasculine Individuals. Qual.Health Res. 2017;27(14):2138-2149

32 semistructured in-depth interviews with transmasculine spectrum patients living in Boston, Massachusetts. We used purposive sampling to select individuals who were assigned a female sex at birth, self-identified along the transmasculine spectrum, had a cervix, and were aged 21 to 64 years (per cervical cancer screening guidelines) while maximizing diversity in age, race, and recency of Pap test. Data collection ended after 32 interviews due to achievement of purposive sampling goals and thematic saturation. Member checking was conducted by presenting results to four transmasculine individuals who were neither participants nor members of the study team; we received positive feedback that the findings resonated with these individuals' experiences.

'research shows that transmasculine individuals may be less likely to receive Pap tests every 3 years per recommended guidelines, which detect abnormal changes in cervical cells before cancer develops, compared with cisgender (nontransgender) women (Peitzmeier, Khullar, Reisner, & Potter, 2014; Saslow et al., 2012).'

'31% of transgender men reported avoiding seeking health care when they needed it in the past year due to fear of discrimination (James et al., 2016).'

'Before the Pap test, the patient's base line comfort with undergoing the test is determined by how successfully they can internally reconcile their masculine identity with an often "feminine" conception of the Pap test, and how successfully they negotiate their gender identity with their provider and insurance company, who may inadvertently or intentionally feminize the patient undergoing a "well women's exam.'
'Patients often accomplished this [negotiating their masculine identity] through (a) recasting the Pap as more masculine or gender-neutral, often with the help of the provider and (b) being affirmed in their gender within the medical setting by providers and insurance, which counteracted the potentially destabilizing threat of the Pap to their identity.'
'Participants who were less strongly masculine-identified, or who viewed the Pap as not exclusively for women, were more comfortable with the test.'
'Some participants lessened the conflict between their identity and the Pap test by reframing the Pap test as masculine or gender-neutral. These individuals often reported minimal emotional distress from getting a Pap.'
'The perception of the Pap as feminizing was often enhanced if providers used feminine terms to refer to the exam. Cues from the physical environment of the clinic (such as patient education pamphlets featuring women) that services were specifically for women, particularly in gynecology practices, also shaped patient perceptions of the Pap as a feminine test.'

'A trusting relationship with a skilled, gender-affirming provider emerged as the central facilitator to cervical cancer screening. Participants ascribed enormous power to providers in modulating the degree of physical or emotional distress experienced during an exam … Participants repeatedly affirmed that they would be nervous about getting a Pap if the provider did not have training and experience "to work with trans bodies and trans people." '
'Several participants who were reluctant to screen said that a recommendation from a provider they trusted would be the primary cue to action that would convince them to get a Pap.'

'during the exam they may have to withstand acute challenges to their identity, sense of privacy, and/or to their body in the form of extreme pain'

‘while many participants saw the Pap as minimally incongruent with their gender identity, a roughly equal number found that Pap tests fundamentally conflicted with their gender identity. Among this latter group, some participants found the Pap test could exponentially exacerbate baseline levels of gender dysphoria and even destabilize their “sense of self.”’
‘Physical discomfort was not inherent to the procedure or an inescapable biological reality. Multiple patients reported experiencing the Pap as painful with one provider, but not painful with another provider who was more respectful of their gender identity, more attentive to their needs during the exam, and more willing to make adjustments’

‘Contrary to some providers’ beliefs that transmasculine patients intrinsically find Pap tests traumatic (Agénor et al., 2016), this diversity of experience suggests that clinicians need to ask about each patient’s previous experiences with Pap tests and evaluate the multilevel issues that need to be addressed to optimize care for each specific patient. … Encouragingly, many participants who had experienced extreme obstacles to screening in the past stated that these barriers were diminished or eliminated when they went to a more respectful provider. … With increased provider training, most transgender patients should be able to receive Pap tests that are equally tolerable as those among cisgender patients, greatly reducing disparities in cervical cancer screening rates for this population.’

‘All stakeholders—patients, providers, clinics, and health systems—should strive to decouple feminine gender from natal female genitalia and cervical cancer screening to reduce the stress placed on many patients’ identities by the Pap test.’

