



INTERSECTIONS

DIVING INTO THE
FRA LGBTI II
SURVEY DATA

TRANS AND
NON-BINARY
BRIEFING

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Intersectional analysis from findings of the European Union Agency for Fundamental Rights (FRA) 2nd LGBTI survey on LGBTI people in the EU and North Macedonia and Serbia (2019)

Introduction

A significant number of people living in the EU continue to experience discrimination, inequalities and violence based on their sexual orientation, gender identity, gender expression or sex characteristics (SOGIESC). These problems undermine fundamental EU values and show how some Member States have failed to effectively protect the rights of everyone.

In 2019, the European Union Agency for Fundamental Rights (FRA) conducted the second round of the LGBTI Survey which shows how LGBTI people experience their human and fundamental rights in daily life across the EU, as well as Serbia, North Macedonia, and Albania. [1]

This briefing, and other briefings in the Intersections [2] series, seeks to elaborate on existing analysis of the FRA LGBTI Survey II, and summarises the most relevant data about the experiences of trans and non-binary people in Europe. To understand the diverse challenges faced by trans and non-binary people, we created subpopulations of trans men, trans women, and non-binary people, and compared them with all respondents to the survey.

The methodology and background information on the survey are available in Annex 1 of this briefing.

The method of data collection (through an online survey) meant that respondents needed to have access to a computer and internet, which can present a socio-economic barrier. Respondents must also have had the capacity to interact with technology, read the questions, and engage with a long questionnaire. Moreover, the way the survey was promoted through LGBTI civil society and gay online dating sites meant that people without access to such community structures are also less likely to have come across the survey.

Despite these limitations, this data set remains the largest available of trans and non-binary people in Europe and provides a valuable insight into the experiences of a large number of trans and non-binary people across the EU. That it has been and will be repeated enables useful comparisons over time.

Recommendations

Based on this analysis, ILGA-Europe and TGEU recommend that States and institutions:

- Ensure appropriate legal and policy frameworks for trans people to support trans people's full involvement in society, through:
 - Legal gender recognition procedures that are quick, transparent, accessible, based on self-determination, and have no age barriers;
 - Inclusion of gender identity and gender expression as protected grounds in anti-discrimination legislation for all areas of life and establishment and implementation of appropriate strategies to prevent discrimination in practice;
 - Inclusion of gender identity and gender expression as bias motivation in hate crime and hate speech legislation;
 - Ensuring trans people know their rights to protection and non-discrimination.
- Fund community-led initiatives that support trans people to support access to housing and employment, focusing especially on the most marginalised groups within the trans community.
- Ensure that violence and/or discrimination from service providers, healthcare staff, police, schools, and other authorities is not tolerated and implement sensitisation training programmes to this end.
- Make quality trans-specific healthcare [3] available based on informed consent and accessible through public insurance coverage. Trans-specific healthcare in the EU should transition to processes based entirely on informed consent, and ensure that it is equitable and accessible by individuals who are further marginalised by racism, poverty, sexism, ableism, xenophobia, ageism, and other forms of oppression.
- Collect high quality disaggregable [4] data about trans and non-binary communities [5]. Where surveys do include gender identity, involve marginalised groups, such as trans and non-binary people with disabilities, people of colour, and migrants, at the design, participation and analysis stages.

[3] See TGEU (2019), *Guidelines to Human Rights-based Trans-specific Healthcare*. <https://tgeu.org/guidelines-to-human-rights-based-trans-specific-healthcare/>

[4] Disaggregation of data means to separate a large data set into smaller sets based on specific characteristics of the respondents. For example, this work separated the "trans respondents" into smaller groups such as "trans people with disabilities".

[5] Refer to the European Commission's "Guidance note on the collection and use of data for LGBTIQ Equality" (2023). Available at: [Refer to the European Commission's forthcoming "Guidance note on the collection and use of data for LGBTIQ Equality"](#).

Results and Discussion

Respondents to the FRA LGBTI II Survey were asked questions about their identities and demographic information, trans-specific issues, socioeconomic status, parenthood, experiences with discrimination, violence, and harassment, and life satisfaction. In this briefing, we highlight key findings from the cross-tabulation regarding the lived experiences of trans people.

The full disaggregated data analysis is available in table form [at this link](#).

Demographic Information

The total number of respondents of the FRA LGBTI II Survey was 139,799. From those responses, 20,933 people are included in the trans respondents in this briefing (14.97%). [6]

The survey asks respondents to describe their gender identities, as Table 1 displays.

Table 1. Answers to the question “How would you describe yourself today?” [7]

	All respondents	Trans and non-binary respondents
Woman/girl	37.81%	11.75%
Man/boy	51.36%	10.37%
Trans woman/girl	1.84%	13.26%
Trans man/boy	1.90%	13.69%
Non-binary, etc.	6.22%	44.72%
Do not identify with any of these	0.86%	6.22%

[6] See Annex 1 for details on the composition of the cohort for this briefing.

[7] Note that not all trans women and girls or men and boys selected “trans woman or girl” or “trans man or boy” for their identities; many selected “woman or girl” or “man or boy”, respectively, from the options available on this question.

When asked about their sexual orientation, respondents could describe it as “gay”, “lesbian”, “bisexual”, “heterosexual/straight”, “other”, or “unknown”. While many more trans and non-binary respondents indicated that they were heterosexual or straight, the percentage is still quite low compared with other studies [8] and may indicate that straight trans people were not reached as effectively as LGBQ trans people in the survey dissemination (Table 2).

Table 2. Answers to the question “In terms of sexual orientation, we can only use a limited number of categories for our analysis. So we would like to ask you which group best matches your sexual orientation. Select the answer that best matches your sexual orientation.”

	All respondents	Trans and non-binary respondents
Don't know	0.06%	0.40%
Lesbian	19.86%	20.98%
Gay	36.96%	15.85%
Bisexual	38.90%	33.68%
Heterosexual/straight	1.59%	10.70%
Other	2.63%	18.39%

Out of all trans and non-binary respondents, 8.40% would describe themselves as intersex (compared to 2.45% of the overall LGBTI respondents), 7.67% said they considered themselves as being part of an ethnic minority (including of a migrant background)[9], compared to 7.71% of all LGBTI respondents. Likewise, 12.27% said they considered themselves as a “minority in terms of disability”, compared to 5.18% of all LGBTI respondents. In this briefing, we have used these variables to show differences in some results.

