

TERMINOLOGY 2018 - GIRES

1. Introduction

Terminology in the **'transgender'** field (see below) is varied and constantly shifting as understanding and perceptions and awareness improves. The terms described below may change in their usage and become outdated. **Gender diversity/ gender variance/ gender nonconformity** are general terms that cover people whose gender identity and/or expression fall outside typical cultural gender expressions.

The concept of a binary social construct that recognises only men or woman fails to recognise that **"the expression of gender characteristics that are not stereotypically associated with one's assigned sex at birth is a common and culturally diverse human phenomenon that should not be judged as inherently pathological or negative"**.¹

2. Gender Identity

Gender Identity, describes the psychological identification of oneself, typically, that is, in the majority of the population, as a **boy/man** or as a **girl/woman**, known as the **'binary' model**. There is a presumption that this sense of identity will be consistent with the, respectively, male or female sex appearance. Where sex appearance and gender identity are congruent, the terms **cisgender** or **cis** apply.

However, some people experience a gender identity that is somewhat, or completely, inconsistent with their sex appearance. Historically, there has been greater recognition of those who, having been **assigned male, identify as women**; or having been **assigned female identify as men**. However, many more do not experience these binary gender identities: man or woman, but regard themselves as gender neutral, or as embracing aspects of both man and woman and, therefore, falling on a spectrum between the two, or outside the spectrum. People have the right to self-identify, and many reject binary tick-boxes, and describe themselves as **non-binary**, or **gender queer**, and use terms such as **pan-gender, poly-gender, third gender, neutrois, gender fluid** (fluctuating). Some reject the gender concept altogether and regard themselves as **non-gender**.

3. Pronouns

Those who change their gender expression from man to woman or vice versa, will change their pronouns from 'he' to 'she', 'him' to 'her', and vice versa. But non-binary people usually choose more neutral pronouns such as: they, zie, fey.; non-gender people may use the pronoun 'per'. Titles Mx or Pr may be preferred to Mr, Mrs, Miss or Ms. Using the name that a person was given at birth, after they have transitioned (see below) is unacceptable, and may be referred to as **'dead-naming'**.

¹ World Professional Association of Transgender Health (2011) Good Practice Guidelines for the assessment and treatment of gender dysphoria in adults <http://www.rcpsych.ac.uk>

4. Sex

Sex refers to the biological **male/female** physical development – the phenotype. In an infant, the sex is judged entirely on the genital appearance at birth, but internal reproductive organs, skeletal characteristics and musculature, and the brain, are all sex differentiated – not necessarily completely consistently. Other factors such as karyotype (chromosomal configuration, typically XX=female; XY=male, but including others such as XXY, XYY, X0, XXXY) are seldom tested unless a genital anomaly is present. There is a presumption that an apparently female infant will identify as a girl, and vice versa.

5. Gender role and expression

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. Their own discomfort may be reflected back on gender nonconforming individuals, causing a continuous source of stress in social situations. This can be particularly challenging for those who identify as non-binary or non-gender, and whose gender expression does not fit either the typical 'man' or 'woman' classification.

6. Gender incongruence/gender dysphoria

The mismatch between the assigned sex, and the gender identity may be described as **gender incongruence**. This term may be used to replace 'transsexualism' (see below). The discomfort associated with this incongruence is described as **gender dysphoria**. This arises at two levels: social interactions feel inappropriate, and sometimes the sex characteristics feel alien, since these contradict the inner sense of gender identity.

It is now understood that 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 in some individuals, the sex differentiation of parts of the brain is inconsistent with other sex characteristics, resulting in individuals having a predisposition to develop a gender identity that is not typically associated with their assigned sex. The atypical brain development overrides sex appearance and gender of rearing.

7. Transsexual

The terms **transsexual** and **transsexualism** are now generally considered old fashioned, and are only likely to be seen in legal and medical documents. Even there, these terms are gradually being replaced with more acceptable terminology, such as gender incongruence, transgender, and trans (see below). The term transsexual is mainly used very specifically for

those whose identity is at the opposite end, or close to the opposite end of the gender spectrum, from their assigned sex. In law, a transsexual person is someone who ‘proposes to undergo, is undergoing or has undergone a process (or part of a process) of gender reassignment’ (Equality Act 2010). For most this involves modifications of gender role and expression, as well as names and pronouns. Some, in addition, choose medical intervention to adjust the appearance so that it aligns with the gender identity. A ‘process’ or part of it, may also be undertaken by those identifying as non-binary or non-gender, which may provide them with the same protection under the Equality Act, as for trans binary people. These social and/or physical changes may alleviate much or all of the discomfort previously experienced.

The word ‘**transsexual**’ should be used as an adjective, not a noun. It is, therefore, never appropriate to refer to an individual as ‘a transsexual’, or to transsexual people, as ‘transsexuals’. The abbreviation ‘**tranny**’ is also unacceptable.

8. Transgender

‘**Transgender**’ has had different meanings over time, and in different societies. Currently, it is used as an umbrella term describing all those whose gender expression falls outside the typical gender norms. It is often the preferred term for those who change their role permanently, as well as others who, for example, **cross-dress** intermittently for a variety of reasons including erotic factors (also referred to as transvestism). Those who live continuously outside gender norms, sometimes with, and sometimes without, medical intervention are covered by this term. There is a growing acknowledgement that although there is a great deal of difference between say, drag artists and people who change their role permanently, 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 change fully to the opposite gender role and expression. Non-binary and non-gender identities also fall under this umbrella term.

