



# Leading Trans Equality: A Toolkit for Colleges

The need for a trans positive environment at colleges, and what this toolkit can do for you

Professor Stephen Whittle OBE

Manchester Metropolitan University

and

Dr Lewis Turner

Press for Change

*“Education is the most powerful weapon which you can use to change the world.”*

Nelson Mandela  
(Former President of South Africa)

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## **Contact Details**

Maureen Morrison  
National Research Manager  
Centre for Excellence in Leadership  
Lancaster University Management School  
CEL Research Office, Room B59  
Gillow Avenue  
Lancaster LA1 4YX  
Tel: 01524 594364

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# Leading Trans Equality: A Toolkit for Colleges

The need for a Trans Positive environment at colleges,  
and what this toolkit can do for you.

## Introduction

This is a complete course in understanding the needs of trans people as learners and employees.<sup>1</sup> It will give HR officers, Policy development officers and Equality and Diversity Officers the tools required to lead on trans equality in colleges, as well as give tutors and student counsellors the tools to be good allies to trans learners and colleagues.

Recent research has found that transsexual or transgender – ‘trans’ people are ‘second chancers’ in the education system having either left school early following transphobic bullying, or re-entering education while undergoing, or post-gender transition.<sup>2</sup> This suggests that Further Education institutions have a significant role in trans people’s lives.

One of the requirements of gender identity clinics for undergoing gender transition is to be in full-time employment, education or vocational training and as post-16 education institutions are regarded by many as ‘zones of tolerance’, your institution or place of learning should expect to see some trans people as learners, students or employees.

Recent legislation has given trans people protection from discrimination as well as privacy rights. Indeed, trans people are now regarded as the ‘seventh strand’ in equality. This toolkit is not a ‘how to’ guide in compliance. Rather, implementing the following guidance will assist your educational institution in achieving excellence in trans equality.

## Uses for the Toolkit

Though primarily intended for self-guided learning, and to meet the minimum requirements necessary for an effective Gender Equality Scheme, the toolkit also offers far more. These materials are multi-level and will facilitate teachers (from level 10 learners to Post-graduates) and Trainers to guide learners in the relevant laws and concerns to inform the understanding of trans people and in particular their needs as students or staff within FE.

<sup>1</sup>Trans people refers to those who may be categorised as transsexual or transgender.

<sup>2</sup>*Engendered Penalties: Transgender and Transsexual People’s Experiences of Inequality and Discrimination.* Stephen Whittle, Lewis Turner and Maryam Al-Alami 2007. The Equalities Review.

## Why the Toolkit?

Recent research commissioned by the Equalities Review<sup>3</sup> found that trans people in the UK experienced discrimination and inequality most in employment, access to healthcare, leisure and education. The research also found that the most vulnerable were young trans people who had little family support.

One major research finding was that 41% of respondents stated that their job or workplace was preventing them from transitioning to their preferred gender. This means that many trans people do not feel confident that their place of work would handle their gender transition in an appropriate and supportive way. Indeed, over half of respondents who had transitioned at work experienced some form of harassment from their co-workers because of their acquired gender.

In terms of accessing healthcare, 22% of respondents felt that being trans affected the way that they could access routine treatment not related to gender reassignment and nearly a third felt that being trans adversely affected the way they were treated by healthcare professionals. This is backed up by a European wide survey<sup>4</sup> which found that the framing of transsexualism as a mental health category had a direct affect on how trans people were treated by the healthcare system and how they accessed treatment.

The research in the UK also found that personal safety was a significant issue for trans people. 72% of trans people experienced some form of harassment in public spaces. Indeed, the most vulnerable group was young trans people (ages 21-25) who suffered more instances of abuse in public spaces than the older age groups. Over a third of all respondents avoided going out for fear of harassment.

Despite these problems, the research found that trans people are high achievers, with a higher percentage of trans people with A level or equivalent and degree qualifications than the national average.<sup>5</sup> Another finding was that respondents reported having a more positive experience in terms of harassment and bullying at colleges and universities. Some qualitative data however, found that many trans people had bad experiences due to lack of understanding about trans people. This toolkit will help you to review policies and practices in your college to ensure that trans people have a positive learning or working experience.

There are four different pieces of legislation relevant to trans people with which all colleges are required to comply. These are the Equality Act 2006; the Gender Recognition Act 2004; the forthcoming Single Equality Bill; and Sex Discrimination Act (amended 1999 and 2008). There is much confusion over the legislation – in particular the Gender Recognition Act, where many organisations and institutions are misinterpreting the law and discriminating against trans people. The toolkit will give you a detailed overview of compliance and best practice as well as give you the tools to progress forward in writing and implementing your Gender Equality Scheme.

<sup>3</sup> Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination. Stephen Whittle, Lewis Turner and Maryam Al-Alami 2007. The Equalities Review.

<sup>4</sup> The Transgender Euro Study: The Experience of Civil, Equality and Human Rights Law for Trans people in Europe. Stephen Whittle, Lewis Turner 2008. ILGA Europe.

<sup>5</sup> Scottish Transgender Survey 2007. The Scottish Transgender Alliance and Engendered Penalties 2007.

On completion of the toolkit, users will have a wealth of knowledge about trans people and how best to become an ally to trans learners and employees as well as leading as a trans 'champion' in their college.

## The Toolkit Modules

The process of using the modules is such that users can organise their learning process in a way which is most interesting for them. However, for those solely concerned with drafting a Gender Equality Scheme all five of the modules will need to be completed before beginning to write it in a trans-inclusive way, in order to be able to support the decision-making process they have undergone when drafting the Scheme.

### Module 1: Trans Facts & Figures

**Unit (a) Who and Where and How Many?** discusses the available statistics on trans people in the world and how gender variance is understood in different cultures.

**Unit (b) Trans History and Cultures** focuses on key historical figures in the medical profession who were important in understanding what we know about 'transsexualism'. It also looks at prominent trans people through history as well as in the 21st century.

**Unit (c) Current Figures & Projections for the UK** examines current projections on the growth of the UK trans population as well as results from recent research which identifies the key areas where trans people experience discrimination.

### Module 2: Understanding Transgender Lives: Clarifying Some Matters

**Unit (a) Transvestite, Transgender Transsexual and Intersex** examines the different terms used in the trans community. It describes what they mean and how to use them appropriately. It gives an overview of some relevant issues and how you can become an ally to Gender Variant people.

**Unit (b) Sex, Gender and Sexuality** examines what the different categories mean according to Western norms. In breaking down the links between sex, gender identity and sexuality this will give a clearer idea of how trans people see themselves.

**Unit (c) The Mechanics of Gender Reassignment** covers the medical process of gender reassignment, in detail. It gives indications of the expected time lines and effects of hormonal treatment as well as recovery periods for Gender Reassignment Surgery.

### Module 3: Trans Learning and Teaching

**Unit (a) The Difficulties of Being a Trans Learner** discusses some of the problems that trans people and in particular trans youth face and how this might impact on their learning experience.

**Unit (b) Being a Teacher or Counsellor of a Trans Learner** discusses some of the ways in which teachers and counsellors of trans learners can help, identifying possible support paths and resources.

**Unit (c) Supporting a Learner or Employee Undergoing Gender Reassignment** advises on some of the formal procedures that your college should put in place when someone is undergoing gender reassignment. It also identifies some obstacles which may arise and how to tackle them effectively.

### Module 4: Trans Specific Law

These modules give guidance on all the relevant legislation regarding trans people.

**Unit (a) The Sex Discrimination Act**

**Unit (b) Goods and Services Regulations**

**Unit (c) The Gender Recognition Act**

### Module 5: The Gender Equality Duty in Practice

**Unit (a) What is the Gender Equality Duty?** discusses what the Gender Equality duty means and how it is enforced.

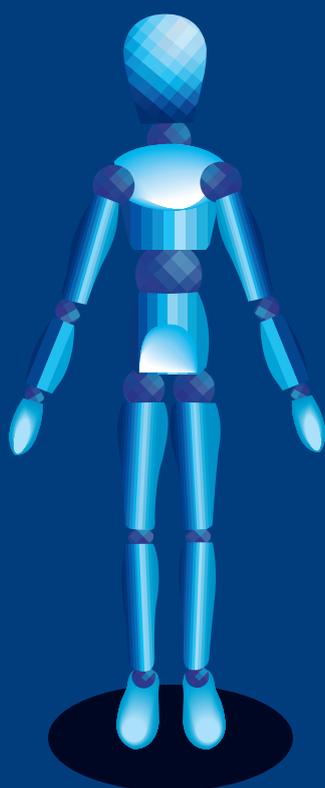
**Unit (b) Writing a Trans –Inclusive Gender Equality Scheme** is a guide on how to write a comprehensive trans inclusive Gender Equality Scheme, with advice on monitoring and impact assessments.

### Appendix: National and Local trans support organisations

Module 1:

# TRANS FACTS AND FIGURES

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# Unit A: Who and Where and How Many?

## Further Reading

Read the question at <http://www.transsexual.org/letters6.html#3> “Three little questions... perhaps the most important three!” It starts with the phrase “I salute your courage and your desire to share your experiences in the hopes of helping others in their struggles”.

Read, and then complete the Self Test questions.

## Hundreds and Thousands

The idea that there are very few transsexual people, and that the condition is statistically insignificant, has permeated the literature surrounding Trans People. Yet we know from many estimates that there are approximately 100 transsexual people in Poland, 1,500 in Australia, 5,000 in the UK, 450 in Denmark, and 7,500 in the USA. Well that already puts us in the thousands and thousands figure.

**We have not even considered the 1 in 200 estimate of trans people in Thailand, a total of 353,343 in a population of 65,068,149.<sup>6</sup>**

However, the fact is that nobody knows how many individuals, either world-wide or in the United Kingdom alone, identify themselves as trans. It might seem a comparatively simple job to count up those who attend specialist clinics that deal with the medical needs of transsexual people, but this is not the case. The social stigma surrounding trans people has meant a significant reticence on the part of hospitals and health services to become associated with trans health care.

It is rare to find the sort of funded and committed multi-disciplinary team that exists at the Free University Hospital in Amsterdam, which is led by endocrinologists – doctors specialising in hormones. The largest until in the UK is based at Charing Cross Hospital Gender Identity Clinic (GIC), a psychiatric unit.

Also, because of the social stigma surrounding the condition, few young doctors wish to take up gender reassignment as a career in what is known as a ‘Cinderella service’. Furthermore, because it is not a huge field, in career terms, promotion is a case of waiting for ‘dead men’s shoes’. One young doctor recently said:

<sup>6</sup> 2007 estimate

*"There is nothing very exciting about doing gender reassignment operations, they come in fit and healthy, we do the mechanics and they leave a bit less fit and a bit less healthy. It is like being a bad car mechanic."*

Finally, clinics or medical teams receive little if any private or community support or funding for research or ancillary services. It remains the fact that in most of the world (including Britain) the care of transsexual people is essentially the concern of a few individuals who have chosen, for valiant reasons, to specialise in this field.

Despite this scarcity of funding, a vast amount of research has been done with transsexual people, but this has come from individual practitioners who have pursued their own research interests and career development. But still, figures are not available to show how many transsexual people have been treated or received Gender Reassignment Surgery at these clinics or teams that specialise. Even if these were available, they would not include those people who have received the care they need from local medical practitioners, nor does it include those who have chosen to 'change over' without any treatment at all.

And of course, it does not include the very large numbers of trans people who do not want to transition to their preferred gender, but would rather just keep it as part of themselves because they are afraid of losing their family, home or job.

The former 'Bond Girl', model and trans woman, Caroline Cossey, in the forward to her autobiography, **'My' Story** writes:

*"Transsexuals are in a minority. But it is a larger minority than many might imagine. To date many thousands of sex change operations have been performed in this country, and many more abroad."<sup>7</sup>*

**In Holland**, it is only possible to be legally recognised as a person of the opposite gender to that on your birth certificate, if you go through the clinical programme of the clinic at the Free University Hospital in Amsterdam. So, most people who wish to live full time in their new gender role choose to participate in the clinic programme. But as the programme includes surgical reassignment as the last thing a person must do before their legal recognition in their preferred gender, it is still really only used by transsexual people.

But as a consequence of the clinic's role as 'gatekeeper' to legal recognition, it has been possible to make a count of the people using the clinic, and from that know the number of transsexual people in the Dutch population,

The Amsterdam gender identity clinic estimates that one in 11,900 men, and one in 30,000 women will at least seek hormonal treatment in order to live in the gender role opposite to their anatomic sex. If these figures are extrapolated to the United Kingdom, we would expect there to be 2,265 [male to female] transsexual women,

<sup>7</sup> C. Cossey, (1991), *My Story*, London, Faber and Faber

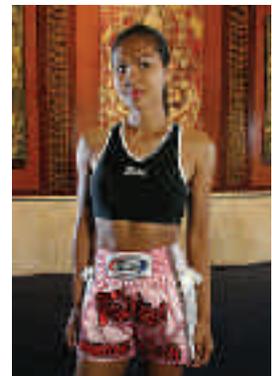
and 935 [female to male] transsexual men. This is obviously a severe under-estimate as, for example, the FTM Network for trans men in the UK, has had over 1750 different members, most of whom lived as men. Similarly, the major British campaigning group for trans rights; Press For Change, sends its news out to over 2000 people and it is highly unlikely that they reach even 10% of the population group of trans people.

As shown, we could talk figures but they would have been pulled out of the air, and they have little value with most that exist being entirely random – based on one clinical group or another. But it is important to try and understand that the level of incidence is sufficient to mean that a large number of individuals, both nationally and worldwide, attempt and often succeed in obtaining some form of gender reassignment treatment. The numbers may be statistically insignificant as regards the political and cultural profile of many countries, but they have been sufficient in some states to persuade the legislative or judicial systems to accommodate the legal needs of trans people within them, or as one delegate to the 1993 European Council Colloquy on Transsexualism, Medicine and the Law, said:

*“Worldwide, that ‘small number’ (in their various forms) added up to between fifty and sixty million people - or the entire population of France.”<sup>8</sup>  
If that was then – how many might there be now?*

**Geographically Speaking?** Cross gender living (as opposed to gender reassignment surgery) is certainly not an exclusive phenomenon of Western societies, or of recent history. Trans is sometimes a fundamental aspect of homosexual sub-cultures or of transvestite eroticism in some societies, but in most it is completely unrelated to sexual behaviour.

As a manifestation of gender identity, it can be used in varying degrees and with different meanings depending upon the modifications of the general culture in which it is placed. It can for example be associated with non-erotic transvestite activity such as the Shaman priests of many pre-Christian religions, with the entertainment industry such as the Lei dancers of Sydney’s King Cross area or with radical opposition to polarised gender stereotypes as we sometimes see in the USA. It can also be representative of a deeper desire on the part of the individual to be seen as a member of the opposite sex, as in the case of transsexual people and other people who live permanently in a different gender role to that expected from their birth certificate.



Nong Tum, a Khatoey from Thailand, internationally recognised for her portrayal in the film Beautiful Boxer.

<sup>8</sup> This was said by Christine Burns, in a paper to the 1993 European Council Colloquy on Transsexualism, Medicine and the Law, held in Amsterdam.

It has been argued that transsexualism is purely modern and that it did not come into existence until its definition in 1949.<sup>9</sup> However people living as a member of the 'opposite' sex is not just a modern occurrence in Western societies as there is evidence of cross gender living, as a manifestation of gender variance, in almost all societies at different times in their history.

The missionary Martius, was in Brazil, in 1867, when he wrote that:

*"Men are found dressed as women and solely occupying themselves with feminine occupations ... they are called cudinas i.e. circumcised"<sup>10</sup>*  
(in Ellis, 1948a: 17)

And the anthropologist, Oskar Baumann, in 1899 wrote:

*"Among the negro population of Zanzibar (an island in the Indian Ocean) ... male congenital inverts ... are attracted toward female occupations. As they grow older they wear women's clothes, dress their hair in women's fashion and behave altogether like women ... it is noteworthy that the natives make a clear distinction between them and men prostitutes. The latter are looked down on with contempt, while the former as being what they are "by the will of God" are tolerated"<sup>11</sup>*

The anthropologist, Waldemar Bogoras, describes seven gender categories in addition to the categories woman and man used by the Chukchi, a native Eskimo tribe of Siberia, with whom he lived from 1890 to 1908.<sup>12</sup> Individual members of the Chukchi could choose to "change sex" to live in any one of the 9 gender groupings. Similar categories were recognised in other groupings such as the Koryak and Kamchadel in Siberia. The practice was also found by the explorer Langsdorff to be common across the Bering Straits in Alaska amongst, among others, the Aleuts and the Kodiak Island Eskimos.<sup>13</sup>

A number of North American native tribal groups have recorded examples of cross gender living, amongst which the institution of the Berdache has been well documented. The Berdache include many different types of gender that existed in these native societies, but it is very difficult for those of us who live in a world of binary gender roles to fully grasp their meaning. However in Western European modernist terms it could be said that berdaches did include some trans individuals.

<sup>9</sup> Transexual (with one 's') was coined in 1949 by David Cauldwell, a popular writer of 'sexology' articles in the news media and popular 'scientific' magazines. The article entitled "Psychopathia Transsexualis" was originally published in *Sexology*, vol. 16, 1949, pp. 274-280.

<sup>10</sup> In Havelock Ellis (1948) *Studies In The Psychology Of Sex*, Vol. 1, London: Random House p.17

<sup>11</sup> *Ibid* p.19

<sup>12</sup> cited in W.L. Williams (1988) *The Spirit And The Flesh, Sexual Diversity In American Indian Culture*. Boston: Beacon Press. P. 252

<sup>13</sup> G.H.von Langsdorff (1814) *Voyages and travels in various parts of the world*. 2vols. London : Printed for Henry Colburn

Similarly in Polynesian societies there are records of the Mahu, Fa'afine and Whakawahine, who like the Native North Americans manifested a range of cross-living or transgendered behaviour. And closer to home, there still exist the last remaining few 'sworn virgins' in northern Albania. These are people born female who adopt the role, dress and behaviour of a man and who are given the privileges and status which are afforded to men in their societies. However, we cannot think that those historical groupings of people living as members of a gender which is not their birth gender are the same as the modern transsexual groups, or that they would choose to have surgery if it was available. For example, a large number of Brazil's 'Travesties', who are men living as women but without surgery, in most cases pride themselves on being male wives. Similarly, many of India's 'Hijra' live permanently as women but nowadays think of themselves as members of the India's newly forming gay community. What is clear though, is that many of the descendents of these historical communities, including from the **travesties** of Latin America, the **Hijra** of India, the **Lady boys** of Thailand, the **Berdache** (who now call themselves Two Spirit) of North America, the **fa'afine** of Samoa, or the **Whakawahine** (male to female) or **Whakatane** (female to male) of New Zealand may now retain their historical community name, but also now choose to refer to themselves as transsexual, and use hormones and even choose to have gender reassignment surgery.

The idea that transsexualism is a purely a Western phenomenon and only exists because of what Western doctors can now do, simply fails to account for the desire on the part of many people in other parts of the world, who live and have lived in the opposite gender to that assigned at birth, to actually undergo gender reassignment. For many people throughout the world becoming a member of the gender they prefer is often still a no-alternative solution to an otherwise unbearable problem.

## SELF TEST QUESTIONS

1. Read Transgender people in non-Western cultures in Wikipedia at [http://en.wikipedia.org/wiki/Transgender#Transgender\\_people\\_in\\_non-Western\\_cultures](http://en.wikipedia.org/wiki/Transgender#Transgender_people_in_non-Western_cultures) . Wikipedia has turned out to be the most accurate recording of Trans history. Explore the definitions of some of the many cultural (trans) terms that have been used towards the end of this unit, and also look for some others terms that might be used by non-western communities for (trans) people.

2. List all the terms that are new to you after reading this unit.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, etc.

3. Complete the missing Gender terms in the following statement:

\_\_\_\_\_ issues are both new in the scientific field and affect relatively \_\_\_ people, so understandably many \_\_\_\_\_ healthcare providers know little about \_\_\_\_\_ issues. People seeking help from these professionals often end up educating the professional rather than receiving \_\_\_\_\_. Among those therapists who profess to know about transgender issues, many believe that transitioning from \_\_\_ sex to another – the standard transsexual model is the best or only solution. This usually works well for those who are \_\_\_\_\_ but is not the solution for other trans \_\_\_ people, particularly \_\_\_\_\_ queer people who do not \_\_\_\_\_ as exclusively male or female  
(See the end of the questions for the answer)

4. Having considered or discussed all these points, make a judgement on a ten point scale on the following issues

a. Not thinking just of someone who has commenced living in the opposite sex, but using all the clues you might think of, how often do you think you have met a trans person?

Not at all Often  
1 2 3 4 5 6 7 8 9 10

b. How comfortable do you feel in the presence of a trans person (again not just someone living permanently in their preferred gender)?

Extremely Comfortable Not at all Comfortable  
0 1 2 3 4 5 6 7 8 9 10

(0 = I've never met any trans person, or at least not to my knowledge)

c. How comfortable would you feel if your co-worker told you, they were transsexual and would be coming into work next Monday as a man/woman?

Not at all		Completely		Very Comfortable					
1	2	3	4	5	6	7	8	9	10

**Answer**

Q4. **Transgender** issues are both new in the scientific field and affect relatively **few** people, so understandably many **mental** healthcare providers know little about **transgender** issues. People seeking help from these professionals often end up educating the professional rather than receiving **help**. Among those therapists who profess to know about transgender issues, many believe that transitioning from **one** sex to another — the standard transsexual model — is the best or only solution. This usually works well for those who are **transsexual**, but is not the solution for other **transgender** people, particularly **gender** queer people who do not **identify** as exclusively male or female

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# Unit B: Trans History and Cultures

## Further Reading

R. Melville, (1995) Famous GLBT & GLBTI People: Dr. Magnus Hirschfeld  
<http://www.stonewallsociety.com/famouspeople/magnus.htm>

Critical Montages (2004): Changing Sex, Changing Islam  
<http://montages.blogspot.com/2004/08/changing-sex-changing-islam.html>

IMAAN: browse the website of the Muslim LGBT support group at  
<http://www.imaan.org.uk/>

Read, and then complete the Self Test questions.

The Gender Identity Clinics: In the late 1890s, some effeminate men and masculine women who were most visibly 'homosexual' – or 'gender variant' and therefore more likely to be arrested, started to attend the outpatient clinics of the new mental hospitals to seek a cure. As a consequence a whole new field in medicine developed: SEXOLOGY. Doctors who worked with these patients were able to collect many case studies, and from these they discovered that rather than homosexuals being all the same, there was great diversity, both in individual history and also in practice and desire. This diversity was to allow the separation of transgender people from other homosexual patients.

The first sexologist who took a special interest in the sexual impulses of individuals was probably Krafft-Ebbing (1840-1902), Professor of Psychiatry at Vienna. He published a book: **Psychopathia Sexualis**<sup>14</sup> where he differentiated from other categories of homosexual those individuals whom we would now recognise as being transsexual. Krafft-Ebbing's cases are interesting, in that we see the subjects using the same ways of describing themselves as we see in case histories of transsexual people from the 1950s to today.

**For example, in Krafft-Ebbing's Case 99, we see the first recorded usage of the term "I feel like a woman in a man's form"<sup>15</sup> which has become the classic phrase of self description used by transsexual people now.**

<sup>14</sup> R Krafft-Ebbing (1893) *Psychopathia Sexualis*, London: F.R.Davies and Co

<sup>15</sup> *Ibid* p209



Magnus Hirschfeld, 1868- 1935, who founded the Institut für Sexualwissenschaft (Institute for Sexual Research) in Berlin.

Magnus Hirschfeld was the earliest and most influential voice in the treatment of gender variant people. Hirschfeld, was Jewish, a doctor and a medico-legal expert in Germany's courts. He used his position to advance the science of sex to achieve social justice in women's rights to contraception and abortion, as well as for homosexuals and trans people. His library was publicly burnt by the Nazi Brown Shirts and he was hounded out of Germany into exile in France when the National Socialists came to power in 1933. He coined the word 'transvestite' from the title of his book "Die Transvestiten" published in 1910, and enabled the

'gender reassignment' of his (male to female) maid . It was Hirschfeld, in 1938, who finally separated transgender behaviour from homosexuality, a separation that allowed the medical profession to take a specialised professional interest in the 'treatment' of trans people.

