



**Gender Identity Research and Education Society**

Registered Charity No: 1068137

**Improving the lives of trans people**

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# **Collecting Information On Gender Identity**

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## Collecting Information on Gender Identity

### Executive summary

Public authorities in England, and those contracted to provide services on their behalf, are now preparing for the commencement of the specific duties that arise from the Equality Act (2010). These include a requirement to publish, by 31 January 2012, relevant information about employees and service users who are protected by the gender reassignment characteristic.

A few individuals experience a mismatch between the way they look on the outside and how they feel inside. This condition is increasingly understood to have its origins before birth. The people who experience it do so to varying degrees and express it in a variety of ways. For some, the experience is so intolerable that they transition to live permanently in the opposite gender role, supported in most cases by medical treatment to align the way they look with their innate gender identities. These persons have the gender reassignment characteristic that is protected under the Equality Act (2010). The Act also protects those associated with them, such as family members, and those who are perceived to have the characteristic.

Gender identity is different from sexual orientation, that is whether any individual is sexually attracted to men, or women, or both or, very occasionally, neither.

The disadvantages suffered by the people whom the gender reassignment characteristic is intended to protect include extreme discrimination and harassment at work and in the provision of services. Consequently, most of the people who experience the condition wish to remain undetected and hence are impossible to count. Moreover, in many cases, they feel unable to take the risk of undergoing gender reassignment and hence are not protected by the Equality Act (2010).

Authorities can use information that GIRES assembled for the Home Office to estimate, among their employees and service users, the number who may: be gender variant to some degree (1%); seek medical treatment for their condition at some stage (0.2%); be receiving such treatment already (0.025%); have already undergone transition (0.015%); have a GRC (0.005%); begin treatment during the year (0.003%). The number of who have sought treatment seems likely to continue growing at 11% per annum. Authorities should assume that there may nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).

Few younger people present for treatment despite the fact that most gender dysphoric adults report experiencing the condition from a very early age. Nonetheless, presentation for treatment among youngsters is also growing rapidly.

The EHRC advises that "A disadvantage may be rare but its impact so severe that it needs to be tackled, if only for a small number of people".<sup>1</sup>

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<sup>1</sup> The Executive Summary of the EHRC Triennial Review, 2010.

Information gathered in respect of the protected characteristics need not be quantified. Qualitative information may be regarded as adequate.<sup>2</sup> Qualitative information can be obtained from staff consultation groups and stakeholder focus groups. It could also include reports of transphobic incidents and an account of any actions taken by the authority to advance transgender equality.

It is essential that authorities monitor staff attitudes towards transgender people and ensure that the organisational culture supports them before any attempts to gather information about them. Only then will they feel confident enough to reveal information about themselves. Achieving the necessary degree of culture change will usually involve an extensive and detailed action programme, which includes improving human resources policies, recruitment practices, internal and external engagement processes, staff training and reporting systems. Any questions used to elicit information from transgender people have to be phrased with great sensitivity.

## **Introduction**

Public authorities in England, and those contracted to provide services on their behalf, are now preparing for the commencement of the specific duties that are intended to improve their performance of the general public sector equality duty. The specific duties require public authorities, with the exception of schools, to publish relevant information, commencing on 31 January 2012 and thereafter at least annually, demonstrating their compliance with the general duty. They are also required to publish at least one equality objective by 6 April 2012. Schools will be required to publish both their information and their equality objectives by 6 April 2012. However, authorities with fewer than 150 employees are not required to publish such information.

The general duty requires public sector employers and service providers, to have due regard for the needs of groups of people who have a 'protected characteristic'. One of the protected characteristics is gender reassignment. This applies not only to persons having that characteristic but also those perceived to have this characteristic and those associated with such persons. Because the requirement to publish information about this category of protection in equality law is new, having only been introduced in the Equality Act 2010, public authorities may need practical guidance on how best to fulfill this obligation.

