



CONTRAVETD/
Credit: Christine Han
Photography

THE STATE OF TRANS ORGANIZING (2ND EDITION)

Understanding the Needs and Priorities of a Growing but Under-Resourced Movement



This report was written by Erin Howe and Somjen Frazer from Strength in Numbers Consulting Group, and Gitta Zomorodi.

Written input and review provided by Jack Byrne, Mauro Cabral, Namita Chad, Zhan Chiam, Masen Davis, Sarah Gunther, Kim Mukasa, Cianán Russell and David Scamell. Review of translation provided by Karen Bennett, Hiker Chiu, Anna Kirey, Caroline Kouassiaman and Tingting Shen. Survey design and data analysis by Somjen Frazer and Melissa Dumont of Strength in Numbers Consulting Group. Editing by Bosede Cajuste and design by Hope Fitch-Mickiewicz. Leah Kaplan Robbins, Elizabeth Leih and Liesl Theron provided support during the production of the report. The Global Philanthropy Project, the International Trans Fund, and Astraea's Intersex Human Rights Fund partnered in the dissemination of this report.

We are grateful to the 455 trans groups that took time out from their important work to respond to this survey and share detailed information about that work with us. In particular, we would like to thank those organizations that provided information for the case studies featured in the report. We hope this report will serve and advance their struggles for trans human rights, as well as be a tool to mobilize additional needed resources.

We also thank the donors who provided project support for the production and dissemination of this report: American Jewish World Service and Open Society Foundations.



When referencing this report, we recommend the following citation:

Howe, E, Frazer, S, Dumont, M. and Zomorodi, G. (2017). *The State of Trans Organizing (2nd Edition): Understanding the Needs and Priorities of a Growing but Under-Resourced Movement*. New York: American Jewish World Service, Astraea Lesbian Foundation for Justice and Global Action for Trans Equality.

About American Jewish World Service: American Jewish World Service (AJWS) is the first and only Jewish organization dedicated solely to ending poverty and promoting human rights in the developing world. AJWS advances the health and rights of women, girls and LGBTI people; promotes recovery from conflict, disasters and oppression; and defends access to food, land and livelihoods. We pursue lasting change by supporting grassroots and global human rights organizations in Africa, Asia, Latin America and the Caribbean, and by mobilizing our community in the U.S. to advocate for global justice.

About Astraea Lesbian Foundation for Justice: The Astraea Lesbian Foundation for Justice is the only philanthropic organization working exclusively to advance LGBTQI rights around the globe. Through grantmaking, capacity building and leadership development, philanthropic advocacy and media and communications, we support hundreds of brilliant and brave grantee partners in the U.S. and internationally who challenge oppression and seed social change. We work for racial, economic, social and gender justice, because we all deserve to live our lives freely, without fear and with profound dignity. Astraea launched the Intersex Human Rights Fund as a core program in 2015 and serves as the fiscal host for the International Trans Fund.

About Global Action for Trans Equality: Global Action for Trans Equality (GATE) is a civil society organization working internationally on gender identity, gender expression and bodily diversity issues by defending human rights, making available critical knowledge and supporting political organizing worldwide. Our areas of work include depathologization and human rights, trans and gender diverse issues in the international HIV response, movement building and socioeconomic justice, and trans, gender diverse and intersex advocacy at the United Nations.

About Strength in Numbers Consulting Group: Strength in Numbers Consulting Group (SiNCG) is a woman-owned, LGBTQ-led research and evaluation group started in 2010. SiNCG provides services related to research, evaluation, capacity building and philanthropic strategy to nonprofit organizations, foundations and government agencies. We are committed to combining rigorous social scientific and participatory methods to improve services, advocacy and outcomes for marginalized people, locally, nationally and internationally.

4	INTRODUCTION
6	EXECUTIVE SUMMARY
9	BACKGROUND
9	HUMAN RIGHTS VIOLATIONS AGAINST TRANS PEOPLE
9	DISCRIMINATION AND VIOLENCE
11	ACCESS TO HEALTH CARE
11	LEGAL STATUS OR RECOGNITION
13	UNDERSTANDING DATA IN THIS STUDY
13	HOW STATISTICS ARE REPORTED IN THIS DOCUMENT
14	FINDINGS
14	UNDERSTANDING THE LANDSCAPE OF TRANS GROUPS: LOCATION, COUNTRY INCOME AND LEVEL OF WORK
16	REGISTRATION, AUTONOMOUS GROUPS AND PROGRAMS OF LARGER ORGANIZATIONS
16	GROUP STRUCTURES, STAFF AND VOLUNTEERS
17	REPRESENTATION AND DECISION-MAKING
18	CONSTITUENTS
20	ACTIVITIES
24	BUDGETS, EXTERNAL FUNDING AND FINANCIAL STABILITY
26	FUNDING SOURCES
26	FOUNDATION FUNDING
27	NONFINANCIAL AND COMMUNITY FUNDING SOURCES
29	FUNDING CHALLENGES
31	TRAINING AND CAPACITY BUILDING
32	WHERE HAVE WE BEEN AND WHERE ARE WE GOING: COMPARISONS BETWEEN 2013 AND 2016
33	GLOSSARY
34	KEY RECOMMENDATIONS FOR FUNDERS
36	APPENDIX A: ADDITIONAL METHODS AND STUDY LIMITATIONS
37	ENDNOTES

TRANS¹ PEOPLE FACE SERIOUS HUMAN RIGHTS VIOLATIONS IN EVERY REGION OF THE world, including discrimination, violence, lack of legal status or recognition and lack of access to health care.² There are many trans groups working to promote the economic, social and political rights of trans people using diverse strategies such as providing services and advocacy for their constituents and creating space for arts, culture and media initiatives. This study provides a snapshot of the funding and organizational needs and experiences of trans groups by reporting on a survey of 455 autonomous groups and programs of larger organizations³ from across the world that work specifically and primarily on trans issues or with trans people.



International Trans Fund/Credit: International Trans Fund

1 This report uses the term “transgender” or “trans” for people whose gender identity or expression differs from the sex assigned to them at birth. Some transgender people identify and present themselves as either a man or a woman; others identify with a gender nonconforming or a nonbinary gender category. Transgender people identify themselves by many different terms, some of which are specific to local cultures, including transgender, transsexual, fa’afafine, travesti, hijra, genderqueer or transpinoy—to name just a few.

2 For a more detailed description of the human rights violations faced by trans people, see page 9.

3 Throughout the survey, the word “group” was used to describe an autonomous (independent) group, whether registered or unregistered, which was not part of any other group. The word “program” was used to describe those entities that are part of or are housed within other groups. While the word “organization” may be more specific and appropriate in English, in some places trans groups associate the word “organization” with a formal, registered group and thus the less specific term “group” was preferred.

4 Although large numbers of trans groups participated in the study, the survey may under-represent certain groups that are less likely to have access to the distribution channels through which the survey was disseminated. For a full discussion of the limitations of the sample, please see Appendix A, page 36.

5 Two such mechanisms are the International Trans Fund and the Fund for Trans Generations.

The study's findings are intended to provoke dialogue between activists and donors about the funding situation and needs of trans groups and how donors can support them more effectively. The findings can serve as a tool to better understand the aggregate experiences of trans groups and their common challenges.⁴

While funding for trans work has improved over time, there are still serious limitations in the availability of resources. At the same time, trans groups face unique barriers to accessing available funds. In 2012, Global Action for Trans Equality (GATE) and American Jewish World Service (AJWS) recognized a common theme in their work with trans groups: how difficult it was for them to raise money. At that time, very little data existed about trans groups and most of what was known came from anecdotes and stories from activists. GATE and AJWS wanted to learn more about trans groups and how donors could better support them. In 2013, they did an initial survey of 340 trans and intersex groups, which yielded the first systematic data from activists and groups about their work, leadership, funding, obstacles in accessing funding and capacity-building needs. The findings of this survey can be found in *The State Of Trans* and Intersex Organizing: A Case for Increased Support for Growing but Under-Funded Movements for Human Rights*.

The 2013 survey findings confirmed the anecdotal experiences of individual trans groups. Through these findings, donors were able to hear directly from trans groups about their experiences and needs, and activists could communicate about their priorities and how they relate to what donors fund. The survey results showed that trans groups were working to address significant and widespread human rights issues facing trans communities, including lack of legal gender recognition, violence, discrimination and lack of access to education and employment. Yet more than half of trans groups had a 2013 budget of less than US\$10,000. Only just over one-quarter had foundation funding and only about two in five had trans people making most or all financial decisions for the group.ⁱ GATE, AJWS and other donors were concerned about such low levels of funding and the lack of trans people making decisions about work that benefited their communities.

At the same time, donors refined their efforts to track global LGBTI resources, including resources specifically for trans groups.ⁱⁱ According to a recent report from Funders for LGBTQ

Issues and the Global Philanthropy Project,ⁱⁱⁱ in 2013 and 2014, LGBTI communities outside the US received US\$207 million in foundation, government and other philanthropic funding. Of that total, just over 11% (US\$23 million) was dedicated to trans issues and people. To increase both the number of donors and the amount of funding available to trans groups, donors and activists have made great strides to foster a group of donors who explicitly support trans groups, as well as establish dedicated funding mechanisms with representation and/or leadership by trans people.⁵

In 2016, GATE, AJWS and the Astraea Lesbian Foundation for Justice (Astraea) wanted to hear from trans and intersex groups again, to see how the movement and its funding needs were evolving, to reflect on the progress made by donors in responding to such needs and to provide a counterpoint to inform and shape the resources available to trans and intersex groups. Two surveys were conducted, one on intersex groups [the results of which can be found in *The State of Intersex Organizing (2nd Edition): Understanding the Needs and Priorities of a Growing but Under-Resourced Movement*] and one on trans groups, which is the subject of this report.

In 2016, 455 trans groups responded to the survey, including many more from the Global South and many more autonomous groups than in 2013. The survey also collected new information on the structure of trans groups and refined measures for trans leadership, activities and capacity building. The findings of this survey aim to inform activists and donors about trans groups globally, highlighting areas that need additional financial support and capacity building, and guiding donor advocacy and investments to align with the needs and experiences of trans groups on the ground.

TRANS PEOPLE IN EVERY REGION OF THE WORLD ENCOUNTER DISCRIMINATION, MARGINALIZATION, VIOLENCE AND ABUSE.

They face challenges in aspects of everyday life—including going to school or work, using a public restroom, voting or travelling across borders. In most countries, trans people encounter serious barriers to meeting their health needs or changing their identification documents to align with their gender identity.^{iv} A lack of recognition and protections also heightens trans individuals' vulnerability to poverty and exclusion, with serious impacts on their health and wellbeing. Those whose gender expression does not fit within socially and culturally constructed gender norms are especially vulnerable. These challenges are magnified for those who come from communities that are disadvantaged and who face intersecting forms of marginalization based on race, ethnicity, class, caste, nationality, disability status or age—or because they are indigenous people, migrants or sex workers; or are incarcerated or living with HIV.

In recent years, trans groups working at the local, national, regional and international levels have won important victories and made significant gains in challenging discrimination, stigma and violence.

Responding to the lack of access to appropriate health care, trans groups are implementing community-led health care programs and developing comprehensive guidelines for addressing the health of trans people. Over the past several years, activists have successfully advocated in a growing number of countries for the adoption of progressive gender recognition laws that enable individuals to change their legal gender marker without having to meet burdensome or arbitrary conditions. Groups are challenging the criminalization of trans people and advancing the rights of sex workers, and through persistent documentation have brought international attention to the alarmingly high level of murders of trans people across the world. A global trans-led campaign is seeking to remove provisions within international guidelines such as the WHO's International Classification of Diseases (ICD) that pathologize trans people and gender diversity. Importantly, trans activists are collaborating with donors to influence and increase the resources flowing to trans-led organizing.

Trans groups all over the world continue to do critical work, addressing the human rights violations facing trans communities with very limited resources.

Trans groups report operating with very low budgets. In 2016, more than half (55.8%) of trans groups responding to this survey had annual budgets of less than US\$10,000. Nearly three quarters (74.8%) had annual budgets of less than US\$50,000. Unfortunately, the proportion of trans groups with very low budgets has not changed much since 2013.⁶ More than half (56%) of trans groups had an annual budget of less than US\$10,000 in 2016, compared to 54% in 2013.⁷

Budget size for trans groups varies by region. Regions where the largest proportion of trans groups had budgets of less than US\$10,000 in 2016 were Europe (72.1%) and the Caribbean, Central America and South America (69.7%). Even in regions where a higher proportion of groups had larger budgets, such as North America and Sub-Saharan Africa, more than two in five groups had budgets of US\$10,000 or less in 2016.

Many trans groups are autonomous, with more groups reporting trans people making financial decisions than in 2013.

In 2016, a significant majority (85%) of trans groups were autonomous—meaning they were led by trans people—compared to just over half (55%) in 2013.⁸ More than two-thirds (68.2%) of trans groups in 2016 had most or all trans people making financial decisions, compared to about two in five trans groups in 2013.

Trans groups—particularly autonomous groups—lack sufficient full-time paid staff.

Trans groups across the board frequently lack paid staff. Groups that are programs of larger organizations were more likely to have full-time paid staff (44.4%) than autonomous trans groups (32.4%). Trans groups responding to the survey in 2016 reported similar rates of any paid staff compared to those responding in 2013 (50% and 51%, respectively). A dearth of paid positions for activists doing trans work may mean people may be dividing their time between jobs or working uncompensated.

Trans groups face barriers to finding, applying for and implementing grants.

Seven in ten (70.8%) trans groups reported at least one barrier to applying for funding. Some barriers can be addressed by donors, who can shorten applications and make them less complex or help build capacity for groups and programs to write grants. Trans groups also reported encountering barriers once they received funding, including long delays in payment (48.1%), primarily in the initial payment. More than one-third (35.2%) of trans groups were not registered with their country's government in 2016, which renders them ineligible for many funding opportunities.

Trans groups work on a variety of activities; however, they lack resources to provide health care that their constituents need.

Trans groups work with constituents that face multiple and intersecting types of oppression. The most commonly reported constituencies were low-income people, sex workers, ethnic minorities and people living with HIV/AIDS. The most



Asia Pacific Trans Network/Credit: Asia Pacific Trans Network

common activities trans groups reported wanting to do, but lacking resources to implement included: provide trans-specific health care (36.1%) and provide health care services to trans people other than trans-specific services (32.4%). Many trans groups that do advocacy also provide or want to provide services. For example, among those that did advocacy, nearly six in ten (59.6%) reported also providing or wanting to provide trans-specific health care services or primary health care services for trans people.

More than nine in ten (91.6%) trans groups did advocacy, community organizing and/or community education, while nearly eight in ten (79.2%) provided social services, peer support, individual-level advocacy or health care to trans people. Nearly six in ten trans groups engaged in some form of safety or anti-violence work (59.5%), while just over one-third did arts and culture work (34.4%).

Trans groups are most likely to receive funding from foundations and larger NGOs as sub-grants; they are unlikely to receive government funding.

In 2016, more than two-thirds (68%) of the trans groups surveyed had external funding, compared to half (50%) in 2013. In 2015 and 2016, more than two in five trans groups had no external funding. Trans groups that did receive external

funding in 2015 or 2016 most frequently reported having foundation funding (40.2%) or a sub-grant from an NGO (40.8%). Fewer trans groups applied for government funding, and when they did apply, they were less likely to be successful. In 2016, just one in ten (10.0%) trans groups surveyed received embassy funding and even fewer (6.4%) received bilateral funding. Trans groups with a 2016 budget of US\$20,000 or greater were over eight times as likely to be funded by a bilateral donor than groups with smaller or no budgets (15.0% vs. 2.0%, OR=8.54).

Foundation funding for trans groups has improved, but access remains uneven.

A higher proportion of trans groups received foundation funding in 2016 than in 2013 (40% vs. 27%). Of the trans groups responding to this survey that received foundation funding, three in four (75.0%) had general operating support from foundations. However, given small budget sizes, these grants may not be sufficient to meet current needs.

Nearly half (48.6%) of trans groups in high-income countries had foundation funding, compared to just under one-third (31.8%) of trans groups in low-income countries (OR=1.78). The regions where a higher proportion of trans groups received foundation funding were North America (59.3%), Sub-Saharan Africa (46.2%) and Europe (39.0%). Regions where a lower proportion of trans groups received foundation funding were the Pacific Islands, Australia and New Zealand (23.8%) and the Caribbean, Central America and South America (29.6%).

Donors want better resourced trans groups, but they often don't prioritize funding them.

More than a third of trans groups reported receiving feedback from donors that their group is too small or lacks capacity (36.7%). A similar amount of trans groups received feedback from donors that despite funding LGBT or LGBTI groups, they would not fund a trans-specific group (36.1%).

6 Note that the primary sampling difference revealed by comparing the 2013 and 2016 surveys was the percentage of groups that self-identified as autonomous (85% in 2016 vs. 55% in 2013). Thus comparisons between the two surveys are limited by sampling differences.

7 The 2016 findings are rounded to the nearest decimal place, except when being compared to 2013 findings. 2013 findings and 2016 findings are rounded to the nearest whole number.

8 The 2016 survey used more stringent sampling criteria, asking for groups or programs that "explicitly and primarily" work on trans issues; this may have impacted which groups decided to take the survey.

Black
Transmen
Inc./Credit:
Black
Transmen
Inc.



Trans activists need capacity-building support to sustain and grow their groups and prevent burnout.

In 2016, almost eight in ten (79%) of trans groups wanted skills training in fundraising and grant writing, compared to nearly two-thirds (64%) in 2013. In 2016, more than seven in ten (70%) trans groups wanted skills training in budgeting and financial management, compared to about two in five (39%) in 2013. Capacity-building needs are compounded for trans groups that do not receive any external funding, including foundation funding; these groups are both less likely to receive training or capacity-building support and more likely to need it.

In addition to needing support to grow and sustain their groups, trans activists need training related to healing from trauma and preventing burnout. More than three-quarters (76.5%) of trans groups reported wanting training in these areas. This is unsurprising given the low rates of full-time paid staff within trans groups, particularly those that are autonomous.



GAYTEN-LGBT Serbia/Credit: GAYTEN-LGBT

KEY RECOMMENDATIONS FOR FUNDERS

- Support trans groups by continuing to identify new groups to fund, particularly those that are not receiving a grant from another foundation donor or are in regions where a smaller proportion of trans groups have access to foundation funding.
- Increase the amount of funding available to trans groups, both through giving larger, longer-term grants and generating interest in trans issues among new donors.
- Prioritize increasing access for trans groups to the human rights and development funding provided by government funders, both bilateral donors and national, state or municipal governments.
- Find new donors to support trans groups and encourage them to explicitly state their interest in funding trans work.
- Lower barriers to trans groups' access to funding; simplify applications and be flexible in application and reporting processes.
- Support autonomous groups and those with more trans leaders and decision-makers, especially those with leadership that reflects their constituents.
- Support capacity building and training opportunities for trans groups, particularly those related to organizational development and healing, anti-trauma work and/or burnout prevention.
- Invest in activities that trans groups prioritize but cannot do because of lack of funding, particularly those related to securing a sustainable livelihood and advancing struggles for economic justice.

HUMAN RIGHTS VIOLATIONS AGAINST TRANS PEOPLE

Trans people in every region of the world encounter discrimination, marginalization, violence and abuse. They face challenges in aspects of everyday life—including going to school or work, using a public restroom, voting or travelling across borders. In most countries, trans people encounter serious barriers to meeting their health needs or changing their identification documents to align with their gender identity.^v A lack of recognition and protections also heightens trans individuals' vulnerability to poverty and exclusion, with serious impacts for their health and well-being. Those whose gender expression does not fit within socially and culturally constructed gender norms are especially vulnerable. These challenges are magnified for those who come from communities that are disadvantaged and who face intersecting forms of marginalization based on race, ethnicity, class, caste, nationality, disability status or age—or because they are indigenous, migrants, are incarcerated, are sex workers or are living with HIV.

DISCRIMINATION AND VIOLENCE

Trans people encounter discrimination in a range of circumstances, including accessing education, employment, housing, bank credit and public services.^{vi} This prevents trans individuals from engaging in social and civic life, and limits their economic opportunities, often resulting in poverty and further marginalization.

Exclusion, harassment and bullying in schools increase the likelihood that trans youth will drop out of school.^{vii} A study in New Zealand showed that trans secondary school students were nearly five times more likely to be bullied on a weekly basis than their non-trans peers.^{viii} The barriers that trans people face in finding work and the widespread discrimination they face in the workplace are linked to higher rates of underemployment, unemployment and poverty. In several studies in Western Europe and the U.S., unemployment for trans people was significantly higher than that of the general population.^{ix} A 2015 survey conducted in the U.S. showed that the unemployment rate among trans people was three times higher than the unemployment rate in the U.S. population at the time; for transgender people of color it was four times higher than the U.S. unemployment rate.^x The risk of poverty is exacerbated by the fact that many trans people are ostracized by biological families who may have otherwise provided an economic safety net.^{xi}

Several countries have laws that criminalize trans people, often through prohibitions on so-called “cross-dressing,” “female impersonation” and, in some cases, “male impersonation.” In Malaysia, for example, such laws are used to persecute, extort and detain trans people, primarily trans women.^{xii} In societies where sexual orientation and gender identity are confused or conflated, trans people may also be targeted by laws outlawing same-sex relations.

