

2017

Chinese Transgender Population General Survey Report

Transgender and Gender-Nonconforming People

Presented by



Department of Sociology
Peking University

Special
Thanks to



Research Goals

This survey is intended to provide government departments, international groups, and non-profit and for-profit organizations with a statistical foundation for an up-to-date understanding of China's transgender population. It further seeks to improve the visibility of social issues relevant to the Chinese transgender population; advocate for laws and policies that are specific to the needs of the transgender community; promote the rights and interests of transgender people in society; and finally, oppose discrimination against transgender people. This is the first nationwide quantitative survey of China's transgender population.

Key Terms and Concepts

Gender Identity

Refers to an individual's internal, deeply held sense of gender.

Gender Expression

Refers to the external appearance of one's gender identity, as expressed through appearance, speech, mannerisms, etc.

Sexual Orientation

Refers to a person's capacity for profound emotional, affectional and sexual attraction to individuals of some gender.

Trans/Transgender (Kuaxingbie Zhe)

Refers to people whose gender identity or gender expression is different from the biological sex assigned to them at birth. This umbrella term includes:

- **Transgender Man**

Refers to a person who identifies as a male transgender person, also referred to as a "female-to-male" ("FTM") transgender person.

- **Transgender Woman**

Refers to a person who identifies as a female transgender person, also referred to as a "male-to-female" ("MTF") transgender person.

- **Genderqueer**

Refers to a person whose gender identity does not conform to the male or female gender binary. A genderqueer person may feel their gender identity is both male and female, neither male nor female, some combination of male and female, or beyond these categories.

Gender Non-conforming

Refers to a person whose gender expression does not conform to traditional social expectations attached to male and female gender roles. This umbrella term includes:

- **Genderqueer**

Refers to a person whose gender identity does not conform to the male or female gender binary. A genderqueer person may feel their gender identity is both male and female, neither male nor female, some combination of male and female, or beyond these categories.

- **Cross-dresser**

Refers to a person who occasionally wear clothes, makeup, and accessories culturally associated with the opposite sex, but do not wish to permanently change their sex or live full-time as the opposite sex. **Cross-dressers identify with their assigned sex, unlike transgender people.**

Research Methods

This survey was conducted using an online questionnaire. Respondents were given the option of using mobile devices or computers to fill out and submit the questionnaire. When the survey questionnaire was advertised across the following primary channels: the Weibo, Wechat, Zhihu web forum, etc. social media accounts of community service centers, educational organizations, media accounts, and other groups serving sexual orientation and gender identity and expression (SOGIE) minorities across China.

As of September 2017, 5,677 questionnaires had been submitted, of which 2,060 (36.3%) proved valid. Four criteria were adopted to determine questionnaire validity:

1. Completion of each survey question;
2. Unique IP address used to fill out the survey;
3. Time used to complete the survey was over eight minutes in length; and
4. The self-reported gender identity and/or gender expression of the respondent matched the scope of the research program, i.e., the respondent self-identified as a transgender man, transgender woman, genderqueer person or cross-dresser.

Questionnaires that simultaneously matched all of the foregoing criteria were considered valid.

Submitted 5677

Valid 2060

36.3%

Respondents were identified as a transgender man, women, genderqueer person, or cross-dresser based on their responses to the following questions:

Q 2.1 The gender you were assigned at birth was:

- a. Male b. Female c. Other

Q 2.2 Your internal, deeply held sense of gender identity is:

- a. Male b. Female
c. Neither of the above choices d. Undecided

Q 2.5 Have you ever identified or lived as a gender other than the gender assigned to you at birth?

- a. I currently do so full-time.
b. I currently do so, but only in certain settings.
c. On and off over time.
d. I did so in the past, but not anymore.
e. I have never done so.

- Respondents were identified as transgender men if they responded as follows:

Q2.1=b/c & Q2.2=a

- Respondents were identified as transgender women if they responded as follows:

Q2.1=a/c & Q2.2=b

- Respondents were identified as genderqueer people if they responded as follows:

Q2.2=c/d & Q2.5=a/b/c/d

- Respondents were identified as a male cross-dresser if they responded as follows:

Q2.1=a & Q2.2=a & Q2.5=a/b/c/d ;

Q2.1=b & Q2.2=b & Q2.5=a/b/c/d

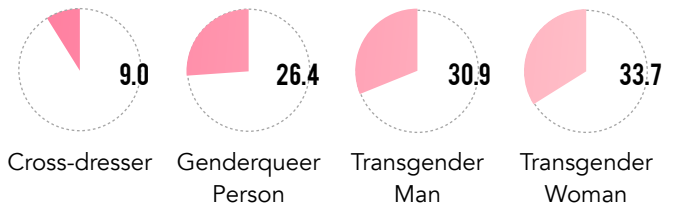
Survey Sample

The geographic distribution of respondents was varied, but with most concentrated in the eastern regions.

The survey questionnaire covered all mainland provinces, municipalities, and autonomous regions. Individuals from Beijing, Guangdong, Shanghai, Shandong, and Zhejiang comprised 42.4% of all respondents.



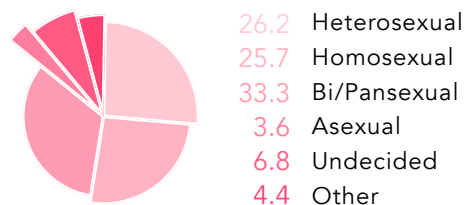
The sample included transgender men, transgender women, genderqueer people, and cross-dressers.



Respondents reported a diverse range of sexual orientations.

A relatively large percentage of responses indicated they were bi- or pansexual (33.3%), whereas 26.2% indicated they were heterosexual and 25.7% indicated they were homosexual.

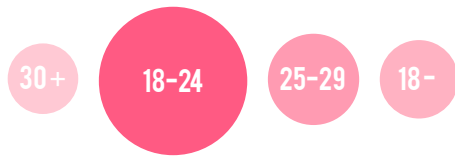
Sexual Orientation of Respondents (Relative to Gender Identity)



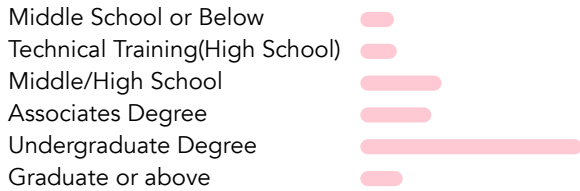
Respondents were mostly young, well-educated, and living in urban areas.

87.8% of respondents were under 30 years of age, 54.3% possessed a bachelor's degree or higher educational qualification, and 82.7% reported living in cities.

Age Distribution of Respondents



Education Levels of Respondents



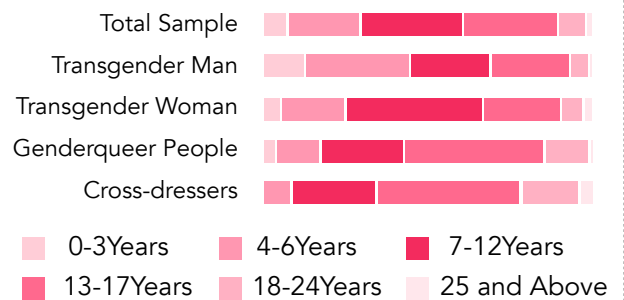
Urban and Rural Distribution of Respondents



Most respondents reported that they began to feel self-aware about their gender identity before the age of 18, and further reported that the first time they told other people about their gender identity between the ages of 13-24.

Respondents further indicated that the age at which they first recognized their gender identity was different from the gender assigned at birth was primarily between the ages of 7-12 (31.9%) and 13-17 (29.4%), with others even earlier, between the ages of 4-6 (22.2%). Most reported that the earliest ages at which they told others their gender identity differed from their assigned gender was 13-17 (39.4%) and 18-24 (34.7%).

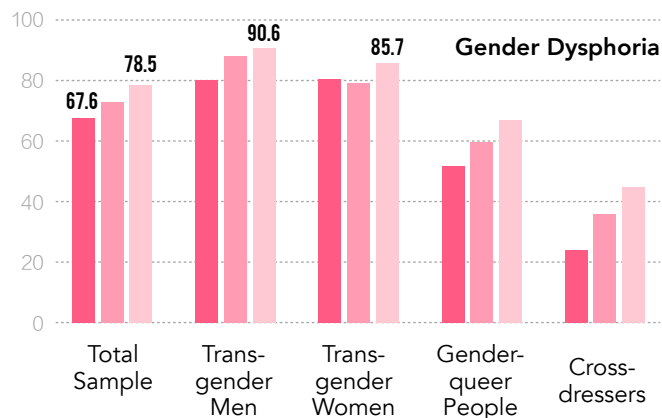
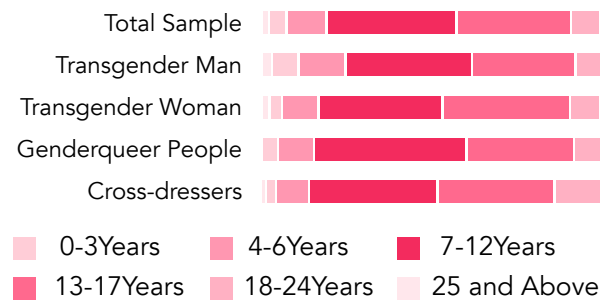
Ages at which Respondents Perceived Gender Identity



Over two-thirds of all respondents reported experiencing some form of severe gender dysphoria, with an even higher rate (80%) of transgender men and women reporting such experiences.

67.6% of respondents indicated they had "strongly hated" their own biological sex characteristics. 72.8% of respondents expressed that the onset of puberty had caused feelings of severe pain and depression. 78.5% of respondents signaled that they had felt a desire to stop puberty, or mask or change their sexual characteristics. Over 90.6% of transgender men and 85.7% of transgender women specified that they had felt a desire to stop puberty, or mask or change their sexual characteristics.

Ages at which Respondents disclosed Gender Identity



- Strongly hated one's own biological sex characteristics
- Felt great pain or depression at the onset of puberty
- Wanted to stop puberty, or hide or change sex characteristics (%)

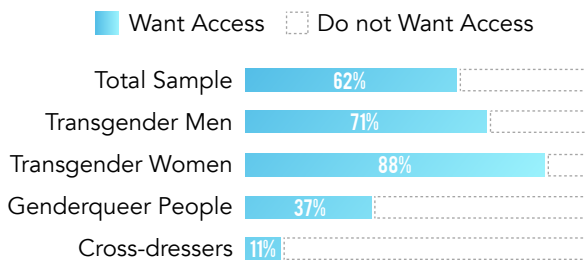
B. Key Findings

1. Hormone Therapy

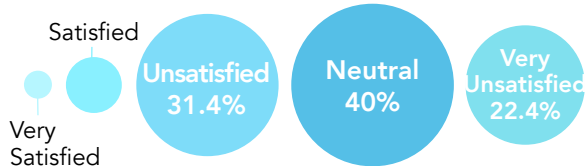
1.1 High demand and low satisfaction.