Pyne J. UNSUITABLE BODIES: Trans People and Cisnormativity in Shelter Services. Canadian Social Work Review / Revue canadienne de service social 2011;28(1):129

Trans people experience ‘the economic conditions for homelessness’. Low-income trans people are also ‘highly visible’, lacking access to resources which help them to blend in.

‘As homeless men’s shelters have been judged unsafe by both trans women and trans men (Dénommé-Welch,Pyne & Scanlon, 2008; Strang & Forrester, 2005), most trans people tend to present at women’s shelters. Yet, influenced by feminist debates over trans women’s authenticity, some women’s shelters have adoptedexclusionary policies. Documented barriers include denial of access (Mot-tet & Ohle, 2003; Namaste, 2000; O’Brien, 1992), special rules for trans residents (Namaste, 2000; Ross, 1995; Sakamoto et al. 2009; Scott, 2007),and assaults against trans people by other residents and staff (Grant etal., 2011).’

‘though trans women’s access to women’s shelters has been enhanced, those who are feminine and “fit in” tend to be most welcomed (Namaste, 2000; Strang& Forrester, 2005). Further, trans men have reported being unsafe in men’s shelters and unwelcome in women’s shelters, and access for gender queer individuals remains uncertain (Dénommé-Welch, Pyne & Scanlon, 2008).’

Seelman KL. Transgender Individuals' Access to College Housing and Bathrooms: Findings from the National Transgender Discrimination Survey. J.Gay Lesbian Soc.Serv. 2014;26(2):186

The study uses the National Transgender Discrimination Survey to research transgender access to housing and bathrooms. Findings indicate that being transgender and having another marginalized identity matters for students' access to

housing and bathrooms. Trans women are at greater risk than gender-nonconforming people for being denied access to school housing and bathrooms.

Experience of harassment & discrimination.

'Existing evidence indicates that "passing" (or being perceived by others as the gender with which one identifies) is a key factor within gender-segregated spaces that impacts whether one is denied access to the space and/or targeted for harassment and violence' -> would GRA make it easier for people to 'pass'?

Higher household income and having a bachelor's degree lessened people's likelihood of being denied access to housing.

'For the model predicting **access to bathrooms and other facilities**, being a person of color, age squared, disability status, having a bachelor's degree, and urbanicity were all significant predictors of whether a person was prohibited from accessing appropriate bathrooms or other facilities on a school campus due to being transgender or gender non-conforming.'

-> check methods if citing, this was only skimmed before.

Bakko M. The Effect of Survival Economy Participation on Transgender Experiences of Service Provider Discrimination. Sexuality Research & Social Policy: Journal of NSRC 2019 09;16(3):268-277

This study determines how transgender involvement in survival economies, namely sex work and drug sales, affects transgender experiences of service provider discrimination, in comparison to discrimination experienced by transgender people not involved in survival economies. It utilizes cross-sectional data from the 2008–2009 National Transgender Discrimination Survey (NTDS). Multivariate logistic regression is conducted on the sample (n = 4927) to determine the strength of association. Logistic regression sub-analysis is used to compare discrimination across different service provider contexts. Compared to those not participating in survival economies, participating in sex work has almost three times greater odds (OR 2.83, CI 2.20–3.63), and those participating in drug sales have approximately 1.5 greater odds (OR 1.52, CI 1.16–1.99), of experiencing discrimination from service providers. Participation in survival economies is a significant predictor of a transgender person's increased likelihood of experiencing service provider discrimination. Findings suggest that service providers must attend to the specificity of transgender experiences in survival economies. Harm reduction is offered as a suitable intervention approach. ABSTRACT FROM AUTHOR];

http://search.ebscohost.com/login.aspx?direct=true&db=sxi&AN=137819902&site=eds-live&custid=s2198163&authtype=uid&user=scotland&password=Sc0tgovlib*.