This document provides guidance on:

- Understanding gender reassignment
- Making an initial estimate of the number of people who may be persuaded to provide information about their own gender reassignment
- Establishing an organizational culture in which information gathering may be undertaken safely, sensitively and supportively
- Defining and gathering the information each public authority needs on persons having the gender reassignment characteristic, including employees, service users and any others affected by its policies and practices

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<sup>2</sup> Statement by Jonathan Rees during the consultation on the Specific Duties, 14 April 2011.

For more information about the topics covered in this guidance, please contact the Gender Identity Research and Education Society (GIREs): [info@gires.org.uk](mailto:info@gires.org.uk) 01372 801554

## Understanding Gender Reassignment

A person has the protected characteristic of gender assignment if that person: is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex. This is the case whether or not the reassignment takes place under medical supervision (Equality Act 2010). The process of gender reassignment includes a change of the gender role (termed transition). People are protected once they have proposed to undergo reassignment, even if they later change their mind. Proposing reassignment requires no more than informing another person of this intention. Anyone undergoing the reassignment process, may be regarded as a transsexual person, although that term is not the preference of many of the people in this protected group.

To work in this field, it is helpful to understand the terminology that is used. An explanation of all terms is provided as an appendix to this document.

Typically, we are divided by our physical sex appearance into 'male' and 'female'. Our reproductive organs and other features of our adult body, as well as our brains, have distinctly different male and female characteristics. These physical differences describe our 'sex'; whereas 'gender identity', describes the inner sense of knowing that we are men or women; and 'gender role' describes our social behavior.

For many people, it is very difficult to understand why another person undergoes the process of gender reassignment. Society is often intolerant of people who are seen as different, particularly those who are or may be perceived to be transsexual.<sup>3</sup> So it is important to emphasize that human development is, naturally, very varied.

A few individuals experience a mismatch between the way they look on the outside and how they feel inside. This condition is increasingly understood to have its origins before birth. Research studies indicate that it is associated with divergent development between parts of the baby's brain and the sex of the rest of its body.

People will experience and express this discomfort in wide variety of ways, continuously or intermittently. In a survey conducted by a:gender, the civil service support group, its members used 30 different terms to describe their gender identities. Some people may self identify as non gendered. People who express their gender in all these different ways may be referred to under the umbrella terms, gender variant, transgender or trans.

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<sup>3</sup> - This extreme discrimination is well described in *The Equalities Review - Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination*; Whittle S, Turner L, and Al-Alami M, (2007), <http://www.nmhdu.org.uk/silo/files/the-equalities-review.pdf>

When the feeling of discomfort is intense, it is sometimes described as 'gender dysphoria'.

Many people experiencing a severe degree of gender dysphoria try, nonetheless, to conform to societal norms, and continue to live for many years in the gender role that society expects of them, until, finally, the stress becomes so intolerable that they transition permanently. This is usually accompanied by hormone medication and corrective surgery, to bring the body more closely in line with the underlying gender identity. The treatment is very successful in enabling transsexual people to achieve an authentic expression of their innate gender identity and relieve the stress of having to live a lie. Others may be able to achieve sufficient comfort through hormone treatment alone or even none at all. After transition, as well as before, they should all be regarded as who they say they are and this will need to be taken into account in designing questionnaires.

Gender Variance in Children and Adolescents: Gender discomfort may be detected, albeit rarely, in children aged as young as two, three or four. Usually, trans adults describe feelings of gender discomfort that date back to their early childhood. These feelings may often have been repressed as a result of overt or perceived non-acceptance by family members, peer groups, teachers, and even doctors. Despite the pressure to conform, some children do express their core gender identities in their behaviour and dress. Expressing gender variance at school often leads to bullying.

A growing number of young people are undergoing transition in school and a few are now having medical intervention to put their puberty on hold. This intervention, only recently adopted in the UK, is reversible, but allows young trans people time in which to consider their future gender needs, without the anguish, that many experience, of increasingly unwelcome changes to their bodies.

The Difference between Gender Identity and Sexual Orientation: Gender identity has been explained above as the inner sense of knowing that we are men or women (as well as neither or both). This is different from sexual orientation, that is whether any individual is sexually attracted to men, or women, or both or, very occasionally, neither. Like the rest of the population, trans people may identify as straight, gay, lesbian, bisexual, or sometimes, asexual.

