



COMMUNITY HEALTH PROFILES **2022**

Birmingham Public Health Division
September 2022

A BOLDER HEALTHIER BIRMINGHAM

Public Health Evidence Reports

1. Statutory Reports – required by law

Joint Strategic Needs Assessment

- This is a summary of the health and wellbeing of the people in Birmingham and what can affect their health. This report is refreshed every other year.
- Shows the inequalities at a high level across the city.
- Uses data from across the Council and public sector.

Annual Director of Public Health Report

- Annual independent report of the Director of Public Health on a specific topic/focus area.

Public Health Evidence Reports

2. Elective Evidence Reports

Deep Dive Needs Assessments

- Structured needs assessments into a specific area/topic/community
- Brings together published and grey literature, service data and qualitative data from community insight
- Makes recommendations for action

Community Health Profiles

- Desk top analysis of published evidence and grey literature and population survey data.
- Snapshot of inequalities.

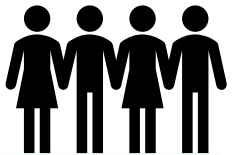


Topic Based Commissions

- Evolving methodology using evidence collation with active community collaboration to focus on creating evidence-based solutions.

The Community Health Profiles

- Birmingham has an ambition for a **bolder healthier city**, becoming a city in which, every citizen can live a healthy enjoyable life.
- The Community Health Profiles help us understand the gaps (health inequalities) in achieving this ambition in different communities.
- The Profiles describe the health inequalities of a specific community of identity, interest or experience.
- Setting out the differences in need shown by the evidence can help the Council, its partners and communities take action to close the gaps and improve the health of people in Birmingham.
- The Community Health Profiles will be published on the Council's website as resources to support greater understanding and awareness of the issues affecting different communities in our city.
- We aim to refresh them every 5-8 years depending on the data availability.



Evidence Report Forward Plan

Community Health Profiles

- Sikh – (Sept 2021)
- Bangladeshi - (Sept 2021)
- Muslim
- Lesbian
- **Trans** ←
- d/Deaf & Hearing Loss
- Sight Loss
- Nigerian
- Indian
- Caribbean Islands
Commonwealth States
- Somali
- Kenyan
- Pakistani

Deep Dive Reports

- Veterans (published)
- End of Life (published)
- Learning Disabilities
- Dual Diagnosis
- Mobility Impairment
- Sensory Impairment

Commissions

- Birmingham Poverty Truth Commission – focus on Housing issues
- Birmingham & Lewisham African & Caribbean Health Inequalities Review

Community Health Profiles aim to...



To find and review the physical health, mental health, lifestyle behavioural and wider determinants (social and economic factors) that exist in health in a specific community.



To collect and present this information using the 10 key priority areas identified in the Health and Wellbeing Strategy for Birmingham - Creating a Bolder Healthier City.



To engage with the local communities on the evidence found and highlight the opportunities to address inequalities.



To promote the use of these summaries for Local Authority and wider system use for community and service development.

Trans Community Health and Wellbeing Themes

Getting the Best Start in Life

Mental Health of Trans Youth

Health Status and Access to Healthcare

Medical Transitioning

Protect and Detect

Behavioural and Lifestyle Factors

Wider Determinants of Health

Closing the Gaps

Conclusions

Methodology

- Academic literature: PubMed, SCOPUS, CINAHL, Academic Search Complete, Child Development & Adolescent Studies, Science Direct, Web of Science
- Grey literature: national, voluntary and community reports, PHE and NHS, Google scholar and trans-specific organisations
- Example search terms: 'transgender' or 'trans*' or 'gender dysphoria' or 'non-binary' or 'gender identity' and UK geography search terms

Limitations of the Findings

- Population data used is from the 2011 Census and is likely to have changed. Conclusions on populations must therefore be interpreted with caution.
- There were limitations in data collection, therefore limited evidence to fully understand the experience of the trans populations in the context of their health and wellbeing.