9. Trans men and trans women

The expression ‘**trans**’ is often used synonymously with ‘transgender’ in its broadest sense. However, in relation to the individuals concerned, the abbreviated version, ‘trans’ is more often used. Recently the asterisk became an additional symbol of inclusion of any, and all, kinds of trans, non-binary and non-gender presentations – hence trans* person. However, Many regard the asterisk as redundant, as it adds nothing to the other inclusive terms.

‘**Trans men**’ are those born with female appearance but identifying as men; and ‘**trans women**’ are those born with male appearance but identifying as women. The terms may also be used to imply a direction of travel, towards a more masculine or feminine gender expression, rather than a complete transformation of a person’s gender status. People in this situation may also describe themselves as ‘**trans masculine**’ or ‘**trans feminine**’. 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 trans history**’ may be used.

10. Transition

Transition is the term used to describe the permanent full-time adaptation of the gender role in all spheres of life: in the family, at work, in leisure pursuits and in society generally. A few people make this change overnight, but many do so gradually over a period of time, changing their presentation intermittently, and sometimes while undergoing early medical interventions such as hormone therapy. Transition does **not indicate a change of gender identity**. The person still has the same identity post transition; the changes are to their gender role, gender expression and sometimes their sex characteristics, to bring these in line with their identity. A period of 12 months living full-time in the gender role that is congruent with the gender identity is currently required before genital surgery is undertaken. Transition is more usually used in respect of binary identified trans people. Transition in non-binary individuals is more likely to be a shift in gender presentation, rather than a complete change of role and expression; it may or may not be supported by medical intervention.

11. Affirmed Gender

The process of bringing the gender role and appearance into alignment with the gender identity, 'affirms' that identity. Thus the term 'affirmed' gender, is now becoming more common in describing the post-transition gender status. 'Affirmed' should be used in preference to 'acquired'; the latter is the language of the **Gender Recognition Act**, and is more appropriately used to describe the acquisition of a **Gender Recognition Certificate** and new Birth Certificate (see below).

12. Gender affirming treatment

Those undergoing transition permanently usually have gender affirming treatment that includes hormone therapy and often surgery to bring the secondary sex characteristics: breasts and genitalia, more in line with the gender identity for both trans men and trans women. Such surgery is sometimes referred to as **gender (or sex) reassignment** surgery. The term '**sex change**' is not considered appropriate or polite. Trans women may have Speech and Language therapy, and facial hair removal treatments, surgeries such as facial feminising and body contouring may be chosen, but these surgeries are usually not provided on the NHS.

13. Intersex conditions

There are a number of intersex conditions (renamed Disorders of Sex Development – a clinical description which many in the UK refuse to adopt). In some intersex conditions, the appearance at birth is atypical, being neither clearly male nor female. The sex (male or female) assigned, and the anticipated gender identity (boy or girl) assumed at that time, may not be consistent with the core gender identity and may, therefore, result in a need to change the gender role at a later stage. In addition, some of these individuals may have had surgery neonatally to create – usually – a female appearance. This surgery may lead to a poor outcome,

since the individual may, in fact, identify as a boy. This occurs in a minority, but nonetheless significant, number of individuals treated in this way. Surgical intervention before the individual is able to give informed consent is now regarded as unethical and is considered unlawful in some jurisdictions.

Inconsistencies in development may be associated with atypical sex chromosomes such as Klinefelter syndrome (XXY), Jacob's syndrome (XYY), or atypical combinations of 'X' and 'Y', such as XYYYY, XYYY and so on, including mosaicism (more than one chromosomal configuration in the same individual). Genetic anomalies that are particularly associated with unusual genital appearance are: Androgen Insensitivity Syndrome, Congenital Adrenal Hyperplasia, 5 α reductase or 17 β Hydroxysteroid Dehydrogenase (HSD) deficiencies. Most intersex conditions, are associated with unusual pre-natal hormone levels. Other conditions such as Cloacal Extrophy may be included in this group since babies with this condition may have poor genital development, which has led to male (XY) babies being surgically assigned as female and raised as girls. This strategy failed more often than it succeeded since the majority identified as boys.

14. 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. Their sexual relationships may remain the same through the transition process or, occasionally they may shift. 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 relationship with a woman – or – may be attracted to men, and therefore seek a relationship with a man. Sometimes trans people make lasting relationships with other trans and non-binary people, so the possibilities are many and varied, and do not necessarily fit comfortably into typical categorisations of sexual behaviours. Those who remain in a long-term relationship, despite one partner having transitioned cannot be categorised by any existing terminology, since the sexual orientation of the non-trans partner does not change; the orientation of the trans partner may or may not shift, as described above. Sometimes, for clarity, the terms: **androphilic** (attracted to men); and **gynaephilic** (attracted to women) may be used.

15. Gender Recognition Act (2004)

The Gender Recognition Act (GRA) became effective in 2005. Currently (2018) the gender recognition certificate (GRC) can be obtained by those who can demonstrate that they have lived for at least two years in their affirmed gender, and that they have a diagnosis of 'gender dysphoria'. Those whose births were registered in the UK qualify for a new birth certificate. Those who are in a pre-existing marriage, same-sex marriage or civil partnership, are obliged to change these legal relationships, with the consent of the spouse, either from an assumed heterosexual relationship (marriage) to a same-sex marriage or civil partnership, or from a

civil partnership/same-sex marriage to a marriage. Discussions are ongoing as to whether the UK will allow statutory 'self-determination' as sufficient for obtaining a GRC.

Breaching the confidentiality of trans people without their consent is always unlawful, but if they have a GRC and the information is passed on by a person who has learned this information in an 'official capacity', that is, as part of their job, this could be a criminal offence. The government is considering simplifying the process of obtaining a GRC by introducing 'self-declaration'. This approach has already been adopted in several other countries, including the Republic of Ireland, without any adverse outcomes.