

Home Office

Transphobic Bullying



Could you
deal with it in
your school?

 Gires

Guidance on Combating Transphobic Bullying in Schools

Gender Identity Research and Education Society

www.gires.org.uk



Crime Reduction Toolkit


Home Office

The authors of this material welcome questions and suggested improvements, which should be sent to: transbullying@gires.org.uk

A print friendly version of this document may be found [here](#).

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CHANGE RECORD

Version	Change
2.0	General Release
2.1	Added Self assessment checklist for schools
	Added Home Office Logo
	Inserted “completely” in second sentence on <i>page 7</i>
	Inserted suicide warning here
	Inserted note about counselling service here
	Inserted note about child’s name change here
	Inserted positive comment from trans mother here
	Inserted note about school activities here
	Updated statistics in Appendix F
	Added Figure F.1 showing number of UK transitioned people
	Added Figure F.2 showing median age of transition in UK
2.2	Changed contact email to transbullying@gires.org.uk
	Added reference to short guides here
	Added note about fluidity of gender identity
	Added statistic on trans people bullied by teachers
	Replace “breaking” by “break”
	Added note about fluidity of gender identity
	Clarification of Data Protection Act
	Added new section on ongoing support
	Emphasised need to mark and control Memorandum
	Added warning box and explanation on sample letter
	New item at front of list of protective measures
“ The Transgender Child ” cited	

Executive Summary

During the past decade, **transgender** issues have become a major component of diversity programmes throughout the public service sector¹. Their present prominence results from continuing rapid growth in the number of transgender people who reveal their **gender variance**, and substantial strengthening in the laws that support and protect them.

Despite the enactment of supportive legislation, transgender people continue to experience widespread discrimination in the educational environment, in the workplace and in society generally. As illustrated by the **case examples** appended to this toolkit, they are often the victims of transphobic bullying and crime. Bullying, that is not dealt with promptly and effectively can escalate into criminality. As part of its crime reduction programme, the Home Office has provided this toolkit to help schools meet their obligation to combat transphobic bullying.

For those wishing to obtain a rapid overview of the material, the **authors** have provided short guides specifically for:

- ✦ **Governors**
- ✦ **Head Teachers**
- ✦ **Teaching Staff**

Gender variance may be detected in children as young as two: it causes extreme stress for youngsters and their families. This alone would impair

¹The glossary of terms in **Appendix H** may be helpful to those who are unfamiliar with this field.

the young person's achievements at school. Bullying severely aggravates this. It is alarming that about a quarter of trans people report having been bullied by their teachers.

Transgender members of staff also experience stress, especially if they undertake the **transition** from the **gender role** assigned to them at birth to that which accords with their **gender identity**. They too are the targets for transphobic bullying and crime.

In responding to the challenge that transphobic bullying presents, schools need to understand the nature of **gender variance**, its biological influences and how it differs from **sexual orientation**. Importantly, it is not appropriate to think of gender identity as being either totally female or totally male. Sometimes people of any age may be ungendered. In many people, especially those who are young, gender identity may be partially both male and female and also fluid.

Of course, homophobic bullying, based on a person's actual or perceived sexual orientation, is in many respects similar to transphobic bullying. Moreover in pre-pubertal children, it may be difficult for them or those who care for them to distinguish between uncertainties of gender identity and sexual orientation. However, perpetrators of transphobic bullying and crime do use specific terms of abuse: 'he/she/it', 'girl with a cock', that reveals their special hatred for transgender people.

Although schools may think that they have no transgender people to worry about, that is statistically unlikely. In any school of 1,000 pupils there are likely to be 6 who will experience transgenderism throughout their lives. There are likely to be others who have a transgender parent or close relative. Among pre-pubertal pupils, there are likely to be 60 in 1,000 who will experience atypical sexual orientation that may be difficult to distinguish from atypical gender identity. There is likely to be one transgender person in 170 members of staff.

Unlike people who experience atypical sexual orientation, people who experience severe gender variance require medical care to deal with their condition. Those who are entering puberty may experience intensifying stress, which may have a negative impact on their school work, as their bodies become increasingly discordant with their gender identities. Although major medical centres overseas provide treatment to suspend puberty, that treatment is not available in the UK. Gender variant adults who undertake the transition to a new gender role and receive hormone and surgical treatment to realign their bodies correctly, may require time off work to attend medical appointments, undergo surgery and convalesce.

Transition is a complex process that requires trans people also to undergo many non-medical changes in the way they live and work, as well as in their relationships.

Schools are bound by a general duty to protect all their **transgender** pupils and staff from transphobic bullying. In the case of staff, there is also a range of specific legislation that requires schools to consider their needs in Gender Equality Schemes and in procedures for handling **transition**.

This toolkit contains guidance for schools on effective ways to support and protect transgender pupils and staff. It also suggests what needs to be done for other staff members. The appendices include a model policy, an example of a letter written to staff about a pupil's transition and a self-assessment checklist. Schools need to see that people who transition are able to lead successful and fulfilling lives and this toolkit therefore includes a number of **inspirational role models**.

Although this toolkit is reasonably comprehensive, schools may need more information than it contains. There are links provided, throughout the text, to external information sources. The final section of the toolkit indicates where schools can find further information, advice and training.

The document is lengthy. School governors, head teachers and other teaching staff can obtain quickly a basic understanding of how to tackle transphobic bullying by using the short guides overleaf.



Short Guide for Governors

- Introduction to transgender terminology**
- Model transgender policy**

Short Guide for Head Teachers

- Introduction to transgender terminology**
- Model transgender policy**
- Self assessment checklist**
- Support and protection for pupils dealing with transgender issues**
- Support and protection for transgender adults**
- Helping other staff members**

Short Guide for Teaching Staff

- The nature of gender variance and transgenderism**
- The difference between Gender Identity and Sexual Orientation**
- Support and protection for pupils dealing with transgender issues**
- Gender variance in children and adolescents**
- Children of transgender parents**

Contents

1	Introduction	1
2	The nature of gender variance and transgenderism	3
3	The difference between gender identity and sexual orientation	7
4	Gender variance in children and adolescents	8
5	Typical transphobic responses to gender variance	12
6	Support and protection for pupils dealing with transgender issues	15
	Teacher's conversation with a trans girl	15
	Important protective measures for transgender pupils	17
7	Medical care for gender variant young people	21
8	Children of transgender parents	26
9	Medical treatment options for gender variant adults	28
10	Non-medical issues involved in a permanent change of gender role	31

