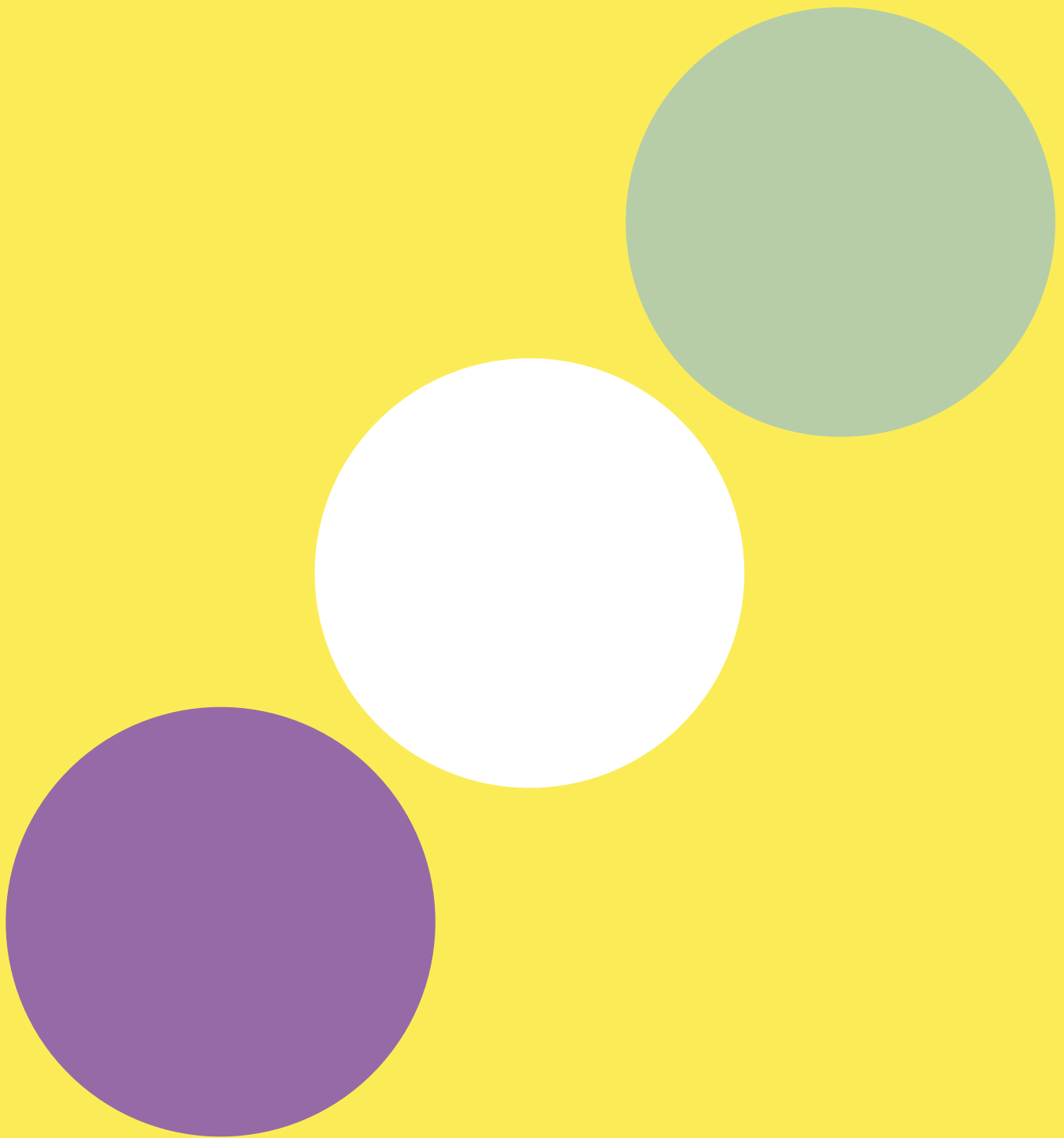
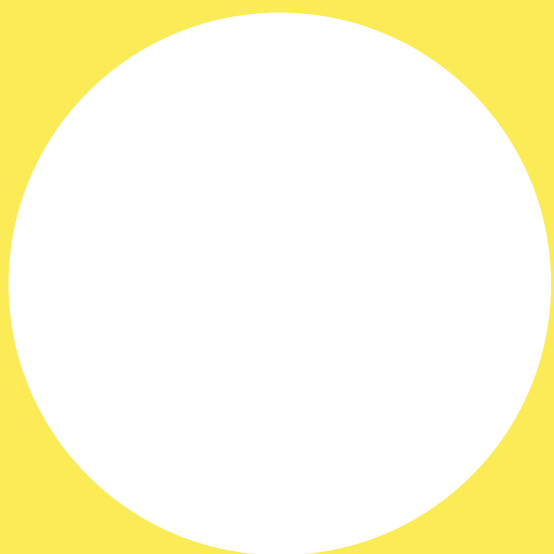


