Trans human rights, realities, and resilience in Europe: A TGEU analysis of the EU LGBTIQ Survey III 2023

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Trans human rights, realities, and resilience in Europe: A TGEU analysis of the EU LGBTIQ Survey III 2023

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wellbeing of trans people since 2005.
TGEU is an umbrella organisation that represents
over 200 member organisations in more than
50 countries in Europe and Central Asia.

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Executive Summary

This report presents data from trans respondents to the EU LGBTIQ Survey III, conducted in 2023 by the European Union Agency for Fundamental Rights (FRA). With 30,627 trans participants from the EU27 (plus Albania, North Macedonia and Serbia), it is the largest survey of trans people in the EU to date.

The survey results provide a crucial socio-demographic resource on the EU trans population, detailing their experiences in areas such as openness, healthcare, legal issues, discrimination, violence, and well-being. In this comprehensive report, we aim for a more nuanced and intersectional analysis of trans respondents than was possible in the FRA's own 2024 report covering the entire survey results. The report of Trans Europe & Central Asia (TGEU) compares data from trans people to cis LGBIQ people, as well as categorising trans respondents into 20 subgroups based on their intersecting identities and experiences. This methodology facilitates in-depth exploration of how systemic transphobia intersects with other forms of prejudice, including racism, ageism, and ableism, among others.

The EU trans population is highly diverse and primarily young, with varied sexual orientations and gender identities. The majority are non-binary, many of whom have not legally changed their gender nor accessed trans-specific healthcare. Young trans people face the highest rates of suicidality, housing instability, and home avoidance due to fear of harassment.

Trans people experience significantly poorer mental health (higher rates of depression and suicidal thoughts) and lower life satisfaction compared to cis LGBIQ individuals. This disparity is, among other reasons, linked to widespread harassment and discrimination, including online abuse faced by four out of five trans people. This fear extends offline: nearly half of trans people avoid public places due to fear of assault. They also face high rates of discrimination in healthcare, physical/sexual attacks, and conversion practices.

Trans people face a systemic lack of informed, inclusive services and legal protections in almost all areas of life. This report addresses data gaps and the need for higher disaggregation not met by the EU LGBTIQ Survey III. The presented data can help to improve the legal, socio-economic, and overall societal inclusion of trans people.

Key findings

Openness, life satisfaction and wellbeing

- Every other trans person is open about being LGBTIQ by the age of 17 or younger; trans men are twice as likely to disclose this early as trans women. Almost four in five trans people are open to all of their friends. The most open subgroups across the board are trans people with LGR, those who have undergone gender-affirming interventions, and older trans people.
- Trans people expressed less satisfaction with their lives compared to cis LGBIQ people (5.7 vs. 6.6 on a scale of 0 - 10, 10 representing the highest satisfaction). While older trans people report the highest satisfaction (6.6), the lowest scores are clustered among subgroups such as trans unemployed/unable to work people (4.5), and those scoring 5.1: disabled trans people, trans youth (15-17), and trans people with low income.
- Trans respondents report significantly worse mental health outcomes compared to cis LGBIQ individuals. 44.7% feel downhearted at least more than half of the time (vs. 29.5% of cis LGBIQ respondents), and one in ten trans people report feeling depressed all the time. Worryingly, almost one in four trans respondents said they often or always thought about committing suicide, a rate more than double that of cis LGBIQ respondents (one in ten).

Trans socio-demographics

- Over two in three trans respondents (71.5%) are under the age of 39, 34.6% under 24, making the trans sample very young.
- Two in three trans respondents (65.5%) identify as non-binary or gender diverse, marking this as the fastest-growing segment of the trans community (up from 51% in 2019). The majority of young trans people identify as non-binary. An overwhelming majority of non-binary respondents have not legally changed their gender marker (96.7%) or had interventions to align their body with their identity (87.4%).
- Trans people frequently express sexual and/or romantic attraction towards more than one gender. Consequently, almost one in two trans people, 47.6%, identify as bisexual or pansexual. Most of these bisexual and pansexual trans people are young, under the age of 24. Conversely, just 3.9% of trans respondents identify as heterosexual, a decrease from 10% in 2019.
- Asexuality is notably more common in trans communities, with 16.8% of trans respondents identifying as asexual, compared to 3.4% of cis LGBIQ respondents. This survey marked the first inclusion of asexuality.
- The majority of trans people are not religious; 71.7% said they have no religion, compared to 24% of the EU population. 5.3% of trans respondents consider themselves a religious minority.

- Every other trans respondent, 50.1%, has long-standing health problems, compared to 35.6% cis LGBIQ people. This is the case for four in five, 82.2%, disabled trans people.
- Almost one in five trans respondents (18.1%) consider themselves disabled. This subgroup faces the highest rate of discrimination, with three in four (76.1%) reporting they felt discriminated against based on their disability. They also record the second-lowest life satisfaction score (5.1).
- Trans people have significantly less employment stability than the cis LGBIQ population: 34.7% have full-time paid work (vs. 49.4% for cis LGBIQ people). The unemployment rate for trans people is double that of cis LGBIQ respondents (9% vs. 4.2%). Despite similar education levels, trans women are also more likely to be unemployed than trans men or non-binary people.
- One in five trans respondents (21.9%) have faced some form of housing difficulty. The leading cause of housing hardship is relationship or family problems, which resulted in homelessness for 40.6% of trans youth (15-17).

Discrimination, violence and harassment

- Trans people experience higher rates of social exclusion and discrimination than cis LGBIQ people in almost all aspects of life. Healthcare/social services are consistently identified as the most unsafe space. Notably, trans women reported feeling discriminated against at a higher rate than both trans men and non-binary people in the majority of researched locations.
- At least three in five trans respondents believe that prejudice, intolerance, and violence against LGBTIQ people have increased in their countries over the past five years. The leading cause of this increase, cited by half of trans respondents, is the negative discourse from politicians/political parties. Conversely, the visibility of LGBTIQ people in everyday life was ranked as the most effective factor in decreasing these issues.
- One in five trans people has experienced a physical or sexual attack for being LGBTIQ in the last five years (35.9% in 2019). Every other perpetrator was an unknown person to the victim; three in four perpetrators were male.
- The results show an alarmingly high exposure to online harassment for the majority of trans respondents. Four in five are often or always subjected to hostile narratives, including messages about “LGBTIQ propaganda” or “gender ideology”, claims that they are a threat to “traditional values”, and messages labelling them as “unnatural” or mentally ill.
- Almost half of trans men and trans women and one-third of non-binary people have been exposed to conversion practices, compared to just one in four LGBTIQ respondents overall. Experiences of these practices were notably higher among several subgroups, including trans people of colour in terms of skin colour, trans asylum seekers/refugees, and trans people from an ethnic minority/migrants, as well as those with housing difficulties and intersex trans people.

Trans specific experiences

- LGR likely reduces exposure to stigma and discrimination. 47.6% of trans respondents with LGR reported zero discrimination experienced for non-LGBTIQ reasons.
- Life satisfaction was higher among trans people with LGR (6.3) than among the trans population overall (5.7).
- One in four trans respondents have made interventions to change their body to better match their gender identity. 87.9% of those have also changed their gender marker. Three in five, 58.8%, trans women have had interventions, as have 47% of trans men and just over one in ten, 12.6%, non-binary people.
- A lack of need for interventions is the leading reason for not having them, reported by 47.7% of trans people. This reason is highest among non-binary people (56.7%). Conversely, only 19.8% of trans women and 9.7% of trans men stated they had no need for such interventions.

Photo by Dean Shim on Pexels.

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List of abbreviations

EU	European Union
EU27	European Union Member States
FRA	Fundamental Rights Agency
LGBTIQ	lesbian, gay, bisexual, trans, intersex, queer
LGR	Legal gender recognition
TGEU	Trans Europe and Central Asia
THM	Trans Health Map
TRIM	Trans Rights Index and Map
TSHC	Trans-specific healthcare

Introduction

Trans communities across the European Union face persistent and compounding challenges, characterised by a systemic lack of legal protection, pervasive discrimination, and alarming rates of violence and harassment - a situation exacerbated by rising anti-trans rhetoric. Trans people are positioned in various conflicting socio-political positions, with heightened visibility and increased awareness and acceptance of trans lives on the one hand, contrasted with widespread experiences of discrimination and growing efforts to eliminate human rights protections for trans people in several EU Member States. The data presented in this report will reflect this dissonance, which is the precise experience of trans people in the EU today. As noted in TGEU's *Landscape Analysis* of the anti-gender threats facing trans people in Europe and Central Asia, among "the broader attacks on LGBTI+ rights and gender equality, the anti-gender movement is increasingly focusing on trans rights in several diverse contexts. The threats posed to trans rights by anti-gender and anti-trans actors are especially significant considering their effectiveness in altering legislation and impacting rights-affirming policy choices."[1] Large-scale research and data-gathering are vital for moving beyond anecdote to quantify these disparities, identify specific needs, and provide the evidence base required to compel governments and institutions to enact and enforce effective inclusion policies.

Research equals visibility. Each number and statistic represents the realities of being trans in the EU. Understanding these lived realities is becoming increasingly critical, as the rights of trans people and the protection of civil liberties in general are under attack in many EU Member States. Online questionnaires such as the EU LGBTIQ Survey III create a safe, anonymous path for trans people to share and make their unique lived experiences intelligible. While no survey or research project can reach every social minority within a community, the magnitude of trans voices in the EU LGBTIQ III survey - 50% more than the previous survey - is a new milestone for trans visibility in the EU. This milestone is possible due to the continuous work of the FRA, in collaboration with civil society organisations and LGBTIQ[2] communities. The FRA's commitment to regular LGBTIQ surveys in the EU not only provides important data, but their openness to refine its methodology in response to feedback benefits activists, researchers and policymakers.

The EU LGBTIQ survey III data and *LGBTIQ Equality at a Crossroads – Progress and challenges* report enable us to go beyond surface-level statistics to offer our readers an in-depth analysis of the trans population within the EU.[3] Our primary goal in this report is to provide a detailed socio-demographic breakdown, which acts as a valuable, evidence-based resource on trans people, whose lives, experiences and human rights are commonly misrepresented. This report then systematically examines the experiences of trans people across several crucial areas of life: openness, trans-specific healthcare (TSHC), legal gender recognition (LGR), discrimination, violence and harassment, and general health, well-being and life satisfaction. By addressing these topics, the report aims to highlight the diverse realities and systemic challenges faced by trans individuals across the EU.

This is why it is crucial to add context to the findings of this report before diving into the data. As recorded in the *Trans Rights Index and Map 2025* (TRIM), trans communities across the EU are facing unparalleled setbacks in human rights, which currently clearly outweigh political progress.[4] It is vital to bear these setbacks in mind when reading and analysing the data presented in the report. We encourage the reader to interpret the data with the broadest possible socio-political landscape in mind – both continental and global – and all its potential threats, opportunities and (dis) advantages for trans people.

1 Rowlands, S. *Landscape analysis: what we know on anti-gender movement measures and actors targeting trans people across Europe and Central Asia.* TGEU, 2023.

2 The 3rd EU LGBTIQ survey included Q for the first time, expanding from 'LGBTI' in the 2nd survey and 'LGBT' in the initial survey. As such we use 'LGBTIQ' throughout this report.

3 FRA. *LGBTIQ Equality at a Crossroads: Progress and Challenges: EU LGBTIQ Survey III.* https://fra.europa.eu/en/publication/2024/lgbtiq-equality-crossroads-progress-and-challenges

4 TGEU. *Trans Rights Map and Index 2025.* https://transrightsmap.tgeu.org/

Photo by SLAYTINA on Pexels.

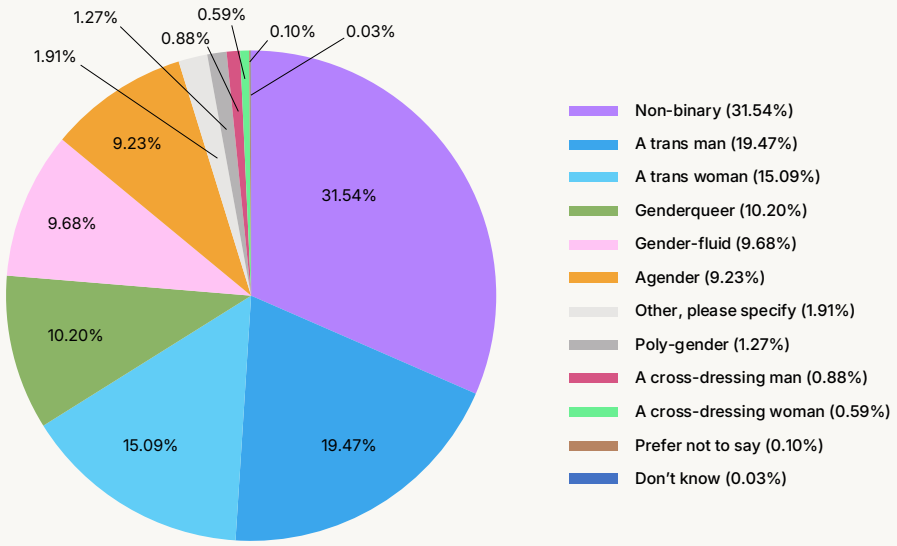
Part I: Mapping the community: Trans socio-demographics

Trans people are a diverse group defined by an intersection of identities and circumstances. We will present disaggregated data to illustrate this complexity and accurately represent the intersectional realities of the 30,627 trans respondents of the survey, representing the largest trans research sample in the EU.

Gender identity

Figure 1. Trans respondents' gender identity

'How would you describe your current gender identity?'



Data from the EU LGBTIQ Survey III (2023). Weighted data. N=30,627 trans respondents.

The trans sample comprises 15.1% trans women and 19.5% trans men, with almost two-thirds (65.5%) identifying as non-binary or gender diverse. The 65.5% is a sum of 31.5% of non-binary people, 10.2% genderqueer, 9.7% gender-fluid, 9.2% agender, 1.9% other, 1.3% poly-gender, 0.8% cross-dressing men and 0.6% cross-dressing women. 0.1% of respondents said they do not know how to describe their current gender identity, and 0.03% would prefer not to say.[5]

5 The raw, unweighted counts and percentages of respondents' sexual orientation, gender identity and sex characteristics are reported at the beginning of this report, but otherwise all subsequent data reported is weighted according to the FRA's weighting scheme, to make the data more representative. These weights account for the estimated size of each LGBTI group in each country and by age group, based on information from previous EU surveys. Furthermore, the weighting scheme accounts for respondents' affiliation with LGBTIQ organisations and participation in prior EU LGBTI surveys. For further detail, see Annex: Methodology.

Non-binary people / gender diverse

The fact that non-binary people/ gender diverse represent two-thirds of the trans respondents calls for a more focused analysis of this group.[6] The proportion of non-binary respondents has risen significantly since the previous EU LGBTI II survey from 2019. TGEU's analysis of the survey results in the *Trans Discrimination in Europe* report showed that non-binary respondents accounted for 51% in 2019, just over half of the trans population.[7]

As outlined in the Methodology section, both TGEU and FRA use 'trans' as a broad umbrella term that includes various non-binary identities. However, it is important to remember that not all non-binary people also identify as trans. This should be considered when researching the trans population and aiming to include the most diverse sample of respondents possible.

There are a multitude of reasons why some non-binary people do not identify as being a trans person. Some of the most prevalent are not feeling trans enough[8], not having undergone 'typical' trans experiences such as gender dysphoria or going through TSHC/LGR procedures, perceiving trans as a binary category, and desire for non-binary specific recognition. The *Non-binary people's experiences in the UK* research report showed that "65% of respondents said they considered themselves to be trans, with 20% 'unsure' and 15% answering 'no' (n 893)."[9] Trans people are almost universally judged by society on whether they are real or passing[10], a metric tied entirely to their physical appearance and conformity to cisnormative standards. This pressure affects non-binary people acutely. 82% respondents of the *Non-binary people's experiences in the UK* research reported being required to pass as male or female for acceptance in public spaces, and 80% faced the same hurdle in public services.

There is a notable gap in existing research regarding the experiences of non-binary people as a distinct social group. Although recent trans studies have included them, research on non-binary people's lived realities, needs, and hardships remains insufficient. We strongly encourage more non-binary specific research to address their significantly lower social visibility, acceptance, and legal protection.

6 Throughout this report, the term non-binary is used to include all gender-diverse individuals. This phrasing is employed solely for conciseness within the main text. However, all data visualisations will use the full descriptor non-binary / gender diverse. Please read the report with this distinction in mind.

7 Calderon-Cifuentes, A. *Trans Discrimination in Europe. A TGEU analysis of the FRA LGBTI Survey 2019*. TGEU, 2021.

8 The feeling of not being "trans enough" is a form of imposter syndrome fuelled by internal and societal pressures. It means questioning one's valid trans identity because they do not meet an imagined standard. This often stems from comparing oneself to others, believing in a specific path for transition (like needing surgery or intense dysphoria), or struggling with perceived contradictions (e.g., having masculine hobbies while identifying as a woman).

9 Valentine, V. *Non-binary people's experiences in the UK*. Scottish Trans and Equality Network, 2016.

10 For trans people passing means being perceived by others as the gender they identify with. Or in other words; looking and behaving in a way which makes it very hard for people to see or think someone is trans. This can be achieved through medical and social transitioning as well as behavioral changes. Passing is important for mental well-being and safety, offering protection from discrimination and violence. While some trans people aim to pass for these reasons, others may not prioritise it, seeking to express their true selves regardless of how they are perceived. It should not be assumed that all trans people want to pass.

Sexual orientation

Table 1. Respondents' sexual orientation, disaggregated

'How would you describe your current gender identity?'

	DON'T KNOW	LESBIAN	GAY	BISEXUAL	PANSEXUAL	ASEXUAL	HETEROSEXUAL / STRAIGHT	OTHER, PLEASE SPECIFY
Cis LGBIQ people	0.05%	22.71%	37.63%	24.82%	8.55%	4.48%	0.19%	1.59%
All trans people	0.14%	17.01%	8.99%	24.7%	22.87%	16.77%	3.9%	5.62%
Trans women	0.15%	35.9%	N/A	23.85%	21.68%	7.81%	7.55%	3.05%
Trans men	0.17%	N/A	21.61%	30.43%	19.38%	12.73%	9.31%	6.37%
Non-binary people / gender diverse	0.13%	17.72%	7.31%	23.19%	24.18%	20.04%	1.44%	5.99%

Data from the EU LGBTIQ Survey III (2023). Unweighted data. N=30,627 trans respondents.

Trans people's sexual orientations are diverse. Nearly every second trans person's sexual orientation is not monosexual[11], as 47.6% of trans respondents identify as bisexual (24.7%) or pansexual (22.9%). The findings reflect the wide array of LGBTIQ identities and the exponential demographic growth of queer and non-binary identities. The *Scottish Trans and Nonbinary Experiences Report* reiterates this trend, as 57% of the respondents said they are not monosexual, 33% identify as bisexual and 24% as pansexual.[12]

Interestingly, the number of asexual trans people is quite noticeable, with 16.8% (5136) trans respondents identifying as asexual, in comparison with the 3.4% (3109) asexual cis LGBIQ respondents. The Asexuality Visibility and Education Network (AVEN) estimates 1% of the global population is asexual.[13]

This was the first time FRA's EU LGBTIQ survey specifically provided the option to identify as asexual. The *Scottish Trans and Non-binary Experiences Report* recorded 14% of respondents identifying as asexual, and the Non-binary people's experiences in the UK research noted 18.8% asexual respondents, supporting FRA's findings.

Just 3.9% of trans respondents identify as straight/heterosexual, a reduction compared to the EU LGBTI II survey (2019: 10%). The *Scottish Trans and Non-binary Experiences Report* noted 5% of trans respondents were heterosexual. This finding closely aligns with the EU LGBTIQ III survey, suggesting the observed reduction from Survey II is indicative of more current and representative trans population data.

11 Monosexuality refers to a sexual and/or romantic attraction to people of one gender. Non-monosexual attractions (like bisexuality and pansexuality) hence represent sexual and/or romantic attraction to people of more than one gender. While the term might be less known, the presence of non-monosexual attraction is very widespread among the LGBTIQ population.

12 Valentine, V. and Oulds, F. *Scottish-Trans-and-Nonbinary-Experiences-Report*, Scottish Trans, 2024.

13 AVEN. *Asexuality - overview*. https://www.asexuality.org/?q=overview.html

Civil status and partnership

Over three-quarters (76.7%) of trans respondents are single. Of those who are married, slightly more are married to different sex partners (8.6%) than to same sex partners (7.7%). Additionally, 4.6% are divorced.

The ability for trans people to marry depends on various legislative factors, specifically LGR and marriage equality regulations. *Trans Rights Map and Index 2025* (TRIM) shows that divorce is still a precondition for LGR in nine EU Member states – Croatia, Cyprus, Czechia, Italy, Latvia, Lithuania, Poland, Romania and Slovakia, and Serbia. Given that not all EU Member States permit same sex marriages, trans people's civil status reflects both personal desire and the legal realities of their countries. Trans people's civil status results are thus constrained by national legal limitations, not solely by individuals' desire for marriage or civil partnership.

Parenthood

Trans parents often face the delegitimisation of their ability to parent. Barriers include discrimination in fertility treatment, transphobia, and sterilisation requirements for LGR. In 2025, sterilisation is still required for LGR in three EU Member States: Latvia, Romania and Slovakia, as well as in Serbia. These obstacles result in a low prevalence of parenthood. Since July 2025, sterilisation is no longer a requirement for LGR in Czechia. Cyprus still has the requirement in place in writing; however, the administrative practices allow for LGR based on self-determination.[14]

The rate of trans respondents who are parents (13.3%) is slightly higher than that of their cis LGB peers (10.5%). Being trans and a parent is therefore not a contradiction, despite systemic barriers and stereotypes that suggest trans people are not fit for parenting, or even unable to become parents. Public education and outreach campaigns targeting trans people and healthcare providers could help to break down myths that TSHC always prevents the ability to have children, especially given improved availability of fertility preservation options. Research into trans people's experiences accessing fertility treatment is also urgently needed.

Discrimination in schools/childcare represents the most significant difficulty for trans parents (10.2%). Lacking legal recognition of parenthood is the next most common obstacle (9.3%), a legal challenge which is faced by trans men twice as often (20.2%). The issue is most pronounced for trans people of colour (28.8%) and trans asylum seekers/refugees (27.9%∗).[15] Currently, only seven EU Member States (Belgium, Denmark, Finland, Slovenia, Spain, Sweden including Malta, which also recognises non-binary parents) legally recognise the gender identity of trans parents within binary options.

14 Since 2018 the implementation of LGR based on self-determination for trans people over 18 has been achieved. Following the official August dissemination of the Ministry of Interior's 2018 guidelines to Registry Offices, trans people can now successfully change their legal gender and name within 30 days, without being required to present medical documents like a diagnosis, hormonal treatments, or surgical evidence.

15 The subgroup "trans asylum seekers and refugees" was particularly small - with only 138 respondents and therefore this subgroup's data could not be weighted as reliably as the other subgroups (weighted effective *n* <100). We report weighted results for all subgroups throughout for consistency, but flag the results of the trans asylum seekers and refugees subgroup's results with a * throughout, to highlight that its weighted data is less reliable than for other, larger subgroups. The same applies to country-level data from trans respondents in seven countries, which could not be weighted as reliably as trans-level data from other countries (weighted effective *n* <100): Cyprus, Albania, Malta, Luxembourg, Romania, Serbia and North Macedonia.

Sex characteristics

1.8% of the respondents (1871 people) said they would describe themselves as intersex persons.[16] This data is proportional to the estimate that 1.7% of the general population is born with intersex traits. Notably, more intersex people took part in this edition of the survey compared to the EU LGBTI II survey, where 0.6% (877 people) of the respondents described themselves as intersex.

Almost two of three (64.4%) of intersex respondents are trans persons, the remaining third, 35.6%, are cis LGBIQ people. Intersex trans people are a very specific, vulnerable group who commonly find themselves in quite contradictory situations. Intersex traits remain illegitimately over-medicalised; intersex people of all ages, including children, are often subject to non-consensual medical intervention, which can cause lifelong health issues, including mental health concerns and trauma, which will be borne out in later sections of the report. As seen on the Rainbow Map 2025: *Intersex Bodily Integrity*, only five EU countries – Germany, Greece, Malta, Portugal and Spain – prohibit any surgical or medical intervention on intersex children.[17]

Age

Over two in three trans respondents (71.5%) are under the age of 39, making the trans sample very young. 6.8% are older than 55.

The majority of trans youth identify as non-binary (58.7% of 15-17 year olds and 64.2% of 18-24 year olds).

There are apparent age differences across gender identities. Trans men are the youngest subgroup, with 49.3% aged 24 or under, and only 18.8% aged 40 or over. Trans women represent the oldest subgroup, with 41.8% aged 40 or more and just 22.9% aged 24 or under.

Intersex trans respondents (50.1% aged 40+) and trans people with LGR (43.3% aged 40+) have a notably older profile than the trans average. These two subgroups, along with trans women, make up the three oldest average age subgroups in the survey.

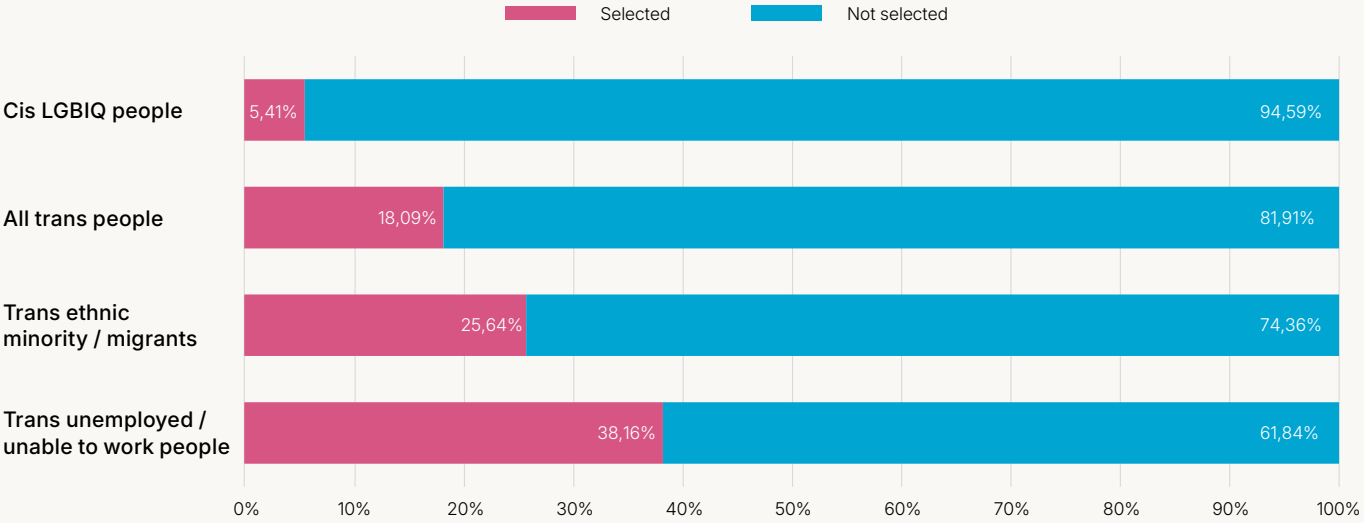
16 United Nations, OHCHR. *Intersex people*. https://www.ohchr.org/en/sexual-orientation-and-gender-identity/intersex-people; which are natural variations in sex characteristics that do not fit the typical definitions of male or female.