[8] See for example Justine Defreyne, Joz Motmans, and Elia Wyverkens (2018) *Being transgender in Belgium: Ten years later*. Available at: https://igvm-iefh.belgium.be/sites/default/files/118_-_being_transgender_in_belgium.pdf; and M. Paz Galupo, Shane B. Henise & Nicholas L. Mercer (2016) “The labels don’t work very well”: Transgender individuals’ conceptualisations of sexual orientation and sexual identity, *International Journal of Transgender Health*, 17:2, 93-104.

[9] The category of “part of an ethnic minority (including of a migrant background)” is used here as it was in the original survey from FRA. However, it must be noted that this category groups together distinct perspectives and experiences of migrants (who may or not be racialised) with racialised people. For more discussion on this, see TGEU’s report on this data set: Paulie Amanita Calderon-Cifuentes (2021) *Trans Discrimination in Europe. A TGEU analysis of the FRA LGBTI Survey 2019*. TGEU. Available at: <https://tgeu.org/wp-content/uploads/2021/12/TGEU-trans-discrimination-report-2021.pdf>

Openness

Overall, trans and non-binary people are somewhat less open about their SOGIESC than all LGBTI respondents. While less than a quarter of all respondents say that they are very open about being LGBTI (22.94%), only 18.38% of trans and non-binary respondents are very open.

Health status

Respondents were asked 2 questions related to their health status. Firstly, respondents ranked their health in general; where 78.46% of all LGBTI respondents described their health as “very good” or “good”, only 63.32% of trans and non-binary respondents selected these options. Respondents also were asked to indicate if they had a long-term health problem or illness; 45.65% of trans and non-binary people indicated that they did, compared to 33.66% of all LGBTI respondents.

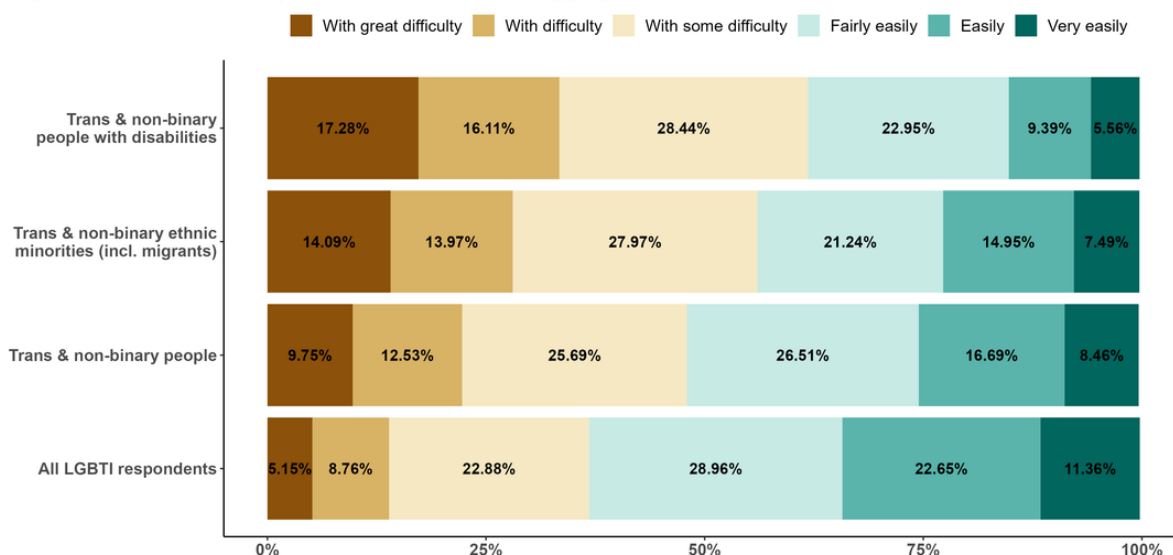
Parenthood

Trans and non-binary respondents were more likely to be parents than all LGBTI respondents (18.63% and 13.31%, respectively). However, trans and non-binary parents were more likely to not have a legal relationship with the child(ren) they raised, with 21.84% not having a legal relationship compared to 18.44% of all LGBTI respondents. Trans and non-binary people were also more likely to raise children with their partners than all LGBTI respondents (18.04% of trans and non-binary parents compared to 13.70% of all LGBTI parents).

Socioeconomic status

The survey asked respondents several questions pertaining to their socioeconomic status. When asked if their household total income met their needs, more than 1 in 5 trans and non-binary respondents said they had “difficulty” or “great difficulty” (22.28%, compared to 13.91% of all LGBTI respondents; Figure 1 [10]). This share was higher for trans and non-binary respondents from an ethnic minority (including of migrant background) (28.06%) and trans and non-binary respondents with disabilities (33.39%).

Figure 1. Household ability to make ends meet, disaggregated



Data source: European Union FRA LGBTI II Survey, Baseline N: 139,799. Trans N: 20,933. The survey asked respondents: Thinking of your household's total income, is your household able to make ends meet?

When asked about their experiences of homelessness, 25.62% of trans and non-binary people have experienced housing difficulties. This number is higher for trans and non-binary respondents with disabilities (39.11%) and trans and non-binary respondents from ethnic minorities and/or migrant backgrounds (40.20%). Most trans and non-binary people who had experiences of homelessness (79.10%) had to stay with friends or relatives, although a much higher percentage needed to stay in an emergency shelter (24.65%) or sleep outside (14.75%) than among all LGBTI respondents (19.19% and 8.41%, respectively).