62% of transgender respondents indicated that they wanted access to hormone therapy. Of these respondents, transgender women and men reported the highest levels of demand: 88% and 71%, respectively. Only 6% of these respondents expressed satisfaction with the current domestic situation for provision of and access to hormone therapy.

Breakdown of Populations Wanting Access to Hormone Therapy



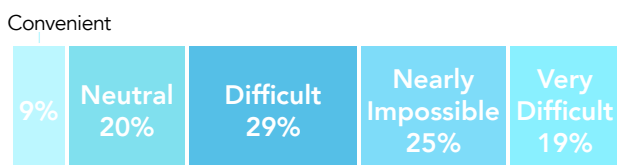
Levels of Satisfaction with Current Domestic Hormone Therapy System



1.2 Accessing hormone therapy is extremely difficult.

71% of transgender respondents who wanted hormone therapy thought that obtaining safe, reliable information about hormone therapy drugs, and being able to safely and properly receive hormone therapy at the direction of medical personnel was "difficult," "extremely difficult" or "nearly impossible." Of these respondents, nearly 1 in 4 selected "nearly impossible." Nearly 50% of transgender people who wanted access to hormone therapy reported being unable to obtain it in any form at any point in their lives.

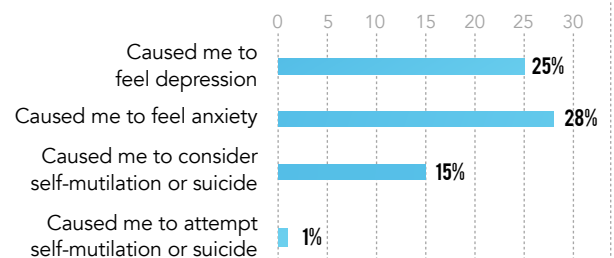
East of Individual Access to Hormone Therapy



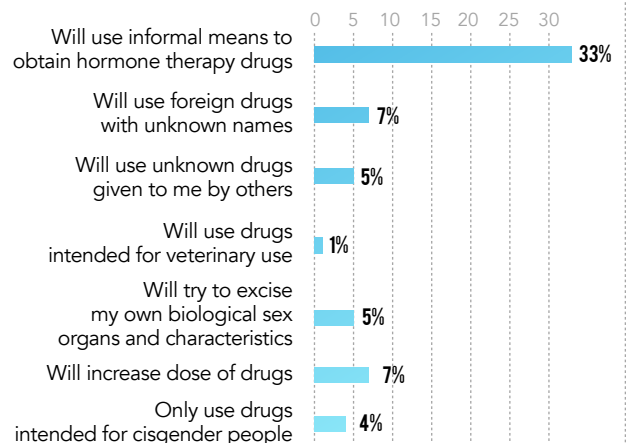
1.3 The lack of access to hormone therapy results in high-risk behaviors.

As a result of lack of access to safe, effective hormone therapy, 25% of respondents with a desire to access hormone therapy reported feelings of depression, 28% reported feelings of anxiety, 15% reported that they had considered suicide or self-mutilation, and 1% reported that they had actually attempted suicide or self-mutilation. 33% of transgender people with a desire to access hormone therapy indicated that they use or had used informal channels to obtain hormone therapy drugs. 7% of these respondents indicated they would use foreign drugs with unfamiliar names, and 5% said they would use unknown drugs given to them by others. 7% reported they would increase drug dosages. 1% even said they would use drugs intended for veterinary use, and 5% indicated they would try and remove their sexual organs themselves.¹

Mental Health of Respondents Unable to Access Hormone Therapy



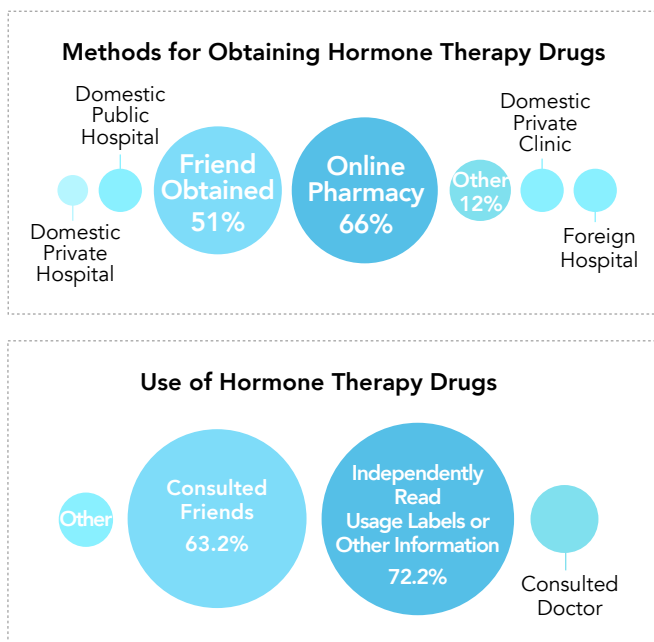
Behavior of Respondents Unable to Access Hormone Therapy



¹ There have been actual cases of transgender people assigned male at birth who have attempted to remove their testes or penis, and transgender people assigned female at birth who have attempted to remove their breasts, etc.

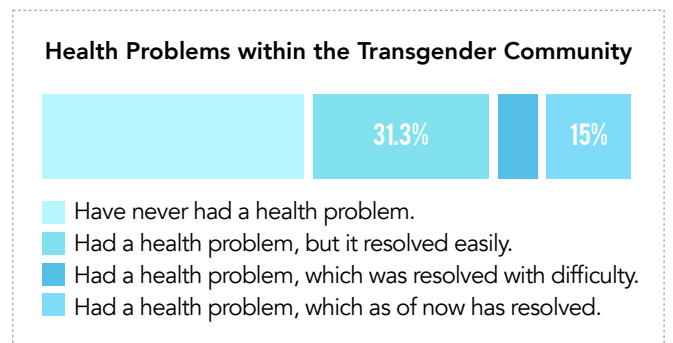
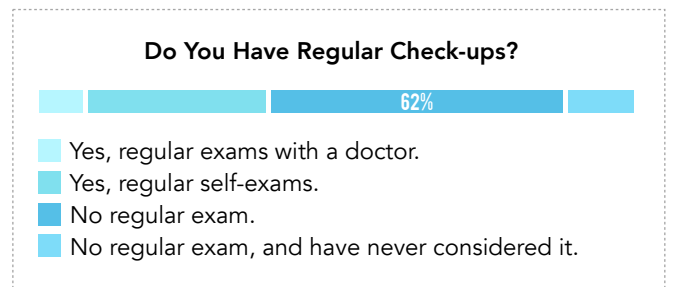
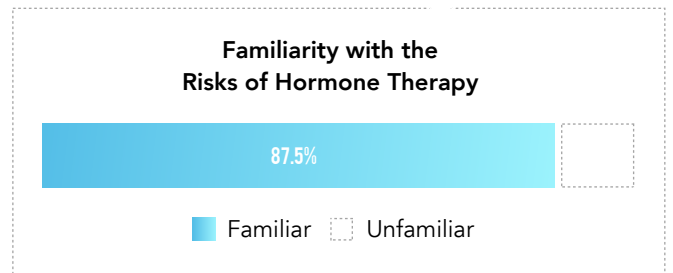
1.4 Hormone Therapy Drug Use

Transgender people who reported using or having used hormone therapy in the past reported that the main channel through which they obtained hormone therapy drugs had been through “online pharmacies” (66%) or “obtained from friends” (51%). The most commonly reported method of using the drugs was “independently reading the directions for use or looking for information” (72%) and “consulting the opinions of friends” (66%).



1.5 Prevalence of high-risk behaviors contrast sharply with low rates of pursuing check-ups with medical professionals, and health problems are common.

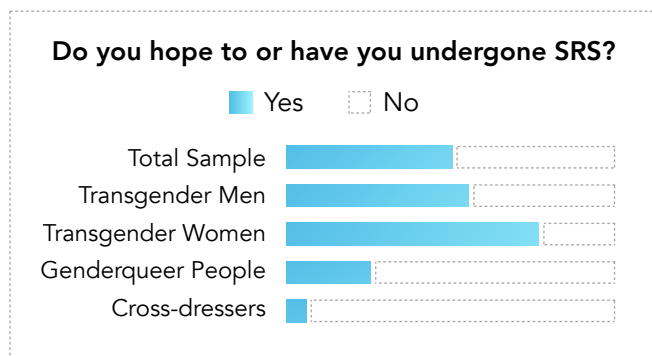
87.5% of those using hormone therapy report that they think they have a solid understanding of the side effects and risks of the various types of hormone therapy drugs they are using, and only 7% report that they will seek out a doctor for regular check-ups. In contrast, 62% of respondents reported that they either had not regularly had a check-up with a doctor, or had never even considered doing so. 53% of those using hormone therapy reported having experienced some kind of health problem, and of these respondents, 31% indicated that these problems had relatively easily resolved, while 15% said in contrast that these health problems had not resolved and instead persisted to the present day.



2. Sex Reassignment Surgery (SRS)

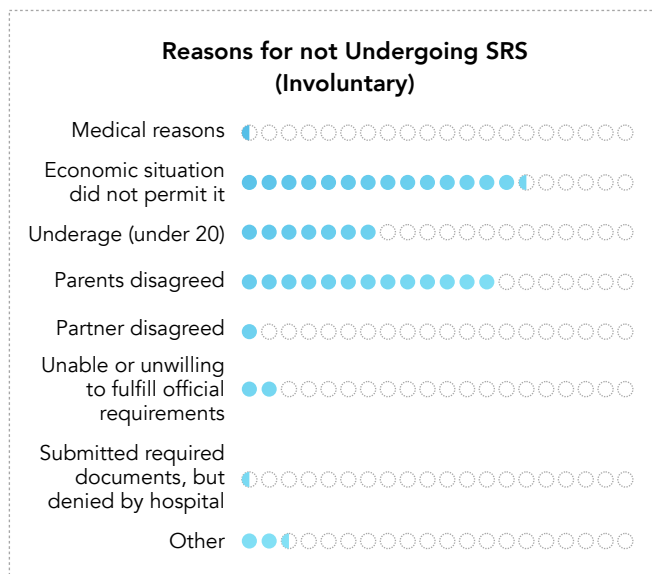
2.1 High rates of desire for SRS, with a low rate of actual access.