### **Making a preliminary estimate of the numbers**

In 2009, GIRES published a report, funded by the Home Office, on the numbers of transsexual and transgender people.<sup>4</sup> GIRES has now prepared an update of the figures, based on new information from the gender identity clinics and HM Revenue and Customs, to arrive at estimates for 2010.<sup>5</sup> These two documents are the source of the following estimates.

The number who, by 2010, had presented for medical treatment for gender dysphoria is estimated to be 12,500, a prevalence of 0.025%, in the population aged 16 and over. Of those who have presented for treatment, around 7,500 have now undergone transition, a prevalence of 0.015%. Only one-third of them have obtained a Gender Recognition Certificate (GRC), a prevalence of

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<sup>4</sup> Gender variance in the UK – prevalence, incidence, growth and geographic distribution: Reed B, Rhodes S, Schofield P and Wylie K; GIRES (2009): (<http://www.gires.org.uk/prevalence.php>).

<sup>5</sup> The number of gender variant people in the UK – Update 2011; GIRES.

0.005%. The requirement to annul an existing marriage or Civil Partnership before grant of a GRC is one of the factors that inhibits people applying for one.

Although transitioning is still a high risk for most gender variant people, the constantly improving social, medical and legislative provisions for them, coupled with the "buddy effect" of mutual support, appear to be driving growth in the number who have felt confident enough to seek medical treatment. The increase in numbers has been accompanied by the establishment of 125 support organisations at national or local level;<sup>6</sup> These, in turn, are likely to trigger a further increase in the visible transgender population. The number who had sought medical care increased from 4,000 in 1998.<sup>7</sup> So the figure of 12,500 estimated for 2010 equates to an average annual growth rate of 11%.

The annual incidence of new cases is estimated to be 0.003% of people aged over 15 in the UK, based on the 1,500 people who presented for treatment of gender dysphoria in 2007.

Gender variant people may present for treatment at any age or never. The median age of presentation has remained fairly constant at around 42. Those who present emerge from a much larger, mainly invisible, reservoir of people, who experience some degree of gender variance but are not necessarily transsexual. Based on the GIRES report cited above, they may number nearly 500,000, a prevalence of 1%.

Although only 12,500 adults have so far presented for treatment, a further 90,000 may follow their lead, a prevalence of 0.2%. Accordingly, the current growth in the number who have done so may continue for a lengthy period,.

Public authorities may wish to use the foregoing percentages in estimating, among their employees and service users, the number who may: be gender variant to some degree (1%); seek medical treatment for gender dysphoria at some stage (0.2%); be receiving such treatment already (0.025%); have already undergone transition (0.015%); have a GRC (0.005%); begin treatment during the year (0.003%).

The anticipatory duty applies in transgender equality.<sup>8</sup> In setting their policies and practices, public authorities should therefore take account of the likely growth in the number of transgender people who will be open about their gender variance, undergo gender reassignment and seek medical treatment for gender dysphoria.

Although about 80% of the people who underwent transition in earlier years were trans women, the proportion who are trans men has recently been rising. For planning purposes, authorities should assume that there may in future be more nearly equal numbers of trans women and trans men.

Public authorities should also consider the implications of having 1% of their employees and service users experiencing some degree of gender variance. This may be stressful for these individuals and

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<sup>6</sup> Transgender Support, GIRES, 2010; [www.TranzWiki.net](http://www.TranzWiki.net)

<sup>7</sup> Wilson P, Sharp C, Carr S. (1999). The prevalence of gender dysphoria in Scotland: a primary care study, *British Journal of General Practice*. 49 (449):991-2

<sup>8</sup> Which requires developing practice/policy in anticipation of future trans employees and service users.

cause difficulties with their families, as well as in social settings, in education and in the workplace. Although the majority of these persons may not meet the definition of gender reassignment as stated in the Equality Act 2010, some, may be perceived to be transsexual. In these cases, they are protected by the law if, as a result of that perception, they suffer a detriment. Another group that is protected comprises people associated with a transsexual person, for instance family members, which multiplies the number about whom public authorities may need to be concerned.