Survey respondents were asked about their current employment status; trans and non-binary respondents were less likely to be in paid work (39.11% compared to 49.06% of all LGBTI respondents), more likely to be unemployed (8.34% compared to 4.78% of all LGBTI respondents), and more likely to be unable to work due to long-term health problems (5.88% compared to 2.35% of all LGBTI respondents). These differences were exacerbated to certain groups of trans and non-binary people: trans women were much more likely to be unemployed (11.67%) or unable to work due to long-term health problems (7.32%), and less likely to be students (16.19%, compared to 27.36% of trans and non-binary people and 27.92% of all LGBTI respondents). Nearly a quarter of trans and non-binary people with disabilities (23.04%) were unable to work due to long-term health problems.

Trans people and socio-economic rights

Structural discrimination that creates barriers to education and stable employment forces many trans people into cycles of poverty and homelessness that can be hard to escape. [11] Those most affected by this discrimination are (un)documented trans migrants, trans youth, and trans Black people and people of colour, who are more likely to turn to informal or criminalised settings, including sex work, to survive. The informal or criminalised nature of this work is more likely to lead to trans people in these communities getting trapped in a vicious circle of violence, precarity, poverty, and housing instability. [12]

Young trans people may experience bullying, harassment, and family or community rejection, which means they may not do as well at school as their cis peers, may not be able to complete schooling at all, or may not develop the 'hard' and 'soft' skills necessary for success in the job market.

Legal hindrances towards (or an outright inability to achieve) changing one's documents to match one's gender identity ('legal gender recognition') is also a significant factor. Constant inadvertent and undesired outing as trans when showing legal documents or graduation certificates or when filling out official forms can lead to suspicion and harassment, decisions not to hire the candidate, or decisions to apply for jobs where no graduation certificate is required. Most gender recognition procedures exclude minors, non-binary people and migrants, making it much harder for them to enter or thrive in education, training and professional careers.

Social services like employment agencies are often ignorant of trans people's specific needs and the education and re-training programmes offered to the general population are not always suitable to support trans people's entry or re-entry to the job market. Homeless shelters and other support centres may be unwelcome environments for trans people so the necessary assistance to break out of the cycle of poverty becomes inaccessible.

The cost-of-living crisis currently facing the EU, triggered by the pandemic, the war in Ukraine, and the associated rise in food and energy prices, poses a significant challenge for trans people in the Union, particularly those from the further marginalised groups mentioned above.

Life satisfaction

Respondents were asked to rank their life satisfaction on a scale from 0 to 10, with 10 being the most satisfied and 0 the least. Trans and non-binary people were less satisfied than the total population (5.55 and 6.41, respectively), and those experiencing intersectional exclusion even less so: intersex trans and non-binary people at 5.38, trans and non-binary from an ethnic minority (including migrants) 5.06, and trans people with disabilities at 4.80.

Experiences of discrimination

The survey asked respondents if they felt discriminated against for being LGBTI in several areas of life, during the last 12 months.

The survey asked respondents if they felt discriminated against **when looking for work and when at work**. The share of trans and non-binary respondents that felt discriminated against when looking for a job is 31.79% (compared to 10.17% of all LGBTI respondents). This share is much higher for trans and non-binary people with disabilities (44.73%) and trans women (43.03%). At work, trans and non-binary people were also more likely to experience discrimination (34.42% compared to 20.83% of all LGBTI respondents), with even higher rates for trans people from an ethnic minority (including migrant background) (41.08%), trans and non-binary people with disabilities (44.95%) and trans women (36.35%).

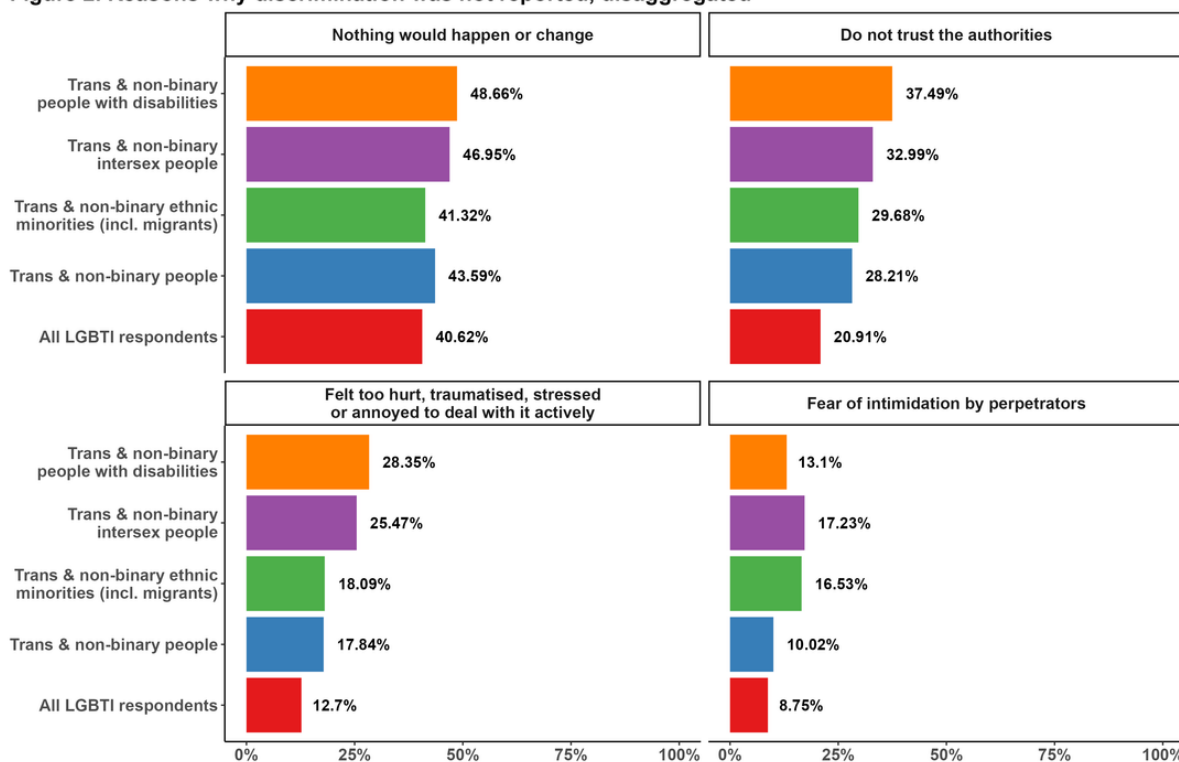
Over a third (34.43%) of trans and non-binary respondents felt discriminated against by **school or university personnel**, compared to 19.51% of all LGBTI respondents. Within this group, the share is higher for trans people with disabilities (44.05%) and non-binary intersex respondents (43.74%).