Trans women engaged in sex work, or assumed to be involved in sex work, face extreme levels of violence and harassment, and may be more vulnerable to abuse in places where sex work is stigmatized or criminalized.^{xiii} Transphobia and laws or policies that target sex workers heighten the risk of threats and attacks from members of the public, including gangs, and

law enforcement.^{xiv} Police may use public order laws related to loitering, vagrancy, morality or indecent behavior to harass or detain trans sex workers or trans people whom they assume to be sex workers.

Because of economic exclusion, the criminalization of street economies and discriminatory law enforcement practices, trans people are disproportionately likely to end up in prison. Migrants who are trans are disproportionately likely to land in detention centers because they are less likely to receive status through family reunification and are affected by policies that target “felons not families.”^{xv} In jails, prisons and detentions centers around the world, trans people are exposed to abuse and assault. They are often placed in cells according to their sex assigned at birth without regard to their gender identity or expression, or put in solitary confinement for months or even years as a protective measure—despite the fact that this amounts to torture and ill-treatment.^{xvi} Segregating trans people in detention can limit their access to rehabilitation and work programs, as well as opportunities for parole. In addition, trans people frequently face barriers in accessing proper clinical care and medication while in detention, especially when it comes to transition-related medical care. These abuses are wide-ranging, though the Yogyakarta Principles and various UN documents outline that trans people in detention are entitled to access appropriate health care and that measures to increase trans people's safety, such as protective segregation, should not involve any greater restriction on a trans person's rights than is experienced by other prisoners.^{xvii}

Trans people are discriminated against, harassed and abused in other facilities where people are typically segregated by gender, including schools, public restrooms and homeless shelters. There has been a trend of so-called “bathroom bills” in the U.S. which seek to restrict access of gendered public facilities, such as restrooms and locker rooms, based on a person's sex assigned at birth rather than their gender identity.^{xviii}

The violence that many trans people experience takes multiple forms: harassment, verbal abuse, physical attacks, sexual abuse, murder and suicide. Numerous reports indicate that trans people around the world face an extraordinary amount of these various forms of violence—much higher than the general

population. In a European Union survey of almost 7,000 trans people, 44 percent of those who had been victims of violence in the previous year said they had experienced it three or more times during that period.^{xix} According to the Trans Murder Monitoring Project, more than 2,000 trans and gender-diverse people in 68 countries were killed between January 2008 and September 2016.^{xx} These are widely recognized as conservative estimates of how many trans people have been murdered. In many countries, there is no monitoring and the murders of many trans people go unreported or are not counted because the victim is mis-gendered in reporting. In a U.S. survey, the link between suicide risk and rejection by family and friends,

discrimination, victimization or violence was clear; 78% of trans individuals who suffered physical or sexual violence at school reported attempting suicide, as did 65% of those who experienced violence at work.^{xxi}

The right to be free from discrimination is enshrined in the Universal Declaration of Human Rights and non-discrimination provisions of core international human rights treaties. Despite the fact that trans people face a disproportionate amount of discrimination and violence in all spheres of life, most countries lack anti-discrimination laws that explicitly include trans people or provide protection on the basis of

CASE STUDY

Community-Driven Knowledge Production

The lack of official data on transphobic discrimination and violence points to the mammoth challenges facing the trans rights movement. Few countries have systems to monitor hate crimes or to track incidents of discrimination based on gender identity or expression. Even where such systems exist, trans people are deterred from reporting violations because authorities are unresponsive or perpetrators of abuse themselves. When it comes to health and well-being, a heavy emphasis by researchers on HIV prevalence among trans women means that there is little data on other health issues affecting them or the health needs of trans men or other gender diverse communities. In response to these massive gaps in documentation, trans organizations are taking the lead in building a body of evidence that demonstrates the extent and impacts of the violations they face, the lived experiences and resilience of trans communities, and the good practices and policies that uphold trans people's rights. They are using this data to push for legal recognition and protections, responsive health guidelines and policies, and training for service providers across sectors. While urging authorities to start documenting these issues themselves, the trans groups leading this work are building the capacity of others in the movement to collect and interpret data, and to use it to inform their own programs and advocacy.

The Transrespect versus Transphobia Worldwide (TvT) project facilitated by **Transgender Europe** (TGEU) has developed a uniquely wide-ranging repository of qualitative and quantitative information on

the human rights situations of trans and gender-diverse persons around the globe. This peer research project draws upon the expertise of TGEU's extensive network of member organizations in Europe and Central Asia as well as partnerships with experts in more than 100 countries for 3 major endeavors. TvT's *Trans Murder Monitoring Project* systematically collects and analyzes reported homicides of trans and gender-diverse people worldwide. *A legal and social mapping* provides an overview of existing and proposed laws and social practices in 126 countries. It looks at issues ranging from legal gender recognition and hate crime laws to access to trans-specific health care and transphobic discrimination. More in-depth information on the *social experiences of trans and gender-diverse people* has been gathered through two rounds of surveys (in 2012 and 2014) in Colombia, India, the Philippines, Serbia, Thailand, Tonga, Turkey and Venezuela. This wealth of data is intended, first and foremost, for trans activists but also serves as an invaluable resource for international institutions, human rights organizations and the general public.

The *Blueprint for the Provision of Comprehensive Care for Trans Persons and Trans Communities in Asia and the Pacific* (also known as the "Asia Pacific Trans Health Blueprint") is an accessible and comprehensive reference document that looks at the health and human rights situation of trans people in Asia and the Pacific. Aimed at strengthening legal, clinical and public health responses in the region, it includes local examples of good practices

by health professionals and community-led health initiatives and policies that have positively impacted trans communities. It also offers clinical advice about meeting the diverse health needs of trans children, youth and adults. An adaptation of the Pan American Health Organization's *Trans Health Blueprint* (which focuses on Latin America and the Caribbean), the *Asia Pacific Trans Health Blueprint* was developed through a consultative process with trans communities and organizations, health workers and professional bodies, allies and other stakeholders to ensure that the *Blueprint* is grounded in local needs and realities. As such, it provides a powerful evidence base for developing and sustaining policies, showcasing good practices and case studies to improve health outcomes for trans people in Asia and the Pacific based on international human rights standards. Health care providers, policy makers and national HIV/AIDS program managers have used the *Blueprint* as a tool to advocate for the needs of trans people in the region, and to inform national social protection policies and action plans on access to healthcare. Available in Chinese, Japanese, Bahasa Indonesia and Thai, the *Blueprint* has been a vital tool for sensitizing trans communities, healthcare providers and health ministries. Program Manager for **Asia Pacific Transgender Network (APT)**, Joe Wong, says, "The *Blueprint* has brought people together to develop comprehensive health pathways for trans people. It has also enabled them to stand up against the human rights violations trans people face by taking steps recommended in the document."

gender identity or gender expression.^{xxii} Several Latin American countries, including Uruguay, were among the first to enact such provisions. South Africa's constitution prohibits discrimination on the basis of gender and sex. Only a few countries in Asia and the Pacific offer such protections. For example, Fiji's constitution prohibits discrimination on the grounds of sex, gender, and gender identity and expression. In some countries, such as the Philippines, activists have been successful at passing local anti-discrimination ordinances.^{xxiii}

Laws and policies that prohibit transphobic violence explicitly—for example, through legislation on bias-motivated crimes or hate speech—are slowly gaining traction. For example, twelve European Union countries now have such laws, seven of which specifically protect trans people.^{xxiv}

ACCESS TO HEALTH CARE

Discrimination, abusive treatment, refusal to provide care or a lack of knowledge on the part of medical professionals all deter trans people from seeking health care.^{xxv} It is difficult for trans individuals to find providers who respect their gender identity (e.g., by referring to their gender correctly) and who understand their particular health needs. For many trans people, an inability to pay, a lack of coverage by national health systems or health insurance programs, and a range of other socio-economic barriers also play a role. This is deeply problematic both for access to general health care and to gender-affirming health care, including hormonal, surgical, psychological or other medical treatments.

In many countries, trans people have no access to gender-affirming treatments because such treatments are illegal, unavailable or subject to discriminatory regulations. Gender-affirming health services are not covered by public health systems or insurance plans in the vast majority of countries, sometimes based upon a perception that such services are “cosmetic” and medically unnecessary.^{xxvi} In almost all of Asia and the Pacific, for example, most gender-affirming health services are not available through public health-care systems.^{xxvii} As a result, such services are prohibitively expensive for many trans individuals and, consequently, they may pursue them through illicit or unregulated means, such as buying hormones in the informal economy, which can pose threats to their health and expose them to potential legal consequences if they are caught.

In medical diagnostic guidelines used around the world, such as the International Classification of Diseases, trans individuals are pathologized as having a mental disorder. Instead of promoting well-being, the medicalization of trans identities perpetuates stigma and social exclusion.^{xxviii} This issue is most starkly illustrated when it comes to accessing gender-affirming treatment. In most countries, “gender identity disorder” or an equivalent diagnosis is required for trans people to access gender-affirming treatment. This is the case in almost all European countries except Denmark which, in 2017, became the first European country to eliminate the use of such diagnostic codes while still enabling transgender people to access gender-affirming health services.^{xxix}

Stigma, a lack of data regarding the needs of trans communities and barriers to gender-affirming treatment all constitute violations of the right to the highest attainable standard of health and have serious impacts on the mental and physical well-being of trans people.^{xxx} This is expressed in higher suicide rates^{xxxi} and worse overall mental health,^{xxxii} particularly for those unable to transition to live in their self-defined gender.^{xxxiii} Trans people are also at significantly greater risk of HIV infection because of discrimination, exclusion, criminalization and violence.^{xxxiv} According to the limited information available, trans women are up to 49 times more likely to acquire HIV than other adults.^{xxxv} There is an urgent need for more research on HIV and access to care for trans people, including trans men; better data collection and reporting among international HIV funders; and dedicated funding for HIV prevention and interventions targeted to trans people.

In a 2016 joint statement, four UN human rights experts along with the Inter-American Commission on Human Rights, African Commission on Human and Peoples' Rights, and the Council of Europe recognized the harms perpetuated by pathologizing and stigmatizing medical classifications; they called on governments to prevent, investigate and prosecute forced, coercive and otherwise involuntary treatments and to ensure the provision of non-discriminatory health services, including gender-affirming procedures for trans people.^{xxxvi} In 2016, Malta amended its progressive Gender Identity, Gender Expression and Sex Characteristics Act to nullify the pathologization of gender identity and gender expression in internationally recognized medical classifications.^{xxxvii} A growing number of countries are also revising laws and policies related to accessing gender-affirming treatment. For example, Argentina's 2012 gender identity law mandates coverage of all medical costs related to such procedures.^{xxxviii}

LEGAL STATUS OR RECOGNITION

In many parts of the world, it is not possible for trans people to change their legal gender marker on identity documents such as a birth certificate, passport or national ID card.^{xxxix} In many countries where it is legally possible, trans people must meet requirements such as receiving a mental health diagnosis of “gender identity disorder” or “gender dysphoria;” undergoing sterilization and/or surgeries to conform to expectations of male and female bodies; or a “real-life test” to prove that they have lived for certain period of time in the gender role corresponding to the gender marker they are seeking. Many countries require applicants to be unmarried (or to divorce, if they are married) and not have dependent children. South Korea, for example, requires two psychiatric diagnoses of “transsexualism,” proof of gender reassignment surgery, sterilization and supporting letters from two or more references.^{xl}

These requirements violate trans people's rights to self-determination, privacy and bodily integrity as well as to marriage and the formation of a family. In a case involving a trans woman from Australia, the UN Human Rights Committee ruled in 2017 that requiring people to be unmarried at the time they apply to amend their gender marker is discrimina-

tory and constitutes arbitrary and unlawful interference with family and privacy.^{xii} The UN Special Rapporteur on torture and other cruel, inhuman, or degrading treatment or punishment has condemned forced sterilization as a prerequisite for legal gender recognition.^{xiii} Seven United Nations agencies, including the World Health Organization, have denounced it as well, noting that “sterilization requirements run counter to respect for bodily integrity, self-determination and human

dignity.”^{xiii} In 2017, the European Court of Human Rights issued a precedent-setting ruling, which recognized that requiring sterilization to access legal gender recognition violates human rights—specifically the right to respect for private life under the European Convention on Human Rights.^{xiv} As a result, the 22 European countries that still had sterilization requirements at the time of the ruling must reform their laws.

CASE STUDY

Championing Legal Reform

Around the world, laws on gender recognition vary widely. In some, it is impossible for individuals to change the gender marker on their legal documents, like a birth certificate or national identity card. In others, requirements that infringe upon the rights to privacy, personal dignity and family life remain—such as a diagnosis of mental disorder, a court order and/or proof of hormonal or surgical treatments. Over the past several years, however, more countries have been adopting progressive gender recognition laws that enable individuals to change their legal gender marker without having to meet burdensome or arbitrary conditions.

Ireland is an example of a country where persistent advocacy and strategic guidance by trans rights activists have resulted in some of the most progressive gender recognition laws in Europe. This is an incredible achievement in a country that had no legal recognition of trans people. The struggle for gender recognition in Ireland dates back more than 20 years, when Dr. Lydia Foy applied for and was denied a new birth certificate that would denote her female gender. After years of legal proceedings, an Irish High Court in 2007 ruled that the state’s failure to recognize Dr. Foy’s affirmed gender violated the European Convention on Human Rights. Because Irish law was out of step with the convention, the government would have to introduce new legislation to bring it into compliance. In 2010, the Irish government set up a Gender Recognition Advisory Group that outlined a highly restrictive and problematic legal pathway for trans people. Working with Senator Katherine Zappone, **Transgender Equality Network Ireland (TENI)** helped to draft a legal gender recognition bill, introduced in 2013, that rejected those

proposed hurdles. When movement on the legislation stalled, TENI mobilized supporters to push for action and encouraged trans people to request new birth certificates to keep the pressure on.

Passed in July 2015, Ireland’s Gender Recognition Act allows all individuals over the age of 18 to self-declare their gender identity and access a new birth certificate simply by filling out a form—making Ireland one of only a handful of countries in the world (which include Argentina, Colombia, Denmark and Malta) with gender recognition legislation based on self-determination. TENI is now advocating for an amendment to make Ireland’s law more inclusive by making express reference to people who do not fall within the traditional gender binary; removing restrictions on 16- and 17-year-olds so that they can access recognition through the same procedure as those over 18; and allowing young people under 16 to access gender recognition with the consent of their parents. Chairperson of TENI Sara R. Phillips stresses, “Legal recognition would greatly benefit young trans people by protecting their rights and supporting their well-being, and would go a long way to understanding the needs of non-binary people in Irish society today.”

Bolivia’s 2009 Constitution was one of the first to explicitly include protection against discrimination on the basis of gender identity and remains one of the few constitutions in the world to do so. However, it was not until 2016 that Bolivia provided for the legal recognition of trans people. At the forefront of the fight for the gender identity law was **Red Nacional de Mujeres Travestis, Transexuales y Transgénero de Bolivia (Red TREBOL)**, a national network of trans women in Bolivia.

Red TREBOL first presented a draft gender identity bill, developed through consultations with trans community members in Bolivia’s nine departments, to the government in 2010. However, it was not until 2015 that the Ministry of Justice introduced a law into Bolivia’s assembly. In alliance with other civil society groups, Red TREBOL educated policy makers about why legal gender recognition was important for trans people in Bolivia and conducted country-wide outreach to build support for the law’s passage. Through advocacy to the UN Human Rights Council and the Inter-American Commission on Human Rights, Red TREBOL highlighted how the lack of legal recognition of trans people impacted their ability to realize equal protections in all aspects of life, and brought pressure to bear on the Bolivian government.

When it passed in May 2016, Bolivia became the third Latin American country with a gender identity law. The 2016 Act of Gender Identity enables trans people over 18 years old to change the names, gender marker and photograph on their official documents through an administrative process. A psychological report proving that the individual understands and voluntarily accepts the implications of the decision is required, but a diagnosis is not. Red TREBOL’s president Rayza Torriani Garcia says, “After nine years of work to pass this law, we are happy to have made history in Bolivia. While it is a big political achievement, the law does not guarantee a life free from discrimination. We still face challenges of inclusion in political life and employment, and in accessing health care and education without stigma. We have much more work to do.”

Advocates have made other key gains in the past decade. In 2012, Argentina became the first country to allow adults to self-declare their gender identity and revise their official documents without prior approval from a medical professional or a judge. Since then, Colombia, Denmark, Ireland, Malta and Norway have passed similar laws that explicitly remove barriers to legal gender recognition. In each of these places, all that is required is a self-declaration and a simple administrative procedure. In 2015, the Parliamentary Assembly of the Council of Europe passed a resolution recognizing “the emergence of a right to gender identity, first enshrined in the legislation of Malta, which gives every individual the right to recognition of their gender identity and the right to be treated and identified according to it.”^{xiv}

A few countries allow individuals to choose a third option or no gender on some of their legal identity documents. In New Zealand, for example, trans and intersex individuals can change the gender indicated on their passports through self-declaration and choose “M” (male), “F” (female) or “X” (indeterminate/unspecified). In Nepal, citizens can opt for a third gender category, marked as “O,” on passports and identification papers; however, there is no option to change one’s details from male to female or vice versa.^{xv}

UNDERSTANDING DATA IN THIS STUDY

The data for this report come from a global survey for groups that specifically and primarily work with trans people or on trans issues. The survey was distributed by the funders of the report and their partners, including donors, grantees and other civil society organizations. It was anonymous and confidential, and was offered in five languages: English, Spanish, French, Russian and Simplified Chinese. The survey was available online from August 24, 2016 until December 19, 2016. There were 455 valid responses. For further information about data collection, analysis and reporting, please refer to *Appendix A: Additional Methods and Study Limitations* on page 36.

HOW STATISTICS ARE REPORTED IN THIS DOCUMENT

This report is written for a wide variety of audiences and is intended to be of use to activists, funders and service providers new to working with trans groups as well as those who have done this work for many years. This section explains how we use statistics in this report. Just as some terms are more familiar to those more experienced in this topic, some ways of expressing statistics may be new to some audiences.

The report uses phrases like “more common” or “more frequently reported” when something was more commonly reported in one subgroup or another who took the survey, regardless of whether the difference referenced is a statistically significant one. There are two statistics most commonly used in this report when testing whether two groups are different from one another. T-tests are used to examine differences between two groups when the outcome of interest was measured using a number that could take on any value within a specified range (such as one to one hundred, which is the scale used for

the trans leadership index described on page 17). We use the phrases “greater than” or “less than” to indicate when a t-test has shown a statistically significant difference between the average score of one group and the average of another group.

Odds ratios are used when comparing the outcomes of two groups, one of which has an attribute (also called an “exposure” or “exposed group”) and one of which lacks that attribute. For example, whether a group is autonomous or a program of another group is associated with whether that group has external funding. To indicate a statistically significant increase in the odds of one thing being reported by one group, we use phrases such as “more likely.” Odds ratios in parenthesis indicate how *much* more likely.

For example, as the report says on page 17, “Autonomous groups were more than twice as likely as programs of larger organizations (38.1% vs. 20.9%, OR=2.33) to have trans-feminine executive directors,” this means that the odds of an autonomous group having a transfeminine executive director (about 62 to 100) divided by the odds of a program having a transfeminine director (about 26 to 100) is approximately 2.33. Another way to say this would be that autonomous groups are “233% more likely to have a transfeminine executive director.”

The p-value, which accompanies an odds ratio or t-test (and some other types of statistical tests), refers to how certain we are that the finding is correct. When we report significant statistics, we report those with p-values smaller than .05, which means that we are at least 95% certain that the differences between the groups are actually there. This is a standard level of statistical significance in many texts. In these cases, we do not show the exact p-value. We occasionally show statistics that are statistically significant at the $p < .10$, and these are marked in the text as such.

Occasionally, when analyses are very complex to present, we have written sentences summarizing those analyses without showing all of the statistics to which they refer, in which case we have noted “data not shown.” These analyses are available by contacting the authors of the report.

While most data are categorical or binary (e.g., yes/no), in a few cases survey questions used continuous scales to measure attributes of groups (for example, the percentage of trans leaders can be any number from zero to 100). When continuous data do not cluster at the highest and lowest points of the scale and are approximately normally distributed, we have used the mean (average) of percentages reported by groups to summarize the findings of these survey questions. In other cases, we have averaged the results of multiple questions, as in the case of the trans leadership index.

Another type of data collected were write-in responses to survey questions. While most data discussed in the text are also presented in graphs throughout the report, write-in responses are not shown on graphs; where they do not violate sample size criteria, they are reported with a percentage in the text.