17 ILGA-Europe, Rainbow Map 2025. *Intersex Bodily Integrity*. https://rainbowmap.ilga-europe.org/categories/intersex-bodily-integrity/

Disability

Figure 2. Disability status, disaggregated

'Do you consider yourself a person with a disability?'



Data from the EU LGBTIQ Survey III (2023). Weighted data. N=30,627 trans respondents.

Almost one in five, 18.1%, of trans respondents report being disabled[18], which is over three times the rate of cis LGBIQ respondents (5.4%) and slightly above the global average (16%).[19] This rate has increased by 50% since 2019 (12%), which may in part be due to the long-term impacts of the COVID-19 pandemic. The highest prevalence of disability is among trans unemployed/unable to work people (38.2%) and ethnic minorities/migrants (25.6%), underscoring intersectional disadvantages.

The overlap between disabled and trans identities is well-established, and ableism and transphobia often function as mutually reinforcing systems of exclusion.[20]

Quantitative studies in the UK, US and Canada suggest that large proportions of trans populations are disabled or live with a chronic illness[21]. In Ontario, 55% of the trans people surveyed were disabled[22], in Scotland 67%[23], and in the US, 39%[24] of the trans population is disabled or chronically ill.

18 We favour 'disabled' over 'people with disabilities' to prioritise identity-first language; this acknowledges disabilities as integral and identifies societal barriers as the source of ableism. The term 'disabled' is favoured by the disability rights movement, which sees disability as a result of inaccessible environments and attitudes, not an individual failing.

19 World Health Organization. *Disability*. https://www.who.int/en/news-room/fact-sheets/detail/disability-and-health

20 Ableism refers to systemic discrimination based on physical and/or mental disability (including neurodiversity) or non-normativity. Ableism positions able-bodied and neurotypical people as the only acceptable social norm.

21 Beril, A. et al. *Digging beneath the surface: When Disability Meets Gender Identity*. Canadian Journal of Disability Studies, 2020.

22 Bauer, G.R., and A.I. Scheim, A. I. *Transgender People in Ontario, Canada: Statistics from the Trans PULSE Project to Inform Human Rights Policy*. London, Ontario: University of Western Ontario, 2015.

23 Valentine, V. and Oulds, F. *Scottish-Trans-and-Nonbinary-Experiences-Report*, Scottish Trans, 2024.

24 James, S.E. et al. *The Report of the 2015 U.S. Transgender Survey*. Washington: National Center for Transgender Equality. 2016.

There is a significant disparity in disability rates within the community; 18.1% of trans respondents identify as disabled, a figure more than triple the 5.4% reported by cis LGBIQ respondents. This percentage also slightly exceeds the global average of 16%.

The EU LGBTIQ survey III did not define disability, meaning that there could be an undercount of disabled, chronically ill or neurodivergent trans respondents. Given the high overlap between trans and neurodiverse identities, future LGBTIQ research should specifically include neurodiverse trans and cis LGBIQ people. The *Scottish Trans and Nonbinary Experiences Report* recorded the majority of the respondents, 67%, being disabled. Of those who provided further details, 39% mentioned a physical health issue, 18% neurodivergence, and 17% a mental health issue. The *Non-binary people's experiences in the UK* research found 45% of respondents consider themselves disabled or having a long-term health problem. Of these, 40.5% cited mental health, 21.9% physical health, and 17.7% neurodiversity.

Skin colour, ethnicity, migration and asylum

The survey asked respondents if they consider themselves to be part of the following minorities: a minority in terms of skin colour, ethnicity or migrant background, and/or as an asylum seeker or refugee. Although these intersectional minorities often overlap, this should not be assumed to be universal. Thus, while the survey must explore intersecting categories, specific methodological approaches require further scrutiny, which will be outlined for each minority.

People of colour

Only 2.5% of trans (and 2.2% cis LGBIQ) respondents identify themselves as a minority in terms of skin colour. This represents the glaring whiteness of the respondents' population and leads to questioning the (in)accessibility of the survey for LGBTIQ people of colour in the EU.[25] This seems to be a recurring issue in studies pertaining to LGBTI people. For example, Boehmer found that LGBT issues were addressed in 3,777 articles dedicated to public health; of these, 85% omitted information on the race/ethnicity of participants.[26]

Most trans respondents from minorities in terms of skin colour were among trans asylum seekers/refugees (17.9%*) and trans ethnic minorities/migrants (17.2%).

While the sample size is small, it includes diverse groups. However, we can not offer an in-depth analysis of the structural obstacles faced by trans people of colour. Hence, the need for such analysis, which would allow a deeper understanding of how racism and transphobia intertwine, remains.

25 Throughout the report trans respondents who identified themselves as a minority in terms of skin colour are referred to as 'trans people of colour'. The term is considered respectful and a more humanising alternative to 'minority', which is defined by majority norm/whiteness.

26 Balsam, K. et al. *Measuring Multiple Minority Stress: The LGBT People of Color Microaggressions Scale*. American Psychological Association, 2011.

Ethnic minorities including migrants

Table 2. Trans respondents' skin colour, ethnicity or migration, and asylum or refugee status, disaggregated

'Do you consider yourself...'

'...a minority in terms of ethnicity or migrant background?'

	SELECTED	NOT SELECTED
All trans people	2.47%	97.53%
Trans people of colour	100%	NA
Trans ethnic minority/migrants	17.24%	82.76%
Trans asylum seekers/refugees	17.85%	82.15%

'...a minority in terms of ethnicity or migrant background?'

	SELECTED	NOT SELECTED
All trans people	6.99%	93.01%
Trans people of colour	48.75%	51.25%
Trans ethnic minority/migrants	100%	NA
Trans asylum seekers/refugees	36.1%	63.9%

'...an asylum seeker or refugee?'

	SELECTED	NOT SELECTED
All trans people	0.45%	99.55%
Trans people of colour	4.62%	95.38%
Trans ethnic minority/migrants	2.81%	97.19%
Trans asylum seekers/refugees	100%	NA

Data from the EU LGBTIQ Survey III (2023). Weighted data. N=30,627 trans respondents.

7% of all trans respondents consider themselves a minority in terms of ethnicity or migration background, cis LGBIQ respondents (6.2%).

Almost one in two (48.8%) trans people of colour and over one in three, 36.1%*, of trans asylum seekers/refugees consider themselves a minority in terms of ethnicity or migrant background. The highest above average prevalence of ethnic minority circumstances was noted among religious trans people (17.4%), trans people with housing difficulties (12%), intersex (10.6%) and disabled trans people (9.9%).

Combining ethnic minority members and those with migration experience diminishes their fundamental differences in lived experience. Ethnic minorities are groups defined by shared culture; their experiences of discrimination are often compounded by skin colour. This results in systemic inequalities and power imbalances, with ethnic minority groups facing discrimination due to their distinct cultural identity. In contrast, migrants are defined solely by the act of moving countries, irrespective of their specific ethnic or cultural background. Citizenship status often creates a fundamental difference between these groups, where ethnic minority members with citizenship may have better access to essential services than migrants. Therefore, trans ethnic minority and trans migrant experiences must be treated as distinct groups for in-depth analysis and future research, including in the FRA EU LGBTIQ surveys.

Asylum seekers and refugees

326 respondents (0.3%*) of the entire survey consider themselves asylum seekers or refugees. Trans asylum seekers/refugees represent 0.5%* (138 persons) of the entire trans survey sample vs. 0.2%* (188 persons) of the cis LGBIQ sample.

The distinction between asylum seekers and refugees was not sought. These two social minorities do not have the same legislative protections in place, yet comparison of the two groups could expose interesting differences, which could better inform policymakers about asylum seekers' needs related to policy, legal processes, and social support. Asylum seekers are often in much more precarious legal positions than refugees, with an impact on various areas of life, including education, employment, housing, healthcare and social services.

Religion

The survey asked questions about both religion and being a religious minority. Since what constitutes a religious minority was not defined in the survey, it is unclear if responses distinguished between dominant and non-dominant EU faiths.

The largest religion in the EU is Christianity, which accounted for 72.8% of the EU population as of 2018.[27] Along these lines, Christianity was the most reported religion among trans respondents of the survey (13.1% noted one of the four Christian faiths).

About one in four (24%) of the EU population identifies as having no religion. A substantial number of respondents (71.7% of trans and 65% of cis LGBIQ respondents) said they have no religion. 5.3% of trans respondents identified as a religious minority.

27 Wikipedia. *Religion in the European Union*. https://en.wikipedia.org/wiki/Religion_in_the_European_Union

Education, employment and socio-economic status

Education

Trans people generally face notable socio-economic disparity, including lower income, higher prevalence of poverty and disproportionately higher unemployment in comparison to cis LGBIQ people.

To assess educational status, participants were asked to mark the highest level of education they had achieved. Survey results show that despite educational obstacles, trans respondents are reasonably well educated; 44.5% hold a bachelor's degree or higher. This is the case for 58.3% of cis LGBIQ respondents. At the time of participating in the survey, 26.2% of trans respondents were pupils/students. The online dissemination of the survey may have resulted in a sample with a higher education level than is representative.

Employment

Trans people face numerous employment challenges, resulting in precarious work and low socio-economic stability. Barriers to inclusive workplaces include prejudice, lack of LGR or incongruent documents and institutional transphobia.

Respondents were asked to report their employment status, which showed that trans unemployment rates (9%, up from 8% in 2019) are double that of cis LGBIQ people (4.2%). Trans women are more likely to be unemployed (12.3%) than trans men or non-binary people, even though they may have attained similar education levels. A further 5.2% of trans respondents are unable to work due to long-standing health problems, compared to only 1.7% of cis LGBIQ respondents. This reason was cited by 18.9% of disabled trans people.

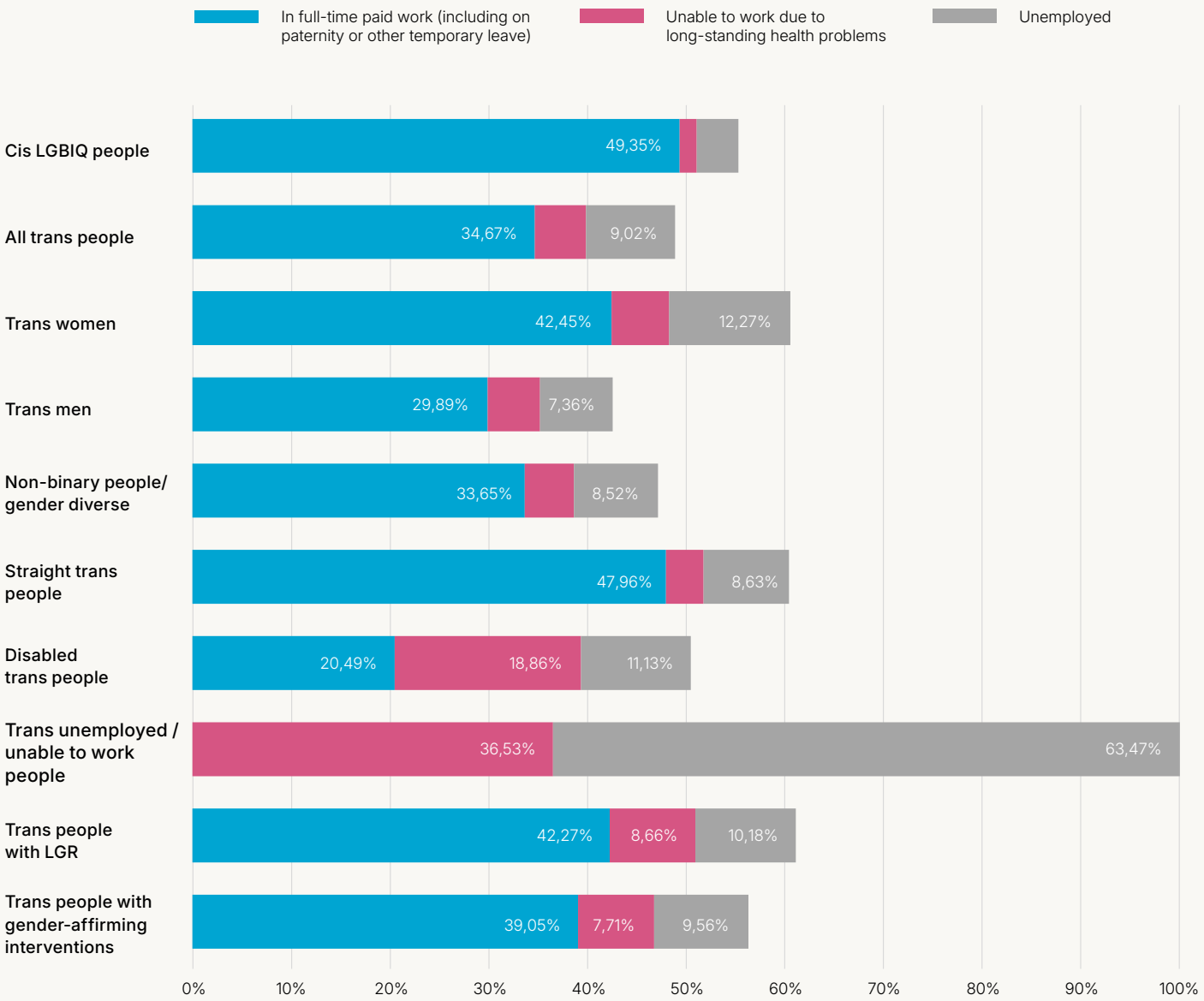
Over the past five years, 71.7% of trans people had a job, noticeably less than 83.2% of cis LGBIQ people. Employment was highest among trans people with LGR (80.5%). This confirms the positive impact of accessible LGR on trans people's employment and economic stability.

Only one-third of trans people, 34.7%, have full-time paid work, compared to half of cis LGBIQ people (49.4%). 42.4% of trans women work full-time paid jobs, as do 33.6% of non-binary people and 29.9% trans men. Highest full-time employment rates were reported by straight trans people (48%), trans people with LGR (42.3%) and trans people with gender-affirming interventions (39%). Just one in five (20.5%) disabled trans people reported having full-time paid work.

Discrimination at work has significantly dropped, with 18.2% reporting it in 2023 compared to 34% in 2019. Still, 25.4% of trans respondents always hide or disguise being LGBTIQ at work, indicating that work environments remain unsafe for a significant portion of the trans population.

Figure 3. Employment status, disaggregated

'Which of the following best describes your employment status?'



Excludes responses: Don't know; Prefer not to say; In part-time or temporary paid work; Self-employed; In unpaid or voluntary work; Student, pupil; Retired; Fulfilling domestic tasks; Compulsory military or civilian service; Other.
Data from the EU LGBTIQ Survey III (2023). Weighted data. N=30,627 trans respondents.

Making ends meet

Almost half of trans respondents (46.6%) said their household makes ends meet with at least some difficulty, which is the case for just over a third (34.8%) of cis LGBIQ respondents. Non-binary respondents had slightly less difficulty making ends meet than trans women and men. Trans unemployed people (72.7% reported difficulty, 23.5% great difficulty), trans people with housing difficulties (66%), trans asylum seekers/refugees (64.9%*) and intersex trans people (63.6%) reported particular difficulties with making ends meet.

Living and housing

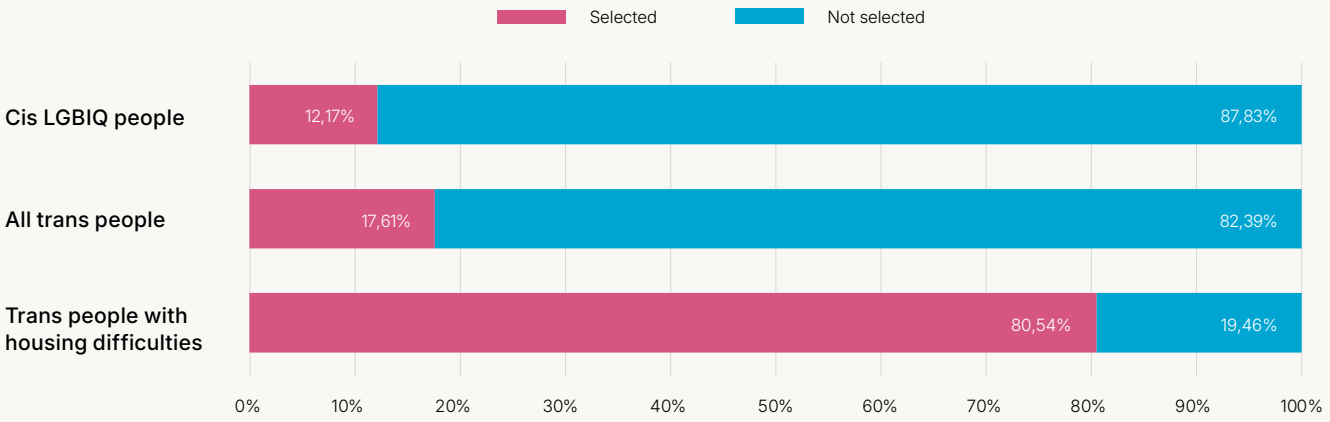
The vast majority of trans (86.8%) and cis LGBIQ (87.8%) respondents live in urban areas.

Respondents were questioned if they have ever experienced any of the following housing difficulties: temporarily staying with friends or relatives; staying in emergency or temporary accommodation; staying in a place not intended as a permanent home, and/or sleeping in a public space or 'sleeping rough'.

Figure 4. Experiences of housing difficulties, disaggregated

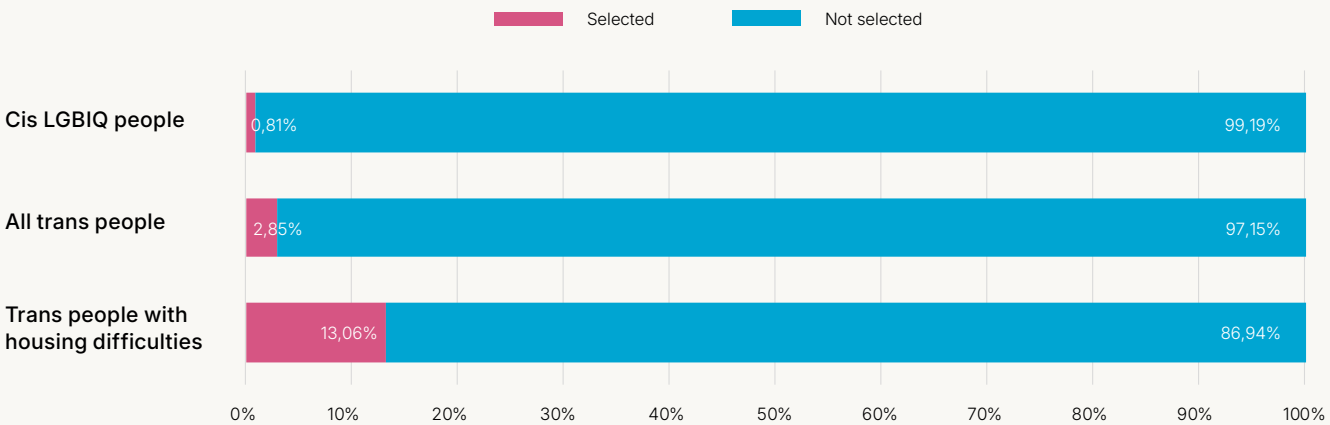
'Have you ever experienced any of the following housing difficulties?'

1. Yes, I had to stay with friend or relatives temporarily.



'Have you ever experienced any of the following housing difficulties?'

4. Yes, I had to 'sleep rough' or sleep in a public space.



Data from the EU LGBTIQ Survey III (2023). Weighted data. N=30,627 trans respondents.

One of five trans respondents, 21.9%, have experienced some form of housing difficulties, as have 14.7% of cis LGBIQ respondents. *The There's No Place Like Home* research supports the finding that trans people are more likely to face housing difficulties: 37% of trans and non-binary people are expected to experience homelessness, compared to 22% of cis LGBIQ people.[28]

17.6% of trans respondents sought housing support by staying with friends or relatives. Meanwhile, 2.8% of all trans respondents have had to 'sleep rough' or in a public space. The *There's No Place Like Home* research showed that 80% of LGBTIQ+ young people sleeping rough live with mental health conditions, compared to 35% of all LGBTIQ+ young people.

The leading cause of housing difficulty is relationship or family problems. This was reported most often by trans youth between 15-17 years (40.6%), trans people of colour (33.7%), and those aged 18-24 (32.6%). In the *There's No Place Like Home* research, 77% of LGBTIQ youth cited familial rejection as the primary cause of homelessness.

28 Tunåker, C. et al. *There's No Place Like Home: Uncovering LGBTQ+ youth homelessness in the UK*. The Albert Kennedy Trust, 2025.

Photo by Shvetsa on Pexels.

Part II: Openness, avoidance and life satisfaction

While living openly may be considered as the ultimate goal, a trans person's openness is mediated by several complex factors. The decision is met with varying obstacles and disadvantages based on intersectional identities. Not all trans people may want to live openly; those who do may not do so out of threats and safety risks. Others may prefer to disguise or hide their trans identity for personal reasons or live stealth.[29] Greater openness can lead to increased vulnerability to harassment and discrimination, especially given the rising trends of anti-trans backlash in the EU.

The survey explored openness by asking about the age of realising one's LGBTIQ identity and the age of sharing it. It also examined locations avoided due to fear of harassment and the degrees of openness towards various social groups (family, friends, colleagues, etc.). Importantly, the survey does not treat openness and avoidance as binary opposites. They are distinct descriptors used to illustrate the nuances of the LGBTIQ experience, which cannot be accurately captured by an 'either/or' approach. The data does also not distinguish between elective openness and forced disclosure, leaving the intentionality behind these interactions ambiguous.

29 Being stealth means a trans person does not disclose the fact that they are trans, have transitioned or mention anything about their trans history to people around them.

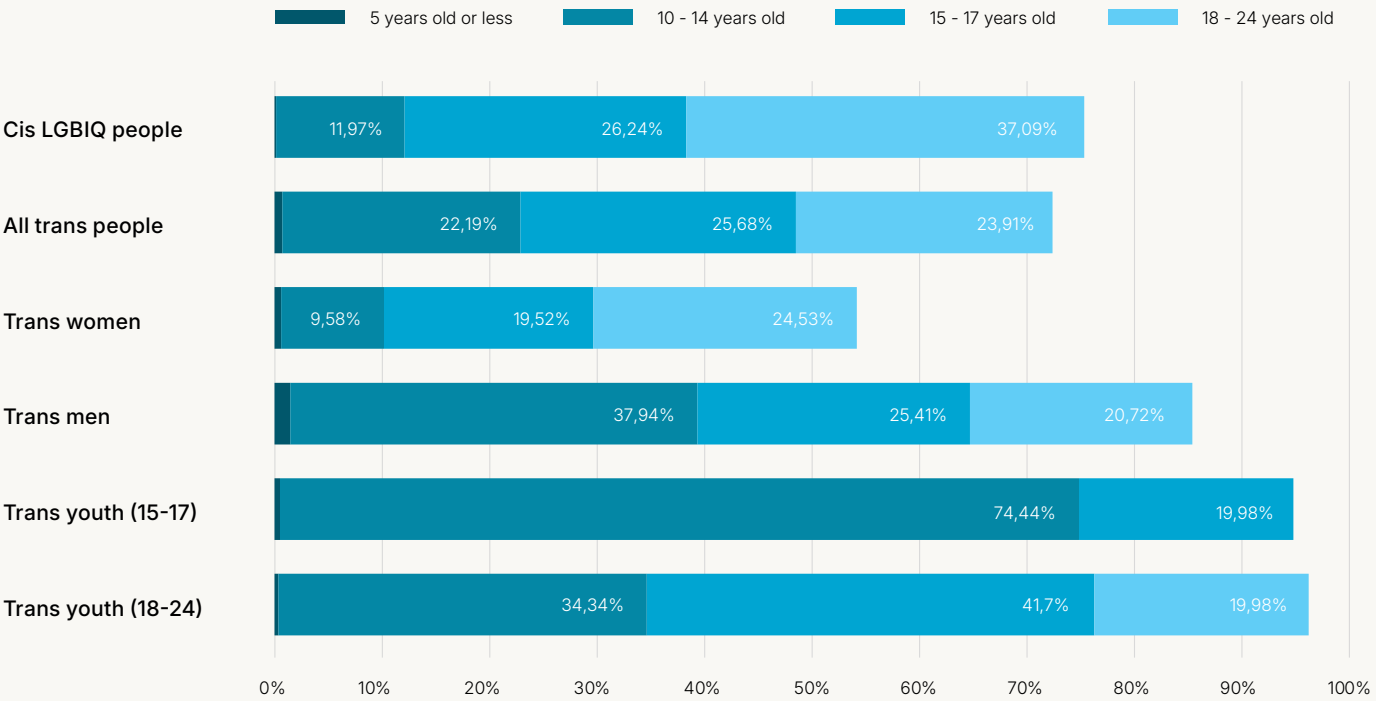
Coming out to oneself and others

Respondents were asked when they first realised they were LGBTIQ and when they first shared this with someone.

Trans people realise they are LGBTIQ earlier than cis LGBIQ people: 56.9% knew by age 14 or younger compared to 45.9% of cis LGBIQ. Trans men had the earliest realisation, 71.7% knew by age 14 or younger.

Figure 5. Age of coming out, disaggregated

'How old were you when you first told somebody you are LGBTIQ?'



Excludes responses: Don't know; Have not told anybody, 18-24 years old; 25-34 years old; 35-54 years old; 55 years old or more. Data from the EU LGBTIQ Survey III (2023). Weighted data. N=30,627 trans respondents.

Increased trans visibility, social acceptance, and better access to trans-affirming resources are lowering the age of first coming out. Trans respondents typically share their LGBTIQ identity earlier than their cis LGBIQ peers, with 49.8% doing so by age 17 or younger, versus 38.6% of cis LGBIQ people.

Notably, 74.4% of trans youth (15-17) first told someone they were LGBTIQ between ages 10 and 14, a much higher figure than the 22.2% seen across all trans respondents.

Trans respondents from Albania (14.6%*), Serbia (11.2%*) and Latvia (10.1%) were most likely to have not disclosed being LGBTIQ to anybody.

Trans men are twice as likely as trans women to first share their identity by age 17 or under (67% vs. 30.7%).

Who trans people are most and least open with about being LGBTIQ

The survey then asked respondents how many people in specific groups they are open with about being LGBTIQ and to what degree. While LGBTIQ visibility is crucial, cited as the primary reason for decreased prejudice by 41.3% of trans respondents, living openly is also a matter of safety. Every trans person is the best judge of when and where to disclose their identity.