Through the work of the early sexologists such as Krafft-Ebbing and Hirschfeld, transsexualism became a recognised phenomenon available for study, discussion and treatment. Throughout the 1930s and 40s medical provision was very sparse but some transsexual people managed to find doctors who would help them. For example, Dr. Michael (nee Laura) Dillon managed to have a penis constructed in the 1940s by the plastic surgeon Sir Harold Gilles, who later became famous for his work with RAF men who had burns.<sup>16</sup>

## Modern Transsexuality

1953 saw a wave of publicity surrounding Christine Jorgensen, (1927 – 1989), a former American GI, who had returned from Denmark where she had undergone gender reassignment. Overnight she became a news sensation and undoubtedly the most famous transsexual figure in the 20th Century. She was beautiful, blonde and everybody's idea of the 'all American girl'.

*"Her very public life after her 1952 transition and surgery was a model for other transsexual [people] for decades. She was a tireless lecturer on the subject of transsexuality, pleading for understanding from a public that all too often wanted to see transsexual(s) [people] as freaks or perverts. Although she considered herself primarily a photographer, she toured as a stage actress and singer. Ms. Jorgensen's poise, charm, and wit won the hearts of millions".<sup>17</sup>*

<sup>16</sup> Michael Dillon trained and worked as a ship's doctor until he was 'outed' by the Sunday Express in 1958. He withdrew to India where he became a Buddhist monk and a writer on Buddhism, until his death in 1962.

<sup>17</sup> C.Brown Elliot, 1999, acc. 17/3/2007 at <http://www.transhistory.net>

Almost immediately, her Danish doctor started receiving letters from people and in 1953, he published a Medical Journal article about the 435 letters he had received.<sup>18</sup> It was suddenly realised by medical professionals that these were not one-off, rare and exceptional cases, but that there was a population of people out there who were desperately unhappy because their gender role did not match their body.

In 1954, the endocrinologist Harry Benjamin (who had been a friend of Magnus Hirschfield) set up a clinical practice to help trans people, first in New York and later in San Francisco. Around the same time, a transvestite / transsexual subculture that we would now recognise as support groups, was developing: initially the 'Hose and Heels Club' in Los Angeles, but spreading quickly across to Europe.

Benjamin started to train a new generation of psychiatrists and psychotherapists in the treatment of the transsexual person. Nearly all the major clinical provision for transsexual people in the world today has a direct lineage to Harry Benjamin, and therefore from Hirschfield. Most of the doctors now involved in arranging gender reassignment are members of what used to be called the Harry Benjamin International Gender Dysphoria Association,<sup>19</sup> which meets biennially and publishes the 'Standards of Care' that detail the medical and psychological provision, and the manner of treatment with which transsexual people should be provided.

When Harry Benjamin published the first major textbook on the subject, 'The Transsexual Phenomenon' in 1966, gender reassignment was still the subject of extensive social stigma both publicly and also in the medical world. Over 30 years later some of that stigma has been lost, and it is widely accepted that the only successful treatment for transsexual people is hormone therapy and surgical reassignment when requested. An Appeal Court decision in the UK<sup>20</sup> has confirmed this view, and gradually it is an area of medicine which is gaining respectability.

Another factor contributing to this has been the widespread visibility of many more transsexual people.

<sup>18</sup> Hamburger, Christian. 'The Desire For Change of Sex as Shown by Personal Letters from 465 Men and Women', *Acta Endocrinologica*, vol. 14 (1953) pp. 361-375

<sup>19</sup> Now known as WPATH, The World Professional Association for Transgender Health.

<sup>20</sup> NW Lancashire Area Health Authority v A,D and G, QBC 1999/0226/4, QBC 1999/0228/4, QBC 1999/0230/4, (1999)

## Trans lives and Cultures

**Trans Cultures:** 'Trans' has become a cultural obsession in recent years. Television, film and the news media all seek out new angles and story lines that include people who have 'changed sex'. We now know of many more famous trans people: Nadia Almada<sup>21</sup> who won Big Brother in 2004; Miriam Rivera<sup>22</sup> in 'there's something about Miriam' which aired in 2003; Wendy (Walter) Carlos<sup>23</sup> famous for her 'Switched on Bach' recordings; Jan (James) Morris<sup>24</sup> the travel writer and the Times Reporter on the 1953 expedition that conquered Everest; Billy (Dorothy) Tipton<sup>25</sup>, one of the best Jazz saxophonists of the 1950s. But these are just the tip of the iceberg, and many of us now know a colleague, a neighbour, a family member or just a friend of a friend. They have all made transsexuality a much more common feature of our cultural landscape

So who are these people, how different are they and what sorts of things do they do and enjoy? Here are just a few of the trans people you might meet in daily life:



**Calpernia Adams**, actress and partner of Barry Winchell a US Army private who was murdered by fellow soldiers when they realised his partner was transsexual. Their story was made into the film **Soldier's Girl**. During the filming she met Jane Fonda, with whom she organised an all Trans version of **The Vagina Monologues**. The production raised money to combat violence against women and was the subject of the 2006 documentary film **Beautiful Daughters**



**Jenny Bailey** was the first transgender mayor in the United Kingdom, when she became the civic leader of Cambridge City Council in Cambridge on the 24 May 2007. Bailey was appointed mayor for the municipal year of 2007-2008, thus becoming the 801st first citizen of Cambridge. Her job as mayor entailed attending approximately 500 social engagements throughout her tenure. She lives with her girlfriend, another trans woman.



**Leslie Feinberg**, transgender activist. Leslie Feinberg is a high ranking member of the Workers World Party. Feinberg was born female and Jewish. Today he prefers gender-neutral pronouns "hir" and "ze". One of his best books is 'Stone Butch Blues', which won the Stonewall Book Award. It is a novel based around Jess Goldberg, a transgender individual growing up in the 1950s. Despite popular belief, the fictional work is not autobiographical. This book is frequently taught at North

American colleges and Universities.

<sup>21</sup> (1977 - )

<sup>22</sup> (1981- )

<sup>23</sup> (1939 - )

<sup>24</sup> (1986 - )

<sup>25</sup> (1914 - 1989)



**Andreas Krieger**, graphic designer, was the former shot-putter (Heidi Kreiger) of East Germany. Born in 1966, he was subjected to a regime of illegal hormones to masculinise him to take part successfully in International Olympic competitions. Krieger gave evidence at the trials of the coaches and doctors in 2000. He claims that the drugs had contributed to his transsexualism.

In recent years, things have changed considerably. Professor Stephen Whittle, a trans man who transitioned in the mid 1970's, tells the story of his involvement with a college Gay and Lesbian Group, only for its posters to be pulled down by the college authorities and the ring leaders excluded from college, so ruining their chances to become teachers for many years to come. He now states in his introduction to *The Transgender Studies Reader*,

*"A trans identity is now accessible almost anywhere, to anyone who does not feel comfortable in the gender role they were attributed with at birth, or who has a gender identity at odds with the labels 'man' or 'woman' credited to them by formal authorities. The identity can cover a variety of experiences. It can encompass discomfort with role expectations, being queer, occasional or more frequent cross-dressing, permanent cross-dressing and cross-gender living, through to accessing major health interventions such as hormonal therapy and surgical reassignment procedures. It can take up as little of your life as five minutes a week or as much as a life-long commitment to reconfiguring the body to match the inner self."<sup>26</sup>*

How people understand their trans identities has changed considerably in the last 20 years, and we are clearly not just talking about people who seek to undergo surgical reassignment. Even the law, as you will see in Module 4, comprehends that being trans is not just about the 'op'.

**Rarely a month goes by** without another report in the newspapers of a trans person seeking equal rights in court. It is rarely a week that goes by without another feature appearing in a woman's magazine. The range of stories being told is vast: the headmaster who became the headmistress, the surgeon whose title changed from Mr. to Miss; the lorry driver who used to be a 'ladies aerobic teacher'.

Yet despite all this media interest and the vast amounts of information available on the internet many people still do not know what it means when their co-worker, friend or child says 'I'm transsexual and I'm starting gender reassignment treatment'. Even less is understood when a teenage daughter tells their parents that are going to have some hormone treatment in order to live their life as the gay man they feel they are.

<sup>26</sup> S. Stryker, S. Whittle (2006) *The Transgender Studies Reader*, London & NY: Routledge, Taylor & Francis Group p. xi

**And there lies the crux of the issue - the trans person, whether transsexual, transgender or transvestite is not seeking to change their gender identity at all. What they are trying to do is find a way of presenting their gender identity in such a way that the rest of the world will understand who they are.**

## SELF TEST QUESTIONS

1. Having browsed IMAAN's website (see reading list above), write down 3 major points you think are important to raise when approached by the distressed parents of a British Asian Muslim student, who is saying he is transsexual. The parents are blaming his friends at the college for him thinking this way.

2. Having read this section, make a judgement on a ten point scale on the following issues

a. Is Trans a modern phenomenon?

No					Yes				
1	2	3	4	5	6	7	8	9	10

3. How comfortable would you feel holding a Transgender Awareness day in your college?

Extremely Comfortable					Not at all Comfortable				
1	2	3	4	5	6	7	8	9	10

4. Using the list in the Appendix of these modules, think about which 3 organisations you would approach for help with organising a Transgender Awareness display.

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5. Prioritise the following potential features of such a day

A STUDENT DEBATE  
A POSTER CAMPAIGN  
A COUNSELLING SERVICE

# Unit C: Current Figures and Projections for the UK

## Further Reading

Engendered Penalties: Transgender and Transsexual people's experiences of Inequality and Discrimination: Whittle; Turner and Al-almi 2007  
<http://www.pfc.org.uk/files/EngenderedPenalties.pdf>

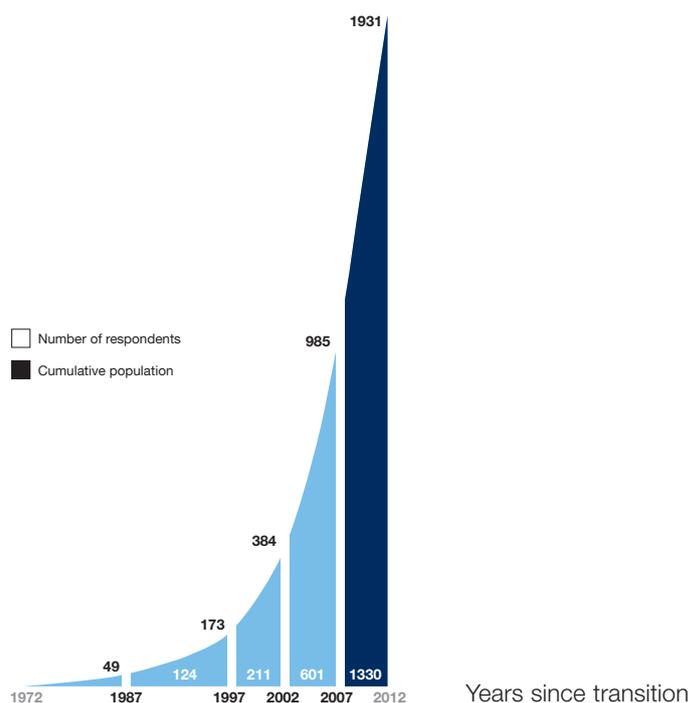
**Read, and then complete the Self Test questions.**

There is a great deal of speculation about how many trans people there actually are in the UK. Part of the problem of gaining exact figures is the question of who is being counted. We can count the number of trans people who have Gender Recognition Certificates (to date a little over 2000) and the figures from the DVLA and Passport Office (some 5000). The problem is that not all trans people have applied for Gender Recognition Certificates (as the statistics show) and there may be many trans people who do not drive or need a passport. A recent large-scale comprehensive online survey of the trans population in Europe found that the trans population is growing on an exponential scale.<sup>27</sup> Participants were asked if they had undergone gender transition less than five years ago; more than five years ago; more than ten years ago and more than twenty years ago. The research found that the majority of respondents had transitioned less than five years ago and that there was a consistent increase in numbers for each of the time brackets from those who had transitioned more than twenty years ago to less than five years ago.

The Chart below shows a summary of the time that respondents reported had elapsed since they began their transition and, following the line of the curve, the expected numbers in the future.<sup>28</sup> It can be seen that the number of people transitioning is now increasing rapidly throughout Europe. The research also found that the largest growth of the trans population of all countries was in the UK.

<sup>27</sup> *The Transgender Euro Study: The Experience of Civil, Equality and Human Rights Law for Trans people in Europe.* Stephen Whittle, Lewis Turner 2008. ILGA Europe.

<sup>28</sup> Chart produced by Stephenne Rhodes.



Research drawing upon the statistics from the European survey also suggests that the number of people in the UK who have a gender identity which is different to that assigned at birth is likely to be 1/100 people.<sup>29</sup>

There could be many reasons for this growth. Trans people have a much higher profile than ever before and have discrimination protection law in the UK which is unparalleled in the world.<sup>30</sup> The Internet has played a significant role in networking of trans people across the world and the media in the UK frequently run 'sex swap' stories as well as television documentaries on 'Sex changes'. What was also significant about the UK cohort of respondents in this study was the very high number who were aged under 21 who had undergone gender reassignment. It may be that this generation feel able to be more open about an essential aspect of their personality than previous generations and the social and political climate is changing.

## The current situation for trans people

Despite recent legislative changes which give trans people protection from discrimination, a recent research report found that there are unacceptable levels of intolerance and harassment of trans people.<sup>31</sup> With a survey response of over 870, this was the largest and most comprehensive research ever conducted on the experiences of trans people in the UK.

The survey found that 40% of respondents were not living permanently in their acquired gender and of those, 44% intended to do so in the future. This group would normally be understood as 'transvestites, who have no legal protection from discrimination as current law only gives protection to those categorised as transsexual.

<sup>29</sup> Stephenne Rhodes forthcoming publication.

<sup>30</sup> See Stephen Whittle *The Trans-Cyberian Mail Way* Social & Legal Studies, Vol. 7, No. 3, 389-408 (1998)

<sup>31</sup> Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination. Stephen Whittle, Lewis Turner and Maryam Al-Alami 2007. The Equalities Review.

The research was concerned with identifying the ‘trigger points’ where trans people might experience discrimination. The report found that the main trigger point for discrimination was not surprisingly, to be the point of transition in the workplace. Transition commences on the day a trans person starts work or full-time education in their new gender role and finishes when they are happy that all of the procedures they require are complete. The other trigger points were:

- when a person started cross dressing publicly,
- during the periods of gender reassignment surgery, or
- when a person’s intention to cross dress or to transition to living permanently in their acquired gender was discovered within the family home.

These were all crisis points when trans people experienced people acting on their prejudices. The trans person experienced inequality, and in many cases, unlawful discrimination as a consequence.

The sectors of life in which discrimination and inequality most impacted trans people’s lives were employment and the workplace, healthcare access and leisure and education. The spheres (times) of life which were problematic were, again, in employment, when young people were living without family support, or during a marriage when the cross gender identity became a significant relationship issue.

## **Transition at Work**

The finding that transitioning at work was a significant factor for trans people experiencing discrimination is worrying, as working in one’s new gender role is a crucial part of the transition process. Yet, 42% of people not living permanently in their preferred gender role were prevented from doing so because they feared it might threaten their employment status. The research also found that in the early stages of transition at work, 1 in 4 trans people were made to use an inappropriate toilet in the workplace, or none at all; over 10% of trans people experienced being verbally abused at work and 6% were physically assaulted. As a consequence of harassment and bullying a quarter of trans people felt obliged to change their jobs.

## **Changing Documents**

The changing of one’s documentation as a crucial part of the transition process is supposed to be a straightforward procedure. However, the research found that Banks and other financial institutions frequently failed to promptly change the details on people’s records. For many years a whole range of institutions have routinely changed people’s details on production of a doctor’s note and a formal change of name. The Gender Recognition Act has confused this process (see Module 4). Many organizations and institutions, including universities and health authorities now falsely claim that no change of name, gender or pronouns can be made without a gender recognition certificate.

## Access to Healthcare

Key to the process of undergoing gender reassignment is accessing the appropriate treatment. However this research found, that 21% of respondents' GPs either did not want to help them, or in 6% of cases actually refused to help. Indeed even when accessing non-trans related healthcare, 17% of respondents had encountered a doctor or nurse who did not approve of gender reassignment, and hence refused services. Some 29% of respondents felt that being trans adversely affected the way they were treated by health care professionals.

Trans people continue to face problems receiving funding for treatments from Primary Care Trusts and waiting times for assessment or treatment have not improved over the last 15 years.

## Safety in Public Spaces

Personal safety is a big concern for trans people, who are often vulnerable to harassment in public spaces. 73% of respondents had experienced some form of harassment, with 10% being victims of threatening behaviour when out in public spaces. Some 21% avoided going out for fear of harassment.

Although the police service are now recording transphobic harassment as hate crime, it is vastly under reported as many trans people have little confidence in the police.

## Goods, Services and Housing

Accessing goods and services figured high on the list of sectors in which trans people faced problems in the research. It was found that 47% of trans people did not use public social or leisure facilities for fear of discriminatory treatment – by being refused access, or having their access limited in some way. The most common scenario was being refused to use gender-appropriate changing or toilet facilities or simply being refused service in a restaurant or bar.

Respondents were also situated in the most vulnerable of housing provision with one in four living in private rented accommodation, which is double the figure for the UK general population.

## The School Experience

Young trans people who participated in the research were very vulnerable to harassment and bullying by peers and teachers at school. Some 64% of young trans men and 44% of young trans women had experienced harassment or bullying. These are higher rates than shown in many studies on young lesbians and gay men at school.

Nevertheless, the research found a major difference in final educational achievement levels in the trans population compared to the UK average. It would seem that many trans people leave school after completing Level 2 qualification, but 34% obtain a degree or higher degree (later in life), compared to the UK national average of only 27%. This indicates that many would have studied after school in FE colleges. Indeed, respondents reported that FE colleges were 'less transphobic' than schools.

## In the Home and Neighbourhood

Trans people also experience many problems at home and in their neighbourhood, with some losing their family support network and their home and friendship circles when they announce their intention to undergo gender reassignment. Some 45% of respondents reported family breakdown which was due to their cross gender identity. 37% were excluded from family events and had family members who no longer spoke to them and 20% of respondents felt informally excluded from their local community and neighbourhood since their transition.

It can be seen from this research that trans people are a vulnerable group who experience discrimination in different spheres of life. It is evident that despite discrimination protection in law in the UK, which is the envy of trans people across the world, prejudicial attitudes towards trans people still prevail. This is largely down to lack of knowledge about what it means to be trans. This toolkit will inform and educate users about the trans population and how to become leaders in combating trans inequality – or indeed how to become ‘trans champions’.

## SELF TEST QUESTIONS

1. Given the estimated numbers of trans people in the UK, If you were going to produce leaflets for trans people who are students or work in a college, how many leaflets do you think you would need for your college ?

Hardly Any 50+ leaflets  
1 2 3 4 5 6 7 8 9 10

2. Complete the missing terms in the following statement:

The sectors of life in which discrimination and inequality most impacted trans people’s lives were \_\_\_\_\_ and the workplace, \_\_\_\_\_ access and leisure and \_\_\_\_\_

3. You are approached by a student who wants support because she thinks she is transsexual. Using the list in Appendix B, find an organisation you would refer her to.
4. Make a list of initiatives that would be important to prevent harassment and bullying in your college.

## Answer

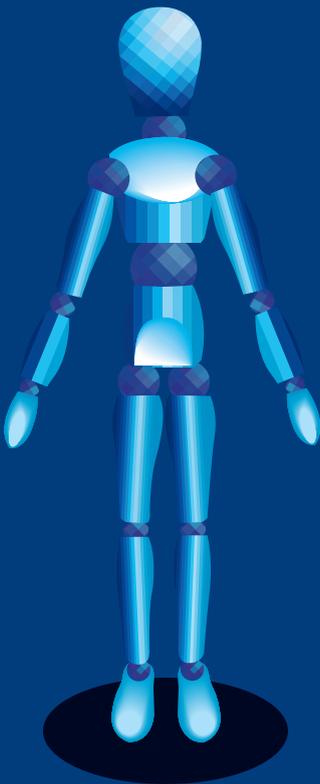
- Q2. The sectors of life in which discrimination and inequality most impacted trans people’s lives were employment and the workplace, healthcare access and leisure and education



Module 2:

# UNDERSTANDING TRANSGENDER LIVES: Clarifying Some Matters

25



# Unit A: Transvestite, Transgender, Transsexual and Intersex

## Further Reading

To see how language has changed, read the historical paper about the very first gender reassignment surgery, in *F. Abrahams (1931) Genital Reassignment on Two Male Transvestites* available at <http://www.symposion.com/ijt/ijtc0302.htm>

In the *Gender Psychology (1998 – 2004) Transgenderism Glossary*, at <http://www.genderpsychology.org/transsexual/glossary.html> look up the following words, **Tuck, Androgynous, Pack, Read, Fetish, Pass, and Drag King** and glance at terms around them to find those you don't know or understand.

Read, and then complete the Self Test questions.

## What Do All Those Terms Mean?<sup>32</sup>

In this section we will not be dealing with medical terms but rather the day to day language of trans people themselves.

In your daily life you will have heard many terms used when referring to Trans People. Three of the most common are **transvestite (TV), transgender (TG) and transsexual (TS)**. Though to you, the onlooker it may appear the terms mean the same thing: A man in a frock. In this section we are going to discuss the amazing and astonishing differences in trans people, and differentiate those terms. We are also going to look at the new (British) term Trans, which you will now often see in formal policies, or hear in discussion.

We are also going to add a new term; Intersex (I), and discuss its close association with the trans community, but also focussing on how different it can be.

**Transgender (TG)** refers to people whose appearance and behaviour does not conform to the cultural 'norm' for the gender into which they were born. In other words, Trans people, to varying degrees, 'transgress' cultural norms as to what a man or a woman 'should be'.



Jan Morris, CBE, Trans woman and author who, in 1953, climbed with the team that conquered Everest, as James Morris, the man from The Times.

<sup>32</sup> Adapted from Southern Arizona Gender Alliance (SAGA) (1998-2005 Southern Arizona Gender Alliance. Some portions ©Alexander John Goodrum) Gender Identity 101: A Transgender Primer A resource guide for educators, health care professionals, businesses, social service organizations & interested allies. Contact **SAGA, 425 E. Seventh Street, Tucson, AZ 85705, tel: 520/624-1779, x26, info@sagatucson.org**

Of course, not all people who transgress cultural norms in regards to gender are, or should be, considered transgender. There are male nurses for example and women who work as a pipe fitters who are not trans. Transgender is about gender identity, be it a girl determined to express what she sees as a boy's mind (sense of self) , or a married, 45 year old, truck driver who spends his evening sewing sequins on the dress he is wearing to a new year's eve party. These people might be known as TG. More often in the USA, the term TG, is often used to refer to the whole of the community of people who transgress gender.

**In the UK, TG can be used to refer to a 'sexual minority' group. However, that term is gradually being changed to the simple word; Trans.**

When we use TG or the newer term, Trans, we are generally referring to one or all of the following **seven** categories:

- **Transsexuals (TS)** were born into one gender but identify psychologically and emotionally as the other. Those born physically male but who present as female are called *Male to Female* or *MTFs*. Those born female but who present as male are called *Female to Male* or *FTMs*. The primary way transsexuals differ from other trans people is that in almost all cases, they seek to modify their bodies through hormonal treatments and **Gender Reassignment Surgery** or both.
- **Transgenders (TGs)** when used as an individual, TGs are often men (but not always), who understand themselves as part-man and part-woman, in differing degrees. Some of these will choose to live permanently or mostly as a woman. However though some may use hormone therapy, most will not identify as transsexual (see above) and will not have any surgical alterations made to their body.
- **Cross dressers** (some of the people you might think of as cross dressers will be transvestites– see later) identify as, and are completely comfortable with, their physical gender at birth, but will occasionally dress and take on the mannerisms of the opposite gender. Most cross dressers are heterosexual men.
- **Drag Performers** dress and act like the 'opposite' sex for the entertainment of an audience. For them, drag is a job - not an identity. Some are gay - some are not. Some identify as transgender - most do not.
- **Gender blenders**, bi-or poly gendered, and others - Some trans people find characterisations of gender more limiting than liberating. They may or may not identify as one or the other in a binary gender system and many will assume a mixture of male and female dress and characteristics, combining elements of both. Some who feel very strongly about challenging normative gender behaviour will use a term like 'gender queer' to describe themselves.

