

## Trans people are entitled to respect and equal treatment.

We now live in a more equal society, but we still expect people to fall into two categories: boys/men or girls/women. Although these groups have many interests in common, we expect people in each group to have different **gender roles** and **expressions**, that is, to dress differently, to socialise differently and to have rather different behaviours and pastimes, and even separate groups of friends. These distinctions between boys and girls, men and women may be described as 'binary stereotypes'.

**Sexual orientation:** Gender issues are **different from sexual orientation**, that is, whether a person is sexually attracted to men, or women, or both or, sometimes, neither. Trans people may have any of these sexual orientations

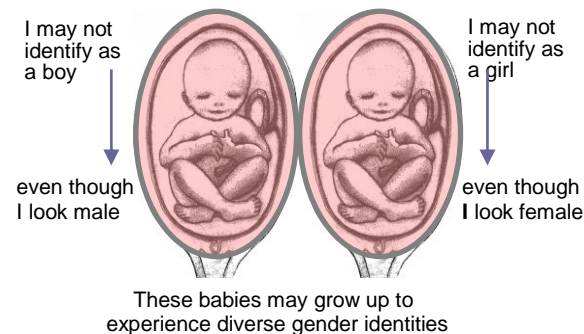
**Gender identity versus sex:** Society anticipates the **gender identity** of infants by labelling them 'boy' or 'girl' based on their male or female appearance at birth. Our chromosomes, genes and reproductive organs, our bone and muscle structure, and brains have some distinctly different male and female characteristics. These physical differences define our **sex**, whereas **gender identity**, describes the sense of knowing where we fit in our social lives as boys/men, girls/women, or somewhere on the gender spectrum in between, or outside, these extremes (see 'wider trans population' below).

### Where sex and gender identity don't match:

Our sex appearance, gender identity, gender role and expression are usually aligned as masculine or feminine so the assumptions made at birth are likely to be correct. If a baby's genital sex is male, the infant will probably identify as a boy and use

male pronouns, 'he', 'him'; if the genital sex is female, the infant will probably identify as a girl, and use female pronouns 'she', 'her'. However, sex and gender identities are very variable. For some people, the way they look and the way they are expected to behave doesn't fit how they feel inside.

**Gender incongruence and dysphoria:** This mismatch between the sex assigned at birth and the gender identity is called **gender incongruence**, and it can cause a feeling of discomfort that is described as **gender dysphoria** (dysphoria means unhappiness or unease). This is not a mental illness. It is increasingly understood to have its origins before birth and may be expressed as early as two years old. Research studies indicate that some sex characteristics of the brain can develop differently from the sex of the rest of the baby's body. This predisposes the baby to a future discomfort that can be both with the physical sex characteristics, and also with the social role that is typically associated with those characteristics. See 'Biological correlations' in the development of atypical gender identities (2018).



**The wider trans population:** **trans men or trans masculine** people are those assigned female at birth, identifying as men or towards the masculine end of the gender spectrum; **trans women or trans feminine** people are those assigned male at birth,

identifying as women or towards the feminine end of the gender spectrum. This spectrum embraces a variety of personal identities falling between or even outside the binary man or woman concepts of gender identity. In the wider **gender diverse, gender nonconforming, gender variant** group, the terms '**trans**', '**trans+**' and '**transgender**' are commonly used; these terms include many who do not identify as either men or women but as **non-binary or gender queer**, or **non-gender**, or many other self-descriptions, including: **pan-gender, poly-gender, bi-gender, gender fluid (fluctuating) and neutrois**. The distinctions between all these expressions may be quite blurred. Pronouns such as 'they', 'per', 'zie' and 'fey' may be adopted, as well as titles, such as Mx or Pr. Others may cross-dress occasionally without seeking to make permanent changes to their lives.

**Gender Dysphoria in Puberty:** Gender discomfort may emerge in childhood or adolescence and continue into adulthood. Stress is increased in puberty with the development of unwanted changes to the body. Some young people access safe, reversible intervention to suspend puberty (hormone blockers), allowing more time to confirm how they wish to live in their adult lives.

**Transition:** If young people wish to continue down the path of **transition** (change or modification of gender role), they may have further medical treatment (see below). However, many people do not access treatment until they are much older when, finally, their distress becomes intolerable and they transition to live according to their **affirmed** gender identity. At the point of transition, families and significant others, as well as trans people themselves, are vulnerable to unfair treatment, and may experience great stress and feel isolated and fearful.

**Medical interventions:** A range of interventions to assist trans, non-binary, and non-gender people may be provided on the NHS or privately, including hormone medication: testosterone or oestrogen, for those who are respectively towards the masculine, or feminine, ends of the gender spectrum. Sometimes surgery is undertaken to bring the body more closely in line with the gender identity. This is referred to as **gender reassignment** or **gender confirmation** treatment.

**Impact of Legislation:** 'Gender reassignment' is a 'protected characteristic' under the Equality Act 2010, making it unlawful to discriminate against, harass or victimise trans people in education, employment, in the provision of goods and services, including those in prison and secure accommodation environments, from the moment they propose to undergo a process of reassignment, or 'a part of [that] process'. Protection also applies to those who are perceived to be trans, or who are associated with them, e.g. a partner, relative or carer. It is prudent for employers to regard non-binary and non-gender people as protected by this Act. Dignity, privacy and protection against discrimination are also protected in the public sector, under the **Human Rights Act 1998**.

These laws reinforce the requirement that employers and service-providers respect the privacy and confidentiality of trans people's previous personal information, and use only their new names, titles and pronouns; access to accommodation, toilet and changing facilities must be in accordance with their current gender expression. If unsure, employers or service providers should ask the individual *privately*, and abide by their wishes. All existing and new policies must be scrutinised to avoid any unintended disadvantage to trans people. Social inclusion must

be facilitated. Public Sector organisations must take positive steps to ensure the rights of trans people.

In clinical and other care settings there must be no unnecessary disclosure of a person's trans status, whether the care is for gender dysphoria, or for any medical condition. Trans people require the usual range of medical procedures from flu' jabs to heart surgery. Disclosure should only occur where it is relevant to their care and, if possible, with the person's agreement. Screening, for instance, for cancer, may need to be discreetly undertaken in line with a person's birth sex.

The **Gender Recognition Act** provides additional privacy for those trans people protected by the Act making it a criminal offence, in certain circumstances, to breach their status or history. Obtaining a Gender Recognition Certificate provides access to a new birth certificate.

**Successful outcomes:** The social and physical changes associated with transition are very successful in giving trans, non-binary and non-gender people a sense of authenticity. However, once they are living according to the affirmed gender, wherever that is on the gender spectrum, many prefer to lose these labels altogether. Having established a sense of internal harmony, and external recognition of their identity, they are better able to live fulfilling lives and make valuable contributions to society, in all walks of life.

#### **INFORMATION AND SUPPORT (2019)**

- TranzWiki lists nearly 400 groups nationwide [www.tranzwiki.net](http://www.tranzwiki.net)
- Biological correlations: <https://bit.ly/2OIUXZO>
- E-learning resources for professionals and families caring for gender nonconforming young people: [bit.ly/GIRESelearn](http://bit.ly/GIRESelearn)
- E-learning for employers and service providers: <http://www.gires.org.uk/elearning/new/player.html>



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