Overall, more trans people remain closed about being LGBTIQ than open, underscoring the caution exercised to avoid harassment or discrimination. Trans women are the most open subgroup across almost all settings, although it bears repeating that the survey did not distinguish whether openness was by choice or not.

Only 47% of trans respondents are open about their identity to all or most family members. Trans youth under 24 are the least open; 74.8% (15-17) and 62.5% (18-24) are open to none or only a few family members. Low family openness is also high among religious (53.3%), LGBQ (52.6%), disabled (51.3%), and low-income (50.8%) trans people. Notably, openness with family is highest for trans women (60.8%) and trans men (57.1%), compared to non-binary people (40.7%).

A significant gap exists in healthcare: Only one in three trans people (32.5%) are open to all or most medical staff, which is unsurprising since healthcare/social services personnel are the most reported source of discrimination for trans respondents. Among trans respondents, 57.9% of trans women are open with medical staff, versus 42.3% of trans men and only 23.2% of non-binary people.

Trans people are most open with friends: 76.9% of trans respondents are open to all or most friends.

The tendency for more trans people to remain closed rather than open about their LGBTIQ identity emphasises a pervasive need for caution in the face of persistent harassment and discrimination.

Avoidance of locations and environments

The survey continued by asking if LGBTIQ people avoid certain places, and which ones, for fear of assault, threats or harassment.

Almost a third (29.5%) of trans respondents often or always avoid expressing their gender through clothing or appearance due to fear of assault or harassment; an additional 32.5% rarely do so. Conversely, nearly two-thirds of those with LGR (68.9%) never avoid self-expression, compared to the trans average of 37.7%.

Fear of assault, threats, or harassment causes significantly more trans people (39%) than cis LGBIQ people (27.8%) to always or often avoid certain locations. The highest rates of avoidance are seen in intersex trans people (53.6%), trans people of colour (48.9%), trans asylum seekers/refugees (47.7%*) and trans women (46.9%).

For fear of being assaulted, threatened or harassed by others, public places and public transport are the locations where LGBTIQ people avoid being open about their identity the most. Rates are similar between trans and cis LGBIQ people in both public places (trans: 43.2%, cis LGBIQ: 44%) and public transport (trans: 41.6%, cis LGBIQ: 43%).

At least half of trans respondents in Albania, Ireland, Latvia and Lithuania avoid being open about LGBTIQ in both public places and public transport. The most affected subgroup is trans people of colour, with at least half avoiding being open about their LGBTIQ identity in both locations for fear of assaults, threats or harassment. The *Scottish Trans and Nonbinary Experiences Report* showed that 61% of respondents had avoided at least one of the public services (including public toilets, the police, public spaces, public transport) due to fear of being harassed, being read as trans, or being outed.

Home is the location where there is the least avoidance of being open about LGBTIQ identity. Despite this, a considerable 12.5% of trans respondents avoid being open about being LGBTIQ at home for fear of assault, threats or harassment. Hiding one's identity at home is highest among vulnerable subgroups, particularly trans youth aged 15-17 (32.3%) and 18-24 (20.5%), and trans people of colour (19.2%). This may lead to avoidance of the home itself. Indeed, *There's No Place Like Home* research found that LGBTIQ+ youth from racialised minorities are 50% more likely to experience hidden homelessness.[30]

Similarly, trans youth are the leading subgroup avoiding being open about their LGBTIQ identity with their family for fear of reprisals (ages 15-17: 52.2%; ages 18-24: 43.8%). On average, 30.3% of trans respondents avoid being open about their identity with their family. This low level of openness in intimate environments underscores how unsupported trans youth remain, negatively impacting their safety and wellbeing.

30 Hidden homelessness is a form of housing instability, where people without secure housing live in temporary accommodation, rather than in traditional homeless shelters or on the streets. Oftentimes hidden housing arrangements are unsafe, unsanitary, and generally inadequate and can include staying on friend's couches, living in overcrowded housing, squats, hostels, cars/vans, etc.

Table 3. LGBTIQ identity: avoidance by locations, disaggregated

'Where do you avoid being open about yourself as LGBTIQ for fear of being assaulted, threatened or harassed by others?'

A: 'My home'

	SELECTED	NOT SELECTED
All trans people	12.54%	87.46%
Trans people of colour	19.22%	80.78%
Trans youth (15-17)	32.32%	67.68%
Trans youth (18-24)	20.52%	79.48%

B: 'Around my family'

	SELECTED	NOT SELECTED
All trans people	32.51%	67.49%
Trans youth (15-17)	45.90%	54.10%
Trans youth (18-24)	38.68%	61.32%

Data from the EU LGBTIQ Survey III (2023). Weighted data. N=30,627 trans respondents.

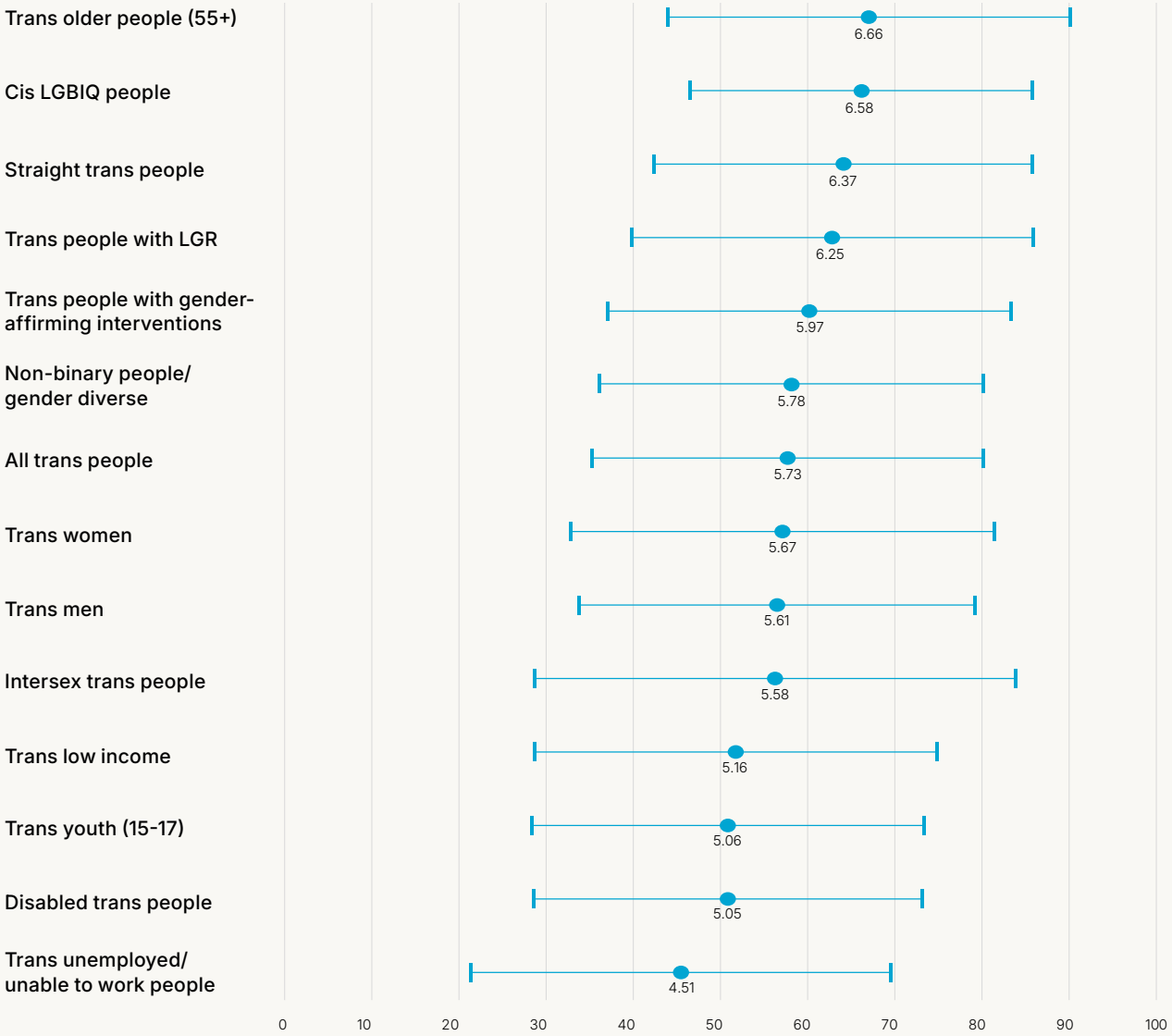
Life satisfaction

Life satisfaction among respondents was measured on a 0 to 10 scale, where 10 indicated the highest satisfaction. Trans people show lower life satisfaction than cis LGBIQ people; 5.7 vs. 6.6 (2019: 5.6 vs. 6.4). Trans unemployed/unable to work people recorded the lowest life satisfaction (4.5), while disabled people, those with low income, and trans youth (15-17) were the next lowest scores.

Trans older people reported the highest life satisfaction (mean score of 6.7), followed by straight trans people (6.4), and trans people with LGR (6.3). The report repeatedly shows that living in one's affirmed gender, especially with matching legal documents and access to TSHC, has a very positive impact on life satisfaction for most trans people.

Figure 6. Life satisfaction, disaggregated

'All things considered, how satisfied would you say you are with your life these days? Please answer using a scale where 0 means very dissatisfied and 10 means very satisfied.'



Mean life satisfaction rating plotted and labelled. Error bars show +/- 1 standard deviation from the mean. Data from the EU LGBTIQ Survey III (2023). Weighted data. N=30,627 trans respondents.

Photo by Dean Shim on Pexels.

Part III: Trans insights: trans specific experiences

Trans respondents received a unique set of questions that focused on their specific experiences, looking at LGR and interventions relating to health and the body.

Legal gender recognition

Legal gender recognition, which ensures recognition of an individual's gender identity and chosen name, is essential and goes beyond a simple administrative procedure. Documents matching one's identity can support gender euphoria, autonomy, and dignity, and act as a safeguard when accessing public and private services (e.g., education, employment, healthcare). For many trans people, a change in documents is a precondition to accessing basic rights and freedoms.

LGR can reduce exposure to stigma and discrimination.[31] When asked about experiencing discrimination for reasons other than being LGBTIQ, nearly half (47.6%) of trans respondents with LGR said they do not have such experiences.

This is likely due to how LGR affects a person's self-determination and social confidence. Trans people with LGR reported relatively high life satisfaction, with an average score of 6.3 out of 10, compared to 5.7 for trans people overall. Research published in Social Science & Medicine found that having legal gender 'affirmation' was linked to lower rates of depression, anxiety, physical stress symptoms, and overall psychological distress.[32]

Trends and trajectories among trans people in the EU

Setting the groundwork, the survey established that only 13.1% of all trans respondents have legally changed their gender marker (2019: 14.8%). The overwhelming majority of trans people (80.2%) have not changed their gender.

31 Scheim, A. I., et al. *LGR and the health of transgender and gender diverse people: A systematic review and meta-analysis.* Social Science and Medicine, 2025.

32 Restar, A. et al. *Legal gender marker and name change is associated with lower negative emotional response to gender-based mistreatment and improve mental health outcomes among trans populations.* SSM - Population Health, 2020.

Trans people in Austria (30.8%), followed by Malta (26.7%*), Denmark (25.5%), the Netherlands (24.1%), and Ireland (22.6%) were most likely to have obtained LGR. Three of these countries, Malta, Denmark and Ireland have a self-determination model in place. Austria, the country where most respondents have changed their gender marker, requires a mental health diagnosis but no physical interventions.

Among trans people who obtained LGR, trans women (35.6%), straight trans people (33.2%), trans men (28.4%), and older trans people (27.8%) were the largest subgroups.

Of those who had undergone trans-specific medical interventions, 43.6% had legally changed their gender, while an additional 13.3% were in the process during the survey. More than half (56.9%) of trans people with gender-affirming interventions have also changed their legal gender, highlighting the strong link between medical and legal transition.

Apart from 'yes' or 'no' responses, 6.7% of respondents indicated they were in the process of legally changing their gender. This was the case for 15.3% trans women, 14.8% trans men and 2.4% non-binary people. Overall, 26.4% of trans respondents want to legally change their gender in the future, as do over half of trans women (58.2%) and trans men (59%).

LGR rates vary dramatically across countries. North Macedonia has the lowest rate of all 30 countries: 97.5%* respondents have not obtained LGR. Other countries where less than 10% of trans people have obtained LGR are Hungary (95.4%), Romania (94%*), Bulgaria (93.9%), Albania (92.8%*), Lithuania (92.6%), Croatia (92.6%), Serbia (91%*), Cyprus (91%*) and Slovakia (90.4%). In all of these countries, there exist significant barriers and challenges to legally changing one's gender.

As seen on the TRIM 2025, Hungary and Bulgaria make LGR procedures impossible. Respondents from these countries might have acquired LGR before it became impossible in 2020 and 2022 respectively.

In Albania, there are no legislative or administrative procedures assuring reliable and consistent LGR. Rather, requirements might be arbitrary and/or require bribes to public officials might be necessary. Romania, Lithuania, Croatia, Serbia, Cyprus and Slovakia have LGR procedures, yet abusive medical requirements hinder free access. These may include sterilisation, surgical interventions and/or medical interventions such as hormone replacement therapy. The 2025 constitutional amendment in Slovakia stating that only two sexes, man and woman, will be recognised, has effectively undone any possibility for LGR.

Respondents were asked if there was a reason why they had not had their legal gender changed yet. The leading reason is not finding LGR necessary, which is the case for one in four (24.5%) trans people. 30% of non-binary respondents said so, in contrast to just 5.9% trans women and 5% trans men. The second most common reason was that the process is 'too difficult', as expressed by 16% of respondents. This was most frequently reported by trans people with gender-affirming interventions (28.1%) and trans women (25.4%).

One in four, 25.3%, trans respondents said they do not want to change their legal gender. This was most common among older trans people (38.9%) and trans asylum seekers/refugees (37.3%*). This may be due to factors such as a lack of knowledge about available processes or a shortage of mental health and procedural resources.

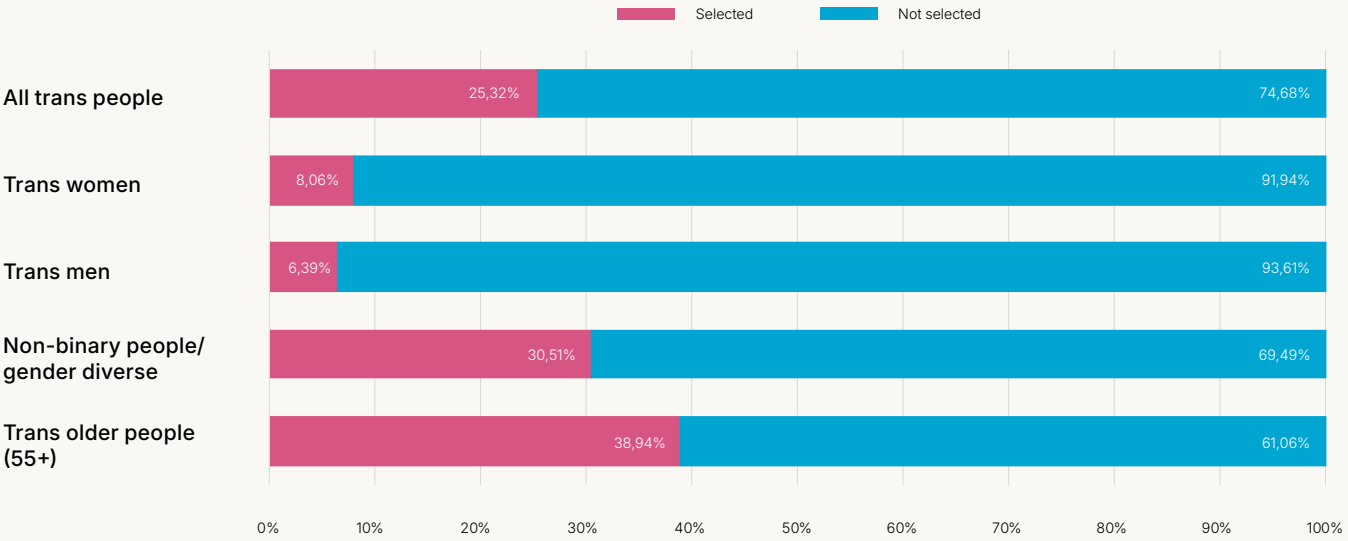
It is concerning that 14.2% of respondents said they do not know if they can change their legal gender, given the positive effects LGR can have for a person. Trans people of colour reported the lowest awareness, with one in five (21.3%) reported not knowing.

Other reasons for not obtaining LGR were not fulfilling legal requirements (12.6%), not agreeing with legal provisions (12%) and thinking it is too expensive (9.4%).

Figure 7. Reasons for not obtaining legal gender recognition, disaggregated

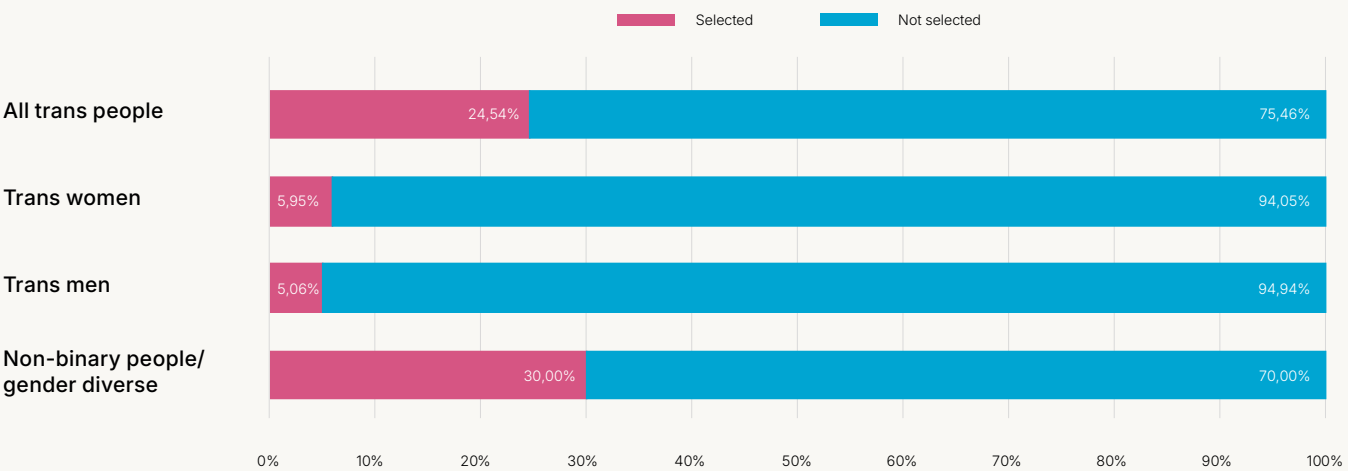
'Is there a reason why you did not have your legal gender changed yet?'

1. I don't want to



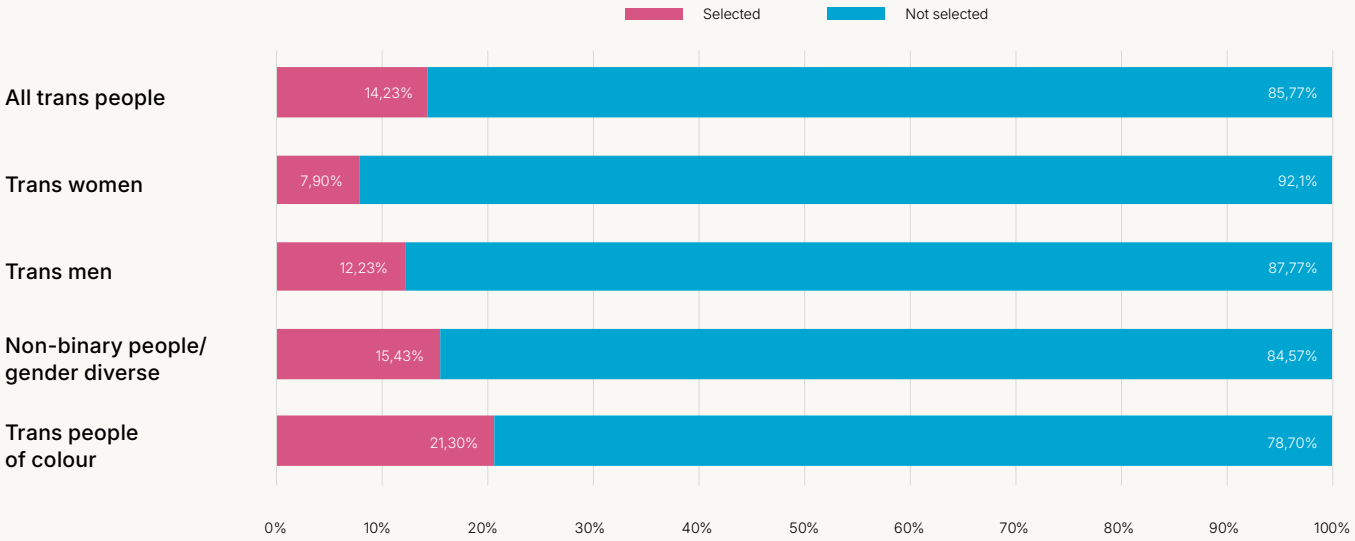
'Is there a reason why you did not have your legal gender changed yet?'

2. I don't think it's necessary



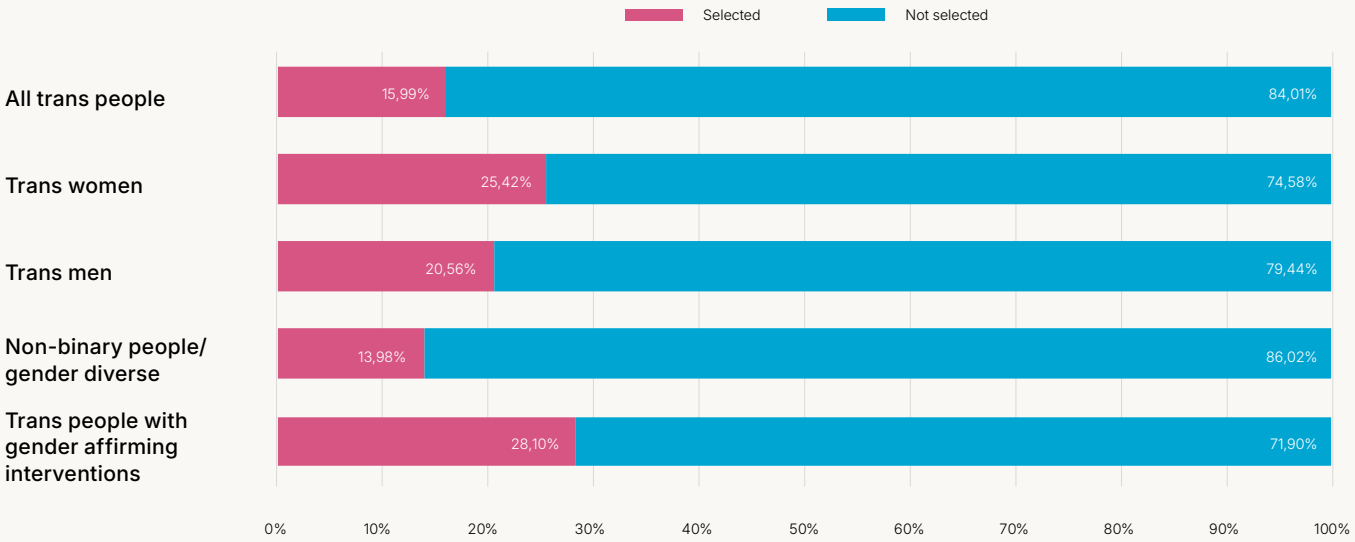
'Is there a reason why you did not have your legal gender changed yet?'

6. I don't know if I can



'Is there a reason why you did not have your legal gender changed yet?'

7. I think it's too difficult



Data from the EU LGBTIQ Survey III (2023). Weighted data. N=30,627 trans respondents.

Trans people's awareness of LGR varies widely and is often complicated. 8.28% of respondents said there was no LGR procedure available in their country, a belief that sometimes contradicts legislation. Awareness is mixed in countries where legal recognition is banned outright: half of the Hungarian respondents (50.2%) and two-fifths (39%) of the Bulgarian respondents correctly stated that no legal pathway exists. Even where procedures exist, confusion is common. For example, over 10% of respondents in both Slovakia (11.3%) and in Latvia (11.2%) had not accessed LGR because they (mistakenly) believed no procedure was available. In Cyprus, 15.4%* said no procedure existed, despite the administrative route that is available.

In countries with obstructed access, respondents are unclear as to how the procedure works. 16.4%* of Romanian respondents thought no legal pathway existed, which confirms the finding of the European Court of Human Rights regarding the lack of a clear process. In Albania (28.3%*) and North Macedonia (20.1%*), where procedures exist but are unreliable, respondents reported no pathway. Similarly, 13.4%* in Serbia reported no procedure, likely reflecting that abusive medical requirements make the official process virtually inaccessible.

Legal gender recognition in the European Union in 2025

Whilst EU law leaves LGR to individual member states, the Court of Justice of the EU (CJEU) has delineated some key principles and boundaries. Over a series of rulings (*Deldits, Mousse, Mirin*), the CJEU established that anyone holding personal data must allow people to easily correct gendered data in their records, official documents should reflect lived gender identity rather than assigned sex, and sterilisation cannot be required for gender marker changes.

The Court also ruled that EU countries must recognise each other's decisions on LGR, and that non-binary people can not be forced to use gendered titles when these are irrelevant to a service. The forthcoming case of *Shipov* could develop this further and establish a requirement for EU countries to have LGR procedures to realise trans people's right to enable freedom of movement in the EU.

Currently, according to the TRIM 2025, 25 of 27 EU Member States provide LGR procedures. Some procedures are administrative, and some legislative. Of these 25, nine countries have procedures based on self-determination. Other countries require the fulfilment of at least one condition which might jeopardise a person's physical or mental integrity, their privacy, health, security or human dignity. 14 countries require a mental health diagnosis, nine require divorce and five demand sterilisation. It's important to note that even the best self-determination models are often inaccessible for non-binary people, minors, and non-citizens.

Non-binary people and legal gender recognition

The specific vulnerability of non-binary people with respect to legal recognition is still too often overlooked. Only Malta and Germany in the EU provide full legal recognition for non-binary people. This lack of policy makes obtaining identity documents virtually impossible for non-binary people, who are the largest subgroup of the trans population and comprise 65.5% of survey respondents.

Only 3.3% of respondents who have had LGR are non-binary people (2019: 1.8%). 94.3% of non-binary respondents have not changed their gender. This is likely because non-binary people are generally excluded from gender recognition procedures and by the lack of an alternative to 'male' or 'female' gender markers. Choosing a binary marker is commonly a pragmatic solution given the lack of non-binary inclusive legislation. A binary gender marker can increase security and reduce exposure to discrimination for non-binary people.