**Gender Queer: To purposely present with strongly visible elements of both sexes (e.g. to have a beard and wear a dress). The intent is typically to provoke people to think about gender roles**

- **Transvestites (TV)** – TVs are most often heterosexual men, though not always, who wear female clothing. Recent research has shown that almost 50% of TVs consider themselves to be transsexual, but when asked why they do not transition to living as a woman, they cite the most common fears of all trans people – the loss of their family, the loss of their job. There are also **Intersex people ('I')**, who were born exhibiting some form of 'indeterminate' genitalia (subjectively judged so by a doctor to be either a clitoris that is 'too large' or a penis that is 'too small') or a combination of both male and female genitalia. 'I' may also manifest as ambiguous chromosomes. At birth, the attending doctor or parents (or both) 'choose' which gender to raise the child, (often) necessitating ongoing surgical and/or hormonal treatments. There are more than 70 types of intersex conditions, and may be present as often as one in every 200 births. Some argue that transgender is another type of intersex, but it is the brain that is the indeterminate organ. Preliminary research supports this theory, although much more study is needed.

## How to use the terms

In all cases the terms are now recognised to be descriptive rather than the thing itself. For example, a person born male and who is transsexual woman is NOT 'A TRANSSEXUAL'. Before he starts living permanently as a woman, *she* is already a transsexual woman, or as we would now say a trans woman.

### The polite terms now are:

**Trans Man**

**Trans Woman**

**Trans People**

**Trans Person**

**Trans Lives**

**Trans Community**

Less well versed terms appear throughout the media, and will often be the terms students would use when trying to express themselves or others. You will know many of them already: 'sex change'; 'sex swop'; 'the change'; 'sex reassignment'. You might also know some of the worst: 'trucker in a frock' or 'strapadicktomy' as used in recent years on the BBC television programme 'Casualty' to refer to a young trans man who needed treatment on his arm.

All of these are unacceptable, even from the trans person themselves as by using them they demean themselves. The consequences of this barrage of unacceptable

terms leaves trans people of all ages, ashamed and feeling they are of little value and even less entitlement. Some react to the constant media barrage of these terms by using anger, some just get depressed and as we know from recent research 35% of trans people will try to commit suicide at least once in their adult life.<sup>33</sup>

There was a poster used in the Second World War which, referring to casual talk about troops, said 'Careless Talk Costs Lives'. It seems very apt and might be said concerning the things spoken and written about trans people.

The enemy is also within us all, we know these phrases – or at least you do by now. What do we do when we hear other people using these terms?

*"When I see a group of staff laughing at or discussing a story in the media about trans people, I approach them and instead of being angry, I put on a big warm smile and then look at the most junior and say 'John, you are an educated man? I would have expected more from you.' It always works."*

## **Gender Identity ... Sexual Orientation: What's the Difference?**

There is a great deal of unnecessary confusion about gender identity and sexual orientation. To put it simply, gender identity is who you are; sexual orientation refers to whom you love or are attracted to. There is a view that they are two completely separate concepts. For others, the two are intricately entwined.

Either way, what is most important to remember is that a particular gender identity does not necessarily mean a particular sexual orientation. A person who is trans may be gay, lesbian, bisexual or straight. Additionally, there are trans women (MTFs) who identify as lesbian and trans men (FTMs) who identify as gay men. People who feel that these categories are too limiting may choose terms such as 'queer' or 'gender variant' to recognise a broader spectrum of genders beyond male and female.

Your gender expression is how you show your gender to the world. Gender is engrained in our lives in so many ways you never even think much about—our names, how we dress, walk, speak, communicate what type of jobs we have, and more. Everyone expresses gender a little differently than the next, but everyone's gender expression is based on or linked to their internal gender identity as male, female, or androgynous.

<sup>33</sup> Whittle, S., Turner, L. 2007 Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination, London: Cabinet Office

## Issues Facing Gender-Diverse People

- Few communities or organisations include the words 'gender identity' or 'gender presentation' in their protection policies.
- Most private Health Insurance plans specifically exclude coverage for treatments relating to gender reassignment, forcing trans people to cover all these expenses out of pocket.
- Protection for trans people from discrimination in goods, services and facilities only came into force in April 2008; many trans people are used to discrimination – it becomes a matter of fact in their lives, and as it is so recent, few trans people know they have this protection.
- Protection in Employment and Vocational Training has been in force since 1999, but because of the scarcity of trans people in any particular employment, very few private sector bodies provide specific protection and in some areas, unemployment and underemployment rates are high.
- Homeless trans youth, who have often been excluded from the family home, may feel very lonely and most are financially insolvent. So they are more likely than other youth to engage in prostitution or consensual sex with a variety of partners without using safe sex techniques.  
... Just the tip (of) the iceberg!

## How Can I Be a Good Friend and Ally to Trans and Gender Variant People?

- It is extremely important to refer to a trans person by the pronoun appropriate to the gender they present as mostly easily cued by what the person is wearing. When in doubt, politely ask which pronoun is preferred.
- NEVER use the word "it" when referring to someone who is trans, either in their presence or to others when they are not present. To do so is incredibly insulting and disrespectful.
- Do NOT "out" someone (tell others that they are trans) without his or her permission. Also, do not assume that everyone knows. Some trans people pass very well and the only way someone would know would be if they were told.
- The decision to tell someone about their personal history should be left to the individual. In the UK in some circumstances, it can be an unlawful violation of privacy laws contained in section 22 of the **Gender Recognition Act 2004** (see M4).
- Never ask a trans person how he or she has sex or what their genitals look like. Do you ask anyone else?
- Do NOT assume a trans person is straight. Do not assume they are gay, lesbian or bisexual, either.

Bottom line: do unto others as you would have them do unto you.

## SELF TEST QUESTIONS

1. Consider what terms you might have used about trans people before you read this unit.
2. Would you know where and when to use which of them? What term would you use now in
  - a. A policy work group
  - b. To a young person who has just approached you about being transsexual
  - c. To a news reporter who has called you about doing a story on your trans people in college
  - d. To a mother of a young person who says they are transgender
  - e. To a male member of staff who wants to come to work wearing a skirt.
3. List any terms that are new to you after reading this unit.

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4. Complete the missing Gender terms in the following statement:

Those who are more classically included under the \_\_\_\_\_ umbrella include \_\_\_\_\_ who transition genders including having hormones and \_\_\_\_\_, and \_\_\_\_\_ - \_\_\_\_\_ who have an opposite gender presentation only part of the time, and gender-\_\_\_\_\_ people who have a unique gender presentation all of the time. The terms; \_\_\_\_\_, \_\_\_\_\_, for those who were born female, and \_\_\_\_\_ for those who were who were born male are used for anyone who has now living permanently in their preferred \_\_\_\_\_ role, and it also includes those male \_\_\_\_\_ who would prefer to live permanently in their new gender role. \_\_\_\_\_ has no relation to any of this. As an example, I proudly identify as a lesbian in my new life while my two best friends (also \_\_\_\_\_ women) identify as straight.<sup>34</sup>  
(See the end of the questions for the answer)

<sup>34</sup> Adapted From Joanne Herman

5. Strength of cultural memories

Having considered or discussed all these points, make a judgement on a ten point scale on the following issues

- a. How comfortable would you feel about using the term 'gender variant' to your college principal, when trying to discuss a student?

Extremely Comfortable                      Not at all Comfortable  
1   2   3   4   5   6   7   8   9   10

- b. To what extent do you think it is necessary to use the new term 'trans' in order to make practical changes around a college?

Extremely Important                      Not at all important  
1   2   3   4   5   6   7   8   9   10

- c. To what extent do you think the term 'trans' might be used within your college about people who transvestite or 'gender queer', but not transsexual?

A Large Extent                      A Small Extent  
1   2   3   4   5   6   7   8   9   10

**Answer to Question 5:**

Q5. Those who are more classically included under the **transgender** umbrella include **transsexuals** who transition genders including having hormones and surgery, and **cross - dressers** who have an opposite gender presentation only part of the time, and **gender- queer** people who have a unique gender presentation all of the time. The terms **trans man** for those who were born female, and **trans woman** for those who were who were born male are used for anyone who has now living permanently in their preferred **gender** role, and it also includes those **transvestites** who would prefer to live permanently in their new gender role. **Sexual orientation** has no relation to any of this. As an example, I proudly identify as a lesbian in my new life while my two best friends (also trans women) identify as straight.

# Unit B: Sex, Gender and Sexuality

## Further Reading

Whittle, S. (1995) *Jumping the hurdles of Gender: transsexuals make legal headway*, London: Press For Change. accessible at <http://www.pfc.org.uk/node/364>

Anderson, L. (1997-2000) *Feminism has forever changed the role of men and women.*, Cyberparent, accessible at <http://www.cyberparent.com/gender/generationsmalesfemalesrole.htm>

**As humans we are all labelled in a variety of different ways according to our society's culture, understandings and expectations**

Read, and then complete the Self Test questions.

In this Unit we will be separating the different components of gender that are usually regarded as the same. This will help you to understand the difference between sex, gender identity and sexual orientation and thus you can begin to understand how a trans person feels.



The Purple Triangle, the Transgender Symbol, understood worldwide to represent all trans people. Chosen because the purple triangle was used by the Nazi's to label trans or gender-variant people, on their route to the concentration camps and the gas chambers.

**Male / Female:** Are biological categories based largely on reproductive roles – the male produces sperm and the female produces eggs.

**Man / Woman:** Refers to the social roles expected of human males and females. Men and women are understood in western culture to be opposite and complementary. Some claim that these are gendered roles which are socially constructed.

**Masculine / Feminine:** Descriptive terms for social and cultural norms of male and female attributes and behaviour. They also refer to the individual's ability to play their gendered social role well.

**In western culture, the norm is:**

**males (a biological category) are men (a social identity) and are masculine (a behaviour).**

**Females (a biological category) are women (a social identity) and are feminine (a behaviour)**

**Sex:** Is a biologically determined category used to distinguish between males and females. It is also used to refer to the usual way in which humans provide sperm through sexual intercourse to enable the fertilisation of an egg, or related activities for the purpose solely of enjoyment, though sometimes this can be abused to hurt or control others.

**Sex is in fact a very complex biological concept which is rarely as unambiguous as we think and in contemporary societies, when we 'know' a person's sex, we think it then tells us about a person's gender.**

**Gender, however, unlike the sex category has several aspects; gender assignment, attribution, role, and identity.**

**Gender Assignment:** A label of male or female given to a human baby as soon as it is born. Often it is a simple glance by a midwife who assesses whether a baby has a penis or not (note: they rarely check to see if there is a vagina), that leads them to pronounce a baby as a boy or a girl. From that point forward there are cultural expectations of the baby's social role, behaviour and preferences as it matures (see gender role).

**Gender Attribution:** Refers to the gender attributed to a human by another as a consequence of their physical appearance, behaviour, dress and social role. We do this unconsciously all the time when we see people and categorise them as male or female.

**Gender Role:** Is the social role that men and women are expected to perform in families, in the workplace and in social settings. These are culture-specific and the roles that men and women are expected to have vary between cultures.

**Gender Identity:** Gender Identity is the total perception of an individual about his or her own gender. It includes a basic personal identity as a boy or girl, man or woman – who you are. Most people do not think about their gender identity at all - their gender identity, gender role, and all the symbolic manifestations of gender will be congruent, and they will be sexually attracted to the opposite sex.

For some it feels imposed from outside and does not match what they feel inside - they may feel they do not fit neatly into either the male or female role or their behaviour is not totally congruent with the rules and expectations of the society they live in. These people may be categorised as **Transvestite; Transgender** or **Transsexual**.

If a person permanently changes the social markers expected of them and also use hormone therapy and surgery to change their body, they will often be referred to as transsexual in Western European and North American societies. Other terms used in other societies are two- spirit amongst native Americans, Ladyboys in Thailand, Hijra in parts of India; though - see Module 1 unit (a) increasingly frequently we see the modern term transsexual existing alongside these older terms.

**Transsexualism, transgender or transvestism Rarely has any direct relationship to sexual orientation - they are to do with gender identity.**

**Sexual Orientation:** Sexual orientation varies according to the sex and/or gender of the person you are and the person you are interested in. If the current sex a person is attracted to is the same as theirs, the person is labelled homosexual: a gay man or a lesbian woman. If the sex is different, the person is labelled heterosexual. If a person is attracted to both sexes at the same or different times the person is called bisexual. Other terms in modern use are queer (not conventionally heterosexual), pansexual (are attracted to people who are 'across sexes'), polysexual (are attracted to many sexes) and asexual (don't have a sexual orientation). Heterosexuality (being 'straight') is as much a sexual orientation as homosexuality. In recent history, heterosexual sexual activities have been regarded as superior to homosexual.

On many occasions homosexuality has been criminalised and there have been terrible punishments for practicing homosexual activity, or even showing homosexual attraction. In some countries there is still the death penalty for homosexual people. Trans people, like other people, grow up to become mature humans with a sexual orientation. Their sexual needs are as diverse as any other group of people, ranging from being uninterested in sexual activity to having a need for regular sexual activity, or being a person who feels they are not at all sexual. They may identify as heterosexual or gay or bisexual. Proportionally more trans people identify as gay or lesbian in their preferred gender role, than in the general population, clearly dispelling the myth that they were repressed gay men or lesbians in their original role.

**Sexual Activity:** Is any activity, by oneself or with another person (or more) which a person does in order to give or get sexual pleasure. Sexual activity preferences can be as varied as licking a boot to pretending to be James Bond, though in most societies the activities focused on and valued most are those most likely to lead to reproduction.

**Sexuality is something quite different but interrelated to both sex and gender. Sexual activity and Sexual orientation have little, if anything, to do with gender identity, though gender identity can confuse all three.**

## SELF TEST QUESTIONS

### 1. Gender Likes and Dislikes

List two things you like to do, which are considered typical for your gender in your culture:

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List two things you hate to do, but which are considered normal for your gender in your culture:

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List two things you like to do, which are considered non-traditional or even unsuitable for your gender:

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List two things you really wish you could do but which would be frowned upon by society if you did them, because they are 'of the other gender'.

### 2. Try and Complete the missing terms in the following document:

**Sex** \_\_\_\_\_ : is the whole personal sense of a need for a mate or to feel satisfied sexually.

**Sexual** \_\_\_\_\_ : includes anything a person does in order to give or get sexual pleasure.

**Sexual** \_\_\_\_\_ : generally called by 3 words, though there are now some more. It can be active or passive, ranging from no sexual interest in anyone to having a sexual interest in potentially any person.

**Gender** \_\_\_\_\_ : answers the question "What do the authorities say I am?". In most cultures it's the m or f designation. It is a category decided by a doctor at birth, usually after a cursory visual inspection to determine the presence (male) or absence (female) of a penis. Generally cultures assign some permanent, immutable gender at birth. A few societies do allow people to change their gender assignment later in life. Gender assignment is something that is done to each one of us, long before we have any ability to have any say in the matter.

**Gender** \_ \_ \_ \_ : answers the question: "What does the culture think I should do with my life?". It's the sum total of qualities, mannerisms, duties and cultural expectations accorded a specific gender as assigned.

**Gender** \_ \_ \_ \_ \_ : answers the question: "Am I a man or a woman or something else entirely?". Most people don't think about this one very much. They let gender assignment stand in for gender identity. But identity is personal; it's what we feel our gender to be at any given moment. This feeling may be influenced by biological factors that have a cultural tag sticking out of each one of them.

**Gender** \_ \_ \_ \_ \_ : is what we all do when we meet someone: we decide whether they're a man or a woman, or something indeterminable. We attribute a gender based on an intricate system of cues, varying from culture to culture. The cues can range from physical appearance and mannerisms to context, and the use of power. **(Answer can be found at the end of the Questions)**

*adapted from "My Gender Workbook", K Bornstein, 1998, Routledge*

### 3. Strength of cultural norms

**Having considered or discussed all these points, make a judgement on a ten point scale on the following issues**

- i. How important are gender-based norms in determining the behaviour of an individual in your culture?

Extremely Important Not at all important  
 1    2    3    4    5    6    7    8    9    10

- ii. To what extent do you think it is desirable to change these norms?

Extremely Important Not at all important  
 1    2    3    4    5    6    7    8    9    10

- iii. To what extent do you think it possible to change these norms?

Very Easy Impossible  
 1    2    3    4    5    6    7    8    9    10

## Answers

**Q2. Sexuality:** is the whole personal sense of a need for a mate or to feel satisfied sexually.

**Sexual Activity:** includes anything a person does in order to give or get sexual pleasure.

**Sexual Attraction:** generally called by 3 words, though there are now some more. It can be active or passive, ranging from no sexual interest in anyone to having a sexual interest in potentially any person.

**Gender Assignment:** answers the question “What do the authorities say I am?” In most cultures it's the m or f designation. It is a category decided by a doctor at birth, usually after a cursory visual inspection to determine the presence (male) or absence (female) of a penis. Generally cultures assign some permanent, immutable gender at birth. A few societies do allow people to change their gender assignment later in life. Gender assignment is something that is done to each one of us, long before we have any ability to have any say in the matter.

**Gender Role:** answers the question: “What does the culture think I should do with my life?”. It's the sum total of qualities, mannerisms, duties and cultural expectations accorded a specific gender as assigned.

**Gender Identity:** answers the question: “Am I a man or a woman or something else entirely?”. Most people don't think about this one very much. They let gender assignment stand in for gender identity. *But* identity is personal; it's what we feel our gender to be at any given moment. This feeling may be influenced by biological factors that have a cultural tag sticking out of each one of them.

**Gender Attribution:** is what we all do when we meet someone: we decide whether they're a man or a woman, or something indeterminable. We attribute a gender based on an intricate system of cues, varying from culture to culture. The cues can range from physical appearance and mannerisms to context, and the use of power.

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# Unit C: The Mechanics of Gender Reassignment

## Further Reading

In the Gender Psychology (1998 – 2004) Transgenderism Glossary at <http://www.genderpsychology.org/transsexual/glossary.html> look up the following words, Pre-Op, Sex Reassignment Surgery, Gender Identity Disorder, DSM IV TR, Harry Benjamin Standards of Care and Paraphilia and glance at terms around them to find those you don't know or understand.

Read, and then complete the Self Test questions.

**The wonders of the female hormone for male-to-female transsexuals, estrogen can deliver soft skin, sensuous curves, and a profound sense of harmony—but it's no magic bullet.**

In this unit we will be looking at the medical process of gender reassignment, and will consider the time lines you can expect for staff and students before they reach the point whereby they are satisfied with their body. It must be remembered that most people are unhappy with their body for one reason or another. For most of us however, it is not the most important part of our lives.

Medical treatments for gender reassignment will not stop a person thinking they are fat, too tall, too short, too spotty etc. In fact the treatments to change the body may induce some of these, or make them worse. But most trans people are also able to have a life beyond the body, to make relationships and even to raise children in their preferred gender role despite having had no treatment.

Over time our relationships with our bodies change. Many trans people will say that the need for gender reassignment surgery was an absolute must when they commenced living in their new gender role, but as time passes, and they 'pass' more and more, surgery becomes the icing on the cake, but there is much more to the cake than just icing.



Marci Bowers, M.D., Trans woman and now, Gender Reassignment surgeon.

**Hormones & Surgeries:** For some trans people, hormonal and/or surgical modifications are not necessary in order for them to express their gender identity. Others find that the financial costs are prohibitive, or that they have a physical condition that precludes them being able to take advantage of the procedures. And still others may object to hormonal and/or surgical modifications for personal, spiritual, or political reasons.

Of those who do elect to modify their bodies, hormones and gender reassignment surgeries<sup>35</sup> (GRS) are typically used. Hormones are controlled substances used to either masculinize or feminize physical characteristics and must be prescribed by a medical doctor. Any medical doctor or psychiatrist can prescribe hormones once they determine their patient is suitable. Various surgical procedures are used by trans women and trans men. Very few people can access the expensive surgeries, which range in cost from £4,000 to over £50,000 depending upon the procedure but many take out the equivalent of a car loan to have some of their surgery or other treatment, rather than choosing to wait on the NHS lists. By continuing to label trans people as having a mental health disorder, Health Authorities are able to avoid the normal waiting list times, with trans patients often waiting 4 to 6 years for surgery. GRS requires highly specialised surgical expertise and should be done only by those experienced in such procedures.

**In order to get 'treated' for being transsexual - meaning hormones and, perhaps, surgery—you first have to be diagnosed as being mentally disordered. But calling trans people 'sick' creates the same stigma gay people faced for decades.**

**Steps to Obtaining Gender Reassignment Treatments:** Transsexual people will, without exception, say that they have always known that something was wrong. They will talk of an unhappy childhood and of having been aware that they should have been of the opposite sex. Some will talk of feeling that they are 'trapped in the wrong body'. Often a chance reading of a magazine article or watching of a television programme suddenly brings a realisation that something can be done, i.e. a 'sex change' and that there is a name for how they feel.

Achieving gender reassignment is not easy. Contrary to the popular press and television images, it is not a case of going into hospital one day as Joe and coming out the next day as Joanne. The process will take several years, involving several doctors and probably more than one operation. Even after someone has had all the surgery they require (and not all people are able to have all the possible operations), the transsexual person will face a life time of supplemental hormone therapy and monitoring for possible side effects. Most transsexual people first seek help from the family doctor, but typically doctors will know very little as it is highly unlikely they will have seen any other transsexual people before. Initially the patient will most often be referred to a local psychiatrist who does an initial assessment and says whether the person should be referred to one of the country's *Gender Identity Clinics (GICs)* or

<sup>35</sup> Many trans people prefer the more appropriate term: Gender Confirmation Surgery (GCS)

needs local support for another psychiatric disorder that makes them feel as if they are a member of the opposite sex (this is extremely rare). Transsexual people are subject to stringent reviews by medical doctors and psychologists to determine if they are indeed transsexual and if they are emotionally and psychologically suited for gender reassignment. These reviews are guided, in some cases, by the WPATH<sup>36</sup> Standards of Care for Gender Identity Disorders ('The Standards of Care').

There are only very few specialist clinics throughout the world, but here in the UK we are well served with trans people being referred to one of six main GICs (in Glasgow, Liverpool, London, Leeds, Nottingham or Sunderland).

After initial local assessment, a psychiatrist at the GIC will assess the patient and establish a diagnosis. It may take between 6 and 12 months to get an appointment at a GIC. Some people find this too long and prefer to pay for an assessment at the one private provider in London, where assessment before the first prescription of hormone therapy takes about 6 weeks and costs around £400.

### **To be diagnosed as transsexual requires three criteria to be met**

- The desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment.
- The transsexual identity has been present persistently for at least two years.
- The disorder is not a symptom of another mental disorder or a chromosomal abnormality.

Generally a second opinion from another psychiatrist will be required to confirm the diagnosis.

Usually there will then be an opportunity given to the patient to participate in an ongoing counselling programme, which may include family members. Often patients have suffered anxiety and depression owing to their isolation, the fear they feel and to the stress involved in clarifying the problem for themselves. GICs often provide support through liaison psychiatric services to resolve these issues.

### **The Real Life Experience**

When the diagnosis is confirmed, the difficulties of reassignment are explained and the patient is offered commencement of gender reassignment treatment, with the object of future gender reassignment surgery which will be subject to their completion of what is known as the 'Real Life Experience' (RLE).

<sup>36</sup> WPATH – the World Professional Association for Transgender , formerly HBIGDA

The RLE involves the patient living for one to two years in their desired gender role. They will legally change their name, and much of their documentation. They will commence hormone therapy; testosterone for the female to male transsexual (FTM) and oestrogen for the male to female transsexual (MTF). Gradually over the next few months they will begin to experience changes in their body. It is almost as if they are going through puberty again, but in the opposite sex.

There is still one clinic in the UK which does not allow patients to even start hormones until they have done at least 3 months of the RLE. This is no longer best practice and it is expected there will be a recommendation against it in forthcoming guidelines from the Royal College of Psychiatry.

Often the process may seem long and extremely hard to the person who is sure that gender reassignment is the solution to their problems, and again it may be possible to bypass some stages of the procedure by seeking treatment in the private sector. But this is not risk free. Although some doctors will offer immediate hormone therapy or surgery, in some cases this may not be helpful. A period of psychological adjustment to the preferred gender role is often essential to a person's future success in their new role.

## **Treatments for Trans Men Including Surgery**

**Hormone Therapy:** When a (FTM) trans man starts testosterone hormone therapy his<sup>37</sup> periods stop and he will experience a greatly increased appetite. It is crucial he eats well and takes much more exercise, or his weight will increase.