Blair KL, Hoskin RA. Transgender exclusion from the world of dating: Patterns of acceptance and rejection of hypothetical trans dating partners as a function of sexual and gender identity. Journal of Social & Personal Relationships 2019 07;36(7):2074-2095

The current study sought to describe the demographic characteristics of individuals who are willing to consider a transgender individual as a potential dating partner. Participants (N = 958) from a larger study on relationship decision-making processes were asked to select all potential genders that they would consider dating if ever seeking a future romantic partner. The options provided included cisgender men, cisgender women, trans men, trans women, and genderqueer individuals. Across a sample of heterosexual, lesbian, gay, bisexual, queer, and trans individuals, 87.5% indicated that they would not consider dating a trans person, with cisgender heterosexual men and women being most likely to exclude trans persons from their potential dating pool. Individuals identifying as bisexual, queer, trans, or non-binary were most likely to indicate a willingness to date a trans person. However, even among those willing to date trans persons, a pattern of masculine privileging and transfeminine exclusion appeared, such that participants were disproportionately willing to date trans men, but not trans women, even if doing so was counter to their self-identified sexual and gender identity (e.g., a lesbian dating a trans man but not a trans woman). The results are discussed within the context of the implications for trans persons seeking romantic relationships and the pervasiveness of cisgenderism and transmisogyny. ABSTRACT FROM AUTHOR];
http://search.ebscohost.com/login.aspx?direct=true&db=asn&AN=136731831&site=eds-live&custid=s2198163&authtype=uid&user=scotland&password=Sc0tgovlib*.

Browne K, Lim J. Trans lives in the 'gay capital of the UK'. Gender, Place & Culture: A Journal of Feminist Geography 2010 10;17(5):615-633

Recent geographical interventions have begun to question the power relations among lesbian, gay, bisexual and trans people, challenging assumptions that LGBT communities have homogeneous needs or are not characterised by hierarchies of power. Such interventions have included examinations of LGBT scenes as sites of exclusion for trans people. This article augments academic explorations of trans lives by focusing on 'the gay capital' of the UK, Brighton & Hove, a city that is notably absent from academic discussions of gay urbanities in the UK, despite its wider acclaim. The article draws upon Count Me In Too (CMIT), a participatory action research project that seeks to progress social change for LGBT people in Brighton & Hove. Rather than focusing on LGBT scenes, the article addresses broader experiences of the city, including those relating to the city as a political entity that

seeks to be 'LGBT inclusive' and those relating to the geographies of medical 'treatment' that relocate trans people outside the boundaries of the city, specifically to the gender identity clinic at Charing Cross Hospital in London. It argues that trans lives are both excluded from and inextricably linked to geographical imaginings of the 'gay capital', including LGBT spaces, scenes and activism, such that complex sexual and gender solidarities are simultaneously created and contested. In this way, the article recognises the paradoxes of the hopes and solidarities that co-exist - and should be held in tension - with experiences of marginalisation. ABSTRACT FROM AUTHOR]; Copyright of Gender, Place & Culture: A Journal of Feminist Geography is the property of Routledge and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)
http://search.ebscohost.com/login.aspx?direct=true&db=sxi&AN=53079296&site=eds-live&custid=s2198163&authtype=uid&user=scotland&password=Sc0tgovlib*.

Moore A. Shaping the service to fit the person. Nursing Standard 2011 02/02;25(22):20-22

Alison Moore uncovers services that are taking steps to improve care for lesbian, gay, bisexual and trans people. ABSTRACT FROM AUTHOR]; Copyright of Nursing Standard is the property of RNCi and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use. This abstract may be abridged. No warranty is given about the accuracy of the copy. Users should refer to the original published version of the material for the full abstract. (Copyright applies to all Abstracts.)
http://search.ebscohost.com/login.aspx?direct=true&db=asn&AN=58094198&site=eds-live&custid=s2198163&authtype=uid&user=scotland&password=Sc0tgovlib*.

Prock KA, Kennedy AC. Federally-funded transitional living programs and services for LGBTQ-identified homeless youth: A profile in unmet need. Children and Youth Services Review 2017;83:17-24

Adolescents who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ) are overrepresented among runaway and homeless youth (RHY) and experience increased rates of sexual victimization, mental health issues, and substance use in comparison to their heterosexual and cisgender peers. Additionally, some sexual minority homeless youth experience discrimination in RHY programs, indicating the importance of services tailored to their specific needs. However, we know very little about the availability of these services, particularly in transitional living programs (TLPs). This exploratory study examines the services offered by the Family and Youth Services Bureau-funded TLPs in the United States—including LGBTQ-specific services—and examines the differences between programs that offer these specific services and those that do not. Participants (N=124 programs) completed a survey by phone or email about their program characteristics and services; we supplemented the survey with an analysis of content on programs' websites and Facebook pages, including program descriptions, service availability, and LGBTQ-related content. Fewer than half (43.5%) of the participants reported offering LGBTQ-specific services; information regarding these services was