Fewer than one in five (17.2%) non-binary people want to legally change their gender in the future, compared to 26.4% of all trans respondents. This figure would likely increase if non-binary recognition were available.

The survey failed to explore trans people's opinions on gender being recorded on legal documents. This data would offer interesting insight, particularly when juxtaposing trans women and trans men with non-binary identities.

30% of non-binary respondents who have not changed their legal gender stated they do not find it necessary, compared to 5.9% of trans women and 5% of trans men. The disparities strongly emphasise the need for non-binary-specific research to determine what non-binary people lack and want.

Non-binary people mostly want their legal gender to match their identities, as shown in the *Non-binary people's experiences in the UK* research. 73% of respondents felt the best option for legal documents would be the introduction of a third gender category. 64% of respondents in that survey also wanted to have their legal gender recorded as something other than 'male' or 'female', while only 6% did not want this. A majority (57%) of respondents were in favour of optional gender recording on documents, and 41% preferred that gender was not recorded whatsoever.

Despite their specific vulnerabilities, non-binary people continue to be systematically excluded from frameworks of legal recognition. Only two EU member states - Malta and Germany - currently offer full legal recognition, underscoring an urgent and widespread failure across the rest of the Union.

Respondents from the UK based research cited safety concerns as reasons for not wanting non-binary legal recognition. This included the risk of being outed to professionals or employers, as well as safety issues when travelling with a non-binary passport. Further reasons for not wanting legal non-binary gender recognition were apprehension about States recording legal gender and concerns over how this recognition would affect the rights of non-binary people. Although some respondents of the UK research were content with having their sex assigned at birth on medical documents, this practice hinders privacy and forces the involuntary disclosure of a non-binary person's identity to healthcare staff. A better solution is the Two-Step Process, which asks about sex assigned at birth and gender identity separately to protect privacy and prevent unintentionally outing trans and non-binary individuals.

Minors and legal gender recognition

LGR for minors varies significantly by location, generally requiring parental/guardian consent and court involvement to assess the child's maturity and best interests. Whether through specific or general court proceedings, the overarching principle is to ensure the process is accessible, transparent, and prioritises the child's well-being.

13 of 27 EU Member States offer LGR procedures for minors. Only six of these do not impose any further age restrictions. Consequently, children who wish to change their gender marker depend on supportive adults (parents/guardians) who understand or care about this need. Limited or no access to LGR makes minors more vulnerable, particularly in education. Barriers and harassment related to their gender identity often cause young trans people to stop attending or discontinue their schooling. Documents that do not match a person's gender identity become further barriers instead of aids.

16.7% of trans respondents considered leaving or changing school because they are LGBTIQ, more than double that of their cis LGBIQ peers (8.5%). The highest rates of considering leaving education were found among the further marginalised: trans people of colour (29.2%), intersex trans people (28.5%), trans youth (15-17) (25.8%), and trans men (25.1%). With an alarming one in four trans youth considering leaving education, this group is critical for urgent action. These young people are in their formative years in educational settings, contrasting with adults who have more choices or have completed their education.

Asylum seekers or refugees and legal gender recognition

LGR is crucial for the dignity and service access of refugees and asylum seekers, yet they are often denied this vital step due to legal and administrative barriers. This is typically caused by a lack of established procedures or the requirement for original birth certificates that refugees and asylum seekers cannot obtain.

The non-citizen category includes diverse trans subgroups, such as refugees, asylum seekers, and migrants from ethnic minorities, as well as trans people of colour. It is alarming that all these subgroups reported a lower prevalence of legal gender change than their national peers: trans people of colour (15.8%), ethnic minority/migrant trans people (14.7%), and trans asylum seekers/refugees (12.8%*).

9.7%* of trans asylum seekers and refugees reported that there is no legal procedure for changing one's legal gender in their respective host country. With only 14 EU countries enabling recognised refugees to access LGR, it shows a clear need to make LGR accessible to anyone living in the country, regardless of nationality. The fact that the CJEU and the European Court of Human Rights found that States have to also provide refugees with the possibility of LGR underlines the need for change.

LGR procedures, or their outright banning, have regrettably become a weapon to harm trans people and manipulate societal perceptions of trans people. TRIM 2025 recorded a new peak in bans, with two EU countries (Hungary and Bulgaria) and two Council of Europe nations (Russia and Georgia) having legislation that fully disables LGR. Following Slovakia's constitutional change in September 2025 to block LGR, it is urgently essential that all EU Member States implement self-determination-based LGR. This legislation must be inclusive of non-binary people and remove barriers like age or citizenship requirements to protect the basic rights and dignity of the most marginalised trans populations.

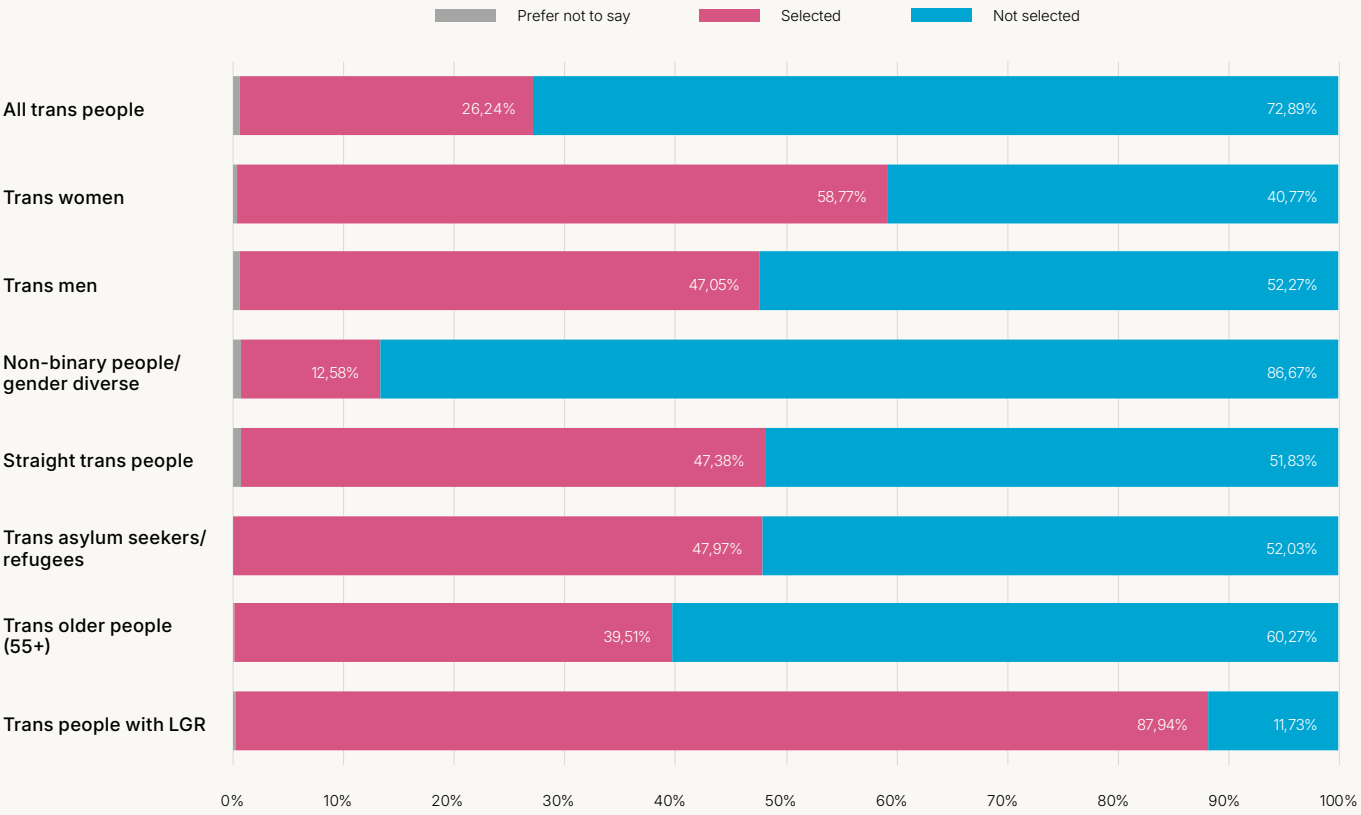
Interventions: aligning bodies with identities

Gender dysphoria represents significant distress or impairment resulting from incongruence between one's experienced/expressed gender and their assigned gender.[33] Interventions to the body can contribute to lessening or minimising gender dysphoria, which consequently can lead to improvements in the mental and physical health and wellbeing of trans people.

33 APA - American Psychiatric Association. *What is gender dysphoria?* https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria

Figure 8. Gender-affirming interventions, disaggregated

'Have you had any kind of intervention to change your body so it better matches your gender identity?'



Data from the EU LGBTIQ Survey III (2023). Weighted data. N=30,627 trans respondents.

The survey did not collect detailed information on the type of intervention(s) respondents had. Rather, it asked respondents if they had any kind of intervention to change their body so it better matches their gender identity. The term 'interventions' here should not be read as referring only to surgery, but rather as a broad term covering a range of mental health, psychosocial, endocrinological, and surgical procedures used to align gender expression with identity. Specific forms of intervention will be clearly identified when in focus.

26.4% of trans respondents reported undergoing interventions to better align their body with their gender identity, a result nearly identical to the 27% recorded in the EU LGBTI II survey. Of those who had interventions, the breakdown by identity is: trans men (27.8%), trans women (40.7%), and non-binary/gender diverse people (31.5%).

Intervention rates show clear gender identity differences: 58.8% of trans women and 47% of trans men have had interventions, compared to only 12.6% of non-binary people. The vast majority (87.9%) of those who had interventions also had obtained LGR. Other subgroups recording a significantly above-average rate of interventions include trans asylum seekers/refugees (48%*), straight (47.4%) and older trans people (39.5%).

In contrast, the rate of interventions is low in some countries. Just over one in ten trans respondents from Serbia (12.3%*) and fewer than one in ten respondents from Romania (9.7%*) have had interventions. Romania is one of the few EU Member States with little to no TSHC available.

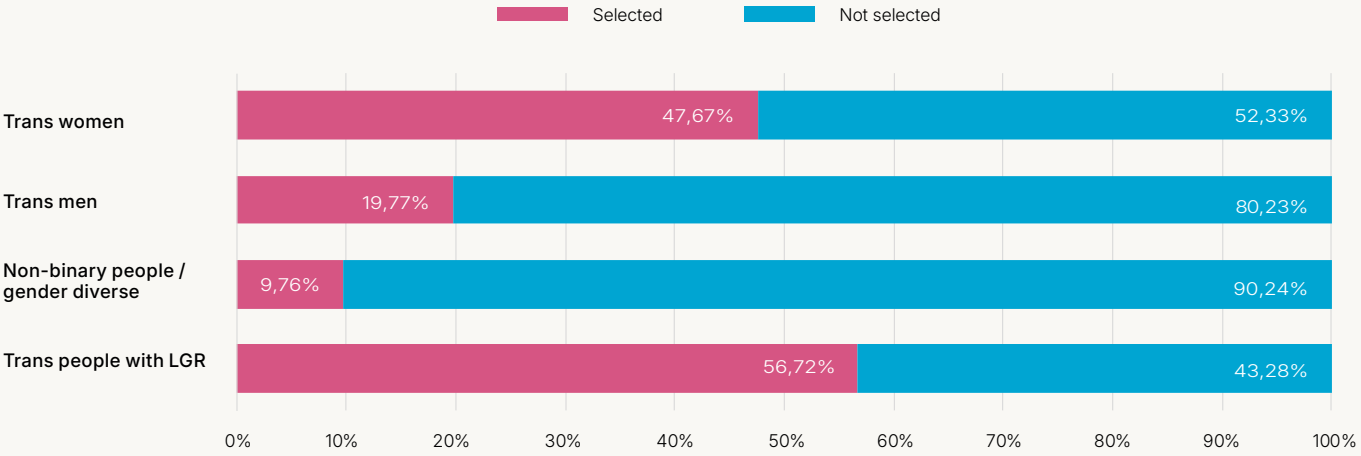
89.2% of all trans respondents who had interventions, had them after the age of 18 years. This data provides a counterpoint to anti-trans rhetoric that falsely claims that minors are routinely forced to undergo irreversible healthcare interventions and weaponises child protection to oppose and restrict trans people's right to the best attainable standard of health.

Austria leads the prevalence of trans interventions at 45.4%, closely followed by Denmark (42%), Germany (41.8%), and Ireland (40%). The Netherlands, Malta and Sweden also report that at least one in three trans people have had some kind of gender-affirming interventions. According to the Trans Health Map 2024 (THM), the most common TSHC procedures are available in the majority of these countries, with Germany and the Netherlands providing the full range of listed services.[34] Austria lacks metoidioplasty, Denmark lacks phalloplasty, and Sweden lacks facial feminisation surgery. On the other hand, Ireland and Malta do not provide some of the most comprehensive surgical procedures, including metoidioplasty, phalloplasty, and vaginoplasty. It is noteworthy that Ireland is known for having some of the longest waiting times for trans healthcare in the EU, nearly 10 years.

Ireland is the only high-prevalence country where respondents expressed above-average concern for economic barriers (34.6%), contrasting sharply with the 22.9% trans average. Economic barriers and/or lack of insurance coverage for interventions were particularly acute in Latvia (43.7%) and Romania (43.6%*). Across a number of other countries, including Hungary (39.2%), Bulgaria (38.4%), Poland (34.7%), Greece (34%), and Ireland (33.5%), at least one in three trans people cited the cost or lack of insurance as a financial hurdle.

Figure 9. Reasons for not undergoing gender-affirming interventions, disaggregated

'Have you had any kind of intervention to change your body so it better matches your gender identity?'



Data from the EU LGBTIQ Survey III (2023). Weighted data. N=30,627 trans respondents.

Respondents who have not had any interventions were asked about the reasons why. The most common reason for not undergoing interventions was not having a need for them (47.7% overall). This reason was most prevalent among older trans people (65.8%), non-binary people (56.7%), and religious trans people (55.2%). In stark contrast, only 19.8% of trans women and 9.7% of trans men reported not needing

34 TGEU. *Trans Health Map 2024*. https://transhealthmap.tgeu.org/

physical interventions.

The results surprisingly show non-binary people faced notably fewer obstacles to undergoing interventions than trans women and trans men, ranking below the trans average for all listed barriers (except "no need," where they ranked above). This disparity contradicts other research, like the THM 2024, which listed non-binary people as a group facing significant obstacles to accessing TSHC. The difference is heightened because the non-binary subgroup was so significant: 86.7% of non-binary respondents answered that they faced notably fewer barriers compared to 40.8% of trans women and 52.3% of trans men.

The requirement for a mental health diagnosis was reported as an obstacle to interventions by 14.6%, rising to 20.9% for trans disabled people. Figures across different gender identities were similar (trans men 16%, trans women 14.7%, non-binary people 14.4%), showing no significant disparity.

At least 15% of respondents in 11 countries stated that a mandatory mental health diagnosis is an obstacle to interventions from them, regardless of their respective country's actual legislation. Slovenia recorded the highest rate (24.9%), where a diagnosis of 'transsexualism' or 'gender dysphoria' is mandatory for bodily interventions. The following countries were Germany[35], Lithuania, Latvia, Ireland, Sweden, Italy, Austria, Slovakia, Poland, Estonia.

Negative reactions from medical professionals were a barrier for 10.8%. More widely, discrimination from healthcare/social services personnel was experienced by 22.6% of trans respondents overall, increasing significantly to almost 37.9% for those who had already received gender-affirming bodily interventions.

Given that some EU countries still enforce sterilisation for LGR, the distinction between voluntary and involuntary interventions is crucial. Furthermore, the TRIM 2025 shows that 14 of the EU27, plus Serbia, still require a mandatory mental health diagnosis for obtaining LGR, and sterility remains a prerequisite in five EU states and Serbia.[36]

35 In 2025, the Association of the Scientific Medical Societies in Germany (AWMF) published the final version of the Clinical Practice Guidelines on the Diagnosis and Treatment of Adolescent Gender Dysphoria and Gender Incongruence. These guidelines impact the required diagnosis for minors, which is now gender incongruence. Guidelines for adults are still being developed.

36 TGEU. *Trans Rights Map and Index 2025: LGR cluster.* https://transrightsmap.tgeu.org/home/legal-gender-recognition/cluster-map

Photo by Sarah Chai on Pexels.

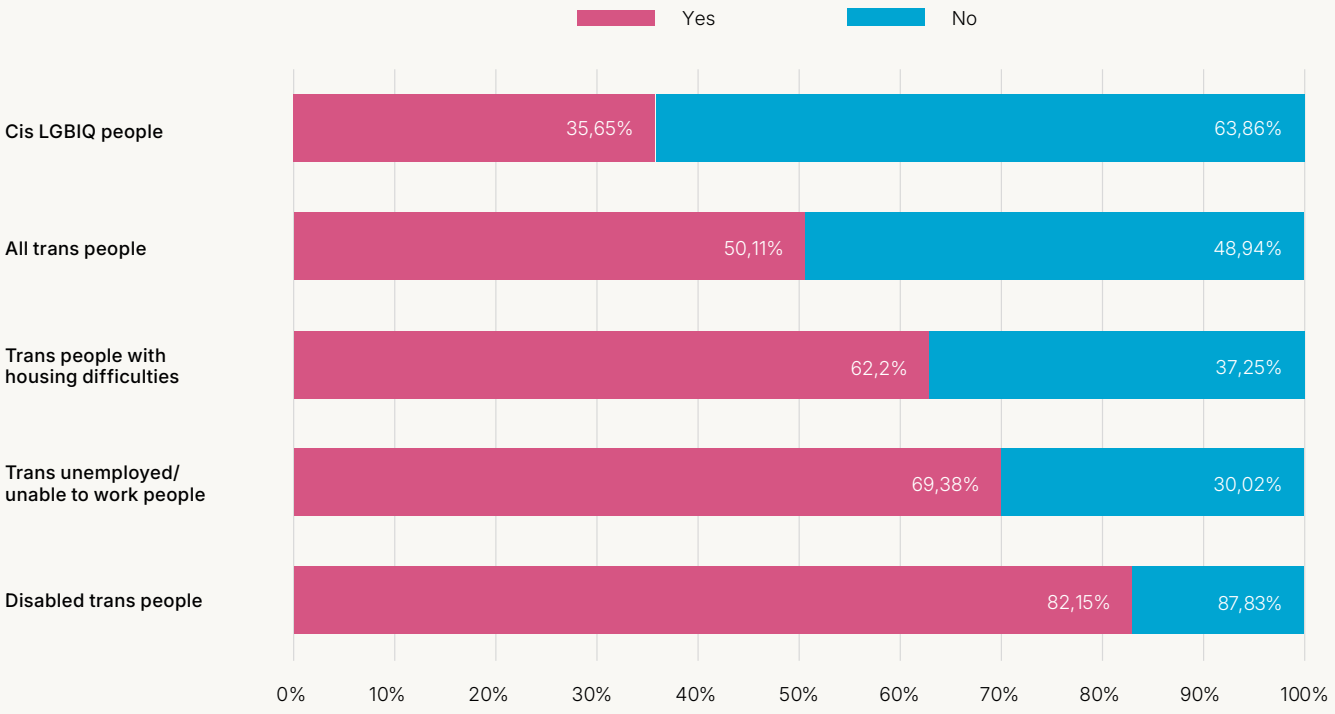
Part IV: Health equity: access, discrimination, prevention and mental health

Health equity for trans people rests on three essential pillars: tackling discrimination, ensuring access to inclusive healthcare, and establishing informed practices.

Health status

Figure 10. Long-term health status, disaggregated

'Do you have any long-standing illness or health problem?'



Excludes responses: Don't know; Prefer not to say.
Data from the EU LGBTIQ Survey III (2023). Weighted data. N=30,627 trans respondents.

The survey asked if respondents have any long-standing illness or health problem, results of which confirmed a large disparity between trans and cis LGBIQ respondents. One in two trans people (50.1%) said they have long-standing health problems, compared to over one in three (35.6%) cis LGBIQ people.

Four in five (82.2%) disabled trans people reported long-standing health issues. High above average health problems were also reported by trans unemployed/unable to work people (69.4%) and trans people with housing difficulties (62.2%).

Trans healthcare addresses both general and transition-related needs, both of which are challenging to navigate due to systemic and societal inequalities. Significant barriers to inclusive and culturally competent healthcare providers result in the trans population's health satisfaction being below average.

When asked to assess their general health, 11.7% trans respondents rated it bad or very bad, compared to 4.2% cis LGBIQ respondents. By far the least satisfactory health was reported by disabled trans people, of whom one in three (32.5%) rated their health as bad or very bad. It is noteworthy to mention that almost one third of trans respondents (31.1%) said they avoid healthcare settings – hospital or other medical services – for fear of identity-based assault, threats, or harassment. 16.9% of trans people rated their health very good, compared to 30.5% of cis LGBIQ people.

Discrimination in healthcare

Questions in this section were posed to all respondents, which makes it unclear whether trans respondents were referencing their experiences in general healthcare, TSHC, or both. Respondents were asked about experiencing a list of exclusionary situations while accessing healthcare and the specific areas where they encountered difficulties.

Accessing healthcare presents significantly greater obstacles for trans people (12.8% reporting difficulty) compared to cis LGBIQ respondents (1.7%). This disparity is mirrored in self-rated health: while four in five cis LGBIQ people rated their health as good or very good (78.4% combined), only just over one in two trans people did so (58.8% combined).

When seeking healthcare services, 10.8% of trans people have been pressured or forced to undergo a certain medical or psychological test, which is the case for 1.8% of cis LGBIQ people. It is unclear whether this includes tests required for obtaining a diagnosis needed for obtaining TSHC. Trans people are still pathologised in most EU Member States, and any non-urgent testing can often act as a trigger or reminder of this violation. In 2019, under the ICD-11, the World Health Organisation moved the diagnosis of gender incongruence of adolescence and adulthood from the chapter on mental and behavioural disorders to the chapter on sexual health.[37] However, this historic change has not been implemented in most EU countries.

To assess barriers to care, the survey asked whether respondents avoided seeking healthcare due to fear or discrimination stemming from their LGBTIQ identity. Avoidance of healthcare services affects nearly one quarter of trans people in specific subgroups: disabled (24%), religious (23.3%), and trans ethnic minorities/migrants (22.7%).

37 World Health Organization. *Gender incongruence and transgender health in the ICD.* https://www.who.int/standards/classifications/frequently-asked-questions/gender-incongruence-and-transgender-health-in-the-icd

15.4% of trans women, 21.7% of trans men and 15.7% of non-binary people avoid healthcare services. Non-binary people generally reported fewer negative healthcare experiences than trans women or trans men and experienced significantly fewer obstacles. While the cause is unclear due to the survey's ambiguity on general vs. trans-specific care, it should be noted that 56.7% of non-binary people stated they had no need for interventions. The *Non-binary people's experiences in the UK* research highlights significant issues with healthcare forms for non-binary people: 76.9% had to use an inaccurate gender description to gain access, and 85.9% found forms were not designed inclusively. The pressure is intense, with 32.4% worrying they would be denied services if they did not misrepresent their identity.

Disabled trans people within healthcare

Disabled trans people are the subgroup that most often avoids healthcare services. This minority is routinely exposed to abuse and violations by medical practitioners, often from a young age. They are simultaneously overmedicalised and pathologised, yet denied necessary support. Access to healthcare for this disabled trans people is severely complicated by the combination of cisnormative and ableist[38] biases, often leading to the disregard of their self-determination, rather than the use of informed consent models.

Disabled trans people reported the highest rates of healthcare avoidance. This minority is routinely exposed to abuse and violations by medical practitioners, which often start in childhood and create a lifelong distrust of clinical environments.

Health outcomes for disabled trans respondents are significantly worse; 82.2% experience a long-standing illness (versus 50.1% of all trans respondents). This group also experiences severe activity limitations, as reported by 34.1% over the previous six months. In contrast, 12.9% trans and 5.7% cis LGBIQ respondents said so. Also, disabled trans people are the most discriminated against subgroup on grounds other than being LGBTIQ, with 76.1% reporting discrimination due to their disability.

Preventive healthcare

Preventive health examinations improve quality of life and potentially prevent early death by reducing the risk of chronic conditions and maintaining overall health. The survey asked when the last time participants had any of the four listed examinations: mammography, cervical smear test, colonoscopy, and HIV test. It is important to have in mind that the "Does not apply to me" option was available to respondents. Due to the vast variation in trans people's bodies, whether before or after any gender-affirming interventions, certain preventive examinations were simply not relevant to every respondent.

38 Institutionalised or. structural ableism refers to the ways discrimination and biases are ingrained in laws, policies and institutional practices, all at the cost of disabled people. Social systems and infrastructure are inherently ableist, healthcare being among the areas of most inequality.

Trans respondents are the least likely to have had a mammography; 65.6% have never had one. Straight trans people are most likely to have this exam; 17.3% had it in the previous year.

49.2% trans respondents have never had a cervical smear test. 18% have had one in the last 12 months, as did 28.2% cis LGBIQ respondents. Trans men ranked highest for never having had a cervical smear test (59.2%), followed by trans asylum seekers/refugees (56.3%*) and trans people from ethnic minorities (54%). National cervical screening programmes are widely used in the EU, but they typically depend on gendered national identification numbers. Consequently, individuals with a male gender marker are usually exempt from receiving invitations for this preventive healthcare service. It is often difficult to receive sexual healthcare services that match individuals' physical needs in many countries, as national healthcare systems rely so heavily on gendered data.

The infrequent nature of colonoscopies (typically once a decade for over-40s) explains the different trends observed. Across the trans sample, 7.8% had the exam in the last year; surprisingly, older trans people showed a lower rate at 6.1%.

Just 15.2% of trans respondents had an HIV test in the last year, compared to 25.1% of cis LGBIQ respondents. Testing was highest among trans asylum seekers/refugees (25.3%*) and intersex trans people (22.6%). One in five trans women, 20.7%, had this test in the last year. The most severe gap was among trans men (59.6% never been tested) and young trans people, three-quarters of whom have never been tested.

The survey failed to explore why trans people avoid preventive healthcare. The likely interconnected reasons include difficulty finding trans-inclusive providers, social/economic marginalisation, and a fear of mistreatment or discrimination.

As already presented in support of this, 25.1% of respondents cited feeling the highest level of discrimination from healthcare/social services personnel due to their LGBTIQ identity.

Mental health

The survey looked into experiences of depression, suicidal thoughts, and suicide attempts, but did not specifically explore the causality of these experiences. Living in a cisnormative society causes increased psychological distress and poorer mental health outcomes within trans communities.

First, participants were asked if they had felt 'downhearted or depressed' during the two weeks preceding the survey. Trans respondents are more likely to feel depressed: 44.7% reported feeling downhearted at least more than half of the time, compared to 29.5% of cis LGBIQ respondents. Trans men reported feeling slightly more downhearted than trans women and non-binary people, with 47.2% expressing this feeling at least more than half of the time.