Over the next few months his voice will gradually break until it achieves a masculine tone, and by the end of the first year many will have enough facial hair to grow their first moustache. His waist will thicken, and he might (if he does do some exercise and doesn't just eat his way into becoming a couch potato) develop a quite muscular body.

Over several years of hormone therapy the trans man's clitoris will enlarge so that it begins to resemble a micro-penis. However his breasts will not reduce in size, and the trans man will have to bind them using a 'made for the purpose' vest, of which there are several available over the internet. These can be very uncomfortable to wear, particularly in the heat.

**Gender Reassignment Surgery - Mastectomy:** About a year after the trans man starts living in his new gender role and having hormone therapy, he will be referred to undergo a bilateral mastectomy which removes the breast tissue, reduces the nipple size and contours a masculine looking chest wall. With careful planning and the support of his doctors, this can be done almost immediately after the 12 months of the RLE is up. Normally 4 to 6 weeks away from work or college is required for surgery and post-op rest.

<sup>37</sup> From this point on I will refer to a female to male transsexual person with him/he/his as that is how he sees himself.

**Gender Reassignment Surgery - Hysterectomy:** A hysterectomy is recommended, but many feel it unnecessary after menstruation has ceased. Many trans men want to get back to sport or outdoor activities, and so it seems to not be urgent. However research and community outreach has made more aware that a hysterectomy is preferably undergone within 5-6 years of hormone therapy due to their heightened awareness of the risk of developing cancerous cells in the cervix or ovaries.

It is quite important now that the trans man insists on a 'laparoscopic' hysterectomy, in which there are no major abdominal cuts. This is particularly important if the trans man wants to return to playing sport, or proceed to a phalloplasty (see below). Normally a hysterectomy will require 12 weeks away from work or college, for surgery and post-op rest.

**Gender Reassignment Surgery - Phalloplasty:** Surgery to create a penis (phalloplasty) is very difficult. Though surgical techniques are improving, the surgery is not readily available for all. Privately the surgery is very expensive - between £25,000 and £50,000. Some manage to get their health authority funding for them to go to Europe for treatment, whereby under new European Rules they only have to pay the cost of hospital care.

**Phalloplasty:** Involves several surgical procedures, and as a consequence many trans men choose not to undergo it. It is multi-staged because it involves a large amount of surgery in a very small area, and there is some considerable risk of blood loss at various points in the process. Depending upon which surgery is actually undergone, the trans man may be away from work or college for one periods of between 6 and 10 weeks. Normally he will then require periods of 3 to 4 weeks away from work each year. Occasionally things go wrong, and the trans man may then have up to 10 or 12 surgical procedures (some of them day surgery) before the task is completed.

**Gender reassignment surgery - Metoidioplasty:** A much more possible procedure is called.

**Metoidioplasty:** Whereby the hood of the clitoris is released and consequently it looks longer, though it may still not be suitable for penetrative intercourse. When supplemented in a later operation by silicone implants into the labia to resemble testicles, the finished result can look like an ordinary small penis and testes. The urethra can be extended to the clitoral tip and so the FTM can urinate standing up. The cost of this privately will be around £10,000. Normally a period of up 6 weeks, followed by a period up to 4 weeks will be required away from work or college.

**FTM gender reassignment treatment is generally very successful in terms of enabling the FTM to resemble a biological man in day to day life, but the limitations of genital surgery will always mean that, unless he has no close physical relationships, there will be circumstances in which he will have to disclose his past.**

## Treatments for Trans Women including Surgery

**Hormone Therapy:** When a (MTF) trans woman starts Oestrogen hormone therapy her<sup>38</sup> beard will soften, but it will not disappear. She will require prolonged electrolysis or laser treatment to remove it altogether. Her sexual appetite will greatly reduce and she will find it more difficult to obtain an erection and reach orgasm. Her voice will not rise in pitch and the MTF may well need speech therapy to help them obtain a more female tone to her voice.

She may feel depressed particularly if she also takes an anti-androgen supplement to her oestrogen therapy, to block the effects of her body's testosterone. This most often manifests as weepy episodes or a feeling of loss and anxiety. She may just find it difficult to make her classes because she simply feels so tired. Her body will change shape and become more feminine as she develops more subcutaneous fat. This will give her wider hips, and a less bony feel to her arms and legs. If she has suffered from baldness, she may find that she will have some hair re-growth, but it will rarely be sufficient not to need some supplementary support such as a wig or a hair transplant. She will have some breast growth, but it may not be adequate and she may later opt for silicone implants.

**GENDER REASSIGNMENT SURGERY – Penectomy and Vaginectomy:** One to three years after starting living in her new gender role she will undergo genital reassignment surgery. This involves an orchidectomy to remove the testes, and a penectomy to remove the core tissue of the penis. A hole in the position of the vagina will be created, and the new vagina will be lined with the surface skin that remains from the penis. Dilation, using surgical dilators, is often very painful, but it must be used daily for many months to keep the vagina open and large enough. Some older trans women, who feel they are not going to enter another relationship may well choose not to have the vagina formed or will not dilate it.

The urethra will be shortened producing a new opening next to the vagina, and nowadays a small section of the tip of the penis will be reconnected to the nerves and will become a new clitoris. The skin of the scrotal sac will then be sculpted to form labial lips for the new vagina.

These surgical procedures are now, on the whole, very successful and after some time many doctors will not be able to tell that the transsexual woman had had a surgically created vagina. However, sometimes the surgery will partially fail and prolapse or become impacted, and further surgery will be required. Normally if the surgery is successful, first time, the trans woman will need only 6 to 8 weeks away from work or college.

**GENDER REASSIGNMENT SURGERY - Breast Surgery:** Later on, if the effects of hormone therapy haven't been sufficient they will have further surgery to implant silicone in the breast. Trans women will undergo the usual procedure for other women. Normally this will require 2 – 4 weeks away from college or work, unless the work involves heavy lifting when it will be longer.

<sup>38</sup> From this point on I will refer to a male to female transsexual person with she/her as that is how she sees herself.

### **GENDER REASSIGNMENT SURGERY - Facial Feminisation Surgery:**

Many transsexual women face the problem of an inherently male facial structure, and for some it is often difficult for them to 'pass' well enough for nobody to know their history. Some help can be given with supplementary surgical procedures such as nose and chin reduction, and the Adam's apple can even be shaved nowadays to reduce its prominence. However for many the treatment is aesthetically very good, particularly if they start the route to reassignment young enough,

### **The Future**

The prognosis for the transsexual person is now exceedingly good as hormone therapy and surgery have been greatly refined. There are still some long term health risks being discovered, as for the first time ever we are seeing a cohort of people who have been living post-operatively in their new gender role for over 20 years. However several follow up studies have shown success rates of over 97% when assessing elements such as friendship networks, social skills, personal sense of happiness and the question of whether the right decision was made.

**“I like the fact that trans people go down to surgery, smiling, and they wake up smiling after surgery” (gender reassignment surgeon)**

### **SELF TEST QUESTIONS**

1. Consider what surgical procedures you or your family have had – was there anything you or they enjoyed about it?
2. Reading the text: How many weeks off work in total, over the time of all expected surgeries including phalloplasty, would you expect a trans man to take for gender reassignment surgeries and post-operative rest.
3. How many weeks would you expect a trans woman to take off for gender reassignment surgeries if she had genital reconstruction and breast implants.
4. List any terms that are completely new to you after reading this unit.

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5. Complete the missing terms in the following statement:

The meaning of sex reassignment surgery usually differs for a \_\_\_\_\_  
\_\_\_\_\_ (male to female) rather than \_\_\_\_\_ (female to male).  
For trans women, sex reassignment usually involves a \_\_\_\_\_ to  
remove the penis, and a \_\_\_\_\_ to create a vagina, whereas in  
the case of trans men, this term may entail any of a variety of procedures,

from the \_\_\_\_\_ (removal of the female breasts) to the shaping of a male-contoured chest to the construction of a \_\_\_\_\_. Additionally, trans men usually undergo a \_\_\_\_\_.

\_\_\_\_\_ (or "top") surgery is often the only surgical procedure \_\_\_\_\_ choose to undergo, as GRS techniques for trans men are still rather unrefined and typically produce a \_\_\_\_\_ of compromised aesthetic and functional quality.

For some trans women, Facial \_\_\_\_\_ and \_\_\_\_\_ augmentation are also important parts of the sex reassignment process.

People who pursue gender reassignment surgery are usually referred to as \_\_\_\_\_ "trans" - across, through, change; "sexual" - pertaining to the sexual characteristics (not sexual actions) of a person.

**(Answer at end of Questions)**

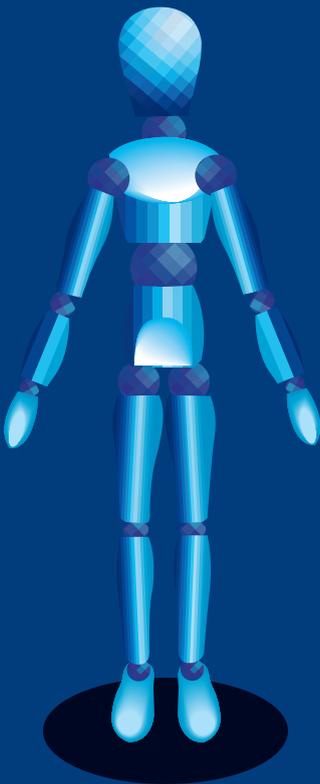
## Answers

O4. The meaning of sex reassignment surgery usually differs for a **trans woman** (male to female) rather than trans man (female to male). For trans women, sex reassignment usually involves a **penectomy** to remove the penis, and a **vaginoplasty** to create a vagina, whereas in the case of trans men, this term may entail any of a variety of procedures, from the **mastectomy** (removal of the female breasts) to the shaping of a male-contoured chest to the construction of a **penis**. Additionally, trans men usually undergo a **hysterectomy**. **Chest** (or "top") surgery is often the only surgical procedure **trans men** choose to undergo, as GRS techniques for trans men are still rather unrefined and typically produce a **penis** of compromised aesthetic and functional quality. For some trans women, Facial **feminization** and **breast** augmentation are also important parts of the sex reassignment process. People who pursue gender reassignment surgery are usually referred to as **transsexual** "trans" - across, through, change; "sexual" - pertaining to the sexual characteristics (not sexual actions) of a person.

STW, LT 21/03/08

Module 3:

# TRANSLEARNING AND TEACHING



# Unit A: The Difficulties of Being a Trans Learner

## Further Reading

Annelou L.C. de Vries, M.D. Ph.D. et al; (2006) Caring for Transgender Adolescents in BC: Suggested Guidelines, Vancouver: Coastal Health, available at <http://www.vch.ca/transhealth/resources/library/tcpdocs/guidelines-adolescent.pdf>  
Nancy Schniedewind; Karen Cathers (2003) Becoming Allies for Each Other: An Inclusive Approach for Confronting Heterosexism in Schools, *Equity & Excellence in Education*, Volume 36, Issue 2 June 2003, pp 184 – 193.

The life of any young person will be difficult even when they have no gender dysphoria, but trans youth, who enter a college setting will also be struggling with identity development, and its consequential problems including considerable social stigma.

Developing a healthy approach to being 'gender different' is often an uphill struggle, particularly with young people who 'come out' as trans. For many it is likely to be a move which is heavily influenced by their own cultural background; the extent of the possibilities of gender expression in their family, the possibilities of gender play within their external settings and the traditional roles played by men and women in the place they live. For example: It can be very different experience growing up as trans, in a strictly religious, middle class family in Rotherham as compared to a non-religious, middle class family in London.

The geography, the social and familiar settings, the religious background, the cultural values, the local economy of a home life and the educational abilities of the individual can greatly influence the chances that a trans person faces. These factors can dictate whether 20 years from now they will be a successful adult, or a person who is living on the margins of their society.

## The Dangers faced by Young Trans People

Life is generally not easy for many young trans people, and they face a range of problems from accessing medical care to unsupportive parents. Below we will look at the more significant issues faced by young trans people however it is important to remember that these are the tip of the iceberg, and like all teens and young adults, trans men and women, will face the usual agonies of growing up as well. However these can be exacerbated, but **NOT** because they are trans.

## Family and Partner Relationship Problems

For young trans people, the difficulties faced with parents are often significant, and many choose to move away rather than face the turmoil that their gender identity has caused the family (one young woman was locked inside her bedroom for ten days, and her trans partner had to call the police to get her released). In some cases parents are in deep grief for the loss of their child, especially if it is daddy's favourite girl, or mum's 'little man'.

The best advice that can be given to young people is to keep in touch with their parents whether by letter or phone, rather than confront them, which will only make things worse. As their body changes and they become happier in themselves, their parents often begin to recognise that this is still the child they have always known – but much happier.

## The problem of Poor Information

There are many reliable sources of information from trans people. They should be counselled to seek advice and information from the main national providers; The **FTM Network**<sup>39</sup> for young (female to male) trans men, and the **Gender Trust**<sup>40</sup> for young female to male trans women, For even younger children, the primary source of help is **Mermaids**<sup>41</sup> (more details in the Appendix).

Whereas there are many local groups it should be made clear that these are amateur groups, and often know little of the many choices available, and many have inadequate training in the relevant law.

## Safety in Public and in Private

**Trans People, of all ages, may come to college as a member of their preferred gender. They may pass very well, sometimes, very few staff or students will know they are trans. or they may be open and out, and in some cases not pass at all well. However, their parents, siblings and friends may know nothing about it, other than to privately think they are gay or lesbian.**

## Passing

'Passing' is the term used in the community for when a person is recognised as being a member of their preferred gender group. It is really important for most trans people for many reasons, including personal safety, even if they identify as being 'gender queer'. It not only is the foundation of their personal self, reinforcing the 'rightness' of their preference to change 'sex', but also it often serves to reinforce the idea that they should be a member of their opposite gender group to others. The experiences of many trans people have shown that doctors at Gender Identity clinics, are more willing to prescribe hormone therapy to those people who look more like they are a member of their preferred gender.

<sup>39</sup> [www.ftm.org.uk](http://www.ftm.org.uk)

<sup>40</sup> [www.gendertrust.org.uk](http://www.gendertrust.org.uk)

<sup>41</sup> <http://www.mermaids.freeuk.com/>

**Not passing can be very dangerous for young (or old) trans people.**

## Safety at Home

Some young trans people may face real emotional, physical or sexual abuse if they come out as trans to their parents, extended family members or siblings.

It is important to remember that if you have been told or suspect anything like this is happening to a trans person you should always talk to them if possible. If the young person does not want to go to the police, then suggest that they might want to discuss this with someone who has expertise. The best source of expertise in the UK, is Broken Rainbow: a UK-wide service offering support to lesbian, gay, bisexual, and transgender victims and survivors of domestic violence and abuse. **Broken Rainbow**<sup>42</sup> defines Domestic Abuse as:

**"Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality."**

This includes issues of concern to black and minority ethnic (BME) communities such as so called 'honour killings'. An adult is defined as any person aged 18 years or over. Family members are defined as mother, father, son, daughter, brother, sister, and grandparents, whether directly related, in laws or stepfamily. Broken Rainbow works with lesbian, gay, bisexual and transgender (LGBT) individuals and the community to reduce the prevalence of homophobic, biphobic, transphobic and same sex domestic violence.

### **Same sex domestic violence**

Same sex domestic violence is perpetrated by partners or ex-partners of LGBT people. Partners and ex-partners may be lesbian, gay, bisexual or heterosexual.

### **Homophobic domestic violence**

Homophobic domestic violence is perpetrated by family members against lesbians and gay men on grounds of their sexuality.

### **Biphobic domestic violence**

Biphobic domestic violence is perpetrated by family members against bisexual people on grounds of their sexuality.

### **Transphobic domestic violence**

Transphobic domestic violence is perpetrated by family members against transgender people on grounds of their gender identity.

### **Child abuse: homophobic, biphobic and transphobic**

Young people under the age of 18 years may experience homophobic, biphobic or transphobic child abuse from family members. Any young person reporting such abuse will be referred to an appropriate agency, such as Social Services.

<sup>42</sup> <http://www.broken-rainbow.org.uk>

It is worth noting that in some religious settings and families, a young person or adult found to be transgender or transsexual may face grave danger. It is essential in these circumstances to maintain an open dialogue with the trans person. If they have appeared to be missing for more than a day, and there are any grounds for concerns, the college should make enquiries to ascertain they are safe, and if not satisfied call the police.



**Broken Rainbow's HELPLINE 08452 60 44 60**  
Mondays & Thursdays 2pm - 8pm Wednesdays 10am - 1pm

## Safety in the Streets

When a young trans person (or older) comes out as trans, it is often very difficult for them to initially pass as a member of their preferred gender. This means they can be at risk of violence in many places, inside and out. It is imperative that teachers or lecturers are fully aware of these risks, and keep a 'watchful eye' on them in college. However the key is to properly implement a student training programme which could be anything from a poster campaign such as Stonewalls<sup>43</sup> **"Some people are gay. Get over it!"** campaign,<sup>44</sup> to training with trans experts such as those from Press for Change.<sup>45</sup> It is important to create an atmosphere where both students and staff can be trans advocates in meaningful ways, for example students can have a very important role looking out for their trans friend, making sure they don't have to go for lunch alone, or after parties or nights out that they do not have to get to the bus stop on their own, or even making sure that they never have to wait in a dark or vulnerable place.

If they are attacked, before calling the police, check that they consent to this as their parents may not know they are trans.

## Mental Health

Mental health problems such as depression and anxiety often accompany the process of coming out, transitioning and seeking gender reassignment. It has been known for many years now that these mental health problems are not related to being trans, but rather are related to the fear of others and their response to the person being trans. Experience shows it is often a justified fear.

Students who do not pass, or have been attacked in the past, can often find the constant demand of being seen in the classroom, too much for them, and they may stop coming to classes. Some may seek to escape the pain of their lives through alcohol, drug use, or even suicide. In the recent research of the Equalities Review, data revealed that 34% of trans identified people attempted suicide at least once.<sup>46</sup>

<sup>43</sup> [www.stonewall.org.uk](http://www.stonewall.org.uk)

<sup>44</sup> Details and downloads are at [http://www.stonewall.org.uk/education\\_for\\_all/news/current\\_news/1939.asp](http://www.stonewall.org.uk/education_for_all/news/current_news/1939.asp)

<sup>45</sup> [www.pfc.org.uk](http://www.pfc.org.uk)

<sup>46</sup> Stephen Whittle, Lewis Turner, Maryam Al-Alami (2007) *Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination*, London: The Department of Communities and Local Government. Available at [www.pfc.org.uk/files/EngenderedPenalties.pdf](http://www.pfc.org.uk/files/EngenderedPenalties.pdf)

## Other Health Issues

**(Female to male) trans men:** According to a medical advisory bulletin from Gender.org (Sep. 2002), as many as 25% of the FTM population have **polycystic ovarian syndrome** (as compared to 10% of women). POS can cause a deep voice, and body and facial hair growth, amongst other things, consequently some young (female to male) trans men are 'fortunate' when it comes to passing and some can pass easily without any hormone therapy.<sup>47</sup> However, their health may be at risk: POS will cause fertility problems, and all young female to male trans people should be directed towards seeing the doctor for an endocrine assessment.

**Hormone therapy (HRT)** is seen as the solution to passing, and for trans men it can be quick and very effective. But hormone therapy can take years to produce a passable appearance, especially with male-to-female trans people, and some may never pass completely. Thus those in gender transition are readily apparent to others, and they are vulnerable to intense harassment, discrimination, and even violence.

HRT however can have side effects and very few people can imagine what it is going to feel like with a major dose of the opposite sex hormone in their body.

For young trans men, the hormone injections can create a fortnightly cycle which features 2 or 3 days of behaviour you might normally expect from adolescent boys. If they find this difficult to manage they should also go back to the doctor and consider having their injections at different intervals with a lower dose.

Young trans women rarely take simple oestrogens in the first years of transition. Before surgery it is often important for them to also use anti-androgen medicine, which can result in a deep paranoid depression. If there are suspicions this might be happening for example, failure to turn up at college, or if she starts arguing over small things or being accusatory about what people are doing, especially to her, then she should be counselled to go back to the doctor with these issues.

Taking hormones bought from the internet is also commonplace, and may result in lethal complications.

## Employment in the sex industry

Due to severe **Employment Discrimination**, young (and old) trans people can find it very difficult to obtain employment, and in particular those who are very vulnerable can end up working in the sex industry. It has not been traditional for trans women to become sex workers here in the UK, but, some women are involved in sex work to earn money for the treatments which are not normally available on the NHS, such as electrolysis or breast implants. These young people are at risk for HIV/AIDS and other STDs.

<sup>47</sup> It has been reported in a handful of cases, that treatment of the polycystic ovaries resolve the transgender feelings have been completely resolved. For this reason, the national FTM Network suggests that the ovaries of all female bodied young people who have transgender feelings should be screened and treated. The tests are simple blood tests, and treatment is quick and effective. It should, however, be noted that most young female bodied trans men, who have polycystic ovaries (treated or not) choose to go on to transition.

## Talking with Trans Adolescents

Some young trans people, particularly those afraid to tell their parents, may view a teacher or lecturer as a safe person to discuss the problems they are facing at home or amongst their peers and, sometimes, the clinic they are attending.

If you wish to keep a young trans person's trust and confidence try not to dissuade them, and never say 'don't be ridiculous'. Their ideas are very important and it shows they are unhappy about life, and often the gender role divisions within it. It is important to remember that gender reassignment is overwhelmingly successful in facilitating trans people to live fulfilled lives, and few mistakes happen.

Clinical practice at this stage would include encouraging young stable trans people to actively experiment with gender fluidity, this may include experimenting with gender pronouns, names, cross-gender clothing, wigs, or shoes to help them understand how they might be a person other than the unhappy one they are now. The **Tavistock Portman Gender Development Service in London**<sup>48</sup> has a very good record of helping young trans people, up to the age of 18.

**It is also important for young trans people to know that until they are over 18, they will not be considered for gender reassignment surgery.**

## How to Start a Gay Straight Alliance group

A **Gay-Straight Alliance (GSA)** is a student-run club, typically in a college, which provides a safe place for LGBT and Straight students to meet and support each other, to talk about issues related to sexual orientation, and work to end Transphobia and Homophobia. Many GSAs function as a support group and provide safety and confidentiality to students who are struggling with their identity as gay, lesbian, bisexual, transgender, or questioning.

In addition to support, some GSAs work on educating themselves and the broader College community about sexual orientation and gender identity issues. They may bring in outside speakers to cover a particular topic such as LGBTQ<sup>49</sup> history. They may organize a 'LGBTQ Pride Week' or 'Awareness Events' and offer a series of educational workshops, panels, and pride celebrations. Many participate in the Day of Silence, a day when participants remain silent all day as a way of acknowledging the silence induced by homophobia in our society, or the day of Transgender Remembrance which acknowledges and remembers the deaths of trans people, particularly those who died as a result of transphobic violence, ignorance or neglect .

Some GSAs organize a 'Teach the Teachers' staff development day which focuses on teaching College staff how to be better allies for LGBTQ students. For example, GSA members would present scenarios about discrimination or harassment and get teachers to brainstorm how to respond to those situations.

<sup>48</sup> For more details go to <http://www.tavi-port.org/patient/tavistock-clinic/patient-services-and-departments/gids.html>

<sup>49</sup> Gay, Lesbian, Bisexual, Transgender and Questioning people.

Other GSAs are activist clubs and have worked to get LGBTQ issues represented in the curriculum and College policies; LGBTQ related books in the library, and progressive non-discrimination policies implemented at a district level. All of these different types of GSAs also provide a social outlet for LGBTQ students and their straight allies. GSAs are a great way to build community at a College and lessen the isolation that LGBTQ students might otherwise experience.

## **ACTIVITIES TO DO**

1. Using the internet collect a variety of resources and materials for a college web page for young trans students, including those students who are questioning whether they are trans and their teachers and lecturers.
2. Arrange for the page to be created, and put on the college website.
3. Write a short note informing a member of staff that one of their students has asked you to let him and the class know that they are going to come to college as Martin, from next Monday.
4. Write a short note for the college newsletter informing people that Martin has been involved in a successful campaign to implement named protection from bullying for people like him in the college Anti-bullying and Harassment Policy.

