

Gender Identity Research and Education Society



Gender Variance: Prevalence and Trend

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A Discussion
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Key Questions:

∩ Growing?

∩ Gender balance?

∩ Implications for commissioners and providers of healthcare?



Number transitioned in UK, based on:

∞ 1995, Dept of Social Security: 3,000

∞ 1996, Dutch survey: 2,650

∞ 1998, Scottish survey: 2,360



In 2003:

- ∞ Inland Revenue and DWPP,
around: 4,000
- ∞ Passport Agency and DVLA,
close to: 5,000
- ∞ (based on Belgian survey: 3,800)

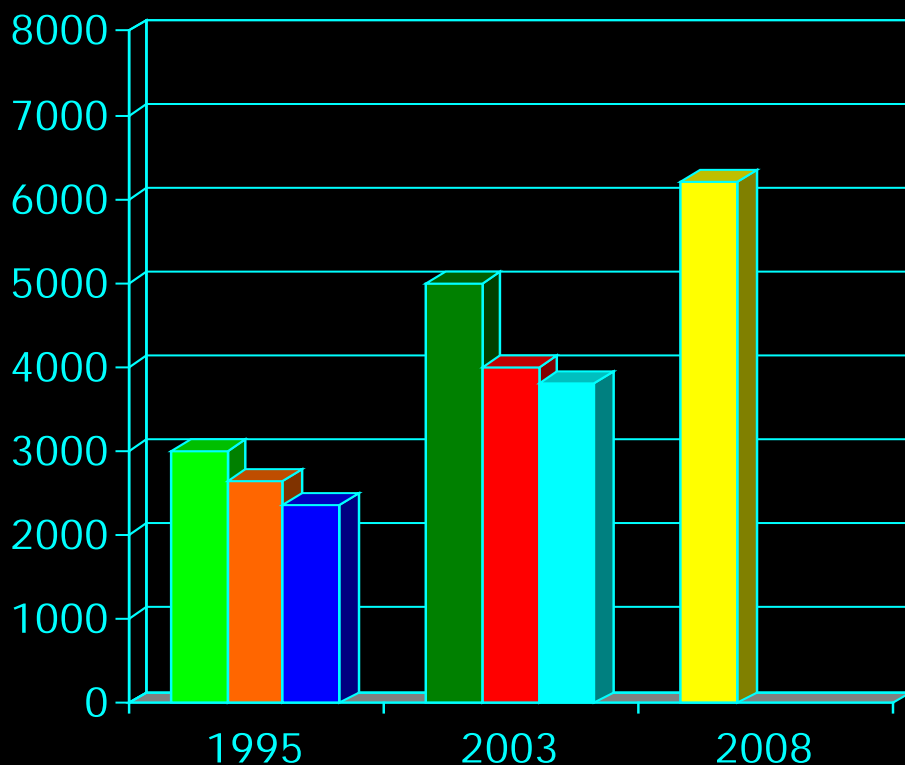


2008 (March) GRCs issued to UK
citizens = 2,080


∩ ILGA survey shows only 34% of UK
respondents, who had transitioned,
had a GRC

∩ UK transitioned population likely to be
6,200
(2,080 ÷ 0.34)

Number transitioned in UK (extrapolating from UK and non UK data)



∞	DSS	3,000
∞	Dutch survey	2,650
∞	Scottish survey	2,360
∞	Passports/DVLA	5,000
∞	IR & DWPP	4,000
∞	Belgian survey	3,800
∞	GRC based	6,200



Extrapolation from Scottish survey underestimates numbers in UK

- ∞ In 1998, low vs DSS and Dutch data
- ∞ In 2007 Scotland
 - 4.3% of AIAU respondents
 - 8.3% of UK population
- ∞ Substantial regional variation possible, e.g.
 - The Netherlands 1996 - Amsterdam 4 x non-urban population
 - Belgium 2003 - Brussels 4 x Wallonia

Scottish figures indicate possible UK number pre-transition in 1998

Ω Transitioned (60%)