On average, 11.9% trans respondents recorded feeling depressed all the time. The highest rates of feeling depressed all the time were recorded by trans unemployed/unable to work people (22.8%), trans people of colour (21.3%), trans asylum seekers/

refugees (19.6%*) and disabled trans people (17.6%). Also, at least every second young trans person aged 15-17 feels depressed at least more than half of the time.

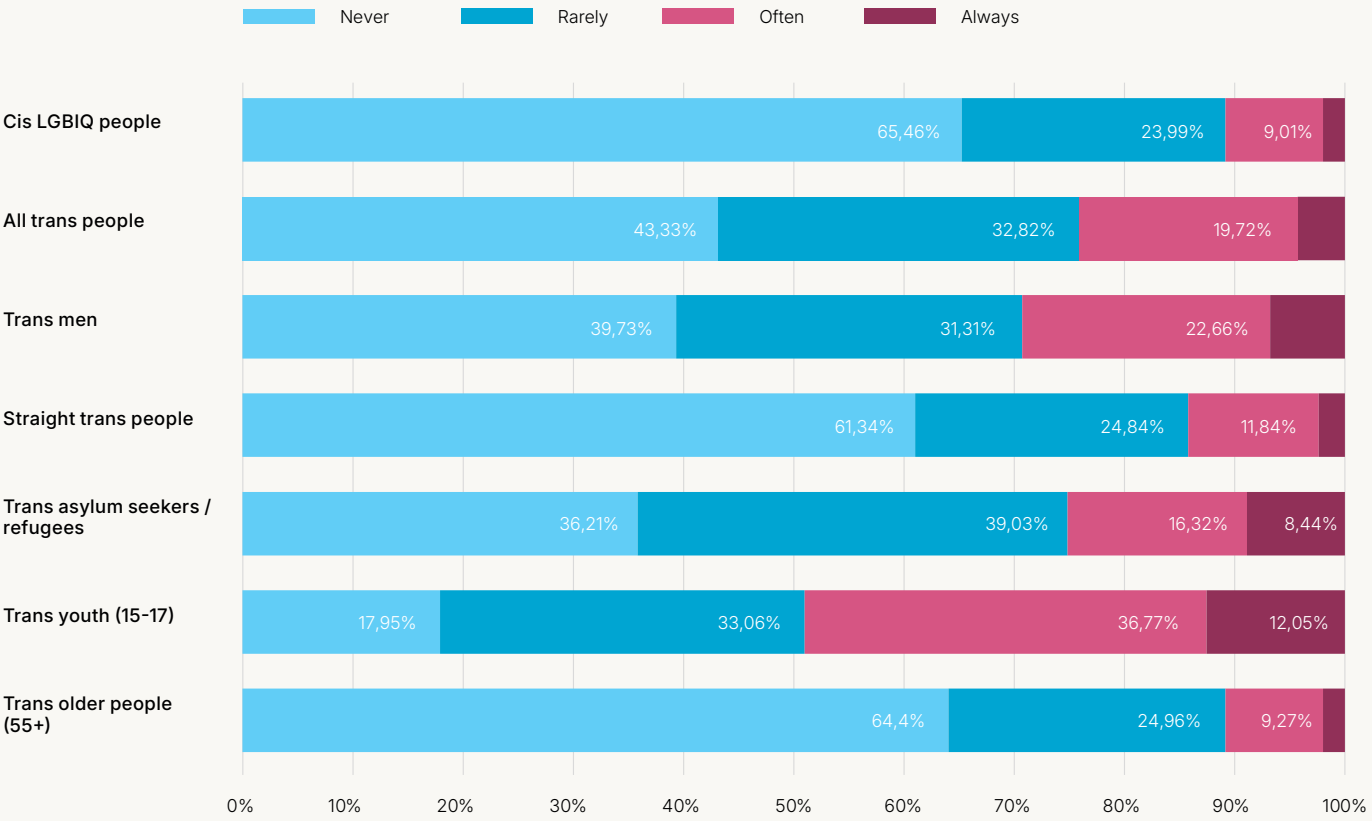
The survey asked if participants had thought of committing suicide in the past year. Trans people were more than twice as likely as cis LGBIQ people to have had suicidal thoughts in the past year. Nearly one in four (23.7%) trans respondents often or always thought about suicide, compared to 10.4% of cis LGBIQ respondents. Trans men were the gender subgroup most likely to report suicidal thoughts, with 28.9% having them often or always.

The trans average for always having such thoughts was 4%. Almost one in two (48.8%) trans youth (15-17) often or always had suicidal thoughts in the past year, with 12% reporting they always had them. Around one in four trans people in several subgroups often think about suicide, including trans unemployed/unable to work people (28%), trans youth aged 18-24 (26.9%), trans ethnic minorities/migrants (26.6%), and disabled trans people (25.2%).

43.3% of trans respondents never had suicidal thoughts in the past year, compared to 65.5% of cis LGBIQ respondents. Trans subgroups least likely to have suicidal thoughts were older (64.4% never) and straight trans people (61.3% never).

Figure 11. Prevalence of suicidal thoughts, disaggregated

'In the past year, did you think of comitting suicide?'



Excludes responses: Don't know; Prefer not to say.
Data from the EU LGBTIQ Survey III (2023). Weighted data. N=30,627 trans respondents.

Following the query on suicidal thoughts, respondents were then asked if they had ever attempted suicide. Almost three in ten (28.9%) trans people have attempted suicide, significantly higher than the 16.2% of cis LGBIQ people. Trans men had the highest rate of suicide attempts at 37.1%, followed by trans women (31.3%) and non-binary people (26.3%).

Suicide attempts were most frequent among trans asylum seekers/refugees (41.4%*). Rates were also high among disabled trans people (40.4%), trans people with housing difficulties (40.1%), trans people of colour (39.1%), trans youth aged 15-17 (37.8%) and trans unemployed/unable to work people (37.4%).

It can be seen that trans people's mental health is significantly less stable than that of cis LGBIQ people. This disparity is not inherent to trans identities but is rather a result of societal factors like discrimination, violence, and a lack of trans inclusive and affirming legislation, services and resources.

Prevalence of mental healthcare barriers

While mapping healthcare barriers, the survey found that mental healthcare was consistently highlighted by respondents as a key area of difficulty when seeking services. Almost every other trans person (47.3%) reported problems, a huge difference compared to cis LGBIQ people (25.3%). This high figure is likely due to the ongoing pathologisation of trans people and the number seeking support during transition. Difficulties were highest among disabled trans people (66.9%), trans asylum seekers or refugees (60.5%*), trans unemployed people (58.8%) and young trans people aged 18-24 (58.4%).

Photo by Fillipe Photos on Pexels.

Part V: Trends of hostility: Discrimination, conversion practices, violence and harassment

LGBTIQphobia: trends and responses

A leading trend in the EU is a growing political polarisation regarding trans and LGBIQ rights, leading to an alarming increase in both anti-trans rhetoric and actual violence. This chapter investigates the forces fueling hostility toward LGBTIQ communities and the varied trajectories from member states.

LGBTIQ perspectives on intolerance

Participants were first asked to assess the change in prejudice and intolerance against LGBTIQ people in their country over the past five years.

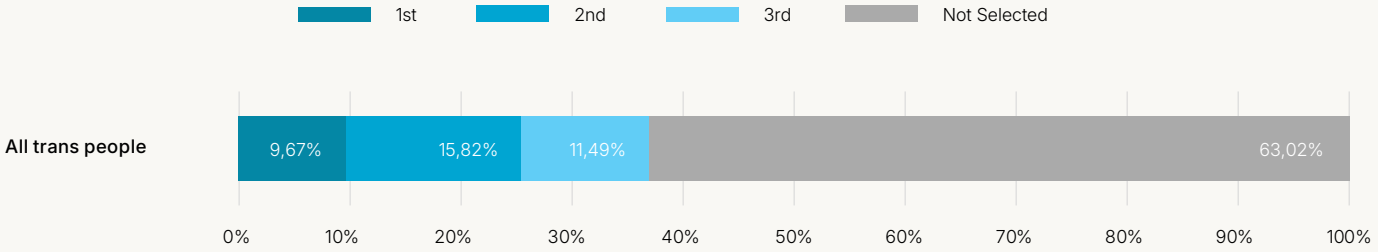
The increasing prevalence of institutionalised and everyday transphobia across the EU was confirmed by the survey results. Nearly two-thirds of trans respondents (60.4%) reported that prejudice and intolerance against LGBTIQ people in their country has increased over the past five years (32.6% ‘a lot’, 27.8% ‘a little’). A further 17.9% felt it had remained the same.

Countries with the highest perceived increase in prejudice and intolerance was in Hungary (82.3%). The result is unsurprising: recent setbacks in trans and LGBTIQ rights in Hungary demonstrate that legislative changes often coincide with trends in social acceptance toward minorities. LGBTIQ communities from Hungary consistently report a significant increase in hostile anti-LGBTIQ rhetoric and policy. Hungary has a law that effectively bans LGR. In 2025 a new law was adopted making it illegal to hold assemblies that might “promote” homosexuality or gender diversity in public spaces where children could be present, which effectively led to the ban of the 2025 Budapest Pride march, a first in the EU.

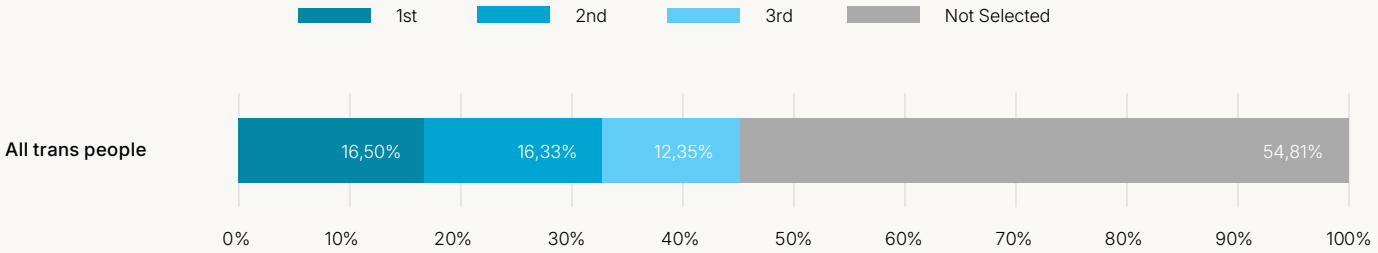
Figure 12. Reasons for decrease in prejudice, intolerance and violence, disaggregated

'In your view, what are the main reasons for the decrease in prejudice, intolerance and violence?'

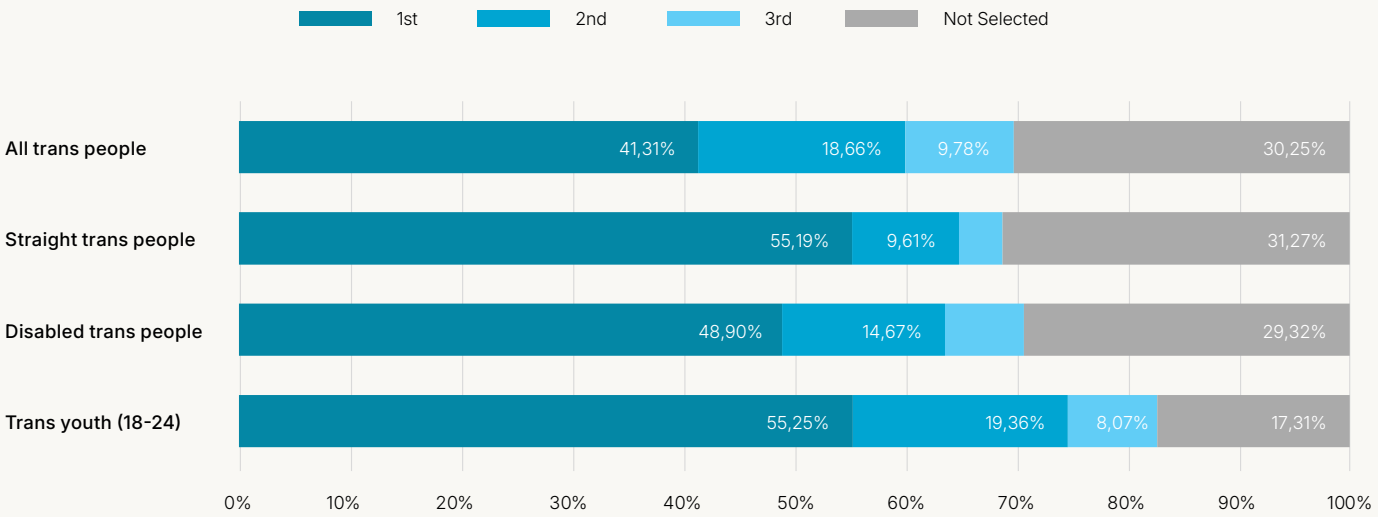
D. 'Support by public figures and community leaders'



E. 'Support by civil society'



F. 'Visibility and participation of LGBTIQ people in everyday life'



This question was asked to the N=2,480 trans people who thought prejudice and intolerance OR violence had decreased over the past 5 years. These graphs show the % of respondents who ranked each reason 1st, 2nd, 3rd, or not at all, when asked to pick from 6 different options +Other/Don't know. Data from the EU LGBTIQ Survey III (2023). Weighted data.

Beyond prejudice and intolerance, the survey also looked into perceptions of violence and noted a rise in violence against LGBTIQ people over the past five years. 64.8% of trans respondents stated that violence against LGBTIQ people had risen in the past five years (32% noting an increase by a lot and 32.8% by a little). Meanwhile, 24% said the violence had stayed the same.

The highest perceived increase of violence was recorded in Slovakia (83% of respondents), followed by Spain and France (both 78.3%) and Germany (75.2%). Only one in ten trans respondents (10.3%) perceived a decrease in violence against LGBTIQ people in their countries (8.1% 'decreased a little', 2.3% 'decreased a lot').

After assessing the trends, respondents were asked to rank the top three reasons they believe have led to the increase and decrease in prejudice, intolerance, and violence. The negative rhetoric and discourse by politicians and/or political parties was selected by 48% of trans respondents as the main reason for the increase in prejudice, intolerance, and violence.

The survey highlights an upward trajectory of transphobia within the EU, with 60.4% of trans respondents noting an increase in national levels of intolerance and prejudice in the past five years. This points to a hardening of institutional and everyday biases.

This comes as no surprise, since anti-trans rhetoric is frequently used to fuel right-wing politics, harming vulnerable trans communities in the process. As Kuhar and Smrdelj say: "'Gender ideology'" has become one of the crucial tools in the 'politics of fear' (Wodak, 2015) propagated by neoconservative anti-gender, religious, and radical right-wing political currents".[39] Trans communities recognise the magnitude and viciousness of these currents as contributing factors to the rise in discrimination and dogmatism. Countries where politicians' and/or political parties' negative attitudes were ranked as most detrimental are Spain, Finland, Poland, Slovakia, and Estonia.

In contrast, the leading cause cited for the decrease in prejudice and intolerance was the visibility and participation of LGBTIQ people in daily life, ranked first by 41.3% of trans respondents (and 40.3% of cis LGBIQ respondents).

Visibility of LGBTIQ people was ranked as the leading cause by over half of trans people from various subgroups, including trans youth aged 18-24 (55.2%), straight trans people (55.2%), and disabled trans people (48.9%). The consensus among these socio-economically diverse groups highlights that LGBTIQ visibility is crucial for reducing social exclusion and is fundamental for the well-being of LGBTIQ communities in public and private life.

Support by civil society was the second-highest-ranked reason for the decrease, placed first by 16.5% of trans participants. Support from public figures and community leaders was the third most effective factor, ranked first by 9.7% of trans people.

39 Smrdelj, R. and Kuhar, R. *Anti-Gender Mobilizations in Europe and the Feminist Response - Productive Resistance.* Palgrave Macmillan, 2025.

Assessment of prejudice combatting measures

The overwhelming consensus among trans respondents is that their governments are failing to adequately combat prejudice and intolerance towards LGBTIQ individuals. 32.2% said they are probably not satisfied and 46.4% definitely not satisfied, together showing 78.6% of the population's dissatisfaction. At least nine in ten trans respondents from the following countries are probably or definitely not satisfied with their countries work; Hungary (97.4%), Italy (96.7%), Slovakia (96.4%), Serbia (93.5%*), Bulgaria (92.8%), Croatia (92.2%) and Greece (91.9%).

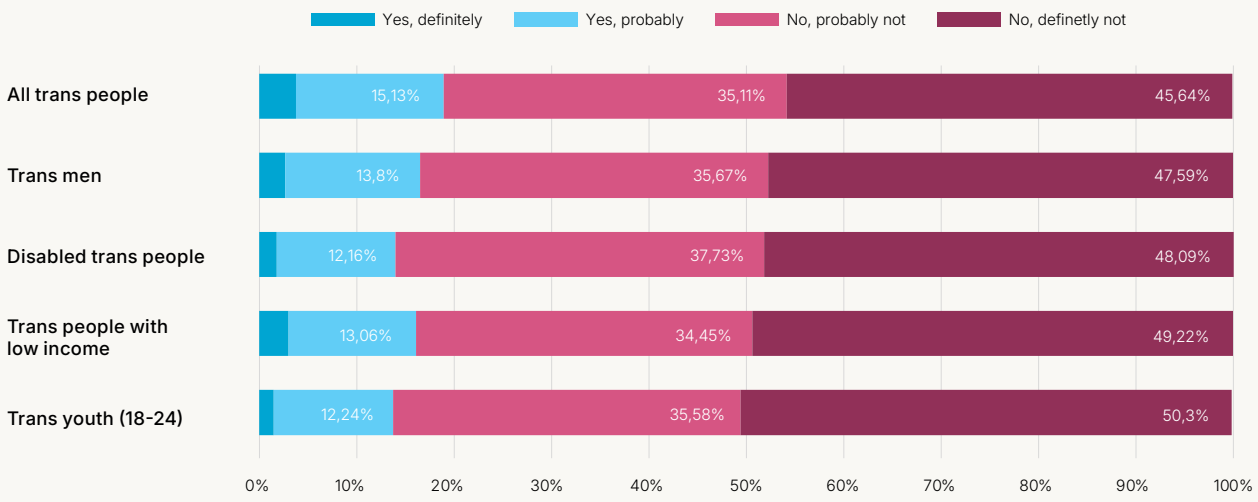
Subgroups which expressed the highest levels of dissatisfaction with their respective governments are trans youth aged 18-24 (85.9%), disabled trans people (85.8%), trans people with low income (83.6%) and trans men (83.3%). Trust in governmental systems remains a jarring topic for the entire LGBTIQ population. This seems to be especially the case for trans people, who have a longstanding lack of trust towards state apparatuses due to historical discriminatory policies and a lack of legal protections, or the will to develop them.

Only 18.8% of trans people believe their governments are effectively combating hostility towards LGBTIQ communities. 3.7% said their governments are definitely being efficient, and 15.1% chose probably. In comparison, over one in four (26.4%) cis LGBIQ people think their governments effectively combat animosity toward LGBTIQ people.

Above average satisfaction was recorded by trans respondents from Luxembourg, where 54%* said their government definitely or probably effectively combats prejudice, followed by Spain with 48% and Malta with 45.8%*. These countries are among the highest ranked in regard to their legislative protection of trans human rights, as seen on the TRIM 2025. All have LGR procedures based on self-determination and procedures for minors and refugees; Malta and Spain also prohibit conversion practices.

Figure 13. Government effectiveness: tackling LGBTIQ hostility, disaggregated

'Do you think the government in [YOUR COUNTRY OF RESIDENCE] effectively combats prejudice and intolerance against LGBTIQ people?'



Discrimination

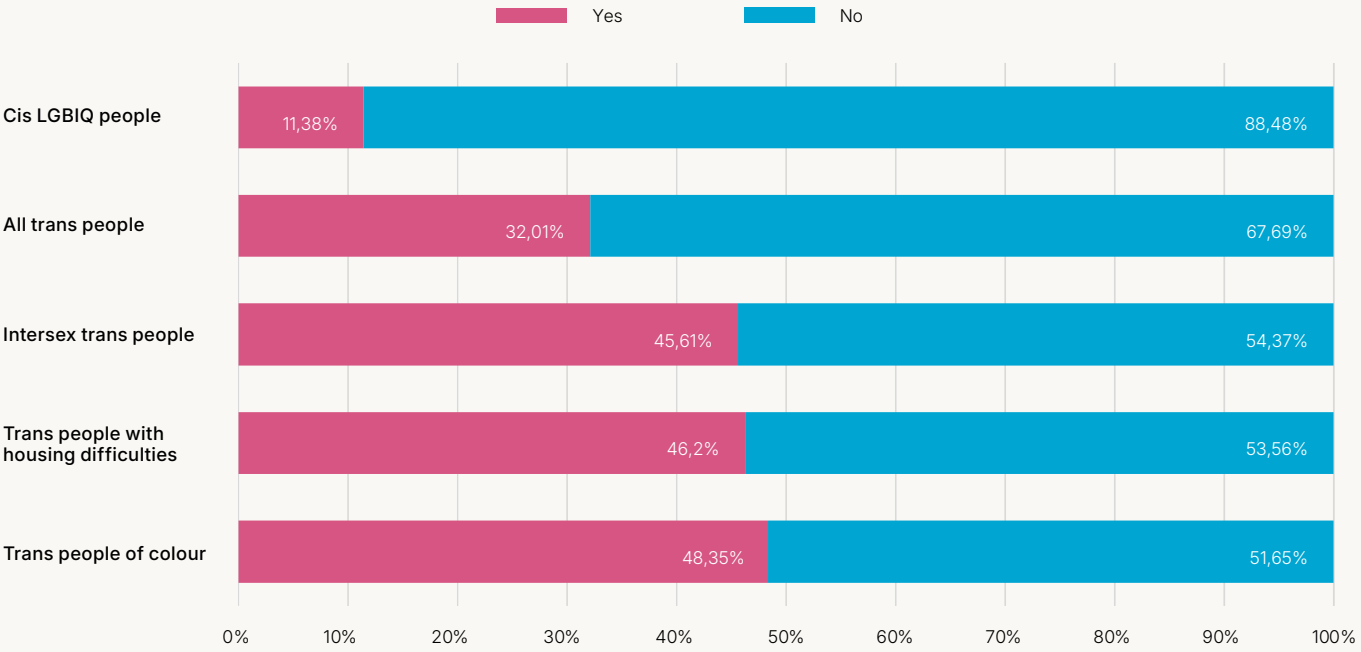
Trans people face widespread discrimination in various areas of life. This chapter examines where and from whom trans respondents experience most discrimination, and outlines the latest trends and causes of rising anti-LGBTIQ rhetoric and attitudes as assessed by respondents.

Participants were asked if they had felt discriminated against due to being LGBTIQ across multiple areas: employment (looking for a job or at work); housing (renting or buying), and when dealing with personnel in healthcare, education, retail, public services and when showing official ID.

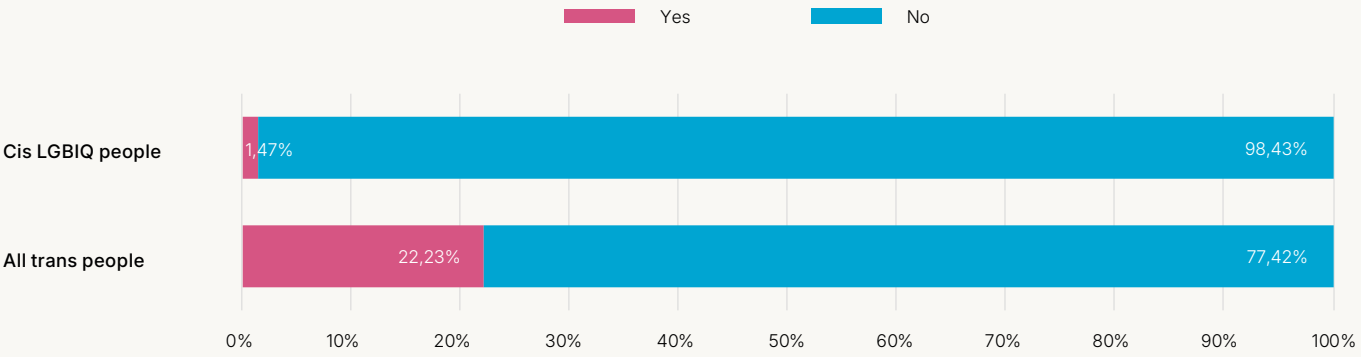
Figure 14. Prevalence of LGBTIQ-based discrimination, disaggregated

'During the last 12 months, have you personally felt discriminated against because of being LGBTIQ in any of the following situations?

D. 'By healthcare or social services personnel (e.g. a receptionist, nurse or doctor, a social worker)'



I. 'When showing your ID or any official document that identifies your sex'



Excludes responses: Don't know.
Data from the EU LGBTIQ Survey III (2023). Weighted data. N=30,627 trans respondents.

Trans respondents experienced higher discrimination rates than cis LGBIQ people in all areas over the last 12 months, which underscores the vulnerability of trans communities. Furthermore, trans women and trans men report higher discrimination rates than non-binary people across almost all situations asked about in the survey. However, the lower discrimination rate reported by non-binary people may reflect their lower openness; for example, only 23.2% are open with medical staff about being LGBTIQ (the domain with the highest discrimination), versus 57.9% of trans women and 42.6% of trans men. This suggests that subgroups who are more visible and out are more likely to experience more discrimination.

The setting with the largest proportion of trans respondents reporting discrimination was when in contact with healthcare/social services personnel (32% vs. 11.4% of cis LGBIQ respondents). Despite the positive correlation between LGR and lower discrimination in non-LGBTIQ-specific areas of life, healthcare access remains a significant outlier where discrimination levels remain high, as seen by the results. Discrimination was highest for trans people of colour (48.4%), intersex trans people (45.6%), and trans people with housing difficulties (46.2%). Other key areas where trans people experienced discrimination were the workplace (30.3%), with school/university personnel (30.7%), when looking for work (26.5%), when in contact with administrative offices/public services (26%), when looking for a house or apartment to rent or buy (24.5%), and in cafés/restaurants/bars or nightclubs (23.8%). When showing an official document that identifies one's sex, 22.2% of trans respondents felt discriminated against, compared to only 1.5% of cis LGBIQ people.

Rates of reported discrimination experiences have decreased slightly since the 2019 survey in key areas: at work (2019: 34.4% vs. 2023: 30.3%), by school/university personnel (34.4% vs. 30.7%), when looking for a job (31.8% vs. 26.5%), and when showing official documents that identifies one's sex (25.8% vs. 22.2%).