minimally present on the agency's websites (20.2%) or Facebook pages (5.3%). These programs were more likely to be located on the West Coast or in the Northeast region, and more likely to offer counseling, support groups, and recreation or youth development activities. Our findings add to the limited body of knowledge regarding service provision in TLPs, and indicate high unmet need among this vulnerable population. We conclude with implications for social work research, policy and practice.
http://search.ebscohost.com/login.aspx?direct=true&db=edselp&AN=S0190740917307211&site=eds-live&custid=s2198163&authtype=uid&user=scotland&password=Sc0tgovlib*

Brennan J. Syndemic Theory and HIV-Related Risk Among Young Transgender Women: The Role of Multiple, Co-Occurring Health Problems and Social Marginalization. Am.J.Public Health 2012;102(9):1751-1758

Objectives. We assessed whether multiple psychosocial factors are additive in their relationship to sexual risk behavior and self-reported HIV status (i.e., can be characterized as a syndemic) among young transgender women and the relationship of indicators of social marginalization to psychosocial factors. Methods. Participants (n = 151) were aged 15 to 24 years and lived in Chicago or Los Angeles. We collected data on psychosocial factors (low self-esteem, polysubstance use, victimization related to transgender identity, and intimate partner violence) and social marginalization indicators (history of commercial sex work, homelessness, and incarceration) through an interviewer-administered survey. Results. Syndemic factors were positively and additively related to sexual risk behavior and self-reported HIV infection. In addition, our syndemic index was significantly related to 2 indicators of social marginalization: a history of sex work and previous incarceration. Conclusions. These findings provide evidence for a syndemic of co-occurring psychosocial and health problems in young transgender women, taking place in a context of social marginalization.
Health Business Elite; Health Business Elite.

Fredriksen-Goldsen K, Kim H, Bryan AEB, Shiu C, Emlet CA. The Cascading Effects of Marginalization and Pathways of Resilience in Attaining Good Health Among LGBT Older Adults. Gerontologist 2017;57:S72-S83.

http://eds.a.ebscohost.com/eds/detail/detail?vid=4&sid=81c6b479-22f9-45bd-8ca5-4dbb28c8eef6%40sdc-v-sessmgr03&bdata=JnNpdGU9ZWRzLWxpdmU%3d#AN=120757807&db=sxi

Gledhill C. Queering State Crime Theory: The State, Civil Society and Marginalization. Crit Crim 2014;22(1):127-138

This article argues that criminology desperately needs to look at the ways in which states marginalize and persecute lesbian, gay, bisexual, trans* and queer (LGBTQ) identities. It critically examines the ways in which states reproduce hegemonic dictates that privilege those who adhere to gendered heterosexual norms

over all others. This article further considers how the application of state crime theories, in particular Michalowski's (State crime in the global age, pp. 13–30, Devon, Willan, 2010) tripartite framework, might further foreground the responsibility of the state in protecting LGBTQ identities. Examples of how this framework could be applied are given, with the case study of criminalization of same sex relations being focused on in depth. The article concludes by positing four key points to be considered in any analysis that attempts to critique the role of the state in the perpetuation of heterosexual hegemony.

Logie C, James L, Tharao W, Loutfy M. "We don't exist": a qualitative study of marginalization experienced by HIV-positive lesbian, bisexual, queer and transgender women in Toronto, Canada. Journal Of The International Aids Society; J.Int.AIDS Soc. 2012;15(2).

Lombard N. The Routledge handbook of gender and violence. First Edition.. ed.: New York : Routledge; 2017
44NHSS ALMA; 44NHSS ALMA.