Non-binary people's experiences of using UK gender identity clinics



Scottish
Trans

Equality
Network



Author

Vic Valentine

Policy Officer

Scottish Trans Alliance

CONTENTS

Introduction	4
Methodology	5
Gender identity services	7
Using gender identity services	7
Do you feel comfortable sharing your non-binary identity?	8
Always and usually	8
Sometimes and never	10
Problems getting what you needed	12
Yes and maybe	12
No	14
Being pressurised to do things you didn't want to	14
Yes and unsure	15
Intersectional identities	18
Disability	18
Sexual orientation	19
Age	20
Other things that people mentioned were:	20
Other thoughts about gender identity services	21
Negative experiences	21
Positive experiences	22
Conclusion and recommendations	23
Policy & protocol	24
Increased knowledge and understanding of non-binary people	24
Remove gender stereotypes	25
Assumptions	25
Accessibility and disability	26
Intersections	26
Names and pronouns	26
Glossary	27

INTRODUCTION

This mini-report details the findings of a survey run for non-binary people by the Scottish Trans Alliance over the course of nine weeks from 15th July - 16th September 2015. The survey was open to anyone in the UK who identified as non-binary, which for the purpose of this survey was defined as:

“identifying as either having a gender which is in-between or beyond the two categories ‘man’ and ‘woman’, as fluctuating between ‘man’ and ‘woman’, or as having no gender, either permanently or some of the time.”

The survey focused on three main areas; experiences of using services, experiences of employment, and views on legal gender recognition. This mini-report focuses on the section about experiences of using gender identity clinics (GICs) during the last two years in the UK.

There is a lack of existing research into the experiences and views of non-binary people as a distinct group. Although research engaging with trans people has often been inclusive of non-binary people, this survey was intended to investigate their specific needs and views. In particular, there is much less visibility and awareness of non-binary trans people in the general public compared to binary trans people, and non-binary people are not protected to the same extent by UK legislation. As a result, we considered this survey important in researching whether there are specific problems and difficulties for this population.

During the period when the survey was open, a response to a petition to reform the Gender Recognition Act 2004 sent to the UK Parliament reached over 30,000 signatures¹. A response was issued by the Ministry of Justice, that amongst other things, directly made reference to non-binary people:

“Non-binary gender is not recognised in UK law. Under the law of the United Kingdom, individuals are considered by the state to be of the gender that is registered on their birth certificate, either male or female.

“Under the Gender Recognition Act, the Gender Recognitions Panel is only able to grant a certificate to enable the applicant to become either male or female. The Panel has no power to issue a certificate indicating a non-binary gender.

“The Equality Act 2010 protects people from discrimination if it arises from their being perceived as either male or female. We recognise that a very small number of people consider themselves to be of neither gender. We are not aware that that results in any specific detriment, and it is not Government policy to identify such people for the purpose of issuing non-gender-specific official documents.”²

The Ministry of Justice response highlighted further that there is a lack of evidence for whether non-binary people face “specific detriment” due to their identities, particularly in relation to existing protections, or lack of protections, in current legislation. This mini-report will provide a starting point in improving this gap in existing knowledge, and explore some of the particular ways that non-binary people in the UK face specific detriment when accessing GICs.

METHODOLOGY

A survey method was decided on as a suitable way of reaching a large number of people. The survey was designed over the course of a number of redraftings, and focuses on areas that we know anecdotally to be important to non-binary people through the Scottish Trans Alliance’s ongoing engagement work. A last draft of the survey was tested by eight non-binary people unconnected to the organisation, and final revisions made based on their recommendations.

2. <https://petition.parliament.uk/petitions/104639>

The survey was available to complete online, and was hosted on SurveyMonkey. It was publicised extensively via our social media platforms, website and mailing lists. Flyers were also handed out at major events during the time the survey was open, including Pride Glasgow, Free Pride Glasgow, and Trans* Pride Brighton. We also reached out to other organisations across the UK (such as trans groups, LGBT+ community groups and third sector organisations) to ask them to publicise the survey, and relied on word of mouth from many social media users to disseminate it as widely as possible. The survey was available in a paper format, although no participants contacted us to request this version.

This mini-report focuses only on the section of the survey that asked about experiences of using UK GICs. The entire survey had 895 valid respondents. 254 of these respondents had used GICs, with 224 respondents having attended a GIC in the last two years. The findings of this mini-report focus on these 224 respondents. You can read the complete report at www.scottishtrans.org/non-binary.

The report presents all quantitative findings as percentages, in order to make them as accessible as possible. Figures quoted in the text are sometimes rounded to the nearest percent, so this means in some cases numbers may not total 100. Many of the quantitative findings are expanded on using the qualitative responses of participants. We have aimed to include as many direct quotes as possible (although spelling mistakes have been corrected for ease of reading), to ensure that the voices of participants are highlighted. Qualitative questions were analysed using narrative analysis, and grouped into common themes where possible.

GENDER IDENTITY SERVICES

USING GENDER IDENTITY SERVICES

895 respondents took part in our survey about non-binary people's experiences in the UK. One section of the survey focused on respondents' experiences of using UK GICs. Of the 895 people who took part in the survey, 31% were currently using or had ever used gender identity services (n 802).