# Unit B: Being a Teacher or Counsellor of a Trans Learner

## Further Reading

Manchester Trans Youth: The Girl-with-No-Name, available at <http://www.lgym.org.uk/transweb/noname.htm> and The Real Life Stories available at <http://www.lgym.org.uk/transweb/reallife.htm> Linda McCarthy (2003) Wearing My Identity: A Transgender Teacher in the Classroom, *Equity & Excellence in Education*, Volume 36, Issue 2 June 2003, pp 170 - 183.

## Teaching Young trans adult (and older) learners

**My teacher was wonderful; she always called me Lucy even when I hadn't put my make up on because I overslept. She did that wherever we met. She really wanted me to find the right way through things, but it was like I had always been a girl, and now was a young woman. She got me a job in the college bar and that meant I got to know everybody and everybody got to know me, and it wasn't long before I had a really good bunch of friends.**

Young trans people (and older ones) can find college or university one of the few places in which they are accepted as themselves, and where they can (once again in some cases) successfully learn and build or rebuild a career. The problem is that not all educational environments are positive places for trans people. This unit will discuss how a teacher or counsellor of a trans learner can help, with some suggested resources and support paths.

**When a young trans person approaches you, as their teacher or lecturer, acknowledge that they have felt you were a person they could trust with this information and NEVER disclose it any further without the specific permission of them, in writing.**

Often trans people may approach you in great distress seeking help because they want to seek your social and academic support. Acknowledge the person's distress and their ideas, but focus on keeping their options open. For example, if they have not transitioned, encourage them to read books by trans people, to watch films that include transsexual and non-transsexual transgender individuals, to help them see a wide range of transgender identities. Some good books include James Green's 'Becoming a Visible man'<sup>50</sup> or Leslie Feinberg's 'Stone butch blues'<sup>51</sup> or (if male to

<sup>50</sup> Jamison Green, 2004, *Becoming a Visible Man*, Nashville: Vanderbilt University Press

<sup>51</sup> Leslie Feinberg, 1993, *Stone Butch Blues*, USA: Firebrand Books

female) Jan Morris's 'Conundrum'<sup>52</sup>, or Caroline Cossey's 'My Story'<sup>53</sup>. Many trans support organisations also have a range of recommended reading (see Appendix).

**If they have already transitioned**, listen carefully and if they do have a problem, work with them to find the organisations that can provide them with appropriate support. Whether they have transitioned or not, encourage them to contact national and local support groups (see the Appendix) who will often have many different trans identities represented in them.

If they have a specific problem in college, then ask them what they want you to do about it. The person's problems could be discrimination by staff or fellow students. It may be as serious as institutionalised discrimination: for example one college made it a requirement of every student on one course to take part in a group presentation, but when one trans student complained of nobody wanting her in their group, she was told to 'sort it out'.<sup>54</sup>

**In one college a teacher told a trans student that he would go to hell for transitioning. The college disciplined the teacher, giving him a written warning for making personal attacks, and insisting he attended sex discrimination training. The teacher was told that this was the same as a racist attack, and the college had zero tolerance for such behavior.**

Trans people can often become victims of bullying, or physical or sexual assault by fellow students. The students at one college would wait in line outside the dining hall to shout sexual abuse at a trans student. The college acted promptly, in the first case telling the students they would be expelled unless they desisted. The students were also made to attend a 2 hour session on LGBT equality, and write an apology to the student promising they would not do it again.

<sup>52</sup> Jan Morris, 1974, Conundrum, New York: Harcourt Brace Jovanovich

<sup>53</sup> Caroline Cossey, 1991, My Story, London: Faber

<sup>54</sup> The answer would have been for the Course leader to visit the classroom, and explain to the students that they were going to be put in groups and she would be a member of one of them. If anybody complained they would face disciplinary action.

## Managing the 'real life experience' (RLE) at college and work<sup>55</sup>

Nearly all young (and older) trans people go through a developmental process, which Arlene Istar Lev, a counsellor in trans issues describes as:

- REALISING,
- DISCOVERING,
- IDENTIFYING, AND
- NAMING ONE'S GENDER IDENTITY<sup>56</sup>

It might also be worth adding the term '**rejecting**' to that list as many trans people, once **realising** they have gender identity issues reject them completely, and try to modify themselves to their birth gender role - often in extremes. George Brown, a psychiatry professor for the military at East Tennessee State University who has treated hundreds of soldiers who are transsexual, many of them young, as well as older serving officers, says he has heard the same story repeatedly 'I did it [joined the military] to become a real man'.<sup>57</sup>

Interestingly, the majority of people who transition in their late teens are (female to male) trans men. It may be that this imbalance in male and female ratios occurs because many trans women have rejected the very unsafe identity they imagine it to be, and are busy trying to become a 'real man' during that life period. Increasingly, as a consequence of societal changes and more positive media coverage, we are seeing young people come forward and identify themselves as trans.

Most of both genders experience a rejection period even if only for a short time; some will do it without a significant problem, some will develop eating disorders to try and control their body and their thoughts, others take to self harming to release the tension of the battle. Some are prone to becoming promiscuous with both sexes in order to 'find the right person' and be cured into becoming either homosexual or heterosexual on the premise that being 'in between' is the worst of all possibilities.

But for those who manage to survive the rejection phase fairly quickly, identifying and moving to transition does not necessarily mean a transition from male-to-female or female-to-male; some young people (and trans adults) will find themselves as having both genders, or no gender and of course it may impact considerably on theirs (and in some cases their partners) sexuality and sexual identity.

<sup>55</sup> With thanks to

<sup>56</sup> Arlene Istar Lev (2004) "Transgender Emergence: Counseling Gender-Variant People and their Families. Binghamton, NY: Haworth Press

<sup>57</sup> George Brown (1988) "Transsexuals in the Military: Flight Into Hypermasculinity," Archives of Sexual Behavior, Volume 17, Number 6.

Research by Stephen Whittle<sup>58</sup>, a trans activist and legal expert, has demonstrated that in various different surveys of different parts of the trans community, the majority (51-54%) of the trans community ultimately do not identify as heterosexual. More (female to male) trans men than trans women, claim a gay, bi- or pan-sexual identity. However young trans people often do their best to appear heterosexual in their preferred gender role, as this is what the clinics seem to expect and also they want to appear as 'normal' as possible.

**It was hard to tell my parents I was lesbian, and even harder to say 6 months later that I was a transsexual, but to come back to them 2 years later and say I was a gay trans man seemed impossible, and of course when I did tell them all my dad could say is 'why have you done this to yourself', pointing at my testosterone developed body and going on to say if I fancied men I could have had children if I hadn't done this 'thing' to myself.**

It is important to recognise that, nowadays, 'ordinary' gender identity development is considered to be culturally determined, but it is still very much based upon the assumption that there are only two genders (corresponding to two sexes) and, that associated with them are 'normal' appearances and behaviours.<sup>59</sup>

Young trans people who do not fit into those binary boxes have to find ways to:

- Find out how far they want to move identities
  - For example. it might be easier to be a 'butch dyke', at least amongst the other 'idiots' whilst attending college, if that is possible.
- Show their doctor that they are both stable and have gender dysphoria
  - Most Gender Identity Clinics prefer to treat trans people who appear to be very stable as they are generally the most likely to succeed, but paradoxically at the same time, an essential part of the diagnosis of gender dysphoria is great distress. This can mean that more able patients tend to learn 'the lines' required.
- Confirm their preferred identity, and all that goes with that including new clothes and documents
  - this can be an exercise in 'daring to be' for many young trans people, who have a well founded fear of being seen as trans, for fear of bullying and aggression.
- Settle their identity or transition (change over) to their preferred gender effectively and safely

<sup>58</sup> (20004) unpublished research data

<sup>59</sup> Annelou L.C. de Vries, M.D., Ph.D. et al; (2006) Caring for Transgender Adolescents in BC: Suggested Guidelines, Vancouver: Coastal Health, available at [www.vch.ca/transhealth/resources/library/tcpdocs/guidelines-adolescent.pdf](http://www.vch.ca/transhealth/resources/library/tcpdocs/guidelines-adolescent.pdf)

In some ways it is similar to ‘coming out’ as it is for other LGB people; telling a secret which other people might disapprove of. Even though there may be awareness of ‘transgender issues’ in general, it is still not widely understood. Arlene Lev says that ‘a search for language is a key element in the emergence process’.<sup>59</sup>

According to Arlene Lev a **Stages of Change** approach<sup>60</sup> creates a model of possible support paths:

A Way of Supporting Trans Youth Through Their ‘Coming out Process’	
Level 1	Develop Awareness of diversity of gender identity and expression
Level 2	Create a Congruence between gender identity and daily life
Level 3	Help Integration of the transgender identity into their core identity

In order to provide young trans people with that support, there are many different areas of life and activities that an educational psychologist, a counsellor or even a teacher could touch on with a young (or older) trans person, to facilitate them making this consolidation in simple ways.

Many of the answers to the questions on the table below can be resolved using the many resources available from local and national support groups, and on the Internet, or by taking a discursive, problem solving. Open questioning approach with the young trans person.

<sup>59</sup> Supra 5

<sup>60</sup> Prochaska, DiClemente, & Norcross, 1992

<b>KEY Questions to Facilitate A Problem Solving, Discursive approach to Integration</b>	
<b>Aspects of life for discussion.</b>	<b>Questions to ask the young trans adult.</b>
<b>Education &amp; Employment including work placements.</b>	<p>Do people at college / work know that you are transgender? (Who?) How did they find out, and how did they react?</p> <p>Are there people at college / work you feel you could talk to if you needed to talk about transgender issues? (Who?)</p> <p>Do you skip or miss classes? How often? What do you do instead?</p>
<b>General Activities</b>	<p>Do any of your friends know that you are transgender? How did they find out, and how did they react?</p> <p>Do you know any other transgender people? How did you meet them?</p> <p>How much time do you spend on the internet in a week?</p>
<b>Sexuality</b>	<p>Have any of the people you've dated known that you are transgender? How did they find out, and how did they react?</p> <p>Is being transgender part of your sex life? (How?)</p> <p>Are you attracted to boys, girls, other transgender people?</p> <p>Are there parts of your body that are off-limits sexually?</p>
<b>Suicide/ depression</b>	<p>Do you worry about people finding out you are transgender?</p> <p>Do you ever wish you weren't transgender?</p> <p>Does thinking about transgender issues ever make you feel stressed, sad, or lonely?</p> <p>Do you ever feel that your situation is hopeless?</p>
<b>Safety</b>	<p>Has anyone ever threatened to 'out' you as transgender? Do you worry about this happening?</p> <p>Have you ever been threatened or attacked because you are transgender, or for other reasons? Do you worry about this happening?</p> <p>How safe do you feel in your neighbourhood or the places where you hang out?</p>

**Things to encourage young trans people to do:** Over a period of time, these are some of the things that a independent adult or counselor can recommend trans people to do:

- Learn about transgender (from the internet, guidelines for care, lay and professional literature, peers, etc.).
- Participate in peer support/self-help groups or in the transgender community.
- Consider counselling to explore gender identity and to deal with psychosocial pressures.
- Come out: disclose transgender identity to family, friends, and other loved ones.
- Integrate transgender awareness into daily living.
- Change gender pronoun and/or name.
- Start occasional cross-dressing or cross-living.
- Start to go to events and settings where being trans is welcomed.
- Begin temporary and potentially reversible changes to appearance: for example changes in hairstyle/makeup, temporary removal of facial/body hair or applying facial hair, wearing prosthetic breasts or penile prosthesis, tucking/binding chest or genitals, cross-dressing, changes to speech/voice.

This list is not meant to be exhaustive, but simply to illustrate that there are multiple options that may be considered by transgender adolescents. Some options require a high level of cognitive and social sophistication and will likely not be spontaneously pursued by young adolescents. Whatever options are considered, there should be thought as to how changes can be realistically integrated into daily life, and what reactions there might be by others.

## **ACTIVITIES TO DO**

1. Find out about the many trans books that are available, and suggest that a few that you think should be on the college library shelf. Take it up with the librarians to ensure these books are available.

Transgender Care <http://www.transgendercare.com/> provides several comprehensive books lists, dealing with gender identity, transgender and transsexual concerns. Go to the bottom of the first page to find a search box which leads you to the book list.

If you need to provide the books yourself, many trans books can be purchased for very low prices on Ebay, and Amazon.

# Unit C: Supporting a Learner or Employee Undergoing Gender Reassignment

## Further Reading

See the 'Good Practice and Inclusion' section of this webpage for further resources <http://www.pfc.org.uk/node/234>

It may come as a shock to be told that a member of staff or learner that you know intends to undergo gender reassignment. Many people do not outwardly display their discomfort in their current gender, having many years of practice hiding it from everybody. There are usually no key indicators and there are many men for example, who display all the physical, personal and social competencies required for an Alpha male, who may announce that they have always felt like a 'woman trapped in a man's body'. The decision to undergo gender reassignment usually comes after years of soul-searching as well as attempting to find ways to make the discomfort in the current gender disappear. Research has shown that the only 'cure' for gender dysphoria (the medical term for being trans) is gender reassignment, which has a very high success rate in terms of quality of life.<sup>61</sup> Contrary to stories in the press and other media, the number of people who change their minds about undergoing gender reassignment is extremely low. Research has also consistently shown that the attempted suicide rate for trans people before gender reassignment is exceptionally high.

When a trans person begins the process of gender reassignment they are at their most vulnerable and may feel like they are the only person in the world who feels like they do. It is very valuable for trans people undergoing gender transition to meet other trans people who are going through or have gone through the process. Local trans support groups can give support and advice on a whole range of issues –from who is the most sympathetic and knowledgeable local doctor, to the effects of hormones (see Appendix).

Contrary to popular belief (and many television documentaries on 'sex changes') Gender Reassignment is not all about having operations. For the purposes of legal gender, it is a formal process of 'reassigning' all identity documentation. This includes driving licence, passport, course registration, bank details etc.

<sup>61</sup> Pfafflin, F. and A. Junge (1998). Sex Reassignment: Thirty Years of International Follow-up Studies after SRS – A Comprehensive Review 1961-1991. This constitutes the most comprehensive longitudinal review of gender reassignment covering 30 years and reviewing over 70 studies of 2000 patients in 13 countries. The review looked at the quality of life in terms of subjective satisfaction; mental stability; socioeconomic functioning; and partnership and sexual experience.

This is a straightforward process requiring evidence of treatment for gender dysphoria including a statement that the change is permanent and a statutory declaration or deed poll for the change of name. A trans person is required to make these changes as part of the treatment process and to prove that they are living full-time in their acquired gender. This is known as the 'real life experience'. Living full-time in a new gender means that the trans person needs to live as anyone else would do in that gender.

Many agencies and employers ask a trans person to produce a Gender Recognition Certificate (GRC) before these changes can be made (see Module 4). This is unreasonable as the application process for a GRC requires the change of documentation as evidence of living full-time in one's acquired gender.

Gender transition needs to be planned and managed in order that it proceeds smoothly with the minimum of distress. The process of when the transition will take place, when and how to tell learners or other employees, the use of changing facilities and changes of documentation needs to be discussed and agreed with the person undergoing gender transition.

### **First formal meeting**

It is important to have a formal meeting with the trans learner/employee and write an action plan with **agreed** timescales. The action plan should include:

- how the information will be managed and by whom
- the date of living full-time in new role
- when to use single sex facilities
- when formal documentation will change
- when/if time may be required off for surgery

It is essential to have a nominated person who will be responsible for ensuring that library cards, email addresses, identity cards, website references, photographs etc. are all changed at the same time. Photographs may have to be updated regularly as the effects of hormones may continually change the trans person's appearance over a period of time.

It is also appropriate to discuss how other colleagues/learners will be informed. The trans person might want to do this themselves or might want it done for them. If the latter is the case, it is important that the trans person still has some control over what people are told and the language that is used. It is also appropriate to discuss a strategy should there be media interest.

## Telling colleagues/fellow learners/staff

If the person undergoing gender transition wants other learners or colleagues to be informed formally, the most appropriate way is for a senior member of staff to inform others in an upbeat and positive tone. This implicitly states from the outset that the college does not have a problem with gender transition and thus does not expect anyone else to. This can be done by formal letter. If informing people by letter/email it is a good idea to follow a similar approach that organisations use when announcing a member of staff getting married or having a baby for example:

**This letter is to inform you that X is undergoing gender reassignment and will begin living in their new gender role on (date) and will be known as Y. I am sure that you will all join me in congratulating X on his/her decision and assuring him/her of our full support during this process.**

## The day of the new gender role

Some trans people may wish to go away for a short time and then come back in their new role – to have a symbolic ‘break’ from their old gender to their new one. Some may simply wish to leave work as X on a Friday and return as Y on the following Monday. On the day of transition it is important to check that all databases, identity cards etc. have been changed (and if staff, a door sign or name on notice board).

Colleagues/fellow learners/other staff will find the change of name and gender pronoun difficult and it is reasonable to expect that some people may make mistakes with gender pronouns and names. Everybody should be given a little latitude on this at first. It will be easier if those in leadership or senior roles make a special effort in consistently referring to the trans person in their new name and pronoun. This usually works well as it is impossible to have a conversation discussing someone using two different gender pronouns and usually the offender will fall into line.

At the end of the week it would be a good idea for the trans person to meet up with the nominated member of staff who they initially met to discuss how the week went and what problems may have arisen. It is important to keep monitoring the situation perhaps monthly or even weekly for the first 6 months as potential problems can be anticipated or dealt with before they escalate.

## Using single sex facilities

The use of appropriate facilities for a trans person is an essential part of the ‘real life experience’. It is up to the trans person when they will feel comfortable using the facilities appropriate to their new gender role. Some may wish to use disabled facilities for a while and then ‘transition’ to their new facilities after a short period. Some may wish to use gender appropriate facilities immediately. Whatever is decided, it is important to remember that the ‘real life experience’ is just that. It is not appropriate to expect a trans person to use disabled or ‘unisex’ facilities indefinitely. To expect this is to impede a trans person’s transition and may constitute bullying.

Research has shown that trans women in particular have had problems with using women only facilities at work as some female members of staff object. In many cases the objection is essentially about fear of indecent exposure in women only facilities – usually confusing a trans woman with a man with criminal intent. In other cases it has been proved to be basic territorialism on behalf of other users. If a problem arises with staff or students/learners in this area, they need to be reminded of the following:

- the facilities are used for a bodily function – a basic human need
- there is **no** legal requirement for anyone to have particular genitals to use single sex facilities of any gender
- a trans woman will be feeling very vulnerable using women only facilities
- a trans woman is not going to expose herself indecently – she will probably find her private parts abhorrent (why elect to have surgery otherwise?)
- women only facilities are very private as they have cubicles so no one can see anything
- the same facilities are usually shared at home/student accommodation etc. with people from the other sex with no objection
- In most circumstances if a firm line is taken by the senior management team, the problem usually resolves itself. It is crucial that the trans person has support in these circumstances and it may be a good idea to have a member of the senior management team as a nominated 'ally'. Remember that you have a legal obligation not to discriminate and to protect a trans person from harassment.

There may be circumstances where a trans person who has not had any surgery will require some bodily privacy – for example where there are communal shower facilities. In this situation they may choose to use alternative facilities to avoid embarrassment – for example disabled or family facilities.

The most important thing to remember is that a trans person's dignity needs to be respected. In many circumstances when problems arise concerning trans people using facilities, a little 'lateral thinking' is required. There are other people besides trans people for example who may also need bodily privacy – if they have a colostomy bag; a disfigurement or severe scarring. How you would respond to their bodily dignity is a good comparator in the circumstances.

## Possible Media Interest

The media continue to be interested in 'sex swap' stories and if local media hear about a trans person undergoing gender reassignment they may approach your institution. The press office should prepare a short statement to be issued if necessary. Members of staff and learners should be advised that the issue is confidential. The message to the media should be upbeat, matter-of-fact and succinct. If the issue appears to be of no consequence to your place of learning there is usually no story and the media will lose interest.

If there is media interest over a member of staff or learner who has a gender recognition certificate, remember that knowledge of the trans person's history is protected information and any disclosure of information will be contrary to the Gender Recognition Act (see Module 4)

## References and Certificates

When a trans student/learner or employee leaves the college they may ask for a reference. Their new employer may not know that they are trans and it is unlawful to identify someone as trans or as their previous identity in a reference. Even if you did not know them for very long in their acquired gender, it is not appropriate or lawful to disclose a trans person's status.

A trans person who studied at your institution in their previous gender may approach you as they are seeking a reference from you identifying them in their new gender, or they may be changing their details on certificates. These are reasonable requests and you have a legal obligation not to discriminate.

## Pension Entitlement

Pension entitlements continue until such time as the trans person obtains a Gender Recognition Certificate, and consequently legal recognition for all purposes. At this time the trans person should inform the pension provider to make the adjustments required to facilitate their pension as a member of their new sex.

## National Insurance Records

All National Insurance records, apart from birth sex indicators, will be changed when they are informed at the time of name change.

However, until a person has undergone 2 years of living permanently in their preferred gender role, they cannot obtain legal recognition in the HMRC systems. Trans people will be referred to in their new gender pronouns by HMRC, but they will still be members of their original birth gender for national insurance purposes. This means that before gender recognition an older trans woman will still have to retire at 65 until such time as she gets legal recognition at which point their retirement age will be that of a woman's.

## **Bullying and Harassment**

The college policy on harassment should include gender identity and this policy needs to be well communicated. There also need to be clear procedures which will investigate complaints swiftly and sympathetically. Typical bullying and harassment experienced by trans people include:

- Refusing to address a trans person by their preferred name/refusing to use the correct gender pronoun.
- Referring to a trans person as 'it'.
- Intrusive questions about genitals and surgery.
- Sexual harassment.
- Ignoring or excluding someone because they are trans.
- Verbal or physically threatening behavior.
- Passing judgment about how 'convincing' a trans person is in their acquired gender.
- Refusing to acknowledge that a person has undergone or is undergoing gender transition.

Harassment should be a disciplinary offence and should not be tolerated by anyone. If you have a good Gender Equality Scheme that is working, it is less likely that bullying and harassment will take place. It is crucial for any equality policy to work effectively that there is 'buy in' from senior management and those in positions of leadership in the college.

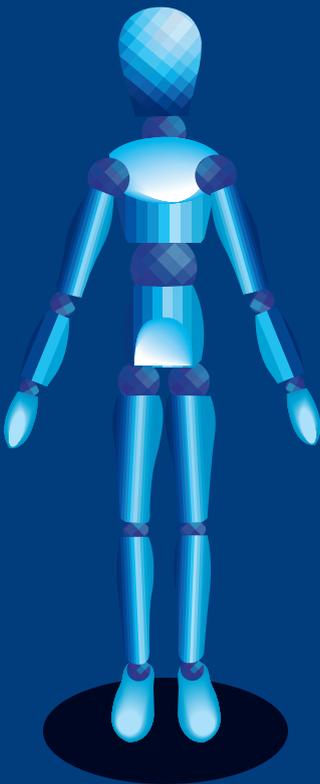
## **ACTIVITIES TO DO**

1. Read Module 4 for an understanding of the legal obligations of the college regarding trans people.
2. Draft an action plan for the college in the event of a learner or employee undergoing gender reassignment.



Module 4:

# TRANS SPECIFIC LAW



# Unit A: The Sex Discrimination Act (SDA) 1975

## Further Reading

For the full SDA: [http://www.opsi.gov.uk/si/si2008/uksi\\_20080656\\_en\\_1](http://www.opsi.gov.uk/si/si2008/uksi_20080656_en_1)

Read, and then complete the Self Test questions.

Under the Sex Discrimination Act it is unlawful to discriminate against a person on the grounds of gender reassignment in employment, education and vocational training. This means that any people who are 'intending to undergo; are undergoing or have undergone gender reassignment' have legal protection from discrimination.

Section 82 of the SDA defines gender reassignment as:

**...a process which is undertaken under medical supervision for the purpose of reassigning a person's sex by changing physiological or other characteristics of sex, and includes any part of such a process.**

This means that from the moment a trans person approaches their doctor to be referred to a specialist in gender dysphoria (the medical term for being trans), they may be covered by this act. Therefore a trans man or woman needs to be treated in an equal way to any other male or female member of staff or learner. This means that your college needs to look at how current employment policies impact trans people – in particular recruitment; confidentiality; harassment; retention and access to training.

The Sex Discrimination Act also puts a duty upon employers to protect an employee from harassment and victimisation from other employees on the grounds of gender reassignment. The new Sex Discrimination Act (Amendment) Regulations 2008 address sexual harassment eliminating the causal link between harassment and the sex of the person being harassed and now a person who is not subject to harassment can make a claim about someone else who is a victim. It also imposes a liability on an employer who knowingly fails to prevent an employee from harassment by a third party.