Sharing Community Health Profiles

- Written report and PowerPoint slide set
- Published on the BCC Communities webpage:

[Trans community health profile | Community health profiles | Birmingham City Council](#)

- YouTube highlights video
- Webinars for trans community and wider partners



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COMMUNITY HEALTH PROFILES 2022

Trans Profile

Weblink: [Trans community health profile | Community health profiles | Birmingham City Council](#)

A BOLDER HEALTHIER BIRMINGHAM

Overview of Trans Community

- People whose gender identity diverges from their assigned sex at birth form the transgender community.
- Trans is used as an umbrella term for these communities as there are a range of diverse gender identities.
- The medicalisation of gender identity began in the early 20th century with the development of hormone therapy and gender reassignment surgery.^[2]
- There has been a significant rise in the number of people identifying as trans.
- Trans communities have historically and cross-culturally been subject to stigmatisation, discrimination and criminalisation.
- Trans community is protected in law by the Equality Act (2010) & Gender Recognition Act (2004).^[3,4]

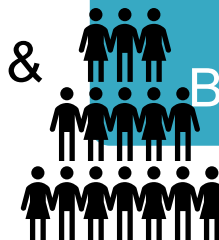
Est. 0.8% of UK population identify as transgender^[1]



Est. 536,648 trans people in the UK



Est. 9,124 trans people in Birmingham



Issues to Consider

- In England, there is **no evidence on some aspects of trans peoples' health** and wider determinants of health and limited evidence in other areas.
- Health and social care organisations, public bodies and population-based surveys **do not collect data on peoples' gender identity**. Nor is local data on the Birmingham context collected or published.
- The limited evidence on the trans population typically comes from community-based surveys of trans people and clinic-based studies of trans people with gender dysphoria. Both are prone to **methodological drawbacks** which impede the reliability, validity and generalisability of findings.
- **There is no robust data for trans people on health and long-term illness in the UK and very limited international data.**

Overview of Inequalities

Multiple barriers to accessing trans-specific healthcare

Higher prevalence of mental health problems

Higher rates of self-reported disabilities

Higher prevalence of Autism Spectrum Disorder (ASD)

More likely to be unemployed

Less likely to obtain level 4 qualifications

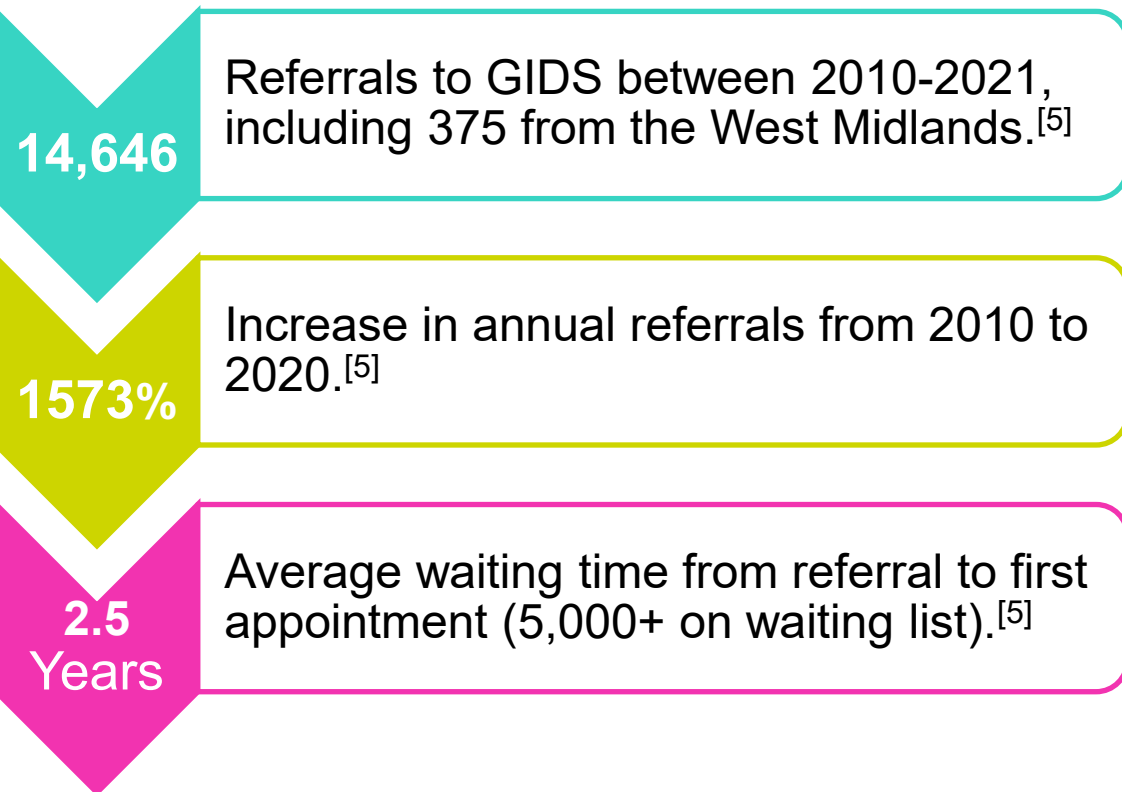
More likely to experience domestic violence