Few younger people present for treatment despite the fact that most gender dysphoric adults report experiencing the condition from a very early age. Social pressure, in the family and at school, inhibits the early revelation of their gender variance. Only 100 or so children and adolescents are referred annually to the UK's sole specialised gender identity service, compared to 1,500 referred to the adult clinics. Nonetheless, presentation for treatment among youngsters is also growing rapidly and has the potential to accelerate if young people feel increasingly able to reveal their gender variance and undertake transition while still young.

All of the above numbers are tiny proportions of an authority's employees and service users. Moreover, most the people in each group are unlikely to wish to be detected.

The only persons who cannot escape detection are the very few who undergo transition of their gender role. Most of them will appear in the statistics of gender identity clinics and may be counted also at primary care level. Their changes of documentation will often be recorded by the government agencies to which they apply. If their transition occurs in the workplace, this will inevitably be known. However, such data are not routinely assembled.

A far greater number will not be countable, and even if they were, the numbers would still be relatively low.

However, the EHRC advises that "A disadvantage may be rare but its impact so severe that it needs to be tackled, if only for a small number of people".<sup>9</sup>

### **Establishing the right organisational culture**

Given the high risk of discrimination, harassment and even violence that many transgender people rightly fear, most of them are likely to wish to remain undetected. The Engendered Penalties survey found that 42% of those who wished to transition at work, felt unable to do so because they regarded the environment as too hostile.<sup>10</sup> They are unlikely, in those circumstances, to disclose their gender issues in any survey or other form filling occasion. They would need to be convinced that the confidentiality of information gathered can be sustained and that worthwhile actions would ensue from reporting their gender variance.

However, given that those conditions were met, some trans people favour attempting to gather quantified data as a sign that an organization is paying serious heed to their needs. Nonetheless,

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<sup>9</sup> The Executive Summary of the EHRC Triennial Review, 2010.

<sup>10</sup> Whittle, S, Turner, L, A-Alami, M (2007) Engendered Penalties, page 32:  
<http://www.nmhd.org.uk/silo/files/the-equalities-review.pdf>

obtaining reliable data would be very difficult, except perhaps regarding staff attitudes towards transgender people (see below).

Authorities should treat all information generated about transgender people by the means of form filling, surveys or other data gathering with caution. It is likely to take several years before many staff members or service users who are transgender feel confident enough to report any information about their gender variance and their experiences. In most cases, information gathering will need to be preceded by a thorough programme of culture change to convince transgender people that they may safely, and with good reason, reveal information about their gender variance (or trans status/history). Only when the authority is satisfied that its culture is supportive of transgender people, and can guarantee the confidentiality of any information it obtains, should it consider introducing questions about gender variance into the forms it uses with its staff. Anonymity would substantially increase the number of transgender people willing to reveal information about their gender variance.<sup>11</sup>

Meanwhile, in line with the recent confirmation from the Government Equalities Office that the information gathered in respect of the protected characteristics need not be quantified, qualitative information may be regarded as adequate.<sup>12</sup>

The most effective routes for gathering qualitative information in the short term will be staff consultation groups and stakeholder focus groups. Qualitative information could also be obtained from anonymised reports of transphobic incidents of discrimination, harassment, victimisation or other conduct, together with an account of any consequent action that the authority has taken. The transphobic aspects of an incident can be ascertained by including questions about the apparent motivation of the alleged perpetrator, including any indication that actual or perceived gender reassignment was involved. However, the number of these incidents is likely to be too small to provide any reliable statistical sample. Other useful information could include an account of any actions, taken by the authority to advance transgender equality by creating a culture that supports transgender people, which could include the following:

- Conduct a survey of staff attitudes towards transgender people, as fellow employees and service users (see below);
- Engage with local and national transgender support groups, which could facilitate information gathering, advise on equality impact analyses and offer training;<sup>13</sup>
- Encourage transgender people to engage in staff and service user groups; for example a:gender, which supports staff in government departments / agencies who have changed or need to change permanently their perceived gender, or who identify as intersex;
- Establish focus groups with transgender service users to obtain their views on current and proposed policies and practices that particularly affect them; this has been especially helpful for several local authorities;

