TransAktion’s observations on the effect of the COVID-19 pandemic on the trans communities in Denmark

Brief introduction to TransAktion

We are an organization for and by trans people - broadly defined - based in Denmark. Our work is based on an intersectional approach and on prioritizing the most marginalized trans people in our communities - e.g. trans people who are BIPoCs/racialized minorities, homeless, engaged in sex work and/or who live with disabilities. We offer free, individual counseling, support groups, social platforms and community-building workshops and events.

Due to limited resources, unfortunately we do not have the means to engage in a long, thorough report on the effect of the COVID-19 pandemic on trans communities in Denmark, but here are some of our experiences and insights from our work with and in the trans communities from the couple of months.

Brief introduction to trans people’s living conditions in Denmark

Denmark promotes itself as a progressive country concerning LGBT rights, but research shows alarming numbers, particularly concerning suicide ideation and attempts, social isolation, loneliness and long-term illness. Access to trans-specific healthcare is heavily gatekept by the state and is restricted and discriminatory, leaving a huge number of trans people excluded from services. TransAktion is part of a long struggle for better access to healthcare, which has already resulted in some improvements. The national narrative as a progressive country leads to banalizing issues, denying the existence of discrimination and minimal political and public interest in improvement. The little attention trans issues get in Denmark, is fueled by homonationalism, pinkwashing, tokenizing, Trans-Exclusionary Radical Feminism and anti-trans representations leading to backlashes and fragmentation of organizations and activist platforms, smokescreening the oppression and eventually creating no actual change, which has a fatal impact on our communities.

Regardless of the strong national narrative, our work and the limited existing research both show that trans people experience discrimination, stigma and social exclusion on a daily basis. The 2014 survey done by the European Union Agency for Fundamental Rights (FRA) shows that 48% of trans people in Denmark have experienced discrimination within the last 12 months.[[1]](#footnote-1) This leads to social isolation and makes it difficult for trans people to access the job market and educational institutions as well as participate in leisure and other social activities. According to the newly released Danish Sexus Survey from October 2019, 60% of trans women and 63% of trans men have been bullied or harassed, and 42% of trans women and 46% of trans men have experienced discrimination.[[2]](#footnote-2) The Danish government at the time reaffirmed this understanding of the serious situation of trans people in Denmark in their LGBTI Action Plan of 2018[[3]](#footnote-3), and the current government has confirmed, as well as clarified the importance of continuing the social and humanitarian work to improve the situation of trans people in Denmark.[[4]](#footnote-4) However, no concrete steps have been taken.

Another issue experienced by trans people is social isolation and loneliness. 62% of trans people have never talked to anyone about being trans, incl. health professionals. 27% rarely or never have contact with family, 19% are often unwilling alone, and 14% never or almost never have someone to talk to when they need it.[[5]](#footnote-5) According to the Sexus Study, 51.8% of trans women and 48.7% of nonbinary people assigned male at birth, as well as 64% of trans men and 65.8% of nonbinary people assigned female at birth experience loneliness.[[6]](#footnote-6)

The above mentioned problematics, lead to the following effects on trans people’s health: 40% are long-term ill, 46% have poor self-assessed mental health (57% of the 15-34 year olds), 67% are stressed,[[7]](#footnote-7) and according to the Sexus Study, 27.3% of trans women and 31.6% of nonbinary people assigned male at birth, as well as 20.8% of trans men and 42% nonbinary people assigned female at birth are depressed.[[8]](#footnote-8) This is clearly reflected in statistics on suicide, with a 2009 Danish survey showing that 26% of the 16-29 year olds have attempted suicide at least once[[9]](#footnote-9) and the Sexus Survey showing that 23.4% of trans women and 16.5% of nonbinary people assigned male at birth, as well as 24.5% of trans men and 22% of nonbinary people assigned female at birth have attempted suicide.[[10]](#footnote-10) A Swedish survey from 2015 finds that among the 15-19 year olds, 57% have considered suicide within the past month, 40% have attempted suicide at least once in their lives, and 51% experience having a poor quality of life.[[11]](#footnote-11)