• Post-operative	1,400
• Pre-operative	<u>960</u>
	2,360

Ω Pre-transition (40%)

• Psych support/counselling	680
• Not in treatment	<u>960</u>
	<u>4,000</u>

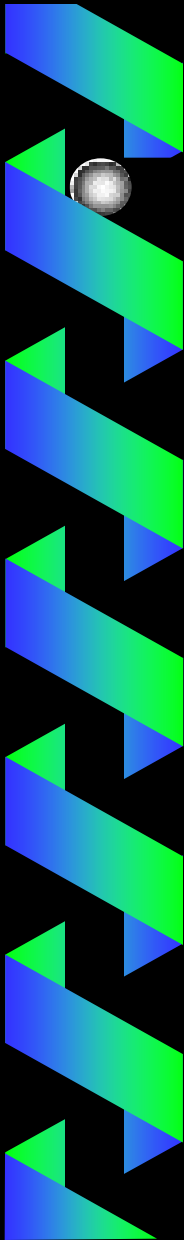


Based on GRC and Scottish numbers, in 2008 figures would be:

⌚ Transitioned (60%)	6,200
⌚ Pre-transition (40%)	<u>4,135</u>
⌚ Total in medical care	10,335


⌚ Prevalence: 21 per 100,000 over the age of 15

Approx. new referrals in year to mid 2008



Ω Charing Cross	585	
Ω Edinburgh	41	
Ω Glasgow	37	
Ω Sheffield	78	
Ω Newton Abbott	62	
Ω Nottingham	30	
Ω 17 other NHS	<u>293</u>	
Ω Total NHS	1126	
Ω Private	<u>275</u>	
• Total		1401
• Less overlap		<u>(200)</u>
		1201 (net total)*

* excludes non-referred, gender variant, GP patients (80) and those who self-medicate (unknown)



1201 referrals per annum =
incidence 2.6 per 100,000 (over
15 y.o.)



Growth rate in UK numbers of people transitioned: 1995 (3,000) to 2008 (6,200) = 6% per annum compound, but:

- ⌚ Current UK incidence of people referred for specialist care indicates prevalence is now increasing by 12% p.a. (2.6 ÷ 21 per 100,000)
- ⌚ In sample of 6 large UK GICs referrals grew by 30% in past 12 months
- ⌚ AIAU & ILGA surveys indicate a 14% p.a. long-term growth rate in number who have transitioned:
 - UK
 - Rest of Europe
- ⌚ Yet Dutch incidence of referrals peaked at 1.6 per 100,000 in 2000



Drivers of growth

- ∞ Possibility of NHS treatment
- ∞ Legal safeguards
- ∞ Media attention
- ∞ Internet
- ∞ 'Buddy' effect