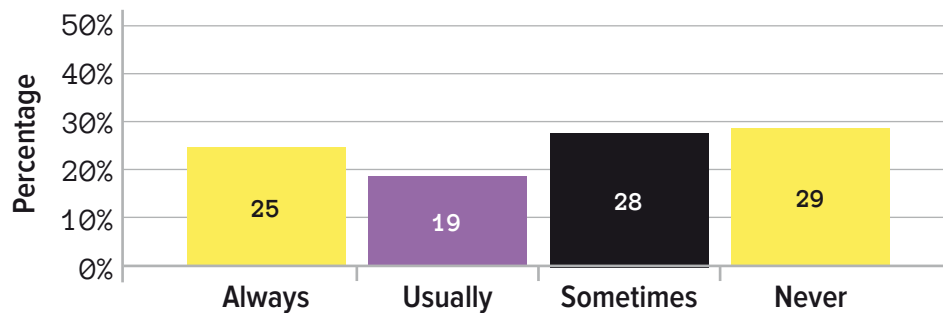
Table 1: When did you use these services?

	Frequency	Percent of Respondents
Within the last year	189	74.4%
1-2 years ago	35	13.8%
2-5 years ago	16	6.3%
More than 5 years ago	14	5.5%

224 respondents had used gender identity services within the last two years. The following questions about experiences of using gender identity services are taken from these respondents, as services are more likely to be persuaded to make changes based on experiences that have happened during this period.

DO YOU FEEL COMFORTABLE SHARING YOUR NON-BINARY IDENTITY?

Table 2: Do/did you feel comfortable sharing your non-binary identity when using gender identity services?



As can be seen from Table 2, there were mixed feelings amongst respondents about whether they felt comfortable to share their non-binary identity, with 25% saying ‘always’, 19% saying ‘usually’, 28% saying ‘sometimes’, and 29% saying ‘never’ (n 221). Although this is quite an even spread of responses, these results still indicate that over half of participants did not feel comfortable sharing their non-binary identity the majority of the time.

This question allowed people to write greater detail about whether or not they felt comfortable being out as non-binary whilst accessing gender identity services. 127 participants left additional comments.

Always and usually

44% of respondents who had used gender identity services in the last two years ‘always’ or ‘usually’ felt comfortable sharing their non-binary identity (n 221). There was a mixture of positive and negative experiences explained by respondents who had shared their non-binary identity with the GIC.

Nine respondents talked about negative experiences they had due to sharing their non-binary identity with gender identity services:

“There is one doctor at my GIC who repeatedly misgenders me in paperwork despite my requesting gender neutral pronouns and language in writing twice and in person twice. I do not feel that he accepts my non-binary identity, or even believes it exists... I am afraid to formally complain even though I’ve had all my surgeries and the only thing left is voice therapy and dysphoria counselling.”

“It makes things more complex as even gender identity therapists aren’t very well versed in non-binary gender, but I make no secret of my identity.”

“Sometimes I regret disclosing it because it limits what treatment is available for me.”

Eight respondents talked explicitly about positive experiences they had with gender identity services when sharing their non-binary identity:

“When I first accessed the gender identity clinic I was presenting androgynous and was unsure of whether or not I even had gender dysphoria and if I was possibly a trans woman. I certainly did not feel male. It was my doctor who first suggested that perhaps a more non-binary identity might be more applicable to me and I am hugely grateful for this discussion since I would have made a miserable and unhappy trans woman! Without the doctor knowing about non-binary identities I would not have found increased comfort with my gender, expression and presentation. At no point in using gender identity services have I felt mistreated or misunderstood for being non-binary and in fact the opposite is true. I feel the staff do an absolutely wonderful job and the work of the doctors is exemplary.”

“At my last appointment at the GIC (March) I spoke about having a non-binary gender fluid identity, they were perfectly fine with this. I am a clinician (psychologist) and an academic and work in this field, thus I am able to use language in such a way that positions me in a particular way. My worry would be that some people do not have this privilege and may sometimes come across to professionals as ‘confused’.”

“The therapists and doctor I saw at the clinic were entirely fine with my identity – although I’m lucky as a non-binary trans person, in that I wanted a straightforward MtF physical transition.”

Sometimes and never

56% of respondents who had used gender identity services in the last two years ‘sometimes’ or ‘never’ felt comfortable sharing their non-binary identity (n 221).

The main reason given by respondents for not feeling comfortable in sharing their identity was that their identities would not be understood as “trans enough”, and they would subsequently be denied access to services. 23% of all respondents using gender identity services in the last two years explicitly mentioned a fear of being out as they felt they would be unable to gain access to counselling, hormones, surgery or other treatment they needed (n 211):

“Don’t want to risk (more) slow down/refusal of treatment. It is never a matter of just accessing treatment with GICs and the NHS. It is a game of politics.”

“I can access the hormones and surgery I require by presenting as a trans woman, so I feel that’s the safest way of being able to access them. It causes some difficulties in that I can’t honestly speak about my worries about transition with my gender specialist.”