Mankowski M. Aging LGBT Military Service Members and Veterans. Annu.Rev.Gerontol.Geriatr. 2017;37(1):111-IX

The purpose of this chapter is to highlight the experiences and needs of aging sexual and gender minority (SGM) veterans. Significant demographic changes in the composition of aging military veterans have taken place. Most noticeably since the repeal of "don't ask, don't tell" attention has been drawn to this population of older veterans and their specific mental, physical, and psychosocial health care needs. Recent policy, program, and research initiatives have begun to address the significant health disparities of this population of older adults. SGM veterans are more likely to report higher rates of sexual harassment and sexual assault, and are more vulnerable to homelessness and unemployment when compared to the general population of older lesbian, gay, bisexual, and transgender (LGBT) adults. Aging SGM veterans may also carry a heavy burden as a result of their experiences as service members and may be reticent to disclose their sexual identity with formal veteran service programs. Access to and utilization of social care networks and social support for SGM aging veterans is a serious concern. Isolation, poorer health outcomes, and increased chronic health conditions may exacerbate the marginalization this older adult population has experienced. A majority of SGM veterans will utilize community-based services, and it is essential that all health care professionals understand the unique needs of this cohort of older adults. Future directions for research, policy, education, and service delivery are explored.

Gehi PS, Arkles G. Unraveling Injustice: Race and Class Impact of Medicaid Exclusions of Transition-Related Health Care for Transgender People. Sexuality Research and Social Policy: Journal of NSRC 2007 December 2007;4(4):7-35

This article explores how Medicaid policies excluding or limiting coverage for transition-related health care for transgender people reproduce hierarchies of race and class. In many legal contexts, a medical model informs views of transgender experience(s), often requiring proof of specific types of surgery prior to legal recognition of transgender people's identity and rights. Simultaneously, state Medicaid programs disregard the medical evidence supporting the necessity of

transition-related care when considering whether to cover it. In this article, the authors analyze the contradiction between the medicalization of trans experience(s) and government's refusal to recognize the legitimacy and necessity of trans health care. The authors examine the social, economic, legal, political, medical, and mental health impact of these policies on low-income trans communities, paying particular attention to the disproportionate impact on communities of color. The authors conclude with recommendations for legal and health care systems to improve access to transition-related health care for low-income trans people. Adapted from the source document. Sociology Collection.

Pitts M, Couch M, Mulcare H, Croy S, Mitchell A. Transgender people in Australia and New Zealand: health, well-being and access to health services. Feminism and psychology 2009 Nov 2009;19(4):475-495

This research had its beginnings in an act of trans activism, including a campaign by a number of trans organizations advocating the need for research dealing with health, well-being and access to health services in relation to this population. This study set out to recruit the broadest possible community sample by using a range of recruitment techniques and an online survey. In total, 253 respondents completed the survey. Of these, 229 were from Australia (90.5%) and 24 (9.5%) were from New Zealand. Respondents rated their health on a five-point scale; the majority of the sample rated their health as 'good' or 'very good'. On the SF36 scale, respondents had poorer health ratings than the general population in Australia and New Zealand. Respondents reported rates of depression much higher than those found in the general Australian population, with assigned males being twice as likely to experience depression as assigned females. Respondents who had experienced greater discrimination were more likely to report being currently depressed. Respondents were asked about their best and worst experiences with a health practitioner or health service in relation to being trans. They contrasted encounters where they felt accepted and supported by their practitioners with others where they were met with hostility. Reprinted by permission of Sage Publications Ltd International Bibliography of the Social Sciences (IBSS).

Samudzi Z, Mannell J. Cisgender male and transgender female sex workers in South Africa: gender variant identities and narratives of exclusion. Culture, health and sexuality 2016 0, 2016;18(1):1

Sex workers are often perceived as possessing 'deviant' identities, contributing to their exclusion from health services. The literature on sex worker identities in relation to health has focused primarily on cisgender female sex workers as the 'carriers of disease', obscuring the experiences of cisgender male and transgender sex workers and the complexities their gender identities bring to understandings of stigma and exclusion. To address this gap, this study draws on 21 interviews with cisgender male and transgender female sex workers receiving services from the Sex Workers Education and Advocacy Taskforce in Cape Town, South Africa. Our findings suggest that the social identities imposed upon sex workers contribute to their exclusion from public, private, discursive and geographic spaces. While many transgender female sex workers described their identities using positive and empowered language, cisgender male sex workers frequently expressed shame and internalised stigma related to identities, which could be described as 'less than masculine'. While many of those interviewed felt empowered by positive identities as transgender women, sex workers and sex worker-advocates, disempowerment and

vulnerability were also linked to inappropriately masculinised and feminised identities. Understanding the links between gender identities and social exclusion is crucial to creating effective health interventions for both cisgender men and transgender women in sex work. Reprinted by permission of Taylor & Francis Ltd International Bibliography of the Social Sciences (IBSS).