More than a quarter of trans and non-binary people felt discriminated against **when showing their ID** (25.82%, compared to 4.66% of all LGBTI respondents), and the share is highest among intersex trans and non-binary people (42.06%) and trans and non-binary people with disabilities (39.13%).

Trans and non-binary people were more likely to report this discrimination to non-governmental organisations in general or LGBTI organisations specifically than the full set of respondents (20.20% and 5.87%, respectively). When asked why an incident of discrimination was not reported, trans and non-binary people were more likely than all LGBTI respondents to indicate that they had fear of intimidation, were too hurt by the incident, did not trust authorities, or believed that nothing would happen (Figure 2) [13].

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Figure 2. Reasons why discrimination was not reported, disaggregated

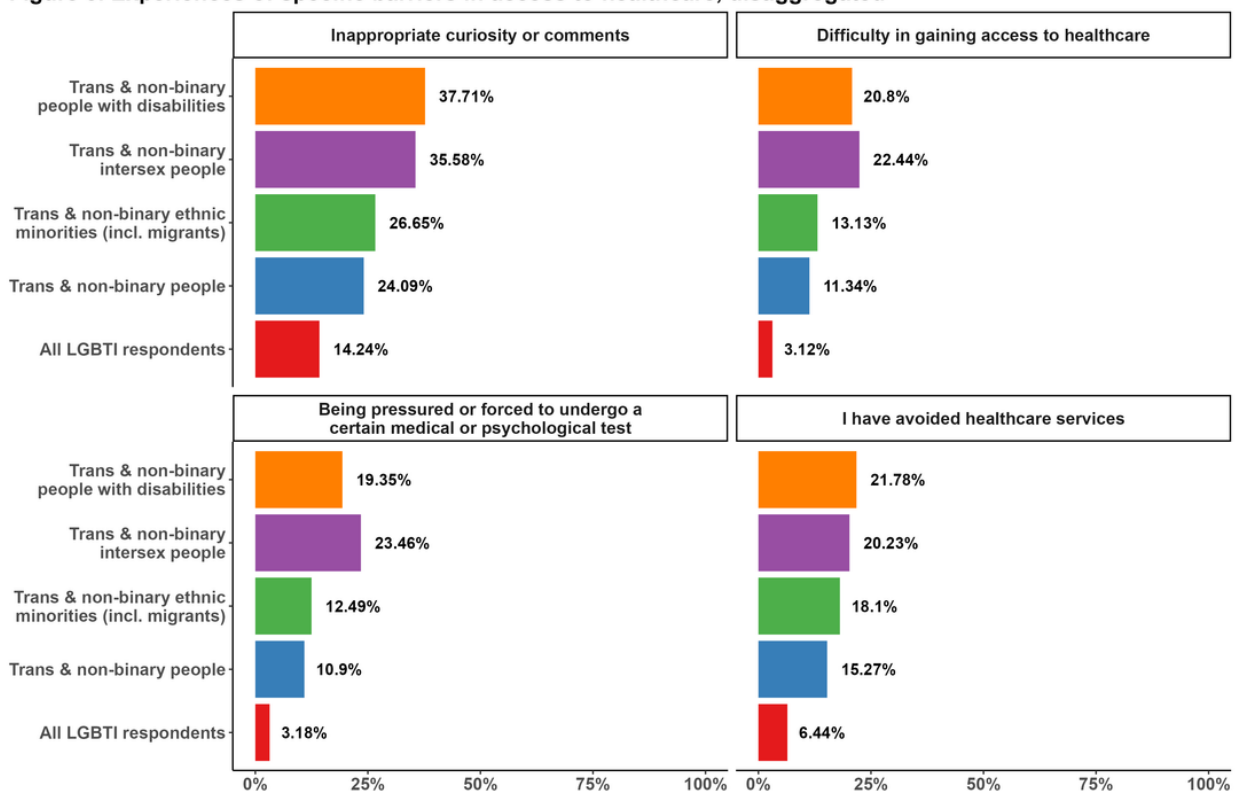


Data source: European Union FRA LGBTI II Survey, Baseline N: 139,799. Trans N: 20,933. The survey asked respondents: Thinking about the most recent incident of discrimination which you did not report: why did you not report it?

Experiences of discrimination in healthcare

Specifically in the context of healthcare, the share of trans and non-binary respondents that felt discriminated against by **healthcare or social services personnel** is 34.43% (compared to 15.73% of all LGBTI respondents). This is much higher for trans and non-binary people from an ethnic minority (including migrant background) (41.12%), trans and non-binary people with disabilities (50.03%), and intersex trans and non-binary people (51.65%). Trans and non-binary people also experienced much higher obstacles to healthcare compared to LGBTI respondents across all of the metrics that were measured, including difficulty gaining access, having their specific needs ignored, inappropriate curiosity or comments, pressure to undergo treatment, and avoidance of services (Figure 3) [14].

Figure 3. Experiences of specific barriers in access to healthcare, disaggregated



Data source: European Union FRA LGBTI II Survey, Baseline N: 139,799. Trans N: 20,933. The survey asked respondents: Have you ever experienced any of the following situations when using or trying to access healthcare services as a trans person?

Further, trans women and trans men were exposed to higher rates of inappropriate comments or curiosity than all trans and non-binary respondents (28.99%, 27.79%, and 24.09%, respectively). This could be because of the higher likelihood of transition-related healthcare among these groups.

Trans people and access to health care

Despite the formal depsychopathologisation of transgender identities by the World Health Organisation in 2019, where gender identity disorder was removed from the list of mental health and behavioural disorders, trans people in many EU countries continue to be subjected to long and detailed psychological assessments around their gender identities and mental health conditions. Many are still subjected to coerced or forced medical procedures that attempt to change their gender identity. In five EU Member States [15] trans people are still required to undergo sterilisation to change their official identity documents to match their gender identity.