“I knew my GIC wouldn’t let me have testosterone if I didn’t say I was a trans man, and that is a key part of my transition and is necessary for my mental health and easing of dysphoria. I knew they would gatekeep even more than they already did to me for being trans and autistic and having mental health issues.”

“When they only ask if you are [insert binary gender here], and they control your access to medical treatment, why would you feel comfortable telling them that they are wrong and that their understanding of gender is barely above that of the general public?”

“You would expect the gender identity services to be respectful and give the users positive experiences no matter what their gender identity, but I’ve found that they have been uneducated and disrespectful when talking to me. None of their information includes non-binary identities and I have chosen therefore to lie about my identity in order to access the healthcare I need. This should not be necessary and has probably caused me the most pain and physical/mental damage as it is very distressing for a place that should be safe for you to actually be one of the worst offenders when it comes to ignorance on the matter and discrimination because of it.”

“I know of numerous cases where non-binary people have had their treatment delayed or (more usually) completely refused when they are open about their gender identities. I was not willing to jeopardise my access to vital medical care, much as I would have preferred to be open. As for the few people who didn’t have the power to arbitrarily withhold treatment, I was afraid that they would pass on the information, or that their very basic understanding of trans people would not include non-binary people and they would use it as an excuse to stop respecting my pronouns, name etc.”

Eight respondents expressed regret that they had shared their non-binary identity with gender identity services:

“Initially, but I don’t think they really understood me as trans, or took me seriously – I stopped using them after some negative experiences.”

“When I first started, ‘transgender’ was the umbrella term available and medical professionals were starting to treat it as a synonym for transsexual. Nobody ever really got it: I was just silly enough to be comfortable sticking my neck out once upon a time.”

“It was a mistake.”

PROBLEMS GETTING WHAT YOU NEEDED

Table 3: Have you experienced any problems getting the assistance/treatment that you need from a GIC because of your non-binary identity?

	Frequency	Percent of Respondents
No	90	43.9%
Yes	58	28.3%
Maybe	57	27.8%

28% of respondents felt that they had had problems getting the assistance they needed from a GIC due to their non-binary identity, and 28% were unsure (n 205). 44% felt they hadn't had any problems getting the assistance they needed, but a number of people explained that this was because they hadn't been open about being non-binary (n 205).

This question allowed people to write greater detail about whether or not they felt they experienced problems getting the assistance/treatment they needed due to being non-binary. 104 participants left additional comments.

Yes and maybe

56% of respondents answered 'Yes' or 'Maybe' to a question asking them if they had experienced problems getting help from GICs due to their non-binary identity (n 205).

Thirteen respondents said that they had been denied treatment or been discharged from GICs due to being open about their non-binary gender identities, 6% of people answering the question (n 205):

“Currently it is looking unlikely that I can receive top surgery as I do not want to take testosterone currently.”

“I have had treatment withheld from me because I am non-binary (this was confirmed by the clinicians themselves).”

“Was discharged from NHS gender clinic for being non-binary and as such not treatable, since been treated by private clinic.”

“I have been told by a consultant that they can basically do nothing for me because ‘there isn’t any legislation or protocol’ for non-binary people.”

Twelve respondents said that they had experienced delays in their treatment due to being open about their non-binary gender identities, 5% of people answering the question (n 205):

“It took much longer to access necessary surgeries. I estimate it took a year longer than it should have to get top surgery, and I had to go through my gynaecologist for the hysterectomy referral on health grounds because the GIC refused to refer me for a hysterectomy until at least a year after my top surgery.”

“Threatening to stop my medication because of my gender identity, withholding surgery I was prepared for, asking leading questions to force me to admit I was non-binary when I went back in the closet due to fear, threatening me with a panel meeting because I was a problem patient (because of my identity), not being open or willing to understand my identity or why I needed to transition and lying about me in my medical notes to my GP.”

“I felt, in my assessment, that I was asked leading questions designed to reinforce a normative narrative of gender discomfort and treatment towards ‘realignment’ towards a binary gender. I feel my reluctance to fit within these parameters has led to my preferred treatment pathway being derailed.”

“When I did tell the second doctor that I was non-binary, I was deemed to be complicated and told I’d need a third assessment for hormones.”

Ten respondents said that they had experienced a lack of knowledge or understanding about non-binary identities from GICs – including being misgendered, and having clinicians doubt their identities. This is 5% of all respondents to this question (n 205):

“I went to my GIC stating that I identified as genderqueer and non-binary, and the doctor said I was probably just a ‘straight bloke’ (I’m assigned female at birth and pansexual).”

“I’ve only had one appointment so far, but despite what was said in the Q&A, the doctor I saw (a different one) was bloody awful about non-binary stuff. She misgendered me, saying I was a ‘typical girl’ and a ‘pretty girl’, and expressed scepticism about my identity because she thought I looked feminine. When talking specifically about top surgery, she said something about how lots of people want to have an androgynous style – like it was about fashion rather than dysphoria, and she ended the appointment by saying straight out ‘so do you want to have chest surgery – I mean, you’re not going to get it – but is that what you want?’”