11 Legal and policy safeguards for transgender people	33
General	33
Gender Variant Pupils	33
Pupils' Behaviour Outside School	36
Adult Transsexual People	37
Sex Discrimination Act (1975)	38
Genuine Occupational Qualification (GOQ)	38
Criminal Records Bureau	39
Gender Recognition Act (2004)	39
The Employment Equality (Sexual Orientation) Regulations (2003)	41
Data Protection Act 1998	41
Equality Act 2006	42
Other Transgender Adults	43
12 Support and protection for transgender staff	45
13 Helping other staff members	54
14 Inspirational role models	55
15 Case examples	58
Case 1—Gender Variant Child (Denise)	58
Case 2—Transsexual Adolescent (Melissa)	60
Case 3—Young Trans Man (Jake)	62
Case 4—Young Trans Man (Tom)	64
Appendices	66
A Consent to treatment	67
Consent	67
Parental Responsibility	68
B Model transgender policy	69
C Self assessment checklist for schools	71

D Letter to staff	73
E Documents to be corrected in a permanent change of gender role	76
F Prevalence, incidence and growth of the transgender population	78
G Sources of further information, advice and training	81
Publications	81
Useful Links	81
Helpful Organisations	82
H Introduction to transgender terminology	88
Bibliography	92
Index	95



Introduction

Transgenderism is a new subject for many schools. Schools are required to have anti-bullying policies and protect all children who are in any way “different”. Applying this principle to gender non-conforming young people requires some specialist knowledge. The purpose of this document is to provide this guidance. This and the other related terms used in this document are therefore explained in the appended “**Glossary of Terms**”. In surveys of transgender people, they frequently report having been bullied at school. They also suffer verbal and physical abuse as adults, although very few report these hate crimes to the police. The **case examples** in the Toolkit include verbal abuse, violence and sexual assault. In many instances, these are of sufficient gravity to be classed as criminal offences. This form of bullying is termed transphobic because it is based on hatred.

Transphobic bullying may be perpetrated by pupils or staff members and directed at:

- a* – Transgender children and adolescents.
- b* – Children of transgender people.
- c* – Transgender teachers and other members of staff
- d* – Transgender people in the community.

Ignorance and fear may underlie transphobia. Hence, this toolkit provides schools with knowledge about the way that **gender variance** occurs naturally within the general population.

As stated in legislation and guidance, schools have a general duty to protect staff and pupils who are vulnerable to or even experiencing bullying based on their gender variant appearance or behaviour. With regard

Introduction

to **transsexual** adults *i.e.* those who *intend to undergo, are undergoing or have undergone*, under medical supervision, a permanent **transition** to a new **gender role**, the legislation is highly specific. Other adults, who experience gender variance but do not undergo transition, do not have specific protection in law. Nonetheless, schools are advised to include all these people as well in their Gender Equality Schemes.

Gender variance affects a significant group among pupils and staff. Appendix **F** quantifies the extent of gender variance in the population. Having for long been invisible, a rapidly growing number of people from within the quite substantial **transgender** population are now revealing their gender variance. Hence schools need to be prepared to protect a mounting number of them.

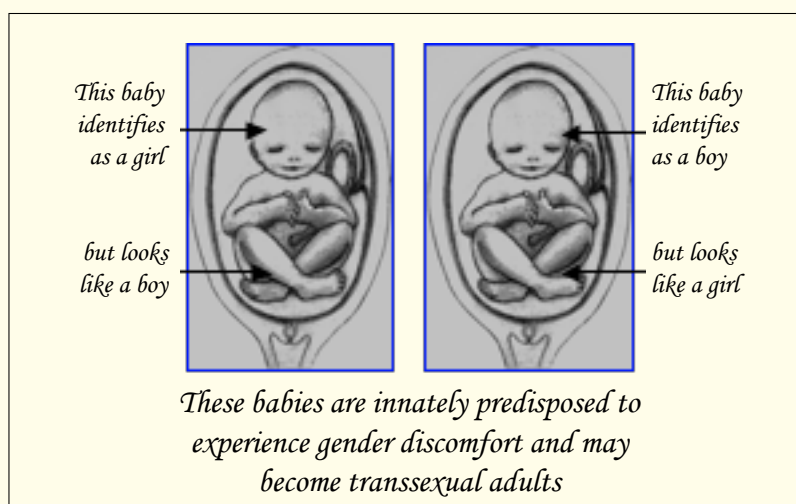
In complying with their obligations in respect of transgender people, schools require information on their special needs and effective measures to protect them. Therefore, this Toolkit is intended to equip schools with the knowledge of how to prevent or deal with transphobic bullying effectively. If left unchecked, bullying behaviour will often escalate in frequency and seriousness, culminating in criminal acts.

Schools need to be mindful how reluctant gender variant people usually are to reveal their transgender status. These highly vulnerable people perceive that this may have unwelcome consequences in a school setting or within their families. To obtain protection against transphobic incidents or crimes these must be reported. In order to report such events the individuals concerned may be obliged to “out” themselves; they may not wish to do so.

This problem is particularly acute within the criminal justice system, which includes the police, the Crown Prosecution Service (CPS) and the Courts. Although the criminal justice system has the policies and the powers necessary to deal with transphobic crimes, it is not a fully effective deterrent. The CPS reports that, in the past, incidents against transgender people “have been rarely reported and even more rarely prosecuted”[1]. Victims and witnesses often believe either that they may become the subject of a police investigation themselves or that they will be treated disrespectfully.

The nature of gender variance and transgenderism

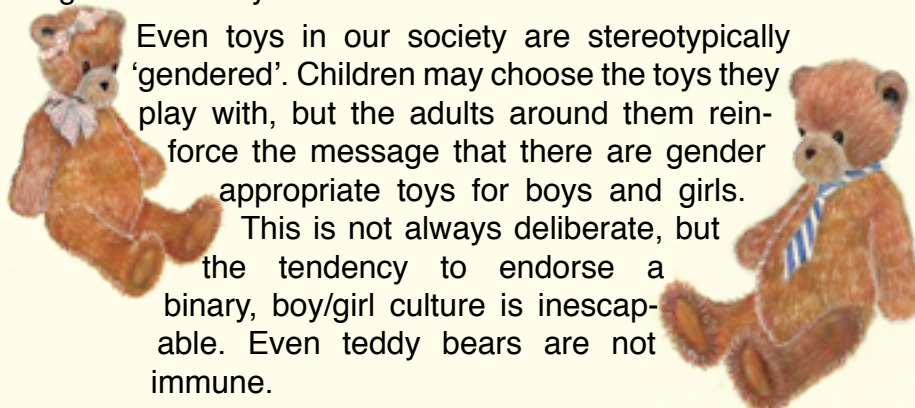
Society is often intolerant of people who are perceived as different, so it is important to emphasise that human development is, naturally, very varied. Typically, we are divided by our physical sex appearance into ‘male’ and ‘female’. Our reproductive organs and our brains have distinctly different male and female characteristics. These physical differences describe our **sex**, whereas ‘**gender identity**’, describes the inner sense of knowing that we are men or women; and **gender role** describes how we behave in society. Typically, our sex appearance, gender identity and gender role are



consistent with each other, so we tend to think of human beings as falling into two distinct categories: boys who become men, and girls who become

The nature of gender variance and transgenderism

women. As soon as the sex of a baby is apparent at birth, it is assumed that the gender identity matches.



