

Trans people are entitled to respect and equal treatment.

We now live in a more equal society, yet we still have a **social construct** that creates an expectation that most people will fall into one of two categories: boys/men or girls/women. Although these groups have many interests in common, we anticipate that each group will have different **gender roles** and **expressions**: they will dress differently, socialise differently, and have rather different behaviours and interests and, sometimes, 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. Chromosomes, genes and reproductive organs, muscle and bone structure, as well as brains, have different male and female characteristics, although these can be quite mixed. These physical differences define our **sex**, whereas **gender identity**, describes the sense of knowing where we fit in our social lives as either boys/men, or girls/women, or somewhere on the gender spectrum in between, or outside, these extremes (see 'wider trans population' below).

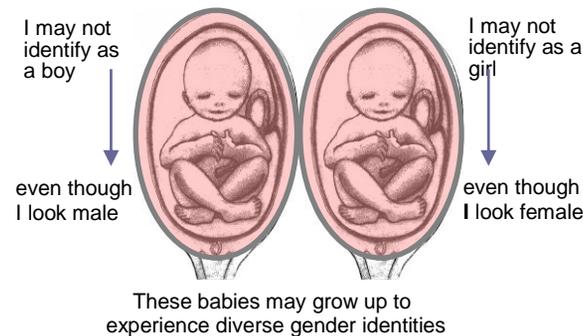
Where sex and gender identity don't match:

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 be referred to as 'he', 'him'; if the genital sex is

female, the infant will probably identify as a girl, and will be referred to as 'she', 'her'. However, both sex and gender identities are very variable. For some, the way they look and the way they are expected to behave doesn't fit how they feel about themselves.

Gender incongruence and dysphoria:

The mismatch between the sex assigned at birth and the gender identity, is described in medical literature, as **gender incongruence**; it can cause a feeling of discomfort that is described as **gender dysphoria** which means unhappiness, distress or unease. Gender incongruence is not a mental illness and is now 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 are not aligned with the sex appearance of the rest of the baby's body. This predisposes the baby to a future discomfort that can be both with the physical sex appearance, and also with the social role that is typically associated with that appearance. See below: '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 at the masculine end of the gender spectrum; **trans women or trans feminine** people are those assigned male at birth, identifying as women or at the feminine end of the gender spectrum. The terms **transgender** or **trans** embrace these groups, and also those who have identities that fall on a spectrum between, or outside binary identities. They may be regarded as **gender diverse, gender non-conforming, or gender variant**. Individuals may be **non-binary, gender queer, non-gender, pan-gender, poly-gender, bi-gender, gender fluid (fluctuating) and neutrois**, and more. Neutral pronouns such as 'they', 'zie', 'fey', 'hir' and 'per' may be adopted, and titles such as Mx or Pr. Some trans people may choose to change their gender expression occasionally without seeking to make permanent changes to their lives.

Gender dysphoria in children & young people:

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

Transition: Children may transition socially (change of gender expression), at an early age. However, many people do not transition until they are much older when, finally, their distress becomes intolerable and they seek 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: Interventions to assist trans, non-binary, and non-gender people are 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. Surgery may be undertaken to bring the body more closely in line with the gender identity. These interventions may be referred to as **gender confirming** 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, from the moment they propose making social and, possibly, medical changes in their lives. All policies must be checked to identify and eliminate indirect discrimination against trans people. Protection also applies to those who are perceived to be trans, or who are associated with them, e.g. partners, relatives, carers. It is prudent for employers to regard non-binary and non-gender people as protected by this Act. Under the Public Sector Equality Duty, good relations and equality of opportunity between people with different protected characteristics must be promoted. Access to accommodation, toilet and changing facilities must be in accordance with their current gender expression and their wishes.

The **Human Rights Act 1998** also provides rights of privacy and fairness, as well as the right not to suffer discrimination or degrading treatment.

The **General Data Protection Requirements 2018**, support the obligation of employers and service-providers to respect the confidentiality of trans people's previous personal information, and use only their new names, titles and pronouns.

In clinical and other care settings, too, 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 their agreement. Screening e.g. for cancer, may need to be discreetly undertaken in line with the individual's birth sex.

The **Gender Recognition Act** enables trans people to obtain a gender recognition certificate (GRC) and a new birth certificate. A full certificate can only be delivered when pre-existing Civil Partnerships or Marriages (whether same sex or opposite sex) are legally ended. Breaching the privacy of a person holding a GRC can amount to a criminal offence.

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 their 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 around 400 groups nationwide: <https://www.tranzwiki.net>
- Biological correlations: <https://bit.ly/2OIUXZ0>
- E-learning resources can be accessed via: <https://www.gires.org.uk/e-learning/>
 1. For professionals and families caring for gender diverse children and young people.
 2. For employers and service providers.



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