The lack of professional services for and by trans people in Denmark reflects the invisibilization of the community and means that there are few places where trans people can seek specialized support and counseling. Furthermore, competencies and knowledge on trans people are limited among both health professionals and the broader interest organizations - e.g. LGB(TI) organizations or services for young people with mental health challenges. This is evident in a Danish study where 58% state that they do not experience being treated well or accommodated by the healthcare system and/or that they do not have "adequate access to the desired treatment"[[12]](#footnote-12). Furthermore, a FRA study from 2014 shows that 23% of trans people in Denmark have experienced discrimination in the Danish healthcare system on the basis of being trans.[[13]](#footnote-13)

Finally, the combination of the above factors means that trans people have limited access to the education system and the labor market due to discrimination and therefore do not have the same opportunities as the rest of the population to create a stable income and a permanent housing situation. A Danish survey from 2019 on the job satisfaction of LGBT people in the labor market clearly shows that discrimination in the workplace creates serious dissatisfaction among LGBT people and concludes that trans people are a particularly vulnerable group.[[14]](#footnote-14) In Denmark, knowledge about LGBTIAQ+ people - and especially on trans people - is extremely limited, and therefore there is a lack of research on homelessness among trans people. International studies, however show that the above factors create a high risk of homelessness and other forms of vulnerability among trans people. Thus, a study from Norway shows that there are high unemployment rates among trans people, and that this is directly linked to discrimination in the workplace and in the education system.[[15]](#footnote-15) In addition, statistics from the US show that 19% of all trans people have experienced homelessness and that 48% of those who had to quit their education because of anti-trans discrimination experienced homelessness later in their lives.[[16]](#footnote-16)

The reason we find it important to introduce you to the general living conditions of trans people in Denmark is that we are observing that these are being exacerbated and worsened during the pandemic. We will elaborate on this below.

The state’s (lack of) actions to protect LGBTIAQ+ people during the pandemic

Generally, in Denmark there is very limited knowledge on the LGBTIAQ+ communities and the structural inequalities and living conditions we face both in the general population as well as among government officials and lawmakers. This means that we are often not taken into consideration, specifically, in the healthcare system or in relation to initiatives focused on vulnerable populations in Denmark. Not until 2018 did a Danish government write its first action-plan focused on LGBTI people[[17]](#footnote-17). Some, but not all, initiatives in the action-plan were funded and it runs until 2021. Unfortunately few of the initiatives in the action-plan have been delegated to organizations and stakeholders with specific LGBTI - or e.g. specific trans - competences, knowledge and experience and/or who work intersectionality, ensuring that the needs and challenges of the most marginalized LGBTIAQ+ people are being met and dealt with.

This is the political backdrop that also shapes how the pandemic has been dealt with. That means that there has been no mention of LGBTIAQ+ people as being in any special risk and no measures have been adopted by the Danish state to address our needs and wellbeing, to protect our communities or to ensure that LGBTIAQ+ people would not be subjected to discrimination in the implementation of COVID-19 related interventions. This also means that the Danish State - to our knowledge and to that of our collaborating organizations - has not specifically evaluated the situation of LGBTIAQ+ people vis-à-vis the pandemic and potential specific vulnerabilities. As the only trans-led organization in Denmark and the only trans-focused organization working with an intersectional approach and prioritization of the most marginalized in our communities we have not been consulted by the state - even though they are aware of our work and that we are available for consultation. We have not heard of other LGBTIAQ+ organizations being consulted on this either.

Overall, in the risk assessment conducted by the Danish Health Authority, under the Ministry of Health, there is little to no focus on a structural level and on vulnerability. These are the groups that are mentioned in their most recent report: People with high age, people with so-called ‘overweight’ and specific conditions within the following groups: immune deficiency, heart disease, lung disease, cancer disease, kidney disease, diabetes, gastrointestinal or liver disease, neurological disease, rheumatological disease, children with chronic disease and people without permanent residence/homeless people.[[18]](#footnote-18) Homelessness is thus the only non-somatic condition/situation mentioned in the risk assessment. However, when the country was shut down in March many of the shelters were shut down as well, putting homeless people at even greater risk instead of ensuring protection (we will return to this later).