51% of transgender people reported a desire to access SRS, and 77.8% of transgender women and 56.2% of transgender men, respectively. However, of the total sample population, only 14.8% of transgender people with this desire had been able to successfully access SRS.



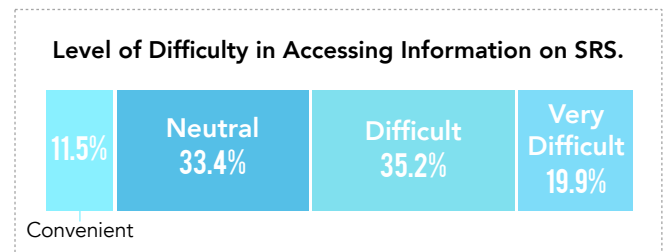
2.2 Obstacles to surgery are considerable.

Up to 89.1% of transgender people with a desire to access SRS reported that they were unsuccessful in this effort, for various reasons. The three most commonly cited reasons, and respective percentage of respondents selecting them, are as follows: 1) Economic constraints (72.4%); 2) Parents disagree to the procedure (65.3%); and 3) Younger than the legal age for the procedure, 20 years (34.4%). The survey also demonstrated that there was a correlation between being denied access to SRS and mental health of respondents, e.g. depression.



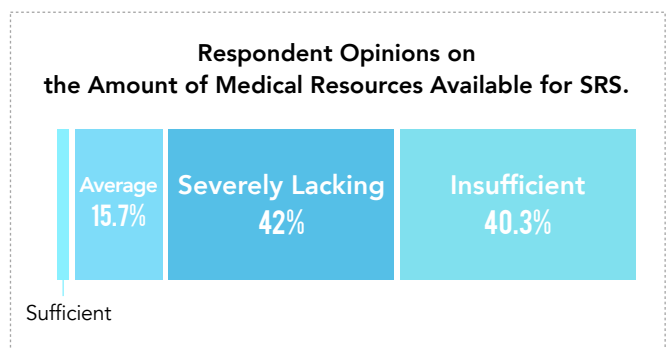
2.3 Obtaining information about SRS is difficult.

Only 11.5% of respondents indicated that obtaining information about SRS was easily done; in contrast, over half of respondents (55.1%) reported that they thought it was difficult to obtain such information.

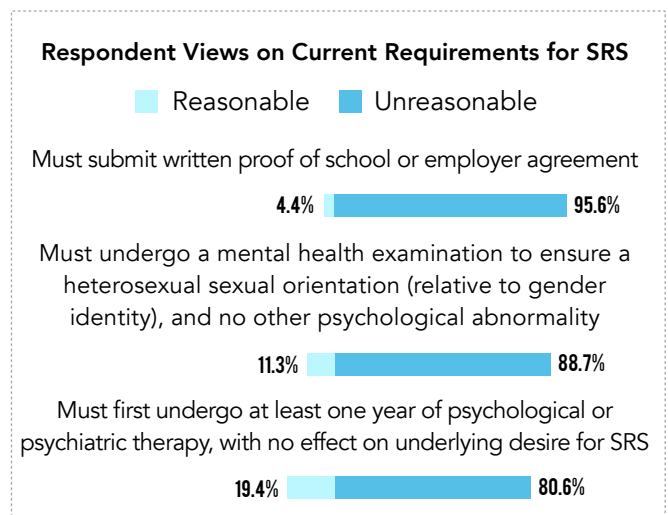


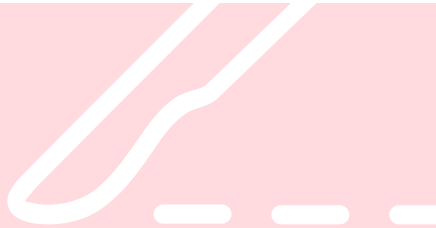
2.4 Few have the necessary resources for SRS.

Only 2% of respondents thought that there were enough medical resources for SRS. Rather, the vast majority of respondents (82.3%) indicated that resources were "not adequate" or "very scarce."



2.5 Most respondents thought that the requirements for SRS candidates in various regulations were unreasonable.





Must submit diagnosis of gender dysphoria from a psychiatrist, and evidence that no other psychiatrist had a differing opinion.



Must submit signed evidence of parental permission.



Must receive approval from hospital ethics committee.



Must submit proof of family notification.



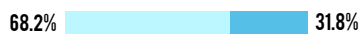
Must be currently single/unmarried.



Secondary sex characteristics may only be surgically altered following genital reconstruction, or at the same time as that procedure.



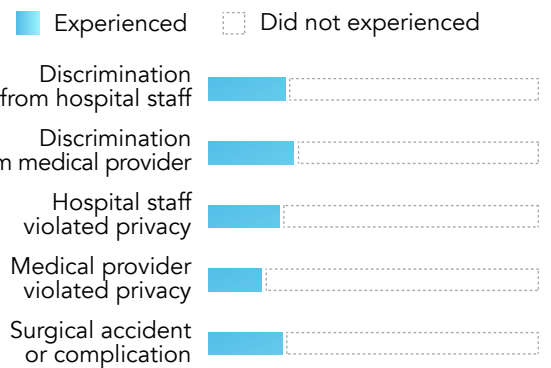
Must be over 20 years of age and of full civil capacity.



2.7 Domestic hospitals are the primary location for SRS procedures, though some issues still need to be addressed.

71.2% of respondents who had had SRS did so in a domestic hospital. Approximately one in five of these respondents reported experiencing some form of discrimination, invasion of privacy, medical accident, or complications while a patient at a domestic hospital.

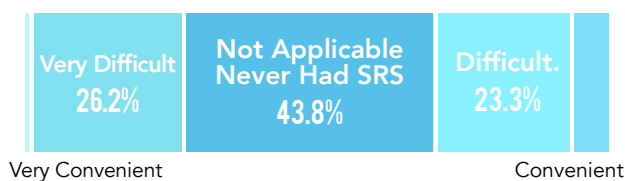
Experiences at Domestic Hospitals



2.6 The process for obtaining the necessary evidence to demonstrate eligibility for SRS is difficult.

49.5% of respondents thought that the process of obtaining the evidence necessary to demonstrate eligibility for SRS was difficult; only 6.8% thought that the process was in any way "convenient."

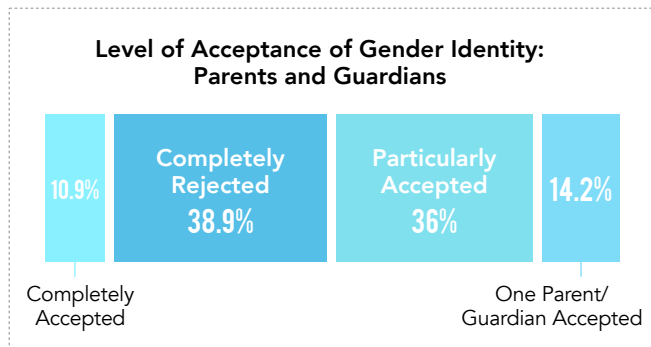
Level of Difficulty in Submitting Evidence of SRS (As prerequisite for gender marker alteration)



3. Natal Family

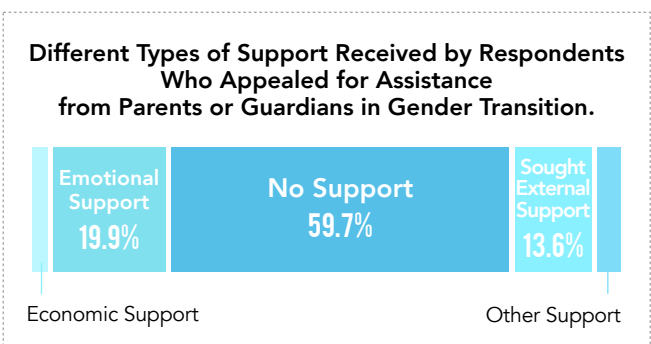
3.1 Low degree of acceptance.

Nearly 90% of natal families cannot fully accept their transgender children. Of the 835 respondents that reported that they had disclosed their gender identity to their parents or guardians, four times as many respondents said that they had been totally rejected by their parents or guardians (38.9%) than those who said they had been totally accepted (10.9%). Of these, those most likely to experience rejection were transgender women. Nearly half (48.5%) of who totally being rejected by their parents or guardians were transgender women.



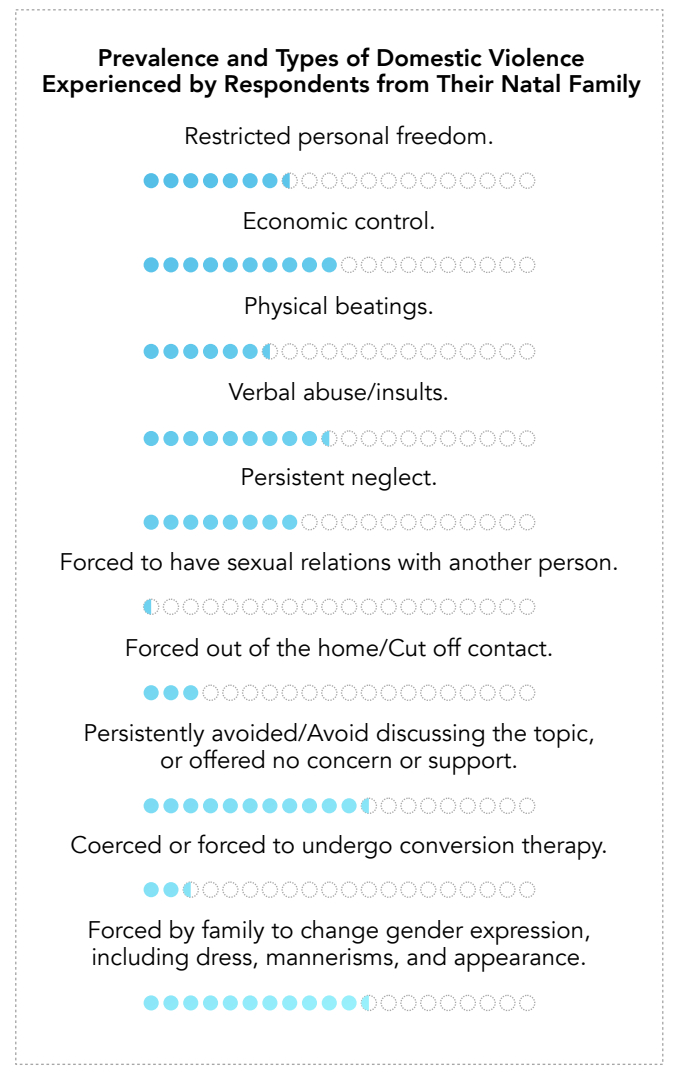
3.2 Low levels of support.