Lower rates of physical activity

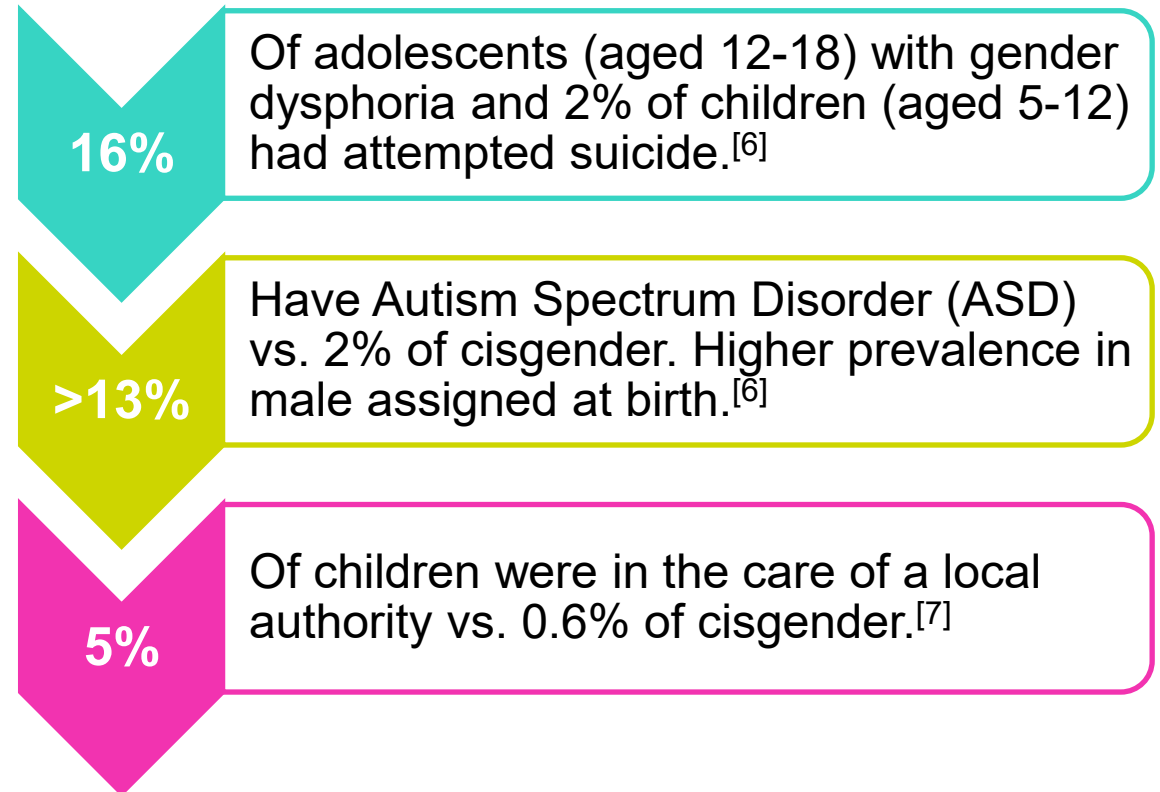


Getting the Best start in Life

Access to Gender Identity and Development Services (GIDS)



Characteristics of Children and Young People with Gender Dysphoria in England



Medical Transitioning for Trans Adults

- In England, there are **7** Gender Identity Clinics (GICs) for adults.
- In England, **4 yrs.** average wait time for initial appointment (22,871 on waitlist).^[8]
- **80%** of trans people found GICs difficult to access.^[9]
- **30%** of trans people in the West Midlands said their GP did not know how to refer.^[9]
- **Over 80%** of trans men and trans women sought/received medical intervention, compared with 31% of non-binary respondents.^[9]