How we produced these insights

 The insights are based on our work with and in the trans communities. Meaning they come from our individual counseling and support initiatives, from our - now virtual - social platforms, from our continuous - now online - presence in the trans communities (all of this always anonymized and consented information only), from one recent (online) dialogue meeting with a Gender Identity Clinic, from an online survey and from one focus group on the effects of the COVID-19 pandemic on trans communities.

Overall effects of the COVID-19 pandemic on trans communities in Denmark

 The long-term deprioritization, discrimination, invisibilization and pathologization of trans people within society and within the healthcare system in Denmark has also resulted in a severe lack of access to trans-specific healthcare. What we are seeing during the pandemic is that this deprioritization is being exacerbated, which has severe effects on the health and wellbeing of trans people. During the lockdown, all “non-essential” healthcare areas were closed down without further notice or information of when it would potentially reopen - including trans-specific healthcare.

Through our work in TransAktion, we have observed patterns that are deeply affecting our community members. The delay, and in some cases complete shutdown, of the work in the Gender Identity Clinics of the country, means that people cannot access trans-specific healthcare. The Gender Identity Clinics, especially the one in Copenhagen, have been postponing appointments for people both about to start treatment and who are already in the program. The changes and modifications in the systems are poorly communicated, so people get confused and easily miss appointments. The medical staff, being under stress and not being prepared to deal with trans people, has become more hostile towards trans people, and follow up calls are constantly re-scheduled with several months of difference, generating deep anxiety in care-seekers who are afraid they might lose their right to the treatment. This has had a severe impact on the mental health of trans people. The pandemic has thus exacerbated the already long and slow, painful and at times traumatizing treatment process in the Gender Identity Clinics in Denmark. The lack of information about cancellations and about when people can again expect to access central healthcare services further underscores how trans people are devalued and deprioritized in the healthcare system and in society in general.

Furthermore, we hear many reports on central medication in hormone treatment being completely out of stock. The inaccessibility of blockers such as Spirinolactone, could compromise the health of trans feminine people, and even cause heart attacks. The shortage of hormones is so drastic, that people have had to wait even weeks to continue their treatment thereby risking their lives. Regulations insist that people can only access hormones for one month, in order to avoid hoarding, which could make sense for flu-like-symptoms medication but makes no sense for hormones. In other words, the gatekeeping has increased dramatically, severely limiting the freedom of trans people and our right to bodily autonomy and self-determination. Travel restrictions have affected the import of hormones, meaning that trans people who receive hormones through online pharmacies etc. have lost access to hormones from one day to the other. This further exacerbates the uneven distribution of who can access trans-specific healthcare in Denmark and especially affects trans people who are marginalized by other factors than being trans, such as migrants, refugees, people who are homeless, live with disabilities and/or who are fat – for instance people are being rejected for hormone treatment by the Gender Identity Clinics on the basis of BMI, gender nonconformity and/or psychiatric diagnoses. The discrimination from the medical and nurse staff, happens specially with non-binary people who often experience rejection from the CKI to access medication on the basis that their assessment suggests that non-binary people are not trans enough. This underscores the urgent need to keep depathologizing transness and to work to ensure bodily autonomy and self-determination for trans people, including establishing access to trans-specific healthcare based only in informed consent and abolishing the monopolies, gatekeeping and psychiatric assessment.

At the same time, surgeries have been paused without further notice, extending the long and painful period of waiting time where many trans people experience severe dysphoria and mental health problems and is well known for causing trauma. Long waiting lists and cancellations of surgeries within trans-specific healthcare was unfortunately common practice before the pandemic and has only worsened for the past months.