UNDERSTANDING THE LANDSCAPE OF TRANS GROUPS: LOCATION, COUNTRY INCOME AND LEVEL OF WORK

Trans movements are growing rapidly, with trans groups working in every region of the world.

Of the 455 valid responses to the survey, more than two in five (41.0%) trans groups were founded in the last three years; six in ten (61.3%) were founded in the last five years. Trans groups are operating in every region of the world.⁹ Survey participants consisted of trans groups from 99 countries. The largest proportion of trans groups in this sample were from the Caribbean, Central America and South America (23.1%), North America (22.4%) and Asia (21.8%). Although there are trans groups operating in the Middle East and North Africa, the percentage of respondents is not represented in figure 2 due to small sample size.

There were sufficient responses from Africa, Asia, Europe and the Caribbean, Central America and South America to report subregions. All subregional data are expressed as percentages of the total; for example, 5.9% of all trans groups responding to this survey were from East Africa. African subregions with the largest number of respondents were East Africa (5.9%), Southern Africa (2.9%) and Central and West Africa (2.2%).¹⁰ Asian subregions with the largest number of respondents were Southeast Asia (9.5%), South Asia (7.9%) and East Asia (3.5%).¹¹

European subregions with the largest number of respondents were Eastern Europe (5.5%), Western Europe (4.8%), Southern Europe (3.1%) and Northern Europe (2.4%).

Just under one in six trans groups responding to the survey were in Central America or the Caribbean (13.6%). Just under one in ten trans group responding to the survey were from South America (9.5%).

Trans groups exist in high-, middle- and low-income countries.¹² The largest number of respondents (38.5%) were from



ASTRANS/Credit: ASTRANS

high-income countries, with smaller numbers coming from upper middle (31.0%), lower middle (25.1%) and low-income (5.5%) countries. This may represent the distribution of trans groups worldwide, but also could be caused by the mechanisms used for survey outreach. For example, since outreach was done through donors funding trans groups and individuals and groups working at the national and/or regional levels, groups not connected to these channels may not be represented here.

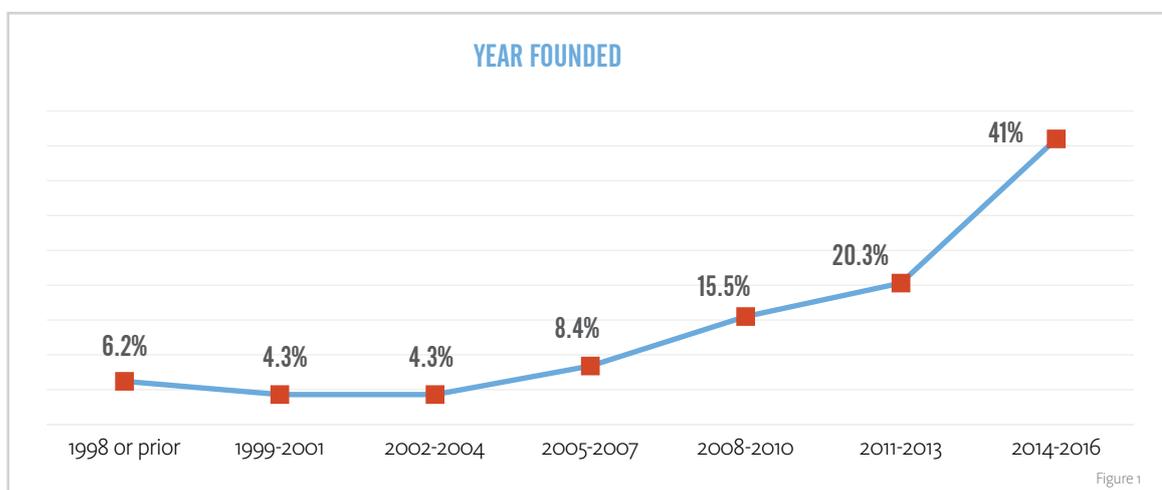
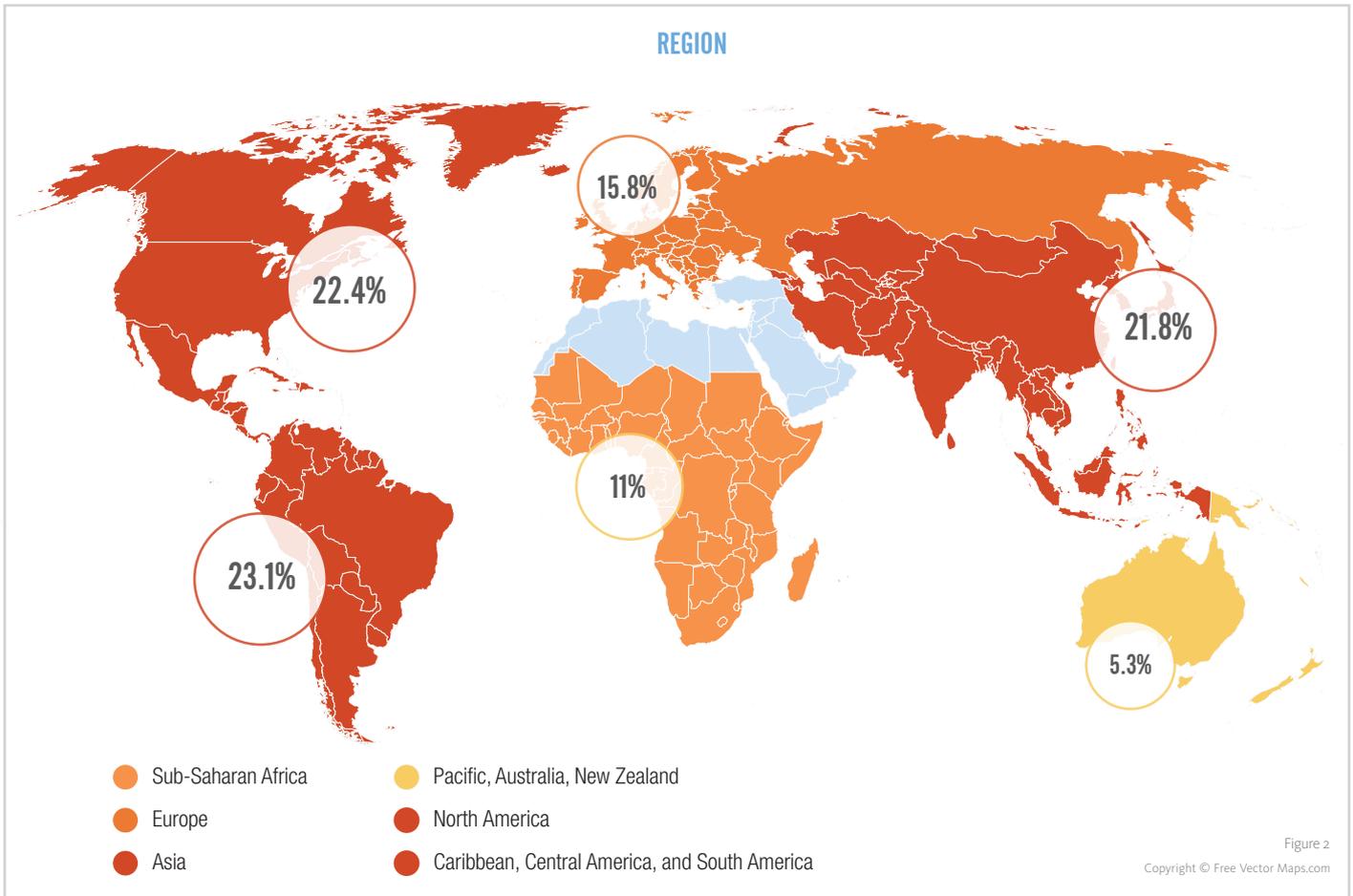


Figure 1



Trans groups are more likely to work at the national level than at any other level.

Groups responding to the survey were asked about their level(s) of work (see fig. 3 on next page).¹³ Nearly six in ten trans groups (59.2%) worked at the national level in their own country. Just under one-third of trans groups (32.0%) worked at the local or municipal level and just over one-quarter (26.5%) worked at the state or provincial level. Fewer than one in five (17.9%) worked in multiple states or provinces, or regionally within their country, while less than one in six (14.1%) worked in several countries on one continent, or regionally. Only one in six trans groups (15.5%) worked at the international level.

Of the six in ten trans groups working at the national level, the proportion of groups in each region working at the national level varies. The Pacific Islands, Australia and New Zealand (83.3%) has the highest proportion, followed by

Sub-Saharan Africa (76%), Europe (70.8%) Asia (65.3%) and the Carribbean, Central America and South America (64.4%). North America has considerably less groups working at the national level than the other regions (24.5%).



Red Umbrella Sexual Health and Human Rights Association Turkey/Credit: Red Umbrella Sexual Health and Human Rights Association, Turkey.

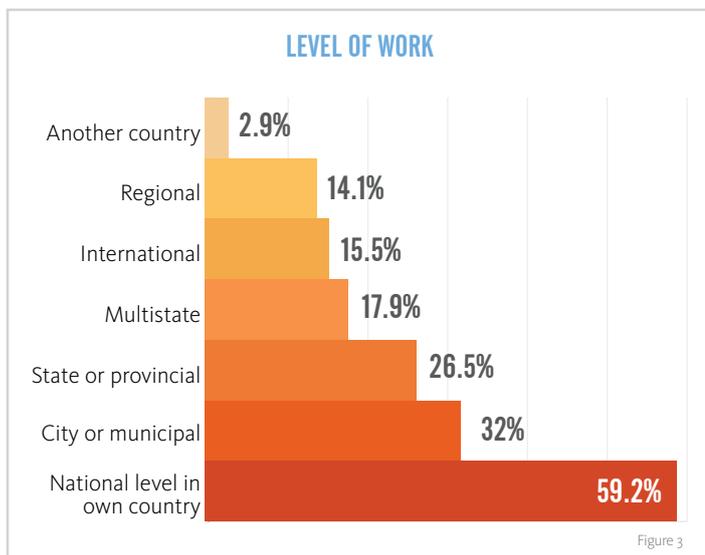
9 Trans groups responding to this survey were asked about the country where they are located. Countries were aggregated into the UN world regions to ensure the sample size was sufficient to protect the confidentiality of individual trans groups; subregions are reported where sample size was sufficient. United Nations world regions can be found here: <http://unstats.un.org/unsd/methods/m49/m49regin.htm>.

10 Central and West Africa subregions were combined due to small samples in each subregion. The North African region is not included due to small sample size.

11 Central and West Asia were combined due to small sample sizes in each region (1.5%).

12 The 2016 World Bank categorization of country income levels was used to categorize respondents' countries as low income, lower middle income, upper middle income or high income.

13 Groups working at more than one level could select all the levels that applied to them.



REGISTRATION, AUTONOMOUS GROUPS AND PROGRAMS OF LARGER ORGANIZATIONS

A significant majority of trans groups are autonomous and most are registered with their national government.

The survey asked groups about their registration status and whether they are autonomous (i.e., independent) or housed within another organization. Nearly ninety percent (85.1%) of trans groups responding to this survey were autonomous, compared with just under one in six (14.9%) that were programs of another organization. More than one-third (35.2%) of trans groups were not registered with their country's government.

Trans groups that are not autonomous were mostly part of LGBT rights organizations.

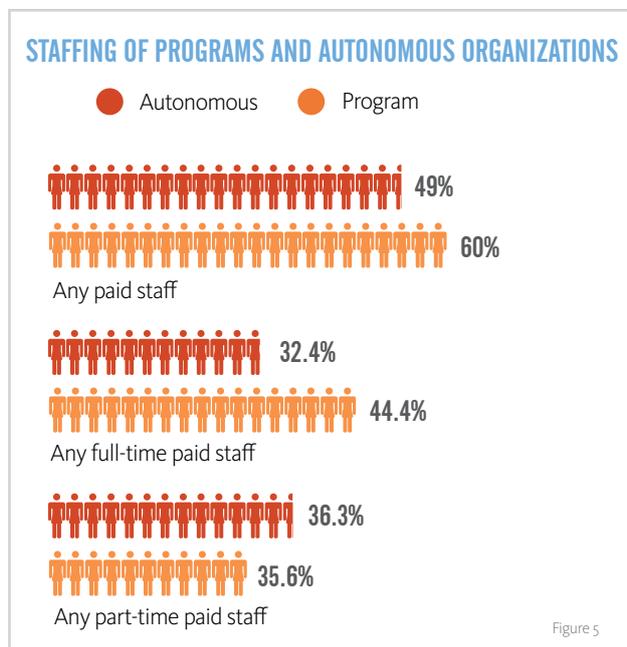
Sixty-eight trans groups responding to this survey were programs of larger organizations. These groups were asked about the focus area of the organization that houses them.¹⁴ More than four in five (81.8%) trans programs were housed within an LGBT organization, followed by just about two in five (39.4%) that focused on human rights and about one in three (34.9%) on HIV/AIDS. Of the LGBT organizations that housed trans programs, 40.7% also had a human rights focus. Trans programs also wrote in other focus areas for the organizations that housed them, such as anti-discrimination, sex worker rights and reproductive justice.



GROUP STRUCTURES, STAFF AND VOLUNTEERS

Trans groups frequently lack paid staff; groups that are programs of larger organizations are more likely to have paid staff than autonomous trans groups.

Nearly three-quarters (73.0%) had staff and/or volunteers who work more than 10 hours per week, yet many are unpaid.¹⁶ The frequency of each of these structures were similar across programs and autonomous groups (data not shown). Less than half (49.0%) of autonomous trans groups had any paid staff, compared with about three in five (60.0%) trans groups that were programs of larger organizations. Trans groups that were programs of larger organizations reported having full-time paid staff more frequently than autonomous trans groups (44.4% compared with 32.4%). Just over a third of autonomous trans groups and trans groups that were programs of larger organizations had any part-time paid staff (36.3% and 35.6%, respectively).



Trans groups have varied staff and group structures, including one in four that report a collective structure.

Trans groups had several choices to describe their organiza-

14 Respondents could select more than one focus for the organization that houses their trans program or group.

15 Questions on organizational structure provided an opportunity to understand how trans groups are structured differently across different regions. In different countries, groups may call similar structures by different names (for example, a body called "board of directors" may function similarly to a body called an "advisory council"). For the purposes of analysis, in some cases all the group structures (other than collective structures) were combined to form a variable called "leadership bodies." Groups could also write in organizational structures. If write-in responses included one or more words included in other categories (for example "board of trustees") the answer was recoded into that category (in this case, "board of directors"). Otherwise, group level organizational structures were added to "has any one or more of advisory council, administrative council, board of directors" and individual-level organizational structures were added to "one leader." Ambiguous responses and those that did not relate to organizational structure were left uncoded and were not included in the final reporting of responses.

tional structures, including the presence of a director(s), a collective, staff and volunteers working ten or more hours per week, and leadership bodies (i.e., advisory council, administrative council, board of directors, steering committee):¹⁵

- About seven in ten (69.5%) trans groups that responded to the survey had one primary leader, such as a coordinator, executive director or chair.
- About two in five (40.1%) trans groups had more than one person in leadership.
- Six in ten (60.2%) trans groups had at least one of the following leadership bodies: advisory council, administrative council, board of directors, advisory committee or similar response written in the open-ended responses.
- About one in four (25.6%) groups had a collective structure.

REPRESENTATION AND DECISION-MAKING

While most trans groups are led by trans people, programs of larger organizations have, on average, fewer trans leaders than autonomous groups.

Of trans groups with a single leader (i.e., coordinator, director or chair), about seven in ten (71.8%) have a trans person in this position; however, autonomous groups are more than twice as likely to have a trans director than are programs housed in another organization 72.5% vs. 51.2% (OR=2.52, $p < .01$). Of groups with staff and volunteers that work ten or more hours

How was “leadership” defined and measured?

In this survey, leadership had four dimensions:

- How a group is structured
- How a group is staffed
- Who makes important decisions for the group
- Who represents the group in different contexts

Higher levels of trans leadership are suggested by:

- Higher percentages of trans people in group structures, such as boards of directors and advisory boards
- Higher percentages of trans staff
- A higher percentage of trans people making financial and strategic decisions for the group
- A higher percentage of trans people representing the group in important contexts, including political spaces, to the media and to donors

The survey expresses each of these facets of leadership and suggests that they be interpreted in context as well as through an aggregated score called a leadership index (see below).

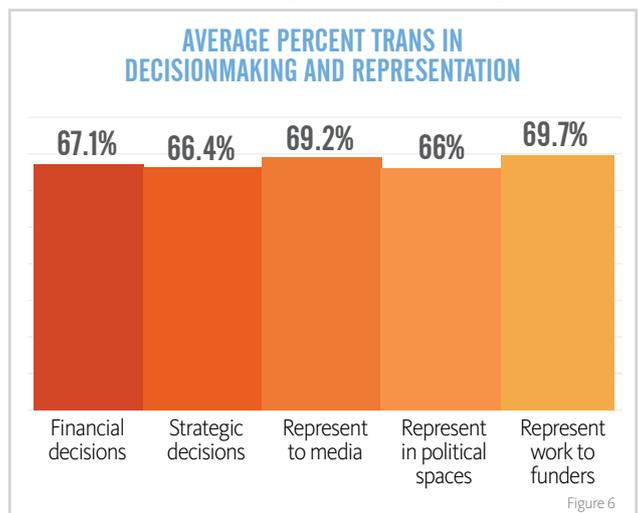
per week, an average of nearly two-thirds (63.1%) are trans. Membership of leadership bodies were on average 59.8% trans people, while collective structures were on average 70.3% trans people. Leadership bodies in autonomous groups have on average 61.7% trans people, while programs of larger organizations have only 46.2% ($t=2.61$).

Among trans groups with the same number of trans women constituents, autonomous groups were also more likely to have transfeminine people in leadership than were programs of larger organizations; this was not true of transmasculine people, who were similarly represented in leadership among autonomous groups and programs of larger organizations.¹⁷ For example, autonomous groups were more than twice as likely as programs of larger organizations (38.1% vs. 20.9%, OR=2.33) to have transfeminine executive directors.

On average, two-thirds of those who make important decisions and represent trans groups are trans.

In addition to the prevalence of trans people among staff and organizational structures, groups were asked to report who made strategic and financial decisions and who represented the group in important contexts, including to the media, in political spaces and to funders. These aspects were measured separately to learn more about how leadership is expressed by trans people in trans groups.

Trans prevalence in financial and strategic decision making and representation in media, political spaces and funder spaces were highly associated with one another; thus, an index¹⁸ was created using the mean of each of the five aspects of leadership for four identity groups (trans, transfeminine, transmasculine and GNC people who also identify as trans).¹⁹ The index measures zero (e.g., 0% trans leadership) to one



16 Note that paid staff and volunteers working ten or more hours a week were combined.

17 The association between autonomy and transwomen’s leadership holds even when taking into account the relative prevalence of transwomen among the constituents of the groups.

18 Associations between the various facets of leadership were quantified using a correlation matrix. Factor analysis showed Chronbach’s alpha, which measures scale reliability between 0.92 (for the trans index) and .96 (for the transmasculine index).

19 For the purposes of measuring trans leadership, people who identified as trans AND gender nonconforming (GNC) were included here. Questions about GNC identities were only asked for trans members of the group. Note this excludes people who only identify as GNC or a related term. This was done to ensure a strict definition of trans, so trans leadership could be measured.

hundred (e.g., 100% trans leadership) and represents the average percentage of trans leadership (or the respective identity group) of those who make financial and strategic decisions and who represent the group in the media, political spaces, and to donors. The trans leadership index average is 67.8, meaning that on average, groups who took the survey averaged 67.8% trans people across the five leadership domains. Among the groups responding to this survey, the prevalence of trans people making financial and strategic decisions and representing the group to various audiences was similar, ranging from 66.0% to 69.7%.

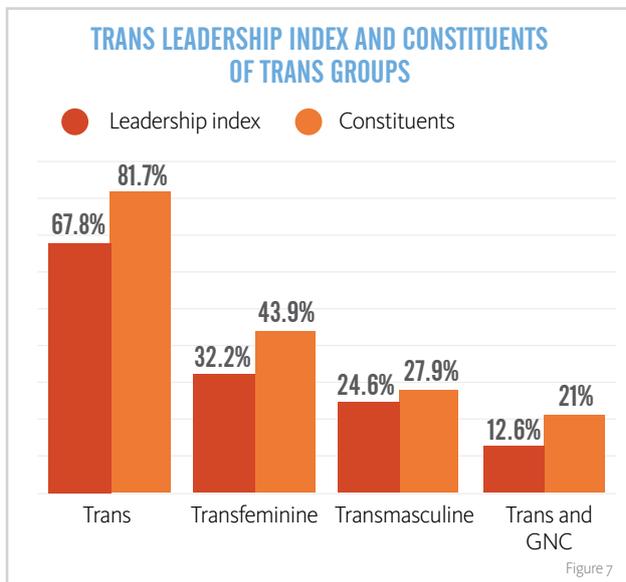
Transfeminine, transmasculine and gender nonconforming (GNC) trans people's leadership

In order to create a nuanced picture of trans leadership, groups were also asked to report the percent of people within the group of trans leaders who identified as:

- Transfeminine
- Transmasculine
- Gender nonconforming

Because trans people can identify as more than one of these categories, totals of transmasculine, transfeminine and gender nonconforming people who also identify as trans do not necessarily add up to the percentage of trans leaders.