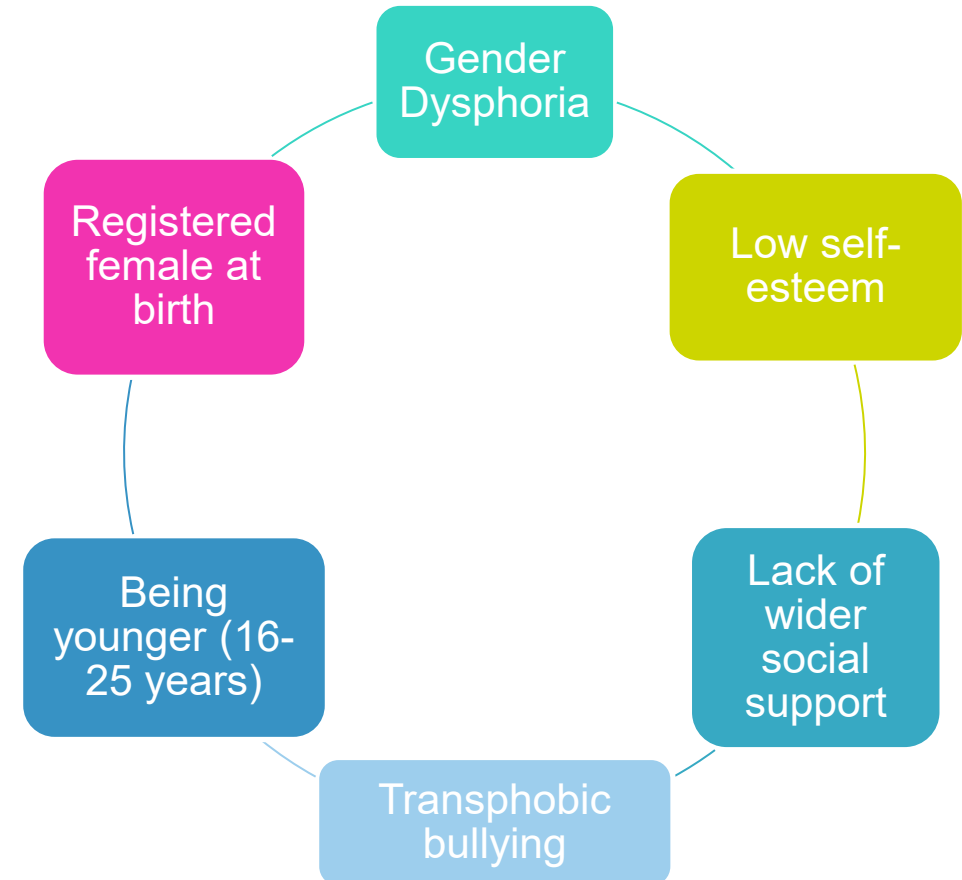
Barriers to Accessing Gender Identity Clinics^[9-22]



Mental Health

- **70%** of trans and non-binary adults have experienced depression or anxiety in the last 12 months.^[23]
- **12%** have attempted suicide in the last 12 months vs. 2% non-trans LGB adults and 7% of the general adult population.^[24]
- Young trans people (aged 16-25) are at higher risk: **25%** had attempted suicide^[25] and they are **1.5x** more likely to have planned/attempted suicide vs. cisgender youth^[25]

Predictors of Poor Mental Health in Trans People^[19, 26-33]



Health Status

- **Very** limited data and intelligence on health status, however....
- **33%** of trans people self-reported having a disability vs. 14% of cisgender LGB people and 19% of working age adults in the general population.^[9]
- **24%** of trans people are estimated to have autism spectrum disorder vs. 5% cisgender people.^[34]
 - Trans adults registered female at birth have a higher prevalence of ASD than those registered male.^[35,36] This goes against the sex trend of ASD in the general population and in trans young people with gender dysphoria.
- In 2017, there were **178** trans people with HIV. Estimated prevalence in the trans population in England is 0.46-4.78 per 1,000 (similar to cisgender population).^[37]

Access to Healthcare

- **70%-80%** of trans people rated their GP positively.^[21,38]
- **40%** of trans respondents reported difficulty accessing healthcare.^[9,23]
- In Birmingham, **79%** said their GP had little/no knowledge of gender dysphoria.^[38]

Barriers to Accessing Healthcare^[9,13, 23, 38-49]

- Lack of understanding about trans specific health
- Unknowledgeable/unsupportive GP
- Trans-specific needs ignored
- Previous negative experience
- Fear of discrimination



Facilitators to Accessing Healthcare

- Being treated as a 'whole person'
- GP responding to individual needs
- Sensitivity to gendered language
- Involvement in decisions about care
- Being treated with respect and listened to

Protect and Detect

- National policy is inclusive of trans people for cancer screening programmes, especially for cervical cancer for trans people who still have a cervix but do not identify as female.
- **27%** of trans people avoided their GP for cervical or prostate cancer screening checks.^[13]
- **58%** of eligible trans people registered female at birth had undergone cervical screening, vs. 70% of cisgender women.^[50]
- **17%** of trans people had accessed sexual health services in the preceding 12 months compared with 29% of cisgender LGB people.^[9]
- There is no routinely collected data on immunisation uptake among trans people.

