

TERMINOLOGY

1. Introduction

The World Professional Association for Transgender Health proposes that “the expression of gender characteristics that are not stereotypically associated with one’s assigned sex at birth is a common and culturally diverse human phenomenon that should not be judged as inherently pathological or negative”.¹ Therefore, the terms described below, including the all-embracing descriptions: **gender diversity/ gender variance/ gender non-conformity**, do not indicate mental illness. The World Health Organisation is currently moving ‘**gender incongruence**’ (section 8) into a non-psychopathologising classification in the International Classification of Diseases.

Terminology in this field is varied and constantly shifting as understanding and awareness grows. All the terms described below may change in their usage and become outdated.

2. Gender Identity

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

However, some people experience a gender identity that is somewhat, or completely, incongruent with their sex appearance. Historically, there has been greater recognition of those who, having been **assigned male, identify as women (a trans woman or trans feminine person)**; or, having been **assigned female, identify as men (a trans man or trans masculine person)**. Many in this situation will simply identify as, and be regarded as, men and women.

However, many more do not experience these binary gender identities, but regard themselves as gender neutral, or as embracing aspects of both man and woman and, therefore, falling on a spectrum between the two, or outside the spectrum. People have the right to self-identify, and those who reject the binary tick-boxes, may describe themselves as **non-binary**, or use more specific terms, such as **pan-gender** (covering all genders), **poly-gender** (having more than one identity), **third gender** (a gender that is neither man nor woman), **neutrois**, (neutral gender), **bi-gender** (a mix of both genders: woman + man), **gender fluid** (fluctuating), or **gender queer**.

The ‘**queer**’ word has an unfortunate history associated with attacks on gay men, but is now re-adopted as a catch-all description of anyone who is not stereotypically straight (heterosexual) and/or cisgender.

A **non-gender** (sometimes **agender**) individual identifies simply as a ‘person’ who is outside the gender spectrum altogether. These labels must be chosen by the individuals concerned, not imposed by others.

¹ World Professional Association for Transgender Health (2011) <https://www.wpath.org/>

3. Transgender or trans

'Transgender', now frequently shortened to **'trans'** may be used, currently, to embrace the numerous identities referred to above, which fall outside the stereotypical cisgender cultural norms. Transgender and trans may be used for those who change their gender presentation permanently, as well as others who, for example, **cross-dress** intermittently for a variety of reasons including erotic factors (also referred to as **transvestism**). There is an acknowledgement that although there are wide differences between many trans people, there is also overlap between groups. For instance, someone who cross-dresses intermittently for some years, may later **transition** (see below) to the opposite gender expression. Non-binary and non-gender identities also fall under this umbrella term. It is acceptable to refer to the **'trans community'**.

4. Acronyms

The most common acronym **LGBT** (lesbian, gay, bisexual and trans) brings together these groups. Historically, the groups were not always comfortable to be linked in this way, because gender identity (who you are) and **sexual orientation** (whom you are romantically attracted to) are different issues. However, together, these groups are better able to fight **transphobia**, **biphobia** and **homophobia**, the irrational hatred which often gives rise to minority stress, discrimination, exclusion, hostility and sometimes violence. Recently, the acronyms have lengthened to include **Q**, for 'queer' or questioning; **I** for intersex (see below), and/or the plus sign '+' to symbolise the inclusion of any, and all, kinds of trans, non-binary and non-gender presentations and sexual orientations. The acronym looks like this: **LGBTQI+**, and may grow further. Sometimes an acronym is a clumsy tool for explaining sensitive issues. Some familiar acronyms are distinctly binary and therefore potentially inaccurate and impolite, e.g.

AFAB, assigned female at birth; AMAB, assigned male at birth;

MtF, male to female; FtM, female to male

5. Pronouns and titles

Those who change their gender expression from man to woman or vice versa, will change their pronouns from 'he/him' to 'she/her' and vice versa. But non-binary people usually choose more neutral pronouns such as: 'they', 'zie', and others; non-gender people may use the pronoun 'per' (from 'person'). Titles Mx or Pr may be preferred to Mr, Mrs, Miss or Ms. Using the name that a person was given at birth, after they have **transitioned** (section 9) is unacceptable, and may be referred to as **'dead-naming'**.