This index is useful for comparing trans leadership within different types of trans organizations; for example, autonomous groups had higher scores on the trans leadership index on average (71.8% vs. 38.0%, $t=5.74$) and the transfeminine leadership index (34.9% vs. 11.8%, $t=3.71$) than programs of



larger organizations.²⁰ However, the trans and GNC index was higher in programs of larger organizations (4.0% vs. 12.4%), indicating that trans and GNC people are more likely to be included in the leadership of trans programs of larger organizations than in the leadership of autonomous trans groups. No such differences were found for the transmasculine leadership index (6.5% vs. 13.2%).²¹

There were smaller percentages of trans people making decisions and representing their groups in programs of larger organizations compared to autonomous groups.

In addition to measuring aspects of trans leadership within autonomous groups and programs of larger organizations, the survey asked trans programs of larger organizations to answer questions about what extent they made decisions and represented themselves autonomously from the organization that housed them.²² Trans groups that are programs of larger organizations were significantly less likely to make financial than strategic decisions autonomously (52.0% vs. 63.1%) and were slightly (but not significantly) less likely to represent themselves to donors (52.9%) compared to the media (57.3%) or in political spaces (56.4%).

Trans groups have higher percentages of trans constituents than trans leaders.

Groups' percentage of trans constituents exceeded their scores on the leadership index (i.e., their average percent trans leadership). More than eight in ten (81.7%) constituents are trans compared to just over two-thirds of leaders who are trans (67.8%). Among subtypes of trans groups, transfeminine people (43.9% of constituents versus 32.2% trans leaders) and trans and GNC people (21.0% trans and GNC constituents versus 12.6% trans and GNC leaders) have the largest disparities in representation between constituents and leadership.

CONSTITUENTS

In addition to working with trans people, trans groups work with constituents who face multiple and intersecting types of oppression.

Trans groups were most likely to work directly with people who identified as trans, with smaller proportions working with specific types of trans constituents, including transfeminine, transmasculine or trans and GNC. Trans groups reported higher average percentages for transfeminine than transmasculine direct constituents (43.9% vs. 27.9%).²³ About one in five (21.0%) trans groups report working directly with transgender people who were also GNC.

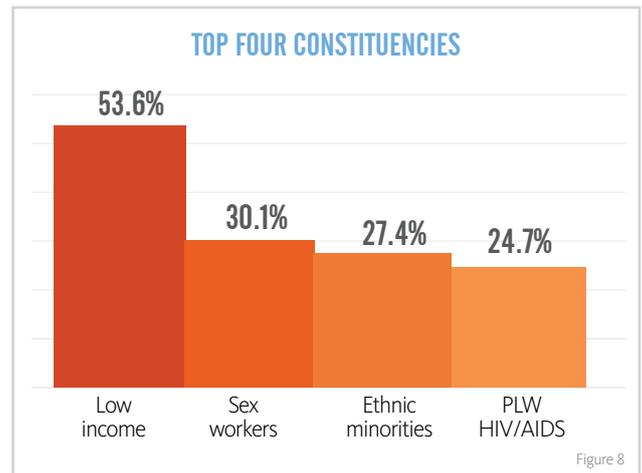
20 Those interpreting the index of trans leadership should do so with care because, it is limited in that subtypes of trans leadership (e.g., transmasculine) cannot be compared to other subtypes (e.g., transfeminine) because there are more transfeminine constituents of trans groups on average than transmasculine constituents, meaning that larger numbers of transfeminine leadership would be expected and do not indicate a disparity.

21 These differences held when controlling for the prevalence of constituents that reflect this type of leadership.

22 Sixty-eight trans groups responding to the survey were programs of larger organizations; thirty-eight of those answered five questions about how autonomously (on a scale of 0-100%) they make decisions and represent themselves (higher numbers) as opposed to the organization that houses them (lower numbers).

23 Direct constituents are people trans groups work with, such as members, service recipients or beneficiaries.

In addition to being asked about trans constituents, groups were asked about their work with a wide range of other constituencies and were given the opportunity to write in responses as well. The most commonly reported constituencies were low-income people (53.6%), sex workers (30.1%), ethnic minorities (27.4%), and people living with HIV/AIDS (24.7%). Smaller numbers also worked directly with migrants and refugees (14.3%), people with disabilities (12.0%), people involved in the criminal justice system (11.9%), intersex people (7.0%) (average percent). The most commonly written-in groups were LGBQ people (2.4%) and youth (1.2%).



CASE STUDY

Challenging Criminalization and Advancing Sex Workers' Rights

Around the world, people engaged in sex work are heavily stigmatized. For trans sex workers, this stigma is compounded by the social rejection they face because of their gender identity or expression. Additionally, the factors that may have led trans people to sex work—such as economic exclusion and a lack of a social safety net—increase their vulnerability to harassment, health risks, violence and abuse by law enforcement. Criminalization heightens all of these risks. In most countries, sex work and activities associated with it (like soliciting sex, living off the earnings of sex work, brothel keeping or purchasing sexual service) are deemed criminal acts. Police may go so far as to claim that carrying condoms and lubricants are evidence of being engaged in an illegal behavior. In places where sex work is not explicitly criminalized, police may use other laws to harass or detain sex workers; for example, police may accuse them of loitering or vagrancy. Additionally, trans sex workers may be targeted under laws that prohibit same-sex sexual relations or “cross-dressing.” Trans sex worker activists are playing an important role in both trans rights and sex worker rights movements, particularly when it comes to the criminalization of their communities.

The Turkish penal code effectively criminalizes all sex work-related activities that occur outside of registered brothels—which means that any unregistered sex worker can be arrested. As in many other countries, police are the primary perpetrators of blackmail and violence against sex

workers, and they are rarely held accountable for their actions. Founded in 2013, **Kırmızı Semsiyeye (Red Umbrella Sexual Health and Human Rights Association)** is a trans sex worker-led organization that has been recording cases of police abuse and ill-treatment and mapping the violence that trans sex workers experience in their everyday lives. In addition to offering free legal counselling and direct legal assistance to survivors of violence, Kırmızı Semsiyeye is leading campaigns for the adoption of hate crimes and anti-discrimination laws in Turkey as well as a law and policy reform around sex work in Turkey. General Coordinator Kemal Ördök describes their impact: “We have been working to decriminalize sex work in order to ensure safe working environments for trans sex workers, with no fear of abuse from law enforcement officials or violations from other parties. Through our free legal counselling, social support and capacity strengthening for trans sex workers in relation to access to justice, many trans sex workers feel strong, with self-esteem to respond to human rights violations they suffer from.”

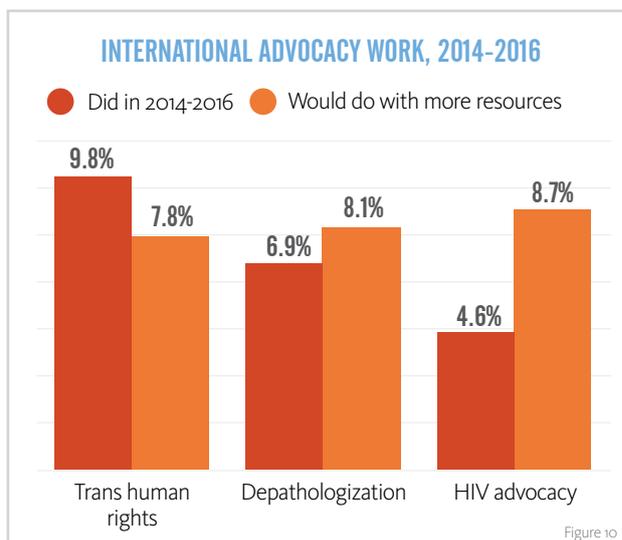
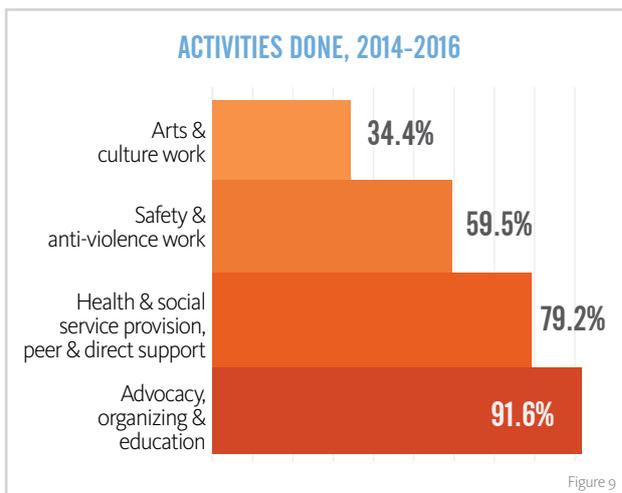
In the U.S., the **Solutions Not Punishment Collaborative (SNaP Co)** also emerged in 2013—when the Atlanta Police Department proposed an ordinance that would have increased fines and jail time, and “banished” those convicted of street-level sex work from certain parts of the city. By mobilizing communities disproportionately targeted and harassed by police, along with local businesses and

churches, SNaP Co stopped the ordinance from moving forward and advocated successfully for the creation of an official working group to find alternative, holistic solutions. The collaborative remains anchored by the four organizations that originally came together: **LaGender, Inc.**, a trans women-led organization; **Racial Justice Action Center**, an organization led by TLGBQ people of color; **Trans(forming)**, an organization led by trans, intersex and gender nonconforming people who were assigned female at birth; and **Women on the Rise**, led by formerly incarcerated women. It has also grown into a Black, trans-led collective made up of more than 40 local groups and hundreds of individual members working to challenge the criminalization of their communities. SNaP Co’s advocacy has yielded remarkable results in a short time. The city of Atlanta and Fulton County governments piloted and then launched, in 2017, a Pre-Arrest Diversion Initiative—a community-based program that aims to reorient police responses away from criminalization and toward connecting people to culturally competent social support services. “Pre-Arrest Diversion is so important to our community because it will stop the use of jail as a homeless shelter and a mental health facility, especially for trans people. Trans people fought for this initiative because ‘walking while trans’ is still treated like a crime in many neighborhoods and we need to put a stop to the harassment and arrests of our community,” said Executive Director of LaGender, Dee Dee Chamberlee.

ACTIVITIES

Trans activists use a variety of strategies to benefit their constituents, with the largest numbers focusing on advocacy, social service provision and safety and anti-violence work.

Trans groups reported doing a wide variety of activities, from advocacy and service provision to arts and anti-violence work. This section describes the different types of activities trans groups reported doing in the three years 2014 to 2016, as well as those they reported wanting to do but were precluded from doing due to lack of funding or resources. The groups were asked about activities in the following categories: (1) advocacy, community organizing and/or provider education; (2) health and social service provision, peer support or individual-level advocacy with trans people; (3) safety and anti-violence work, including documentation of human rights violations; and (4) arts and culture work. Groups could write in activities not mentioned in this list. The most common write-in response was research and studies related to trans people and their needs. More than nine in ten (91.6%) trans groups did advocacy, community organizing and/or community education while nearly eight in ten (79.2%) trans groups provided social services, peer support, individual-level advocacy or health care to trans people. Nearly six in ten trans groups did some form of safety or



anti-violence work (59.5%), while just over one-third did arts and culture work (34.4%).

Each of the categories described above included several subcategories, which were only asked of trans groups who said they did this type of work. Trans groups who did work in each of the broader categories above were also asked about subcategories of activities they wanted to do at the time they took the survey, but were precluded from doing due to lack of funding or resources. For example, those doing social service provision, peer support or individual-level advocacy with trans people were given the option to select subcategories (e.g., support groups, patient advocacy or peer support) that they are not currently doing but would do if they had more resources.

Trans groups do advocacy work at the international level and would do more work to include trans people in HIV/AIDS responses if they had more resources.

Just under one in ten (9.8%) trans groups have done work to influence an international or regional decision-making body to improve the human rights of trans people. Only 6.9% of trans groups did international depathologization work compared to 8.1% that would do this work with more resources. The largest gap in international advocacy activities was initiatives to make HIV/AIDS responses more inclusive of trans people; 4.6% do this work currently, while just under one in ten (8.7%) would like to do this work but cannot because of lack of resources.

Trans groups do advocacy at the national and local levels; with more resources, they would most like to do more work to improve access to employment and welfare benefits for trans people.

Nationally and locally, trans groups were most likely to work to persuade the media to cover trans issues, campaigns or policies favorably (46.0%), do advocacy for laws or policies that protect transgender people from discrimination (39.6%), and do advocacy for laws or policies that allow trans people to change their names and/or gender markers (39.3%). The most common activity trans groups wanted to do but could not was national advocacy for policies that improve access to employment, welfare benefits or livelihoods for trans people (38.7%). The largest gap between areas of work trans groups are currently doing and activities trans groups would like to do with more resources is national and/or local advocacy to decriminalize sex work.

Trans groups that reported doing national or local advocacy, community organizing and/or provider education were asked a series of questions about their training and community organizing activities (see fig. 12 on page 22). The most common activities undertaken in this category were: training for trans people about their rights (49.4%), community organizing or building community capacity to work towards a common, specific target or goal (44.5%), and training for health care providers about trans people (37.9%). The most common activities trans groups wanted to do, but couldn't because of lack of resources included, training for health care providers about trans people (36.1%) and running a campaign related to improving public perception of trans people (34.4%).

NATIONAL AND LOCAL ADVOCACY ACTIVITIES

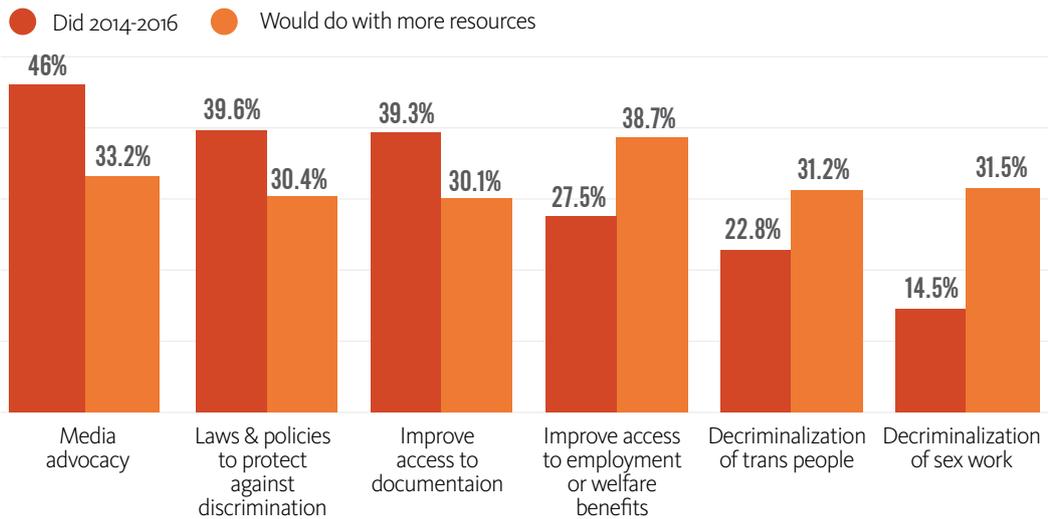


Figure 11

CASE STUDY

Leading the Call for Depathologization

Due to the efforts of trans activists, there is increasing recognition at the international level of the myriad ways in which trans people's human rights are violated daily. For example, the harmful impacts of pathologizing trans people have been condemned by human rights bodies in Africa, the Americas, and Europe as well as by multiple UN bodies and experts. A key contributor to these violations is the World Health Organization's (WHO) International Classification of Diseases (ICD), a diagnostic resource relied upon by governments, healthcare providers, clinical researchers, health insurance companies and pharmaceutical companies around the world. For years, trans people have been classified within the ICD as mentally disordered because of their gender identities and/or gender expression. This has contributed to the stigma, discrimination and exclusion that trans, gender-variant and intersex people experience and is used to justify human rights violations including forced sterilization, torture and ill treatment in healthcare settings, as well as barriers in access to healthcare and legal recognition.

For the first time in almost three decades, the ICD is undergoing revision, providing an opening to remove this harmful classification. Building on years of advocacy, **Global Action for Trans* Equality (GATE)** is coordinating an international initiative to ensure the depathologization of trans, gender-variant and intersex people within the ICD and prevent the introduction of any new pathologizing references—for example, a proposed

category of "gender incongruence in childhood." GATE has been mobilizing and supporting trans activists to participate in the ICD reform process, leading collective advocacy, engaging international experts and WHO staff, and monitoring the revision process to ensure this critical change happens. Mauro Cabral Grinspan, Executive-director of GATE, explains, "The current ICD revision is a historic process for trans and gender diverse people. It is not only about stopping us from being classified as mentally disordered, but also about ensuring our full access to legal recognition as well as gender affirming health care and its coverage on human rights grounds. Getting activists from all over the world involved is key to achieve depathologization."

Organizations working at the regional level are partnering in this process as well as localizing the campaign. **Iranti-org**, established in 2012, is a media advocacy organization defending the human rights of transgender, intersex and lesbian persons in Africa. In addition to joining the efforts led by GATE at the global level, Iranti-org has sought to increase understanding of the ICD's impacts within the growing trans movement in Africa, connect this to the discourse on decolonization, and spur engagement of African trans and gender-diverse activists in the reform process. As Iranti-org's director Jabulani Pereira emphasized, "Depathologization of trans



Iranti-org/Credit: Iranti-org

health care must go hand-in-hand with the decolonization of the legal and health care system in our respective countries in Africa. Our internalized oppression as trans people has been fed by ongoing pathologized, systemic oppression so that it's almost hard to imagine that trans people in Africa will ever be free from consequences of the WHO's historical pathology on our bodies." In 2017, Iranti-org published "Ending Pathological Practices against Trans and Intersex Bodies in Africa," a user-friendly toolkit to help activists, allies, health practitioners and researchers understand the links between access to gender-affirming health care, human rights, depathologization of trans and gender-diverse identities, and the ICD review process.²⁴ The issues are made real through stories from trans, gender diverse and intersex activists who illustrate how a pathologizing system impacts their access to health and legal recognition.

²⁴ "Ending Pathological Practices against Trans and Intersex Bodies in Africa" is available at: <http://www.iranti-org.co.za/content/Resources/ICD-pathologies-2017/Iranti-org-toolkit-2017.pdf>

Trans groups want to provide trans-specific health services and general health services to trans people, but many lack the resources to do so.

The most common health service that trans groups offered was providing or facilitating support groups for trans people; about two in five (42.5%) of trans groups had undertaken this activity. The most common activities trans groups reported wanting to do but couldn't because of lack of resources included: provide trans-specific health care (36.1%) and provide non-trans-specific health care (32.4%). Notably, many trans groups that did advocacy also provided services. For example, among those that do advocacy, 59.6% also provide or want to provide trans-specific health care services or primary health care services for trans people.

In terms of other service activities, the most common activities trans groups wanted to do, but couldn't because of lack of resources included: provide job training to trans people



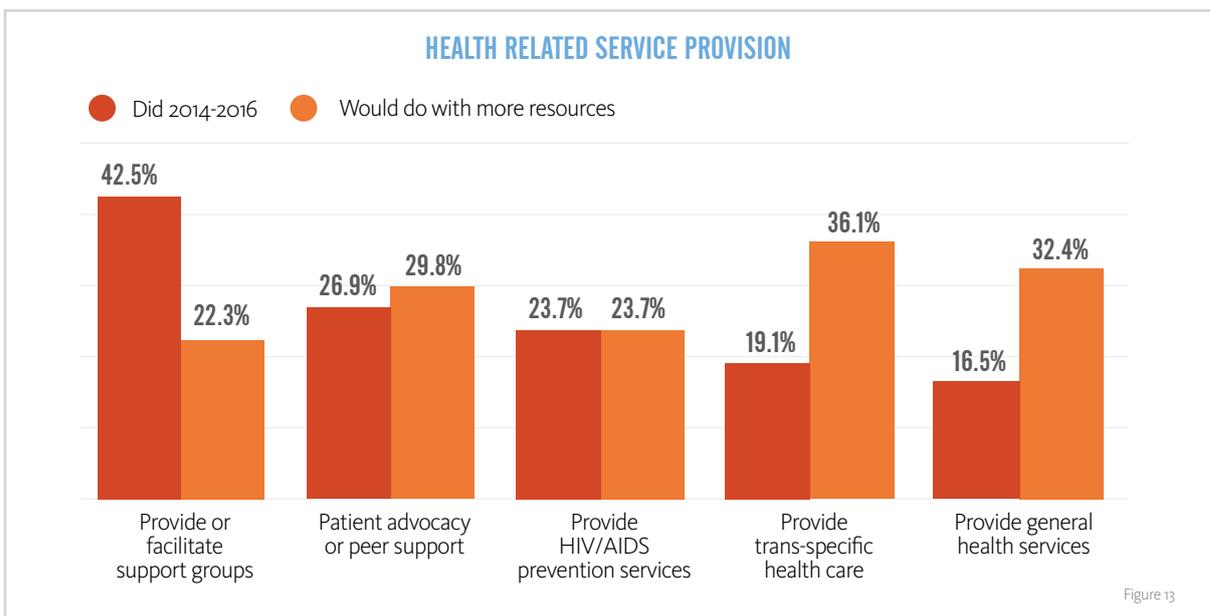
OTD Chile/Credit: OTD Chile

(38.2%); provide direct financial support to individual trans people for health-care costs, emergency care, scholarships, or similar (37.0%); and provide legal services or advocacy for individual trans people (34.4%).