Barriers to Cervical Screening^[50,51]

- Lack of information about screening
- Increased gender dysphoria related to screening procedures
- Lack of professional understanding about trans health
- Experienced or anticipated discrimination from healthcare professionals

Behaviours and Lifestyle: Substance Misuse

Substance Misuse - Trans Mental Health Study in 2012^[11]

- **62%** of trans people reported alcohol dependency. This compares with 1.6% among the resident population in Birmingham and 1.4% among the general population in England.^[11]
- **24%** of trans people in England and Wales reported taking drugs recreationally in the last 12 months. This is compared with 9% of the general population.^[11]
- Evidence comparing the prevalence rates of substance misuse among trans and cisgender populations is inconsistent.^[23,25,52]
- NHS data indicates trans people have similar levels of smoking to cisgender people.^[11,42,53]



Behaviours and Lifestyle: Physical Activity

Health Survey for England shows trans people are less likely to achieve the recommended levels of physical activity than cisgender people.^[54]



Cisgender population:

- Males (62%)
- Females (60%)

**Physically Active in England
(150+ minutes a week)**

Trans population:

- All trans identities (**52%**)

Barriers to Physical Activity^[17,55-62]

- Transphobia
- Anticipated discrimination
- Gendered sports clothing, facilities, teams

Facilitators to Physical Activity

- High self-esteem
- High body satisfaction
- Trans specific groups

Wider Determinants – Working and Living Well

Working

- **35%** of trans people in the UK had completed a higher-level qualification, vs. 51% cis LGB population.^[9]
- In Birmingham, **26%** of trans people are unemployed (48% trans population nationally), vs. 14% of cisgender LGB people.^[38]

Living

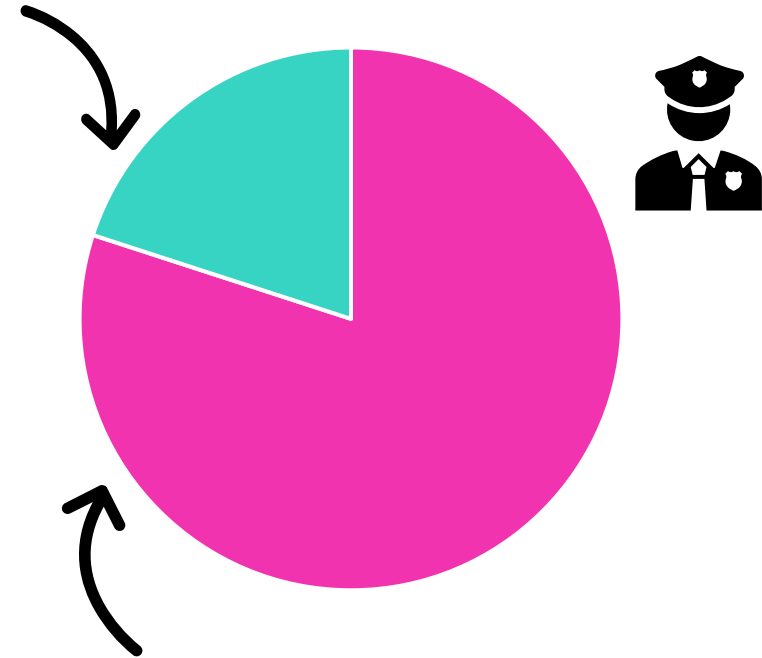
- **25%** of trans people in the UK have been homeless at some point in their lives, vs. 16% cis LGB people.^[13,63,64]
- **19%** of trans people in the UK experienced domestic violence from a partner in the last 12 months, vs. 11% of all LGBT respondents.^[64]



Wider Determinants – Discrimination/Transphobia

- **93%** of trans survey respondents said they had experienced transphobia in the last 12 months.^[12]
- Over **50%** of trans people said they avoid going to certain public spaces because of experienced/anticipated transphobia.^[9,11,12,22,64-68]
- Between 2020-21 there was a **3%** increase in transphobia hate crimes, and a total increase of **789%** from 2012-21.^[69]

2,630 police reported incidents of transphobic hate crimes in 2021.^[69]



It is estimated that **>80%** of transphobic hate crime is unreported.^[12,22]

COMMUNITY HEALTH PROFILES **2022**

Trans Profile
Infographics

A BOLDER HEALTHIER BIRMINGHAM

INTERNATIONAL, NATIONAL AND BIRMINGHAM CONTEXT

536,648

ESTIMATED NUMBER OF PEOPLE WHO IDENTIFY AS TRANS IN THE UK

The trans population is estimated to make up 0.8% of the total UK population. There has been a significant rise in people who identify as trans nationally and globally