The loneliness and isolation trans people experience due to stigma and discrimination has also worsened severely. During one-on-one counseling people have expressed being severely stressed out, anxious and depressed. We hear of – especially young – trans people who are forced to isolate with unsupportive and hostile relatives and who thus often experience even more surveillance from parents. As recognition is essential in order to mitigate the dysphoria, stress and discrimination caused by living as a trans person in a cis-normative and binary society, the isolation, lack of services and lack of interactions have created a lot of anxiety and depression among trans people. Trans people already have a high risk of suicide. When rejection and mistreatment from the medical and nurses staff; the anxiety cause by the pandemic; the anxiety of not being able to access trans-specific health care; the loneliness and lack of recognition of who we are; and finally, the increased amount of intra-familiar violence that some of us are exposed to; a dangerous mix is created that will be reflected on the indexes of suicides among trans people long from now.

Effects of the pandemic on the most marginalized people in the trans communities.

 Migrants and refugees are by far the most marginalized people in the trans communities during this pandemic. People incarcerated in asylum camps have been hit severely by the very absolute absence of health precautions such as sanitizers, gloves and masks as well as being confined to small spaces full of people. The assineration is extensive, which makes the infection easy to spread. Many migrants have lost their jobs, and therefore their residence permit is in great risk of being cancelled, experiencing the anxiety of potential deportation. The help packages in Denmark do not cover all groups of workers and there have been no official initiatives for e.g. sex workers. Increasing numbers of people losing the status of refugee on the basis of their gender identity concerns us, as the political and social situation of their countries has not changed, exposing them to torture, assassination and other Human Right violations when deported.

 Furthermore, we have experienced an increased number of one-on-one counselings with people who are in institutions/institutionalized housing, and they are reporting of gatekeeping, discrimination and harassment from staff and hostility from people living in the local community, making it difficult to live their lives calmly and to survive in the streets. Homeless trans people have furthermore experienced a complete shutdown of services – who are already dangerous to navigate and difficult to access as queer and trans people – besides facing all the other precarious circumstances mentioned above. The lockdown has worsened this situation.

Effects of the pandemic on trans politics, advocacy work and human rights

 As states, including the Danish one, are focusing on prevention and lockdown plans and on saving the economic systems and structures set in place, most other work is being paused. This includes the ongoing processes of dialogue between trans communities and the government in relation to trans-specific healthcare, trans health and trans rights in general.

 Furthermore, the, since last summer, ongoing process of ensuring trans kids and youth’s access to Legal Gender Recognition has been paused.

 We are concerned that the state of emergency will continue to pause and deprioritize these (as well as other) essential and long needed changes.

Will trans lives be valued?

 Due to the severe discrimination that trans people experience in society general and in the healthcare system specifically - causing many trans people to not seek medical attention even when severely needed - we are deeply concerned that trans people’s lives will not be valued, prioritized and saved during the pandemic. This concern is heightened in the light of the lack of focus on vulnerable populations in the state’s definition of risk groups as well as by the quick reopening of the country in phases 1 and 2. We are concerned that choices about who shall live and die when the resources are under high pressure - such as seen in e.g. Italy - will leave trans lives devalued. We are especially concerned about the lives of trans people who are also marginalized and oppressed by other structural inequalities, such as trans people who are BIPoCs/racialized minorities, homeless, engaged in sex work and/or who live with disabilities.

 As will have become aware by now, we underscore that the pandemic has worsened and exacerbated already existing inequalities. We will continue to fight for social justice for trans people and to create and care for our communities.