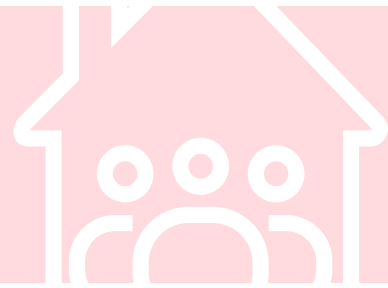
Nearly 60% of transgender people reported that they had not been supported by their natal families, especially those individuals who desired to or had made alterations to their bodies. Of the 835 respondents that reported that they had disclosed their gender identity to their parents or guardians, nearly 59.6% stated they had not received any form of support from their parents or guardians. For those who did receive support from parents or guardians, the most commonly reported form was emotional support. Respondents expressed they had undergone or hoped to undergo gender transition to their parents were far less likely than respondents that did not voice such a desire to their parents to receive economic, emotional, or indeed any other form of support.



3.3 Domestic violence is extremely common, and the forms of violence experienced are serious.

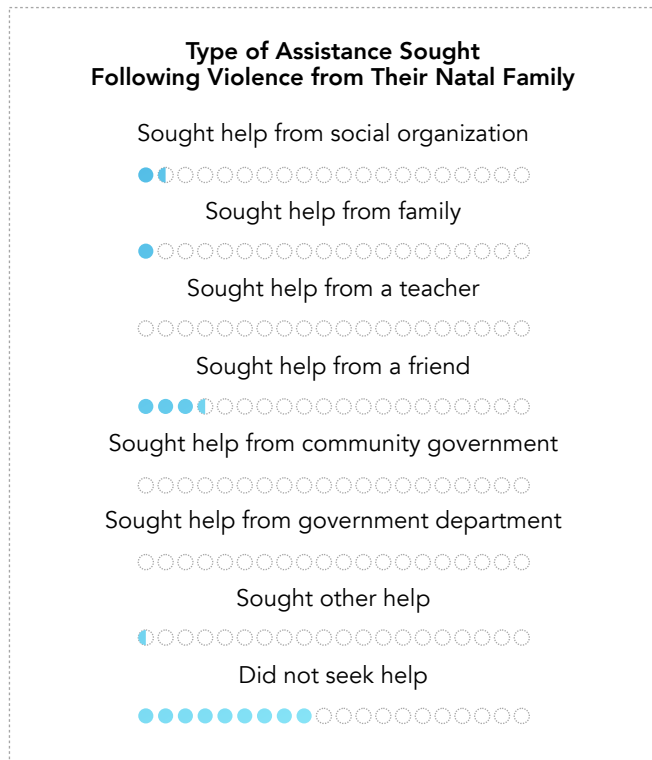
Nearly all respondents whose parents or guardians knew or could guess the gender identity of their children had experienced some form of domestic violence at least once. Of these 1,640 respondents, only six reported that they had never experienced domestic violence at the hands of natal family members. Compared with results from the report, "Being LGBTI in China" (UNDP, 2016), transgender people were nearly twice times as likely as other SOGIE minorities to be subject to extreme forms of violence, including being forced to undergo conversion therapy (11.9% of transgender respondents; 4.6% of other SOGIE minorities) and "forced to have sexual relations with another person" (1.9% of transgender respondents; 1.0% of other SOGIE minorities). Transgender women reported the highest rates of domestic violence in terms of both frequency and intensity of violence.





3.4 Channels for assistance are few, and many are left isolated and without help.

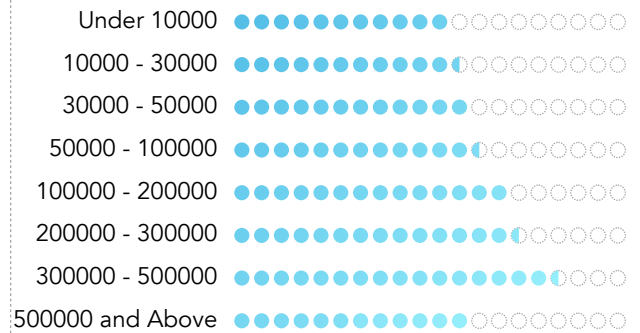
There are very few channels through which transgender people can seek help after experiencing domestic violence, and over 40% of transgender people had not received any form of assistance after being subject to domestic violence by their parents or guardians. 44.4% of transgender people did not seek help after experiencing domestic violence, and for those that did seek help, it was usually from friends (18.2%). Transgender survivors of violence were least likely to seek assistance from community and local government departments.



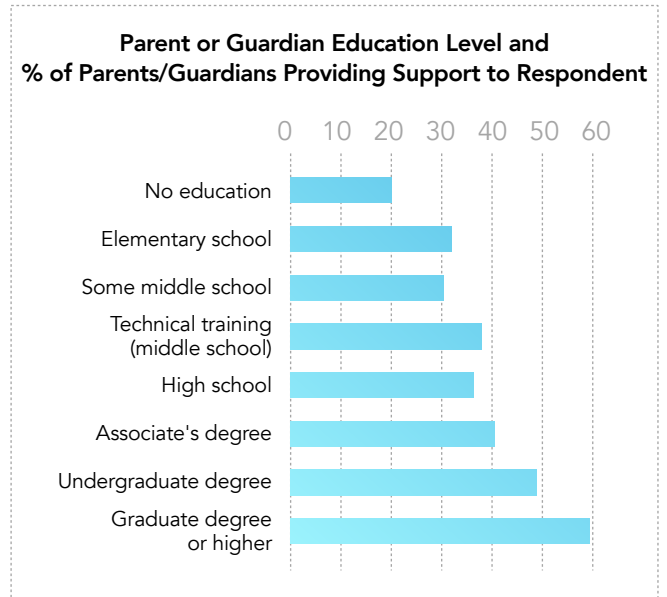
3.5 The likelihood of receiving family acceptance and support is positively correlated with household income.

To a certain extent, the higher a household's disposable income, the higher the likelihood a transgender child will receive acceptance and support from the family. Below threshold of a CNY ¥50,0000 annual disposable income, the higher the average annual disposal income, the less likely a respondent reported being totally rejected or denied support. However, this study also found that a higher annual disposable income did not correlate with an increased likelihood of a transgender family member receiving economic support.

Comparison of Annual Household Disposable Income and Percentage of Natal Families that at Least Partially Accepted the Respondent's Gender Identity.



3.6 Parents with higher levels of education were more likely to give their transgender children some form of support.



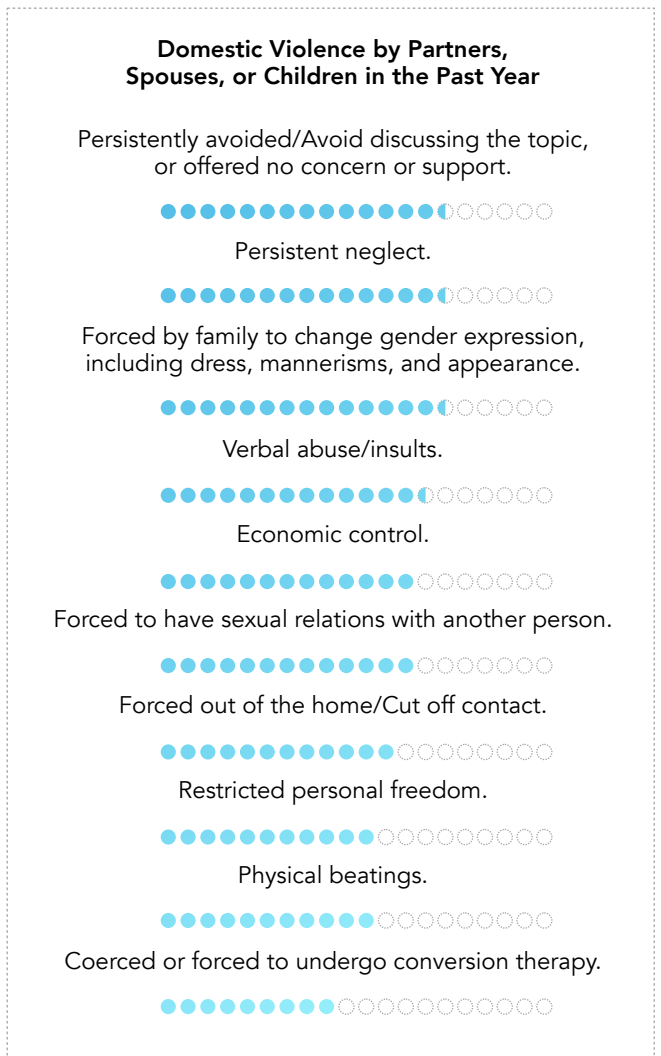
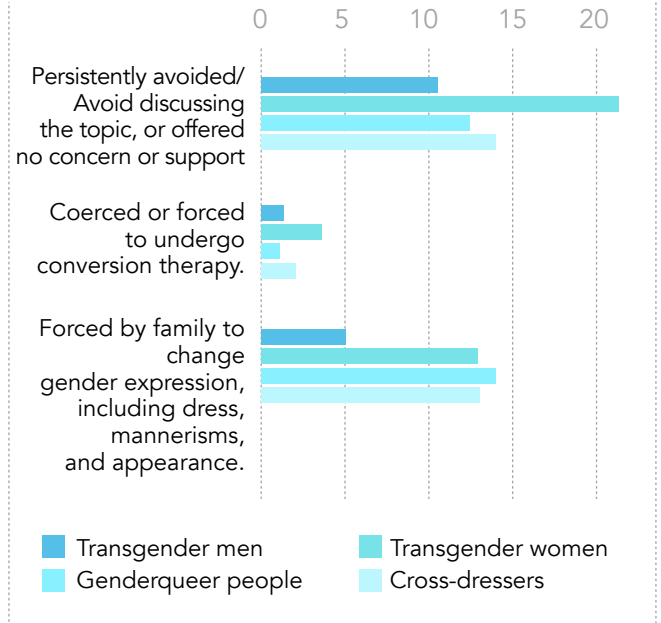
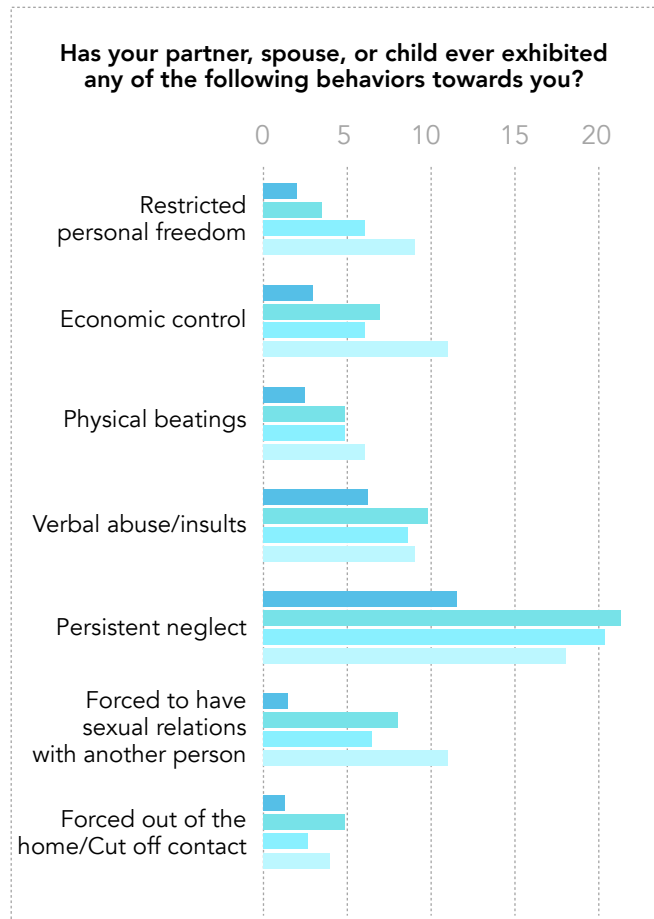
4. Intimate Relationships