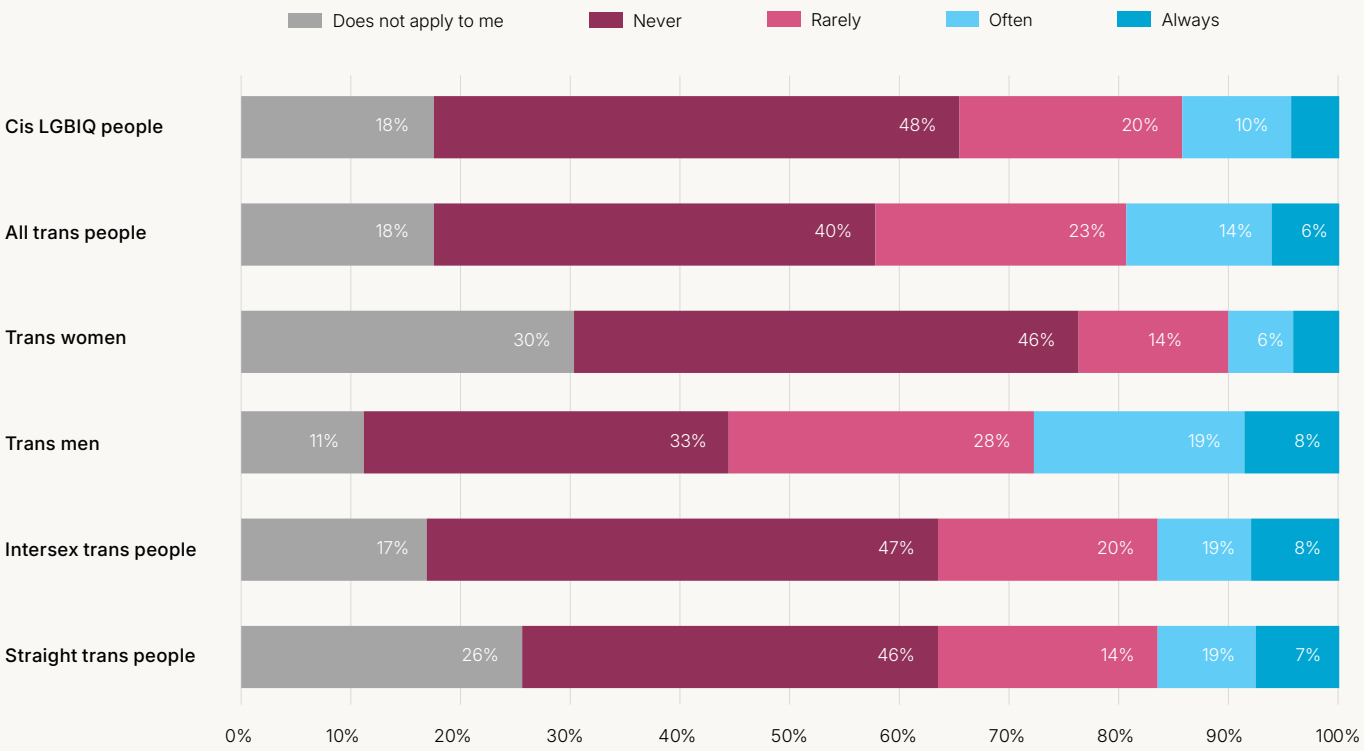
Discrimination at school

Discrimination creates an unsafe educational environment for trans pupils, hindering their academic focus as they must prioritise simply navigating their daily experiences and asserting their identity.

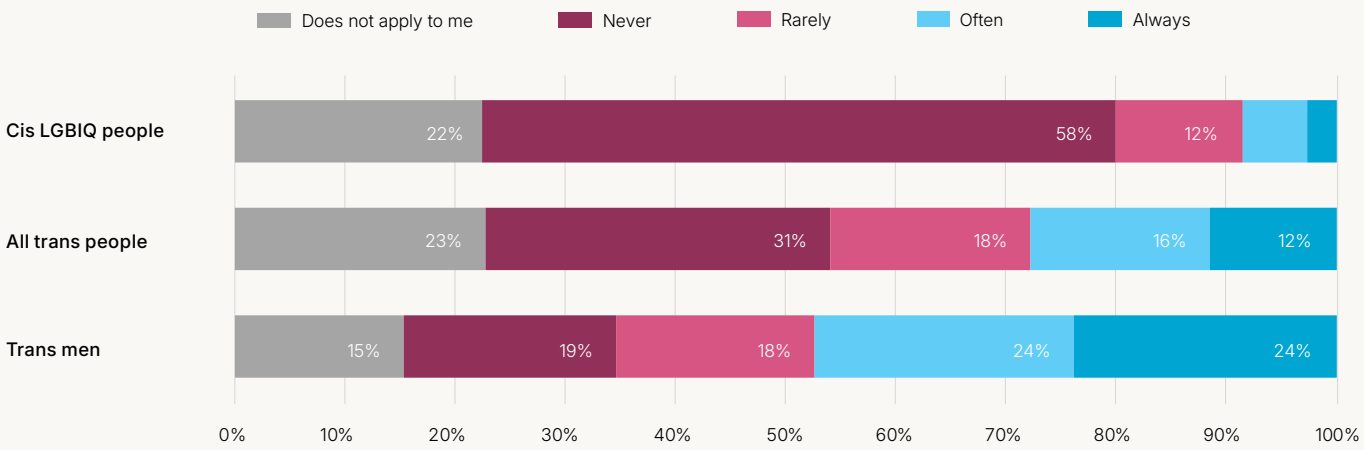
Figure 15. Prevalence of LGBTIQ-targeted discrimination at school, disaggregated

'During your time in school in [YOUR COUNTRY OF RESIDENCE], did you...

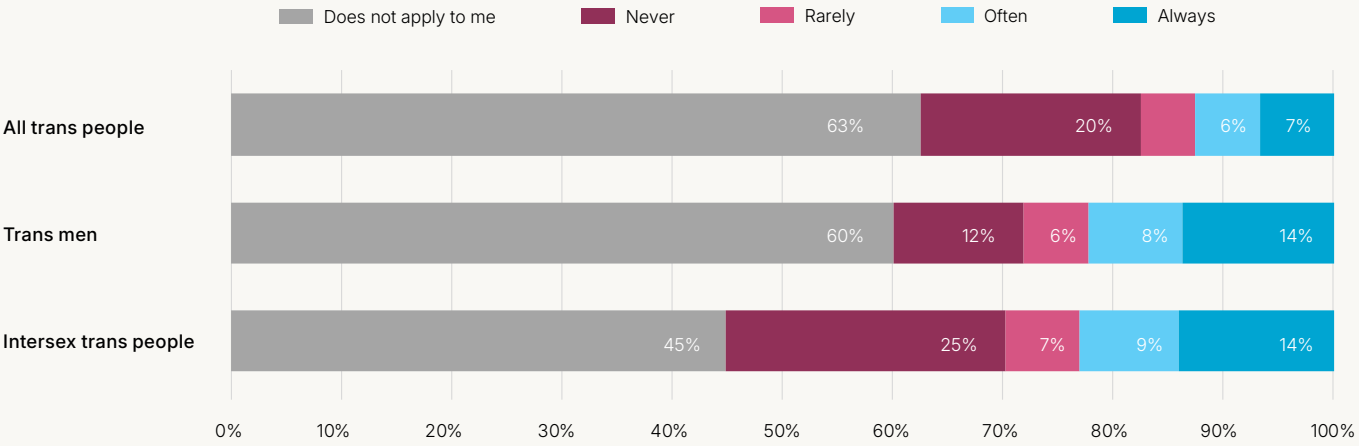
A. '...openly talk about you being LGBTIQ at school?'



E. '...have problems when going to bathrooms and changing rooms?'



F. '...have problems being accepted to play on a sports team matching your gender?'



Data from the EU LGBTIQ Survey III (2023). Weighted data. N=30,627 trans respondents.

To understand the school environment, the survey first assessed how openly respondents discuss being LGBTIQ, before exploring their experiences with various forms of discrimination. Trans people were more likely to always or often be open about being LGBTIQ at school (19.4%) than cis LGBIQ people (14.1%). Trans men were the most open (27.8%). Conversely, intersex trans people (46.6%), trans women (46.1%), and straight trans people (46%) were the least open (never spoke about it).

52.1% of trans respondents always or often hid or disguised that they are LGBTIQ, as did 56.1% cis LGBIQ respondents. Almost three-quarters (72.2%*) of trans people from Romania always or often hid that they were LGBTIQ at school. Other countries where disguising, always or often, was most prevalent are North Macedonia (70.6%*), Serbia (67.7%*), Cyprus (66.6%*) and others.

Trans pupils report significantly higher rates of problems using bathrooms or changing rooms (27.8%) than cis LGBIQ pupils (8.5%). Trans men were the most affected subgroup, with nearly half (47.4%) reporting frequent trouble. Acceptance on sports teams matching one's gender is also an issue for trans pupils (12.7% responded 'always' or 'often'). Intersex trans people (23.2%) and trans men (22.3%) were most likely to face problems with sports team acceptance. Gender segregation in educational environments creates complexity for non-binary people. Although the EU LGBTIQ survey III did not capture these nuances, the *Non-binary people's experiences in the UK* research showed that three-quarters (76.1%) of non-binary respondents needed to inaccurately describe their gender identity when completing forms to access educational services.

27.8% of trans pupils always or often experience negative comments at school because they are LGBTIQ. Furthermore, one in three trans youth aged 15-17 (34.1%) reported experiencing violence at school/university, which explains why so few trans respondents are open about their identity there.

The survey further explored the nature and source of anti-LGBTIQ discrimination, asking if respondents had been ridiculed, insulted, or threatened at school, and by whom. The majority of ridicule, teasing, insults, or threats toward LGBTIQ people at

school come from peers/schoolmates, affecting 69.6% of trans pupils. Furthermore, 20.8% of trans pupils (nearly double the 10.7% cis LGBIQ rate) experienced threatening conduct from teachers or other school staff.

Respondents were asked whether their LGBTIQ identity had prompted them to consider quitting or changing school, which 16.7% of trans respondents have. This consideration was highest among trans people of colour (29.2%), intersex trans people (28.5%), trans youth aged 15-17 (25.8%), and trans men (25.1%). This is consistent with global data, as UNESCO's LGBTIQ+ youth document presented that over 33% of trans girls and 30% of trans boys have considered leaving school.[40]

School education rarely included LGBTIQ issues for trans and cis LGBIQ people alike; 60.7% of trans vs. 61.9% of cis LGBIQ respondents said issues were never raised. Positive LGBTIQ information was shared with only 6.99% of trans respondents. Above average results were noted in Belgium, Denmark, Ireland, Malta, the Netherlands, Slovenia and the highest in Sweden at 17.9%. LGBTIQ issues were addressed in a negative way at school for 10.6% of trans respondents. This was the case for a third of respondents in Serbia (33.2%*), and for over two-fifths of respondents in Romania, Albania, Bulgaria, Greece and Hungary.

Reporting discrimination

While reporting discrimination is vital for awareness of everyday discrimination that LGBTIQ people face, most cases remain unreported.

Respondents were asked if their most recent experience of discrimination was reported by them or someone else. 11.8% of trans respondents reported their most recent incident (2019: 11%), compared to the cis LGBIQ average of 10.1%. The highest reporting rates were found among straight trans people (18.1%), trans asylum seekers/refugees (16.7%*), older trans people (16.6%), trans people with LGR (15.8%) and intersex trans people (15.6%).

By far, most reports from trans respondents were submitted to the place where the incident happened (39.2%). Reporting to LGBTIQ community organisations remains surprisingly low at 15%, marking a drop from 20.2% in the 2019 survey.

Reasons for not reporting are quite widespread. The majority of trans people did not report discrimination primarily because they believed nothing would happen or change (53.9%). This reason was highest among religious trans people (66.2%) and trans youth (15-17: 62%, 18-24: 61.6%).

Similarly, 41.7% felt it was not worth reporting because "it happens all the time," suggesting a normalisation of daily discrimination. A lack of trust in authorities was a major factor, cited by 38% of trans respondents as a reason for not reporting incidents, compared to 29.4% of cis LGBIQ respondents. Finally, 21.7% did not know how or where to report, and only about one in ten trans respondents (12.9%) reported discrimination to the police.

40 UNESCO, Office of the United Nations High Commissioner for Human Rights. *LGBTIQ+ youth: bullying and violence at school.* https://unesdoc.unesco.org/ark:/48223/pf0000387193

Table 4. Reasons for not reporting discrimination, disaggregated

'Why was it [the most recent situation when you felt discriminated against] not reported?'

D: 'Did not know how or where to report'

	SELECTED	NOT SELECTED
All trans people	21.69%	78.31%

E: 'Do not trust the authorities'

	SELECTED	NOT SELECTED
All trans people	38.04%	61.96%

F: 'Nothing would happen or change'

	SELECTED	NOT SELECTED
All trans people	53.87%	46.13%
Trans religious minority	66.16%	33.84%
Trans youth (15-17)	61.97%	38.03%
Trans youth (18-24)	61.63%	38.7%

H: 'Not worth reporting it - 'it happens all the time'

	SELECTED	NOT SELECTED
All trans people	49.76%	50.24%

Data from the EU LGBTIQ Survey III (2023). Weighted data. N=30,627 trans respondents.

Conversion practices

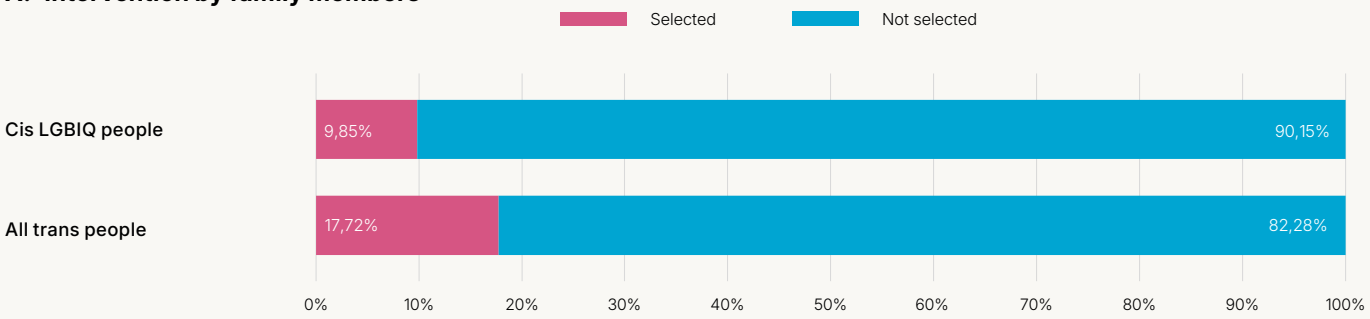
The Commissioner for Human Rights of the Council of Europe defines conversion practices as "systematic efforts aimed at changing or suppressing a person's sexual orientation or gender identity or expression, and aligning it with the perceived dominant or desirable norm".[41] The practices include various methods, for instance, verbal and psychological violence, torture, degradation, beating, forced medication, solitary confinement, rape or other forms of sexual violence, electrocution, etc. Conversion practices are currently prohibited in eight EU countries, five of which have strong legal protections for trans people, including LGR based on self-determination (Spain, Portugal, Belgium, Germany and Malta).

41 Council of Europe. *Human Rights and Gender Identity and Expression.* CoE, 2024

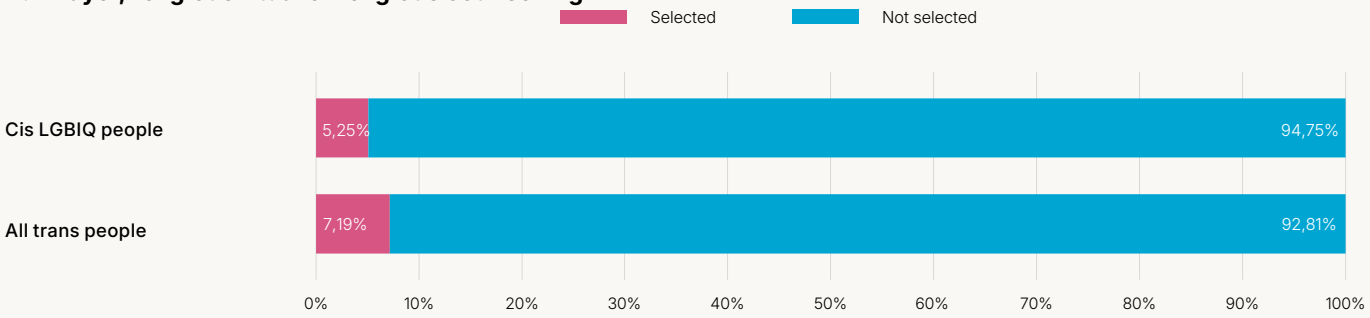
Figure 16. Conversion practices prevalence by type, disaggregated

'Have you experienced any of the following interventions to change your sexual orientation and/or gender identity?

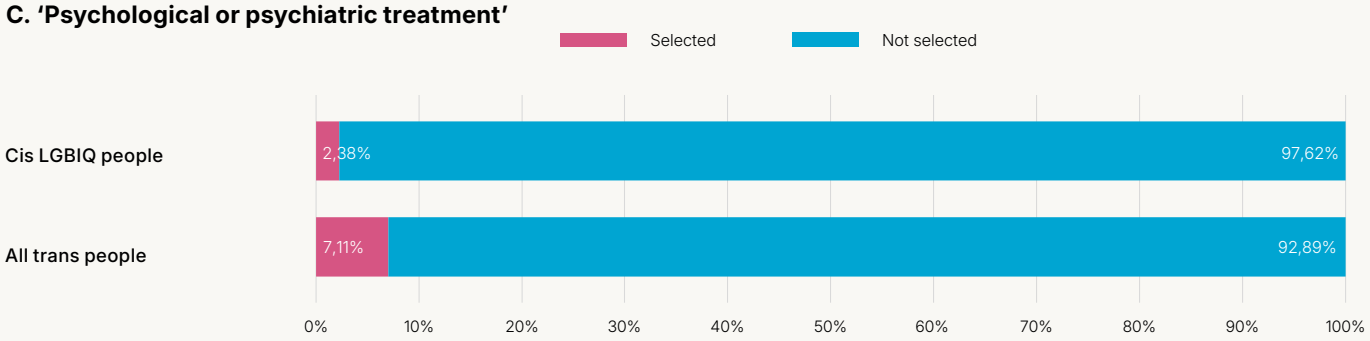
A. 'Intervention by family members'



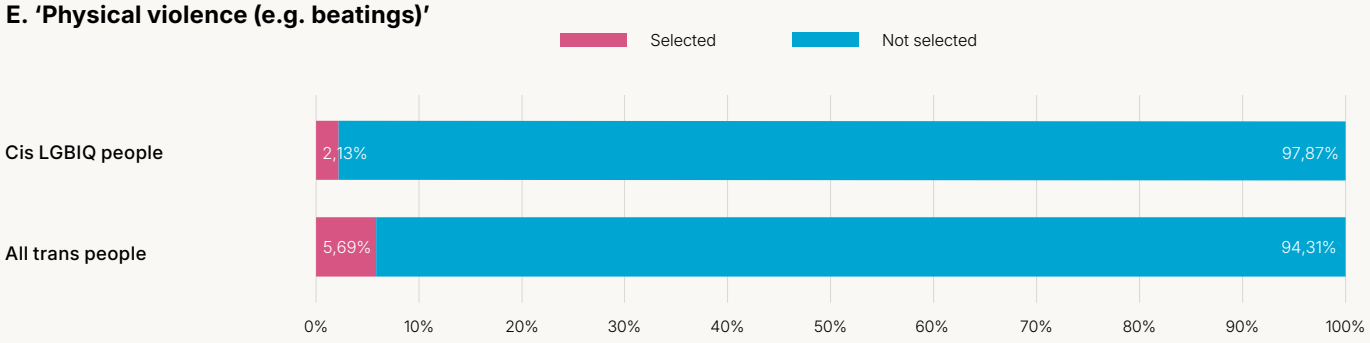
B. 'Prayer, religious ritual or religious counselling'



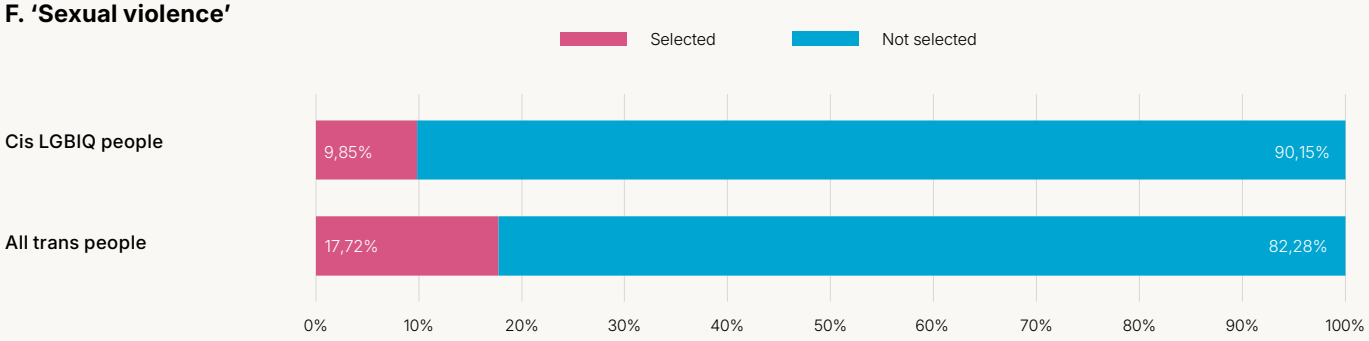
C. 'Psychological or psychiatric treatment'



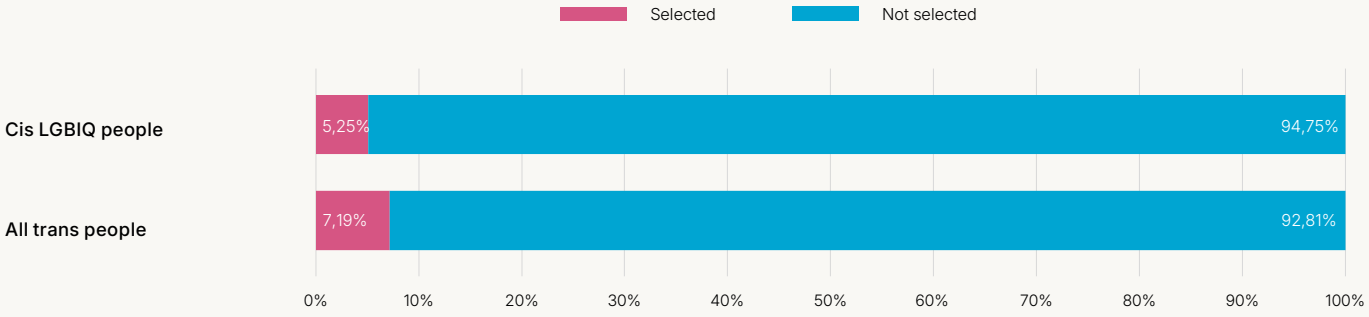
E. 'Physical violence (e.g. beatings)'



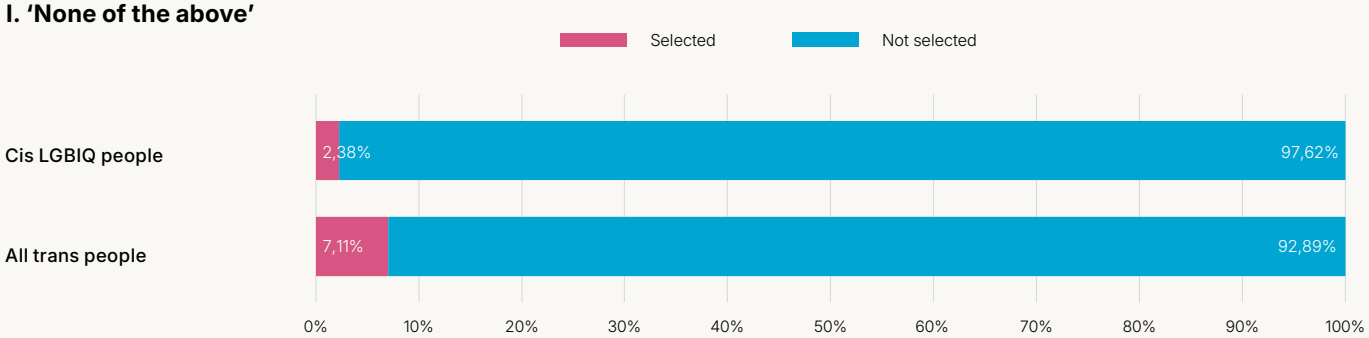
F. ‘Sexual violence’



G. ‘Verbal abuse or humiliation’



I. ‘None of the above’



Data from the EU LGBTIQ Survey III (2023). Weighted data. N=30,627 trans respondents.

The survey looked at LGBTIQ people's experiences of interventions aimed at changing their sexual orientation and/or gender identity. Respondents could choose as many of the following forms of practices they have experienced: intervention by family members; prayer, religious ritual or religious counselling; psychological or psychiatric treatment; medication; physical violence (such as beatings); sexual violence; verbal abuse or humiliation and other.

Conversion practices target trans people at a higher rate than cis LGBIQ people. Two-fifths (40.2%) of the trans population have experienced these practices, compared to just over one-fifth of cis LGBIQ respondents (22.8%).

Verbal abuse or humiliation is the most frequent form of conversion practice, reported by 25.8% of trans respondents (more than double the rate for cis LGBIQ people at 12.4%). The incidence is notably higher for several subgroups: trans asylum seekers/refugees (45.7%*), trans people with housing difficulties (40.5%), trans ethnic minorities/migrants (37.8%), intersex (36.6%) and disabled trans people (36.5%). The elevated rates among these subgroups suggest that cultural norms, religious beliefs, minority stress and lack of resources intersect in ways that require further research for effective policy solutions.

Other most commonly reported practices are intervention by family members (17.7%); prayer, religious ritual or religious counselling (7.2%) and psychological or psychiatric treatment (7.1%). Notably, 5.7% of trans respondents reported physical violence and 3.2% sexual violence.

Respondents were asked if their consent to a certain form of conversion practice intervention was given freely. The survey excluded physical and sexual violence and/or verbal abuse/humiliation from the list of interventions a person can consent to.

The majority of experienced conversion practices were non-consensual: 71.6% of trans respondents and 76.3% of cis LGBIQ respondents said they did not consent.

15.7% of trans respondents reported consenting to conversion practices under pressure or threats. This coercion was particularly high for certain subgroups, notably trans people from ethnic minorities (29.6%), trans asylum seekers/refugees (20.8%*), intersex (19.6%) and disabled trans people (18.6%).

11.8% trans respondents said they freely consented to interventions of conversion practices. The issue of consent is complex in relation to legislative efforts to ban conversion practices, particularly with respect to adults. It is essential that a ban on conversion practices must maintain a safe environment within mental health services for trans people exploring their identity. It must clearly establish that trying to change a person's gender identity is unethical (mirroring the stance on sexual orientation). The appropriate therapeutic goal is self-acceptance, regardless of how that identity is ultimately expressed. Those who most commonly gave free consent were older trans people (23.9%), trans women (17.4%), straight (17.1%) and intersex trans people (16.3%).