1. FRA. 2014. Being Trans in the European Union. Comparative analysis of EU LGBT survey data. Vienna: FRA–European Union Agency for Fundamental Rights. [↑](#footnote-ref-1)
2. Frisch M., Moseholm E., Andersson M., Andresen JB, Graugaard C. Sex i Danmark. Nøgletal fra Projekt SEXUS 2017-2018. Statens Serum Institut & Aalborg Universitet, 2019. [↑](#footnote-ref-2)
3. <https://www.regeringen.dk/media/5348/lgbti-handlingsplan.pdf> [↑](#footnote-ref-3)
4. <https://mfvm.dk/ligestilling/lgbti/lgbti-vision-og-handlingsplan/> [↑](#footnote-ref-4)
5. Se fx Gransell, L., & Hansen, H. 2009. Lige og ulige? Homoseksuelle, biseksuelle og transkønnedes levevilkår. Center for Alternativ Samfundsanalyse (CASA) og Johansen, Katrine Bindesbøl Holm, Laursen, Bjarne & Juel, Knud 2015. LGBT-Sundhed. Helbred og trivsel blandt lesbiske, bøsser, biseksuelle og transpersoner. Statens Institut for Folkesundhed, København. [↑](#footnote-ref-5)
6. Frisch M., Moseholm E., Andersson M., Andresen JB, Graugaard C. Sex i Danmark. Nøgletal fra Projekt SEXUS 2017-2018. Statens Serum Institut & Aalborg Universitet, 2019. [↑](#footnote-ref-6)
7. Johansen, Katrine Bindesbøl Holm, Laursen, Bjarne & Juel, Knud 2015. LGBT-Sundhed. Helbred og trivsel blandt lesbiske, bøsser, biseksuelle og transpersoner. Statens Institut for Folkesundhed, København. [↑](#footnote-ref-7)
8. Frisch M., Moseholm E., Andersson M., Andresen JB, Graugaard C. Sex i Danmark. Nøgletal fra Projekt SEXUS 2017-2018. Statens Serum Institut & Aalborg Universitet, 2019. [↑](#footnote-ref-8)
9. Gransell, L., & Hansen, H. 2009. Lige og ulige? Homoseksuelle, biseksuelle og transkønnedes levevilkår. Center for Alternativ Samfundsanalyse (CASA). [↑](#footnote-ref-9)
10. Frisch M., Moseholm E., Andersson M., Andresen JB, Graugaard C. Sex i Danmark. Nøgletal fra Projekt SEXUS 2017-2018. Statens Serum Institut & Aalborg Universitet, 2019. [↑](#footnote-ref-10)
11. Folkhälsomyndigheten. 2015. Hälsan och hälsans bestämningsfaktorer för transpersoner. En rapport om hälsoläget bland transpersoner i Sverige. [↑](#footnote-ref-11)
12. Johansen, Katrine Bindesbøl Holm, Laursen, Bjarne & Juel, Knud 2015. LGBT-Sundhed. Helbred og trivsel blandt lesbiske, bøsser, biseksuelle og transpersoner. Statens Institut for Folkesundhed, København. [↑](#footnote-ref-12)
13. FRA. 2014. Being Trans in the European Union. Comparative analysis of EU LGBT survey data. Vienna: FRA–European Union Agency for Fundamental Rights. [↑](#footnote-ref-13)
14. <https://mfvm.dk/fileadmin/user_upload/MFVM/Foedevare/LGBT-personers_trivsel_paa_arbejdsmarkedet_endelig_rapport_august.pdf> [↑](#footnote-ref-14)
15. Se fx van der Ros, Janneke. 2013. Alskens Folk. Levekår, livssituasjon og livskvalitet for personer med kjønnsidentitetstematikk. Alskens Folk. Levekår, livssituasjon og livskvalitet for personer med kjønnsidentitetstematikk. [↑](#footnote-ref-15)
16. Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling (2011). Injustice at Every Turn: A Report of the National Transgender Discrimination Survey. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force. [↑](#footnote-ref-16)
17. <https://www.regeringen.dk/media/5348/lgbti-handlingsplan.pdf> [↑](#footnote-ref-17)
18. <https://www.sst.dk/-/media/Udgivelser/2020/Corona/Haandtering-af-COVID-19/Personer-med-%C3%B8get-risiko/Personer-med-oeget-risiko-ved-COVID-19-Fagligt-grundlag.ashx?la=da&hash=18DA603035A48EA9E44DE91737CB7BD240F1C4A8> [↑](#footnote-ref-18)