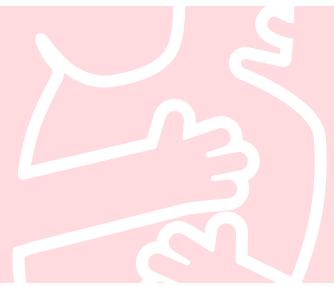
4.1 Low levels of self-determination regarding marriage.

The majority of respondents who indicated they had been married did so involuntarily as a result of parental or social pressure. Of the 10.7% of transgender respondents who married, nearly 80% indicated that they did so because of parental or social pressure.

4.2 Intimate partner violence is widespread.

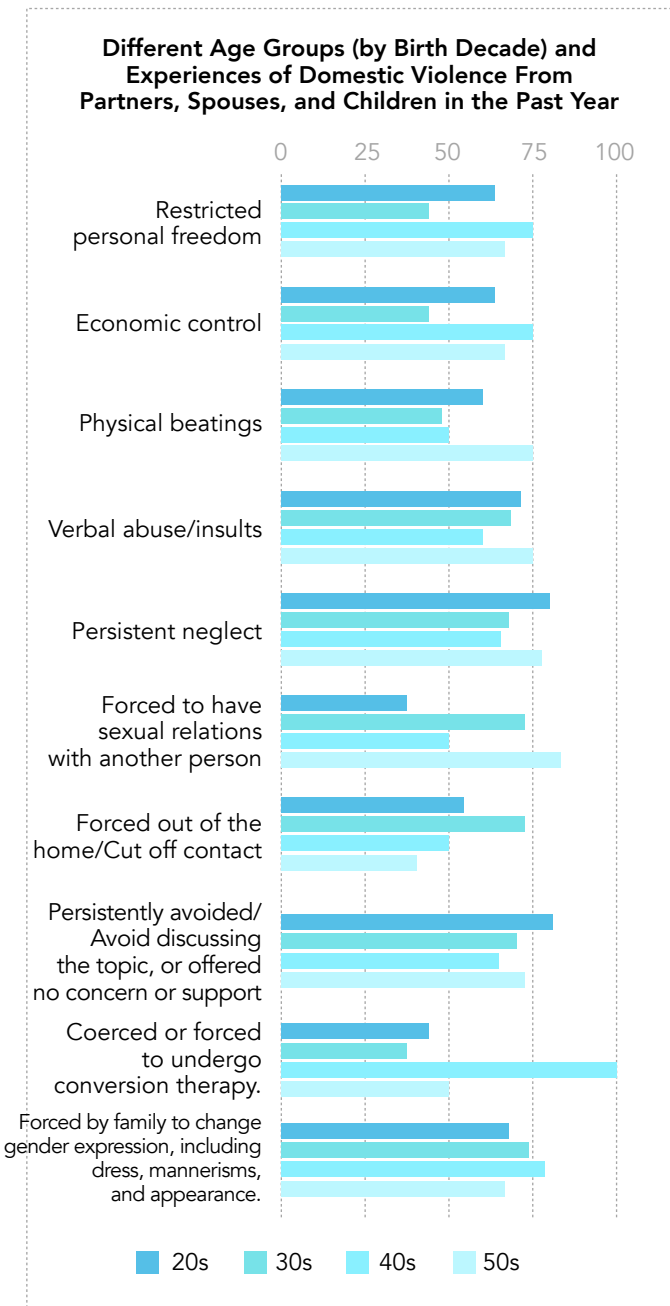
Of the respondents who indicated they had a partner, spouse, or child only 4 of them (3.8%) reported that they had not experienced some form of violence at the hands of their partner, spouse, or child. Of the total respondent pool, most transgender respondents expressed that they had experienced "cold violence" or been forced to alter their gender expression. Compared with other SOGIE minority groups, cross-dressers reported the highest rates of physical violence and other restrictions to their person, such as restrictions of personal freedom, economic control, physical beatings, being forced to have sexual relations, etc.





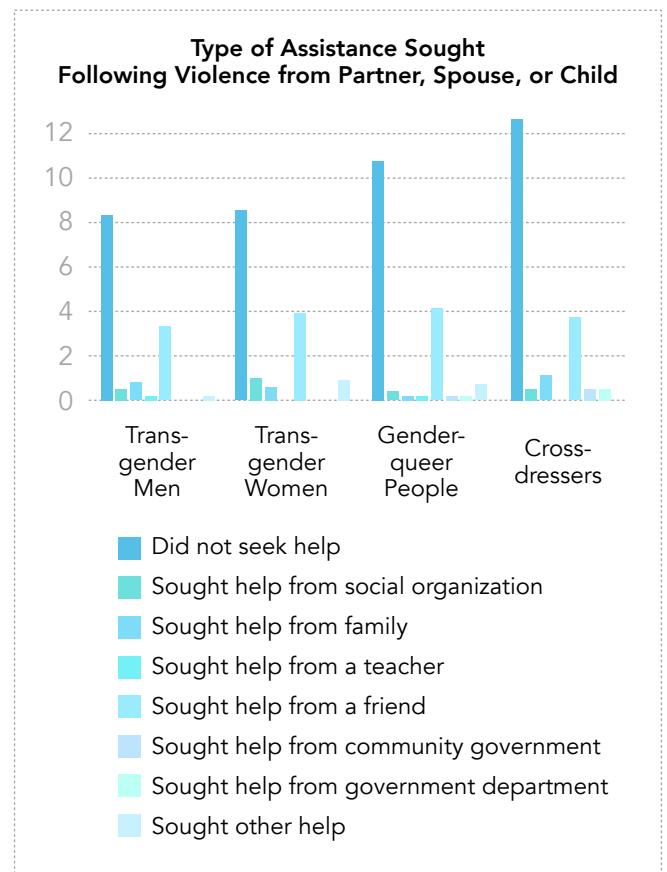
4.3 Older transgender people are more likely to have experienced more serious forms of violence.

Older transgender respondents reported higher rates of being subject to more serious violence that was intended to humiliate. In the past year, transgender people in their forties were the most likely to have had their personal freedom restricted, be subject to economic control, or be forced to undergo conversion therapy. In the same timeframe, transgender people in their 50s were most likely to have been subject to violence with the purpose of causing humiliation, for example: physical beatings, verbal harassment or insults, and being forced to have sexual relations.



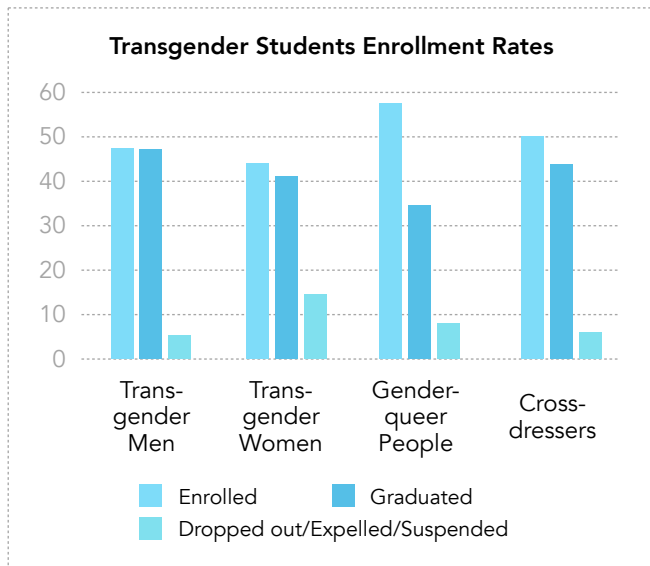
4.4 Rates of seeking assistance are low.

Over 60% of transgender people who had been abused by a partner, spouse, or child did not voluntarily seek any form of help. Of these, transgender people who were married, living in remote areas, or had not undergone SRS were least likely to report seeking help. Friends remained the main source of assistance for transgender people who did look for help. Community and local government departments remained the least likely source of assistance.