Valenti K, Katz A. Needs and Perceptions of LGBTQ Caregivers: The Challenges of Services and Support. J.Gay Lesbian Soc.Serv. 2014;26(1):70

Increasing attention has been paid to the lack of services and support afforded older lesbian, gay, bisexual, transgender, and queer (LGBTQ) women in same-sex relationships, including caregivers. This study was designed to investigate the needs and perceptions of LGBTQ women from ages 35 to 91, including informal caregivers and older adults regarding services and support from health care providers. Questionnaires were completed by older LGBTQ women (N = 76), and follow-up interviews were conducted with 25% of caregiver respondents. The majority of subjects indicated a fear of future challenges and discrimination. Four main themes emerged when analyzing the open-ended responses: the need for health care workers who were both supportive and knowledgeable about LGBTQ issues; better and consistent recognition of same-sex partners and their rights to make decisions as primary caregivers; increased sensitivity training regarding the needs of LGBTQ patients and caregivers; and more open and accepting environments where LGBTQ patients and caregivers could feel comfortable discussing issues with the staff. [PUBLICATION ABSTRACT] Sociology Collection

Esther L. Wang. Transgender persons seeking services: Barriers, supportive factors, and suggestions for practitioners

Although trans gender persons comprise a relatively small percentage of the population, as a group, they experience elevated levels of discrimination as well as disparities in health and mental health. This study examined the experiences of adult transgender individuals who have sought social services, mental health services, and medical care and who live in southern California. This study also explored the suggestions transgender people themselves have for service providers on how to best deliver culturally competent care. Fifteen face-to-face interviews were conducted with transgender individuals using open-ended questions. Grounded theory was used to identify common themes. These themes were organized into four categories: experience summary, negative experiences, methods of coping, and suggestions for allies and peers. Copies of dissertations may be obtained by addressing your request to ProQuest, 789 E. Eisenhower Parkway, P.O. Box 1346, Ann Arbor, MI 48106-1346. Telephone 1-800-521-3042; e-mail: disspub@umi.com Sociology Collection.

From UK Parliament report:
'The EHRC further told us about the GMC's role as a professional regulator in addressing cases of alleged inappropriate practice (including transphobic attitudes and behaviour), on the part of doctors:

> 'Following a survey of problems with healthcare services, resulting in 98 complaints, a dossier of 39 cases warranting further investigation was submitted to the General Medical Council (GMC) in 2013. Those cases involved allegations of sexual abuse, physical abuse, verbal abuse,

inappropriate and sometimes damaging treatment, treatment withheld, threats of withholding treatment, poor administration, and acting against patients' best interests.'

There is a strong perception in the trans community that the GMC failed in its duty to take these complaints seriously; and it was suggested to us that the Council needed to change its processes accordingly. The GMC explained to us that of the 98 cases that were initially brought to its attention, 42 involved allegations which appeared potentially serious enough to warrant further investigation and the complainants were invited to complain direct to the GMC. Any complaints that were made as a result of this would have been passed direct to the GMC's triage department and so it is not possible to track all complaints from this group in isolation from others.'

-> 189 Equality and Human Rights Commission (TRA 078) 190 Professor Zoë Playdon (TRA 098); cf. The Heroines of My Life, "Interview with Helen Belcher" accessed 1 December 2015

-> also includes evidence on long NHS waiting times

"Nearly half of young transgender people have attempted suicide – UK survey", Guardian, 19 November 2014.

The EHRC told us: Research indicates that 91% of trans boys and 66% of trans girls experience harassment or bullying at school, leading to depression, isolation and a desire to leave education as early as possible. This is a higher rate of discrimination than that faced by young lesbian and gay students. This poor treatment at school has a knock-on effect on their mental health, attendance and ability to learn. Many gender-variant children report hiding their identity, to the detriment of their self-esteem, and leaving school as soon as possible to escape the bullying and harassment that they faced.

One in three trans students experience at least one form of bullying or harassment on campus. Research by the National Union of Students (NUS) found that trans students were twice as likely as LGB students to have experienced harassment, threats or intimidations, and physical assault on campus.