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<sup>11</sup> Collecting information on gender identity; EHRC (2001):

[http://www.equalityhumanrights.com/uploaded\\_files/EqualityAct/PSED/collecting\\_info\\_gender\\_id.pdf](http://www.equalityhumanrights.com/uploaded_files/EqualityAct/PSED/collecting_info_gender_id.pdf)

<sup>12</sup> Statement by Jonathan Rees during the consultation on the Specific Duties, 14 April 2011.

<sup>13</sup> A directory of such groups is available in [www.TranzWiki.net](http://www.TranzWiki.net)

- Provide staff training in transgender issues wherever shown to be necessary by the survey and feedback from the groups;
- Develop and publicise a transgender equality policy, stating how this will apply to employees and service users; this would include a code of conduct, readiness to change documents using new names and titles, provision of appropriate toilet and changing facilities, reassurance regarding ongoing employment, promotion, privacy and confidentiality; the importance of this is demonstrated by the experience of a major police force, which knew of no transgender persons inside its organization; within three years of the publication of its policy, 57 people were sufficiently encouraged by this to have identified themselves as being transgender;
- Ensure that senior managers speak openly about their commitment to support transgender people;
- Appoint a senior manager as transgender equality champion;
- Positively encourage transgender people to apply for jobs by saying in recruitment advertising that they, as well people having other protected characteristic, are welcome within the organization; when a local authority did this, 21 out of the 30 applicants for a job were transgender people;
- If it is intended that questions relating to transgender issues are included in any survey or monitoring process, ensure that they are sensitive to the range of individual experiences of gender variance; poorly phrased questions can be very offensive to some transgender people;
- Offer an absolute guarantee of total privacy; note that publishing even the anonymous results from any survey of staff may generate gossip and speculation about the identities of the inevitably small number of transgender people, which would risk outing them; moreover, some transsexual people may possess a Gender Recognition Certificate (GRC), in which case disclosing information about the prior gender without the person's written consent constitutes a criminal offence punishable by a fine. In fact, it is prudent to treat all transgender people as if they do have GRCs.
- State the tangible benefits which the authority expects to provide for transgender people by gathering information about them;
- Establish a confidential system that enables transgender people to report, anonymously if they wish, any incidents of discrimination, harassment or victimization that they experience;
- Ensure a zero tolerance policy towards perpetrators of transphobic incidents, whilst, if necessary, preserving the personal anonymity of the victim;
- Participate in the annual Transgender Equality Index process that is operated by a:gender, which also publishes a most useful paper on evidence gathering.<sup>14</sup>

## Defining the information

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<sup>14</sup> Information about the Transgender Equality Index and the paper on evidence gathering can be obtained from: [agender@homeoffice.gsi.gov.uk](mailto:agender@homeoffice.gsi.gov.uk)

The purpose of gathering information about transgender people is to demonstrate the authority's compliance with the general duty to give due regard to the need to:

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act (2010);
- (b) advance, not merely promote, equality of opportunity for persons who share a relevant protected characteristic compared to persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The information published by a public authority must include, in particular, information relating to persons who share a relevant protected characteristic including employees and those affected by its policies and practices. The information should show:

- The effect that the authority's policies and practices have had on employees and service users
- Evidence of the analysis undertaken to establish whether the policies and practices will further (or have furthered) the above three equality aims in the general duty
- Details of engagement with people who have an interest in the aims of the duty<sup>15</sup>

There is no absolute requirement to count heads and attempting to do so is unlikely to generate any useable information, particularly at the outset, for the reasons outlined above: the number of transgender people is small and most of them will wish to remain undetected. Nonetheless, the duty to create a supportive environment exists even if no transgender people are currently known to be present within an organisation.