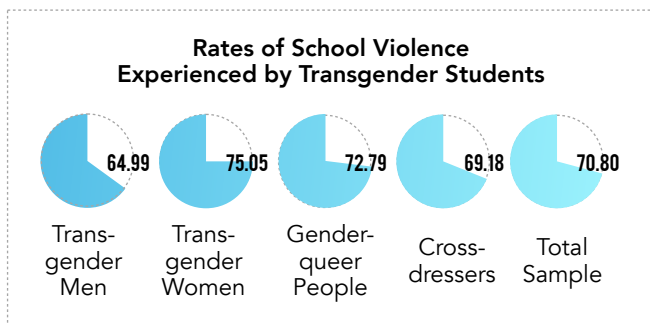
5. Educational Environments

5.1 Dropout rates of transgender students are high



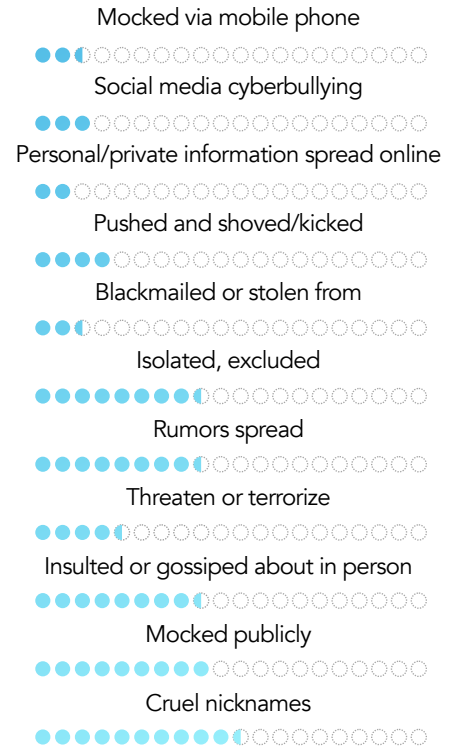
5.2 The rate of transgender students experiencing violence while at school is very high.

Among all respondents, 70.8% reported being subject to some form of violence at school. This rate among transgender women was even higher, at 75.07%.

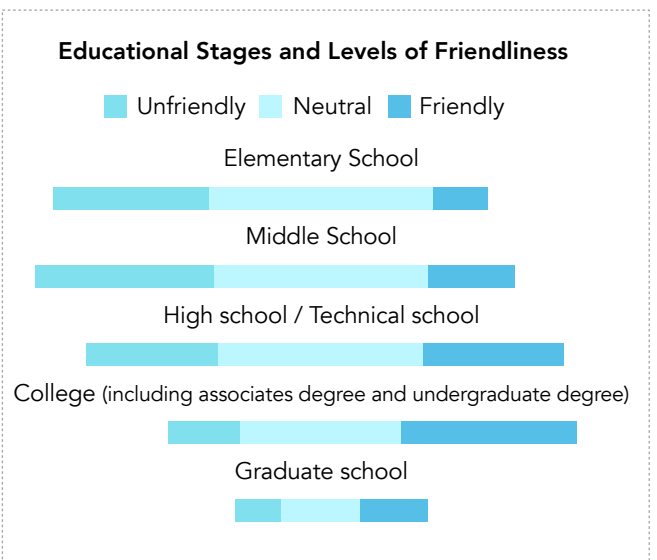


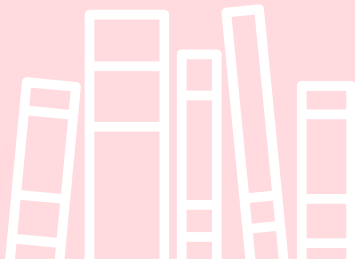
5.3 Verbal harassment rates were relatively high. Rates of transgender students being isolated or excluded were also obviously higher than those of cisgender students

Types and Rates of School Violence



5.4 Elementary and middle school is the most difficult for transgender students, whereas undergraduate education is reported to be the friendliest (NB: Very few respondents in the sample reported attending graduate school).

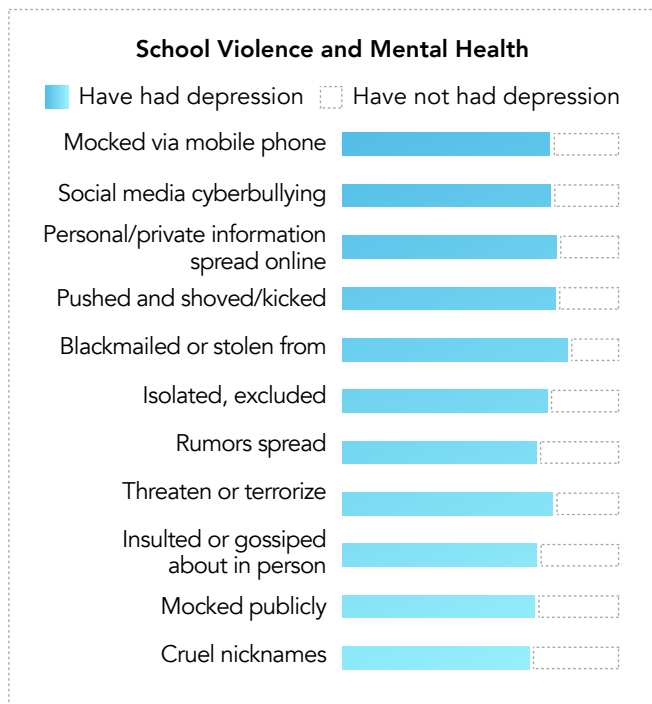




6. Work Environments

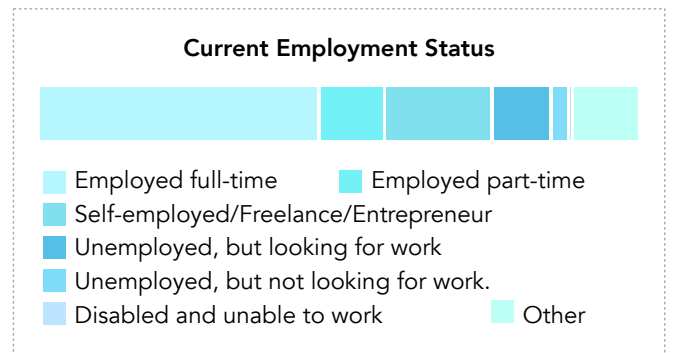
5.5 Campus violence results in higher rates of depression in students.

Rates of reported depression among respondents who indicated they had been subject to campus violence were higher than the overall rate of depression in the overall sample, which was already relatively high at 62.82%.



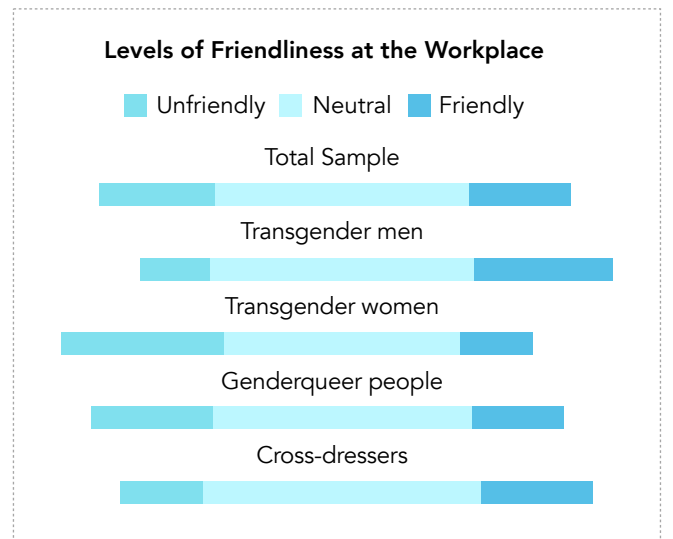
6.1 Securing employment is difficult, and rates of self-employment are high.

At the time the questionnaires were returned, the self-reported unemployment rate of respondents was 11.87%. This contrasts sharply with the urban unemployment rate of 3.97% published by the Chinese Ministry of Human Resources and Social Security—in short, the risk of unemployment among the transgender community is approximately three times as high as that of the general population. Further, 8.22% of respondents specified that they had never entered the workforce despite completing their mandatory education, and 16.25% of respondents indicated that they found securing employment to be difficult.



6.2 Unfriendly Workplaces.

Up to 24.58% of respondents thought that work environments were unfriendly to transgender people in general, with a slightly higher percentage (35.04%) indicating that Communist Party and government offices, government-affiliated institutions, and the army would have unfriendly attitudes towards transgender people.



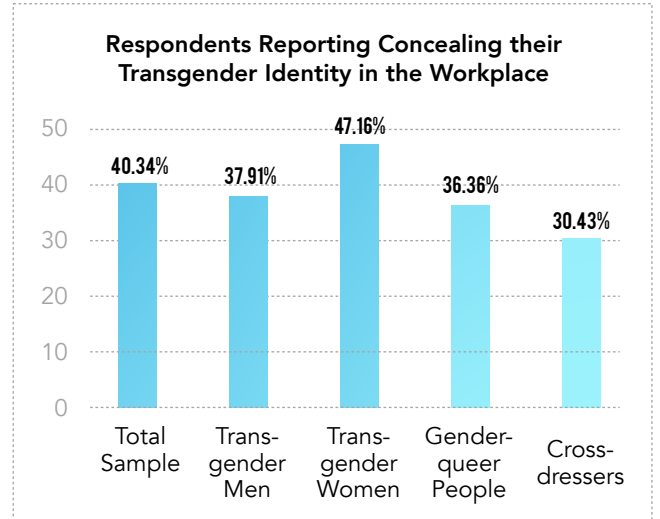
6.3 Community organizations, civil non-profit organizations, and foundations give high levels of support to transgender employees.

Transgender respondents had a comparatively high opinion of employment at community organizations, civil non-profit organizations, and foundations. 64.29% of respondents who reported working at such organizations indicated they found the work environment to be “friendly”— a rate three times higher than the total sample response.



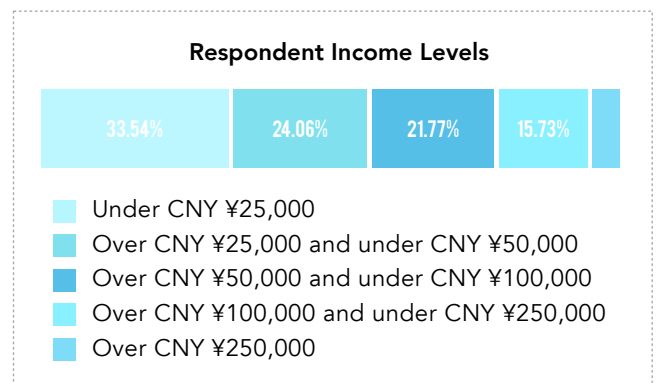
6.4 Low levels of freedom for gender expression.