Trans people have historically faced significant challenges in receiving quality trans-specific healthcare that is accessible, affordable, and timely. Mainstream medical education doesn't usually touch on trans-specific healthcare, which makes most providers poorly informed and susceptible to the same biases and prejudices that we see splashed across tabloid news. This makes it difficult for many members of the trans community to find a healthcare professional who is respectful and listens to their needs. This is if they can access health care at all: undocumented trans migrants cannot usually benefit from any cost coverage, and trans people with disabilities and young trans people experience gatekeeping and denial of care that can be severely detrimental to their mental health. In extreme cases this can lead to suicide ideation and attempts. To overcome these barriers some trans people turn to at-home DIY procedures, which can expose them to risk of long-term injury, illness and even death.

The first edition of [TGEU's Trans Health Map](#) [16], released in October 2022, represents the availability and accessibility of trans-specific healthcare in the 27 Member States of the EU. It shows the overall status of trans-specific healthcare in each Member State based on information collected on six factors:

- (a) Type of transgender healthcare and coverage available in the country,
- (b) Requirement for a psychiatric diagnosis before hormonal treatment or surgery,
- (c) Waiting time for first appointment with a trans healthcare professional,
- (d) Groups excluded or made to wait longer to access trans-specific healthcare,
- (e) Youngest age for puberty blockers, and
- (f) Youngest age for hormones.

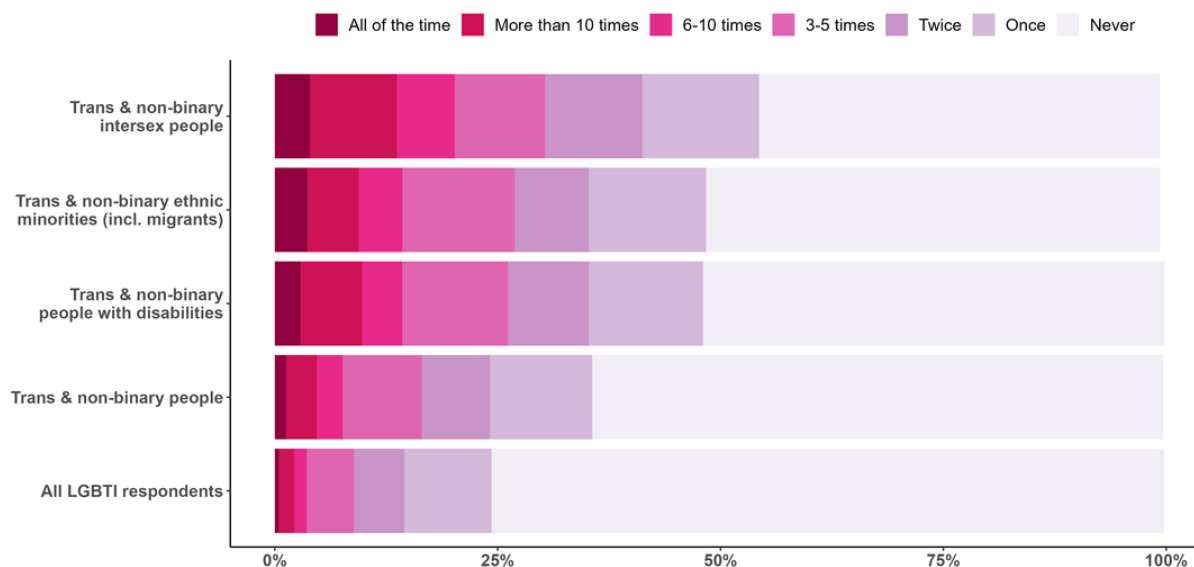
The map shows that access to trans-specific healthcare varies widely in the EU. In all EU Member States, with the exception of Malta, trans people may be required to get some form of a mental health diagnosis prior to receiving hormone replacement therapy or surgical care. In Ireland, the system is bogged down by waiting times of over seven years to see a healthcare professional.

Most recently, the COVID-19 pandemic and the war in Ukraine have had alarming impacts on access to essential medication and hormones for trans people. At the same time, the need for trans-specific healthcare and the very existence of trans identities are also facing growing attacks from anti-gender and anti-rights groups. This constitutes a real threat to the delivery of accessible, affordable, and quality depathologised trans-specific healthcare and risks undoing the decades of progress that the community has fought hard to achieve.

Experiences of hate-motivated violence and harassment

The survey asked respondents whether they had been physically or sexually attacked in the last 5 years [17]. More than a third of trans and non-binary respondents (35.96%) indicate that they had been physically or sexually attacked in that period, compared to 24.55% of all LGBTI respondents (Figure 4).

Figure 4. Number of times physically or sexually attacked in the last 5 years, disaggregated



Data source: European Union FRA LGBTI II Survey, Baseline N: 139,799. Trans N: 20,933. The survey asked respondents: In the last 5 years, how many times have you been physically or sexually attacked at home or elsewhere (street, on public transport, at your workplace etc.) for any reason?

Furthermore, trans and non-binary people were much more likely to have been attacked several times, with 24.14% indicating that they were attacked at least twice. For trans and non-binary people from an ethnic minority (including migrant background) (35.24%), trans and non-binary people with disabilities (35.27%), and trans and non-binary intersex people (41.24%), this repeated exposure to physical and/or sexual violence is even higher. When those who had been victim of attacks were asked about the motive being that they were LGBTI, trans women were radically more likely to experience attacks for this reason (66.07% of trans women experienced any attack because of being LGBTI and 40.97% of those who were attacked more than once, compared to 47.06% and 22.97% of all LGBTI respondents who had experienced attack(s), respectively).