The most common safety and anti-violence activities reported by trans groups were documentation of human rights abuses against trans people (28.3%) and holding events or vigils to recognize violence, abuse or murders of trans people (28.3%). About one in four groups would like to offer personal security planning for individuals who have experienced or fear police violence (25.4%) or other transphobic violence (24.6%), which was more trans groups than currently do these activities.

Trans groups do arts and culture work, including artistic production and storytelling.

In addition to doing media advocacy and running campaigns to improve public perception of trans people, trans groups do arts and culture work. About one in six (16.8%) trans groups did some type of artistic production, such as film-making, visual art, writing or performance, and about one in ten (13.0%) did storytelling. Just over one in ten (11.9%) would do some form of artistic production and just under one in ten (9.0%) would do storytelling if more resources were available.



CASE STUDY

Community-Led Programs for Realizing the Right to Health

The lack of access to respectful health care, including trans-specific care, in many parts of the world has enormous impacts on trans people's well-being. Trans-led organizations have taken it upon themselves to fill the gap where services are lacking, documenting community needs and developing holistic programs that respond to trans individuals' lived realities. They are providing much-needed medical and psychosocial support to trans communities—not just through referrals to friendly service providers but by developing their own trans-led programs. Trans activists are also conducting research with their communities and advocating to policy makers and national health institutions to address transphobia and improve the quality of care.

Asociación Salvadoreña de Transgéneras, Transexuales y Travestis (ASTRANS) was founded in 2007 in response to the high prevalence of HIV among trans people in El Salvador. Initially focused on combating stigma and discrimination related to HIV status and transphobia in the health sector, ASTRANS expanded its work to include human rights advocacy and addressing disparities in access to health care. Through its health clinic in San Salvador, ASTRANS provides responsive and high-quality care to more than 100 trans individuals. The only organization in the country to offer gender-affirming hormone therapy, ASTRANS also provides hormone therapy counseling and medical and psychological assistance, as well as facilitates access to free or low-cost medications and lab work. Dr. Modesto Mendizábal, an ASTRANS board member who oversees these services, explained, "These services enable transgender people to transition safely, effectively and satisfactorily—sometimes with the support of their family members, partners and friends—allowing them to experience physical, psychological and social well-being. ASTRANS also helps them to be aware of their own health, recognize risks and act upon them to reduce stress, depression and anxiety. We

help them to develop skills to deal with transphobia and exclusion, and provide referrals when they have other health problems or suffer some form of violence." For trans communities facing extreme levels of poverty, violence, social exclusion and family rejection, these services are vital.

In the tourist town of Pattaya, Thailand, **Sisters** has been providing psychosocial support and HIV programming that is responsive to the needs of the trans community for more than 10 years. With programs run entirely by trans women, the organization combines safe space with outreach to meet various communities of trans women—including youth, cabaret showgirls and sex workers—in the places where they live and work. The Sisters drop-in center offers social activities as well as health services; through a partnership with a local hospital, a trans nurse provides HIV testing and counselling. "We offer fast and convenient blood testing for HIV, STIs and hormone levels in a home-like environment. We're open until late. While people are waiting for test results, we welcome them as a part of the Sisters family of trans women in Pattaya," says As Sujira, who works at the center. Sisters' peer educators promote HIV prevention, make referrals and accompany community members to access trans-friendly government health services. They also conduct home visits, providing counseling, home-based care and support, and information on hormone therapy and gender-affirming surgeries. Outreach workers raise awareness of Sisters' services and distribute condoms and lubricants in parks, trans bars and clubs. This community-centered approach creates multiple ways for trans women to engage with the organization, increasing their access to health services and addressing HIV-related risks.

In the United States, the **Transgender Law Center's Positively Trans (T+)** project conducts research as well as policy and legal advocacy to address the structural inequalities driving high rates of

HIV and AIDS and poor health outcomes among trans communities. Launched in 2015, T+ is dedicated to the self-empowerment of trans people living with HIV, particularly trans women of color, who are disproportionately impacted by economic marginalization, homelessness, violence and barriers in access to healthcare. Led by a National Advisory Board of trans people living with HIV from across the U.S., T+ has produced groundbreaking research identifying the health and well-being concerns of trans people living with HIV and the systemic hurdles that they face in accessing care and other resources. The findings, which are illustrated by the real stories of community members, highlight the need for "comprehensive, affordable, trauma-informed, culturally competent health care" and the key role of economic support in promoting the health and autonomy of community members.²⁵ "By developing leadership and organizing skills, we are reclaiming our power and breaking down the isolation that so many of us experience," says Celia Chung, Senior Director of Strategic Projects at the Transgender Law Center. "When it comes to advancing trans rights, there is no better expert than the trans community ourselves. Positively Trans is a demonstration that we can speak as a collective while honoring the stories of resilience of all our brothers and sisters."

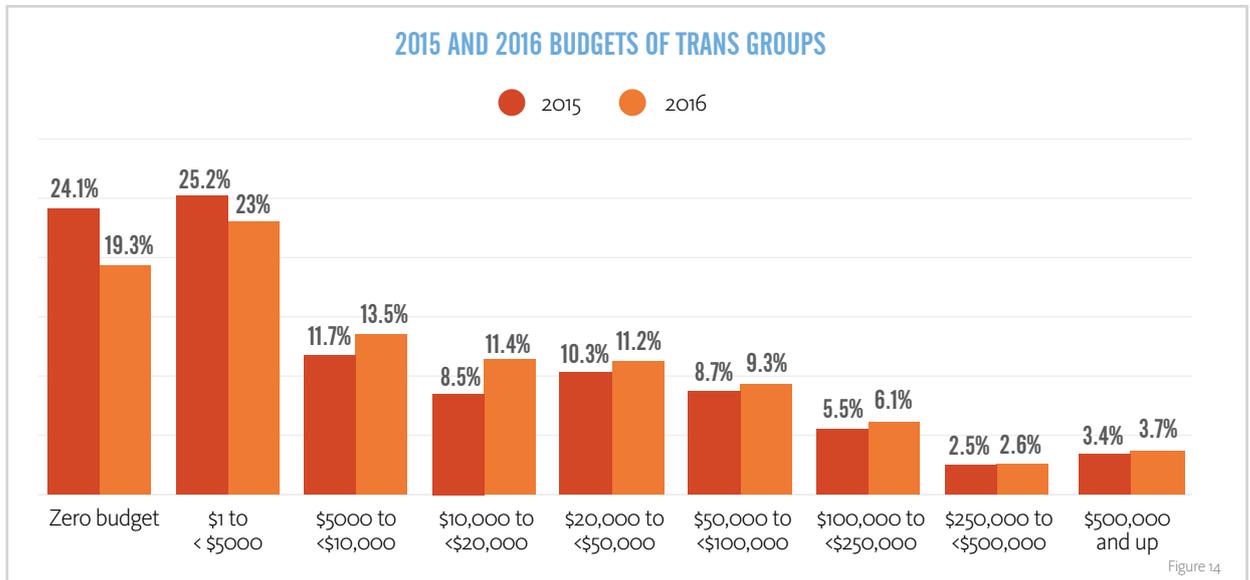
25 Chung, C., Kalra, A., McBride, B., Roebuck, C., and Laurel, S. (2016). *Some Kind of Strength: Findings on Health Care and Economic Well-Being from a National Needs Assessment of Transgender and Gender Non-Conforming People Living with HIV*. Oakland, CA: Transgender Law Center. Retrieved from: http://transgenderlawcenter.org/wp-content/uploads/2017/03/TLC_REPORT_SOME_KIND_OF_FINAL_REV3.pdf

BUDGETS, EXTERNAL FUNDING AND FINANCIAL STABILITY

TRANS GROUPS OPERATE WITH VERY LOW BUDGETS; MORE THAN HALF HAD BUDGETS OF LESS THAN US\$10,000 IN 2016.

Trans groups reported operating with very low budgets in 2015 and 2016. In 2016, more than half (55.8%) of trans groups responding to this survey had annual budgets of less than US\$10,000; nearly three-quarters (78.4%) had annual budgets of less than US\$50,000. The data suggests that there was a slight increase in budget size for trans groups from 2015 to 2016. Overall, the number of trans organizations with zero budgets and budgets of less than US\$5,000 decreased between 2015 and 2016. During the same time period, the number of groups with budgets of US\$5,000 or more modestly increased. However, these are only slight increases.

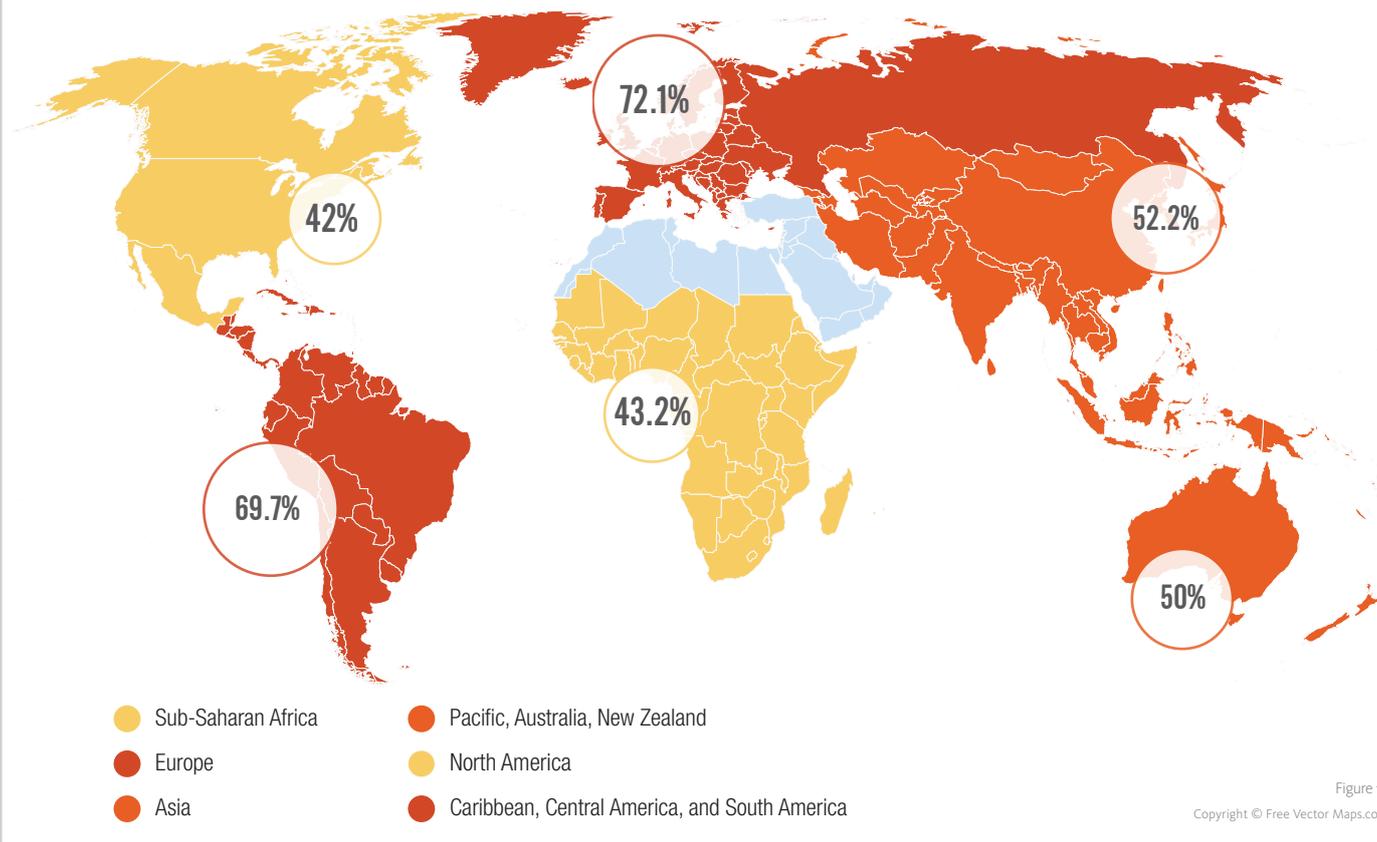
The percentage of trans groups with budgets of US\$10,000 or less varies by region from 42.0% in North America to 72.1% in Europe. The region with the second-largest proportion of trans groups that had budgets of less than US\$10,000 was the Caribbean, Central America and South America (69.7%). Even in regions where a higher proportion of groups have budgets of US\$10,000 or more, such as North America and Sub-Saharan Africa, still more than two in five groups had budgets of US\$10,000 or less in 2016.



Asia Pacific
Activists/
Credit:
Asia Pacific
Transgender
Network



UNDER 10K BUDGET IN 2016 BY WORLD REGION



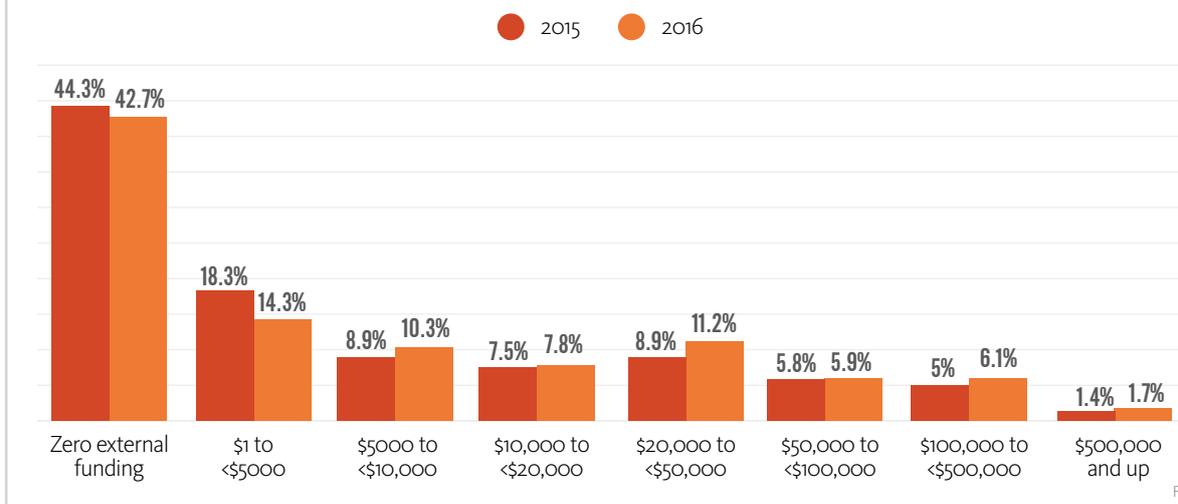
More than two in five trans groups have no external funding.²⁶

Trans groups were also asked about the amount of external funding they received in 2015 and 2016. In 2015 and 2016, more than two in five trans groups had no external funding. In 2016, more than two-thirds of trans groups had less than US\$10,000 of external funding. Overall, the number of trans organizations with less than US\$5,000 of external funding decreased between 2015 (62.6%) and 2016 (57%). Although

there is a positive trend in external funding for trans groups between 2015 and 2016, increases in annual budgets during the same period are modest and actual budget amounts remain small.

The proportion of trans groups that have no external funding varies by region. The Caribbean, Central America and South America (64.7%), Asia (45.2%) and the Pacific Islands, Australia and New Zealand (40.0%) have the highest proportion of

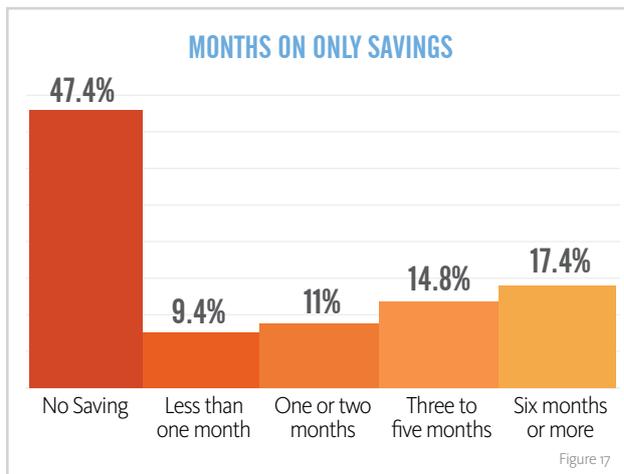
2015 AND 2016 EXTERNAL FUNDING OF TRANS GROUPS



²⁶ External funding included government and foundation funding and excluded community funding sources (i.e., membership fees, community fundraisers, events and individual contributions from founders or their family members).

groups with no external funding. North America has the greatest proportion of groups with external funding (73.2%), followed by Europe (64.4%) and Sub-Saharan Africa (63.2%).

Savings can be an important indicator of financial stability. Nonprofits are recommended to have between two and six months of savings in reserve for unforeseen expenses, cash shortfalls, replacement or repair of equipment or property or unexpected opportunities.^{xlvii} Trans groups were asked about the number of months they could operate if they suddenly stopped receiving any money from external sources and community fundraising. Almost half (47.4%) of trans groups reported having no savings, while just under one in five (17.4%) reported having six months or more of funding in reserve.



FUNDING SOURCES

Trans groups are most likely to receive funding from foundations and larger NGOs as sub-grants. All trans groups, but particularly autonomous trans groups, are unlikely to receive government funding.

Trans groups were asked about their funding sources and whether they had applied unsuccessfully for various types of funding between 2014 and 2016. Of the sources of funding measured in the survey, trans groups most frequently reported having foundation funding (40.2%) or a sub-grant from an NGO (29.6%). Nearly half (46.8%) of trans groups had not applied for foundation funding. Of the 53.2% that had applied for foundation funding, about one in four (24.5%) were not successful.²⁷ Fewer trans groups applied for government funding, and when they did apply, they were less likely to be successful. Just one in ten received embassy funding (10.0%), and even fewer (6.4%) received bilateral funding. Given that embassies are often used to provide more accessible funding to local, community-based organizations (which trans groups tend to be), it is particularly striking that only one in ten trans groups were accessing such funds.

Autonomous trans groups and trans groups with small budgets face a disadvantage in accessing government funding, including funds from state and provincial governments and bilateral donors. Trans programs of larger organizations were more likely to receive funding from state/provincial governments than are autonomous trans groups (16.7% vs. 7.8%, OR=2.35). Not surprisingly, given the application and reporting requirements of bilateral donors, which may require skilled finance staff or previously secured co-funding, groups with a 2016 budget of US\$20,000 or greater were over eight times as likely to be funded by a bilateral donor than groups with smaller or no budgets (15.0% vs. 2.0%, OR=8.54).

While foundations play an important role in the international funding landscape, the lack of access to government funding has significant implications for the level of resources that are flowing to trans groups across the world. Government funding is typically provided in significantly larger amounts than those provided by foundations. Increasing the amount of government funding available to trans groups will be instrumental to increasing the overall resources available to trans movements.

Trans groups are most likely to receive trans or LGBT/LGBTI-specific funding compared to funding for HIV/AIDS, human rights, health or other topics.

Trans groups were asked about the topic or focus area of funding they received or applied for unsuccessfully.²⁸ More than two in five (43.8%) trans groups responding to this survey had received trans-specific funding, just over one-third (34.4%) had received LGBT-specific funding and just over one in five (21.1%) had received HIV/AIDS funding. The type of funding trans groups were most likely to have applied unsuccessfully for was women's rights funding (13.3% applied unsuccessfully compared to 9.1% successfully, not statistically significant).

FOUNDATION FUNDING

Trans programs of larger organizations were more likely to receive foundation funding, as were trans groups located in high income countries. Regions least likely to receive foundation funding were Australia, New Zealand and the Pacific Islands, and the Caribbean, Central America and South America.

Overall, 40.2% of trans groups responding to this survey had foundation funding (see fig. 18 on page 27). Trans programs of larger organizations are more likely to receive foundation funding than were autonomous trans groups (42.9% vs. 39.8%, OR=1.13). The regions where a higher proportion of trans groups received foundation funding were North America (59.3%), Sub-Saharan Africa (46.2%) and Europe (39.0%). Regions where a lower proportion of trans groups received

27 Note: this only includes groups who had applied unsuccessfully; it excludes those who were not able to apply for other reasons (e.g., they could not find funding opportunities, the application was too long or complicated to complete or they were ineligible because they were not registered with their government, etc.).