However, valuable quantitative data can be generated from staff surveys about their attitudes towards transgender people. A suitable question to ask would be:

***How confident are you, or would you be, working with or providing services to, a transgender person, on a scale of 1-5?***

- 1) *Very confident*
- 2) *Fairly confident*
- 3) *Not sure*
- 4) *Not confident*
- 5) *Very unconfident*

A similar but more challenging question would be:

***How comfortable are you, or would you be, working with or providing services to, a transgender person?***

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<sup>15</sup> Equality information and the equality duty: A guide for public authorities, EHRC  
[http://www.equalityhumanrights.com/uploaded\\_files/EqualityAct/PSED/information\\_guidance.pdf](http://www.equalityhumanrights.com/uploaded_files/EqualityAct/PSED/information_guidance.pdf)

Repeated monitoring over a period of time, will indicate the success or otherwise, of training initiatives to improve staff attitudes towards transgender people. Training would have to be repeated to ensure that new staff understand and conform to the trans-inclusive ethos.

Given that the Government Equalities Office has confirmed that the information gathered in respect of the protected characteristics need not be quantified and that qualitative information is adequate, an authority could prepare summaries of:

- (a) the opinions generated from staff consultation groups and stakeholder focus groups
- (b) reports of transphobic incidents of discrimination, harassment, victimisation or other conduct, together with a summary of any consequent action that the authority has taken and
- (c) descriptions of any initiatives to create a culture that supports transgender people.

When the authority is satisfied that its culture is supportive of transgender people, it might consider introducing questions about gender variance into the monitoring forms it uses with its staff, provided that it has their written consent and guarantees the confidentiality of their responses, for instance in:

- Recruitment
- Appraisal
- Grievance procedures
- Incident reporting

There are various ways in which an appropriate question might be phrased. The following example is a catch-all one, which can be answered by those who have not transitioned, and who may or may not do so in the future, as well as those who have transitioned, and may regard themselves simply as men or women:

***Is your gender identity inconsistent with (different from) the sex you were assigned at birth?***

Once this question is embedded in an authority's monitoring processes, further questions about the quality of trans people's experiences at work and in service provision may be added.

The EHRC has developed guidance on collecting information on gender identity.<sup>16</sup> This includes, in its Appendix 1, a suite of questions that an authority might wish to use when the time is right.

For service users, information about gender variance might be gathered when they are asked to complete questionnaires, for instance relating to payment, delivery, consumer surveys or complaints. However, the usefulness of this approach will be limited given the wish of most transgender people not to be identified and their likely uncertainty about the confidentiality of the information they provide. Working, in confidence, with groups of service users appears a more certain method for gathering reliable information. The trans support organisations listed in [www.TranzWiki.net](http://www.TranzWiki.net) may be able to help in recruiting group members.

<sup>16</sup> Collecting information on gender identity; EHRC (2001):

[http://www.equalityhumanrights.com/uploaded\\_files/EqualityAct/PSED/collecting\\_info\\_gender\\_id.pdf](http://www.equalityhumanrights.com/uploaded_files/EqualityAct/PSED/collecting_info_gender_id.pdf)<http://www.nmhd.org.uk/silo/files/the-equalities-review.pdf>

## Terminology

### Introduction

Terminology in the 'transgender' field is varied and constantly shifting as our understanding and perceptions of gender variant conditions changes. The concept of a 'normal' gender expression associated with a simple and clear cut man/woman divide is, in itself, questionable. In addition, in writing such a glossary of terms there is a risk of merely creating further stereotypes. People have the right to self-identify, and many people, especially among the young, reject the whole idea of binary gender tick-boxes, and use more wide-ranging, open terms such as pan-gender, poly-gender, third gender, gender queer and so on.

### Gender identity

*Gender identity* describes the psychological identification of oneself, typically 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. However, not everyone will wish to be constrained by that binary form of categorisation. Some people experience a gender identity that is completely inconsistent with their sex appearance, or may be neutral, non-gendered, or may embrace aspects of both man and woman.