6. Sex

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

7. Gender role and expression

The gender role is the social role – the interaction with others which both gives expression to the inner gender identity and reinforces it. Despite the greater gender equality in modern Western culture, for instance, in terms of the subjects studied in school and at university; the choice of friends; work and domestic arrangements; dress and leisure pursuits, there is still a presumption of conformity with society's 'rules' about what is appropriate for men and women, boys and girls, especially in terms of appearance. In terms of dress, hairstyle and general appearance, a significant departure from stereotypical gender expression often causes anxiety and discomfort in those who witness it. Their own discomfort may be reflected back on gender diverse individuals, causing a continuous source of stress in social situations. '**Living in role**', that is, in line with the person's identity rather than their assigned sex, is still required in order to access surgery. This can be particularly challenging for those who identify as non-binary or non-gender, and whose gender expression does not necessarily fit either the typical 'man' or 'woman' classification.

8. Gender incongruence/gender dysphoria

The mismatch between the assigned sex, and the gender identity may be described as **gender incongruence**. This term has replaced 'transsexualism' (section 15). The discomfort associated with this incongruence is described as **gender dysphoria**. This arises at two levels: social interactions feel inappropriate, and sometimes the sex characteristics feel alien, since these contradict the inner sense of gender identity.

It is now understood that gender identity, although powerfully influenced by the sex of the genitalia and the gender of rearing, is not determined by these factors. There is scientific evidence that the brain is a mosaic of male and female development. Typically, the brain is predominantly *consistent* with the sex of the genitalia, however, sometimes the brain is predominantly *inconsistent* with other sex characteristics, so that a person is predisposed to experience a gender identity that is in contradiction to their sex as registered at birth. This atypical brain development has been demonstrated to override sex appearance and gender of rearing.² Gender dysphoria can only be overcome by making social and sometimes physical changes, to align these with the gender identity, rather than the sex assigned at birth.³

9. Transition

Transition is the term used to describe the permanent full-time adaptation of the gender expression in all spheres of life: in the family, at work, in leisure pursuits and in society generally. A few people make this change overnight, but many do so gradually over a period of time, changing their presentation intermittently, and sometimes while undergoing early medical interventions such as hormone therapy to alter their appearance. Transition does **not indicate a change of gender identity**. The person still has the same identity post transition; the changes are to their public gender expression. Transition may be supported by changing physical sex characteristics

² Reed T, Diamond M. Biological correlations in the development of gender dysphoria, The Lancet June (2016)

³ Good Practice Guidelines for the assessment and treatment of gender dysphoria in adults <http://www.rcpsych.ac.uk>

through the use of hormone therapy, and sometimes surgery, to bring these in line with the identity, but such changes vary between individuals and are not inevitable. Across all trans identities, the process of change may or may not be supported by medical intervention. Both binary and non-binary identifications can lead to a variety of public gender expressions from a neutral **androgynous** appearance, to very masculine or feminine expressions. Both binary and non-binary trans people may change their names, pronouns, titles, and appearance.

10. Affirmed Gender

The process of bringing the gender role and appearance into alignment with the gender identity, 'affirms' that identity. Thus the term '**affirmed**' gender, is now becoming more common in describing the post-transition gender status. 'Affirmed' should be used in preference to 'acquired'; the latter is the language of the **Gender Recognition Act**, and is more appropriately used to describe the acquisition of a **Gender Recognition Certificate** and new Birth Certificate (section 14).

11. Gender affirming treatment

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

12. Intersex conditions

There are a number of intersex conditions (now often known as **Differences of Sex Development, DSD**). In a minority of these, the appearance at birth is atypical, being neither clearly male nor female.⁴ For many years, babies in this situation had surgery neo-natally to create, usually, a female appearance. Accordingly, the sex (surgically determined), and the anticipated gender identity (girl) assumed at that time, were not always consistent with the children's gender identity as they grew up. This resulted in a need to transition to live as boys and men, at a later stage. It also demonstrated that the sex appearance, and the gender of rearing are not the critical factors in determining gender identity. In addition, this surgery could lead to a poor outcome, e.g. loss of erotic sensation. Surgical intervention before the individual is able to give informed consent is now regarded as unethical and is considered unlawful in some jurisdictions.

Other inconsistencies in development may be associated with atypical sex chromosomes such as Klinefelter syndrome (XXY), Jacob's syndrome (XYY), or atypical combinations of 'X' and 'Y', such as XYYYY, XYYY and so on, including mosaicism (more than one chromosomal

⁴ Genetic anomalies that are particularly associated with unusual genital appearance are: Androgen Insensitivity Syndrome, Congenital Adrenal Hyperplasia, 5 α reductase or 17 β Hydroxysteroid Dehydrogenase (HSD) deficiencies.

configuration/karyotype in the same individual). Most intersex conditions, are associated with unusual pre-natal hormone levels. Other conditions such as Cloacal Extrophy may be included in this group since babies with this condition may have poor genital development (external bladder) which needs urgent correction; this has led to male (XY) babies being surgically assigned as female and raised as girls. This strategy failed more often than it succeeded since the majority identified as boys.