Gender balance - trans women:trans men

Ω 1998 Scotland 4:1

Ω 2007 UK

- ILGA 4:1

- AIAU 4:1

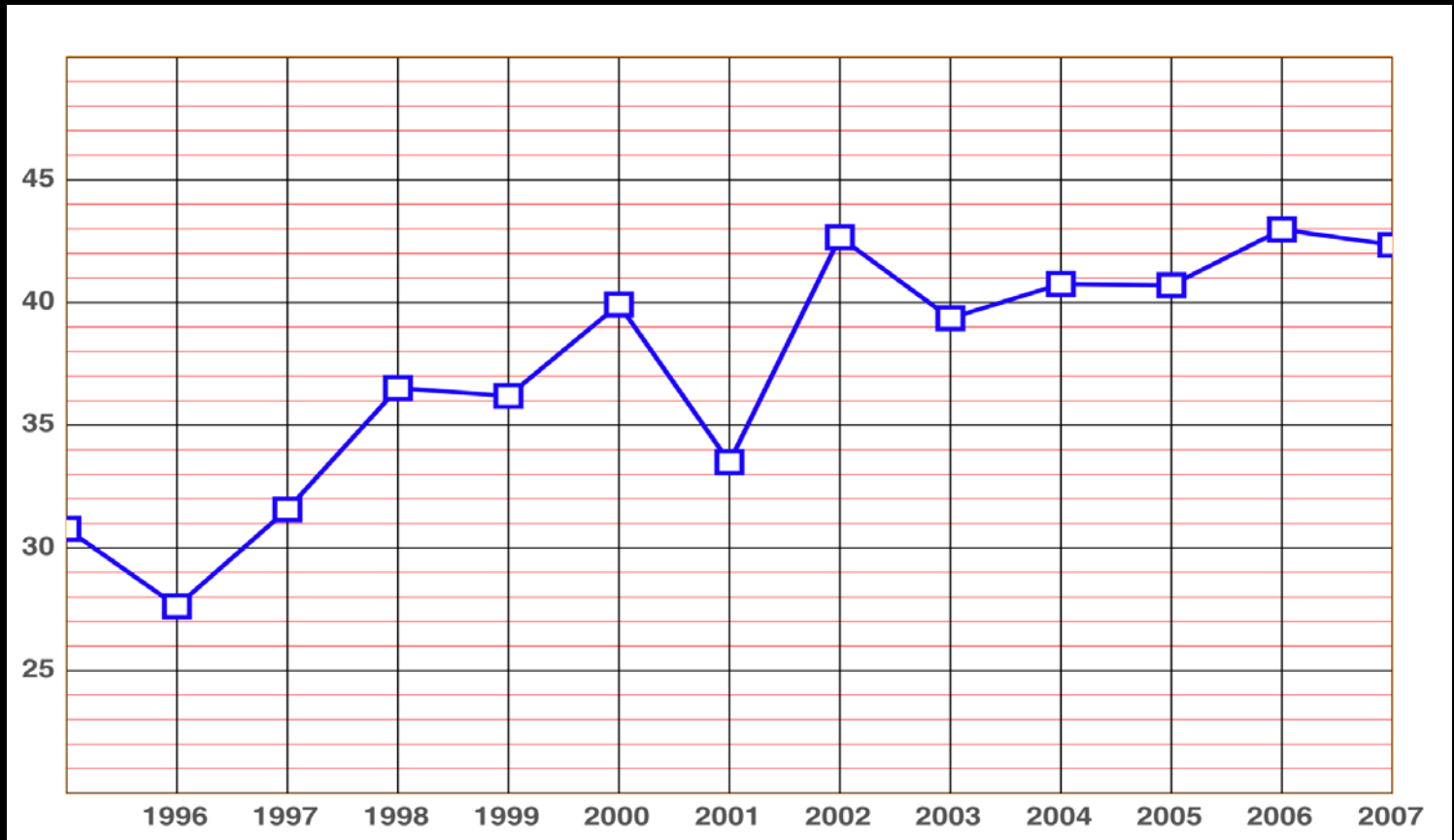
Ω In other western European countries
3:1 or 2:1



Scope for further growth in numbers?

- ∩ Individual experiences of gender variance differ greatly
- ∩ Some transgender people intend to transition but are not yet in medical care
- ∩ No sign yet that this number is nearing exhaustion

Median age of UK people transitioning



Gender variant youngsters

- ∞ Annual referrals to NHS providers
 - Adult GICs 1126
 - Single service for children and adolescents 64
- ∞ Typically adults report gender discomfort since early childhood
- ∞ Hidden in children and adolescents
- ∞ Deterrents to revealing
 - Familial and social pressures
 - No medication offered until puberty complete despite
 - Standards of care
 - Many overseas examples
- ∞ Referrals doubling every 5 years, may accelerate



Implications for commissioners and providers of trans healthcare

- ∞ Prevalence among adults:
 - previously underestimated
 - substantial regional variation
 - must assume continuing growth in near future
 - plateau date unknown
- ∞ Gender balance may shift towards less unequal proportion of trans men/trans women
- ∞ Capability to treat gender variant youngsters:
 - should be reviewed
 - may indicate need for alternative treatment centre
- ∞ Data collection in all treatment centres should be:
 - standardised
 - regularly reported



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