Even toys in our society are stereotypically 'gendered'. Children may choose the toys they play with, but the adults around them reinforce the message that there are gender appropriate toys for boys and girls. This is not always deliberate, but the tendency to endorse a binary, boy/girl culture is inescapable. Even teddy bears are not immune.

However, a few individuals experience a mismatch. The way they look on the outside does not fit how they feel inside. The way they are expected to behave may be quite different from the way they naturally want to behave. This causes a feeling of intense discomfort that is sometimes described as 'gender dysphoria' (dysphoria means unhappiness). This condition is increasingly understood to have its origins before birth. Research studies indicate that small parts of the baby's brain progress along a different pathway from the sex of the rest of its body¹. This predisposes the baby to a future mismatch between gender identity and sex appearance.

However, every individual is unique; each will experience the gender variance to a different degree, and will respond to social circumstances differently. So, people will express this in a wide variety of ways. Importantly, it is not appropriate to think of gender identity as being totally female or totally male. Sometimes people of any age may be ungendered. In many people especially those who are young, gender identity may be partially both male and female and also fluid.

The general term that embraces all the varieties of unusual gender expression is *transgenderism*. Some people in this group will respond to their discomfort by cross-dressing occasionally, or even on a regular, but not continuous basis (Transvestism). Others may live permanently in the gender role which is most comfortable for them, but without seeking any medical treatment.

For a few, however, as they grow through childhood, then adolescence and on into adulthood, the discomfort may become more extreme. Nonetheless, many people experiencing gender dysphoria live for many years in

¹A comprehensive description of the factors that influence gender variance is contained in the article "Atypical Gender Development—A Review"[2].

The nature of gender variance and transgenderism

the gender role that society expects of them, until finally, the stress becomes so intolerable that they undergo **transition** to live permanently according to the opposite gender role. This is usually accompanied by hormone medication and corrective surgery, to bring the body more closely in line with the underlying gender identity. The treatment is very successful in giving people the sense of harmony and authenticity that they seek. Others may be able to achieve sufficient comfort through hormone treatment alone.

Those seeking this treatment may be referred to as **transsexual** people or *trans people*: including *trans men* (female to male) and *trans women* (male to female). Their condition is known as transsexualism. After **transition**, they should be regarded as ordinary men and women.

The transition process enables transsexual people to achieve an authentic expression of the innate **gender identity** and relieve the stress of having to live a lie. It is important to appreciate that the issue of gender identity is different from sexual orientation, that is whether any individual man or woman is sexually attracted to men, women, or both or, very occasionally, neither. Human gender identity and sexual orientation is varied and complex so it is not wise to categorise people.

The number of **transgender** people within the United Kingdom population is relatively small but significant:

Experiencing some degree of gender discomfort:

This may affect 6 in 1,000 people, amounting to about 300,000 people. In the main, they do not seek medical treatment for their discomfort and remain largely invisible to clinicians. Many deal with their feelings by occasional cross-dressing.

Experiencing a sufficient degree of gender discomfort to seek medical treatment:

The number of people who have sought treatment may be about 10,500 people, possibly 1 in 5,000. About 80% of these people were initially raised as male and the remainder as female.

Living full time in a gender opposite to that assigned at birth:

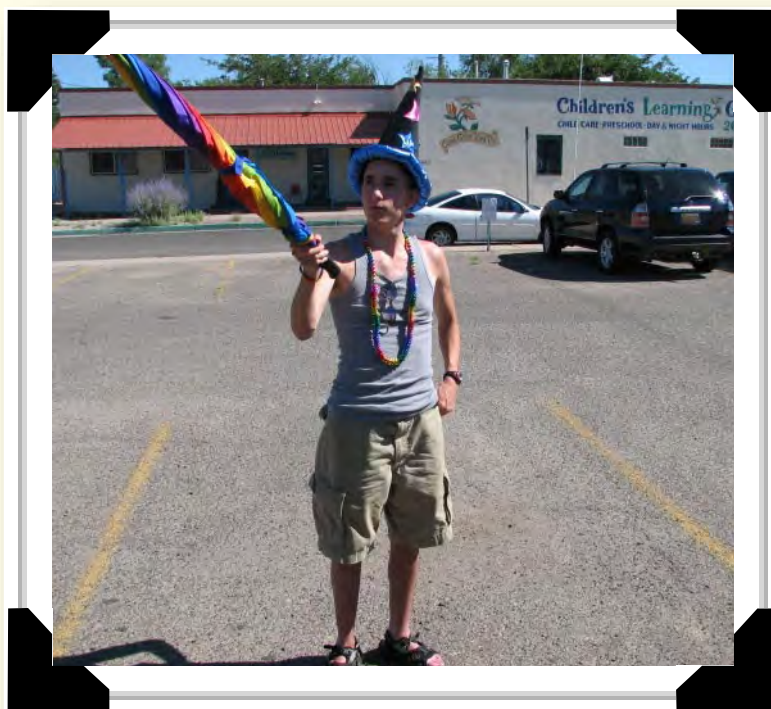
The number of people, within that 10,500, who have already undergone transition to live full-time in a different **gender role** may be about 6,200.

The number of adults and young people seeking help has been increasing and this growth trend seems likely to continue for many years.

The nature of gender variance and transgenderism

Currently, about 1,200 additional people are seeking medical help each year to deal with their gender discomfort. Those who do, may be of any age. Some are able to defer seeking medical help until there are in their sixties or seventies. In any case, 95% of them do not do so until they are adults. The reluctance of young people to reveal their **gender variance** may diminish if schools and families become more supportive and medical care improves.