9,124

Estimated number of people who identify as trans in Birmingham

4,910

PEOPLE ISSUES WITH A GENDER RECOGNITION CERTIFICATE

GLOBAL TRANS POPULATION

Estimates based on international data

0.1-2.7%

OF ADULTS GLOBALLY IDENTIFY AS TRANS

1.2-2.7%

OF CHILDREN GLOBALLY IDENTIFY AS TRANS



30%

of trans people in a large survey identified as bisexual THE SECOND MOST COMMON SEXUAL ORIENTATION WAS LESBIAN OR GAY

23%

50%

OF TRANS PEOPLE IN LARGE SURVEYS IDENTIFIED AS NON-BINARY This is an umbrella term for people who do not identify exclusively as a man or a woman

TRANS ORIGINS

1944

First recorded 'gender affirming surgery' in the UK performed. The medicalisation of gender identity began in the early 20th century



PEOPLE WHO DON'T CONFORM TO THE PREVAILING CULTURAL GENDER NORMS HAVE EXISTED THROUGHOUT HISTORY AND ACROSS CULTURES, LONG BEFORE THE MODERN MEDICATION OF GENDER IDENTITY

1990s

TRANS AND VARIATIONS OF THE TERM EMERGE IN POPULAR USAGE

The 'T' was added to the LGBT (Lesbian, Gay, Bisexual and Transgender) acronym

LEGISLATION

The main legislations in the UK which protect the rights of trans people are

THE EQUALITY ACT (2010) AND THE GENDER RECOGNITION ACT (2004)



GETTING THE BEST START IN LIFE

375

CHILDREN AND YOUNG PEOPLE REFERRED TO GIDS WITH GENDER DYSPHORIA FROM WEST MIDLANDS (2010-2021)

GENDER DYSPHORIA

"Gender dysphoria" is the distress that is caused by a discrepancy between a person's gender identity and their assigned/registered sex at birth

14,646

Children and young people referred to NHS Gender Identity and Development Services (GIDS) 2010-2021

1,573%

Increase in referrals to GIDS 2010-2021

70%

OF ADOLESCENTS REFERRED TO GIDS ARE ASSIGNED FEMALE AT BIRTH

1

GIDS provider for children and young people in England



ACCESSING GENDER IDENTITY SERVICES

5,366

children and young people on GIDS waiting list



2 YEARS

average wait time from referral to first appointment

CHILDREN IN CARE

5%

OF CHILDREN REFERRED TO GIDS ARE IN THE CARE OF A LOCAL AUTHORITY

0.6%

OF CHILDREN IN THE GENERAL POPULATION ARE IN THE CARE OF THE LOCAL AUTHORITY

ASD more common in trans young people assigned male at birth than those assigned female at birth

13%

CHILDREN AND YOUNG PEOPLE WITH DYSPHORIA

2%

Cisgender young people

Trans people are

2-3x

MORE LIKELY THAN CISGENDER LGB PEOPLE TO REPORT SELF-HARMING THOUGHTS AND BEHAVIOURS

16%

of adolescents (aged 12-18) with gender dysphoria have attempted suicide

2%

of children (aged 5-12) with gender dysphoria have attempted suicide



MENTAL HEALTH AND WELLNESS

70%  OF TRANS PEOPLE EXPERIENCED DEPRESSION OR ANXIETY IN THE LAST 12 MONTHS

36%  OF TRANS PEOPLE ACCESSED MENTAL HEALTH SERVICES IN THE LAST 12 MONTHS

BARRIERS TO ACCESSING MENTAL HEALTH SERVICES



Long waiting times



Feeling anxious



Unknowledgeable/unsupportive GP

SELF-HARM AND SUICIDE

TRANS COMMUNITY

35% ↑ Self-harmed in last 12 months
48% ↑ Thought about suicide
12% ↑ Attempted suicide

14% ↑
31% ↑
2% ↑

CISGENDER LGB COMMUNITY

YOUNG TRANS PEOPLE ARE **2X** MORE LIKELY TO HAVE SELF-HARMED AND **1.5X** MORE LIKELY TO HAVE PLANNED OR ATTEMPTED SUICIDE THAN CISGENDER YOUNG PEOPLE; **1 IN 4** YOUNG TRANS PEOPLE HAVE ATTEMPTED SUICIDE

HEALTH AND ACCESS TO HEALTHCARE

33%

of trans people self-report having a disability. However, there is currently no data on health or long-term conditions for trans people in the UK



24%

of trans people have Autism Spectrum Disorder (ASD) cf. 5% cisgender people



Higher prevalence of ASD in trans people assigned female at birth

EXPERIENCE WITH GPs

The majority of trans people (70-80%) rated their GP as 'helpful but uninformed'. Positive accounts of GPs included: **BEING TREATED AS A WHOLE PERSON', GP RESPONDING TO INDIVIDUAL NEEDS, GP SENSITIVITY TO GENDERED LANGUAGE, BEING INVOLVED IN DECISIONS ABOUT CARE, BEING TREATED WITH RESPECT AND BEING LISTENED TO**