[16] *Trans Health Map 2022: the state of trans healthcare in the EU - TGEU* <https://tgeu.org/trans-health-map-2022/>

[17] <https://www.ilga-europe.org/files/uploads/2022/08/FRA-LGBTI-Survey-II-data-disaggregation-tables.pdf#page=88>

When asked who attacked them, trans and non-binary people were less likely to report being attacked by a person unknown to them and more likely to report being attacked by assailants who are family members, neighbours, colleagues, customers, or police officers or border guards. Trans men in particular were much more likely to report being attacked by assailants from many of these categories than all trans people and by all LGBTI respondents. For example, 10.84% reported being attacked by a family member, compared with 7.44% of all trans respondents, and 6.31% of all LGBTI respondents.

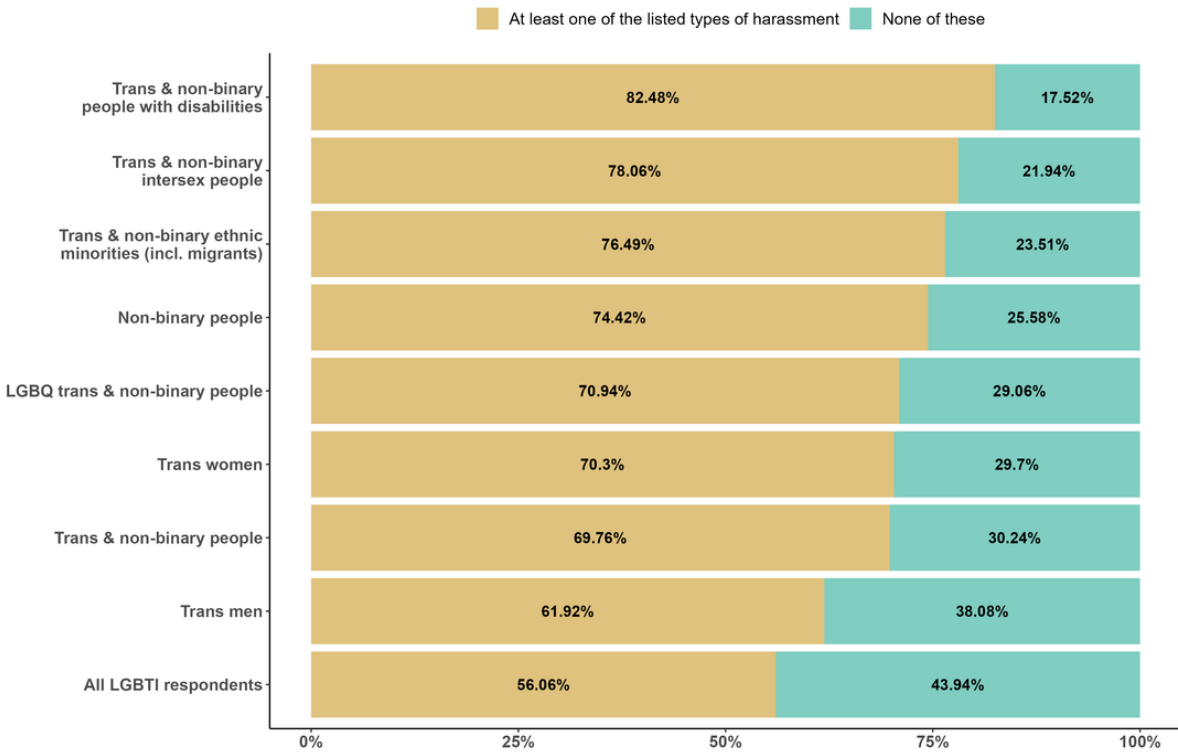
Attacks experienced by trans and non-binary people were more likely to occur at home than for all LGBTI respondents (11.43% and 9.14%, respectively). This was more exaggerated for non-binary people (11.88%), intersex trans and non-binary people (12.11%), trans men (13.31%), and trans people with disabilities (17.01%). Additionally, two-thirds of trans and non-binary people experienced attacks in public spaces (cafes, clubs, public transportation, streets, parks, etc.; 66.7%), and nearly three-quarters of the attacks on trans women (72.95%) occurred in public.

When asked if they had reported the attack, trans and non-binary people were somewhat more likely to have reported the attack than all LGBTI respondents (29.57% and 20.79%, respectively). Trans and non-binary people were also more likely to report directly to LGBTI organisations (4.49% compared to 2.93% of all LGBTI respondents), with trans and non-binary people with disabilities (9.30%) and trans and non-binary people from ethnic minorities (including migrant background; 11.24%) even more so.

In addition to questions about attacks, respondents were also asked about experiences of harassment (Figure 5) [18]. Trans and non-binary people were more likely to have experienced some kind of harassment than all LGBTI respondents (69.76% compared to 56.06%, respectively), with more than three-quarters of trans and non-binary intersex people (78.06%) and more than 4 out of 5 trans and non-binary people with disabilities having this experience (82.48%).

Trans and non-binary people were also more likely to be harassed by a family member than the LGBTI respondents in general (8.00% and 6.30%, respectively), and much more so for trans and non-binary people with disabilities (9.68%), trans men (9.79%), and trans and non-binary intersex people (11.14%). Further, trans and non-binary people from ethnic minorities (including migrants) and trans and non-binary people with disabilities were more likely to be harassed by members of extremist or racist groups (13.77% and 9.31%, respectively, compared to 5.53% of all LGBTI respondents).

Figure 5. Experiences of some kind of harassment in the last 5 years, disaggregated



Data source: European Union FRA LGBTI II Survey, Baseline N: 139,799. Trans N: 20,933. The survey asked respondents: In the last 5 years, has somebody done any of the following things to you for any reason? Made offensive or threatening comments in person; Threatened violence in person; Made offensive or threatening gestures or stared inappropriately; Loitered, waited or followed you in a threatening way; Sent emails or text messages that were offensive or threatening; Posted offensive or threatening comments about you online; None of these.

Trans people's exposure to violence

Trans people experience extraordinary violence – physical, sexual, social, emotional, and psychological – on a daily basis. Trans people often face violence because they do not fit societal gender norms and stereotypes. Trans women, transfeminine non-binary people, and trans people with intersecting experiences like migration, sex work, and racialisation are at greatest risk. Indeed, a large share of trans victims of murder reported to TGEU's Trans Murder Monitoring project are consistently Black and migrant trans women of colour and trans sex workers. [19] Trans men and non-binary people who are assigned female at birth suffer forms of violence that are often less visible, including domestic and sexual violence.