More information on incidence, prevalence and growth is provided in Appendix F.



The difference between gender identity and sexual orientation

Gender identity is the inner sense of knowing that we are men or women. This is completely different from **sexual orientation**, that is whether any individual man or woman is sexually attracted to men, or women, or both or, very occasionally, neither. Human gender identity and sexual orientation is varied and complex so it is not wise to categorise people in distinctly different boxes. We should rely on individuals to state how they self identify if they so wish. Some men, including **trans men**, may self-identify as straight (sexually attracted to women), gay (sexually attracted to men), bisexual (sexually attracted to women and men) or asexual (feeling no sexual attraction to anyone). Some women, including trans women, may self identify as straight (sexually attracted to men), lesbian (sexually attracted to women), bisexual (sexually attracted to men and women) or asexual (feeling no sexual attraction to anyone). However, gender identity and sexual orientation are private matters. Many individuals prefer not to be labelled at all.

The number of people who are gay, lesbian or bisexual may comprise about 5% of the population; that would be 100 pupils in a school of 2,000 (see **Appendix F**).

Gender variance in children and adolescents

Gender discomfort may be detected, albeit rarely, in children aged as young as two. Usually, adult **transsexual** people describe feelings of gender discomfort that date back to their early childhood. These feelings may often have been repressed as a result of overt or perceived non-acceptance by family members and peers. Transsexual people often regret that they were not treated at the onset of puberty, when they experienced intense stress as their bodies began to develop in conflict with their core gender identities—their inner sense of being boys or girls. During puberty, transsexual boys develop breasts, start to menstruate and sometimes become frustrated by their small stature. Transsexual girls' voices deepen, they grow facial hair and prominent Adam's apples, experience erections and become taller than most other women. What may intensify their stress is knowing, through information that is freely available via the Internet to which most have access, that:

- ☒ This unwanted pubertal development is medically avoidable.
- ☒ **Gender variant** young people are denied such treatment in the United Kingdom.
- ☒ Suitable treatment is available in highly reputable centres overseas¹.

The feelings of those who do not receive such treatment is illustrated by the following extract from a poem written by a young transsexual man:

¹A comparison between treatment in the UK and overseas is provided in the NHS booklet "Gender variance in children and young people—Answering families' questions"[3].

Gender variance in children and adolescents

“Why do I fear my own reflection? Deformed, disfigured, mutilated. I am over-developed and mutated.”

Young **transsexual** people have to overcome many obstacles in obtaining medical help to deal with their difficulties. The first obstacle is learning to how to describe their feelings with a child’s limited vocabulary. Then, expressing their feelings within their families often seems impossible. What they see is a family, and the world beyond it, neatly divided into two gender expressions: boys and girls, in strict accordance with genital appearance and with no tolerance for any variation from that norm.

As explained more fully in chapter 7, society is not tolerant of **gender variance**. Boys who behave in feminine ways are labelled sissies. Girls showing tomboy traits experience more tolerance but not complete acceptance. Usually, other family members discourage gender variance, often strongly. Expressing gender variance at school frequently leads to bullying.

Yet, despite the pressure to conform, some children feel such acute discomfort with the **gender roles** assigned to them that they try to express their core gender identities in their behaviour and dress.

A young boy may, for instance, prefer the flowery boots on the left, and may enjoy wearing his sister’s or even his mother’s clothes. A girl may like the more masculine combat boots on the right. These choices that transgress society’s norms can make adults feel uncomfortable; they may forbid it, especially where these gender atypical choices are made by boys.



Some families are referred to the specialised **gender identity** development service (GIDS) for children and adolescents, which is currently part of the Tavistock and Portman NHS Foundation Trust in London. This is the only British specialist centre for treating gender variant youngsters who are, consequently, referred from all over the United Kingdom. Among them, the GIDS found increasing problems with family relationships, avoidance of school and peers, increased depression and hence suicide risk[4].

Ten years ago, the GIDS was receiving about 15 cases per annum. That number has grown to 60 in more recent years. The reasons for that increase are not known. It is possible that there is a real increase in atypi-

Gender variance in children and adolescents

cal gender identity development among children generally. Some fear that might be due to environmental pollution, which does appear to affect the **sex** characteristics of other species, although whether it affects gender has not been determined. It may just be that, in today's more enlightened society, these children and their families now feel more able to be open about the condition. Certainly, there is greater awareness of gender variance and less stigma attached to it, as a result of its being discussed in television programmes and press articles. Also, the enactment of legislation that protects adult transsexual people, as well as the provision for them of medical treatment within the NHS (albeit this may be less than satisfactory) provides real evidence of society's greater tolerance towards them.

Schools need to be aware that the number of young people who seek medical care for **gender variance** is currently quite small. The 60 new cases referred annually to the GIDS should be compared to the nearly 1,200 adult cases referred for treatment. Almost invariably, adult trans people report having experienced gender variance from early childhood but have not had access to medical care for the condition until adulthood. The GIDS appears to be seeing a very small proportion of those who are affected by gender variance that is likely to persist into adulthood.

Schools also need to know that the adult outcome in pre-pubertal gender variant children is uncertain. In children it is sometimes difficult to distinguish potentially atypical **sexual orientation** from atypical **gender identity** development. The GIDS found that, in the relatively small number of pre-pubertal cases it did see, 80% did not progress to become **transsexual** people *i.e.* those who undergo **transition** to live full-time in the **gender role** that accords with the core gender identity. Many eventually became gay or lesbian people; a few developed as heterosexual adults.

Schools should also be aware that, in the absence of long-term follow-up, it is unknown whether some of the people in whom the gender variance appears not to persist do continue experiencing discomfort but are able to conceal it or deal with it by occasional cross dressing, as **transgender**, rather than transsexual people. It is also unknown to what extent some of this group are referred later to the gender identity clinics for adults. Nonetheless, in a small number of children the distinction can often be made, and will become more apparent as pubertal changes begin and the transsexual adolescent expresses disgust with the developing secondary sex characteristics. No such revulsion will occur in those who are destined to be gay or lesbian. Within the 20% of the GIDS's users who continued to experience severe gender discomfort in adolescence, the great majority

Gender variance in children and adolescents

(20 out of 23 cases) did go on to experience transsexualism in adulthood. This means that a differential diagnosis, made in early puberty, is likely to be accurate. That has important implications for the way that young people experiencing persistent gender discomfort should be treated.