13. Sexual orientation

Sexual orientation is a separate issue from gender identity. Sexual orientation is the romantic attraction between one person and another. This is different from the internal knowledge of one's own identity. Trans people may be gay, straight, bisexual or, occasionally, asexual, but these terms do not always apply comfortably to trans situations. There is no specific vocabulary, for instance, in the case of couples who remain together when one of them transitions. This cannot be categorised by any existing terminology, since the sexual orientation of the non-trans partner does not change; the sexual orientation of the trans partner may or may not shift. Trans people may make lasting relationships with other trans and non-binary people, so the possibilities are many and varied, and do not necessarily fit into typical categorisations. Sometimes, for clarity, in clinical environments, and in binary situations only, the terms: **androphylic** (attracted to men); and **gynaephylic** (attracted to women) may be used.

14. Gender Recognition Act (2004)

The Gender Recognition Act (GRA) became effective in 2005. Currently (2019) the Gender Recognition Certificate (GRC) can be obtained by those who can demonstrate that they have lived for at least two years in their affirmed gender, and that they have a diagnosis of 'gender dysphoria'. Those whose births were registered in the UK qualify for a new birth certificate. Those who are in a pre-existing marriage, same-sex marriage or civil partnership, are obliged to change these legal relationships, with the consent of the spouse, either from an assumed heterosexual relationship (marriage) to a same-sex marriage or civil partnership, or from a civil partnership/same-sex marriage to a marriage. Discussions are ongoing as to whether the UK will allow statutory 'self-determination' as sufficient for obtaining a GRC. This approach has already been adopted in several other countries, including the Republic of Ireland, without any adverse consequences.

Breaching the confidentiality of trans people without their consent is always unlawful, but if they have a GRC and the information is passed on by a person who has learned this information in an 'official capacity', that is, as part of their job, this could be a criminal offence. The possession of a GRC does not *automatically* enable a trans person to be accommodated according to their affirmed gender in certain environments, such as secure accommodation, prisons, and refuges.

15. Equality Act (2010)

The Equality Act defines the protected characteristic of ‘gender reassignment’. The legislation was written with the intention of covering only trans binary individuals, described in the Act as ‘**transsexual**’ people on the basis that they ‘*propose to undergo, are undergoing or have undergone a process or a part of a process*’ to reassign their gender away from the sex assigned at birth. However, in the opinion of an expert^{5,6} in this legislation, the wording above could be understood to apply more widely to those who are non-binary or non-gender trans people, as well as those with intersex conditions. No case law exists, so far, to confirm this opinion and establish a precedent, but it would be prudent for employers and service providers to take account of it. Those having the characteristic of gender reassignment, or who are perceived to have the characteristic, as well as those associated with them, such as family members, are protected against discrimination, harassment and victimisation. Public bodies have a duty to facilitate good relations between groups and provide equality of opportunity.

Transfer from one prison estate to another for a person who has transitioned, can be permitted, but much depends on the offences committed by the trans person and the risk they pose to other inmates. The trans prisoner’s own safety must also be considered. Schedule 3 under the Equality Act allows organisations caring for vulnerable people, to take proportionate steps, commensurate with a ‘legitimate aim’ to ensure that, in single sex spaces, there is no danger or unreasonable discomfort caused to those occupying them.

The terms **transsexual** and **transsexualism** are now generally considered old fashioned, and are rarely used by trans people themselves or professionals working in the field.

⁵ Claire McCann in her evidence to the Women and Equalities Select Committee, 2017: This could include intersex, non-binary, a-gender or other “transgender” people but, in my view, **only** where such persons are seeking (or have sought) to undergo a *process* of reassigning their gender away from their birth gender or are perceived to be doing so.

⁶ Claire McCann’s Legal opinion to the Women and Equalities Select Committee. . The protected characteristic of “gender reassignment” in s.7 of EqA will apply to any person proposing, undergoing or who has undergone the process (or part of a process) of reassigning his/her sex from his/her sex at birth by changing physiological or other attributes of sex². This could include intersex, non-binary, a-gender or other “transgender” people but, in my view, **only** where such persons are seeking (or have sought) to undergo a *process* of reassigning their gender away from their birth gender or are perceived to be doing so.

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