->
http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/women-and-equalities-committee/transgender-equality/written/19608.pdf

- Scottish Trans Mental Health Study

- the 2015 US Transgender survey found that 47% of transgender people are sexually assaulted at some point in their lifetime

- the Scottish Trans Mental Health Study found that 14% of transgender people had been sexually assaulted, 6% raped and 38% sexually harassed *because* of their transgender identity (2012)

- 'While sample sizes were admittedly small, Amy Roch and colleagues (2010) found that 80% of the transgender people surveyed had experienced domestic abuse, with the most common type being emotional abuse directly

linked to their gender identity and transition (Roch, A, Ritchie,G, and James, M (2010) *Out of Sight, Out of Mind: Transgender people's experiences of domestic abuse*, LGBT Youth Scotland and the EqualityNetwork, Edinburgh.).

- 'In the last 12 months alone, 7.5 per cent of women have experienced domestic violence (Office for National Statistics, 2017). Trans women are at heightened risk: Stonewall and YouGov's 2018 research, LGBT in Britain: Home and Communities (2018), found that in the same period, 16 per cent had experienced domestic abuse from a partner.'

- SafeLives' 2018 Guidance for Multi-Agency Forums: LGBT+ People – some of the specific forms of domestic abuse that trans people can face

- Out of Sight, Out of Mind?, 2011 research by the Scottish Transgender Alliance and the LGBT Domestic Abuse Project, identified specific barriers to support among trans survivors, and found that one in four survivors (24 per cent) told no one about the domestic abuse that they had experienced.

- In 2014, the Welsh Government commissioned NatCen to produce research on the barriers faced by LGBT people in accessing domestic and sexual violence services

- Legal gender recognition has particular significance for trans populations. Without a passport or birth certificate which confirms their lived gender, trans persons may be unable to access basic rights and services, including public transportation, postal services and even marriage (United Nations Development Programme (2013) *Transgender Health and Human Rights.* New York: UNDP. : 21-23).

- Herman JL (2013) Gendered Restrooms and Minority Stress: The Public Regulation of Gender and its Impact on Transgender People's Lives. *Journal of Public Management and Social Policy* 19(1): 65.
  -> 'Where the law prohibits trans access to single-gender facilities, trans individuals must reveal their birth-assigned gender and expose themselves to the risk of transphobic abuse. Recent evidence suggests that up to 70% of trans individuals have experienced 'denied access, verbal harassment, and/or physical assault when trying to access or while using gendered public restrooms' (Herman, 2013: 77). Transphobia in segregated-spaces can significantly decrease life quality, precipitating 'absences from work and school', 'choosing to not participate in public life' and 'avoiding particular places or events' (Herman, 2013: 77).'

- National survey of transgender people in North America, which found an increased risk for suicide among transgender people who had experienced DVA compared with those who had not. Other increased risks were noted for those transgender people who experienced
  DVA, specifically an increased likelihood of homelessness, substance abuse and engagement in sex work. -> Grant, J. M., Mottet, L., Tanis, J. E., Harrison, J., Herman, J. and Keisling, M. (2011) Injustice at Every Turn: A Report of the National Transgender Discrimination Survey, Washington, National Center for Transgender Equality.

- Along with same-sex attracted men, same-sex attracted women and transgender women are identified as particularly vulnerable both because of their higher rate of drug use and their vulnerability to psychological distress : Marel, C., Mills, K., Gournay, K., Deady, M., Kay-Lambkin, Baker, A., & Teesson, M. (2016). Guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (2nd ed.). Sydney: Centre of Research Excellence in Mental Health and Substance Use, National Drug and N. Thomas, M. Bull *International Journal of Drug Policy 56 (2018) 30–39* 38 Alcohol Research Centre, University of New South Wales.

- Battered LGBTs are more likely than their heterosexual counterparts to be arrested during domestic disputes, and dual arrests (i.e., arrest of both partners) are 30 times more likely in same-sex partnerships than in those involving a male perpetrator and female survivor (Hirschel, D., Buzawa, E., Pattavina, A., Faggiani, D., & Reuland, M. (2007). *Explaining the prevalence, context, and consequences of dual arrest in intimate partner cases: Final report*. Rockville, MD: National Institute of Justice, U.S. Department of Justice.).