In conclusion, **gender variant** behaviour in pre-pubertal children is usually not the precursor to a permanent change of **gender role**. There are varied outcomes. However, all find the experience stressful. For some the need to express gender variance in behaviour and appearance is very powerful and requires a flexible and supportive response, tailored to the individual's needs.



Typical transphobic responses to gender variance

The discovery of **gender variance** in any pupil, teacher or staff member is likely to be a seismic event for the school where this occurs. Given the rarity of the condition and the frequency with which it remains hidden, there is unlikely to be any previous experience of dealing with such an event within the school. Without firm action by the school, rumours, prejudice and bullying are likely to ensue swiftly.

Transphobic bullying results in emotional and even physical injuries. It is not identical to homophobic bullying, although both types of bullying have similar characteristics. Moreover, there are many similarities in the way that both types of bullying should be tackled. Guidance on tackling homophobic bullying is available via Teachernet[5].

Gender variant behaviour, in the pre-pubertal stage and later, provokes verbal abuse that uses specific vocabulary and physical abuse that may be sexual. The actual **case examples** included at the end of this guidance illustrate the bullying that **transgender** pupils experience.

The 2007 report “Engendered Penalties”[6] contains data on transphobic bullying based on a survey of 872 trans people. Pages 62–67 deal with experiences at school and show that:

- ☒ Half of the natal males and two-thirds of the natal females experienced bullying.
- ☒ Physical abuse and even unwanted sexual behaviours occurred in a majority of these cases.
- ☒ About a quarter of the people who participated in the survey had

Typical transphobic responses to gender variance

been bullied by teachers.

Even teachers who wish to be helpful may, in their benign and instinctive wish to protect a child, implement a policy of enforced conformity that is in-



herently damaging. In an attempt to do what's best for **gender variant** children and young people, adults may put pressure on them to develop a **gender identity** that is consistent with the appearance of the body. This may have the effect of completely undermining the young person's feelings of self worth; it may even encourage feelings of guilt and self-loathing. An adult describing such feelings retrospectively talked of "patterns of worthlessness and shame... and a chronic need to apologise for oneself"[20]. Such efforts at coercion, no matter how gently they are implemented, are unhelpful and ineffective. Socialisation cannot overcome gender variant feelings; behaviour may be modified but any appearance of conformity may hide an increased sense of dissonance between the gender identity and the gender role.

In an as yet unpublished report, **Gendered Intelligence** cites the following comments made by young trans people aged from 14 to 21 years of age during a focus group discussion:

- ☒ "... the gender policing you get with primary age kids... I started getting picked on for not being boy enough, not liking football and thinking that fights are fun and stuff, and like, actually wanting to do my work. And so, yeah, just sort of that, just simply not fitting exactly to a stereotype. Peer group would kind of ostracise you and laugh at you and get attacked and stuff."
- ☒ "... there were some people, only about three lads, who would deliberately call me by my old name... And they used to ask me really horrible questions like how big my dick was, and there was nothing I could say back to that."
- ☒ "I've had stuff like, the usual sort of comments, "tranny", "shemale" etc. And you know like people pointing and laughing."

Typical transphobic responses to gender variance

- ☒ *"I've had a teacher, well it was a couple of weeks ago, threaten to suspend me when I cut my hair like this... What pissed me off is we're a mixed college and there's boys in my class with shorter hair than me."*
- ☒ *"I always got bullied for being in the wrong toilets, and they'd always say 'the boys toilets are next door' or 'down the corridor' or whatever it was. And I'd be totally baffled by that point, going 'erm, what? And then I'd get bashed around for being like just questioning... the gender norms and roles as a little girl."*
- ☒ *"I sort of got into trouble 'cause I used to lash out at people being bastards. An I was the one who' always get into trouble for it... if I threw the first punch... it was usually me. I got sent to anger management classes aged six."*
- ☒ *"... you get locked in the toilets and get the shit kicked out of you 'cause you reported the bullying."*
- ☒ *"... there's being stalked by this guy on the Internet."*

Transgender teachers and other staff members experience verbal abuse that may drive them out of the profession.



Support and protection for pupils dealing with transgender issues

Teacher's conversation with a trans girl

"I am a teacher: what do I say to a schoolchild who discloses to me that he (or she) believes that he (or she) is trans?"

Much depends on the age of the child. As [explained elsewhere](#), a pre-pubertal child may not become a trans adult, whereas a young person whose body is changing at the beginning of puberty and who is feeling great distress, is much more likely to wish to [transition](#) and that causes wider ramifications in the school context that are dealt with below. As explained earlier some very young children—even pre-school—change their [gender role](#).

However, on the first occasion, that a young person, of any age, brings the matter up, you should listen, reassure, offer support and be a friend. If it feels right to ask a few questions, you can do that, but do it gently and don't make it sound like an interrogation; allow the situation to evolve at the pace that the young person is comfortable with. Try not to act as though you are amazed or shocked. Be relaxed and matter-of-fact.

In this example, the young person has lived as a boy, but knows herself to be a girl 'inside'.

Offer [reassurance](#).

"It is very brave of you to come and talk to me, and I am really pleased that you felt able to do that"

Support and protection for pupils dealing with transgender issues

“Now that you have, I want you to know that you can always talk to me”

Make it clear that you will respect the privacy of the young person:

“I promise that I won’t tell anyone unless you tell me that I can”.

Allow the young person to express the pain and isolation she must be feeling:

“It’s not easy to live with a secret. You must have been very unhappy and, perhaps, lonely for quite a long time.”

Reassure her that she’s not the only one:

“You know, although it’s unusual, there are other young people who feel the same way as you do, so we can make contact with them. You are not alone”.

You need to know if the young person has any other support: a parent, sibling or friend:

“Have you told anyone else about your feelings?”

(if yes) “How did that go was your Mum (or whoever) okay with it?”

(if no) “Would you like to tell your family?”

“Do your friends know?”

“Are you scared to tell your family/school friends etc?”

Offer to support the young person if she wants to tell others:

“I would be happy to support you when you do tell them—if you want me to. Or I could tell them for you, and we can work out together what you want me to say”

Allow the young person to express her hopes and fears:

“Do you want to change the way you are living your life?”

“How would you like things to be different?”

If the young person reveals having considered suicide you will obviously need to explore this very sensitively and share the responsibility with those professionals who are skilled in dealing with this issue, despite what you have promised about privacy.

“I won’t pass on anything you have told me unless I have to in order to make sure you are safe. I will tell you if I need to do this, I will tell you who I am going to speak to and what information I am going to share with them”

Support and protection for pupils dealing with transgender issues

Before your first encounter with the young person ends, you should ask:

“Are any of the other schoolchildren being nasty to you because they think you’re ‘different’? Are you being bullied or frightened on the way home?”