28 Many donors fund by topical areas, or portfolios, such as trans-specific, LGBT-specific, women's rights, human rights, disability, children, youth or adolescents, HIV/AIDS and health.

foundation funding were the Pacific Islands, Australia and New Zealand (23.8%) and the Caribbean, Central America and South America (29.6%).

Nearly half (48.6%) of trans groups in high-income countries had foundation funding, compared to just under one-third (31.8%) of trans groups in low-income countries. Trans groups located in high income countries were more likely to have foundation funding than those in middle- and lower-income countries (48.6% vs 34.7%, OR=1.78).

Trans groups with foundation funding that responded to this survey experienced various levels of multi-year funding and general operating support. Of the trans groups responding to this survey that received foundation funding, three in four (75.0%) had general operating support from foundations. Given the small budget sizes of trans groups, it is likely that many of these grants are small but flexible. Nearly half (47.9%) of trans groups with foundation funding had no multi-year foundation funding.

NONFINANCIAL AND COMMUNITY FUNDING SOURCES

Trans groups are resourceful in obtaining cash or in-kind donations or raising funds from their communities in other ways.

Trans groups receive other types of nonfinancial support from external sources, as well as the funding from community sources. Nonfinancial support may come from other organizations working on allied or intersecting issues (e.g., in the form of donated staff time), foundations or government sources. In some cases, trans people and their families contribute their own resources to support the work of trans groups.

Trans groups were asked whether they had received a wide variety of nonfinancial support, including office or meeting space, mentorship, staff time, scholarships and fiscal sponsorship. More than two in five (44.0%) trans groups reported receiving office or meeting space as a form of nonfinancial support. One-third (35.8%) of trans groups received mentorship and slightly fewer

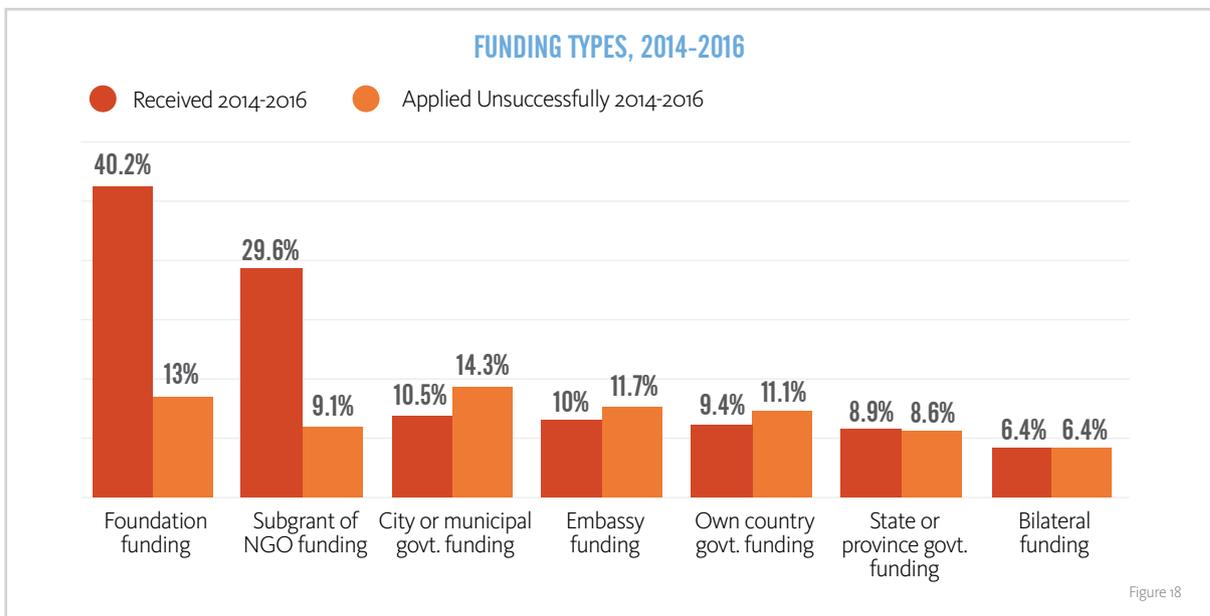


Figure 18

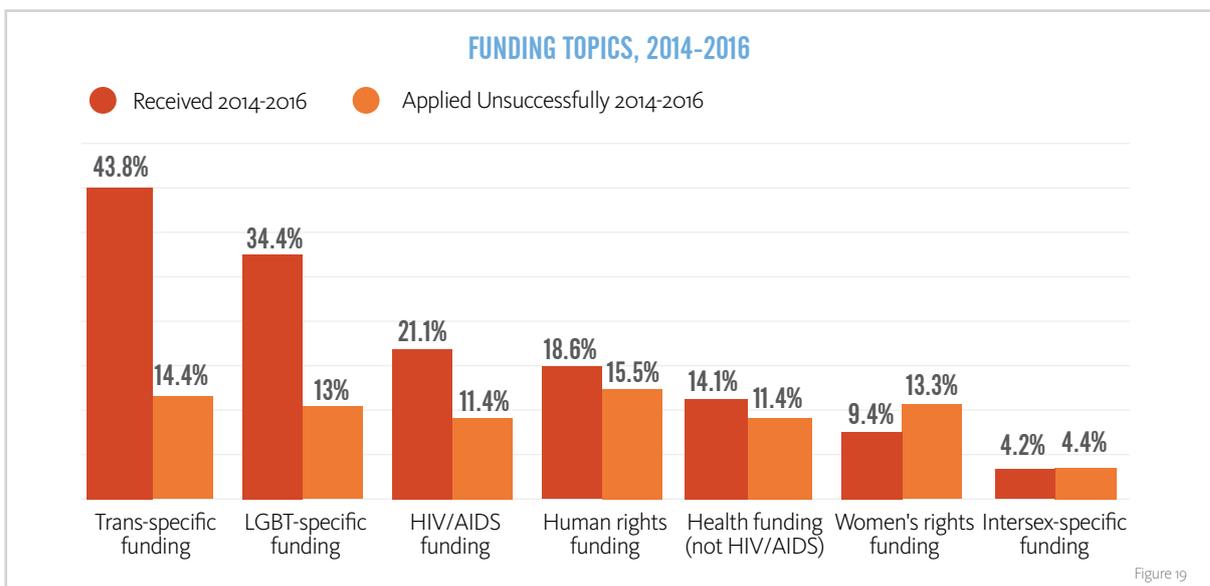


Figure 19

CASE STUDY

Opening Doors through Donor-Activist Collaboration

As trans activists and allies seek to expand the pool of resources available to trans-led organizing, collaboration with donors has emerged as an extremely effective strategy. A major barrier, cited among a range of donors^{xviii}, is the perception that trans groups lack the capacity to manage grants. This has especially been the case when it comes to government-related sources of funding, which according to this survey, are only being accessed by a small percentage of trans organizations. By coming together to discuss needs and strategies, and identify new opportunities, trans activists and donors have begun channeling more resources to trans groups with little or no access to funding. The following two examples demonstrate how creative new efforts are helping to support trans-led organizations, build relationships among them, and further expand access to funding at local levels.

In an unprecedented 2013 meeting in Berlin, trans activists and international funders came together to discuss the needs of the trans community, how to improve collaboration between them, and how to direct more and better funding to the global trans movement.^{xlix} As a key follow-up step to the convening, a small working group of trans activists and funders held consultations with their peers and then organized a 2015 meeting in Istanbul to discuss the feasibility of creating a new fund to support trans organizing around the world.^l They agreed there was a vital need for a dedicated fund to provide sustainable resources to trans-led movements and close the funding gaps impacting trans groups. Over the following year, an interim steering committee comprised primarily of trans activists and a small number of public and private donors developed the fund's structure, identified a fiscal host, hired staff and secured seed funding.

This deliberate and thoughtful collaboration led to the launch of the **International Trans Fund (ITF)** in 2017. Hundreds of groups responded to its first open call for applications. The ITF itself embodies the

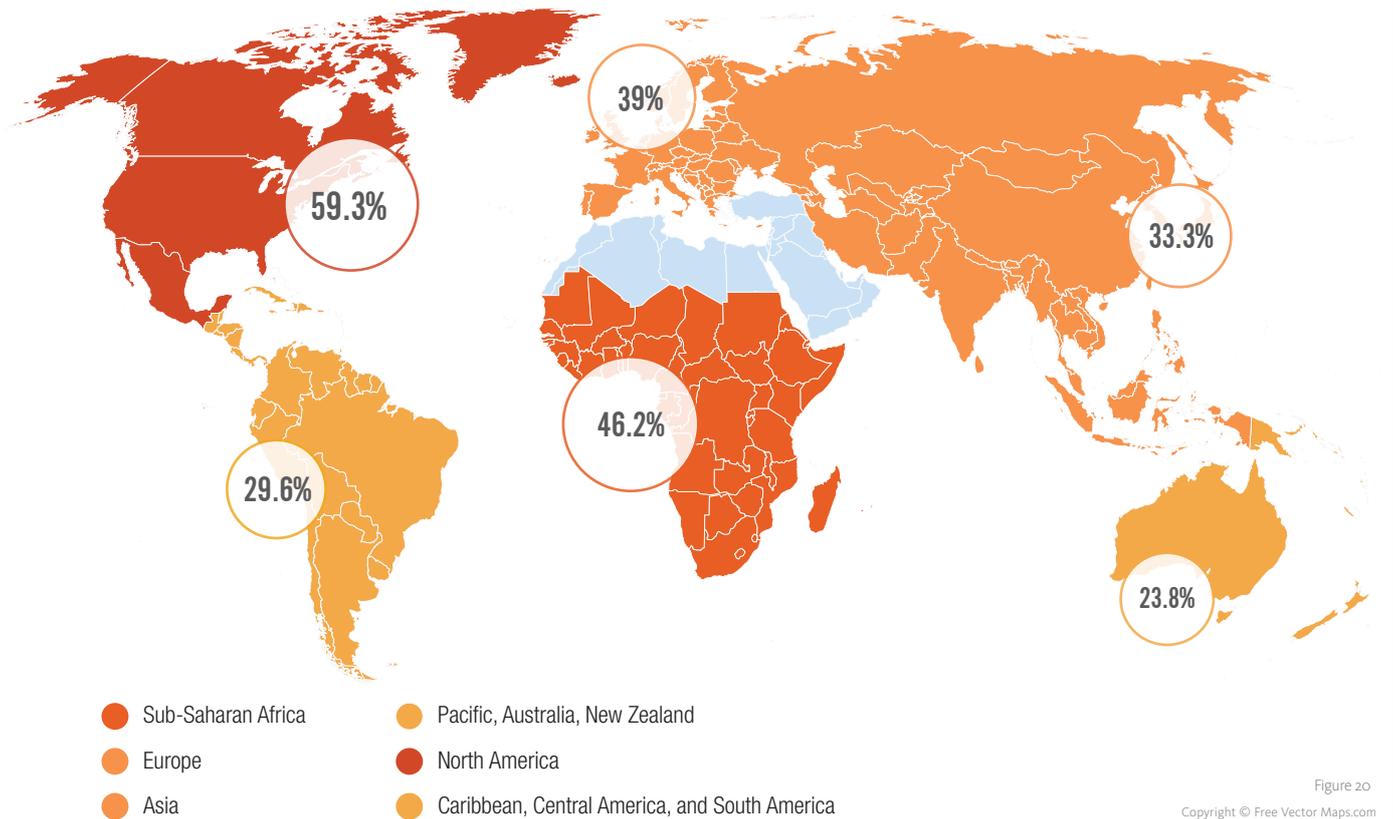
criteria required of applicants: trans people are in decision-making roles and trans people make up the majority of the fund's staff, spokespeople, and decision-making bodies. A grant-making panel of trans activists reviews proposals and provides recommendations to the latest iteration of the donor-activist steering committee. In addition to increasing the capacity of trans communities to self-organize and advocate for their rights, the ITF strives to expand the resources available for this work by engaging new allies and funders. As the ITF's director, Broden Giambone, explained, "Building trans leadership is at the core of what the ITF does. We know that trans people are creative and resilient, and fully capable of creating, improving and sustaining their communities and movements. But they need resources and support. What is special about the fund is that we bring together trans activists and donors to address the chronic under-funding of trans work and support the development of the trans movement."

Through partnerships developed over the past five years, **Transgender Europe (TGEU)** has demonstrated how far-reaching and valuable collaboration between donor governments and trans organizations can be. In 2013, TGEU applied for a grant from the Global Equality Fund (GEF), which is administered by the U.S. Department of State and pools resources from governments, foundations and corporations. TGEU leveraged its position as an international, member-based organization to secure resources for its ProTrans Project. The grant enabled TGEU to provide sub-grants and support to grassroots trans-focused organizations in Serbia, Hungary, Moldova, Turkey and Kyrgyzstan. Working collaboratively, TGEU developed an online multi-language monitoring tool to enable project partners to document violence against trans people in their countries and helped them to design community outreach strategies to encourage reporting. Funds channeled through TGEU also supported local groups to aid trans victims of violence and advocate to their governments.

In 2016, TGEU seized the opportunity to apply for funds from the German Ministry for Foreign Affairs. TGEU now receives the only trans-related grant from a pool earmarked for civil society exchange and has been able to expand the ProTrans Project to include organizations in Siberia, Ukraine, Georgia, Armenia and Germany.

The partnership with TGEU increased the GEF's understanding of human rights issues impacting trans communities, and helped to inform the GEF's first trans-specific call for applications, to which TGEU successfully applied in 2015. With renewed funding from the GEF, the two complementary streams of funding are enabling local groups to continue monitoring violence and to develop relationships with mainstream organizations working with survivors of violence, civil society groups and state agencies. By facilitating the project, TGEU has reduced the reporting burden of local partners and, at the same time, helped them grow and gain access to other sources of funding. With the wealth of data gathered through the monitoring system, TGEU is a key contributor of information on gender identity-related violence in Europe and Central Asia—a role that is all the more important given that only a handful of governments track data that is disaggregated in this way. This information now informs the annual hate crimes report of the Organization for Security and Cooperation in Europe. It is also being used effectively at the local level; for example, partner organization **Labrys Kyrgyzstan** used information gathered through the Pro-Trans Project to submit a report for the country's United Nations Universal Periodic Review and secured commitments to prevent and address violence against trans people.

FOUNDATION FUNDING BY REGION



(34.1%) received staff time. Around three in ten (30.2%) trans groups received scholarships, and just over one in ten (10.5%) received fiscal sponsorship. In addition to reporting whether they had received the types of support listed above, groups reported write-in responses, the most common of which included food and supplies, with 2.6% writing in this response.

Community funding sources are those derived from donations from individuals or businesses, community fundraisers or events, a founder or founder's family, membership fees or those provided from insurance reimbursements. More than six in ten trans groups received cash or in-kind donations from individuals (61.2%); this was the most common community funding source for trans groups. Nearly two in five (39.4%) trans groups derived funding from community fundraisers or events, just over one in four (27.2%) received funding from a founder or founder's

family member, and a similar number received cash or in-kind donations from businesses (25.4%). Just over one in six (14.4%) trans groups received no funding from community sources.

FUNDING CHALLENGES

More than three-quarters of trans groups reported experiencing at least one barrier to finding funding opportunities; the most common barrier was: funder's websites do not state an interest in funding trans groups.

Given that the 2013 survey demonstrated that trans groups across the world are under-resourced, one of the key reasons for undertaking the 2016 survey was to understand the specific obstacles faced by trans groups in accessing funding, so donors can mitigate them and/or the capacity of trans groups can be built to overcome them. Funding challenges fell into three broad categories: 1) problems finding funding, 2) problems applying for funding and 3) problems implementing grants. Each of these broad categories contained four or five specific sub-barriers. For example, a sub-barrier of problems finding funding was: funder's websites/open calls do not state an interest in funding trans groups. Data are presented from the broad categories, as well as the subcategories.

More than three-quarters (75.8%) of trans groups reported experiencing at least one barrier to finding funding opportunities. The most frequently reported barrier, which more than two in five trans groups (44.8%) experienced, was that funder's websites did not state an interest in funding them. This was followed by just over one-third (34.6%) of trans groups that said they found funding opportunities but were not sure if they were good candidates. Over one in four (26.0%) trans groups

COMMUNITY FUNDING SOURCES RECEIVED, 2014-2016

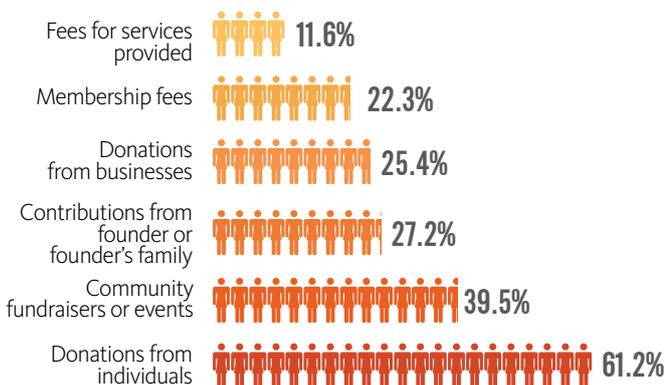
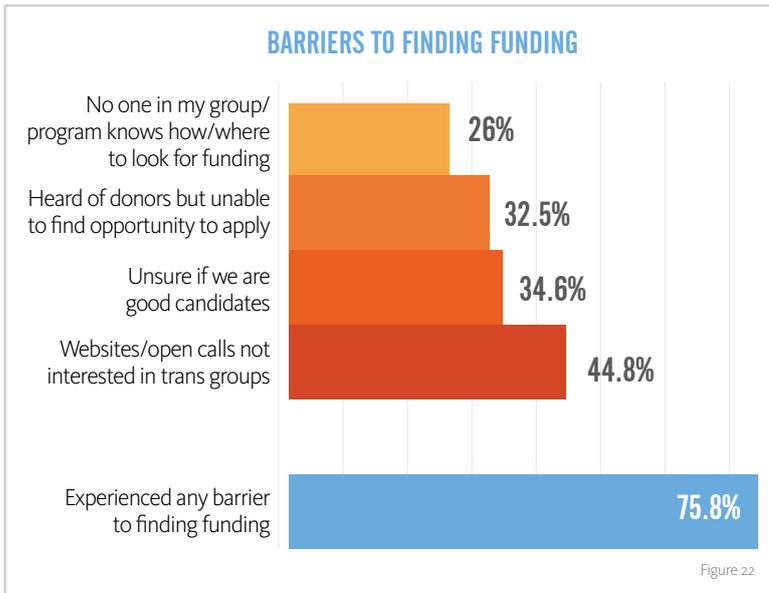


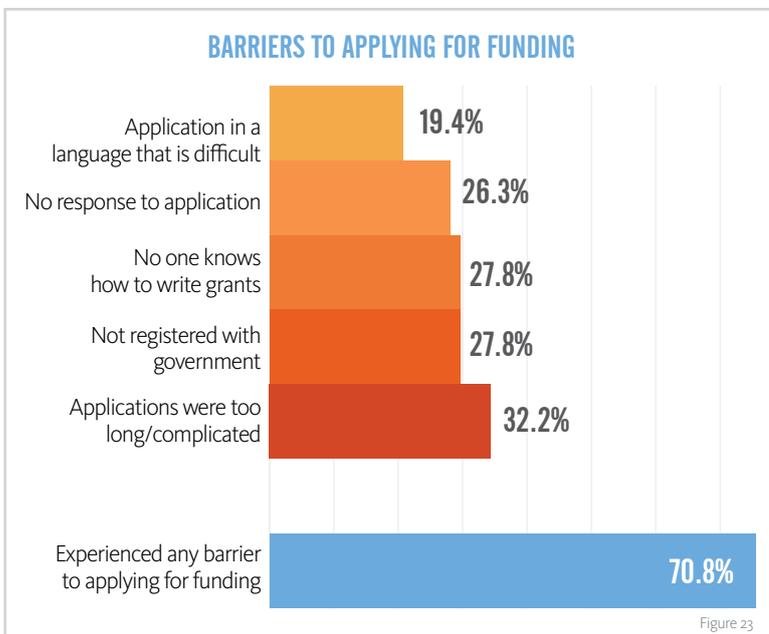
Figure 21



surveyed reported that no one in their group or program knew how/where to look for funding.

Seven in ten trans groups reported at least one barrier to applying for funding; the most common barrier was applications were too long or complicated.

Once trans groups found relevant funding opportunities, they reported a series of barriers to applying, including applications being too long or complicated, their group not being registered with the government, funders not responding to their applications, not having staff that know how to write grants, and the application being in a language that was difficult for the group to read or write. Seven in ten (70.8%) trans groups reported at least one barrier to applying for funding.

