



Findings from the Trans Sexual Health Survey 2017

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Contributors

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Executive summary – Michael Petch

At LGBT Foundation, we look for every opportunity to amplify voices of those within our communities, which is why when I started my role as Policy and Research Coordinator, I wanted to conduct a full review of all research work that had taken place that was unpublished and ensure we could give a voice to those who gave us their time, and shared with us their experiences.

This survey identifies many things which we anecdotally know at LGBT Foundation, through our work in sexual health, mental health and our trans programme. However as a result of this survey, we have evidence to support our anecdotal knowledge, and can use this to push for effective change in the lives of trans people.

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Introduction

From our literature review, *Transforming Outcomes*, we know that across the UK there is a lack of standardized data collection, which means that prevalence of STIs and HIV in UK trans communities is still unknown. What data there is on trans people's sexual health indicates that trans people are often more likely to engage in higher risk sexual behavior, like inconsistent use of protection (LGBT Foundation, 2017). There is very little comprehensive data on HIV prevalence amongst trans populations in the UK as studies are small (often samples of convenience), and rarely use actual test results, however much of the research indicates that trans people are at significantly higher risk of acquiring HIV than the general population (Baral et al., 2013). There is even less data around trans people and STIs, though it stands to reason that if people are engaging in riskier sexual behaviours, that they are also at higher risk of STIs.

In addition to this, there are unique barriers which trans people face in accessing sexual health services. Amongst trans communities there is an idea that in some ways sexual health services will struggle to accommodate trans people (Scottish Trans Alliance, 2007). This is especially true for younger trans people (Lefkowitz & Mannell, 2017), and highlights a need for significant outreach work. Scottish Trans Alliance found within their study that once trans people had overcome barriers in order to access services, they often reported positive, non-judgmental experiences.

That is not to say that this precaution is unfounded, as research also found the service providers saw transgender people as confused and in need of help around their mental health (Lefkowitz & Mannell, 2017). Whilst true that trans people are more likely to experience mental health issues due to transphobia and stigma they encounter, the research suggests that the perception of service providers is often pathologising in nature.

Additional barriers to services is the lack of support and overall friendliness from staff due to their transgender status (Bockting et al., 2004). This presents with its own unique challenges as it is not necessarily an instance of explicit transphobia, but an instance of subconscious bias which is harder to address. Ultimately, this study did find that satisfaction with the care of transgender care can be accomplished through training, creating a high level of cultural competency on trans issues (Bockting et al., 2004).

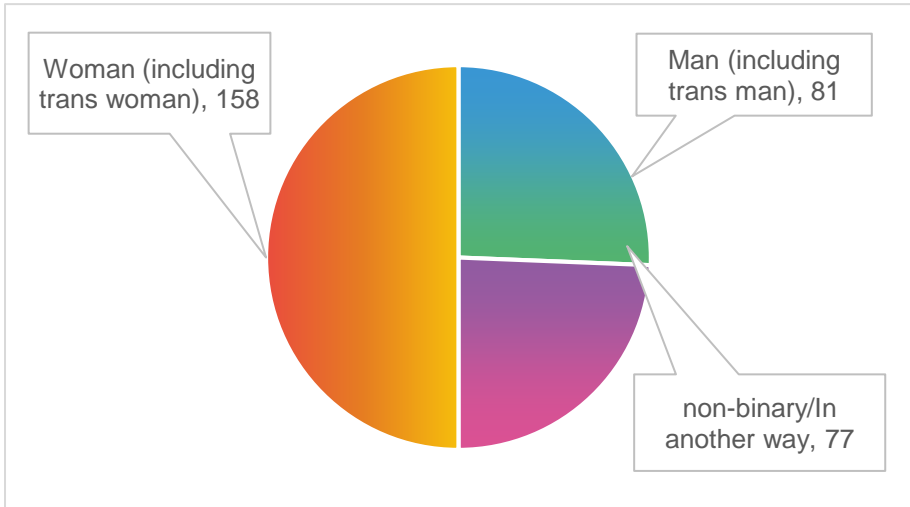
Method

The research method used within the study was a questionnaire, in which 411 people took part. This allowed people to open up easier, compared to if face to face interviews. Therefore, the data is more representative of the transgender community. Using questionnaires facilitated the use of quantitative statistics.