And indicate that:

“It’s okay to be different. You’re just an extra special person. We can work through this together. You’re not alone.”

Don’t push for too much information on the first occasion unless the young person wants to offload all the bottled up feelings. Sometimes, it’s like a dam bursting and all the anguish spills out in one go.

Offer to make a date to talk again.

Important protective measures for transgender pupils

- ✓ Recognise that all **gender variant** children should be supported and protected whether or not they undertake **transition**.
- ✓ Include **gender identity** and transphobia in anti-bullying policies. Research undertaken in the USA indicates that schools which have anti-bullying policies that specifically refer to individual minority groups achieve a beneficial effect for the student population as a whole. Schools that have a bullying policy which specifically includes **sexual orientation** and gender identity expression are less likely to experience a serious homophobic harassment problem (31.6% of students vs. 40.8%)[12]. A suggested model policy with regard to **transgender** people is contained in Appendix B.
- ✓ Nominate one person to be the point of contact for any child who needs to discuss gender variant feelings and publicise that to all staff members and pupils. The nominated person should have studied transgender issues sufficiently to be able to listen knowledgeably, explain the ways in which the school would be able to help, liaise with the school counsellor or educational service and discuss the involvement of the child’s parents. It is unlikely that a child would be able to deal successfully with gender variance without parental support, especially if the child intends to change **gender role**. It is

Support and protection for pupils dealing with transgender issues

highly recommended that transition is arranged to take place in a long vacation. The Dutch clinicians, who have extensive experience of caring for gender variant children, advise against changing role too early because it is an irreversible step that often exposes the child to discrimination and bullying. Nonetheless, the gender variance in some children is so severe that they insist on changing gender role at a very young age.

- ✓ Prepare a contingency plan detailing how the school will respond if a pupil declares an intention to undergo **transition** to a new **gender role** or is outed by someone else. The plan should include the following steps:
 - If the school has not already nominated someone to support any child who expresses **gender variance**, it should do so as soon as a case comes to its notice.
 - Consult with the child and, only if agreed, the parents¹.
 - Consider, if the child and the parents agree, calling on support from:
 - * **Gendered Intelligence**.
 - * **Mermaids**.
 - * **Gender Identity Research and Education Society (GIRES)**
 - * Gender Identity Development Service at the Tavistock and Portman NHS **Foundation Trust**².
 - If the child is suffering severe stress at being forced to remain in the gender assigned at birth and determined to change gender role, but only if the parents agree with this, set the date for the change, including clothes, and then inform all other staff members in strictest confidence, perhaps by means of a letter (see Appendix **D** for an example letter), to be followed up by discussion at the next staff meeting³.
 - In consultation with the child's form teacher speak to the immediate peer group and then the rest of the class. The material

¹Note: the parents may not accept or even know of their child's gender variance.

²Note: if the child is approaching or past the onset of puberty, that this Clinic does not offer medication to suspend pubertal development.

³Note: It would only be feasible to allow the change within a mixed gender school; otherwise a change of school would be necessary.

Support and protection for pupils dealing with transgender issues

that GIRES has produced for use with **teenagers** may be useful. Contact GIRES regarding information for younger children: admin@gires.org.uk.

- change the child's name in the school records provided the parents agree. Note: A child's name can easily be changed by Deed Poll providing everyone with **parental responsibility** for the child consents to the name change. If a child is 16 years or over, they must apply for their own Deed Poll for which parental consent is not needed.
- provide safe toilet arrangements for the child, for instance use of the staff facilities.
- inform any other parents who might object to the **gender variant** child's attendance at the school that the condition is the result of a natural variation in human development and that the child, like every other, has a right to remain at the school and to be kept safe and happy. They may find it helpful to read the booklets published by the Department of Health[13] It is open for any parents who are unable finally to accept this policy to withdraw their own children from the school.
- Deal promptly and publicly with any incident of transphobic bullying. This should include bullying by other pupils within the school and beyond its gates.
- Record all such incidents, without divulging the victim's identity. If there is a criminal element in any incident, such as violence, sexual assault, theft or Internet/text message harassment, report it to the police, but only if the victim agrees. The youngster may not wish to be outed. Members of the family may not know of a young person's gender variance. Each police service will have a hate crime coordinator and often also an officer with specific responsibility for **transgender** as well as lesbian, gay and bisexual issues. As one trans youngster reported after experiencing cyber bullying:

"The policeman arrested him and basically got him to confess, and if he hadn't confessed he would have gone to court and got in a lot of trouble. And he got off with a warning just 'cause he confessed and said he wouldn't do it again." [Reported from a Gendered Intelligence focus group].

Support and protection for pupils dealing with transgender issues

- If there is a criminal element in any incident, such as violence or unwanted sexual behaviours, publicise Childline’s advice to victims of bullying and make it clear that this applies equally to transgender pupils:
 - * Don’t ignore it—it won’t go away, and it may get worse.
 - * Tell someone you trust—a teacher, parent or friend.
 - * Remember—it’s not your fault. No one deserves to be bullied.
 - * Keep a record—and save any nasty texts or emails.
 - * Try to stay away from the bullies or stay in a group if you don’t feel safe.
 - * Ask your mates to look out for you.
 - * Try not to retaliate.
 - * Check your school’s anti-bullying policy. It applies to trans people too.
 - * Try to act more confident—even if you don’t feel it.
 - * Call a helpline [Mermaids 07020 935066](tel:07020935066) : Monday to Saturday, 3–7pm only)
- ✓ Find ways to include [transgenderism](#) in the curriculum:
 - * In personal, social and health education (PSHE) classes. Teaching material prepared by [GIRES](#) may be useful.
 - * In the teaching of biology, in respect of the sex differentiation of the brain involved in the formation of [gender identity](#), refer to the papers: "Transgender Experiences–Information and support"[14], "[gender variance](#): Schools–Years 10 and 11"[21]. For teachers: "Atypical Gender Development—A Review"[2], Definition and Synopsis of the Etiology of Adult Transsexualism[22].
 - * Generally within other subjects, for instance via gender expression in art or via statistics related to the transgender population in maths. For younger children helpful reading material such as *The Sissy Duckling* by Harvey Fierstein and *Oliver Button is a Sissy* by Tomie de Paola. Two general equality and diversity books for children (both by Todd Part) are also really good ways to discuss diversity with young children and help reduce school bullying. Other suggestions are *It’s Okay to be Different* and also *The Family Book*.