No

44% of respondents said they had not had any problems getting assistance from the GIC because of their non-binary identity (n 205). The most common reason given for this was that they had not disclosed their non-binary identity, with fifteen respondents citing this as a reason – 17% of those who had not experienced problems (n 90).

BEING PRESSURISED TO DO THINGS YOU DIDN’T WANT TO

Table 4: Have you ever felt pressurised to do things you didn’t want to do (e.g. change your name, wear typical types of clothes, or undergo a particular treatment) by gender identity services?

	Frequency	Percent of Respondents
No	94	45.6%
Yes	88	42.7%
Unsure	24	11.7%

Less than half of respondents said that they had not felt pressurised to act in a certain way or do certain things by gender identity services (n 206). 43% of respondents felt that they had been pressurised in this way, with a further 12% unsure (n 206).

This question allowed people to write greater detail about whether or not they had felt pressurised by gender identity services. 74 participants left additional comments.

Yes and unsure

54% of respondents answered 'Yes' or 'Unsure' to a question asking about whether they had ever felt pressurised by GICs to do things they didn't want to (n 206).

36 respondents said that they had been directly pressured by clinicians, or felt pressured from hearing about other people's experiences, to change their gender presentation to be more typically binary. This is 17% of all respondents to this question (n 206):

“My psychiatrist asked what underwear I wear. At the time I was wearing female underwear for reasons of comfort/affordability and being low enough to sit below my stoma bag. I felt that this was irrelevant. He clearly thought it a reflection on my not being transgender enough.”

“There have been judgemental comments regarding the fact I did not bind my chest down for my appointments – both which occurred in mid-summer – as if that is representative of every day, and also not taking into account my chronic pain disorder which makes binding impossible some days due to pain. It makes me feel like staff at the services think if you are not willing to suffer to present how they want you to, you don't deserve treatment. They also only offer limited treatments – I have been told I can access hormone treatment but not surgery, and wasn't offered any further help or support to deal with my dysphoria.”

“Dress like a proper woman, sit like a woman, I was told I didn't walk like a woman.”

“Change hair, clothes etc. It was unacceptable, the changes they asked for were things I have tried in the past but did not feel comfortable with.”

“Informed me that jeans are 'too androgynous' for transwomen.”

“I’ve been told I should walk differently, hold a different posture, get speech therapy and dress differently.”

“I always get my hair cut before a GIC appointment so that I have what I refer to as a ‘boring straight man haircut’ and I wear my most typical male straight-passing clothes. This has, sadly, been very effective so far!”

“Clinicians comment on how my appearance could be more feminine at every appointment.”

Nineteen respondents said that they had felt pressured to change their name in order to access treatments – 9% of those answering the question (n 206). In particular, people mentioned issues around their names being perceived as too neutral by GICs, rather than ones you would associate with men or women:

“Whilst I did want to change my name, and had been using my new name informally for about a year already, I feel I was rushed into the legal name change by this bureaucratic hurdle. The result is that I regret not choosing a middle name, but don’t want to go through all the work of notifying organisations all over again.”

“Legally changing my name pretty quickly, having a more feminine middle name than I would have otherwise chosen.”

“I’ve been asked why the name I changed to was unisex, and why I didn’t have a ‘male’ name, with the implication that I might be considered insufficiently committed to transition because of this.”

Thirteen respondents mentioned the problems they had with fulfilling the requirements of the GICs ‘Real Life Experience’ – particularly as they were unable to live fulltime as the “opposite gender role” due to identifying as non-binary. This was 6% of those answering the question (n 206):

“I on occasion felt pressured to tell my whole family about my pronouns. In the end I lied, and just said that I wasn’t close with most of my family, just because I know that they won’t be able to adjust to neutral pronouns.”

“They refused me access to treatment if I wasn’t in full time education (which would have negatively impacted my mental health and threatened my life) or if I wasn’t living as my gender full time (again, impossible as I would’ve been assaulted).”

“In order to be assessed for hormone therapy I am expected to ‘socially transition’, i.e. to dress and tell everyone and to ‘Live Full Time’. I find these requirements confusing and they seem deliberately designed just to inconvenience trans people, and to force everyone to go along with a standard narrative.”

Thirteen respondents described feeling pressured into treatments by clinicians; either to ensure they could get access to other treatments that were considered “further down” the transition pathway, or because clinicians had made assumptions that all transitions follow similar binary paths. This is 6% of all respondents to this question (n 206):

“I have been consistently pressured towards unwanted GRS since I began attending nearly two years ago.”

“I was questioned for not presenting in a stereotypically masculine way and asking for testosterone and top surgery. They also pressured me into saying I wanted phalloplasty, even though I don’t and won’t get it.”

“I’ve been pushed towards traditional transitioning and hormone replacement, it’s been assumed that’s the way I want to go, I’ve been told that going to a GIC is the only option open to me and I can’t have chest surgery until I’ve had hormones. Since I had my chest surgery, I’ve been told repeatedly that nobody will do a revision on it until I’m on testosterone.”

“I’ve been strongly encouraged to have a hysterectomy, and get a GRC. When choosing to cease HRT, I felt I had to be careful to emphasise medical reasons for stopping, and pretend that I would otherwise wish to be on HRT, lest I be considered to be ‘detransitioning’ or ‘not really trans’.”