Any definition of conversion practices should be expansive enough to cover newer forms or practices that aim to suppress trans people's gender identity or expression through systemic design or deliberate intent. These practices include acts like deliberately withholding care, coercion through withholding of resources, measures that force individuals to 'prove' that their gender identity cannot be cured by therapy.

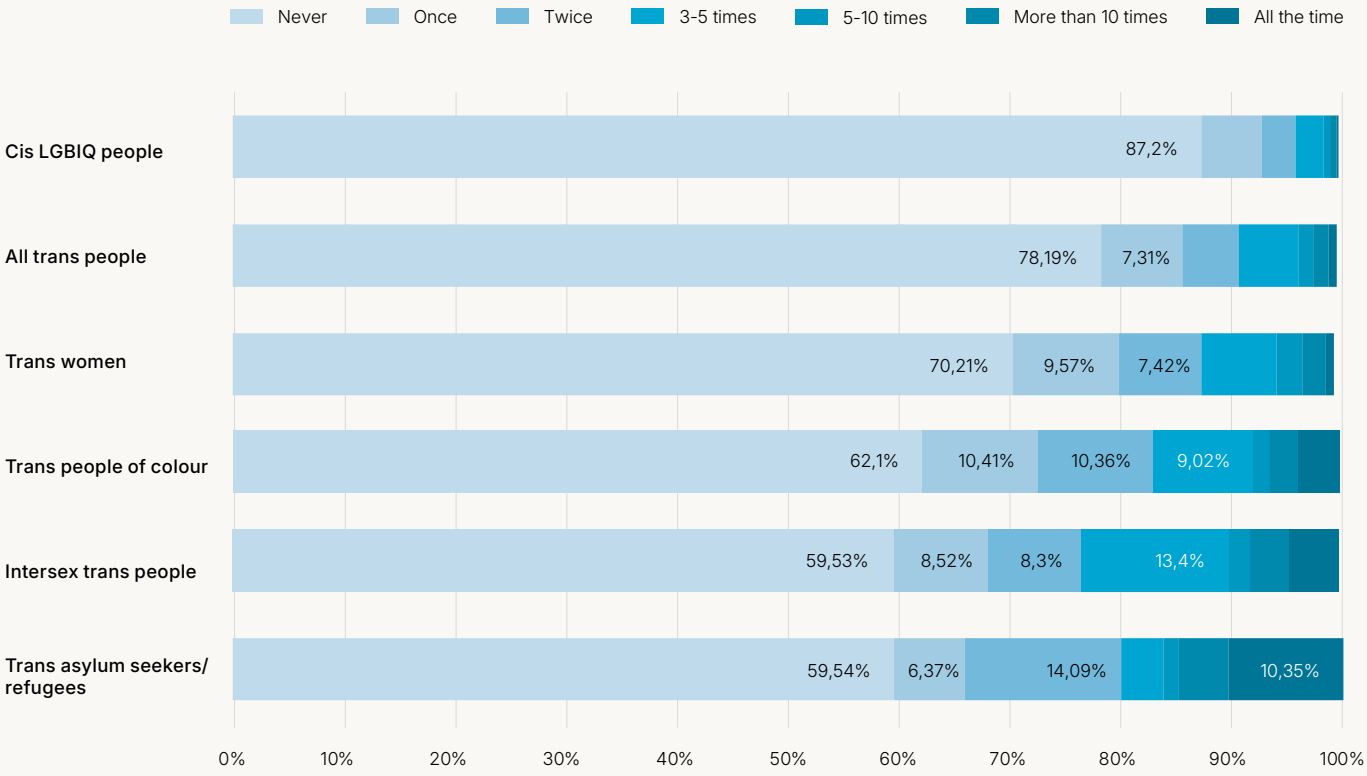
Violence

Against a backdrop of rising anti-trans rhetoric and restrictive laws, violence against trans people in the EU requires specific attention.

Respondents were asked to quantify the number of times in the past five years they had been physically or sexually assaulted because of their LGBTIQ identity. On a positive note, attacks against LGBTIQ people have decreased significantly over the last five years. 21.8% of trans respondents reported being physically or sexually attacked (down from 35.9% in 2019), compared to 12.8% of cis LGBIQ respondents (down from 24.5% in 2019).

Figure 17. Prevalence of LGBTIQ-targeted physical or sexual violence, disaggregated

'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.) because you are LGBTIQ?'



Excludes responses: Don't know; Prefer not to say.
Data from the EU LGBTIQ Survey III (2023). Weighted data. N=30,627 trans respondents.

Trans asylum seekers/refugees are the most likely subgroup to be attacked, with 23.7%* noting two or more attacks, and 10.4%* reporting being attacked all the time. Other highly vulnerable subgroups are intersex trans people (27.1% attacked twice or more) and trans people of colour (23.5% attacked twice or more).

Trans women are the most vulnerable gender subgroup, with almost one in five (18.6%) reporting they have been attacked at least twice.

When asked about the timing of their most recent attack, a substantial 44.8% of trans people (compared to 35.2% of cis LGBIQ) reported it occurred within the last year. Recent attacks were highest among trans asylum seekers/refugees (58.9%*). Over half of trans youth aged 15-17 (54%), intersex trans people (51.3%), older trans people (50.7%), and trans women (50%) were also attacked in the last year.

The survey asked respondents to specify whether their most recent anti-LGBTIQ attack was physical, sexual, or both. Trans asylum seekers/refugees face an extremely high rate of combined physical and sexual attacks (42.4%*), quadruple the trans average of 10.3%. Intersex trans people and trans people of colour also report double the average (20.1% each). Regarding sexual attacks in the last year, trans women (23.2%) were the most exposed subgroup by gender; the trans average was 19.8%.

Respondents who experienced at least one physical or sexual attack due to being LGBTIQ were surveyed about the attack's impact on their health and well-being. Physical or sexual attacks due to being LGBTIQ have the most profound impact on respondents' psychological state. Over half of trans respondents (56.2%) reported depression and anxiety, significantly higher than cis LGBIQ individuals (39.3%). Attacks resulted in tangible consequences for approximately one in twenty trans respondents: 6.8% faced financial problems, 5.7% needed medical aid/hospitalisation, and 5.5% were unable to work. Though the survey did not investigate support, cross-referencing these impacts strongly suggests that there are minimal institutionalised forms of trans-inclusive and informed care and support available for these vulnerable communities.

Perpetrators of violence

For 59.8% of trans respondents, the last attack was committed by one perpetrator. The attacker was an unknown person in the majority of cases (52.9%). Other common perpetrators included teenagers (17.6%), a member of an extremist/racist group (8.3%), and a family member or relative (7.4%); someone from school, college or university (7%); an acquaintance or friend (6.7%) and a (former) partner (5.5%).

The large majority of perpetrators of violence against trans people are male (76.2%), while 11.6% are female and 9.2% involved in both.

Locations of violence

Respondents were asked where their last attack took place. Public spaces are the primary location of violence against trans people, with 52.7% reporting an attack there. Public transport is the second most common location (11.4%). The prevalence of violence emphasises the lack of safety: public places (43.2%) and public transport (41.6%) are also the most commonly avoided locations by trans respondents due to fear of harassment.

Home ranks as the third most common site of violence against trans people, reported by 11.1% of respondents. While only 12.5% of trans respondents avoid home (making it the least avoided location), this avoidance carries the severe risk of housing instability

or homelessness. The *Intersections: Homelessness* report showed that relationship or family problems were the main cause for over a third of LGBTI homeless people (36.2%).[42]

Reporting violence

While reporting violence is crucial for accountability of perpetrators and monitoring hate crime data, as already seen with discrimination (reported by 11.9% of trans respondents), most cases remain unreported. Only 19.9% of trans respondents reported violence (a significant drop from 29.7% in 2019), meaning four in five (80.1%) did not. This severe lack of reporting hinders the accurate assessment of transphobic violence. The lowest reporting rates are seen among trans youth aged 18-24 (86.2% not reporting) and 15-17 (86.1%), as well as trans people of colour (86.1%).

Just 5.6% of trans respondents report violent attacks on LGBTIQ organisations. While comparing this reporting frequency and expressed trust with trans-specific organisations would be valuable, the data available does not allow for this comparison.

Reluctance to report: Trans people's distrust of the police

The long history of disproportionate police discrimination and harassment against trans people, worsened by intersectional marginalisation, explains their reluctance to report violence and/or discrimination.

Only one in ten trans respondents (11.1%) reported the most recent incident to the police. Lowest reporting to the police is by trans youth (15-17: 6.6%, 18-24: 7.2%) and trans men (7.6%). Highest reporting rates came from trans asylum seekers/refugees (23.2%*), intersex (17.3%) and older trans people (15.8%). Coincidentally, these three subgroups also reported the highest satisfaction with government anti-prejudice efforts.

When asked why they did not report violence to the police, the leading reason was the belief that the police would or could not do anything. 46.2% of trans respondents said so. The issue is exacerbated by some EU Member States lacking hate crime laws that cover gender identity and expression.

Not trusting the police is the next major barrier to reporting to them, as said 45% of trans respondents, significantly higher than the cis LGBIQ rate (31.2%). Distrust peaks among religious (65.6%) and disabled (59.6%) trans people. Separately, fear of a homophobic and/or transphobic police reaction is cited as a reason for not reporting by 41.7% of trans respondents.

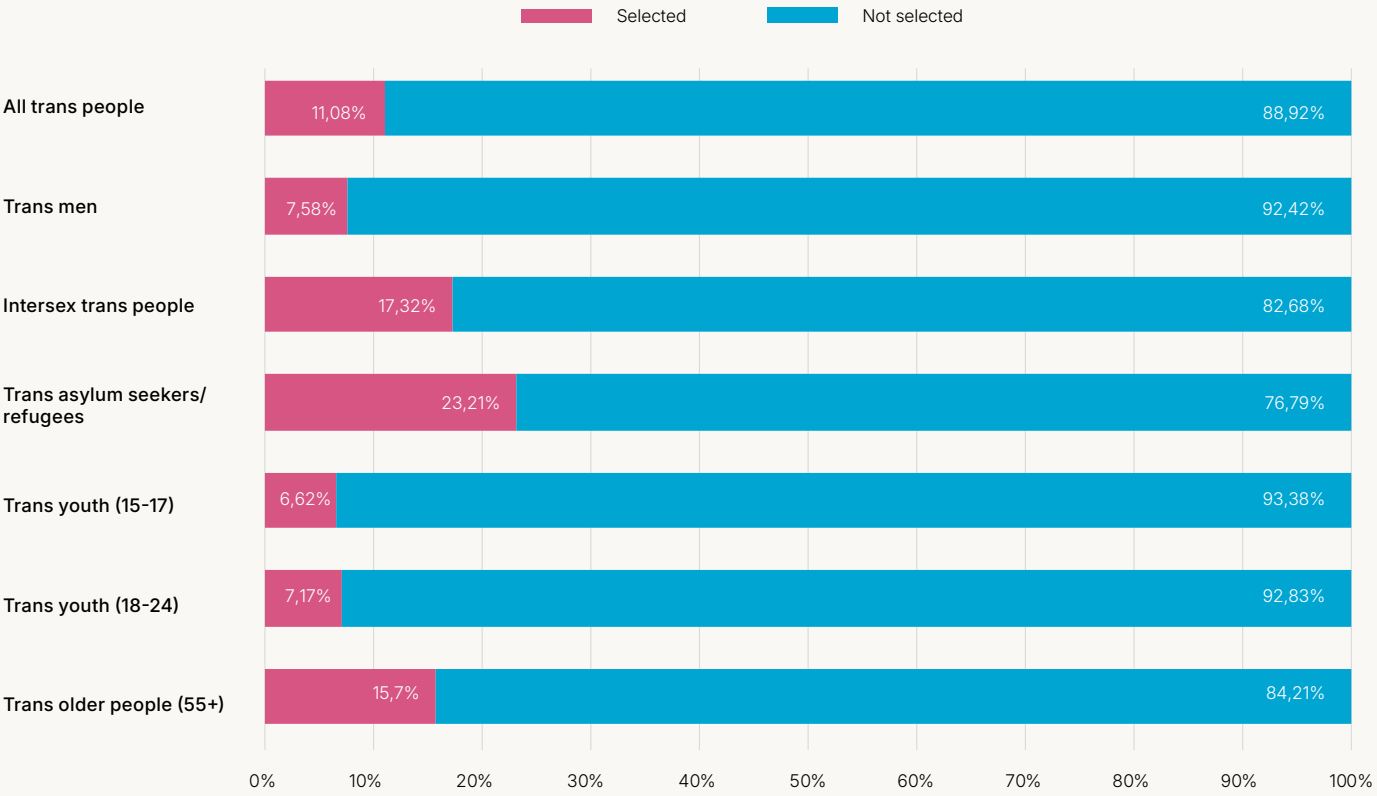
Another major reason for non-reporting to the police, the case for 32% of trans people, is the belief that the incident was too minor / not serious enough, or it never occurred to them to report it. This highlights the normalisation of violence within the trans community. Worryingly, this belief is highest among trans youth aged 15-17, where over half (51.2%) deemed attacks unworthy of reporting or failed to consider it at all. Other notable barriers to reporting to the police include shame/embarrassment/not wanting anyone to know (19.3%), fear of the offender/reprisals (17.2%), and being too

42 Ready, A. and Pérez Barranco, S. *Intersections: Homelessness briefing*. ILGA-Europe and FEANTSA, 2023.

Figure 18. Reporting physical or sexual violence to the police, disaggregated

'Did you or anyone else report it [the most recent incident of sexual or physical assault] to any of the following organisations or institutions?'

A. 'Police'



This question was asked to the N=6,741 trans people who had been physically or sexually attacked at home or elsewhere at least once. Data from the EU LGBTIQ Survey III (2023). Weighted data.

emotionally upset to contact the police (16.6%). All these reasons point to a lack of systemic support for trans communities.

While only 3.1% of trans respondents were last attacked by the police, this rate is notably higher for some subgroups, which is likely due to racial profiling. The highest rates of attacks perpetrated by the police were noted among trans asylum seekers/ refugees (16.6%*) and trans people of colour (6.9%), revealing a clear disparity. The existence of widespread racial profiling practices by EU law enforcement has been confirmed by the 2024 annual ECRI - the European Commission against Racism and Intolerance report.[43]

Only 1.3% of trans respondents cited engaging in sex work as a reason for not reporting to the police. Despite this low figure, it is vital to highlight trans sex workers as an often-overlooked and extremely vulnerable minority in LGBTIQ and feminist research as well as community organising and advocacy. They experience disproportionately high rates of violence and murder; globally, 46% of murdered trans

43 European Commission Against Racism and Intolerance, Council of Europe. *Annual Report on ECRI's Activities 2024*. https://rm.coe.int/annual-report-on-ecri-s-activities-covering-the-period-from-1-january-/1680b5bcd9

people were sex workers.[44] The elevated violence risk is not inherent to sex work, but rather stems from structural vulnerabilities. These are primarily caused by the criminalisation of sex work, coupled with factors like police brutality, homelessness, poverty, and gender and race discrimination. The only EU country where sex work is fully decriminalised is Belgium.

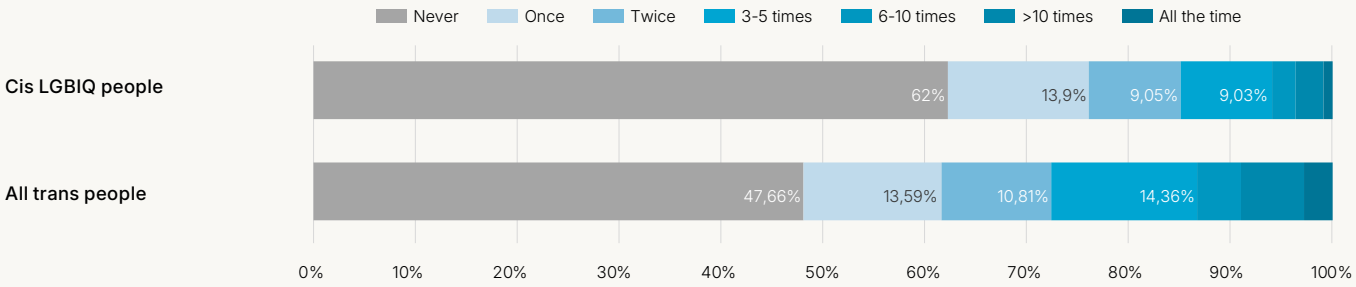
Harassment

In addition to physical attacks, the survey confirmed that trans respondents face more harassment overall than cis LGBIQ individuals.

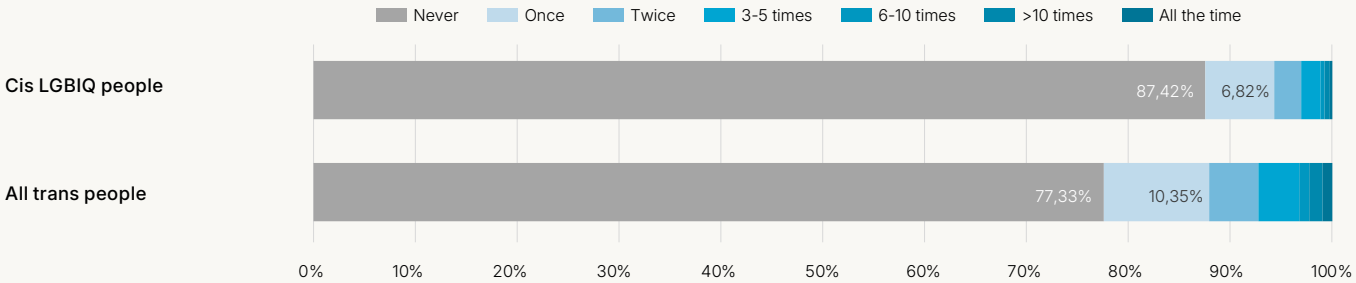
Figure 19. Prevalence of LGBTIQ-targeted harassment, disaggregated

'In the past 12 months how many times has somebody done any of the following things to you because you are LGBTIQ?'

A. 'Made offensive or threatening comments to you in person such as insulting you or calling you names?'

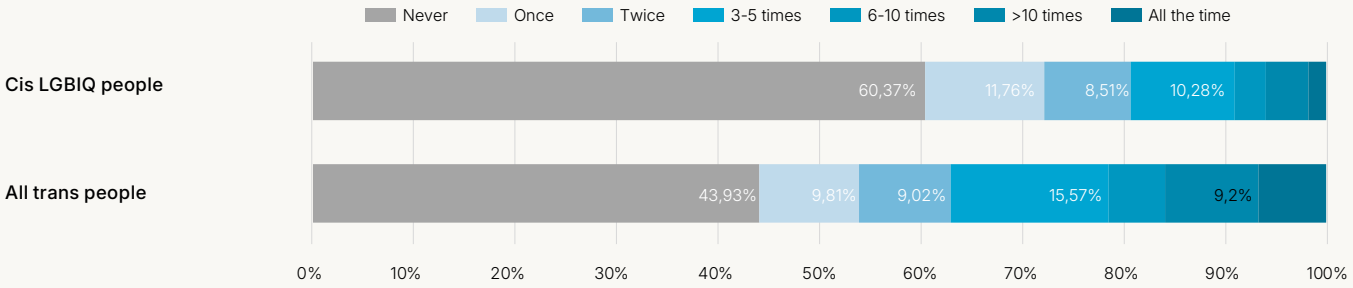


B. 'Threatened you with violence in person?'

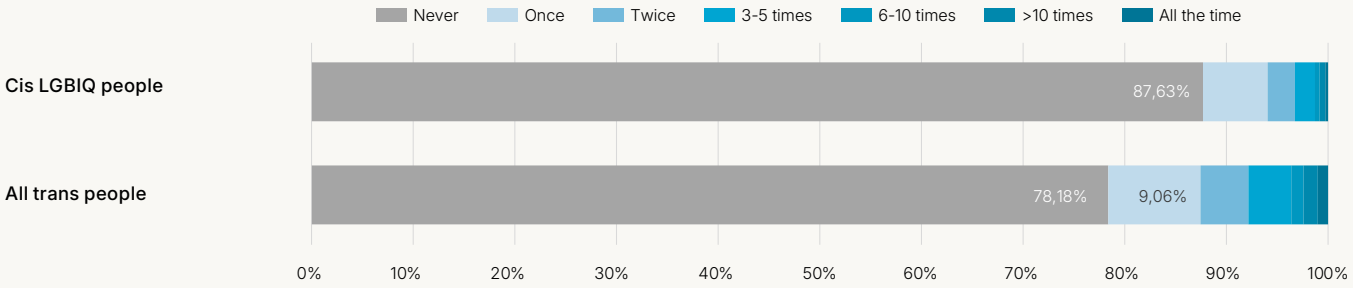


44 TGEU. *Trans Day of Remembrance 2024 Joint Statement.* https://tgeu.org/trans-day-of-remembrance-2024-joint-statement/

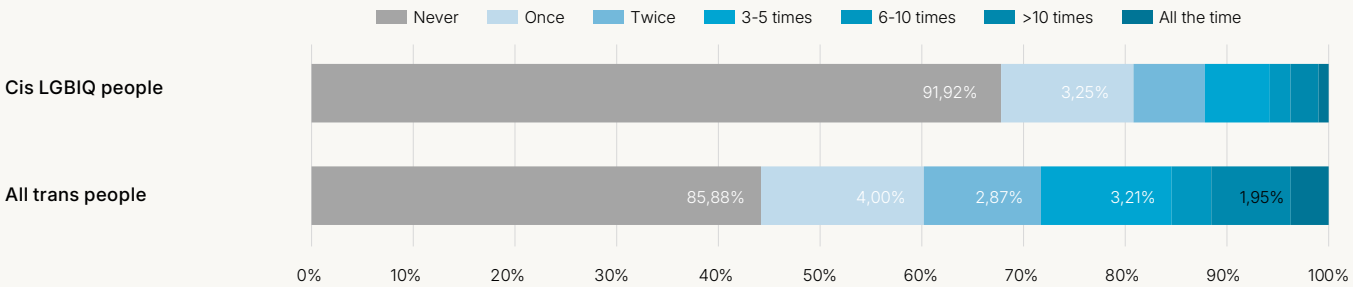
C. 'Made offensive or threatening you with violence in person?'



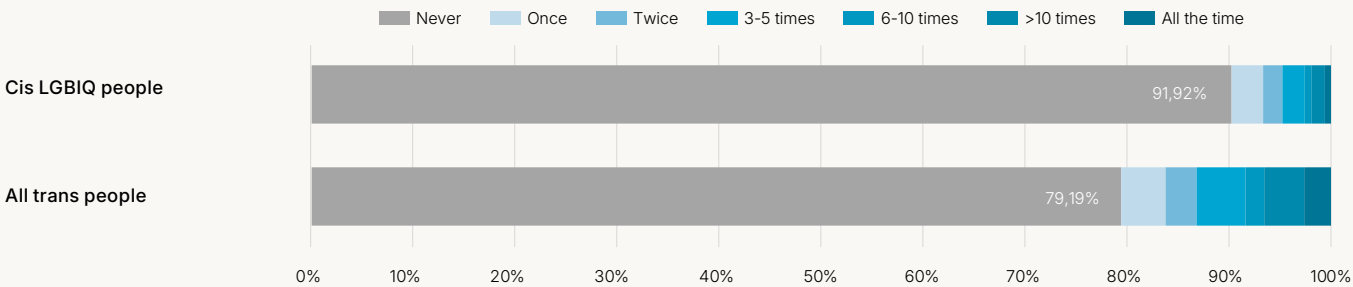
D. 'Loitered, waited for you or deliberately followed you in a threatening way?'



E. 'Sent you emails or text messages (SMS) that were offensive or threatening?'



F. 'Posted offensive or threatening comments about you on the internet for example on Facebook or Twitter?'



Excludes responses: Don't know ; Prefer not to say.
Data from the EU LGBTIQ Survey III (2023). Weighted data. N=30,627 trans respondents.

Offensive or threatening gestures are the most common form of harassment experienced by trans people. Trans respondents were over twice as likely to report experiencing this behaviour frequently (six or more times in the last year) than cis LGBIQ respondents (21.4% versus 9%). Offensive or threatening comments are the second most frequent form of harassment. Nearly 39% of trans respondents reported being targeted by these comments at least twice in the past year, compared to 24.1% of cis LGBIQ respondents.

Alongside their LGBTIQ identity, sex and disability were the most frequent reasons for respondents experiencing harassment. 26.3% of trans respondents experienced sex-based offensive incidents. Crucially, non-binary trans people are twice as likely to face threats based on their sex (32.3%) than trans women (15.7%) or trans men (16.3%). This result amplifies the trend that the mere existence of non-binary people breaks the sex/gender binary, leading to higher rates of stigma and exclusion based on sex. 9% of trans respondents, almost three times the rate of cis LGBIQ respondents (3.1%), reported experiencing offensive incidents due to their disability.

On that note, we find it crucial to express that a question asking about experience based on the binary category of sex is not inherently inclusive of or appropriate for all individuals within the LGBTIQ population. It also reduces trans and intersex people to the sex/gender they were assigned at birth, which is a concept many trans and intersex people want and need to distance themselves from. This is for various reasons, including personal safety, avoiding retraumatisation as well as dignity. Asking LGBTIQ people to speak about their 'sex' without clarification or a caveat that acknowledges the complexity this question can raise should be avoided in future surveys. This is particularly important while many EU and European countries are using this exact wording to instrumentalise binary, trans and intersex-exclusionary legislative measures and withhold trans and intersex human rights.

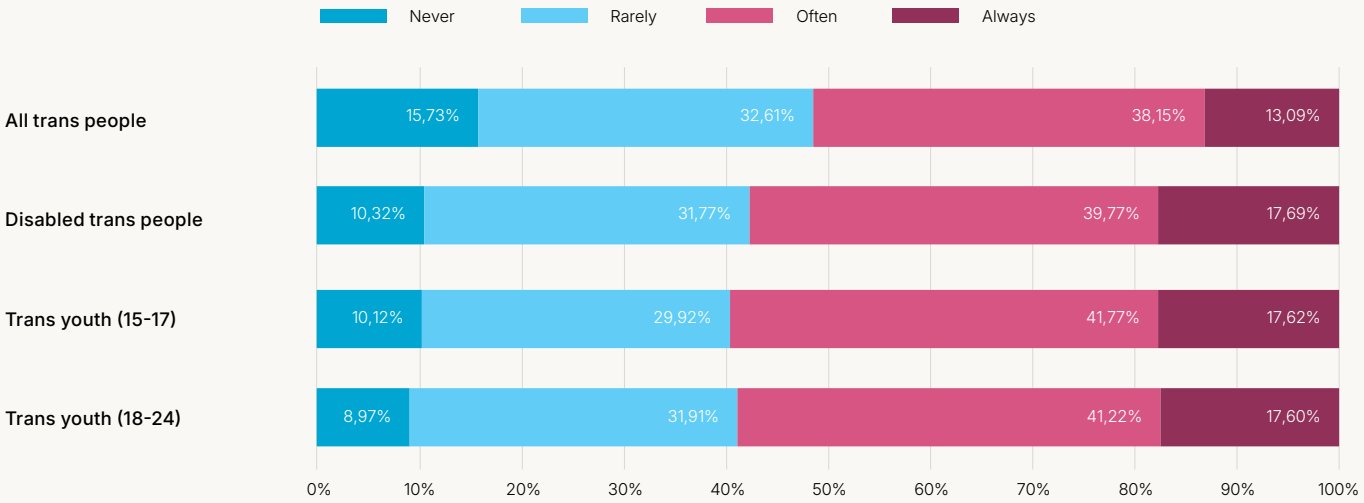
Online harassment

This section specifically looked at online harassment, the results of which show an alarmingly high prevalence of exposure among the majority of trans respondents in the year before the survey.