Medical care for gender variant young people

Schools need to be aware that the medical treatment provided, or not provided, to young people experiencing **gender variance** can have a dramatic effect, either positive or negative, on their behaviour and performance at school. They will not always need to know the detail of the treatments but the following information may be helpful.

When families seek medical help to deal with the gender variant behaviour of a child, the professionals may respond unhelpfully. They may predict that the child will grow out of it and that, meanwhile, rewarding gender congruent behaviour and punishing gender variant behaviour can achieve conformity.

One mother felt that the NHS clinicians responsible for her trans daughter's care failed spectacularly. Although her daughter desperately needed hormone support to enable her to get through her 'A' level years, the clinicians simply ignored her plea. She was depressed and suicidal and missed much of her schooling. When she was prescribed hormone medication by a private clinician, at age 17, the difference in her mental and emotional state was startling and wonderful, but it was too late to catch up.

Medical treatment is provided in a series of phases that include:

- ① Careful psychological assessment and counselling.
- ② Fully reversible intervention: medication to block the production of the natural hormones that feminise or masculinise the body during puberty.
- ③ Partially reversible intervention: prescribing hormones to masculinise

Medical care for gender variant young people

or feminise the body in accordance with the core **gender identity**, allied with control of height.

- ④ Irreversible intervention: surgery to alter the body to conform as nearly as possible to the core **gender identity**, which is not carried out before the age of 18.

The first stage of treatment, psychological assessment, may start well before puberty. It will include helping the family to live with the uncertainty about the final outcome. Families should be supported in maintaining a respectful acceptance of **gender variant** expression. It is also important for the school to be involved. Teachers need to be educated; they and the parents need to be very alert to the relationship problems these young people frequently experience with their peers. This can include bullying. Strategies to protect the child must be put in place, including work with peer groups and other pupils. This may include inviting young trans people from elsewhere to talk with other staff and pupils ¹. In making the decision to proceed to the second phase, fully reversible intervention, clinicians must rely on the young person's own account of his or her feelings, the obvious behaviour and presentation of the young person, information from the parents (and sometimes teachers) and psychological tests. There is persuasive evidence that the brains of **transsexual** people are programmed before birth to develop, in small but highly significant ways, inconsistently with the rest of the body. However, this difference is, and is likely to remain, undetectable in living subjects. No physical test is available. Nonetheless, some clinical teams are confidently diagnosing transsexualism in young people in the early stages of puberty.

In The Netherlands, and in major treatment centres in Australia, Belgium, Canada, Germany, Norway and the USA, which collectively have experience of dealing with hundreds of cases, clinicians have developed extensive expertise in psychological assessment leading to a diagnosis of transsexualism. They, therefore, feel confident enough to provide hormone blockers just after the start of puberty in carefully selected cases, but only at the express wish and with the fully informed consent of the adolescent and the parents or guardians. An explanation of the basis upon which consent may be lawfully obtained in the United Kingdom is contained in Appendix A. In Australia, the actual consent of the Court is also required (although this is currently being challenged through legal action).

¹For instance **Gendered Intelligence**, which is amongst the **Helpful Organisations** listed at the end of this document, has helped schools in this way.

Medical care for gender variant young people

By this early stage of puberty, before the young person has developed unwanted secondary sex characteristics, he or she has, nonetheless, been able to experience the initial effects of naturally produced hormones. The young person's reaction to the influx of these hormones (their physical and physiological effects) is an important factor in determining whether or not the condition is likely to persist. Suspending puberty provides the adolescent, and the clinicians, with an extended period of time in which to examine thoroughly the young person's sense of gender identity whilst being spared the stress of full puberty. Improved psychological and social function is reported in young people helped in this way[10].

During this process, the adolescent's bone density, ratio of leg length to body length and overall height are carefully monitored and controlled. Adolescents and their parents or guardians should be carefully advised on the implications for fertility. In the case of adolescents contemplating **transition** from living as a boy to living as a girl, suspension of puberty at an early stage prevents the production of sperm, which might otherwise be stored and thus enable them to have children of their own. However, spermatogenesis will be re-established if they choose to stop hormone blockers for a short period in order to regain reproductive capacity. Another matter to consider is that the underdevelopment of their genitals provides less material for later use in the surgical construction of a vagina, although there are techniques for dealing with this problem. Potential fertility is not lost in the case of young trans boys.

Following a substantial period—up to two or three years of reversible intervention—adolescents who are confirmed as **transsexual**, may then be prescribed cross-sex hormones (testosterone for a trans boy; oestrogens for a trans girl). This third phase of treatment produces changes which are only partially reversible, and is not usually undertaken before the age of 16. Surgery can be offered later, generally not before 18, to align the body as closely as possible to the confirmed **gender identity**.

Suspending pubertal development and then administering cross sex hormones enables these young people to develop in accordance with their innate gender identities. It spares them from painful and costly medical treatment in adulthood to correct inappropriate development, *e.g.* chest reconstruction for **trans men** and facial hair removal for trans women.

The above hormone blocking treatment, introduced in early puberty, accords with the **guidance and standards of care** published in 1998 by the United Kingdom's Royal College of Psychiatrists (which stipulates that offering hormone blocking medication should be based on a second psychiatric opinion) and **Standards of Care** published in 2001 by the Harry Benjamin

Medical care for gender variant young people

International Gender Dysphoria Association (now renamed as the World Professional Association for Transgendered Health—WPATH), the recognised world authority in this field. Both of these documents were prepared by large, experienced, multidisciplinary and international teams.

If the adolescent did revert to the **gender role** assigned at birth, the hormone blockers would be discontinued and the previous pubertal pathway would be resumed automatically. So far, none of the Dutch adolescents treated in the above way has chosen to revert and none has expressed any regret.

In the United Kingdom, the principal clinicians responsible for prescribing blockers for such adolescents delay this treatment until all the pubertal body changes are complete. They feel that to interrupt or interfere with the normal pubertal process may result in unsatisfactory physical development and significant psychopathology. They state the adolescents have to accept changes that they consider 'foreign'.

There is a continuing debate about the differences between the Dutch and British approaches.

Meanwhile, schools need to be aware that pubertal changes are causing intense stress and even suicidal feelings in young **transsexual** people and then require significantly more invasive and costly surgical and other corrective procedures than is the case if puberty is suspended in the early stages. The following extracts are from a letter written by a 16½ year old British individual, who has commenced the **transition** from living as a young man to living as a young woman. She has been denied hormone blocking medication. Her letter was addressed to the female paediatric endocrinologist who was responsible for her care.