INTERSECTIONAL IDENTITIES

Table 5: Do/did you have negative experiences when accessing gender identity services due to other aspects of your identity (tick as many as apply)?

	Frequency	Percent of Respondents
Disability	46	24.2%
Sexual orientation	39	20.5%
Age	25	13.2%
Race / ethnicity / nationality	3	1.6%
Religion / belief	2	1.1%

The majority of respondents, 57%, felt that they had not had negative experiences due to other aspects of their identity at gender identity services (n 190). However, 24% felt they had negative experiences due to their disability – a very high rate for people engaging with a health service. 21% felt they had negative experiences due to their sexual orientation, which is also a high number for people engaging with a service that might be expected to have a greater understanding of experiences of people outside of cisnormative and heteronormative expectations.

Disability

Twelve respondents mentioned mental health, and in particular the relationship this had to their employment status, as having caused them negative experiences at GICs. This is 6% of all respondents to this question (n 190):

“I’m not able to work because of disabilities, and because I wasn’t working the person assessing my readiness to be discussed by the GIC ‘panel’ for treatment considered me to have insufficient ‘RLE’ and so vetoed my access to even have my case considered. I had no way to appeal this decision. This is despite my providing evidence that I had been earning some money renting out rooms at home under my new name. Basically, the lived experience of unemployed people is considered to be less valid, and we are considered less deserving/ready for treatment. This is the case even for people who are unable to work because of the impact of gender dysphoria on their mental health!”

“A clinician at my GIC told me that due to being unemployed (which is a result of my mental health problems) that he would not have referred me for the surgery that I had had privately. This was despite me being several years post-op and obviously happy that I had the surgery with no regrets about it.”

“I was discharged after my first consultation due to my depression, and had to go through referral again. My depression was almost entirely cured when I started HRT following my discharge; my claim to the consultant that HRT was the only thing that could stop me from committing suicide was described as unrealistic in my discharge letter.”

“My GIC are OBSESSED with service users being in employment or education, it didn’t seem to matter to them that I was unemployed because of disability, they urged me to go back into education when I protested.”

People also mentioned the physical accessibility of GICS:

“Lack of gender identity services in Wales means travelling to London (for either private or NHS consultation) which is excessively exhausting for someone with ME/CFS.”

“My last appointment with the surgeon was up several flights of stairs, despite the fact that I cannot walk, and I had to crawl.”

Sexual orientation

Fourteen respondents gave further details on negative experiences they had due to their sexual orientation:

“And, of course, that I can’t self-describe as bisexual (an already extremely simplified explanation of my sexuality/lack-of) because I hadn’t had sex with women. Despite repeated corrections, I was always described by the GIC as ‘gay’ or ‘homosexual’.”

“You can’t be a transman, you’re not straight.”

“Refused to record my sexual orientation as pansexual and instead listed as bisexual.”

“I felt the service had a poor understanding of asexuality and dismissed my feelings of isolation and depression surrounding it.”

Age

Twelve respondents gave more detail of their negative experiences with GICs due to their age:

“The psychiatrist at the screening process I had to go through to get referred to the relevant GIC felt that I was too young to ‘rush’ into making these decisions about my body (I am 16), he still referred me however.”

“I had hostility for transitioning in my late 20s (‘you can’t be trans if you didn’t do it earlier’) when I was prevented by an abusive partner.”

“At twelve, I was told ‘you’re wrong’. That’s it. I was just wrong. About my own identity. At fifteen, I was told ‘we have other things (depression) to work through first’. I was depressed because I needed to fix my body. At seventeen, I was told ‘we have no record or indications of this (despite me talking about it constantly since I was at least twelve) so we’re going to assume this is some kind of phase’. I’m twenty-seven. I’ve only just been told the GIC know I exist. Fuck the NHS.”

“The system is currently loaded against older people in the sense that you can currently get funding for laser hair removal, but not for electrolysis – which is no help if your facial hair is grey! Of course, this also discriminates against red/blond haired people, and darker skinned people who can’t use laser either.”

“They told my mum it could be a phase when I came out (at the age of 13) because I was so young which prompted her and my father to continue using the incorrect name and pronouns for me for another nine months, causing me severe stress and pain.”

Other things that people mentioned were:

- Immigrant status
- Not being taken seriously due to being neurodivergent (i.e. being on the autism spectrum)

OTHER THOUGHTS ABOUT GENDER IDENTITY SERVICES

At the end of the section about gender identity services, we asked the question “Please tell us anything else you would like to about your experiences of accessing gender identity services as a non-binary person. These can be both positive and negative experiences” 68 participants left additional views.

Negative experiences

47% of respondents to this question mentioned negative experiences with GICs, due to a number of reasons, but these were generally all linked to the assumption made that people would have a binary identity and follow a “traditional” transition path (n 68):

“After my non-binary identity and use of gender neutral language was respected and reflected in my notes and letters for most of the process, when I was referred for a surgical procedure they felt it necessary to misgender me and present me as ‘detransitioning’ from a binary transsexual role in order justify my treatment. I not only found this upsetting and a source of dysphoria but it also caused my GP, who had previously gendered me correctly, to adopt incorrect misgendering language that I found upsetting and was then forced to correct and explain why a supposed expert in my gender was getting it wrong. The gender clinic have since apologised for this mistreatment.”