BARRIERS TO HEALTHCARE



Lack of understanding from healthcare professionals



Trans-specific needs ignored

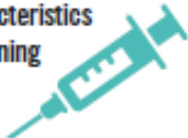


Fear of discrimination (trans men and non-binary people in particular)



Previous negative experiences

MEDICAL TRANSITIONING

A trans person may wish to adopt the social, physical and/or legal characteristics of their gender identity rather than their assigned sex at birth). Transitioning typically refers to physical transitioning using medical intervention (e.g. hormones or surgery). Not all trans people seek to medically transition 

25-30%

ESTIMATED ANNUAL INCREASE IN DEMAND FOR GENDER IDENTIFY SERVICES IN THE UK

7

NUMBER OF GENDER IDENTITY CLINICS (GICs) IN ENGLAND. TRANSPORT IS THEREFORE A KEY BARRIER TO ACCESS

ACCESSING GENDER IDENTITY CLINICS


>22,871 people on GICs wait list in England  **4 YEARS** average wait time for first appointment

79%



of trans people in Birmingham said their GP had no or little knowledge of gender dysphoria and gender identity services

MEDICAL TRANSITIONING

>80% of trans men and trans women were undergoing or had undergone medical transition in the National LGBT Survey 

THIS IS COMPARED WITH 31% OF NON-BINARY PEOPLE

80%

of trans respondents found NHS GICs difficult to access. **BARRIERS INCLUDE: LONG WAITING TIME TO ACCESS GICs, GP LACK OF KNOWLEDGE ABOUT REFERRAL PATHWAYS AND LOCATION OF SERVICES**

Some trans people self-prescribing hormones because of a lack of access

WORKING AND LEARNING WELL

LIFE SATISFACTION

Trans people report being less satisfied with their life than non-trans LGB people

5/10
TRANS COMMUNITY

7/10
NON-TRANS LGB COMMUNITY

DEGREE QUALIFICATION

35% trans people have an undergraduate degree compared with

51% CISGENDER LGB PEOPLE



26% of trans people in Brmingham were unemployed

HIGHER THAN THE CIS LGB POPULATION
14%

60% of trans people earn less than £20,000 PER ANNUM



HOMELESSNESS

Experienced at some point in life

25% TRANS

14% CISGENDER LGB



19%

of trans people experienced domestic abuse from an intimate partner in the last 12 months compared with



11% OF ALL LGBT RESPONDENTS

PROTECT AND DETECT

27%

of trans people avoided cervical or prostate cancer screening checks

ONLY 58% OF ELIGIBLE TRANS PEOPLE HAVE EVER UNDERGONE CERVICAL SCREENING

BARRIERS TO CERVICAL SCREENING



GP's lack of understanding of trans health



Discrimination from healthcare professionals



Increased gender dysphoria from screening process

SEXUAL HEALTH SERVICES

Trans people are less likely to access sexual health services than cisgender LGB people. Trans women (10%) and trans men (15%) were less likely to attend compared with non-binary people (22%)



17% Trans
29% Cisgender LGB

IN 2017 THERE WERE 178 TRANS PEOPLE LIVING WITH HIV. This gives an estimated prevalence of 0.48-4.78 per 1,000. This rate is similar to that of the general population (1.7 per 1,000)

HIV AND STI RISK FACTORS

For Trans Population in England	TRANS	CISGENDER
LIVING IN LONDON	57%	43%
UNDER PSYCHIATRIC CARE	11%	4%
BEING A SEX WORKER	7%	0.3%

BEHAVIOURAL AND LIFESTYLE FACTORS

62%

of trans people in the Trans Mental Health Study in 2012 indicated having alcohol dependency, compared to 1.8% OF THE RESIDENT POPULATION IN BIRMINGHAM AND 1.4% OF THE GENERAL POPULATION



DRUG USE

Studies indicate a lack of significant differences between trans people's substance (mis)use compared to cisgender people

24%

OF TRANS PEOPLE REPORTED TAKING DRUGS RECREATIONALLY IN THE LAST 12 MONTHS IN 2012. THIS IS 9% OF THE GENERAL POPULATION COMPARED WITH

PHYSICALLY ACTIVE

>150 mins/week
By Gender Identity



#1 Cisgender Males

62%

#2 Cisgender Females

60%

#3 Transgender (inc. trans men, women and non binary)

