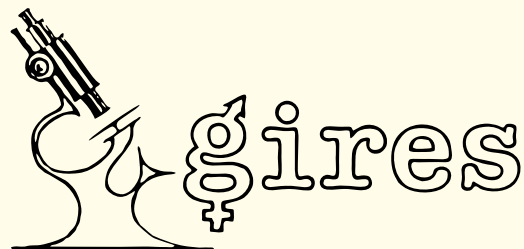


Gender Development—The inside story

(FOR TEENAGERS—SCHOOL YEARS 10 AND 11 UPWARDS)

Gender Identity Research and Education Society

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We all know that boys and girls are different. Boys and girls look different, they often behave differently, and they feel different. Outside appearances of the sex of our bodies—the genitalia—are the indicators we all recognise, but internally too, the organs of reproduction are different, and, importantly, so are small areas of the brain. The process of developing into ‘male’ and ‘female’ is called ‘*sex-differentiation*’. There are complicated reasons for this development.

‘Genes’ (made up of sections of the double helix DNA) are located on the chromosomes which are in all the cells of the body. Genes carry the codes for those bits of us that we inherit from our parents; genes influence how we look and how we develop. They have an effect on how we start life before birth, and how we grow afterwards. Genes affect our development as boys and girls.



For many years, scientists have understood that genes affect the way our bodies manufacture, and use, ‘hormones’. Right at the start of life in the womb, a baby is equipped to develop either way, as male or as female but if certain genes, found on the Y chromosome, are present, they will trigger the production of the hormone, testosterone. Typically, in the presence of testosterone the baby will be born looking like a boy; without testosterone a baby will be born looking like a girl. Recent research suggests that, in addition to these hormonal effects, certain genes may act directly on the brain to trigger its differentiation into ‘male’ and ‘female’. Whatever the cause, science shows that small areas of the brain are structurally different between men and women, and appear to be ‘programmed’ so that each

experiences a strong predisposition to 'feel' like one or the other. This feeling of being a boy or a girl, a man or a woman is called our '*gender identity*' or, sometimes, '*core gender identity*'.

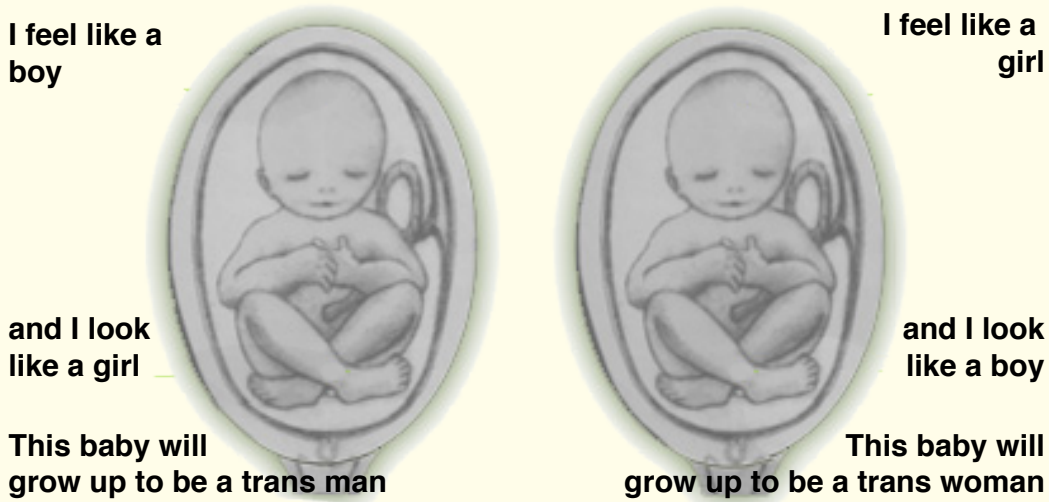
The vast majority of us experience our gender identity in a way which is consistent with the way our bodies look on the outside. Consequently, all new-born infants are expected to grow into adulthood 'feeling' the same way that they 'look'. If a baby is born with a penis, he will be regarded as a 'boy' and if the baby doesn't have a penis, she will be regarded as a 'girl'. Each is expected to be comfortable with his or her body and both are expected to be comfortable with their social roles, also known as their '*gender roles*'. It is anticipated that boys will want to grow up to be men, and girls, to be women.