“I have felt victimised by consultants, being told in no uncertain terms that if I transition I will lose friends and loved ones and ruin my chances at employment... I’ve been told that what they can offer is severely limited (bizarrely, I can access hormone therapy but not surgery) specifically because I am non-binary.”

“I wish I could be honest about who I am and still get the treatment that I need. I find lying really difficult, especially after going through the huge process of coming out as trans to myself and everyone I know – I want to be able to live authentically in all aspects of my life.”

“I feel completely unable to access treatment relevant to me, I feel pressurised into jumping through hoops to ‘fit in’ in order to get treatment, professionals have frequently refused to acknowledge or respect my identity or use the correct pronouns for me. Only a few have been respectful.”

“I asked a doctor at my GIC if testosterone would make me infertile, and instead of being answered, I was asked my reason for asking – I was told my reason wasn’t trans enough and it was implied that real trans men would not want to ever carry a child, and didn’t dare say that I was non-binary to such a doctor.”

15% of respondents mentioned the long waiting times to access GICs, and the negative impact that this can have on people.

Positive experiences

21% of respondents to this question mentioned positive experiences with gender identity services (n 68):

“My experiences of accessing gender identity services as a non-binary person have only been positive. Treatment has been offered to me simply by expressing that it may help alleviate my dysphoria (and Intense Pulsed Light hair removal has – that this is offered on the Scottish NHS for trans feminine people is absolutely amazing), it has been scheduled rapidly and all communication with my GIC has gendered me correctly.”

“It was so great. They assumed I was a man but apologised and carried on as before. Same options, same understanding. On sexuality, they were spot on, too!”

“I have had a number of positive experiences and feel I should mention this here. In the time I’ve used the service I have noticed a shift away from the binary model and this is encouraging.”

CONCLUSION AND RECOMMENDATIONS

GICs provide a range of trans-specific healthcare that allow people to be more comfortable and happy in their bodies, and alleviate their gender dysphoria. This can include counselling, hormone therapy, and a number of different surgeries, as well as other interventions. Although there is often speculation that non-binary people are not interested in accessing trans-specific healthcare, 31% of our respondents had used or were using gender identity services (n 802). This demonstrates that it is important for GICs to be knowledgeable about non-binary people and to be able to provide services that accommodate their specific needs.

This mini-report has detailed the experiences of 224 non-binary people using GICs in the UK during the last two years. It has found that despite GICs perhaps being one of the institutions that would be expected to have more knowledge about the diversity of gender identity, binary expectations around gender are still common in these settings. This can pose numerous problems for non-binary people trying to access the trans-specific healthcare that they need.

Overall, although some positive experiences and good practice were acknowledged, it is clear that GICs need to improve to ensure that they are fit for purpose for non-binary people. Unacceptably high numbers of respondents reported discomfort in being open about their identity at GICs, feeling pressured to do things they didn't want to, and encountering problems because of their gender identity or gender expression.

Below is a list of key recommendations based on the findings of this mini-report on how things can be changed to improve non-binary people's experiences of using UK GICs. The Scottish Trans Alliance has also produced a companion guidance document based on the findings of the broader research with more detailed recommendations for service providers and employers.

This guidance and the full report can be found at www.scottishtrans.org/non-binary.

Non-binary specific training can be requested from the Scottish Trans Alliance.

POLICY & PROTOCOL

- Protocols should allow for flexibility in treatment options on trans healthcare pathways. This will benefit all trans patients, who will have diverse and individual requirements for which interventions they want to improve their wellbeing. For example, access to surgeries should not require that patients have undergone hormone therapy.
- Existing policy and protocol that is inclusive of non-binary people must be implemented in practice by GICs.
- NHS protocols for all four countries in the UK must make it clear that non-binary people are entitled to trans-specific healthcare.
- GICs should make public statements about how their policies and protocols are inclusive of non-binary people. This will ensure that non-binary people know what they can expect from services, and that they will be treated fairly.
- Capacity of GICs must be increased so that all trans people (including non-binary people) can be seen at a GIC within the 18 week deadline for outpatient appointments used by the NHS.

INCREASED KNOWLEDGE AND UNDERSTANDING OF NON-BINARY PEOPLE

- Clinicians should be aware of various non-binary identities. They must have enough knowledge to be understanding and respectful of the diverse ways people describe themselves and their experience of gender.

- Clinicians must be non-judgemental in their care of patients. They should offer patients the opportunity to explore and discuss their options.
- Clinicians should ensure that they read materials that specifically detail non-binary realities and experiences to increase their knowledge.
- Clinicians should continually engage with trans organisations to ensure that they have up to date information on community concerns around service provision.