The high rates of violence and harassment reported to the FRA survey are supported by other studies, for example the Sussex Hate Crime Project [20], which found 85% of trans respondents had experienced direct verbal abuse and 29% had experienced direct physical assault. Importantly, this project also looked at the emotional effects following a hate crime, and found that trans people are more likely to be emotionally affected than non-trans LGB respondents. It also reports that hate crimes against one trans person have significant effects on other members of the trans community.

Violence by known persons and violence at home is a significant concern for the trans community. This violence increased during the pandemic. TGEU's COVID-19 impact assessment highlighted that "Many trans people have been forced to 'lockdown' at their residence with their abusers, while services to support survivors have been downsized or made inaccessible." [21] The Trans Murder Monitoring project 2022 update [22] found that 27% of murders of trans people occurred in the victims' own homes.

There continues to be limited data available on the true extent of violence and hate crimes against trans people. This is connected to low rates of reporting, which itself is linked to fear of transphobic responses from authorities and the repeat victimisation this causes. [23] This lack of data can be improved by authorities systematically collecting information about SOGIESC-based bias motivations connected to crimes. To facilitate this, law enforcement officers must be trained in sensitive handling of trans and non-binary victims so that they feel safe to come forward. Trans-sensitive victims' support services like psycho-social counselling must be available, and no risk of arrest or deportation should be faced by sex workers and undocumented migrants for coming forward.

[19] TGEU's Trans Murder Monitoring Project <https://transrespect.org/en/tmm-update-tdor-2022/>

[20] Dr Jenny Paterson, Prof. Mark A. Walters, Prof. Rupert Brown, & Dr Harriet Fearn (2018) *The Sussex Hate Crime Project Final Report* <https://www.sussex.ac.uk/webteam/gateway/file.php?name=sussex-hate-crime-project-report.pdf&site=430> p42

[21] Boglarka Fedorko, Anwar Ogrm, and Sanjar Kurmanov (2021) *Impact assessment: COVID-19 and trans people in Europe and Central Asia*. TGEU. <https://tgeu.org/wp-content/uploads/2021/01/impact-assessment-covid19-and-trans-people-in-europe-and-central-asia.pdf> p7

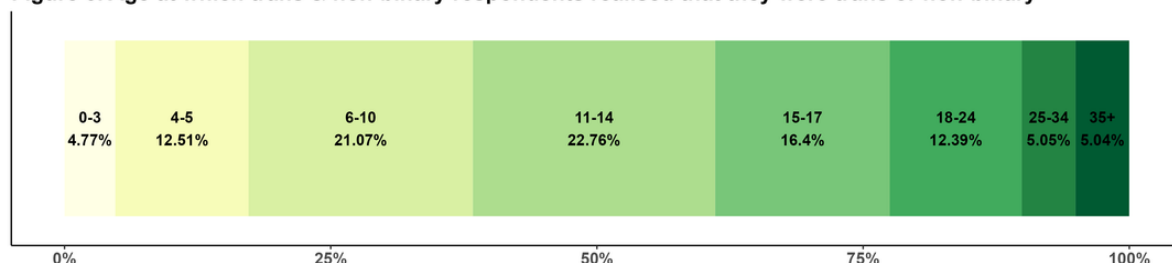
[22] TGEU's Trans Murder Monitoring Project <https://transrespect.org/en/tmm-update-tdor-2022/>

[23] According to the FRA 2019 LGBTI II Survey Data Explorer, 32% of trans people who experienced violence did not report the most recent incident due to "fear of a homophobic and/or transphobic reaction from the police". see: <https://shorturl.at/chr23>

Trans-specific issues

In addition to the demographic questions asked of all respondents, trans and non-binary respondents were presented with a set of questions that probed their specific experiences. Firstly, trans and non-binary respondents were asked when they realised that they were trans (Figure 6).

Figure 6. Age at which trans & non-binary respondents realised that they were trans or non-binary



Data source: European Union FRA LGBTI II Survey, Baseline N: 139,799. Trans N: 20,933. The survey asked respondents: At what age did you first realise that your feelings about your gender did not match the gender assigned to you at birth?

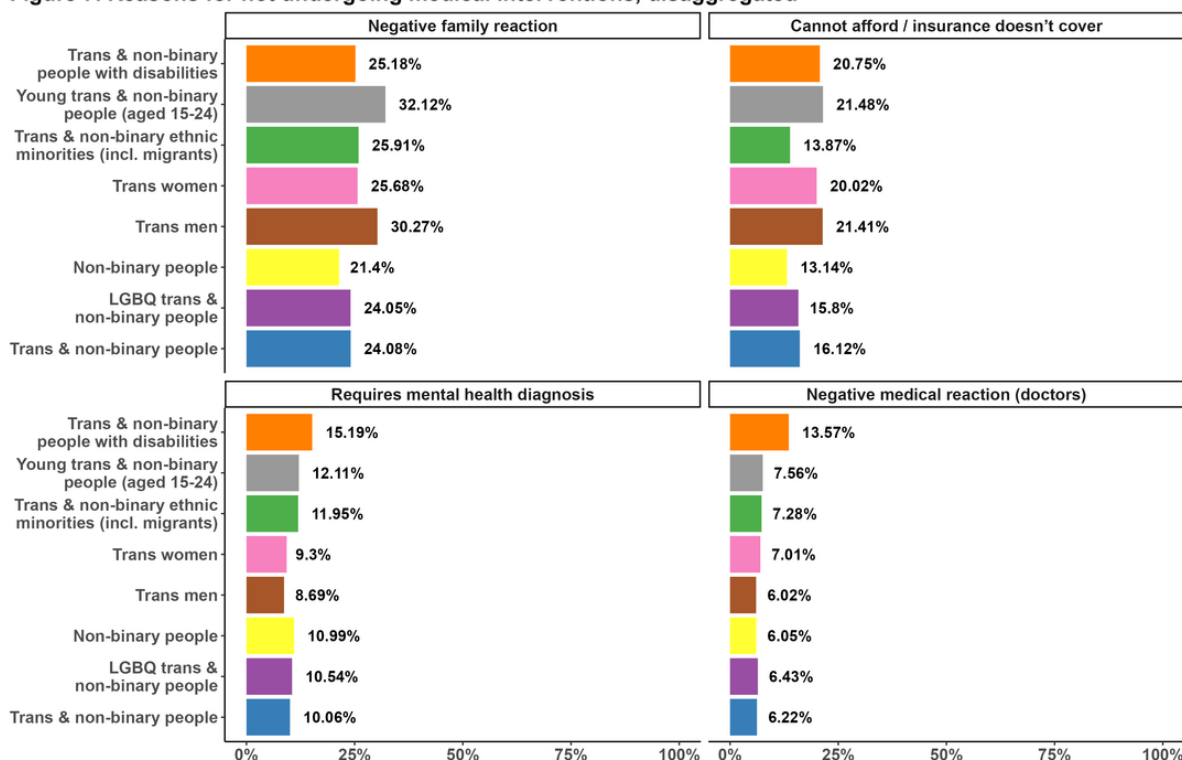
Indeed, a large majority of trans and non-binary respondents realised who they were while they were still below the age of 18: 61.11% of trans and non-binary respondents realised that they were trans by age 14, and 77.51% by age 17.