40.34% of transgender respondents indicated that they would not choose to freely express their gender identity, or 37.91% of transgender men; 47.16% of transgender women; 36.36% of genderqueer people; and 30.43% of cross-dressers. 19.69% of transgender respondents reported that the gender expressed while in the workplace differed from their actual gender identity, or 33.76% of transgender women, 11.34% of transgender men, 13.85% of genderqueer people, and 5.43% of cross-dressers.



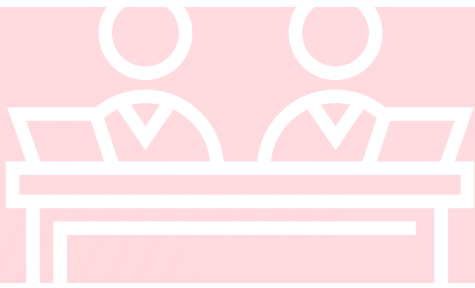
6.5 Low incomes

33.54% of transgender respondents reported an after-tax annual income of less than CNY ¥25,000; and 57.60% reported an after-tax annual income of less than CNY ¥50,000. In general, a relatively large number of transgender respondents reported earning a low income.



6.6 There is a relationship between a workplace friendliness towards transgender employees and mental health.

Multiple regression analyses determined with a 1% confidence level that the friendliness of the workplace was significantly and positively correlated with better mental health outcomes: in short, the friendlier the workplace, the better the psychological health of the respondent. Of respondents who reported having depression, 27.48% indicated that their workplaces had unfriendly attitudes towards transgender people,



whereas only 16.58% of such respondents simultaneously reported that their workplaces were friendly.

6.7 Transgender women working outside the home experience the greatest pressure.

In terms of ability to find employment, levels of acceptance at the workplace, and freedom for gender expression, analysis of this survey determined that, on average, transgender women face the most challenges at all stages of employment.

7. Public Spaces

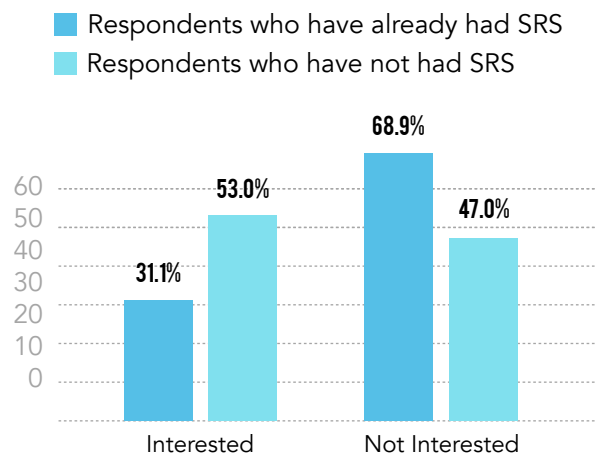
7.1 There are frequent discrepancies between gender identity and gender markers on identity documents.

Only 1% of respondents indicated that the gender marker and personal name on their identity markers were consistent with their actual gender identity. 28% of respondents reported that they purposely avoided settings where they would need to produce their identity documents.

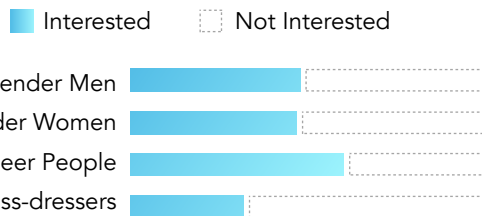
7.2 Perspectives of the transgender community regarding a "third gender" option for identity documents are mixed.

53% of respondents indicated that, should they be unable to access SRS or otherwise change the gender markers on their identity documents, they would be willing to identify as a "third gender" on their identity documents, given this option. However, nearly 69% of respondents reported that if they were able to access SRS, they would not identify as a third gender on these documents. Genderqueer respondents were most likely to want this ability, with over 66% of these respondents signaling they would identify as a third gender if given the option on official papers. Cross-dressers, meanwhile, were least likely to want to identify as a third gender on identity documents, with over 60% of these respondents stating that they would not identify as a third gender even if they had the option to do so.

Respondent Interest in Adopting a "Third Gender" Option on Identity Documents



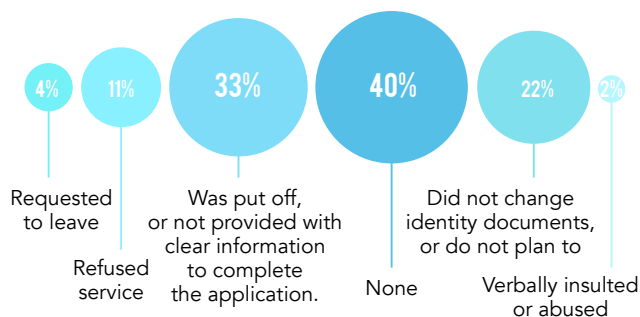
Respondent Interest in Adopting a "Third Gender" Option on Identity Documents



7.3 Under current official regulations,¹ altering identity documents is difficult.

Of respondents who indicated they had already completed SRS, only 50% reported that they had been able to change the names and gender markers on their official identity documents to match their actual gender identity. 10% of respondents revealed that they had been met with refusal after applying to change their name and gender marker on professional accreditation documents. 36% of respondents signaled that they had been met with obstacles in the process of changing the name and gender marker on diplomas and educational certificates, with 12% of these further indicating that the school itself had refused. In general, transgender women had greater difficulty in these areas.

In the process of altering your official documents, have you encountered any of the following problems? (Select all that apply.)

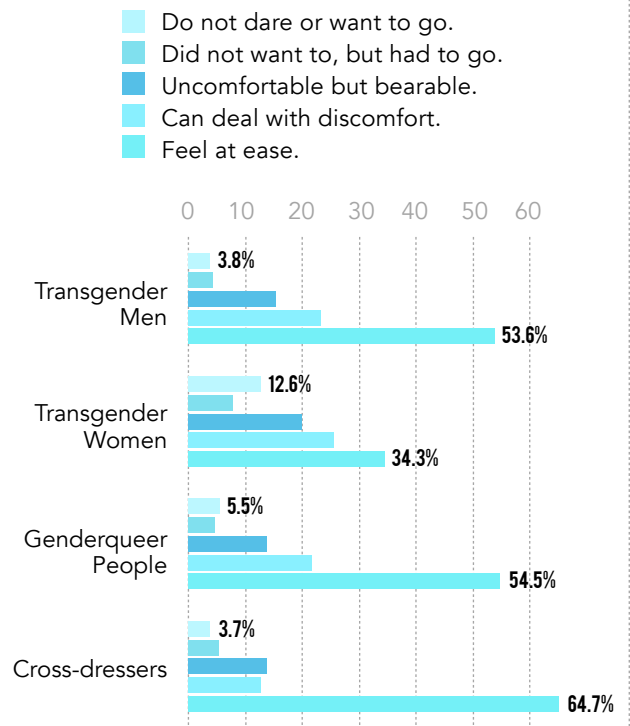


¹ In China today, contrary to international best practices, only transgender people who have had SRS may apply to change the gender marker on their official identity documents.

7.4 Discomfort in public spaces.

Of all respondents, transgender women reported the most feelings of unease in accessing public spaces such as sidewalks, stores, restaurants and coffee shops, dressing or washing rooms and public bathrooms, public transportation, medical facilities, hotels, and so on. Only 33% of respondents overall reported feeling consistently at ease in such environments.

Friendliness of Public Spaces

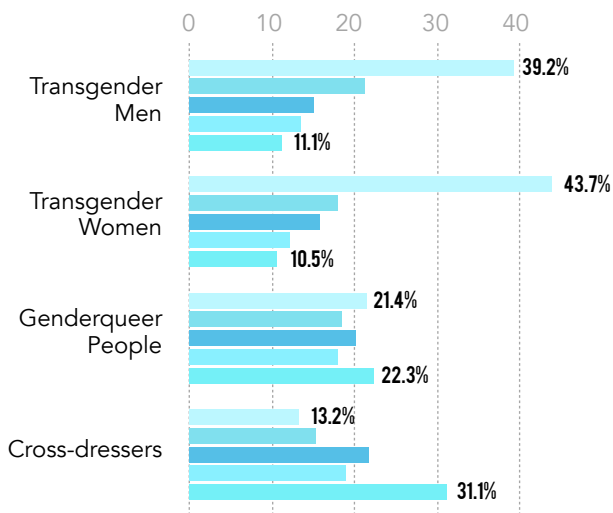


Nearly 40% of transgender men and over 45% of transgender women indicated they were fearful when accessing public washrooms. Of all the public spaces addressed in this study it was the single most likely place to cause anxiety.



Friendliness of Public Washrooms

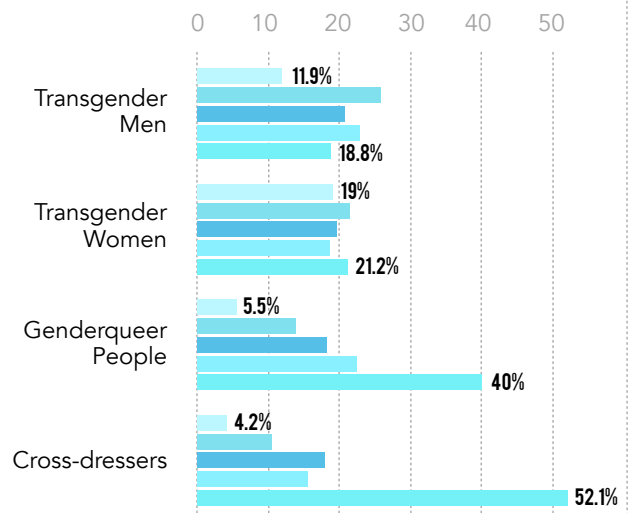
- Do not dare or want to go.
- Did not want to, but had to go.
- Uncomfortable but bearable.
- Can deal with discomfort.
- Feel at ease.



71.8% of respondents reported feeling unease in public bathrooms. Cross-dressers reported highest average levels of comfort (52.1%), while transgender men were least likely to feel comfortable (18.8%). 19% of transgender women reported not daring or not wanting to use public bathrooms, the most of any respondent category.

Friendliness of Public Bathrooms

- Do not dare or want to go.
- Did not want to, but had to go.
- Uncomfortable but bearable.
- Can deal with discomfort.
- Feel at ease.