The questions within the survey were designed with reference to the literature review, to ensure this survey added to the existing evidence base. In conjunction with the literature review, there were also discussions with the funder on what they envisaged as part of the outcomes. MAC AIDs Fund defined their objectives as wanting to ‘engage with both health professionals and community members about trans people’s sexual health needs, in order to raise awareness and ultimately improve the lives of trans people’.

Demographic Results

Gender



Due to the nature of this survey, we would anticipate that gender is not a 50/50 split as it often is in other surveys, especially as we acknowledged and invited people to provide an array of gender identities. However, with approximately half of the respondents identifying as women, this will need to be kept in mind when making statements on the relevance of the findings in respect to trans communities collectively.

Sexual Orientation

Which of the following options best describes how you think of yourself? % of total	
Bisexual	113 35.76%
Gay/Lesbian	72 22.78%
Heterosexual/Straight	36 11.39%
In another way (Please state)	95 30.06%
In another way - Queer	35 11.08%
In another way – Pan/Pansexual	18 5.70%
in another way - Asexual	14 4.43%
Total	316 100.00%

The overwhelming majority of participants, 88.61% identified with a sexual orientation other than heterosexual. *Bisexual* and *in another way* were the most common choices, with stated options in the free text including queer, pansexual and asexual as the more common options. These were therefore labelled and counted accordingly. There were some who identified that they were currently questioning their sexuality, and others who also identified that their sexuality has changed within the recent past. Lastly, there were others who expressed difficulty in determining their sexual orientation, as they found labels like “gay” and “straight” often did not acknowledge the complexity of their own gender identity or their partners’ gender(s).

Ethnicity

Asian		(1.27%)
Asian or Asian British Bangladeshi	2	(0.63%)
Asian or Asian British Indian	1	(0.32%)
Any other Asian or Asian British Background	1	(0.32%)
Black		(0.63%)
Black or Black British Caribbean	1	(0.32%)
Any other Black or Black British Background	1	(0.32%)
White		(92.09%)
White British	258	(81.65%)
White Irish	4	(1.27%)
Other White Background	29	(9.18%)
Mixed		(3.48%)
Mixed White and Asian	5	(1.58%)
Mixed White and Black Caribbean	1	(0.32%)
Other Mixed Background	5	(1.58%)
Other		(2.53%)
Any Other Ethnic Group (please state)	8	(2.53%)
Total	316	(100%)

When compared to the 2011 census data on ethnicity for England and Wales, the sample of this survey is overly represented by white people, particularly people from other white backgrounds (Race Disparity Unit, 2018). There are also more respondents who describe their ethnicity as mixed or other, whilst proportionally less Black and Asian respondents took part compared to national figures from the 2011 census. This may be due to aspects of racism within LGBT communities, which creates a barrier for BAME people to access LGBT spaces and makes them feel unwelcomed.

Sexual Health Outcomes

Confidence

How confident do you feel about maintaining good sexual health in relation to your body?	
Very Confident % of total	97 (35.93%)
Confident % of total	134 (49.63%)
unconfident % of total	36 (13.33%)
very unconfident % of total	3 (1.11%)
total % of total	270 (100%)

14.44% of respondents were found to be unconfident, to some degree, in maintaining good sexual health in relation to their bodies, and only 35.93% felt very confident.

How confident do you feel about negotiating safer sex with partners?	
Very Confident % of total	102 (37.64%)
Confident % of total	127 (46.86%)
unconfident % of total	31 (11.44%)
very unconfident % of total	11 (4.06%)
total % of total	271 (100%)

This question was found to more polarizing than the previous, with more respondents saying they felt very confident or very unconfident. The proportion of respondents who felt unconfident to some degree was 15.50%.