Respondents were also asked if they had undergone any interventions to change their bodies; 27.08% of trans and non-binary people had, with trans men and trans women more likely (31.99% and 56.02%, respectively).

Those who had not undergone interventions were asked why (Figure 7) [24]. A significant portion of trans and non-binary people said that interventions were not needed (48.68%), though this was a less likely response for trans men and trans women (32.94% and 35.68%, respectively). Negative family reaction was the most common other response (24.08%), followed by lack of insurance coverage / affordability (16.12%). 4.23% of trans and non-binary people indicated that one reason was because they would have to give up their reproductive capacity.

The share of respondents who gave this answer was highest for trans and non-binary people with disabilities (5.28%). Of all trans subgroups, trans and non-binary people with disabilities were the most likely to answer that the reason they had not undergone medical interventions was due to the requirement of mental health diagnosis in order to access them (and the respondent was not able or willing to comply), or was because of negative reactions by doctors and/or medical staff (15.19% and 13.57%, respectively).

Figure 7. Reasons for not undergoing medical interventions, disaggregated



Data source: European Union FRA LGBTI II Survey, Baseline N: 139,799. Trans N: 20,933. The survey asked respondents: For what reasons have you not undergone any kind of intervention to change your body? Read all options and select all that apply.

About one-quarter of trans and non-binary people had gone abroad for trans-specific healthcare (24.73%), though trans women were much more likely to have done so (42.78%).

Trans and non-binary respondents were also asked if they avoided expressing their gender through their physical appearance and clothing for fear of being assaulted, threatened or harassed. While 40.91% of trans and non-binary people said that they never did this, nearly a third (30.56%) avoided it “often” or “always”. An even larger portion of trans and non-binary people from ethnic minorities (including migrant background) (34.70%) and non-binary people (34.31%) selected these options.

When asked about legal gender recognition, 14.85% of trans and non-binary people had changed their legal gender. However, there was significant variation within subpopulations, with only 1.78% of non-binary people, but more than a third of trans women (34.97%) over half of trans and non-binary people who had undergone medical interventions (51.88%) having had legal gender recognition. When those who had not had legal gender recognition were asked why, nearly one-third said that they did not want to (30.54%), though this was much lower for trans women at 20.15%. One in ten trans and non-binary people said that they did not fulfil the requirements for legal gender recognition (10.48%).

Finally, there appears to be an impact of access to legal gender recognition on life satisfaction (see “Life satisfaction” above). While the average life satisfaction for trans and non-binary people was 5.55 out of 10, it was slightly lower for those who had not had legal gender recognition (5.44) and higher for those who had (6.37). Further, over half (56.77%) of those who had legal gender recognition ranked their life satisfaction as 7, 8, 9 or 10 out of 10, while only 39.07% of those who had not had legal gender recognition selected these options.

Annex 1: Methodology and survey background information

Background: FRA LGBTI II Survey 2019

The statistics used to write this brief come from the 2019 EU LGBTI II Survey conducted by the European Union Agency for Fundamental Rights. The survey was open to individuals who were 15 years of age or older who self-identified as lesbian, gay, bisexual, trans and/or intersex. The survey was conducted online in 27 EU Member States, the UK, Serbia and North Macedonia between May and July of 2019. The respondents were asked a series of questions about their lived experiences, including information about their experiences of discrimination, harassment, violence, openness about their sexual orientation, gender identity, and sex characteristics, experiences in education and at work, their relationships and parenting, health, housing difficulties, living conditions and socio-economic status.

Representativeness of the results used in the report

The survey was available to LGBTI people who had access to the internet. As such, the survey did not provide a random sampling of LGBTI people, which would have made it representative of the LGBTI community in Europe. However, the weighting scheme developed by FRA (2019) [25], which adjusts the response numbers to better represent the LGBTI population as a whole across participating Member States, was applied to the data in this analysis so the results presented in the report are as representative of the population as possible.

Sample

This briefing provides information on trans people, which was a subset from the entire sample of respondents resulting in a sample size of 20,933 (14.97% of the total respondent population of 139,799 respondents), which includes 5,638 trans men (4.03% of total respondent population), 4,100 trans women (2.93% of the total respondent population), and 10,238 non-binary respondents (7.32% of the total respondent population); 957 respondents indicated that they had a different gender identity than these 3 options. The subsetting process followed a procedure of removing the answers of respondents who indicated that they were not trans in responding to question A6 [26] as well as those who selected “trans woman / girl” or “trans man / boy” as their gender identities in question A3.

Statistical methods

The report is based on descriptive statistics extracted from the survey. The primary method used is cross-tabulations, which is used to quantitatively analyse the relationship between multiple variables.

Data visualisation

The code used to create the figures is available at:

<https://github.com/freyawatkins/intersections>