REMOVE GENDER STEREOTYPES

GICs should not expect or pressure patients to adhere to gender stereotypes. Some examples of the types of things that should be avoided are:

- GICs should not expect patients to change their names to typically “masculine” or typically “feminine” names.
- GICs should not expect patients to wear certain types of clothes.
- GICs should not expect patients to wear make up.

ASSUMPTIONS

- Clinicians must not assume that all of their patients identify solely as men or solely as women.
- Clinicians must not assume the types of treatment a patient may want due to either their gender identity or their gender expression.
- Clinicians must not assume that all patients will want to follow the same treatment pathway.
- Clinicians must not make assumptions about other aspects of a patient (such as their sexual orientation) based on their gender identity or gender expression.

ACCESSIBILITY AND DISABILITY

- GICs should be physically accessible to all patients.
- It must not be a requirement for patients to be in employment or education to prove their readiness to transition.
- Mental health concerns must not prevent patients from accessing trans specific healthcare.
- Neurodiversity (i.e. being on the autism spectrum) must not prevent patients from accessing trans specific healthcare.
- There must be an increased number of GICs so that patients are not expected to travel unreasonable distances to access care.
- Clinicians must be able to adjust the way they interact with patients to ensure that information they are giving is clear, suitable, and understandable to each individual.
- Clinicians must be able to listen to patient's concerns and take them seriously whichever way they are expressed.

INTERSECTIONS

- In implementing recommendations from this mini-report, care must be taken to insure that improvements are felt equally by all non-binary people, particularly those that are members of other marginalised groups – such as non-binary people of colour and disabled non-binary people.
- More research should be done into the experiences of using GICs of non-binary people who are members of other marginalised groups.

NAMES AND PRONOUNS

- Clinicians should be respectful of people's identities, and ensure that this is reflected by the correct use of names and pronouns. GICs should be happy to use gender neutral pronouns such as 'they' 'ze' and 'per' both with patients and in correspondence about them.

GLOSSARY

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

AFAB/FAAB

Assigned female at birth/Female assigned at birth.

AMAB/MAAB

Assigned male at birth/Male assigned at birth.

Assigned sex at birth

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

Cisgender/cis

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

Cissexism

The set of norms in society that enforce ideas about the gender binary, and assumes that everyone will identify with their assigned sex at birth.

Cross-dressing person

A person who occasionally wears clothing and/or makeup and accessories that are not traditionally associated with the sex they were assigned at birth.

Gender binary

The dominant idea in Western society that there are only two genders ('man' and 'woman'), that all people are one of these two genders, and that the two are opposite.

Gender dysphoria

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

Gender expression

Refers to all of the external characteristics and behaviours that are socially defined as either masculine or feminine, such as clothing, hairstyle, make-up, mannerisms, speech patterns and social interactions.

Gender identity

Refers to how we see ourselves in regards to being a man or a woman or somewhere in between/beyond.

Gender reassignment

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

Intersex

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

Misgender/misgendering

When somebody makes incorrect assumptions about your gender or refuses to accept your gender and uses language that makes this apparent, such as pronouns or gendered language like 'sir' or 'madam'.

Non-binary person

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

Passing

Being seen or read as a certain gender. Most often, this refers to being read as the gender you identify as e.g. a trans man being read as a man. Sometimes, trans people may try and pass to avoid having to out themselves – such as a non-binary person trying to pass as either a man or woman.

Pronouns

The way someone refers to you. The most commonly used pronouns are 'she/her/hers', normally used for women, and 'he/him/his', normally used for men. Some people will use gender neutral pronouns, such as the singular 'they/them/theirs' or 'ze/hir/hirs', and some people will use a mixture of pronouns. It is not always possible to know someone's gender identity from the pronouns they use.

Transgender/trans

Equivalent inclusive umbrella terms for anyone whose gender identity or gender expression does not fully correspond with the sex they were assigned at birth. At the Scottish Trans Alliance, we use trans to refer to trans men and trans women, non-binary people, and cross-dressing people.

Transition

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

Trans man

A person who was assigned female at birth but has a male gender identity and therefore transitions to live fully as a man.

Transphobia

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

Trans woman

A person who was assigned male at birth but has a female gender identity and therefore transitions to live fully as a woman.

Large print

If you need this document in larger print or another format or language, please contact us on 0131 467 6039 or info@scottishtrans.org.

This document is available in PDF format on our website: www.scottishtrans.org/non-binary

Scottish Trans

Scottish Trans Alliance is the Equality Network project to improve gender identity and gender reassignment equality, rights and inclusion in Scotland.

30 Bernard Street

Edinburgh EH6 6PR

Telephone: +44 (0) 131 467 6039

www.scottishtrans.org

Email: info@scottishtrans.org

 **ScottishTrans**

 **[scottishtrans.org](https://www.facebook.com/scottishtrans.org)**

 **[scottishtrans](https://www.youtube.com/scottishtrans)**

Equality Network

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

www.equality-network.org

Email: en@equality-network.org

 **LGBTIScotland**

 **[equalitynetwork](https://www.facebook.com/equalitynetwork)**

 **LGBTIScotland**

Registered Scottish Charity: SC037852

Company limited by guarantee: SC220213