In addition, following the ruling by the European Court of Justice P. vs S and Cornwall County Council, the Equal Treatment Directive, which covers all aspects of employment (access to employment, promotion, vocational guidance and training, working conditions and dismissal); applies to trans people also. The European Court of Justice ruling means that trans people are to be regarded as their acquired gender for the purposes of employment.

This means that from the moment an employee begins living full-time in their acquired gender and has changed their documentation (this will usually happen at the same time), they are to be regarded as their acquired gender for the purposes of employment and are covered by the Equal Treatment Directive. This is regardless of any gender reassignment surgery or Gender Recognition Certificate (see M4 unit c).

**A TRANS PERSON IS TO BE REGARDED AS THEIR ACQUIRED GENDER WHEN THEY ARE LIVING AND WORKING IN THEIR ACQUIRED GENDER**

## **Suggested policy inclusions which impact trans people**

### **Recruitment**

- External messages about your place of learning are very good ways of getting a message of your ethos to the wider community. Advertisements for staff that carry the stock statement that you ‘welcome applications from all sections of the community regardless of...’ should include ‘gender identity or gender reassignment’, which gives a clear message of welcome to trans people.
- Trans staff should be regarded in a positive way and as potential good role models for learners who may identify as trans.
- New employees should not be asked to produce their birth certificates for identification purposes (passports are sufficient).
- There should be no obligation for a transsexual person to disclose their trans status as a condition of employment and non-disclosure or subsequent disclosure are not grounds for dismissal.
- Should an applicant or interviewee voluntarily disclose, the issue should be dealt with in the same way as any other personal disclosure.
- The equal opportunity policy and harassment policy should include trans people –remember potential employees will probably access this online to see how trans-friendly your institution is.

### **Confidentiality**

- Trans people’s privacy should be respected and access to records showing the change of name and any other details associated with the individual’s trans status, such as records of absence for medical treatment, should be restricted to senior staff on a ‘need to know’ basis.
- Breaches of confidentiality should be serious disciplinary offences – as should intrusive questions.
- Any personal details of an employee which require updating at the time of gender transition should be changed in a coherent and timely way.

- The college should not ask for documents of ‘proof’ of gender dysphoria, such as medical documents or Gender Recognition Certificates.
- Previous references for employees which may identify them as their previous gender should have restricted access and be regarded as protected data.

**Harassment**

- Any claims of harassment and bullying of a person because of their trans status should be dealt with swiftly and sympathetically.
- If a member of staff suffers discrimination from members of the public, the college should take action and provide appropriate support.
- Any learners who direct discriminatory behaviour against any member of staff should be subject to the student disciplinary procedure.
- Trans abuse including derogatory jokes and intrusive questions should be serious disciplinary offences.
- Transphobic propaganda materials, graffiti, music or speeches should not be tolerated.

**Retention and access to training**

- Trans people should never be redeployed or retired on the grounds of gender reassignment.
- The College should ensure that there is no discrimination on the grounds of gender identity in relation to dismissal of staff.
- The College should ensure that trans members of staff have equal access to all forms of training and staff development opportunities.

**SELF TEST QUESTIONS**

1. The Sex Discrimination Act makes it unlawful to discriminate against a person on the grounds of gender reassignment in which spheres?  
.....
2. The European Court of Justice ruling means that trans people are to be regarded as their acquired gender for the purposes of  
.....
3. A trans person is to be regarded as their acquired gender from the moment they.....

## Answers

1. Under the Sex Discrimination Act it is unlawful to discriminate against a person on the grounds of gender reassignment in employment, education and vocational training.
2. The European Court of Justice ruling means that trans people are to be regarded as their acquired gender for the purposes of employment.
3. A trans person is to be regarded as their acquired gender from the moment they begin working as their acquired gender.

# Unit B: Goods, Services and Facilities Regulations

## Further Reading

As the regulations are new, you can read about how Goods and Services have been protected for other minority groups, for example:

Mary Holland: Arts Organisations and Rights of Access to Goods, Facilities and Services: Part III of the Disability Discrimination Act 1995<sup>62</sup> available at [www.artscouncil.org.uk/downloads/information/dda3briefing.pdf](http://www.artscouncil.org.uk/downloads/information/dda3briefing.pdf)

Read and then complete the self test questions.

Discrimination in Goods and Services has been an ongoing problem for trans people. As customers, clients or patients they have faced overwhelming levels of discrimination at some points in their life, often when they are young or when they have just transitioned. For example the Equalities Review research report in 2007, found that, 30% of trans people felt that being trans had affected the way they could access routine treatment on the NHS.<sup>63</sup>

The research report also found that trans people experienced discrimination in places of learning. This is a typical remark made by trans college student respondents:

*"I had to skip a lot of classes because I developed severe anxiety and was unable to cope with the pressure of constant abuse".<sup>64</sup>*

One trans woman responded:

*"At a beauty college where I was receiving electrolysis the college principal intervened and told me I could not be treated there because I had not had Gender Reassignment Surgery and the college was for women only".<sup>65</sup>*

The legal response to this is a new regulation, amending the **Sex Discrimination Act 1975 (SDA)**, providing trans people with protection against discrimination in accessing Goods, Services and Facilities (**GSF**) the **Sex Discrimination (Amendment of Legislation) Regulations 2008 (SDALR)**.

<sup>62</sup> Available at <http://www.artscouncil.org.uk/downloads/information/dda3briefingpaper.pdf>

<sup>63</sup> Stephen Whittle, Lewis Turner, Maryam Al-Alami (2007) Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination, London: The Department of Communities and Local Government. Available at [www.pfc.org.uk/files/EngenderedPenalties.pdf](http://www.pfc.org.uk/files/EngenderedPenalties.pdf)

<sup>64</sup> Ibid p.65

<sup>65</sup> Ibid p.58

## The Intentions of the Regulations

The **SDALR** regulations are intended to implement the **Council Directive 2004/113/EC** (referred to here as the **Equal Treatment Directive or ETD**) of 13 December 2004 ruling the principle of equal treatment between men and women, including trans men and women, in the access to and supply of goods and services.

The **ETD** is the **minimum line**, below which governments cannot go when providing protection. The **ETD** obliged national governments to provide **protection** in the provision of Goods, Services, Facilities and Premises to those people 'intending to undergo, undergoing or having undergone gender reassignment'.

The Regulations are disappointing in that they go no further than that very bare minimum level of protection for trans people, afforded by the ETD. The only people who can claim protection are covered by the usual most minimal definition; those intending to undergo, or undergoing or having undergone Gender Reassignment.

As such, this Protection, will only come into force for those people provided for in S.82 of the **Sex Discrimination Act 1975** (as amended) (referred to here as the **SDA**) (see M4 unit a). **Section 82** is one of the much newer amendments to the 1975 Act, and it defines what is meant in the **SDA** by the phrase 'intending to undergo, undergoing or have undergone gender reassignment'. The answer is that this includes those people who are under, or have been under medical supervision for gender dysphoria and gender reassignment.

**There is nothing preventing any service provider, including colleges, from going FAR BEYOND the minimum requirement of the ETD. They will be perfectly within the law to develop their own policies and practice to provide protection to all trans people, or even better use the phrase: Protection in Goods, Services & Facilities including Premises on the grounds of GENDER IDENTITY OR GENDER PRESENTATION.**

## A less than full approach TO PROTECTION

The problem lies with the fact that when somebody refuses access to Goods , Services and Facilities including Premises to a trans person, or treats somebody less equally when they try to access the services, they do not ask whether the person has a gender recognition certificate, or a medical note giving details of their treatment. This means that someone who is not undergoing, has not undergone or is not intending to undergo gender reassignment, but who looks like a 'sex change' can legally receive poorer treatment or discrimination.

Under the equivalent situation in cases of Sexual Orientation, a person perceived to be gay is also protected from discriminatory treatment or hate crimes, including incitement to homophobic crime. Similar protections exist in the areas of Race, Age, Religion and Faith and Disability, but trans people however are not covered on the grounds of 'perceived sex'.

A transvestite or cross dressing person, a person of neither or both genders, a transgender person who does not want medical treatment, or a person who prefers some of the clothing or other adornments of the opposite gender, as well as people with gender variant behaviour have no legal protection at all.

A male member of staff at a further education college wishes to wear some discreet women's earrings – **he has no protection**

A male member of staff at a further education college, who is has been assessed locally as having gender dysphoria, is waiting for an appointment at a Gender Identity Clinic with the intentions of undergoing gender reassignment, wishes to wear women's underwear and some discreet earrings – **he has protection** because **he is intending to undergo, is undergoing or has undergone gender reassignment**

Recent research for the Equalities Review discovered that 40% of the trans respondents had not yet transitioned to living permanently in their preferred gender role. Of this group, 46% claimed that they wished to commence living permanently in their preferred gender role in the future. Their reasons for not transitioning were divided almost equally into two camps; 42% did not transition for fear of job discrimination, and 58% for fear of losing their family – two both very reasonable fears as shown in the other data in the Equalities Review report.<sup>67</sup>

Many support organisations that exist, are under pressure to advise even more trans people, regardless of whether they wish to have gender reassignment treatments or surgery, to go to their Doctor and say they think they are transsexual. They then need to start the process of psychiatric evaluation – even if they never want to permanently transition, or never want to take hormones or have surgery. Doing so would give them legal protection for the provision of Goods Services and Facilities. Of course nobody can make a trans person take the step of transitioning, or make them have any treatment they do not want, but the SDALR pushes trans people towards the medicalisation of their situation, so that they can incur the legal protection that they need.

## **Exemptions to the Law**

Even then though the protection is limited to only ensuring protection for direct discrimination in receiving Goods, Services and Facilities, there are also several further exemptions, just as there were in the employment **Sex Discrimination (Gender Reassignment) Regulations 1999 (SDGRR)** (see <http://www.pfc.org.uk/node/295> ). See below for further explanation of these exemptions from providing equal treatment to trans men and women.

<sup>67</sup> Supra n2

## Achieving a Legitimate Aim

In the Guide the government states that they wished to use the regulations to:

**‘make it clear that different treatment for transsexual people will be lawful only where this would be a proportionate means of achieving a legitimate aim.’**

In the accompanying guidance notes, the government notes that 21% of consultation responses objected to this view, but these were dismissed. The Government has **promised later guidance** on how this ‘proportionate means of achieving a legitimate aim’ would work in practice.

## Understanding The Goods Services & Facilities Regulations

The Regulations are very difficult to read, as what is listed is a series of amendments to, or repeals of, parts of the original **SDA**. However, a copy can be found of the SDA with **most** of the previous amendments already made at the Statute Law Database, [www.statutelaw.gov.uk](http://www.statutelaw.gov.uk), by simply searching for the Sex Discrimination Act (don’t include a year or any other information in the search boxes).

Effectively though, it is a complex jigsaw comprising the original SDA plus all amendments and repeals from intervening regulations plus the new **SDALR**.

There is a **Guide to the Regulations** at

[http://www.opsi.gov.uk/si/si2008/draft/em/ukdsiem\\_9780110811048\\_en.pdf](http://www.opsi.gov.uk/si/si2008/draft/em/ukdsiem_9780110811048_en.pdf), which helps put in the amendments, but otherwise it is disappointing as it never once refers to what best practice would be.

As the Government explains itself in S. 7.3 of the Guide:

“The general principle underlying our proposals for transposing the Gender Directive **is to go no further than the Directive (the ETD) requires**, unless it is considered that there are sound reasons for doing so.”

It appears they have found many reasons to go NO further than the bare minimum of protection.

## Direct Discrimination

By amending S.2a (as inserted by the 1999 SDGRR) of the SDA, **Schedule 1, para.2 and Schedule 2, para. 2 of the 2008 SDALR**, outlines the basis of protection from **DIRECT DISCRIMINATION** in the provision of Goods, Services & Facilities including premises on the grounds of intending to undergo, undergoing or having undergone gender reassignment.

**S. 29, 30 and 31 of the 1975 SDA** provides a list of circumstances relating to Goods & Services, and other service related matters like the letting of premises or facilities where there must be no Direct Discrimination against men or women which must **now** ensure there is **no direct discrimination in accessing these to those intending to undergo, undergoing or having undergone gender reassignment**. That list is not a closed list and is open to interpretation.

## Exemptions to Direct Discrimination.

EXEMPTIONS to the protections above have been provided in several places in the **SDA** by the 2008 **SDALR**:

**Schedule 1, paragraph 9** of the **SDA** sets out those areas wherein Goods, Services and Facilities are provided, in which the providers of the GSF **ARE EXEMPT** from the obligation to provide equal treatment between men and women, including transsexual men and women.

There have always been exemptions in relation to the provisions for the **SDA**, for example those religions which always have male priests.

This section states there are settings when a service is provided for men (or women) which are meant only for men (or women), for example insurance premium rates. The exemptions provide a list of settings, in which trans people, even those under medical supervision, where protection will not be provided

Most importantly to trans people, by schedule 1 para. 9 of the SDALR, **specific exemptions** have been provided, in relation to **DIRECT discrimination**, as far as trans people are concerned. The areas, covered by this exemption, are:

- (a) **education** (including **vocational training**);
- (b) the content of **media and advertisements**;
- (c) the provision of goods, facilities or services (not normally provided on a commercial basis) **at a place** (permanently or for the time being) **occupied or used for the purposes of an organised religion.**"

It could be said that these exemptions cover the areas which cause the most difficult problems for trans people (and women in some cases).

## Education

Government excuses the exemption for indirect discrimination in the provision of goods, services, facilities and premises, in education, by saying that trans and gender variant (GV) children are already provided for by virtue of their right to a good education under the Education Acts.

As we know, schools and colleges have particularly badly failed trans and GV children and they fare little better when they go to college or university.<sup>68</sup> Often in educational establishments discrimination, abuse or bullying on the grounds of race, is addressed very promptly. However, staff are often unsure of how to intervene when a gender variant child or a trans person receives abuse or discrimination by a person or group of people who claim that in their culture, tradition or religion transgender people are condemned.

<sup>68</sup> Supra n2

If in this position, the answer is often quite easy; think about how the college or a member would react if instead of a trans person, the words Black, or Muslim, or Jewish were inserted. It is then possible to discern what should be done. Thus if a student would be expelled for similar but racist abuse, then the student should be expelled for transphobic abuse.

## Vocational Training

Paradoxically, in the 1996 decision of *P v S & Cornwall County*<sup>68</sup>, the European Court of Justice held that Articles 2(1) and 5(1) of Council Directive 76/207/EEC must be interpreted as precluding the dismissal of a transsexual on the grounds of gender reassignment. Effectively this barred direct discrimination in all employment and with regard to any employment benefit. This included matters related to vocational training.

In this case, the government has used the **SDALR 2008** to **remove** the direct discrimination protection in **Vocational Training** for those intending to undergo, undergoing or having undergone gender reassignment. Vocational training has been very important to trans people, often giving them a lift back into work and education after losing their schooling to bullying, their job to discrimination and their home and family to distress. In relation to discrimination in vocational training, the SDALR attempts to ensure that it is lawful.

Thus people without a gender recognition certificate may be barred from a vocational training course. However, there seems to be no reason why, under the rules of law, this protection should not be provided; it benefits no one except those people who wish to bar trans people from their courses.

A masculine looking trans Woman who has transitioned to living permanently in her preferred gender role and is undergoing treatment with the intention of surgical reassignment, but who does not have a gender recognition certificate, and is therefore still legally male, wishes to register for a 'Women Only' course in Women's Beauty Therapy. Part of the Final Assessment includes a period of providing beauty treatments to a member of the public during which there will be treatment done to undressed women. Prior to her admittance, there is extensive discussion with the usual volunteers for this treatment.

They say they do would not wish to be treated by the trans woman. As a consequence, and regardless of your misgivings, it seems you are in a position to tell her she could not complete the course anyway.

**POOR PRACTICE** You tell the trans woman it is a 'Women Only' course, and you are refusing access on those grounds.

**BEST PRACTICE** You arrange for the trans woman to ask one of her women friends, including a trans woman if that is easier, to volunteer for the beauty treatment so that she can complete the course.

<sup>68</sup> *P v S and Cornwall County Council* ECJ [1996] IRLR 347

There are good grounds for believing that if a trans person is excluded from vocational training, they should take legal advice on raising the matter to the European Court of Justice (ECJ). It is likely the ECJ will uphold the decision in *P v S and Cornwall County Council*, and effectively revoke this attempt to allow discrimination in vocational training, by the new SDALR. The new Equalities and Human Rights Commission [www.equalityhumanrights.com](http://www.equalityhumanrights.com) is capable of advising on and supporting such a case.

## Media and Advertisements

Government excuses the exemption for media and advertisements, saying that control of these is already provided by the Press Complaints Council (PCC) and Advertisement Standards Authority (ASA) is sufficient to control this industry.

It is known, all too well, from the many campaigns organised by Press for Change, about the representation of trans people made by advertising and the media and that the PCC and ASA have particularly badly failed Trans people.<sup>70</sup>

## Religion and Matters of Faith

The government in the Guidance<sup>71</sup> to the 2008 SDALR stated that

'It is not intended to introduce an exemption for individual religious believers or organisations. They, like anyone else, will be bound by the prohibition on discrimination or harassment on grounds of sex and gender reassignment'

However, they have included exemptions so that all trans people may well have no access to religious premises. These exemptions are similar to those given to religious organisations by

The Gender Recognition Act 2004 **and** The Gender Recognition (Disclosure of Information) (England, Wales and Northern Ireland) Order 2005

**Schedule 1, para. 9(1)(c)** of the SDALR specifically ensures that **premises** which are related to **religious observance or worship**, where goods, facilities or services are provided, are **exempt** from the provisions of the SDA.

This is of course, meant to ensure that religious settings which only include men, or only include women, are exempt from having to include members of the opposite sex 'by accident' – for example if a (female to male) trans man attended a men's only church. It is highly unlikely for a trans person to attend such a rigid religious setting. Already existing is a right to limited disclosure between officials of religions, enabling them to tell one another that a person is trans – for example whether this person might be allowed to be a church member, or even to take part in a small moment of contemplation and prayer.

<sup>70</sup> See Media Services at <http://www.pfc.org.uk/node/1293>

<sup>71</sup> Explanatory Memorandum to the Sex Discrimination (Amendment Of Legislation) Regulations 2008, No. DRAFT, para.7.28. Access the Guidance at [http://www.opsi.gov.uk/si/si2008/draft/em/ukdsiem\\_9780110811048\\_en.pdf](http://www.opsi.gov.uk/si/si2008/draft/em/ukdsiem_9780110811048_en.pdf)

Examples where we can see the combined impact of both exemption to discrimination and exemption to disclosure regarding a trans person would include being barred from events like:

- Renting premises attached to a Mosque, Synagogue, Temple, Church or an Abbey as a trans student in order to take part in a charitable event such as a coffee morning. This would include student organised activities on the premises.
- Not being allowed to enter an event, relating to the mission of the religious organisation, as a member of the audience or public at a premises attached to a Mosque, Synagogue, Temple, Church or an Abbey. This might include a chapel in a college.
- Entering a Mosque, Synagogue, Temple, Church or an Abbey as a visitor, as a tourist or if to do so is for the purposes of making a small act of private prayer with Mohammed, Jesus or God. This could include church visits on College field trips.
- Entering a church to take part in Holy Communion, including a church college or University Ecumenical centre.

## Conclusion

**Your college can go beyond the minimum protection against discrimination in the provision of Goods Services and Facilities for trans people. Module 5 will give you the tools to writing a good Gender Equality Scheme which is inclusive of all trans people and will ensure that your college will provide an excellent service for all.**

## SELF TEST QUESTIONS

1. A transsexual woman is refused a drink in the student bar because the bar staff think of her as the 'sex change' and they do not want it to be thought of as a gay bar. Does she have protection?
2. The transsexual woman's twin sister, is also refused a drink in the student bar because the bar staff think she is the transsexual woman. Does she have protection?
3. The transsexual woman's female friend who is quite masculine looking, but who is not gay, is refused a drink because the student bar staff thinks she is a lesbian. Does she have protection?
4. The transsexual woman's other very masculine – looking female friend is refused a drink because the student bar staff think she is a female to male transsexual person. Does she have protection?
5. The transsexual woman's friend who is a gay male trans man is refused a drink because the student bar staff think he is a (female to male) gay transsexual man. Does he have protection?

## Answers

1. A transsexual woman is refused a drink in the student bar because the bar staff think of her as the 'sex change' and they do not want it to be thought of as a gay bar; **she has protection** from discrimination, under the Sex Discrimination Act as amended by the SDALR, because she is **intending to undergo, is undergoing or has undergone gender reassignment**.
2. The transsexual woman's twin sister, is also refused a drink in the student bar because the bar staff think she is the transsexual woman, **she has no protection** despite being perceived to be transsexual.
3. The transsexual woman's female friend who is quite masculine looking, but who is not gay, is refused a drink because the student bar staff think she is a lesbian; **she has protection under the Sexual Orientation Regulations 2007** which came into force on the 3rd April 2008, because she is **perceived to be a lesbian**.
4. The transsexual woman's other very masculine female friend is refused a drink because the student bar staff think she is a female to male transsexual person; **she has no protection**.
5. The transsexual woman's friend who is a gay male trans man is refused a drink because the student bar staff think he is a (female to male) gay transsexual man; **he has protection** under the Sex Discrimination Act as amended by the SDALR, because he is **intending to undergo, is undergoing or has undergone gender reassignment**. He also has protection **under the Sexual Orientation Regulations 2007** which came into force on the 3rd April 2008, because he is a gay.

# Unit C: The Gender Recognition Act

## Further Reading

Browse the Gender Recognition Roadmap, available at [www.pfc.org.uk/files/gra-2007.pdf](http://www.pfc.org.uk/files/gra-2007.pdf)

Browse the website of the Gender Recognition Panel, available at [www.grp.gov.uk](http://www.grp.gov.uk)

Read, and then complete the Self Test questions.

**IN OCTOBER 2005**, the first applications for a legal change of gender, for over 30 years, were processed.

The Gender Recognition Act 2004 overturned a precedent made in the divorce case of *Corbett v Corbett* (1971),<sup>71</sup> which refused trans people full legal recognition in their new gender. In the case, a trans woman, April Ashley model and actress, sought a divorce from her husband, but was found not to be married, as the judge stated that she was 'not a woman for the purposes of marriage'. This case meant that trans people were held to be always of their birth gender for legal purposes. Despite some administrative concessions, for example the changing of names and gender signifiers on passports and driving licences, the inability to change a birth certificate meant that many trans people were in an ambiguous position regarding their legal gender.

**There are estimated to be 15,000 transsexual (trans) people in Britain, of which around 6-8,000 are now living permanently in their new gender role.**

**Over 2700 of these trans people have now been awarded Gender Recognition Certificates (GRC's) under the provisions of the Gender Recognition Act 2004, which came into force in April 2005.<sup>72</sup>**

## The Gender Recognition Act

Before the April Ashley case, some doctors felt that transsexuality was an intersex condition, and thus conspired with their patients to have their birth certificate changed, or rather annotated, using the mechanism available for children with an intersex condition.

In this way, they were counted as members of their preferred sex and many got married, and some even adopted children although they had the boy/girl simply crossed out on the birth certificates which were visible for all to see. In fact over 30

<sup>71</sup> Supra n1

<sup>72</sup> Figure as of the 31st March 2008.

years later, some of these original patients have gone back to the registrar and obtained a gender recognition certificate and are able to get a brand new birth certificate, thus affording the privacy they had lacked for so long.

Following the European Court of Human Rights (ECtHR) decisions, in the cases of *Goodwin v UK* and *I v UK Government* [2002]<sup>73</sup>, the Gender Recognition Act 2004 (GRA) was the UK's government's response to the court's condemnation of its treatment of trans people as a human rights violation. The GRA came into force in April 2005, and affords full legal recognition to a transsexual person's acquired gender. Gender recognition means that transsexual people must be treated as their new sex for all legal purposes, including family relationships, marriage, employment, welfare benefits, health and social care.

### **How does the Gender Recognition Act work?**

The Act created the Gender Recognition Panel which is made up of lawyers and doctors who will award a **Gender Recognition Certificate (GRC)** to successful applicants who are over 18 and unmarried. A Gender Recognition Certificate will afford them legal recognition in their acquired gender for all purposes. They will be able to marry someone of the opposite gender and to obtain a new birth certificate if their birth was registered in the UK.