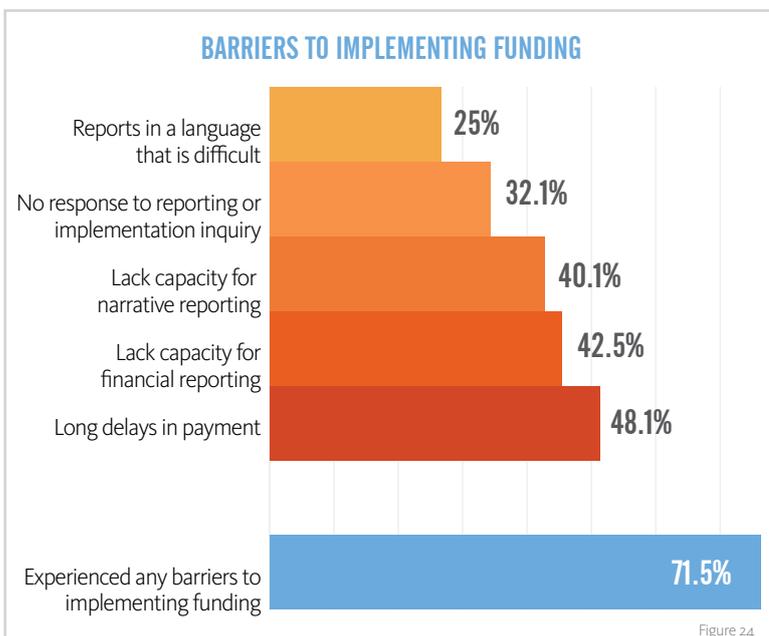


About one-third (32.2%) of trans groups said funding applications were too long or too complicated. More than a quarter of trans groups said that their group not being legally registered (27.8%) with the government was a barrier to applying for funding opportunities. A similar number reported a lack of staff who knew how to write grants (27.8%) and not receiving a response to their application (26.3%) as barriers. Nearly one in five (19.4%) said the application was in a language that was difficult to read or write.

Groups were also asked to write in responses about barriers to applying for funding, the most common of which included having limited staff capacity (6.3%) and not having opportunities well-suited to grassroots groups (3.9%).

Of trans groups who received any external funding, more than seven in ten reported at least one barrier to implementation; the most common barrier was long delays in payment.

Trans groups also reported facing barriers once they received funding, including long delays in payment (48.1%), lack of staff/volunteers who knew how to complete financial reporting (42.5%) or narrative reporting (40.1%) for the grant, long delays or no response from funders (32.1%) and grant reports required in a language that was difficult for their group (25.0%). More than seven in ten (71.5%) trans groups who received external funding reported at least one barrier to implementation.²⁹



Groups were also asked to write in additional barriers to implementing funding, the most common of which was that funding provided does not include sufficient resources for operational expenses, including staff (4.0%).

When funding requests are denied, donors are most likely to tell trans groups they are too small or lack capacity or that they fund LGBT or LGBTI groups, but not trans groups.

Trans groups were also asked to report the responses they received from donors when their funding requests were denied. More than a third of trans groups reported receiving feedback from donors that their group was too small or lacked capacity (36.7%) or the donor funded LGBT or LGBTI groups but did

²⁹ Barriers to implementation are reported for all groups that reported receiving external funding in 2015 or 2016.

not want to fund a trans-specific group (36.1%). Slightly fewer (35.7%) said that donors did not fund in their country and just under a third (30.6%) were told that trans people are not a key population for the donor's work.

Groups were also asked to write in additional feedback they had received from donors who declined to fund them, the most common of which were that they had not received feedback or received only a generic rejection letter (6.8%) and that donors did not fund unregistered groups (1.7%).

TRAINING AND CAPACITY BUILDING

Trans groups need and are not receiving enough support for healing from trauma or burnout prevention, as well as organizational development, such as budgeting, financial management and fundraising.

The capacity-building needs of trans groups responding to this survey exceeded the capacity building they received between 2014 and 2016 in the areas of advocacy and community organizing, organizational development, media training and mentorship and leadership development. The largest gaps between types of capacity building received and capacity-building needs were in the areas of finding and responding to funding opportunities (17.0% vs. 79.2%), healing, anti-trauma work or burnout prevention (18.1% vs. 76.5%) and budgeting and financial management (21.9% vs. 70.4%).

Overall, capacity-building needs were highest in the area of organizational development, including fundraising and grant writing (79.2%), budgeting and financial management (70.4%), monitoring and evaluation (69.1%) and developing effective programs and services (68.0%). We found that these needs are compounded for trans groups that do not receive any external funding; these groups are both less likely to receive training or capacity building support and more likely to need it (data not shown).

Trans groups expressed a greater need for media training to work with traditional news media, such as newspapers or television (64.6%) than for using social media effectively (55.2%) (t=3.76).

TRAINING IN ADVOCACY AND COMMUNITY ORGANIZING

● Received in 2014-2016 ● Current Need

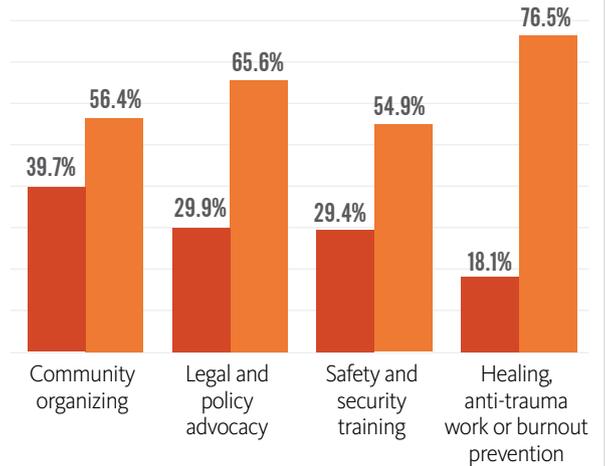


Figure 25

Between two in five and half of trans groups responding to this survey reported attending international, multinational and national gatherings as a form of capacity building—both those directly related to trans issues and those on other topics that are relevant to the work of their group. Yet, a similar number of groups reported wanting or needing this type of capacity building, especially for opportunities at the international level (data not shown).

Nearly two-thirds of trans groups report needing leadership development, compared to only one third who received this type of support.

Over two in five (41.2%) trans groups reported receiving mentorship from another organization, while more than half (57.1%) reported wanting this type of support. Nearly two-thirds (65.8%) of trans groups reporting needing leadership development, while nearly one-third (32.9%) reported receiving this type of support. Trans groups were also asked to write in their capacity building needs, the most common of which included learning how to do community fundraising (5.2%) and donor cultivation (5.2%).

ORGANIZATIONAL DEVELOPMENT TRAINING

● Received in 2014-2016 ● Current Need

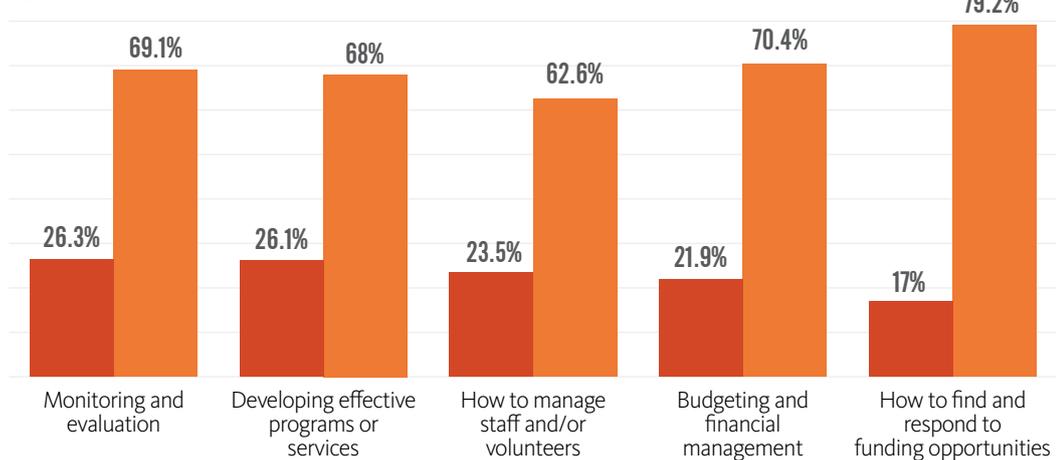


Figure 26

WHERE HAVE WE BEEN AND WHERE ARE WE GOING?

The opportunity to look back to the data from the first trans organization and funding survey in 2013 to learn what has changed was a strong motivation for repeating the survey in 2016. This section discusses what has changed for trans groups in the past three years, including improvements and persistent challenges.

Before comparisons can be made, it is important to understand the differences in the sample of trans groups that participated in 2013 and 2016. In 2013, 340 trans groups participated, compared to 455 in 2016. The surveys in 2013 and 2016 were not done as a longitudinal study, meaning that the same trans groups were not followed over time. Just over one in six (15.7%) groups reported taking the survey in both 2013 and 2016. Further, over two in five (41.0%) trans groups participating in the 2016 survey were founded between 2014 and 2016, so couldn't have participated in the 2013 survey.

In 2016, more trans groups from the Global South and East took the survey. Specifically, the proportion of respondents who took the survey from Northern Europe, Western Europe and North America declined from 39% in 2013 to 30% in 2016. Many more autonomous trans groups took the survey in 2016, perhaps because the recruitment method in 2016 solicited groups or programs that worked “specifically and primarily” on trans issues. However, this shift may also reflect more trans work being done by autonomous groups in 2016. In 2013, 45% of trans groups responding to the survey were programs of larger organizations, compared to only 15% in 2016. The difference in sampling limits the ability to compare 2013 and 2016 data.

For example:

1. More autonomous groups in the sample may make the trans leadership numbers appear elevated. Since autonomous trans groups are more likely to have trans people in leadership, having more autonomous groups in the sample would logically result in trans people expressing more facets of leadership in 2016.
2. Numbers related to annual budgets and paid staff may be depressed in 2016, because the sample consists of more autonomous groups, which are less likely to receive external funding or have paid staff. In this way, persistent challenges related to budgets and paid staff may mask gains since 2013.

The most significant improvements in the experiences of trans groups between 2013 and 2016 include:

- **Trans Leadership:** In 2013, about two in five trans groups had most or all trans people making financial decisions,



compared to two-thirds (67.1%) of trans groups for which more than half of the financial decision-makers were trans people in 2016. Note that the higher proportion of autonomous trans groups in 2016 may explain such improvements in leadership.

- **External Funding:** In 2013, half (50%) of trans groups had external funding, compared to more than two-thirds (68%) in 2016.
- **Foundation Funding:** In 2013, just over one-quarter (27%) of trans groups had foundation funding, compared to 40% in 2016.

Persistent challenges in the experiences of trans groups between 2013 and 2016 include:

- **Annual Budgets:** More than half (54%) of trans groups had an annual budget of less than US\$10,000 in 2013, compared to 56% in 2016.
- **Paid Staff:** About half (51%) of trans groups reported having any paid staff in 2013, similar to 50% in 2016. There was a decrease in the percentage of groups that reported full-time staff from 45% in 2013 to 34% in 2016.
- **Capacity-Building Needs:** In 2013, nearly two-thirds (64%) of trans groups reported wanting skills training in fundraising and grant writing, compared to almost eight in ten (79%) in 2016. In 2013, about two in five (39%) of trans groups wanted skills training in budgeting and financial management, compared to more than seven in ten (70%) that wanted this type of training in 2016. The increase in the need for skills related to organizational development may be in response to the growing funding opportunities for trans groups and the eligibility requirements for particular types of funding.

The types of funding trans groups receive has also changed between 2013 and 2016. For example, in 2013, more than half (58%) of trans groups received funding to do HIV/AIDS prevention work, compared to less than a quarter (24%) who received this type of funding in 2016. Again, this could be because programs of larger organizations may be more likely to receive HIV/AIDS funding than autonomous groups.

GLOSSARY

ASSIGNED SEX: The sex recorded when a child's birth is registered.

BASE BUILDING: Growing the membership of your organization/group or campaign.

COMMUNITY ORGANIZING: Building community capacity to work towards a common, specific target or goal.

DEPATHOLOGIZATION: The aim of challenging the cultural understandings and medical and mental health classifications that view being transgender as a disorder, a defect or an illness. Depathologization is a political goal of many trans activists who want the world to view being trans as a personal identity, not an illness or disorder, while ensuring trans people's full access to legal gender recognition, transitional healthcare and its coverage.

EXTERNAL FUNDING: Funding sources that include government and foundation funding and exclude membership fees, community fundraisers, events and individual contributions from founders or their family members. It is a measure of the combined support trans groups receive from government, private and public donors.

GENDER: The attitudes, feelings, expression and behaviors that a given culture associates with a person's biological sex. Behavior and expression that are compatible with cultural expectations are referred to as gender-normative; behaviors and expression that are viewed as incompatible with these expectations constitute gender variance or gender nonconformity.

GENDER MARKER: The sex recorded on formal identification documents. Gender markers initially correspond to the sex assigned at birth. Trans people may want to change their gender marker to better match their gender identity or expression, which may or may not be possible depending on local regulations.

GENDER NONCONFORMING: Gender nonconforming (GNC) people are people who express their genders differently from society's expectations, reject "male" and "female" as the only gender possibilities and/or blend genders. Gender nonconforming people identify their genders in a variety of ways; in addition to "gender nonconforming," the terms "genderqueer," "nonbinary" and "gender variant" are also used, in addition to locally specific terms. In this survey, the presence of people who identified as both trans and gender nonconforming were measured, as opposed to those who only identified as gender nonconforming or a related term.³⁰

HUMAN RIGHTS VIOLATION: The violation of universal legal guarantees that protect individuals and groups against actions that interfere with fundamental rights, freedoms and human dignity. Human rights violations may be civil, political, social, economic and/or cultural. For human rights violations facing transgender people, see page 9.

LGB/LGBT/LGBTI: Abbreviations in various configurations for the words "lesbian", "gay", "bisexual", "transgender" and "intersex".

TRANSGENDER: People whose gender identity or expression differs from the sex assigned at birth. Some transgender people identify and present themselves as either a man or a woman; others identify with a gender nonconforming or nonbinary gender category. Transgender people identify themselves by many different terms, some of which are specific to local cultures, including transgender, transsexual, fa'afafine, travesti, hijra, genderqueer or transpinoy—to name just a few. This report uses "trans" as an abbreviation for transgender.

TRANSGENDER OR TRANS GROUP: A phrase used to describe an autonomous (independent) group, whether registered or unregistered, that was not part of any other group. The word "program" was used to describe those that are part of or are housed within other groups.

TRANSGENDER OR TRANS LEADERSHIP: For this survey, the following five aspects of leadership were measured: (1) financial decision making; (2) strategic decision making; (3) representation to the media; (4) representation in political spaces; and (5) representation of the group's work to donors and funders.

TRANSMASCULINE: People are assigned female at birth and now identifies primarily as male or masculine in their gender identity and/or gender expression. This report uses "transmasculine" as a shorthand for a broader category that includes transgender men, transmasculine people and trans men.

TRANSFEMININE: People are assigned male at birth and now identifies primarily as female or feminine in their gender identity and/or gender expression. This report uses "transfeminine" as a shorthand for a broader category that includes transgender women, transfeminine people and trans women.

³⁰ Note that GNC was only included here as a subset of the broader category of trans to avoid the inflation of trans leadership statistics in this study.

1. SUPPORT TRANS GROUPS BY CONTINUING TO IDENTIFY NEW GROUPS TO FUND, PARTICULARLY THOSE NOT RECEIVING A GRANT FROM ANOTHER FOUNDATION DONOR AND IN REGIONS WHERE A SMALLER PROPORTION OF TRANS GROUPS HAVE ACCESS TO FOUNDATION FUNDING.

Even though the proportion of trans groups with external funding and foundation funding has improved since 2013, trans groups continue to struggle with low budgets. Although there was a solid increase in the number of groups that receive foundation funding between the 2013 and 2016 surveys, foundation donors are not equitably reaching trans groups across the different regions of the world. Sixty percent of trans groups still do not receive foundation funding. Regions less likely to be reached by foundation donors include the Pacific Islands, Australia and New Zealand, the Caribbean, Central America and South America.

2. Increase the amount of funding available to trans groups, both through giving larger, longer-term grants and generating interest in trans issues among new donors.

In 2016, more than half of trans groups had a budget of less than US\$10,000. Just half had paid staff. Small budgets and few paid staff make it difficult for trans groups to attract and retain staff and sustain and grow their groups. Larger and more grants will make it possible for trans groups to build organizational infrastructure and expand their areas of work.

3. Government funders, both bilateral donors and national, state or municipal governments, should prioritize increasing access for trans groups to the human rights and development funding they provide.

Trans groups are most likely to get foundation funding or a sub-grant from an NGO, but very few have been able to access government funding. Just one in ten had received funding from an embassy in their country, while even fewer received funding through a bilateral development agency. For donor governments, trans issues should be prioritized in their international development assistance policies, with resources allocated to ensure that staff implementing such policies across the world understand the human rights and development issues facing trans communities. Bilateral development agencies should identify solutions to the current barriers faced by trans groups across the world in accessing funding. Embassies that provide community-level or local-initiative funding should prioritize engagement with, and funding of, local trans groups and communities.

4. Find new donors to support trans groups and encourage them to explicitly state their interest in funding trans work.

Donors funding trans work need to bring new funders into the field, particularly government funders, and encourage those interested to be clear and vocal about their support. The most common barrier trans groups face in finding funding is that funders' websites or open calls do not state an interest in funding trans groups. Given their limited capacity, trans groups want to know that a funding application

will be viable before investing the time in applying. More donors in allied fields, such as LGBTI, health, human rights and women's rights could make explicit their willingness to fund trans-specific groups in their websites and open calls to address this barrier.

5. Lower barriers to trans groups' access to funding; simplify applications and be flexible in application and reporting processes.

A large number of trans groups find funding applications and reporting to be difficult to complete, both because the requirements are too long or complicated and because their staff lack capacity. About one-third of trans groups said funding applications were too long or too complicated and over one-quarter reported that no one who worked for their group knew how to write grants. Donors could also do a better job of communicating with trans groups about funding, including when a funding request is denied, when there are delays in initial and subsequent payments and when there are queries about grant implementation. After grants are disbursed, donors could address the delays in payment reported by trans groups by communicating clearly about expectations and finding mechanisms to disburse resources more quickly in response to community needs.

6. Support autonomous groups and those with more trans leaders and decision-makers, especially those with leadership that reflects their constituents. This will bolster support for transfeminine leadership.

It is critical that groups representing trans people include trans people in leadership and decision-making positions and that groups led by people who reflect their constituents are able to access funding. Autonomous trans groups have larger percentages of trans people represented in decision-making roles; these groups are more than twice as likely to have a trans executive director than are programs housed in another organization. Autonomous groups were more than twice as likely as programs of larger organizations to have transfeminine people as executive directors.



BreakOUT!/Credit: BreakOUT!

7. Support capacity building and training opportunities for trans groups, particularly those related to organizational development and healing from trauma and/or burnout prevention.

Trans groups are addressing serious and widespread human rights issues facing trans communities, without the human and financial resources that they need. Unsurprisingly, when reporting on training or capacity-building needs, one of the largest gaps identified by trans groups was related to healing, anti-trauma work or burnout prevention. Fewer than one in five trans groups received training on this topic, compared to more than three-quarters that reported needing it. Trans groups also need capacity-building support related to organizational development, particularly how to find and respond to funding opportunities and budgeting and financial management. Capacity-building needs are compounded for trans groups that do not receive any external funding; these groups are both less likely to receive training or capacity-building support and more likely to need it.

8. Invest in activities that trans groups prioritize but cannot do because of lack of funding, particularly those related to securing a sustainable livelihood and advancing struggles for economic justice.

Between a quarter and two in five trans groups would like to do national advocacy for policies that improve access to employment, welfare benefits or livelihoods, provide job training, provide trans-specific or general health services to trans people and provide personal security planning for individuals who have experienced or fear police violence. By increasing funding in areas trans groups prioritize and where funding is currently scarce, grantmakers can increase the impact of work in much-needed program areas. Donors interested in funding trans groups can consider proposals in these topical areas or work with donors focusing in these topical areas to ensure they fund trans groups.

The survey used Qualtrics software and was available online (survey participants were given the opportunity to take the survey via phone with assistance from trained research staff; however, none elected to use this option). All respondents were asked about their group's location, founding year and organizational structure, as well as the percent of trans people represented on staff, in leadership and in decision-making bodies and roles. They were also asked about the amount and types of funding they received, barriers to funding, the types of work they did and wanted to do, their constituents and the types of training and capacity building they received and needed.

In order to be included in the final dataset, survey respondents must have agreed that the group they represent works “specifically and primarily with trans people or on trans issues,” have consented to take the survey and must have provided, at minimum, information about the country location of their group.³¹ The data were also de-duplicated, with six surveys being removed due to having an identical location, founding year and 2015 and 2016 budget size with another survey. Answers to questions reported by groups that did not fully complete the survey are included in the final dataset and reported statistics. Survey respondents were provided the opportunity to request a copy of the report and to take part in the case studies; in order to preserve anonymity, these data were collected on a separate platform from the survey and cannot be linked to survey responses.