But a few individuals are very special. Recently scientists have found evidence that, in a small minority of people, at least one of the 'sex-differentiated' areas of the brain is 'female' in people who look male on the outside, and 'male' in people who look female. This unusual development of the brain appears to be associated with a *gender identity* that is also, therefore, at odds with the external appearance. So, an individual who looks like a man may identify as a woman, and vice versa. This mismatch between the way individuals look and the way they identify themselves, creates a feeling of acute discomfort which is called *gender variance* or dysphoria (dysphoria means unease or unhappiness). This is not an illness, but it does mean that an individual may find that it is absolutely impossible to continue living in the gender role of, for instance, a girl, with the prospect of growing up to be a woman. The person will know that he is actually a boy so, understandably, he needs others to accept that too. He cannot continue to behave like a girl because, in the place which counts most, the brain, he isn't a girl. Conversely, an individual who has grown up apparently as a boy may, nonetheless, identify as a girl and will need to live, and be accepted, as a girl who will become a woman. Many individuals try to hide their discomfort and they struggle to conform to behaviour typical of the gender in which they are raised. Ultimately, though, the need to bring the gender role in line with the core gender identity may become overwhelming. The process of changing the gender role is called '*transition*'.

Some young people experiencing this condition will seek treatment to block the physical changes of puberty (for example: breast development in girls; and in boys, facial and body hair and the Adam's apple associated with the deepening of the voice). The suppression of the pubertal changes gives the young people time to be sure that they really do need to change

permanently to the other gender role. Then when they are deemed old enough to make a final decision, usually not before the age of 16, they may be treated with what are called 'cross-sex hormones' (oestrogen for someone who identifies as a girl, but looks like a boy—and testosterone for someone who looks like a girl, but identifies as a boy). Later, usually not before 18, they may have surgery to bring the bodily appearance in line with the core gender identity. However, most individuals will not have these treatments until they are older, and some delay transition and medical treatment for many years.

Those who continue to live, as adults, in the **gender role** which is consistent with their core gender identity are called **transsexual** people or trans people. If they have undergone **transition** from living as a woman to living as a man, they may be known as trans men; conversely, if they have transitioned from living as a man to living as a woman they are trans women. In their new gender status, they should be regarded simply as men or women. In 2005, trans people became entitled to follow a legal process through which they may obtain a **Gender Recognition Certificate** and new birth certificate recognising their post-transition gender status simply as men or women.¹ This allows them to get on with their ordinary lives whilst enjoying the same social rights as everyone else.



Gender identity has nothing to do with **sexual orientation**. Trans people, like anyone else, may be gay, lesbian, bisexual or straight (heterosexual).

¹Those who remain in a legal marriage dating from before their transition, may not obtain a Gender Recognition Certificate unless they end their marriage

Individuals who experience this **gender variance** and who are willing to reveal their true selves, show great courage. They have earned our respect and they deserve our support. Nature is very varied and the differences between us are what makes human beings so special and interesting. We don't all fit into neat little boxes.

Glossary

Gender Identity

Gender Identity describes the psychological identification of oneself as a boy/man or as a girl/woman. There is a presumption that this sense of identity will evolve along binary lines and be consistent with the sex appearance.

Sex

Sex refers to the male/female biological development—the phenotype. In an infant, the sex is judged entirely on the genital appearance at birth. Other phenotypic factors such as karyotype (chromosomal configuration) are seldom tested unless a genital anomaly is present. There is a presumption that an apparently male infant will identify as a boy, and vice versa.

Gender Role

The gender role is the social role—the interaction with others which both gives expression to the inner **gender identity** and reinforces it. Despite the greater gender equality in modern Western culture in terms of: the subjects studied in school and at university; the choice of friends; work and domestic arrangements; dress and leisure pursuits, there is still a presumption of conformity with society's 'rules' about what is appropriate for a man or a woman, a boy or a girl, especially in terms of appearance. Too great a transgression often causes anxiety and discomfort in those who witness it.