It is the GRC that provides the full legal recognition not the new birth certificate, so if a person's birth was registered overseas they will still have full rights in their acquired gender.

In order to qualify, a trans person has to show that:

- **they have been diagnosed as having gender dysphoria / and**
- **they have lived in their acquired gender role for 2 years, / and**
- **they intend to do so permanently for the remainder of their life.**

The Act is purposely not dependent on surgical intervention. Some people may not be able to undergo what is major surgery without extreme risk, others will simply be trapped on very long NHS waiting lists; on average a person will live in their new gender role for 6 years before obtaining a surgical place. As such, there will be people who are still undergoing gender reassignment treatments and who will have genitals which are incongruent to their legal sex.

The completion of the forms are relatively easy, and the costs are manageable, with those on benefits being able to do it for free, and low income earners have a considerably reduced rate.

<sup>73</sup> *Christine Goodwin v. UK Government*, Application No. 28957/95 [1995] ECHR; *I v. UK Government*, Application No. 25608/94 [1994] ECHR)

However it is the process of 'getting ready' for the application which puts some trans people off doing it. It requires the collection of 4 or 5 sets of identification to prove they have been living permanently in their new gender role of 2 years. The items recommended include a passport or driving licence in the new name, a set of wage slips going back 2 years, a letter from the tax office to say how long ago a person commenced paying tax in their new gender, or even utility bills. The trans person will also have to visit a solicitor (or a magistrates court) and make a statutory declaration which states they intend to continue living in the new role for life, and whether they are married or not. Finally they have to get a very detailed letter from their GP, and an even longer letter from the person, usually a psychiatrist, who treated them to explain how they were diagnosed as having gender dysphoria.

**SO THERE ARE SEVERAL ITEMS TO BE COLLECTED UP –  
AN AVERAGE PACKAGE WOULD LOOK SOMETHING LIKE THIS:**

- **A FULL SET OF WAGE SLIPS FOR THE 2 PREVIOUS YEARS**
- **A NEW PASSPORT IN THE NEW NAME**
- **A DRIVING LICENCE IN THE NEW NAME**
- **MEMBERSHIP CARD OF THE LOCAL SPORTS CENTRE  
IN THE NEW NAME**
- **A STUDENT ID IN THEIR NEW NAME**
- **A STATUTORY DECLARATION NOTIFIED BY A SOLICITOR**
- **A LETTER FROM THEIR GP**
- **A DIAGNOSTIC STATEMENT FROM A CONSULTANT PSYCHIATRIST**

## **The Difficulties of Gender Recognition**

**Just because you are paranoid does not mean they are not out  
to get you!**

It is no surprise that the process puts many people off, as in order to gain the privacy rights afforded by a GRC (see below), trans people have to forgo their privacy in order to apply.

Many trans people who transitioned to their new gender years ago with no-one except their GP knowing their history, feel they have too much to lose. Some are wary of using a solicitor for fear that he or she might break their confidence, or are frightened of photocopying the relevant documents in the local shop, workplace or library. There is also a concern that the items listed above will get lost in the post. Even though that is a risk strenuously denied, in one case the envelope of returning materials was broken open in the postal system, and half the items were lost completely, in another case they simply did not return at all. For someone who has kept their trans life so private for many years, this can be a devastating blow and can lead to really quite serious problems such as mental health disorders.

Another serious problem is faced by those people who have not undergone gender reassignment in a conventional way. Some may have used hormones bought over the internet and gone overseas for surgery to a country where psychiatric assessments are not the norm. They may even have had all their treatment overseas. The diagnostic statement demanded by the Gender Recognition Panel is rigorous, requiring details of the many early assessment sessions and how the diagnosis was reached. For many this seems an overwhelming burden. One solution is to be reassessed by a psychiatrist, but as trans people will say, they are no longer distressed about their gender - which is a major factor in the diagnosis. Furthermore they will often have to pay private medical costs to get this reassessment, because NHS waiting lists are very long, so being diagnosed again is not really an option for many.

There has been a significant problem with British trans people who went to live abroad. Often they left to make a new life for themselves, but now wish to apply in order to regularise things like pension payments, or to may even plan to return. The government will honour the new legal sex of trans people, when obtained through the systems in place in several countries – for example it does recognise the system in most of Australia. In Australia a person can obtain legal recognition, but a person who was not born in Australia cannot go through the process. Hence the British ex-pat trans people are stuck in the middle of a legal mess. Their trans friends have legal recognition , but they only way they can get it is to arrange to travel over to the UK to get a new diagnostic assessment. For many it is out of the question, and they continue to live in literally a no man's – or woman's – land.

Finally, some people choose not to get gender recognition, because they 'don't need to yet'. These are people in settled lives, employed but not looking for a new job, happy in their home, without children or a partner. For these people it has been a long time since anyone asked for their birth certificate, and even though their status was known when they joined their place of work, it has become ancient history, and nobody ever mentions it because they all like him or her. For these people the risks can seem too much, for the benefit they might receive.

The office of the Gender Recognition Panel is extremely helpful to people applying, often spending long periods of time on the phone guiding the person through the process. As a consequence almost everybody goes through without a problem. Less than 0.1% of applications have failed.

## **Marriage and Gender Recognition**

In the section above, it was mentioned that an applicant's form had to be accompanied by a statutory declaration, which stated amongst others, whether the person was married or not.

The Gender Recognition Act requires that a person is unmarried in order for their application to succeed. Many trans people especially (male to female) trans women got married in the birth gender before they transitioned. Some did it thinking that it might 'cure them of their feelings of being female and they settled down into married

bliss with children. The majority of these marriages break up. However a few of these couples stay together after the partner has transitioned, often living as sisters, or sometimes as lesbian partners. This is predominately something between trans women and their wives, but sometimes trans men also stay with their ex-husbands.

The government is quite clear: it will not allow two people of the same sex to marry, so if a trans person wants legal recognition in the new gender, then they must divorce their spouses. A case went to the European Court of Human Rights but failed there, despite their being no precedence in law, anywhere, for a couple to be required to divorce in order for one partner to get their human rights.

Once the Civil Partnership Act came into force on the 21st December 2005, arrangements were put in place so that trans people and their spouses can easily obtain an annulment of their marriage and get a Civil Partnership the same day.

In order to do this, firstly the trans person applies for gender recognition, and whilst still married receives an **INTERIM Gender Recognition Certificate**. The interim GRC has a life span of 6 months and is a passport to a quick and easy annulment of the marriage. The trans person will be provided with a **full** GRC, at the annulment court hearing, so with pre-planning they can do an advance booking for a civil partnership ceremony at the local registry office, then all they often have to do is walk over the road on the day, and become civil partners.

The premise for this is quite simple, it is designed to ensure that there is no significant gap between the marriage and the civil partnership, and negotiations took place in advance with many pension providers, to ensure that survivor pension benefits: the amount of a dead spouses pension that a spouse would have been entitled to if they had remained married, was carried through. This is crucial for many of these couples as they are often older people, who are pensioners. However, many trans people object to being forced 'to divorce', feeling it was a promise before God that they do not wish to break and prefer not to go through the process of gaining a GRC.

## **The Impact of Gender Recognition for Employment & Vocational Training**

**For Employers:** The Women and Equality Unit of the Department of communities and local government have produced new guidelines for employers; 'Gender Reassignment: A Guide for Employers' Jan 2005<sup>74</sup> which address many of the legal questions arising out the GRA 2004, but college managers and personnel officers will have to deal with the day to day practical issues some of which are proving to be challenging.

Trans people will still retain the workplace & vocational training protection of the **Sex Discrimination (Gender Reassignment) Regulations (1999) (SDGRR)** as well as the Equal Treatment Directive, which, following the case of P v S and Cornwall County Council 1996 found that trans people should be regarded as their acquired

<sup>74</sup> Women and Equality Unit, DTI, "Gender Reassignment: A Guide for Employers" Jan 2005  
[http://www.womenandequalityunit.gov.uk/publications/gender\\_reassignment\\_guide05.pdf](http://www.womenandequalityunit.gov.uk/publications/gender_reassignment_guide05.pdf)

gender for the *purposes of employment*. This includes access to facilities and services if they are accessible to others of the same gender. For example a trans man is to be regarded as man for the purposes of sex discrimination law. Just as it is now illegal to discriminate against a man because he is black or homosexual, it is illegal to discriminate against a man because he happens to be trans.

**The difference that the Gender Recognition Act makes, is that a trans person is regarded as their acquired gender for all purposes.**

## Privacy protection

**Section 22 of the Gender Recognition Act provides for very** high levels of privacy protection making it a criminal offence, with a fine of up to £5000, **for any individual** who has obtained information of a person's status as trans in an official capacity to disclose that a person has a GRC.

This includes:

- employers or prospective employers, or
- a person employed by such an employer or prospective employer

**This is a STRICT LIABILITY OFFENCE.** There is **NO** capacity in the law for a 'reasonable' excuse to be made for making the further disclosure, except in VERY LIMITED circumstances. Colleges would be highly unlikely to have any basis.

Put simply it is a crime to tell a third party that a person is trans, in the context of your job. This includes line managers, supervisors and staff in other departments.

Permission to make a disclosure, where appropriate, can be sought from the trans person but **there is no obligation under the Act for them to give that permission or to even disclose that they have obtained legal recognition.**

Section 22 is likely to be the most problematic area of the Act for employers and colleges. Some employees or students will already be known to be trans and others will have been 'invisible' within the system for many years. Any one of these could be presenting saying they have a GRC and requesting that their legal situation, and records, particularly relating to pension provisions, be regularised.

Because you have no right to ask for a person's GRC, there should be a prima facie assumption that a trans person already has the protection of section 22 of the Act, unless you know for certain they have only just commenced living in their preferred gender. Even then, it simply is not appropriate to pass on this information without the trans person's say so, and if you can show it is for their benefit, they might well be willing.

## Conclusion and recommendations

- Colleges should assume a trans person has obtained a GRC unless their paperwork discloses otherwise.
- All staff should be made aware that a person's trans history should not be passed on, not even to line managers as that could incur a criminal conviction.
- It would be very good practice for all colleges or employers of 'known' trans people to let the employee know what is happening to their confidential information, if only to reassure them that their privacy is being protected.

## David's Story:

*David, a 30 year old man has worked as a skilled technician for a further education college in the West Midlands for 7 years now. His contractual terms mean that if he is sick he would normally receive up to 6 months full pay and then 6 months half pay and Statutory Sick Pay.*

*Originally born female, he transitioned to living permanently as a man 3 years ago, with the help of a specialist NHS psychiatrist and hormone therapy. At that time his employers were accepting and even provided some leaflets to help his co-workers come to terms with the change. Having now completed a period of adjustment to his new gender role, his NHS psychiatrist has given approval to a bilateral mastectomy which will enable David to have a masculine chest.*

*David has also started to put together the materials he needs for his gender recognition application.*

*He has received an appointment for inpatient surgery in 6 months time. In order to ensure minimal disruption for the college, David contacted Human Resources and explained he would be in hospital for around 4 days and then would need to take 3 to 4 weeks sick leave. A few days later, he was very upset to receive a letter from HR which stated that, after having taken legal advice, they would require him to take holiday or unpaid leave because, in their words, it was 'elective surgery'. They said they would reconsider the position after he obtained a GRC.*

*David contended that the surgery was not elective, that obtaining a GRC was not relevant and in fact he was protected by the Sex Discrimination Act 1975 (as amended by the Gender Reassignment Regulations 1999) which meant that he was entitled not to be discriminated against because he was 'intending to undergo, undergoing or had undergone gender reassignment'.*

*After some stressful weeks, finally the college came back to him and said that after further advice they would treat the surgical period as ordinary sick leave.*

*David is now looking for a new job, he is angry with the college for their treatment of him. The college will now lose a skilled employee who will not be easy to replace.*

This is a classic case of HR departments obtaining poor legal advice and creating a crisis when in reality the employee was endeavouring to make their lives as easy as possible. Many employees in David's position would choose not to disclose, and doctors often cooperate in writing sick notes which do not tell the 'whole truth' as they know their trans patients may well suffer from discrimination. Employers need to remember that most trans employees simply want to do their best to be a good employee.

## SELF TEST QUESTIONS

1. Complete the missing Gender terms in the following statement:

The \_\_\_\_\_ assesses applications from \_\_\_\_\_ people for legal \_\_\_\_\_ of the \_\_\_\_\_ in which they \_\_\_\_\_ live.

The Panel was set up under the Gender \_\_\_\_\_ 2004 and ensures that transsexual people can enjoy the \_\_\_\_\_ and responsibilities appropriate to their acquired \_\_\_\_\_.

If a person is successful in their \_\_\_\_\_ to the Panel, they will be issued with a full Gender Recognition \_\_\_\_\_ and that person's \_\_\_\_\_ will become, for all purposes, their acquired gender.

2. Having considered or discussed all these points, make a judgment on a ten point scale on the following issues

- a. Do you now feel you understand the process of making a gender recognition application?

Not really

Yes

1 2 3 4 5 6 7 8 9 10

- b. Think about the student records, and imagine you have been contacted by former student who left 4 years ago, who now wants her former records and her course certificate changed to reflect her new name. How long do you think it should take you to do that?

Hours

1 2 3 4 5 6 7 8 9 10

1 hour: Very quick, are you sure you have done it properly

5 hours: a whole days work has gone, have you been relieved of any duties in order to do it

10 hours: Two days, think of ways in which the records might be organized to make this quicker

3. What paperwork could you provide to a student to show that they were registered by the college for 2 years, what further paper work could you provide to show he/she had come to college in their chosen gender.

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## **Answer**

Q4. 1. The **Gender Recognition Panel** assesses applications from **transsexual** people for legal recognition of the **gender** in which they **now** live.

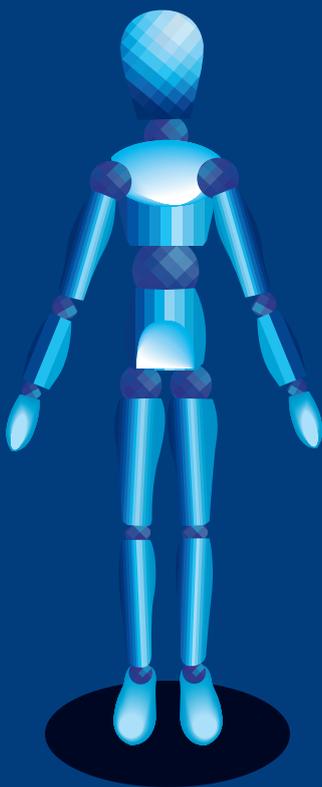
The Panel was set up under the Gender **Recognition Act** 2004 and ensures that transsexual people can enjoy the **rights** and responsibilities appropriate to their acquired gender.

If a person is successful in their **application** to the Panel, they will be issued with a full Gender Recognition **Certificate**, and that person's **gender** will become, for all purposes, their acquired gender.

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Module 5:

# THE GENDER EQUALITY DUTY IN PRACTICE



# Unit A: What is the Gender Equality Duty?

## Further Reading

Angela Mason, (2006) Foreword, in The Gender Equality Duty in SET and how to implement it, Staffordshire University available at

[http://www.staffs.ac.uk/images/Gender%20Equality%20Duty%20in%20SET-%20a%20good%20practice%20guide\\_tcm68-24864.pdf](http://www.staffs.ac.uk/images/Gender%20Equality%20Duty%20in%20SET-%20a%20good%20practice%20guide_tcm68-24864.pdf)

Gender Equality Duty – Are Schools Ready? Equal Opportunities Commission Conference, available at

[http://www.google.co.uk/search?q=%22gender+equality+duty%22+guide&hl=en&rlz=1T4ADBR\\_enGB248GB249&start=10&sa=N](http://www.google.co.uk/search?q=%22gender+equality+duty%22+guide&hl=en&rlz=1T4ADBR_enGB248GB249&start=10&sa=N)

## The Gender Equality Duty in College

The Department of Communities and Local Government Ministers laid the secondary legislation necessary to bring the Gender Equality Duty into effect on 6 April 2007. The secondary legislation only applies to English, English/Welsh public authorities and to reserved functions of public authorities in Scotland. They do not apply to public authorities operating solely or exclusively in Wales. The statutory instrument can be found at

<http://www.opsi.gov.uk/si/si2006/20062930.htm>

Associated material (explanatory memorandum and regulatory impact assessment) can be found at: [http://www.opsi.gov.uk/si/em2006/uksiem\\_20062930\\_en.pdf](http://www.opsi.gov.uk/si/em2006/uksiem_20062930_en.pdf)

In April 2006, a Gender Equality Duty (GED) on public bodies, including Colleges and Universities to promote gender equality come into force. This duty also applies to those people intending to undergo, or who are undergoing, or who have undergone gender reassignment.<sup>75</sup> An easy way to understand this concept is to simply say that the Gender Equality Duty promotes equality for men and women, including transsexual men and women.

It applies to all bodies in the criminal justice sector, including the Police Service, the Crown Prosecution Service and the Prison Service as well as government departments. The duty does not apply to the House of Commons, the House of Lords or judicial decision-making.

<sup>75</sup> According to s.82 of the Sex Discrimination Act 1975 (as amended) which reads “under medical supervision.”

The first anti-Discrimination laws; the Equal pay Act 1970, the Sex Discrimination Act 1975 and the Race Relations Act 1976 came into force in the mid-1970s, and anyone who was old enough to be aware at that time, will say they have seen huge changes take place. These acts have been further amended over time to reflect societal changes and advances that have taken place in anti-discrimination practice and to recognise new needs. Since then further anti-discrimination Law has come into force such as the Disability Discrimination Act 1995, and the Employment (Sexual Orientation) Regulations 2003, the Employment Equality (Religion or belief) Regulations 2003 and the Employment (Equality) Age Regulations 2006. Recently we have seen further regulations to ensure equality in the provision of goods and services. The world of work is very different now.

However, the laws all required individual victims to claim their rights by bringing their cases before Tribunals or Courts. This is not at all an easy task, and whereas many individuals won their cases and obtained compensation in the thousands, most successful claims were awarded in the region of £5,000 often leaving the person scarred in many ways, and often blacklisted and unable to get other work in their original field.

The GED is meant to change all that, and shift the onus from individuals having to prove that they have been discriminated against to public bodies having to positively promote gender equality.

The Gender Equality Duty (GED) requires the Education sector to actively promote gender equality and is similar to the duty to promote race equality under the Race Relations (Amendment) Act. This is a positive duty, which builds in gender equality at the beginning of the process, rather than makes adjustments at the end. It will bring about a shift from a legal framework which relies on individual men and women, including transsexual men and women complaining about discrimination, to one in which the public sector becomes a proactive agent of change.

Under previous laws, action could only be taken against public bodies after they discriminated on grounds of sex. Now they must take steps to proactively promote equality between women and men. This means they must take account of their different needs when making policies and providing services and not just reacting to complaints when things go wrong.

In addition, some public bodies have specific duties to help them meet the general gender equality duty.

Primarily, the gender equality duty will be an important cultural tool assisting all public authorities to better address the individual needs of women and men including trans women and men. Public authorities will have to be more proactive in thinking about the impact of their employment practices and service delivery on women and men including trans women and men and, where necessary, they will have to change their behaviours accordingly.

The GED is an opportunity to change the way that society thinks about gender and the way men and women including trans men and women are treated. Until now, gender rights have focused on the needs of the individual and given people recourse under the Sex Discrimination Act 1975. The GED's focus on institutional change is clearly a huge cultural shift for public authorities.

For the first time ever, public authorities have to involve male and female, including transsexual, employees and their organisations to help make a positive difference to the services and employment experiences they receive. Uniquely, the duty requires not only consultation with, but the active involvement of men and women, including transsexual men and women.

The Gender Equality Duty could improve gender equality in the following areas:

- Employment issues such as promotion, the pay gap, maternity related discrimination and sexual harassment.
- Improved access to services and more focus on the needs of service users.
- Improved data collection and monitoring.
- More effective targeting of resources.

### **What do the new duties mean?**

The general duty requires that public authorities should have due regard to the need to:

- Eliminate Sex discrimination.
- Promote equality of opportunity for men and women, including transsexual men and women.
- Eliminate harassment of men and women, including transsexual men and women.
- Take account of the inequalities and discrimination some men, women and transsexual people experience even if this means treating some women (or men) more favourably.
- Promote positive attitudes towards women (and men), including transsexual men and women.
- Encourage women (and men) and transsexual people to participate in public life.

In addition, certain public bodies are covered by specific duties, with a key requirement to publish a Gender Equality Scheme (GES) every three years.

## Impact Assessment

The public sector body's scheme must detail how they have assessed and prioritised the impact, or likely impact, of all existing and new policies and practices on men, women and transsexual people. The institution will need to think about:

- ✓ Who will be involved in assessing impact and how will the college involve women (and men), and transsexual people?
- ✓ How will priorities be determined?
- ✓ Will external expertise be needed?
- ✓ Who will the results be reported to?
- ✓ What is the timetable for these activities?

## How will it be enforced?

The CEHR will have the responsibility of promoting and enforcing the Gender Equality Duty. If it believes that an organisation is failing to comply, the CEHR can take legal steps. The first step is to issue a compliance notice requesting the organisation meets the terms of the duty and provide a written assessment, within 28 days, of what the organisation is doing to fulfil the duty requirements. If the organisation fails to fulfil the requirements they will be in contempt of the law.

The sorts of capacity building projects that the GED naturally leads to, are:

1. Put in place structures to enhance recruitment, progression and retention of women staff, and produce policies which are fair to both women and men.
2. Put in place policies, information and changes to the physical environment to ensure that women on the receiving end of services are fairly and appropriately treated.
3. Work with women in Muslim and Asian communities to provide reassurance and enhance their safety.
4. Develop transgender awareness projects and actively encourage trans people to apply for jobs, and for colleges, encourage trans people to apply for College.

You can find out more about the **GED** at:

- The Equalities and Human Rights Commission [www.equalityhumanrights.com](http://www.equalityhumanrights.com) has many useful guides and documents on its website and provides a helpline for anybody concerned with trans issues, including the trans person themselves. The helpline numbers can be found at: <http://www.equalityhumanrights.com/en/aboutus/helpline/Pages/Advicefromourhelpline.aspx>

- Equality Challenge Unit [www.ecu.ac.uk/](http://www.ecu.ac.uk/) has a series of briefings. These relate to Higher Education but are relevant to the Further Education sector.
- The Learning and Skills Council [www.lsc.gov.uk/](http://www.lsc.gov.uk/) has a useful guide for Line Managers, relating to Gender reassignment.

Regardless of whether you are a member of a union, CUSN's Support Line can help you if you work for the FE/HE sector: you can call for free on **08000 329 952** at any time of day or night.

If you work in a school, call the Teacher Support Line on **08000 562 561**, or **08000 855 088** if you teach in Wales.

## **ACTIVITIES TO DO**

1. Set up a gender equality forum, inviting all people, including trans people, to see if the college is being seen to meet its obligations under the GED
2. Scrutinise your colleges GED policies, and see they are fully inclusive of trans people – remember the phrase '**men and women including trans men and women**'.

# Unit B: Writing a Trans Inclusive Gender Equality Scheme

## Further Reading

The Joint Agreement between the Association of Colleges (AoC); the Association for College Management (ACM); the Association of Teachers and Lecturers (ATL); GMB; National Association of Teachers in Further and Higher Education (NATFHE); the Transport and General Workers Union (T&G) and Unison.

See [www.unison.org.uk/file/A4909.doc](http://www.unison.org.uk/file/A4909.doc)

## How to Write a Trans- Inclusive Gender Equality Scheme

The Gender Equality Duty (GED) imposes a duty on public bodies to promote gender equality. This is a similar duty to that required of the Race Relations (Amendment) Act (2000) and the Disability Equality Duty (2006) but refers specifically to gender.

Before this act, the onus was on individuals to prove that they had been discriminated against by a public body. Now the onus is on public bodies (anyone who has a function of a public nature) to proactively promote equality paying due regard to the need to eliminate discrimination (including pay discrimination) and harassment and to promote equality between men and women– including trans men and trans women. The GED has a general duty and specific duties:

### General duty:

- Eliminate unlawful discrimination.
- Eliminate harassment.
- Promote equality of opportunity between men and women **including** trans men and women.