Primary channels of survey outreach included the grantees of AJWS and Astraea, and outreach through other donors that provide support to trans groups, including the members of the Global Philanthropy Project's Trans Funding Working Group and the Trans Funding Working Group of Funders for LGBTQ Issues. In addition, outreach was done to the International Trans Fund, the Fund for Trans Generations and the Trans Justice Funding Project to reach their grantees and applicants. Outreach by and for activists was also done through the GATE and SOGI listservs, as well as directly with trans activists attending the ILGA World Conference. To ensure sufficient representation from different world regions, select trans groups and individuals were enlisted to do direct outreach to groups in the countries where they work with weekly response monitoring. Additional staff time dedicated to outreach was provided by Astraea and Strength in Numbers. All outreach materials were translated into the languages offered for the survey. GATE, Astraea and AJWS also promoted the survey at relevant activist and donor conferences.

Strength in Numbers, the consulting group retained for this project, performed data analysis in Stata statistical programming software. Percentages were not reported for questions that had fewer than 5 respondents in the numerator or 20 in the denominator. This policy protects the respondents from being identified and decreases the likelihood that findings are artifacts of a small sample. Individual survey questions were calculated as percentages of valid totals; if a survey respondent skipped a question, this group was not included in the denominator of that specific question. With the exception of geographic location, no data are imputed and thus the statistics may not match other analyses in which imputation was performed. Due to rounding, some categories may add up to slightly more or slightly less than 100%.

Limitations

The data in this report come from a convenience sample and may underrepresent groups that do not have access to channels of dissemination that were used. It is not possible to quantify the differences between this sample and the larger population of trans groups operating in various regions of the globe. Further, data are self-reported by individuals within organizations and have not been checked with any objective measures (such as budget forms); this is particularly salient for identity measures, as in many cases the individual taking the survey may be reporting on the identity of other members of the group (e.g., the treasurer who took the survey may have estimated the percent of board members who are trans).

For any other inquiries about the methods or limitations of this survey, please contact the authors of this report.

31 In rare cases, groups with otherwise complete or nearly complete data who did not include their country names had country names imputed using the latitude and longitude of the survey taker's location when completing the survey.

- i Eisfeld, J, Gunther, S and Shlasko, D. (2013). *The State of Trans* and Intersex Organizing: A case for increased support for growing but under-funded movements for human rights*. New York: Global Action for Trans* Equality and American Jewish World Service. Retrieved from: https://ajws.org/wp-content/uploads/2015/05/ajws_trans-intersex-funding-report.pdf
- ii See for e.g. Frazer, S. & Howe, E. (2015). *Growing Trans* Funding and Strategy: A Report from the Field in 2013*. Arcus Foundation and Open Society Foundations: New York, NY, Retrieved from: <http://strengthinnumbersconsulting.com/wp-content/uploads/2015/05/Trans-Report-FINAL-May-5-2015.pdf>.
- iii Funders for LGBTQ Issues and the Global Philanthropy Project. (2016). 2013/2014 Global Resources Report: Government and Philanthropic Support for Lesbian, Gay, Bisexual, Transgender and Intersex Communities. Retrieved from: https://www.lgbtfunders.org/wp-content/uploads/2016/05/2013-2014_Global_Resources_Report.pdf
- iv Chiam, Z., Duffy, S. and González Gil, M. (2016). *Trans Legal Mapping Report 2016: Recognition Before the Law*. Geneva: International Lesbian, Gay, Bisexual, Trans and Intersex Association. Retrieved from <http://ilga.org/what-we-do/gender-identity-and-gender-expression-program/trans-legal-mapping-report/>.
- v Chiam, Z., Duffy, S. and González Gil, M. (2016) *Trans Legal Mapping Report 2016: Recognition Before the Law*. Geneva: International Lesbian, Gay, Bisexual, Trans and Intersex Association. Retrieved from <http://ilga.org/what-we-do/gender-identity-and-gender-expression-program/trans-legal-mapping-report/>
- vi European Union Agency for Fundamental Rights. (2014). *Being Trans in the EU: Comparative Analysis of the EU LGBT Survey Data*. Retrieved from http://fra.europa.eu/sites/default/.../fra-2015-being-trans-eu-comparative-summary_en.pdf; UNESCO. (2015) *From Insult to Inclusion: Asia-Pacific Report on School Bullying, Violence and Discrimination on the Basis of Sexual Orientation and Gender Identity*. Retrieved from <http://unesdoc.unesco.org/images/0023/002354/235414e.pdf>; Mallory, C. and Sears, B. (2016, February). *Evidence of Housing Discrimination Based on Sexual Orientation and Gender Identity: An Analysis of Complaints Filed with State Enforcement Agencies, 2008-2014*. The Williams Institute. Retrieved from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Housing-Discrimination-Complaints-2008-2014.pdf>; Mallory, C. and Sears, B. (2015, October). *Evidence of Employment Discrimination Based on Sexual Orientation and Gender Identity: An Analysis of Complaints Filed with State Enforcement Agencies, 2008-2014*. The Williams Institute. Retrieved from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Employment-Discrimination-Complaints-2008-2014.pdf>
- vii UNESCO. (2016). *Out in the Open: Education Sector Responses to Violence Based on Sexual Orientation and Gender Identity/Expression*. Retrieved from <http://unesdoc.unesco.org/images/0024/002447/244756e.pdf>; Jones, T., et al. (2015). School Experiences of Transgender and Gender Diverse Students in Australia. *Sex Education*, 16 (2), 156-171. Retrieved from <http://www.tandfonline.com/doi/full/10.1080/14681811.2015.1080678>; GLSEN. (2016). *Educational Exclusion: Drop Out, Push Out, And School-To-Prison Pipeline among LGBTQ Youth*. Retrieved from https://www.glsen.org/sites/default/files/Educational%20Exclusion_Report_6-28-16_v4_WEB_READY_PDF.pdf; World Health Organization. (2015). *Technical Brief: HIV and Young Transgender People*. Retrieved from http://www.unaids.org/sites/default/files/media_asset/2015_young_transgender_en.pdf
- viii Clark, T. C., Lucassen, M. F. G., Bullen, P., Denny, S. J., Fleming, T. M., Robinson, E. M., & Rossen, F. V. (2014). The Health and Well-Being of Transgender High School Students: Results from the New Zealand Adolescent Health Survey (Youth'12). *Journal of Adolescent Health* (55), 93-99. Retrieved from <http://download.journals.elsevierhealth.com/pdfs/journals/1054-139X/PI-S1054139X13007532.pdf>
- ix Movement Advancement Project and Center for American Progress. (2015, February). *Paying an Unfair Price: The Financial Penalty for Being Transgender in America*. Retrieved from <http://www.lgbtmap.org/file/paying-an-unfair-price-transgender.pdf>; Whittle, S., Turner, L., and Al-Alami, M. (2007). *Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination*. The Equalities Review. Retrieved from <http://www.pfc.org.uk/pdf/EngenderedPenalties.pdf>; European Union Agency for Fundamental Rights. (2014). *Being Trans in the EU: Comparative Analysis of the EU LGBT Survey Data*. Retrieved from <http://fra.europa.eu/en/publication/2015/being-trans-eu-comparative-analysis-eu-lgbt-survey-data-summary>
- x James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality. Retrieved from <http://www.transequality.org/sites/default/files/docs/usts/USTS%20Full%20Report%20-%20FINAL%201.6.17.pdf>
- xi Winter, S. (2012, May). *Lost in Transition: Transgender people, Rights and HIV Vulnerability in the Asia-Pacific region*. Thailand: UNDP Asia Pacific Regional Center. Retrieved from <http://www.undp.org/content/dam/undp/library/hiv/aids/Lost%20in%20translation.pdf>
- xii Human Rights Watch. (2014). *"I'm Scared to be a Woman": Human Rights Abuses Against Transgender People in Malaysia*. Retrieved from http://features.hrw.org/features/HRW_reports_2014/Im_Scared_to_Be_a_Woman/index.html
- xiii Ibid.; World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects, The World Bank (2013). *Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions*. Geneva, World Health Organization. Retrieved from http://apps.who.int/iris/bitstream/10665/90000/1/9789241506182_eng.pdf?ua=1; Project X and Allard K. Lowenstein International Human Rights Clinic, Yale Law School (2015). *"They Only Do This to Transgender Girls": Abuses of Transgender Sex Workers in Singapore*. Retrieved from https://law.yale.edu/system/files/area/center/schell/final_singapore_report.pdf
- xiv Global Network of Sex Work Projects. The needs and rights of trans sex workers (Briefing Paper #09). Retrieved from <http://www.nswp.org/sites/nswp.org/files/Trans%20SWs.pdf>

- xv** This phrase was included in U.S. President Barack Obama's executive action on immigration (see <https://obamawhitehouse.archives.gov/the-press-office/2014/11/20/fact-sheet-immigration-accountability-executive-action>). Advocates for LGBTQ migrant justice in the U.S. argue that trans people have less access to immigration channels such as family reunification and are more vulnerable to criminalization, heightening the risk of detention and deportation.
- xvi** United Nations General Assembly, Human Rights Council. (2016). Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment. A/HRC/31/57. Retrieved from http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session31/Layouts/15/WopiFrame.aspx?sourcedoc=/EN/HRBodies/HRC/RegularSessions/Session31/Documents/A_HRC_31_57_E.doc&action=default&DefaultItemOpen=1; Human Rights Watch. (2016, March 23). "Do You See How Much I'm Suffering Here?": Abuses against Transgender Women in U.S. Immigration Detention. Retrieved from <https://www.hrw.org/report/2016/03/23/do-you-see-how-much-im-suffering-here/abuse-against-transgender-women-us>
- xvii** United Nations Office of Drugs and Crime. (2009). *Handbook on Prisoners with Special Needs: Criminal Justice Handbook Series*. Retrieved from https://www.unodc.org/pdf/criminal_justice/Handbook_on_Prisoners_with_Special_Needs.pdf. See also the Yogyakarta Principles, Principle 9(d). Retrieved from <http://www.yogyakartaprinciples.org/principle-9/>
- xviii** Wang, T., Solomon, D., Durso, L.E., McBride, S. and Cahil, S. (2016). State Anti-Transgender Bathroom Bills Threaten Transgender People's Health and Participation in Public Life (Policy Brief). Center for American Progress and the Fenway Institute. Retrieved from http://fenwayhealth.org/wp-content/uploads/2015/12/COM-2485-Transgender-Bathroom-Bill-Brief_v8-pages.pdf
- xix** European Union Agency for Fundamental Rights. (2014). *Being Trans in the EU: Comparative Analysis of the EU LGBT Survey Data*. Retrieved from http://fra.europa.eu/sites/default/.../fra-2015-being-trans-eu-comparative-summary_en.pdf
- xx** Transgender Europe. (2016, November 9). Trans Day of Remembrance press release. Retrieved from <http://tgeu.org/tdor-2016-press-release/>
- xxi** Haas, Anna P., Herman, Jody L. and Rogers. (2014, January). *Suicide Attempts among Transgender and Gender Non-Conforming Adults*. Phillip L. American Foundation for Suicide Prevention and Williams Institute, UCLA School of Law. Retrieved from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf>
- xxii** See, for example, the legal and social mapping conducted through Transgender Europe's Transrespect versus Transphobia Worldwide (TvT) research project available at <http://transrespect.org/en/research/legal-social-mapping/>
- xxiii** Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme. (2015). *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities*. Retrieved from https://static1.squarespace.com/static/53cf9459e4b0a5929855f337/t/57d92eb037c5812a4b8957a4/1473851143850/APTB+FINAL_corrected_December2015.pdf
- xxiv** Transgender Europe. Trans Rights Europe Index 2017. Retrieved from <http://tgeu.org/wp-content/uploads/2017/05/Index-online.png>
- xxv** World Health Organization. (2015). Sexual health, human rights and the law. Retrieved from http://apps.who.int/iris/bitstream/10665/175556/1/9789241564984_eng.pdf?ua=1
- xxvi** Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme. (2015). *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities*. Retrieved from https://static1.squarespace.com/static/53cf9459e4b0a5929855f337/t/57d92eb037c5812a4b8957a4/1473851143850/APTB+FINAL_corrected_December2015.pdf
- xxvii** Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme. (2015). *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities*. Retrieved from https://static1.squarespace.com/static/53cf9459e4b0a5929855f337/t/57d92eb037c5812a4b8957a4/1473851143850/APTB+FINAL_corrected_December2015.pdf
- xxviii** Winter, S., et al. (2016). Transgender people: health at the margins of society. *The Lancet*, 388 (10042), 390-400. Retrieved from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)00683-8/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00683-8/abstract)
- xxix** LGBT Denmark. (2017, January 5). The Transgender Diagnosis "F64 Gender identity disorders," including the underlying codes as per January 1, 2017 discontinued by the Danish Health Data Authority. Retrieved from <http://lgbt.dk/wp-content/uploads/LGBT-Denmark-Transgender-Healthcare-Codes-2017.pdf>
- xxx** Reisner, Sari L., et al. (2016). Global Health Burden and Needs of Transgender Populations: A Review. *The Lancet*, 388 (10042), 390-400. Retrieved from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)00684-X/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00684-X/abstract); McNeil, J., et al. (2012) *Trans Mental Health and Emotional Wellbeing Study*. Retrieved from http://www.gires.org.uk/assets/Medpro-Assets/trans_mh_study.pdf; European Parliament. (2016, December 12). *Report on Promoting Gender Equality in Mental Health and Clinical Research*. Committee on Women's Rights and Gender Equality, Rapporteur: Beatriz Becerra Basterrechea. Retrieved from <http://www.europarl.europa.eu/sides/getDoc.do?type=REPORT&mode=XML&reference=A8-2016-0380&language=EN>
- xxxi** Marshall, E., et al. (2015). Non-suicidal self-injury and suicidality in trans people: A systematic review of the literature. *International Review of Psychiatry*, 28 (1), 58-69. Retrieved from <https://dspace.lboro.ac.uk/dspace-jspui/bitstream/2134/18985/3/Marshall%20et%20al%20NSSI%20Review%202015docx.pdf>; Haas, Anna P., Herman, Jody L. and Rogers, Phillip L. American Foundation for Suicide Prevention and Williams Institute, UCLA School of Law. (2014, January). *Suicide Attempts among Transgender and Gender Non-Conforming Adults*. Retrieved from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf>
- xxxii** Bocking, W. O., Miner, M.H.; Swinburne Romine, R.E., Hamilton, A., Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health*, 103 (5), 943-951.

- xxxiii** Heylens, G., Verroken, C., De Cock, S., T'Sjoen, G. and De Cuypere, G. (2013). Effects of Different Steps in Gender Reassignment Therapy on Psychopathology: A Prospective Study of Persons with a Gender Identity Disorder. *Journal of Sexual Medicine*, 11 (1), 119–126.; Colton Meier, S., Fitzgerald K., Pardo S. and Babcock J. (2011). The Effects of Hormonal Gender Affirmation Treatment on Mental Health in Female-to-Male Transsexuals. *Journal of Gay & Lesbian Mental Health*, 15(3), 281-299; Yadegarfar, M., Meinhold-Bergmann, M.E., and Ho, R. (2014). Family Rejection, Social Isolation, and Loneliness as Predictors of Negative Health Outcomes (Depression, Suicidal Ideation, and Sexual Risk Behavior) Among Thai Male-to-Female Transgender Adolescents. *Journal of LGBT Youth*. 11 (4).
- xxxiv** World Health Organization. (2015, July). Transgender People and HIV (Policy Brief). Retrieved from http://apps.who.int/iris/bitstream/10665/179517/1/WHO_HIV_2015.17_eng.pdf?ua=1&ua=1; UNAIDS. (2014). *The Gap Report 2014: Transgender People*. Retrieved from http://www.unaids.org/sites/default/files/media_asset/08_Transgenderpeople.pdf; Winter, S. (2012, May). *Lost in Transition: Transgender people, rights and HIV vulnerability in the Asia-Pacific region*. Thailand: UNDP Asia Pacific Regional Center. Retrieved from <http://www.undp.org/content/dam/undp/library/hiv/aids/Lost%20in%20translation.pdf>
- xxxv** UNAIDS. (2014). *The Gap Report 2014: Transgender People*. Retrieved from http://www.unaids.org/sites/default/files/media_asset/08_Transgenderpeople.pdf
- xxxvi** The Office of the United Nations High Commissioner for Human Rights. "Pathologization – Being lesbian, gay, bisexual and/or trans is not an illness" For International Day against Homophobia, Transphobia and Biphobia. (2016, May 17). Retrieved from <http://ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=19956&LangID=E>
- xxxvii** Parliamentary Assembly of the Council of Europe. (2015). Resolution 2048: Discrimination against transgender people in Europe. Retrieved from <http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=21736>; Parliament of Malta. (2016, December). Bill 170: An Act to amend the Gender Identity, Gender Expression and Sex Characteristics Act, Cap. 540. Retrieved from <http://tgeu.org/wp-content/uploads/2016/12/171-GIGESC-amendment-Act-Malta.pdf>
- xxxviii** Transgender Europe. (2013, September 12). English translation of Argentina's Gender Identity Law as approved by the Senate of Argentina on May 8, 2012. Retrieved from <http://tgeu.org/argentina-gender-identity-law/>
- xxxix** National Geographic. (2017, January). The Legality of Gender Change. Retrieved from: <http://www.nationalgeographic.com/magazine/2017/01/gender-identity-map-where-you-can-change-your-gender-on-legal-documents/>
- xl** Chiam, Z., Duffy, S. and González Gil, M. (2016) *Trans Legal Mapping Report 2016: Recognition Before the Law*. Geneva: International Lesbian, Gay, Bisexual, Trans and Intersex Association. Retrieved from <http://ilga.org/what-we-do/gender-identity-and-gender-expression-program/trans-legal-mapping-report/>
- xli** United Nations Human Rights Committee. (2017, 15 June). *Views adopted by the Committee under article 5(4) of the Optional Protocol, concerning communication No. 2172/2012* http://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/AUS/CCPR_C_119_D_2172_2012_25976_E.pdf
- xlii** United Nations General Assembly, Human Rights Council (2013). *Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment (A/HRC/22/53)*. Retrieved from http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53_English.pdf
- xliii** World Health Organization. (2014, May). *Eliminating Forced, Coercive and Otherwise Involuntary Sterilization: An Interagency Statement*. Retrieved from http://apps.who.int/iris/bitstream/10665/112848/1/9789241507325_eng.pdf
- xliv** The full text of the judgment by the European Court of Human Rights is available in French only at <http://hudoc.echr.coe.int/en-g?i=001-172556>
- xlv** Parliamentary Assembly of the Council of Europe. (2015). Resolution 2048: Discrimination against transgender people in Europe. Retrieved from <http://semantic-pace.net/tools/pdf.aspx?doc=aHR0cDovL2Fzc2VtYmx5LmNvZS5pbmQvbnVveG1sL1hSZWYyWjJlLURX-LWV4dHluYXNwP2ZpbGVpZD0yMTczNiZsYW5nPUVO&xsl=aHR0cDovL2NlbWFudGljcGFjZS5uZXQvWHNsdC9QZGYvWFJlZi1XRC1BV-C1YTUwyUERGLnhzbA==&xsltparams=ZmlsZWlkPTlxNmM2>
- xlvi** Chiam, Z., Duffy, S. and González Gil, M. (2016). *Trans Legal Mapping Report 2016: Recognition Before the Law*. Geneva: International Lesbian, Gay, Bisexual, Trans and Intersex Association. Retrieved from <http://ilga.org/what-we-do/gender-identity-and-gender-expression-program/trans-legal-mapping-report/>
- xlvii** National Council of Nonprofits. (2015). Operating Reserves for Nonprofits. Available at: <https://www.councilofnonprofits.org/tools-resources/operating-reserves-nonprofits>.
- xlviii** Open Society Foundations (2013) *Advancing trans Movements Worldwide*. New York: Open Society Foundations. Retrieved from <http://transactivists.org/wp-content/uploads/2014/09/advancing-trans-movements-worldwide-2014.pdf>
- xliv** A report on lessons learned and outcomes of the meeting, including a list of the participants, is available at transactivists.org/wp-content/uploads/2014/09/advancing-trans-movements-worldwide-2014.pdf
- l** A report on this meeting is available at <http://www.transfund.org/resources/Intl%20Trans%20Fund%20-%20Istanbul%20Convening%20Report.pdf>.



CUAV US/CREDIT: CUAV US



**ASTRAEA LESBIAN
FOUNDATION FOR
JUSTICE**
116 East 16th Street,
7th Floor
New York, NY 10003
www.astraeafoundation.org



**AMERICAN JEWISH
WORLD SERVICE**
45 West 36th Street
New York, NY 10018
www.ajws.org



**GLOBAL ACTION FOR
TRANS EQUALITY**
576 Fifth Avenue, Suite 903
New York, NY 10036
USA
Tel: 646.519.2020
<https://transactivists.org/>