Gender variance/ gender dysphoria / gender identity disorder

It is now understood that the innate gender identity, although powerfully influenced by the sex of the genitalia and the gender of rearing, is not determined by these factors. There is evidence that sex differentiation of the brain may be inconsistent with other sex characteristics, resulting in individuals dressing and/or behaving in a way which is perceived by others

as being outside cultural gender norms; these unusual gender expressions may be described as gender variant. Where conforming with these norms causes a persistent personal discomfort, this may be described as gender dysphoria. In many, this includes some level of disgust with the phenotype, since this contradicts the inner sense of gender identity. Gender dysphoria is not a popular term with those experiencing the condition since it has become associated with the **DSM-IV** 'clinical diagnosis' of gender identity disorder published by the American Psychiatric Association. Both these descriptions imply a diagnosis of 'pathology' and mental illness, whereas the more neutral term, *gender variance*, denotes that these departures from stereotypical gender experience and expression are part of a natural, albeit unusual, human development.

Transsexualism

When **gender variance** is experienced to the degree that medical intervention is necessary to facilitate a permanent transition to a **gender role** that accords with the **gender identity** thus alleviating the intense discomfort, it may be regarded as *transsexualism*. In the United Kingdom, those who are intending to undergo, undergoing or having undergone gender reassignment, under medical care are protected in law. Those who have changed their role permanently may obtain legal recognition of their new gender status in accordance with the **Gender Recognition Act**.

Gender Confirmation Treatment

Those **transitioning** permanently usually have gender confirmation treatment that includes hormone therapy and often surgery to bring the sex characteristics of the body more in line with the gender identity. Such surgery is sometimes referred to as gender reassignment surgery.

Transgender

Transgenderism has had different meanings over time, and in different societies. Currently, it is used as an inclusive term describing all those whose gender expression falls outside the typical gender norms; for example, those who cross-dress intermittently for a variety of reasons including erotic factors (transvestism), as well as those who live continuously outside

gender norms, sometimes with, and sometimes without, medical intervention. There is a growing acknowledgement that although there is a great deal of difference between say, a drag artist and a **transsexual** person, there are nonetheless areas in the transgender field where the distinctions are more blurred; for example, a person who cross dresses intermittently for some years, may later transition fully to the opposite role.

Transition

Transition is the term used to describe the point at which a permanent change of gender role is undertaken, in all spheres of life—in the family, at work, in leisure pursuits and in society generally. Some people make this change gradually, however, others emerge overnight.

Trans men and trans women

The expression *trans* is often used synonymously with **transgender** in its broadest sense. Sometimes its use is specific; for instance, those born with female phenotype but identifying as men may be referred to as *trans men*; and those born with male phenotype but identifying as women may be referred to as *trans women*. Where trans people have **transitioned** permanently, many prefer to be regarded as ordinary men and women.

Sexual Orientation

Sexual Orientation is a separate issue from **gender identity**. Trans people may be gay, straight, bisexual or, occasionally, asexual. Their sexual relationships may remain the same through the transition process, or they may change.

Gender Recognition Act (2004)

Under the **Gender Recognition Act**, trans people who experience severe **gender variance** described above, and have medical treatment for the condition, may apply to the **Gender Recognition Panel (GRP)** for a **Gender Recognition Certificate (GRC)**. The GRC then entitles them to recognition of the gender stated on that certificate "for all purposes". Where the birth was originally registered in the UK, the GRC may be used to obtain

a new birth certificate. Over 2,000 people have now made successful applications for legal recognition of their new gender status to the Gender Recognition Panel (GRP). Those seeking a change of gender status must provide the GRP with evidence of a 'diagnosis' of persistent gender dysphoria, and must convince it of their intention to live in the new role for the rest of their lives. This is a paper exercise and does not require the applicant to appear in person. Details of medical treatment and relevant dates are required. Genital surgery is not a requirement, although where it has taken place, applicants must supply details.

The distinctions between those who qualify for GRCs and those who do not, are not necessarily medical. Trans individuals who are legally married, and do not wish to dissolve that marriage, are not permitted to have a GRC. An Interim GRC of 6 months duration may be obtained, but it confers no legal rights and serves only as a way of dissolving the marriage, whereupon it may be converted immediately to a full GRC.

The GRC gives trans people the right to marry someone of the opposite sex, and to have a civil partnership with someone of the same sex (Civil Partnership Act, 2004).