



Gender Identity Research and Education Society

Registered Charity No: 1068137

Improving the lives of trans people

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The Number of Gender Variant People in the UK - Update 2011

In 2009, GIRES published a report that was funded by the Home Office (<http://www.gires.org.uk/prevalence.php>).

The Report estimated that, in 2007, the prevalence of people who had sought medical care for gender variance was 20 per 100,000, i.e. 10,000 people, of whom 6,000 had undergone transition. 80% were assigned as boys at birth (now trans women) and 20% as girls (now trans men). However, there is good reason, based on more recent data from the individual gender identity clinics, to anticipate that the gender balance may eventually become more equal.

Transitioning is still high risk for most gender variant people. Nonetheless, better social, medical and legislative provisions for gender variant people, coupled with the "buddy effect" of mutual support among them, appear to be driving growth in the number who have sought medical treatment. There are 125 organisations at national or local level that offer them support (www.TranzWiki.net).

Incidence, in 2007, was estimated to be 3.0 per 100,000 people aged over 15 in the UK, that is 1,500 people presenting for treatment of gender dysphoria. Data provided to GIRES by HM Revenues and Customs for 2010 confirm the upward trend. The number who had by then presented for treatment can be estimated to be 12,500. That represents a growth trend from 1998 of 11% per annum. At that rate, the number who have presented is doubling every 6 1/2 years.

Gender variant people present for treatment at any age. The median age is 42.

The adults who present emerge from a large, mainly invisible, reservoir of people, who experience some degree of gender variance. They may number 300,000, a prevalence of 600 per 100,000, of whom 80% were assigned as boys at birth. However, the number would be nearly 500,000, a prevalence of 1,000 per 100,000 (1%), if the gender balance among gender variant people is equal, as seems increasingly likely.

So far, as stated above, only 12,500 adults have presented for treatment but a further 50,000, or even 90,000, may do so. Accordingly, the current growth in the number who have done so may continue for a lengthy period, as more gender variant people feel able or compelled to present to health professionals with gender dysphoria. Of those who have presented for treatment, around 7,500 have now undergone transition.

Few younger people present for treatment despite the fact that most gender dysphoric adults report experiencing gender variance from a very early age. Social pressure, in the family and at school, inhibits the early revelation of their gender variance. Only 100 or so children and adolescents are referred annually to the UK's sole specialised gender identity service, compared to 1,500 referred to the adult clinics. Nonetheless, presentation for treatment among

youngsters is also growing rapidly and has the potential to accelerate if young people feel increasingly able to reveal their gender variance and undertake transition while still young.

The implications of the above figures are that organisations should assume that 1% of their employees and service users may be experiencing some degree of gender variance. At some stage, about 0.2% may undergo transition. The number who have so far sought medical care is likely to be around 0.025%, and about 0.015% are likely to have undergone transition. In any year, the number commencing transition may be around 0.003%.

All of the above numbers are tiny proportions of an organisation's employees and service users. Moreover, most the people in each group are unlikely to wish to be detected. The only persons who cannot escape detection are the very few who undergo transition.