Knowledge

How knowledgeable do you feel about sexual health in relation to your body?	
Very Informed % of total	77 (28.21%)
Informed % of total	156 (57.14%)
uninformed % of total	33 (12.09%)
very uninformed % of total	7 (2.56%)
total % of total	273 (100%)

The majority of participants reported that they felt informed about their own sexual health in relation to their own body, with 14.65% reporting that they felt uninformed to some degree.

		How knowledgeable do you feel about sexual health in relation to your body?				total
		Very informed	informed	uninformed	very uninformed	
Have you ever accessed a sexual health service in England? (% of row totals)	No	17 (14.29%)	82 (68.91%)	16 (13.45%)	4 (3.36%)	119 (100%)
	Yes, (<12 months)	26 (41.27%)	31 (49.21%)	4 (6.35%)	2 (3.17%)	63 (100%)
	Yes, (>12 months)	34 (37.36%)	43 (47.25%)	13 (14.29%)	1 (1.10%)	91 (100%)
total (% of row total)		77 (28.21%)	156 (57.14%)	33 (12.09%)	7 (2.56%)	273 (100%)

By performing a chi-squared test, we are able to establish that there is a significant relationship between people accessing services and their knowledge about their bodies.

Specific calculations are: $X^2 (1, N = 273) = 23.237$. $p < .05$.

By looking at these two questions together, we can see that where people had tested in the last 12 months, they were more likely to consider themselves very informed about their sexual health. They were also more likely to consider themselves very uninformed, which could likely be due to higher levels of anxiety leading to them having a perception that they know less about their sexual health.

Of the people that had never tested in England, the majority of people at 68.91% considered themselves to be informed about sexual health, but only 14.29% considered themselves to be very informed.

Experiences of services

Overall, how satisfied were you with your experience of accessing a sexual health service?	
Very Satisfied % of total	45 (27.27%)
Satisfied % of total	76 (46.06%)
Dissatisfied % of total	30 (18.18%)
very dissatisfied % of total	14 (8.48%)
total % of total	165 (100%)

Overall, 26.66% of respondents were dissatisfied with their experiences of accessing a sexual health service, and only 27.27% were very satisfied with their experience. It is worth keeping in mind earlier evidence from the literature review, that trans people typically expect services to discriminate against them, so it is possible that for them satisfaction with

a service purely indicates that they did not experience a negative service, rather than indicating that they had a positive experience.

Equally, the rate of dissatisfaction was much higher for those who identified as non-binary/in another way, with 38.30% of these respondents reporting a level of dissatisfaction with their experiences when accessing sexual health services. This is likely due to the binary nature of sexual health services, where there are often separate waiting rooms for men and women, forcing non-binary people to choose an option where neither is appropriate.

Summary and Implications

In conclusion there are numerous important findings from analyzing this dataset. Overall, there is still progress to be made by services to increase their outreach to trans communities, with 43.59% having never accessed a sexual health service in England, and only 23.08% accessing services within the last 12 months as recommended.

Once people had accessed services, they generally reported high levels of satisfaction, though more research is needed to explore and qualitatively analyze what trans people would consider to be a satisfactory service, and ways in which services can improve. Non-binary people were more likely to report a dissatisfactory experience, which is likely due to the binary nature of sexual health services, but again more qualitative analysis would be needed.

Trans people's access to services impacted on their knowledge of sexual health for their own body, with those who didn't access services, or accessed them

less being generally less informed.

Our main recommendation for services to improve the experiences of trans people is to monitor trans status, sexual orientation and gender identity to capture the needs of all trans people. LGBT Foundation produces a Sexual Orientation Monitoring Guide and a Trans Status Monitoring sheet in partnership with NHS England, which can be found at <https://lgbt.foundation/monitoring>.

Equally, sexual health organisations should make sure in any campaigns to have representation of trans communities to ensure language and images are representative of trans people, and that they can reach trans audiences.

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