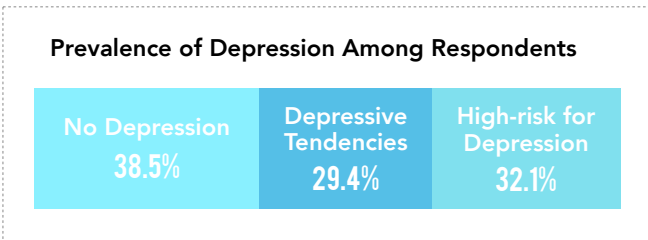
7.5 Discrimination in Public Spaces.

Nearly 27% of transgender respondents reported experiencing some degree of discrimination or violence in public spaces.

8. Mental Health

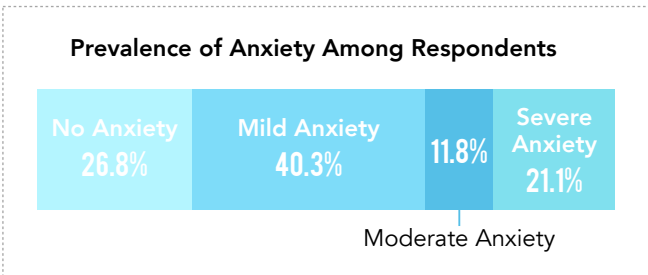
8.1 Depression is widespread.

Data collected in this survey suggests that 61.5% of all respondents are currently experiencing various levels of depression. 32.1% of respondents are at a high risk for depression, and 29.4% exhibit depressive tendencies.



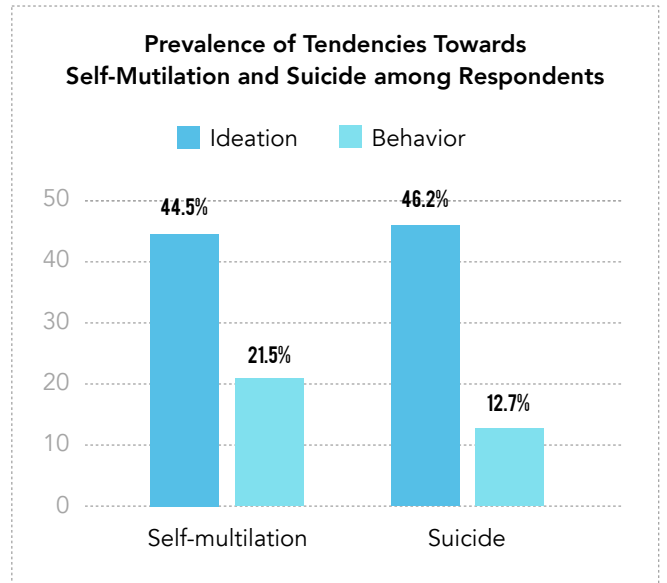
8.2 Anxiety is widespread.

Data collected in this survey suggests that 73.2% of all respondents are currently experiencing various levels of anxiety. 21.1% of respondents have severe anxiety, 11.8% of respondents have moderate levels of anxiety, and 29.4% have mild anxiety.



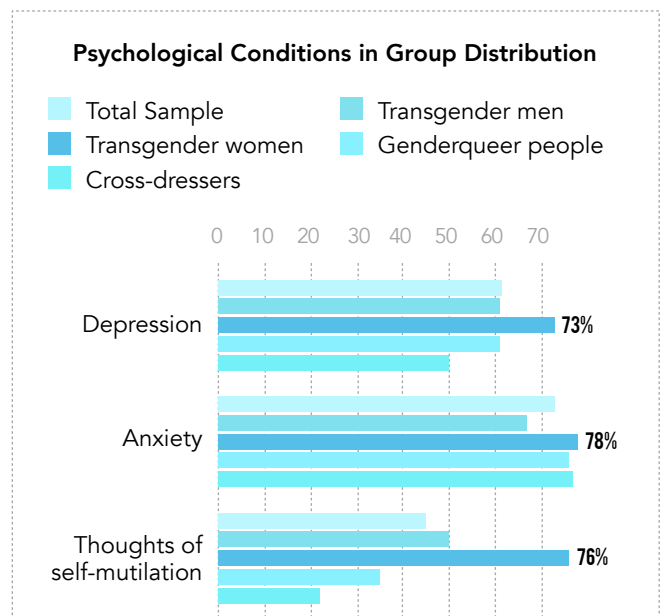
8.3 High rates of self-harm and suicide.

44.5% of respondents reported thinking about self-mutilation as a result of being transgender. 21.2% indicated that they had exhibited some level of self-mutilating behavior. 46.2% reported having considered suicide as a result of being transgender, with 12.7% ultimately attempting to do so.



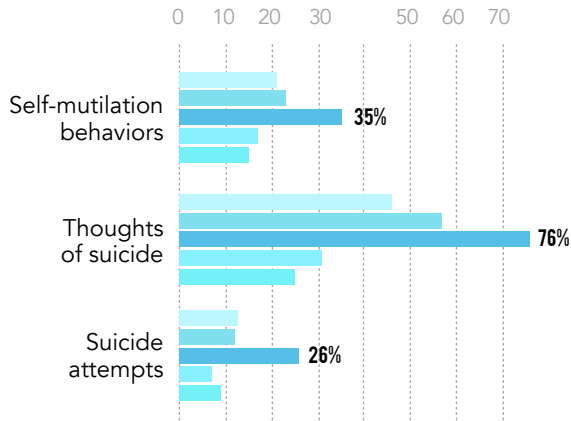
8.4 The mental health of transgender women tends to be the least robust.

Transgender women rank first of all respondent categories as being most at risk of all mental health issues impacting the transgender community, across all indicators. They rank particularly highly in terms of their tendencies for ideation of self-mutilation and suicide, as well as actually carrying out those behaviors. In addition, transgender women who are under the age of 18, living in rural and remote areas, have low levels of education, are unemployed, or have low incomes are at the highest risk of depression and anxiety.





9. Policy Needs



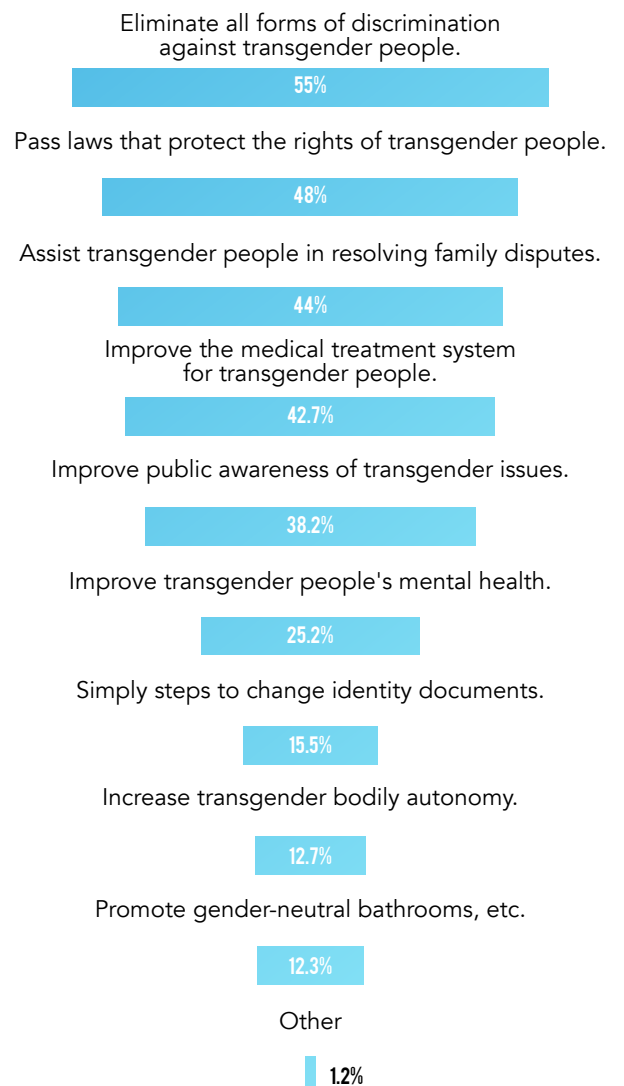
8.5 Few transgender people seek out mental health treatment, with the most common reason provided that therapists will not understand the difficulties faced by transgender clients.

The vast majority (75.7%) of respondents reported that they had not sought out assistance from mental health professionals when experiencing mental health problems. The primary reason given was that therapy was unlikely to assist in the resolution of these problems (37.9%), an inability to find mental health professionals with experience assisting transgender clients (36%), concerns that a mental health professional would not be able to understand the actual experiences and feelings of a transgender client (34.2%), and economic concerns regarding paying for mental health assistance (30.5%).

9.1 Nearly or over 40% of respondents expressed the following policy needs, ranked from highest to lowest levels of support:

1. Eliminate all forms of discrimination against transgender people (55.0%);
2. Pass laws protecting the rights of transgender people (48.0%);
3. Assist transgender people in addressing their family problems (44.4%);
4. Improve the healthcare system's treatment of transgender people (42.7%); and
5. Improve public awareness of transgender people in society (38.2%).

Policy Needs in the Transgender Community



With social development, China policy and attitude towards transgender people are improving. For instance, 2017 regulation about transgender SRS in China becomes more friendly. As for present conditions, we advice as below:



Culture and Education

- Encourage positive lessons about transgender people.
- Increase society's general understanding of gender diversity, transgender issues, etc.
- Include transgender-specific topics in mandatory sex education curricula.



Legal Reforms

- Add content in the Anti-Domestic Violence Law to adequately protect the transgender community
- Strengthen provisions in existing legislation to prohibit discrimination against transgender people, and to better respect and protect the gender identity and expression of transgender people.



Medical Treatment

- Establish a standardized system for provision of hormone therapy.
- Advocate for the bodily autonomy of transgender people within the medical system (respecting, for example, the authority of transgender people to determine for themselves whether or not to pursue hormone therapy or surgery).
- Fully depathologize transgender people in the mental health system.



Civil Society

- Simplify the process of changing gender markers and names on diplomas and other educational certificates, or remove the gender markers from these documents altogether.
- Add a "third gender" category on official identity documents, and provide transgender citizens with the option of using a document with such a gender marker (either as a replacement or permanently).
- Eliminate SRS as a prerequisite for change of gender markers and names on identity documents.



Social Services

- Give transgender people an encouraging environment to seek social support.
- Assist transgender people in gaining recognition and support from their families.

Strategic Cooperation



Kingdom of the Netherlands



Alliance Cooperation



Supporting Cooperation



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