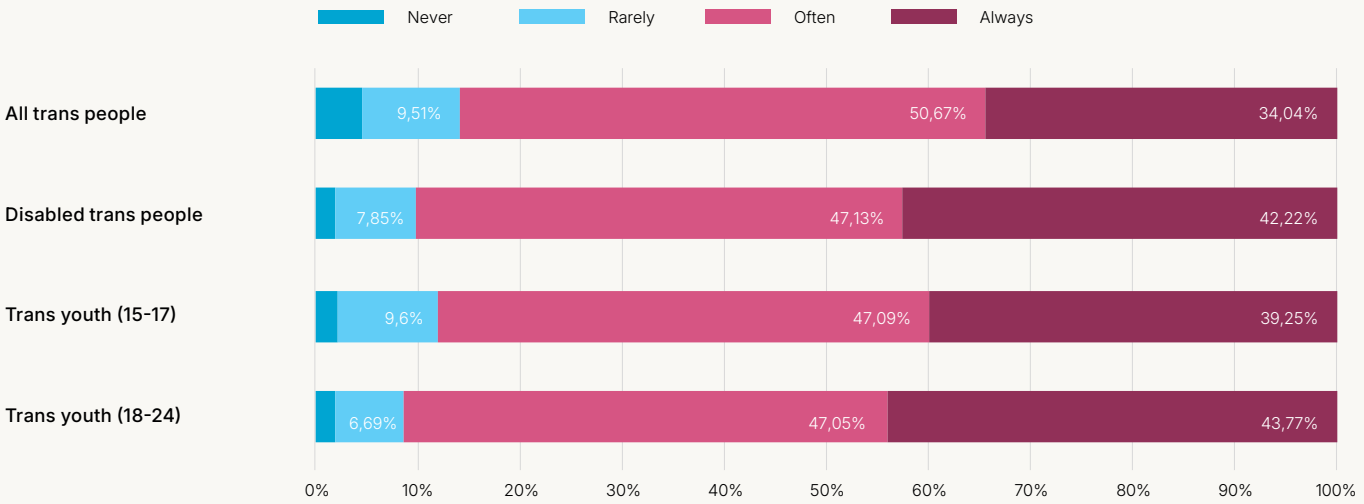
Figure 20. Prevalence of LGBTIQ-targeted online harassment, disaggregated

'In the LAST 12 MONTHS, HOW MANY TIMES have you encountered / seen the following ONLINE?'

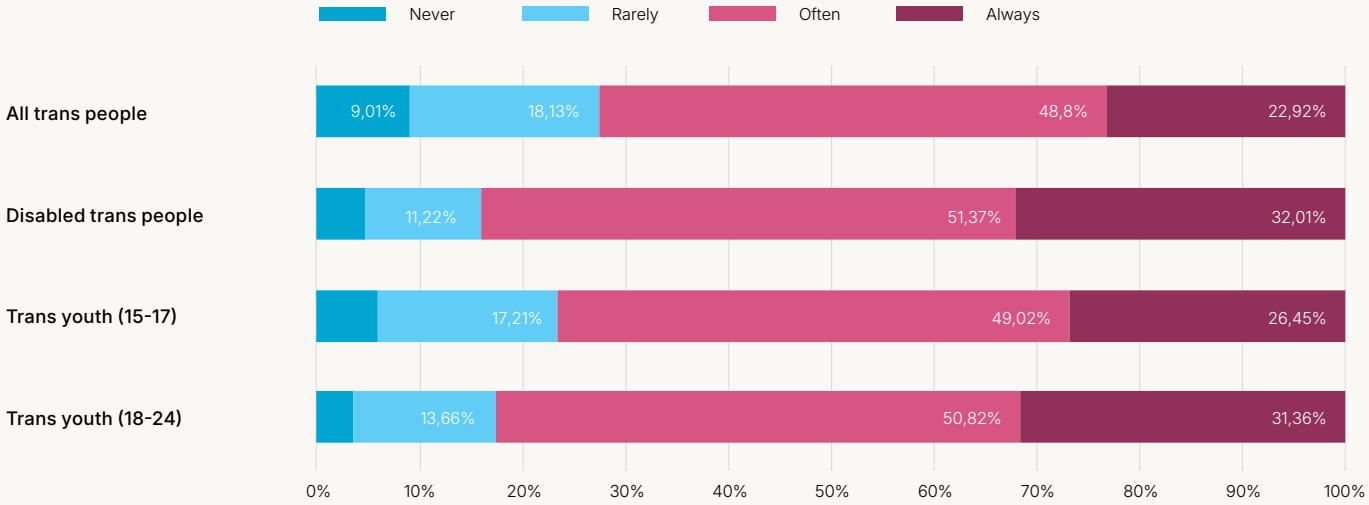
A. 'Calls for violenece against LGBTIQ people (e.g. threats of death, rape, beating, slapping, etc.)'



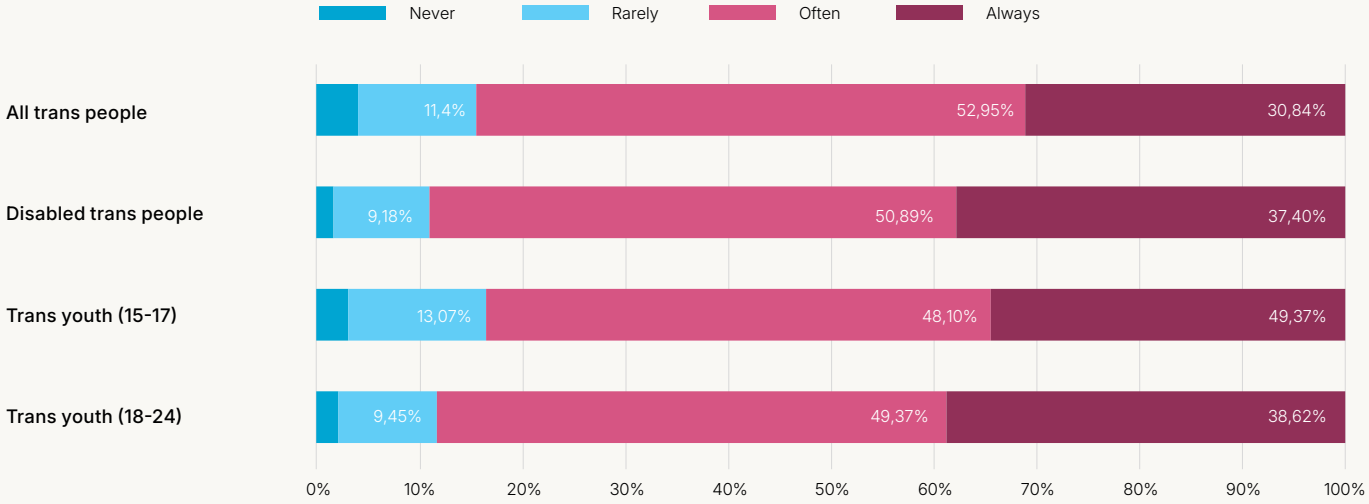
B. 'References to "LGBTIQ propaganda" or "gender ideology"'



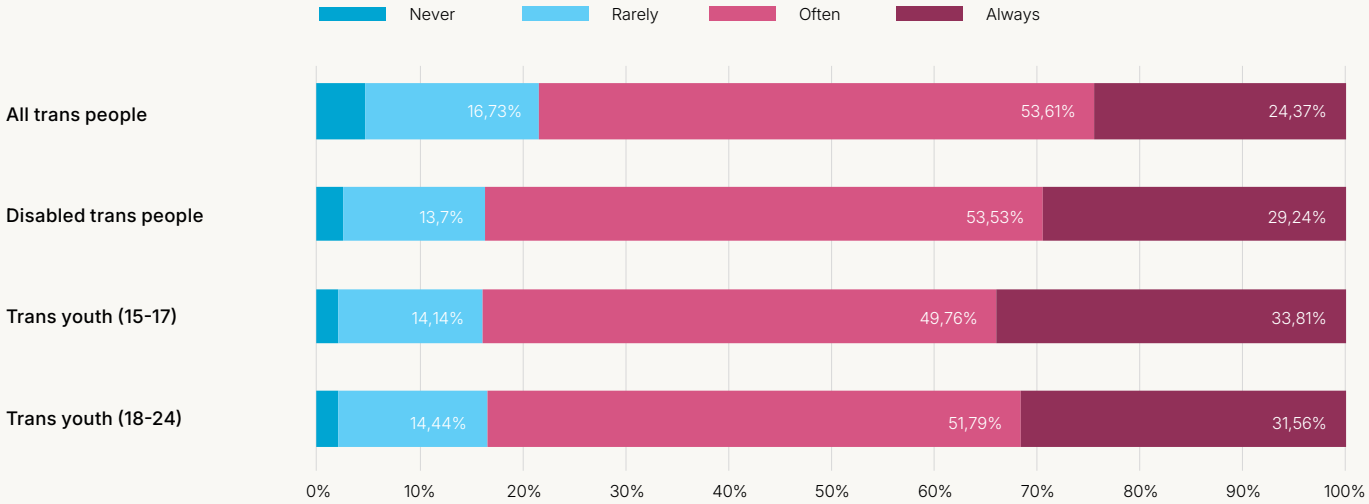
C. 'References to LGBTIQ people posing a sexual threat (e.g. in the context of access to toilets/changing rooms)'



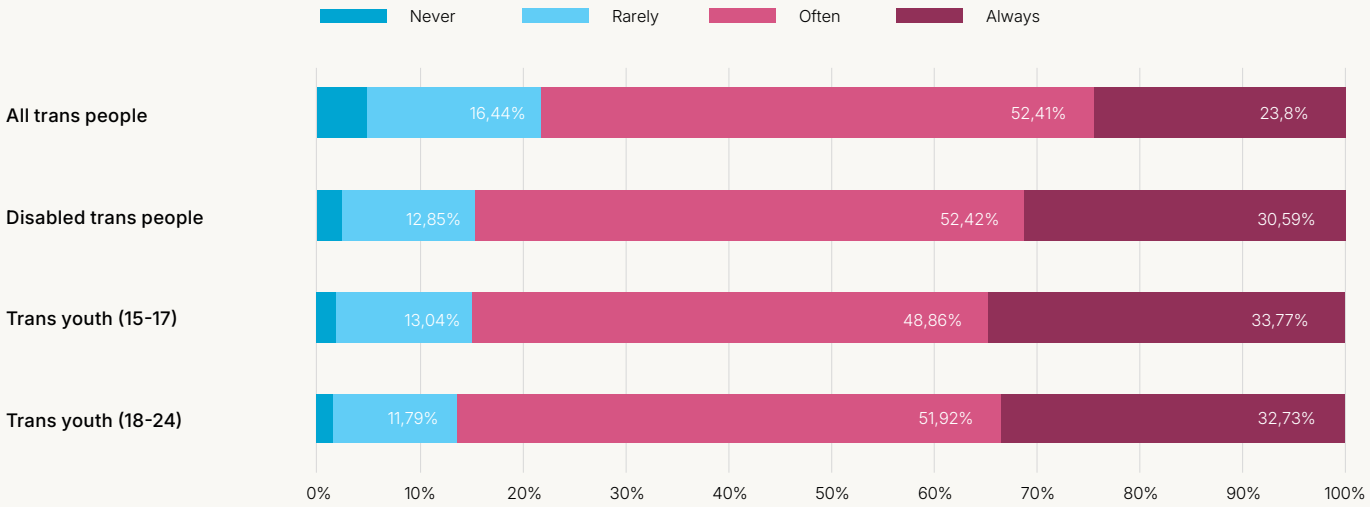
D. 'References to LGBTIQ people posing a threat to "traditional values"'



E. 'Considering LGBTIQ people to be "unnatural" or mentally ill'



F. 'Other forms of hatred against LGBTIQ people'



Excludes responses: Don't understand.
Data from the EU LGBTIQ Survey III (2023). Weighted data. N=30,627 trans respondents.

The results show an overwhelming exposure to online harassment, dominated by themes of ideological conflict. The most common forms, experienced always or often by trans respondents, are:

- references to "LGBTIQ propaganda" or "gender ideology": 84.7%,
- displays of LGBTIQ people as a threat to "traditional values": 83.8%,
- messages deeming LGBTIQ people "unnatural" or mentally ill: 78%,
- LGBTIQ people posing a sexual threat (e.g., in bathrooms): 71.7%.

Even the least common form, calls for violence (e.g., threats of death or rape), is encountered always or often by over half of trans respondents (51.3%), significantly higher than the cis LGBIQ rate (36.6%).

Online harassment targeting LGBTIQ people is disproportionately experienced by disabled trans people and young trans people. For these already marginalised groups, this higher exposure compounds the hardship they face as social minorities. Young and disabled trans people may be more vulnerable to cyberbullying because they are frequent internet users with a limited online presence, and they rely on the internet to explore their identity because safe in-person spaces are scarce.

Conclusion

Trans lived experiences across the EU reveal ongoing, disproportionate institutional and societal barriers compared to cis LGBIQ members. Trans people's lives are increasingly central in public discourse, often instrumentalised by those who disregard trans dignity for political advantage.

The analysis showed that trans people are more open about being LGBTIQ than their cis peers. Trans people who have had LGR constitute the most socially open subgroup and report among the highest in life satisfaction, underscoring the vital impact of accessible LGR procedures. Governments must maintain the trajectory towards self-determination in LGR in the EU, and actively resist new anti-trans legislation.

Trans people who experience intersecting axes of discrimination report the highest levels of social hardship and service access barriers. Disabled trans people in particular reported the highest incidence of discrimination and among the lowest levels of life satisfaction.

We call upon all readers-policymakers, journalists, academics and researchers and the broader LGBI community - to reflect on the layers of trans (in)visibility that have framed this report. The specific data points highlighted in this report, particularly around experiences of conversion practices, discrimination in healthcare, poor mental health status, routine experiences of harassment increasingly in online spaces, and the closedness of trans people about their identity should serve as a guide for targeted policy and legislative action at the EU - and Member State level. Further, specific data on the experiences of trans people in Member States, especially where experiences of discrimination are reported as high despite positive legislation, should provide an impetus for a focused review of legal protections as well as their implementation. In the absence of systemic changes, trans visibility will enhance vulnerability. The goal is to ensure trans people live with dignity, enjoy civil liberties comparable to cis society members, and access human rights and services without discrimination. The obstacles detailed in this report must serve as a guide for developing more trans informed, inclusive and affirming national frameworks. The voices of trans respondents should guide one of the many paths toward trans liberation.

Annex: Methodology

This report was based on an intersectional, disaggregated statistical analysis of the data from the EU LGBTIQ Survey III conducted by the European Union Agency for Fundamental Rights in 2023.

Inclusion criteria

The survey was open to individuals who were 15 years of age or older who identified as lesbian, gay, bisexual, trans, intersex and/or queer. The survey was conducted online only, and was open to residents of the EU27, plus Albania, North Macedonia and Serbia, from 2 June to 22 August 2023. Respondents were required to have lived for at least 1 year in one of the 30 countries covered by the survey.

Recruitment

Dissemination of the survey predominantly took place online. The FRA developed a promotional campaign, where a network of national survey promoters as well as European and national LGBTIQ organisations were engaged. A significant part of the distribution took place on LGBTIQ-specific online platforms and social media including dating applications. While these forms of dissemination definitely assured mass promotion of the survey, it's important to acknowledge not all trans or LGBIQ subgroups are able to participate in such forms of community involvement, engagement and socialising, especially disabled and/or neurodiverse people, people with low income, asylum seekers, refugees and migrants, etc. Respondents were asked about how and where they learned about the survey. Two-thirds (66.6%) of respondents found out about the survey via social media. One in five (21.4%) were told about the survey from somebody told or were sent the link. A further 6.8% of trans respondents received an email from an LGBTIQ organisation or online network. This was a particularly effective recruitment strategy for trans asylum seekers/ refugees (15.4%*) and older trans people (12%). The largest discrepancy in source of dissemination between trans and cis LGBIQ participants was promotion within dating apps (cis LGBIQ: 11% vs. trans: 4.4%).

Sample

The EU LGBTIQ Survey III report presents data from 100,577 respondents. 605 people described themselves as 'neither trans nor cis', and were consequently excluded from our cis LGBIQ vs. trans analysis. 69,345 respondents identified as cisgender people (cis women or cis men) and 30,627 as trans people (trans women, trans men and non-binary and gender diverse). Trans people thus represent 30.6% of the present total sample. This is a significant rise from 20,933 trans respondents in the previous LGBTI II Survey in 2019, representing just 14.9% of that overall sample. The increase in trans respondents is especially notable considering that overall, there were almost 40,000 fewer respondents compared to the previous survey. The present survey was the first time the EU FRA included Q (queer) in the survey title, which may have recruited some additional respondents who identify as queer, but not LGBTI. Four-fifths of trans respondents (81.1%) considered themselves queer, vs just under three-fifths (58.1%) of cis LGBTI respondents.

The EU LGBTIQ Survey III respondents include 4,621 trans women (15.1% of the trans sample and 4.6% of the total survey sample); 5,964 trans men (19.5% of the trans sample and 5.9% of the total survey sample) and 20,042 non-binary and gender diverse people (65.5% of the trans sample and 20.1% of the total survey sample). Continuing the trend seen in the EU LGBTI II survey, non-binary people are the fastest growing population within the trans community.

Representativeness of sample and weighting

Participation in the survey required internet/device access, knowledge of an EU language, ability to complete a survey taking (on average) 20 minutes, and the free time to participate unpaid. While an online survey questionnaire allows a greater level of anonymity and safety than in-person data collection, these requirements undoubtedly impacted the make-up of the sample, skewing towards younger, richer, computer-literate, well-educated, neurotypical and abled respondents. Compensating participants, facilitating offline participation, and adding non-EU languages that are widely spoken in the EU, such as Turkish, Arabic, Russian, Kurdish, etc., would contribute to the survey's accessibility and language justice.

As the FRA itself states, the survey's results cannot be considered fully representative of LGBTIQ communities in the survey countries, for various reasons. In consideration of this, FRA developed a weighting scheme, which adjusts the data to account for estimated size of each LGBTI group in each country and by age group, based on information from previous EU surveys. Respondents' data was also weighted to account for their affiliation with LGBTI organisations and participation in prior EU LGBTI

surveys. TGEU applies this same weighting (BENCHAFFW_2023TREU30) to the data, so that the results presented are as representative as possible. The raw, unweighted counts and percentages of respondents' sexual orientation, gender identity and sex characteristics are reported at the beginning of Part I, but otherwise all subsequent data reported is weighted according to this weighting scheme.

The subgroup "trans asylum seekers and refugees" was particularly small - with only 138 respondents and therefore this subgroup's data could not be weighted as reliably as the other subgroups (weighted effective n <100). We report weighted results for all subgroups throughout for consistency, but flag the results of the trans asylum seekers and refugees subgroup's results with a * throughout, to highlight that its weighted data is less reliable than for other, larger subgroups. The same applies to country-level data from trans respondents in seven countries, which could not be weighted as reliably as trans-level data from other countries (weighted effective n <100): Cyprus, Albania, Malta, Luxembourg, Romania, Serbia and North Macedonia.

Defining 'trans', and trans-specific survey questions

The survey used the word 'trans' as a "broad umbrella term that includes all those who are transgender, non-binary, gender variant, polygender, agender, genderfluid, cross dressers, transsexual, or men and women with a transsexual past, and other terms".[45]

This report also used the term 'trans' as an umbrella term that includes people who have a gender identity that is different from their gender assigned at birth and people who wish to portray their gender identity in a way that is different from expectations based on their gender assigned at birth. This can include, among many others, transsexual and transgender people, nonbinary people, transvestites, cross dressers, agender, multigender, genderqueer people, intersex, and gender diverse people who relate to or identify as any of the above.[46]

The questions in the survey's trans-specific section (TR) were unfortunately better suited to the experiences of trans women and trans men, than the 65.5% non-binary and gender diverse majority. The specific questions posed to trans respondents in this section suggest an essentialist view, prioritising LGR and interventions to the body as definitive 'trans experiences'. While this section provides important data, it overlooks that there are countless ways to live a trans life and transition, including vital social transitions (such as changes to name, pronouns, appearance, and usage of gendered public spaces), which could also be asked about. In *Imagining transgender*, Valentine argues for transgender to be regarded as an analytical category.[47] With such an application, research can either confront or consolidate preconceived notions of

45 FRA. *The EU LGBTIQ Survey III, 2023, Research Data.* https://search.gesis.org/research_data/ZA8853

46 Yurinova, N. *Trans Media Guide: A community-informed, inclusive guide for journalists, editors & content creators.* TGEU, 2023.

47 Valentine, D. *Imagining transgender: An Ethnography of a Category.* Duke University Press, 2007.

gender norms. The EU LGBTIQ III survey seems to have avoided using 'trans' as an analytical category, which is concerning, given the growing proportion of non-binary and gender diverse respondents in each iteration of the survey. We recommend that future EU LGBTIQ surveys broaden the scope of trans-specific questions to cover social transitioning and usage of gendered public spaces, as well as more detailed questions on areas important to trans people such as sexual and reproductive health, mental health, neurodiversity, sports, HIV, sex work, and experiences in public life and the LGBTIQ community.

Intersectional analysis, subgroup creation and statistical methods

Intersectional quantitative analysis was applied to the data. We found this to be the most appropriate method to extract and explore various interconnected socio-political positionings of individuals and the social structures and power relations their lives are enclosed within. Such an approach is essential when researching the multilayered and intertwined societal norms and forces that result in an array of injustices and inequalities. Furthermore, it facilitates comparison with analyses of previous EU LGBTIQ surveys which have followed a similar approach.

Data for the survey was accessed from GESIS at the Leibniz Institute for the Social Sciences[48] and analysed using R[49] version 4.4.2 and RStudio. Two packages in particular were most useful for the analysis, namely {srvyr}[50] for weighting and computing summary statistics for large survey data, as well as {tidyverse}[51] for data analysis and visualisation. Two reference groups were created to distinguish cis and trans respondents based on the RESPONDENT_GIE variable, which was manually re-coded by FRA based on responses to questions A2-A8. "Cis LGBIQ" was composed of those categorised as "Men cisgender" or "Women cisgender", while "All trans people" was composed of those categorised as "Trans men", "Trans women" and "Non-binary-Gender diverse". Participants who were categorised "Other (Not trans, not cis)" were excluded from further analysis.

A further twenty disaggregated subgroups were created to facilitate intersectional analysis of the data, shown in the table below. These disaggregated groups were selected, following input from the TGEU team, because they represent important

48 FRA. *The EU LGBTIQ Survey III*, 2023. European Union Agency for Fundamental Rights (FRA), Vienna, Austria. (ZA8853; Version 1.0.0) [Data set]. GESIS, Köln. https://doi.org/10.4232/1.14400

49 R Core Team. *R: A Language and Environment for Statistical Computing*. R Foundation for Statistical Computing, Vienna, Austria. https://www.R-project.org. 2024.

50 Freedman Ellis, G. & Schneider, *B. srvyr: 'dplyr'-Like Syntax for Summary Statistics of Survey Data*. R package version 1.3.0 https://CRAN.R-project.org/package=srvyr. 2024.

51 Wickham H., Averick M., Bryan J., Chang W., McGowan L. D., François R., Grolemund G., Hayes A., Henry L., Hester J., Kuhn M., Pedersen T. L., Miller E., Bache S.M., Müller K., Ooms J., Robinson D., Seidel DP., Spinu V., Takahashi K., Vaughan D., Wilke C., Woo K. & Yutani H. "Welcome to the tidyverse." *Journal of Open Source Software*, 4(43), 1686. https://doi.org/10.21105/joss.01686. 2019.

intersecting identities within trans communities. For some subgroups, e.g. “trans unemployed/unable to work people”, we took the decision to combine multiple experiences into one subgroup to reflect a shared material reality. Of course, further intersectional subgroups could be created, but we were constrained by time and resources.

GROUP NAME	CREATION
Cis LGBIQ people	RESPONDENT_GIE == "Women cisgender" OR == "Men cisgender"
All trans people	RESPONDENT_GIE == "Trans women" OR "Trans men" OR "Non-binary-Gender diverse"
Trans women	RESPONDENT_GIE == "Trans women"
Trans men	RESPONDENT_GIE == "Trans men"
Non-binary people / gender diverse	RESPONDENT_GIE == "Non-binary-Gender diverse"
Intersex trans people	GI == "all trans" AND A8 == "Yes"
LGBQ trans people	GI == "all trans" AND A6 NOT = "Heterosexual/Straight")
Straight trans people	GI == "all trans" AND A6 == "Heterosexual/Straight"
Trans people of colour	GI == "all trans" AND A13_A == "Selected"
Trans ethnic minority/migrants	GI == "all trans" AND A13_B == "Selected"
***Trans asylum seekers/refugees**	GI == "all trans" AND A13_C == "Selected"
Trans religious minority	GI == "all trans" AND A13_D == "Selected"
Disabled trans people	GI == "all trans" AND A13_E == "Selected"
Trans other minority	GI == "all trans" AND A13_F == "Selected"
Trans people with low income	GI == "all trans" AND G19 == "With great difficulty" OR == "With difficulty" OR == "With some difficulty"
Trans unemployed / unable to work people	GI == "all trans" AND G2 == "Unemployed" OR == "Unable to work due to long-standing health problems"
Trans people with housing difficulties	GI == "all trans" AND G20_5 NOT= "Selected"
Trans youth (15-17)	GI == "all trans" AND A1 >= 15 & A1 <= 17)
Trans youth (18-24)	GI == "all trans" AND A1 >= 18 & A1 <= 24
Trans older people (55+)	GI == "all trans" AND A1 >= 55
Trans people with LGR	GI == "all trans" AND TR6 == "Yes"
Trans people with gender-affirming interventions	GI == "all trans" AND TR1 == "Yes"

AI use disclaimer

Parts of this report were developed with the assistance of AI Gemini, used solely to support editing, based on user-provided content and instructions. All final content has been reviewed and approved by the authors, who take full responsibility for its accuracy, interpretation, and conclusions.

TGEU (Trans Europe and Central Asia) is
a trans-led NGO working for the rights and
wellbeing of trans people since 2005.
TGEU is an umbrella organisation that represents
over 200 member organisations in more than
50 countries in Europe and Central Asia.

For more publications and important news on
trans rights and wellbeing follow us:

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