### Specific duties

- Prepare and publish a gender equality scheme.
- Consult stakeholders (employees, service users, and others including trade unions) and take account of relevant information.
- Collect and use information on the effect of policies and practices on men and women including trans men and women.
- Assess the impact of current and proposed policies.
- Identify priorities and actions to achieve gender equality objectives.

- Report on the scheme every year.
- Review at least every three years.

The gender equality duty imposes a statutory duty to pay due regard to the need to eliminate discrimination and harassment towards transsexual, and potential transsexual staff. Under the Sex Discrimination Act (see M4) employment policies should already address trans people. The Gender Equality Duty gives your organisation the opportunity to refresh policy but you now have a duty to positively **promote** equality between men and women including trans men and women.

Your college will already have a Gender Equality Scheme drawn up. Below are some guidelines which will help your scheme to address equality for trans people in a comprehensive way.

## Considerations for your gender equality scheme

Gender Equality Schemes are 'active' documents: the purpose of them is to bring about change. They focus on outcomes and actions that are realistic in terms of policy and service delivery for learners and outcomes for staff. Every college will have different Gender Equality Schemes with different starting points. However, the positive thing about the schemes is that they can be reviewed as a part of the process of achieving continuous improvement. This Unit will give you some key pointers in writing a GES that promotes trans equality and prevents discrimination.

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Gender Equality Schemes are a process which involves consultation, deciding what information is relevant and monitoring and reviewing. A key part of the process is conducting Gender Impact Assessments on existing and new policies and asking key questions.

### A GES 'must have'

Every trans inclusive GES must be just that: inclusive. Remember that the scheme is about promoting gender equality – not making provision for a 'third sex'

Anyone who has undergone gender reassignment should be regarded as their acquired gender. Organisations commonly make the mistake of regarding the provision of 'unisex' facilities for example, as a positive benefit to trans people. This is incorrect as it is not treating trans people as equal. Of course those in the process of undergoing gender reassignment may have specific needs at first – and these need to be discussed beforehand (see M3). At the same time however, trans people who are living full-time in their acquired gender will see themselves and wish others to see them as their acquired gender.

- Your gender equality scheme should consistently state 'men and women including trans men and women'.
- Not men, women and trans people – this positions them as a 'third sex'.

## Setting priorities and measuring success

- What gender equality objectives are most relevant to the needs of trans learners and staff?
- Is there a senior member of staff who takes a leadership role on equality issues – a ‘trans champion’?
- Is there a staff gender task group who have an interest in trans issues?
- Does the college have links with local or national trans groups?
- Is the college aspiring to achieve a Charter mark in LGBT equality?<sup>76</sup>
- Do you have a policy for supporting staff and learners undergoing gender reassignment? Has this been produced in consultation with trans people?
- Does the college base its policy statements in accordance with the Guidelines for Transgender Equality in Employment in Further Education Colleges?<sup>77</sup>
- Does the equality and diversity training for staff include trans issues?
- Is there staff and learner induction which includes trans equality issues?
- Have all staff had training on the Gender Recognition Act?
- Are trans people included in equal opportunity policy and mission statements?
- Are sub-contractors aware of your equality policies?
- Does the college harassment policy include gender identity?
- Are there clear and robust procedures for investigating complaints of harassment and have staff received training?
- Has the curriculum been checked for transphobic material?
- Is there a policy of removing transphobic propaganda in the form of written materials, music or speeches?
- Does the college welcome applications from trans people? Is that in the mission statement?
- Does the college hold LGBT awareness weeks?

<sup>76</sup> For example the Navajo charter mark project in Lancashire – see <http://www.navajoonline.org.uk/>

<sup>77</sup> This Joint Agreement is between the Association of Colleges (AoC); the Association for College Management (ACM); the Association of Teachers and Lecturers (ATL); GMB; National Association of Teachers in Further and Higher Education (NATFHE); the Transport and General Workers Union (T&G) and Unison. See [www.unison.org.uk/file/A4909.doc](http://www.unison.org.uk/file/A4909.doc)

## Consultation

### How will you engage with trans people for consultation?

Your college may not have (or may not know of) any members of staff or learners who are trans. If this is the case, you will need to consult with external trans people. These could be members of a local support group or a national trans advocacy organisation (see Appendix).

Remember that the trans community is as diverse as any other. Don't assume that a singular trans person will know all there is about trans issues or the law or that their experience represents all trans people's experiences.

Trans men and trans women's experiences as trans people can be as different as non-trans men and women in terms of how they experience gender inequality. Do not expect a trans woman to be knowledgeable about trans men or vice versa.

There is also a diversity of experience in the trans community in terms of age. A young trans man will have a very different perspective to an older trans woman.

## Gathering and Using Information - Monitoring

**Monitoring trans people:** Trans people have **NO OBLIGATION** to tell anyone, including employers, whether they have a Gender Recognition Certificate. The whole purpose of the Gender Recognition Act 2004 is to ensure trans people have complete privacy as regards their medical history.

One might argue; but how do we know who we are to include in this Gender Equality Duty? The answer is very clear: **All those people intending to undergo, undergoing or having undergone gender reassignment.**

The most likely trans people you have in your college environment will be included – and inclusion is from the point that a trans person **sees a doctor about wishing to undergo gender reassignment.** All of the people you meet will either have reached this point, or actually be seeking counseling before they go to the doctor.

**The safest assumption to make is that all trans people have protection from disclosing anything that might indicate that they are intending to undergo, are undergoing or have undergone gender reassignment.**

As a consequence of these clear rules concerned with privacy, hardly any trans person ever has to disclose their status, and even if you think they do not fall within that category, it is not acceptable to ask them for the details. So, it may be very difficult to get trans staff and learners to 'out' themselves on a monitoring form.

But you should consider whether as a college it would help you meet their need for equality by monitoring them. Generally, they will be more willing to do so if:

- There is a clear policy and robust system in place regarding harassment and bullying.

- Questions regarding gender identity are optional.
- It is anonymous and there is no way of identifying an individual as trans – for example asking what department they are in or what course they are on.
- They know why the information is being collected.
- They know how it will be stored; who will process it; who has access to it.
- Questions about gender identity should not be part of questions regarding sexual orientation.
- Questions about gender identity should never be part of recruitment.
- The monitoring should not make a trans person identifiable – this would contravene section 22 of the Gender Recognition Act.

**Suggested format for questions regarding gender identity:**

- Is your gender identity the same as the gender you were assigned at birth?  
Yes/No
- Do you live and work full time in a different gender role to that assigned at birth? Yes/No
- Do you feel able to discuss your gender identity with colleagues at work?  
Yes/No/With some people, but not all.

**Other ways of monitoring:**

- Monitoring attitudes of staff – evaluation of equality training on trans issues might demonstrate how the process may have changed their knowledge and attitudes.
- As well as staff induction (which should include LGBT equality).
- Monitoring of perceptions of learners by an evaluation of learner induction (which should include LGBT equality).
- Anonymous survey at an event during LGBT awareness week – this can be a good gauge of knowledge and perceptions of inclusiveness.
- Exit questionnaires for learners and staff.
- Anonymous employee satisfaction or staff perception survey to find out if they feel the working environment is inclusive.
- Anonymous Equality and Diversity audits to assess the effectiveness of current strategies and policies.
- Take up and outcome of grievance and harassment procedures – but remember, an increase in numbers of formal grievances could indicate an increased confidence that they might be investigated sympathetically.

## Trans Impact Assessments

Impact Assessments are used to assess whether existing or new policies unlawfully discriminate against a group or make a positive contribution to equality. Trans equality needs to be a consideration when conducting impact assessments. By now you should be aware of some of the issues that trans people may face as employees or learners in Further Education institutions and may be attuned to assess whether any policy or procedure has any adverse or negative impact on trans people. Remember, if you have a trans group or some trans individuals who have been involved in consultation with the college before, you can also involve them in impact assessment exercises.

### Some policies or policy changes which may impact trans people:

- Changes in the Curriculum - do they have positive images of trans people/are they based on stereotypical gender roles?
- How personal information about students or staff is stored.
- Rules regarding access to changing and toilet facilities.
- Support structures for student and staff welfare.
- Flexibility in studying.
- Sickness policies.
- Employment and recruitment policies.

When considering amending or replacing a policy you will have to find ways of ensuring that it still meets its objectives without adversely affecting a group. This may require some 'thinking outside the square'. The following questions should be asked:

- Are there any alternative measures or interventions that would achieve the aims of the policy without adverse impact?
- Are there any additional measures that can be adopted that would further equality of opportunity in the context of this policy or function?
- Will any of the changes affect resources and accountability for the policy?

### Example

Recruitment requires that new members of staff produce a birth certificate as proof of identity.

This adversely affects trans people who do not have their birth certificate changed (either because they do not have a GRC or they do have a GRC but were not born in the UK).

- Are there any alternative measures or interventions that would achieve the aims of the policy without adverse impact?

Yes, staff could be asked to produce a passport instead –

- Will any of the changes affect resources and accountability for the policy?

No, a birth certificate is not legal proof of identity anyway.

## **ACTIVITIES TO DO**

1. How would you make your Gender Equality Scheme more trans inclusive?

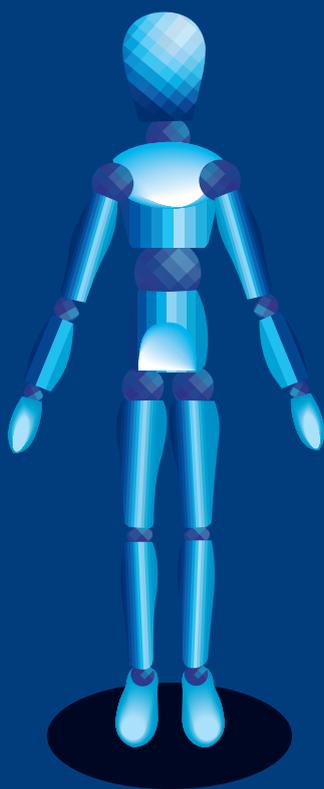
Make a list of actions that would be required

2. Think about what might be special or different about your institution that would enable you to promote it to trans people?
3. How would you would go about engaging trans people in consultation?



Appendix:

# NATIONAL AND LOCAL TRANS SUPPORT ORGANISATIONS



# Appendix: National and Local Trans Support Organisations

## National Trans Support Organisations

### BEAUMONT SOCIETY

27 Old Gloucester St, London WC1N 3XX.

Tel: 01582 412220.

Email: [jscott5426@aol.com](mailto:jscott5426@aol.com)

Provides advice and support for transvestite people, but also has some transsexual members. Runs local groups and produces a newsletter and publications.

[www.beaumontsociety.org.uk](http://www.beaumontsociety.org.uk)

### DEPEND

BM Depend, London WC1N 3XX,

Email: [info@depend.org.uk](mailto:info@depend.org.uk)

An organisation offering free, confidential and non-judgmental advice, information and support to all family members, partners, spouses and friends of transsexual people.

[www.depend.org.uk](http://www.depend.org.uk)

### GENDER TRUST

PO Box 3192 Brighton BN1 3WR.

Tel: 01273 424024 (office hours), Helpline: 07000 790347

Email: [info@gendertrust.org.uk](mailto:info@gendertrust.org.uk)

Offers advice and support for transsexual and transgendered people, especially "male-to-female", and to partners, families, carers and allied professionals.

Has a membership society and produces a quarterly magazine: "GT News".

[www.gendertrust.org.uk](http://www.gendertrust.org.uk)

### GIRES

Melverly, The Warren, Ashted, Surrey KT21 2SP

Tel: 01372 801554 Fax: 01372 272297

The Gender Identity Research and Education Society (GIRES) exist to promote and communicate research that improves the lives of people affected by gender identity and intersex issues.

[www.gires.org.uk](http://www.gires.org.uk)

### FTM NETWORK

BM Network London WC1N 3XX.

Helpline: 0161-432 1915 (Wednesdays 8pm - 10.30pm only)

Email: [membership@ftm.org.uk](mailto:membership@ftm.org.uk)

Offers advice and support to "female-to-male" transsexual and transgender people, and to families and professionals. Also a "buddying" scheme, newsletter: "Boys Own" and an annual national meeting.

[www.ftm.org.uk](http://www.ftm.org.uk)

#### MERMAIDS

BM Mermaids London WC1N 3XX

Helpline: 07020 935066 (12 noon - 9pm when staffed).

Email: [mermaids@freeuk.com](mailto:mermaids@freeuk.com)

Support and information for children and teenagers who are trying to cope with gender identity issues and for their families and carers.

Please send SAE for further information.

[www.mermaids.freeuk.com](http://www.mermaids.freeuk.com)

#### PRESS FOR CHANGE

BM Network London WC1N 3XX.

In emergencies ONLY ring 0161-247 6444

Email: [letters@pfc.org.uk](mailto:letters@pfc.org.uk)

Campaigns for equal civil rights for transsexual and transgender people.

Also provides legal help and advice for individuals, information and training for professionals, speakers for groups. Produces a newsletter and publications.

Visit the website for downloadable booklets on policy and the law.

[www.pfc.org.uk](http://www.pfc.org.uk)

#### SAFRA PROJECT

P.O. Box 35929, London, N17 OWB, England

Email: [info@safraproject.org](mailto:info@safraproject.org)

A resource project working on issues relating to lesbian, bisexual and/or trans women who identify as Muslim religiously and/or culturally (Muslim LBT women).

[www.safraproject.org](http://www.safraproject.org)

#### TRANSGENDER-UK

A self-help group for Transgender identified people living in the United Kingdom.

[www.transgender.freeserve.co.uk/tg](http://www.transgender.freeserve.co.uk/tg)

#### UK ANGELS

Email: [mail@joannasdiary.co.uk](mailto:mail@joannasdiary.co.uk)

An internet-based support group providing a support network for all trans women as well as providing opportunities to meet up and party! Includes an excellent calendar of events taking place all over the UK.

[www.theangels.co.uk](http://www.theangels.co.uk)

#### SEAHORSE SOCIETY OF GREAT BRITAIN

BM Seahorse, London, WC1N 3XX

A society which organizes social events for cross dressers and non-operative transsexual women.

[www.btinternet.com/~seahorse.society](http://www.btinternet.com/~seahorse.society)

#### SIBYLS

BM Sibyls, London, WC1N 3XX

Tel: Jay on 020 8763 0146

UK base Christian group for trans people.

WOBS (Women of The Beaumont Society)

BM WOBS, London, WC1N 3XX.

Tel: Diane Aitcheson on 01223 441246

Email: [wobsuk@aol.com](mailto:wobsuk@aol.com)

An organisation providing support for the wives and female partners of cross dressers and trans women.

[www.gender.org.uk/wobsuk](http://www.gender.org.uk/wobsuk)

## Local Trans Support Organisations

### ENGLAND

BIRMINGHAM: OUTSKIRTS

Email: [claire@outskirts.org.uk](mailto:claire@outskirts.org.uk)

Social support groups for trans people (mostly trans women), meets fortnightly in the centre of Birmingham.

[www.outskirts.org.uk](http://www.outskirts.org.uk)

BLACKPOOL: RENAISSANCE

Email [suzanne@renaissanceblackpool.org](mailto:suzanne@renaissanceblackpool.org)

Regular meetings and social events.

[http://www.gynwayblackpool.com/renaissance\\_transgender\\_forum.htm](http://www.gynwayblackpool.com/renaissance_transgender_forum.htm)

BRIGHTON: THE CLARE PROJECT

Tel: 0870 225 6401 (evenings only before 10pm).

Email: [suzi.james1@virgin.net](mailto:suzi.james1@virgin.net)

A support and social group for 'anyone with gender issues' - based in Brighton.

They hold regular monthly meetings on the first Friday of the month, 7:30 - 10:00pm at Hove Town Hall, Church Road, Hove.

[www.clareproject.org.uk](http://www.clareproject.org.uk)

COLCHESTER: OUTHOUSE TRANS GROUP

Tel: OUTHOUSE on 01206 869191

Email: [samftm2001@yahoo.com](mailto:samftm2001@yahoo.com)

Fully wheelchair accessible meets at the Outhouse, mixed trans group.

[www.gayessex.org.uk](http://www.gayessex.org.uk)

ESSEX: TRANSLIVING

TransLiving, PO Box 3, Basildon, Essex, SS14 1PT

Email: [stacy@transliving.co.uk](mailto:stacy@transliving.co.uk)

A voluntary support organisation encouraging self-help for cross dressers and trans women, as well as help and understanding for wives and partners.

Tel: Stacy on 01268 583761

[www.transliving.co.uk](http://www.transliving.co.uk)

LONDON: FTM LONDON

Email: [info@ftmlondon.org](mailto:info@ftmlondon.org)

An FTM Support group. Meets monthly. Partners and significant others are welcome to attend from 8.15 pm for social time only.

[www.ftmlondon.org.uk](http://www.ftmlondon.org.uk)

LONDON: TISS

Tel: 020 8355 7413

Email: [londontsinfo@ntlworld.com](mailto:londontsinfo@ntlworld.com)

A mixed mtf and ftm transsexual group, meeting monthly.

[www.geocities.com/londontsinfo/INDEXLONDONTSINFO/index.htm](http://www.geocities.com/londontsinfo/INDEXLONDONTSINFO/index.htm)

LONDON: WAY OUT CLUB

WayOut Publishing Co Ltd., P.O.Box 70, Enfield EN1 2AE

Tel: 07958 473 599, Fax: 0208 366 0517

A social club and publishing house for all trans people, club event weekly, focuses on cross dressers and trans women. One of London's most popular venues.

[www.wayout-publishing.com](http://www.wayout-publishing.com)

LONDON: PHILBEACH HOTEL

30-31 Philbeach Gardens, Earl's Court, London, SW5 9EB

Tel: 020 7373 1244. Fax: 020 7244 0149

Included because it is one of London's most popular venues for older cross dressers who want a 'day away' whilst dressed. The hotel even provides a wig room as well as changing facilities.

[www.philbeachhotel.freeserve.co.uk](http://www.philbeachhotel.freeserve.co.uk)

LEEDS: TRANS-YOUTH

Tel: 07903 319435

Email: [cpr.lgbtqyouth@leeds.gov.uk](mailto:cpr.lgbtqyouth@leeds.gov.uk)

For young trans people aged 13-25.

MANCHESTER: NORTHERN CONCORD

P.O. Box 258, Manchester, M60 1LN, England

Email: [JennyB@northernconcord.org.uk](mailto:JennyB@northernconcord.org.uk)

A social support group for cross dressers and trans people, meets weekly.

[www.northernconcord.org.uk](http://www.northernconcord.org.uk)

MANCHESTER: INNER ENIGMA

Mixed trans support group meeting monthly.

[www.innerenigma.org.uk](http://www.innerenigma.org.uk)

NEWSCASTLE: NEWCASTLE TG & FRIENDS

Email: [michelle\\_collins@hotmail.com](mailto:michelle_collins@hotmail.com)

A local support network for cross dressers and trans women.

[www.angelfire.com/folk/newcastletg](http://www.angelfire.com/folk/newcastletg)

NEWCASTLE: CROSSROADS

Tel/fax 01388 607925 or 01207 582167

Email: [paula@crossroads-gid-support.org.uk](mailto:paula@crossroads-gid-support.org.uk)

Mixed group, meets fortnightly.

OXFORD: TRANSACT!

Email: [gemstone64@hotmail.com](mailto:gemstone64@hotmail.com) placing 'queery' in the heading  
Monthly social for FTM's, transfolk, femmes, butches, queer girls,  
leatherfolk and allies.

SHEFFIELD & LEEDS: T BOYS

Tel: 0702 11 22 99 8 or 0845 331 6104

Email: [tboys@lycos.co.uk](mailto:tboys@lycos.co.uk)

Monthly meetings for trans men, alternates Leeds and Sheffield.

SHROPSHIRE: TRANS- SHROPSHIRE

Tel: 01952 240 099 (Mon-Fri 10am – 1pm) or 01952 246 995 (Wed 7.30-9.30pm)

Email: [info@trans-shropshire.org.uk](mailto:info@trans-shropshire.org.uk)

Regular meetings, counselling, phone line.

[www.trans-shropshire.org.uk](http://www.trans-shropshire.org.uk)

WIRRAL / MERSEYSIDE: TRANSWIRRAL

Jigsaw Centre, 32 Hamilton Street, Birkenhead, Wirral.

Weekly meetings for all trans people.

Tel: 0151 649 8128

Email: [transitions\\_1@yahoo.co.uk](mailto:transitions_1@yahoo.co.uk)

Mixed group, meets regularly.

[www.geocities.com/transitions\\_1](http://www.geocities.com/transitions_1)

WEST OF ENGLAND: WESTERN BOYS

Tel or Text: 07811 814302

Email: [info@westernboys.co.uk](mailto:info@westernboys.co.uk)

Support and social group for FTM identified people living in south west England.

Meet: monthly except December.

[www.westernboys.co.uk](http://www.westernboys.co.uk)

**WALES**

NORTH WALES: FTM WALES

Tel: Dave on 07720 784283

Email: [2daerowntree@ukonline.co.uk](mailto:2daerowntree@ukonline.co.uk)

TRANSGENDER WALES

PO Box 304, Cardiff, CF11 9XA

Tel: 07967 426558

A welsh based advice and support service.

[transgenderwales.bravepages.com](http://transgenderwales.bravepages.com)

## SCOTLAND

EDINBURGH: TRANSALBA

Tel: 07961 574880 Mon-Fri, 6pm to 10pm

Email: [transalba03@aol.com](mailto:transalba03@aol.com)

Support and advice for trans people, partners friends and families; meets monthly.

[www.transalba.org](http://www.transalba.org)

EDINBURGH: TRANSGENDER YOUTH SUPPORT GROUP

Tel: 0845 113 0005 (Tues. 7.30-9pm).

Email: [info@lgbtyouth.org.uk](mailto:info@lgbtyouth.org.uk)

For 13-25 year old of all sexualities and genders. Meets fortnightly. Significant others also very welcome. For more information contact LGBT Youth Scotland.

[www.lgbtyouth.org.uk](http://www.lgbtyouth.org.uk)

GLASGOW: TRANS SUPPORT GROUP

6 Sandyford Place, Sauchiehall Street, Glasgow, G3 7NB

Tel: 0141 211 8135

Support group for trans people. Meets monthly at The Sandyford Initiative.

GLASGOW: CROSSLYNX

Email: [caroltaylor@gtesco.net](mailto:caroltaylor@gtesco.net)

Glasgow and West of Scotlands Support Group for trans people. Meets monthly.

[www.crosslynx.org](http://www.crosslynx.org)

WEST LOTHIAN: TRANSGENDER SUPPORT GROUP

Tel: 07808 564626 between 7.00 p.m. - 10.00 p.m. Monday to Saturday.

Support group for trans people, meets monthly.

[www.westlothiantsg.co.uk](http://www.westlothiantsg.co.uk)

## IRELAND and NORTHERN IRELAND

BELFAST: Belfast Butterfly Club

PO Box 210, Belfast BT1 1BG

Social and support group for trans people.

IRELAND: Si

Email: [si@transgender.org](mailto:si@transgender.org)

National support group for trans people. Mainly online though occasional social meetings in Dublin.

[www.transgender.org/si](http://www.transgender.org/si)

CORK: COUNSELLING GROUP

Tel: 026 40229 or 086 3440131, no later than 22-00hrs.

Email: [canygwynt@eircom.net](mailto:canygwynt@eircom.net)

Glanmire trans support group meets regularly.

## Further Information and Contact Details

This is one of a series of research reports carried out for the Centre for Excellence in Leadership. If you have any enquiries regarding this report, please contact:

Dr Lewis Turner  
Vice-President Press for Change  
Email: [l.turner@pfc.org.uk](mailto:l.turner@pfc.org.uk)  
Tel: +44 (0)1524 425955  
Mob: 07833738035

We recognise that there are many innovative and effective leaders and leadership practices in the Sector that warrant investigation, analysis and wider dissemination of best practice. We would like to engage with existing networks within the Sector and develop a wider practice-led research community contributing to current debates on leadership and other related issues.

If you would like to receive further information on the Research Programme, please contact:

Maureen Morrison  
National Research Manager  
Centre for Excellence in Leadership  
Lancaster University Management School  
CEL Research Office, Room B59  
Lancaster, LA1 4YX  
Tel: 01524 594364  
Email: [m.morrison@lancaster.ac.uk](mailto:m.morrison@lancaster.ac.uk)

Further information is also available at:  
<http://www.centreforexcellence.org.uk>  
<http://www.lums.lancs.ac.uk/leadership/cel/>







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