52%

BARRIERS TO PHYSICAL ACTIVITY

GENDERED SPORTS FACILITIES AND TEAMS



ANTICIPATED OR EXPERIENCED DISCRIMINATION



GENDERED SPORTS CLOTHING



FACILITATORS TO PHYSICAL ACTIVITY

Increased activity statistically linked with high self-esteem and high body satisfaction

TRANSPHOBIA AND DISCRIMINATION

TRANSPHOBIC HATE CRIMES

2,630 Reported incidents in 2021

789%

INCREASE IN TRANSPHOBIC HATE CRIME REPORTED BETWEEN 2010-2021



OF TRANS PEOPLE DO NOT REPORT TRANSPHOBIC HATE CRIMES THAT THEY EXPERIENCE



50%

OF TRANS PEOPLE AVOID PUBLIC PLACES BECAUSE OF EXPERIENCED OR ANTICIPATED TRANSPHOBIA

30-40%

of trans people report experiencing transphobic discrimination in the workplace



25%

of trans people experienced transphobic discrimination when buying to rent or buy a home in the last 12 months



>50%

of trans students experienced bullying and harassment in schools because of their gender identity



40%

of trans people had a negative experience based on their gender identity when trying to access healthcare services



CLOSING THE GAPS

Health and social care organisations, public bodies and population-based surveys do not collect data on peoples' gender identity. Nor is local data on the Birmingham context published. UK Census 2021 data will provide reliable and relatable insight into the trans population



INEQUALITIES WITHIN THE TRANS COMMUNITY

Within the trans community, limited evidence indicates that needs, outcomes and inequalities differ between



ASSIGNED SEX & BIRTH



BINARY AND NON-BINARY IDENTITIES



ETHNICITY, AGE, RELIGION, SEXUAL ORIENTATION

NO DATA CURRENTLY EXISTS ON TRANS LIFE EXPECTANCY AND HEALTH LIFE EXPECTANCY IN THE UK



EVIDENCE BASE

The identification and redressing of inequalities requires a robust evidence base on which to draw. In the UK, there is no evidence on some aspects of trans peoples' health and wider determinants of their health, and limited evidence with methodological drawbacks in other areas

PROBLEMS WITH EXISTING EVIDENCE

SURVEYS AND CLINICAL STUDIES

Without population level data, the limited evidence on the trans population typically comes from community-based surveys of trans people and clinic-based studies of trans people with gender dysphoria. Both are prone to methodological drawbacks which impede reliability, validity and generalisability of findings



METHODOLOGY PROBLEMS WITH EXISTING STUDIES

- SMALL SAMPLE SIZES
- NON-REPRESENTATIVE, SELF-SELECTED SAMPLES
- LACK OF/POOR MATCHED CONTROL GROUPS
- POOR OPERATIONALISATION OF TERMS
- LACK OF LONGITUDINAL STUDIES
- GAPS BETWEEN STUDY FINDINGS AND RECOMMENDATIONS
- INTERNATIONAL STUDIES REMAIN A COMMON REFERENCE POINT WITHOUT ADEQUATE CONTEXTUALISATION (E.G. BY THE NHS AND GIDS)



MEETING POPULATION NEEDS

A SYSTEM OF RELIABLE AND EFFECTIVE MONITORING AND RESEARCH IS NEEDED LOCALLY AND NATIONALLY IN ORDER TO IDENTIFY AND UNDERSTAND THE NEEDS OF THE TRANS POPULATION AND HOW BEST TO MEET THEM



Trans Terminology

- **Trans:** an umbrella term for people whose gender identity diverges from their registered sex at birth, including (but not limited to) transgender, non-binary, or genderqueer.
- **Transgender man:** a term used to describe someone who is assigned female at birth but identifies and lives as a man. This can be shortened to trans man, or FTM, an abbreviation for female-to-male.
- **Transgender woman:** a term used to describe someone who is assigned male at birth but identifies and lives as a woman. This can be shortened to trans woman, or MTF, an abbreviation for male-to-female.
- **Non-binary:** an umbrella term for people who do not identify exclusively as a man or a woman. Hundreds of terms including genderqueer, agender, nongender
- **Gender dysphoria:** the “distress” that is caused by a discrepancy between a person’s gender identity and that person’s registered sex at birth
- **Transsexual:** refers to trans people who have undergone medical intervention
- **Transition:** to adopt the social, physical and/or legal characteristics of the gender one identifies (rather than their registered sex at birth). Typically refers to physical transition using medical intervention
- **Cisgender:** People whose gender identity matches their sex assigned at birth – people who are not trans

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