### Sex

Sex refers to the male/female physical 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. A significant departure from stereotypical gender expression 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 variance*. 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 'clinical diagnosis' *gender identity disorder*;

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**

Gender dysphoria may be experienced to a degree that medical intervention is sought; this may include hormone therapy and/or surgical procedures to change the appearance and improve personal comfort. Often these treatments are associated with a permanent transition to a gender role that accords with the gender identity, thus alleviating much or all of the discomfort. At this level of intensity, the condition is commonly known as transsexualism. A transsexual person, is someone who proposes to undergo, is undergoing or has undergone gender reassignment. The word 'transsexual' should be used as an adjective, not a noun. It is, therefore, not appropriate to refer to an individual as 'a transsexual', or to transsexual people, as 'transsexuals'; the abbreviation 'tranny' is also unacceptable.

### **Transition/Gender reassignment**

Transition is the term used to describe the permanent change of gender role in all spheres of life: in the family, at work, in leisure pursuits and in society generally. This equates to the process of gender reassignment. A few people make this change overnight, but many do so gradually over a period of time. Transition may or may not be supported by medical treatment.

### **Affirmed gender**

The term 'affirmed' gender, is now becoming more common in describing the *post-transition gender role* which accords with the innate gender identity. This term is often preferred to 'acquired' which is used in the Gender Recognition Act. It is important to understand that although the gender status changes with the acquisition of a GRC (see below) the core gender identity remains constant.

### **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 (also referred to as 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, someone who cross-dresses intermittently for some years, may later transition fully to the opposite role and could, then, be described as a transsexual person.

### **Trans men and trans women**

The expression 'trans' is often used synonymously with 'transgender' in its broadest sense. However, sometimes its use is specific; for instance, those born with female appearance but identifying as men may be referred to as 'trans men'; and those born with male appearance but identifying as women may be referred to as 'trans women'; these individuals could also be referred to as transsexual men and women. Many trans people, having transitioned permanently, prefer to

be regarded as ordinary men and women. In these cases, where it becomes essential to refer to their pre-transition status, the phrase 'woman (or man) of transsexual history' may be used.

### **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 (or sex) reassignment surgery. The term 'sex change' is not considered appropriate or polite.

### **Intersex conditions**

There are a number of intersex conditions (recently renamed Disorders of Sex Development) which may lead the individuals born with them to experience some inconsistency between their gender identity, and the gender role assigned at birth. Inconsistencies in development may be associated with atypical sex chromosomes such as Klinefelter syndrome (XXY), Jacob's syndrome (XYY) or other genetic anomalies, such as Androgen Insensitivity Syndrome or Congenital Adrenal Hyperplasia in which unusual hormone levels are present. These may lead, for instance, to an atypical genital appearance at birth.

### **Sexual orientation**

Sexual orientation is a separate issue from gender identity. Sexual orientation is associated with the sexual attraction between one person and another. This is quite different from the internal knowledge of one's own identity. Trans people may be gay, straight, bisexual or, occasionally, asexual, that is, attracted to men, women, both or neither. Their sexual relationships may remain the same through the transition process, or they may change.

So a person who is living as a man, and is in a heterosexual relationship with a woman may, having transitioned to live as a woman, continue to be attracted to women and seek a lesbian relationship – or – may be attracted to men, and therefore seek a heterosexual relationship with a man. Sometimes trans people make lasting relationships with other trans people, so the possibilities are many and varied, and do not necessarily fit comfortably into typical categorisations of sexual behaviours.

### **Gender Recognition Certificate**

In 2004 the Gender Recognition Act was passed, and it became effective in 2005. Those trans people who have undergone a permanent change of gender status may endorse their affirmed gender status by obtaining legal recognition in the form of a Gender Recognition Certificate; this converts to a new birth certificate. Those in existing marriages or Civil Partnerships are obliged to annul them. Annulment may be achieved by obtaining an interim GRC (IGRC) which lasts for 6 months only, during which time the application to annul must be made.

### **Cisgendered**

Those who are cisgendered have little or no discordance between their gender identity and their gender role or sex anatomy. These factors are well aligned in a cisgendered person. Transsexual people who have completed transition to the point that they are comfortable, may then be regarded or identify themselves as cisgendered.