"The last two and a half years have been horrendous for me, with my body becoming so disgustingly adult male that I cannot bear it. Imagine how you would feel if, tomorrow morning, you were to wake up to find yourself in a male body, with a man's voice and a man's face looking back at you from the mirror, with early morning beard and moustache stubble, with no breasts, an Adam's apple, large male feet and hands, a body covered in thick, black hair and a penis and testicles.

Would your brain be screaming out, in protest, that you are female, not male? Living in a male body hurts beyond belief. I sometimes feel as if I will go crazy with the sadness and desperation of it.

My body will never, ever be as I would like it to be and now,

Medical care for gender variant young people

unfortunately, it is really a case of damage limitation.“

The Dutch clinicians are not permitted to treat children from other countries. Currently, British families who wish their adolescent children to be psychologically assessed and, if appropriate, offered early suspension of puberty, are obtaining medical help in the USA. Clearly this is a very expensive option. A description of such a case is available on the [GIRES website](#).

Schools may wish to know of a booklet that GIRES has prepared for the Department of Health “[Gender variance](#) in children and young people: Answering families’ questions”^[3] which is available in printed form and online.



Children of transgender parents

School staff may find it helpful to know of research, which shows that:

- ☑ "transsexual parents can remain effective parents and that children understand and empathise with their transsexual parent... gender identity confusion does not occur" (as a result of the relationship with a transsexual parent)"[7].
- ☑ "Children of transsexual parents are not themselves likely to develop features of gender dysphoria, nor do they experience mental health problems associated with gender identity disorder"[8].
- ☑ Similarly, the long term evidence of children raised by same-sex couples demonstrates that quality of parenting is far more significant for children's psychological well-being than whether they are being raised in one type of family or another[9].

The following case example illustrates the problems that transphobia causes in school for the children of transgender parents.

Stephanie (not real name) was constantly bullied in her village school because both of her parents were trans people: a trans man, her birth mother, and a trans woman, who had been the only mum she had known since the age of four. To avoid the bullying, her parents had to move her to a boarding school far away, where nobody was told of their transsexual history.

Even if the children of transgender parents are not being bullied on that account, they may be stressed by experiencing the effect that transgenderism is having within their families, as in the following case.

Children of transgender parents

The schoolwork of two brothers was adversely affected when their father commenced **transition** and was forced by their mother to leave the family home. The father's relationship with his sons was then broken off when their mother refused further contact. Eventually, the Family Court permitted supervised contact. The father was required to dress in male clothing. However, that was in breach of the condition that he live full-time in the female role, which was imposed by the Gender Identity Clinic when it sanctioned his commencing hormone medication. The mother frequently failed to ensure that her sons turn up for their scheduled appointments with their father.

A parent reported:

*"Identifying as a **trans woman**, my own children have been subjected to transphobic bullying at school. One particular boy used to keep teasing and provoking my second eldest son so much about my trans status that eventually he retaliated and thumped him. Hence he was excluded from school for two weeks. When challenged the school denied it had a problem with transphobic behaviour. . . . the problem eventually escalated so much that all my children became targets, being spat at, stones thrown at them, bullied etc."*

However, there are positive stories. One trans woman reports that after her primary school child told her teacher about her parent's change of **gender role** the response was "What's her favourite colour?".



A young woman with her parents both of whom have transitioned. Her birth mother is on the left.

Medical treatment options for gender variant adults

The small number of people who experience extreme **gender variance** may find that they have no alternative but to **transition** full time to the opposite **gender role**, and have medication and surgery to overcome their severe discomfort.

They will usually undergo the following process:

- ① Assessment to confirm that the experience of the profound gender variance (**gender dysphoria**) is likely to persist unless treated.
- ② In some cases, counselling to help them deal with the stress that often accompanies gender dysphoria.
- ③ Hormone medication, to feminise or masculinise the body.
- ④ Living full-time in the new gender role, (sometimes referred to as the real life experience) in the home, socially and at work; this is a mandatory precursor to genital surgery.
- ⑤ Hair removal for trans women.
- ⑥ Speech therapy, for trans women and trans men.
- ⑦ Surgery see tables **9.1** and **9.2** for possible procedures.

Medical treatment options for gender variant adults

<i>orchidectomy</i>	removal of testicles.
<i>penectomy</i>	removal of penis.
<i>vaginoplasty</i>	creation of vagina.
<i>clitoroplasty</i>	creation of clitoris.
<i>labioplasty</i>	creation of labia.
<i>mammoplasty</i>	breast enlargement.
<i>thyroid chondroplasty</i>	reduction of Adam's apple
<i>facial feminising</i>	especially reshaping nose and chin
<i>body reshaping</i>	
<i>crico-thyroid approximation</i>	raising the pitch of the voice.
<i>hair removal</i>	donor site as well as facial and body
<i>hair transplant</i>	to mitigate male pattern baldness

Table 9.1: **Possible surgeries for trans woman**

<i>mastectomy</i>	chest reconstruction
<i>hysterectomy</i>	removal of uterus
<i>salpingo-oophorectomy</i>	removal of fallopian tubes and ovaries
<i>vaginectomy</i>	removal of vagina
<i>metoidioplasty</i>	creation of micro-penis, using the clitoris
<i>phalloplasty</i>	creation of penis, with or without urethra.
<i>urethroplasty</i>	creation of urethra within the penis
<i>scrotoplasty</i>	creation of scrotum.
<i>testicular prostheses</i>	
<i>penile prosthesis</i>	implant—making erection possible
<i>hair removal</i>	donor site

Table 9.2: **Possible surgeries for trans man**

Medical treatment options for gender variant adults

The specific procedures that are appropriate vary from one individual to another. However, for most trans people, at least some of the listed surgery is essential. Waiting times for treatment within the NHS may be significant and funding policies vary from one PCT to another. Some treatments may have to be self funded. More information about NHS funding processes and waiting times is available from the [GIRES website](#).



10

Non-medical issues involved in a permanent change of gender role

In addition to obtaining and financing medical treatment, adult trans people who undertake **transition** have to undertake the many other tasks. Hence, schools can expect a transitioning member of staff to need support in handling a host of new experiences and challenges. Any support worker should be aware that this may include:

- ✓ Carefully informing all who need to know.
- ✓ Handling relationships.
- ✓ Maintaining access to own children¹
- ✓ Using gender-segregated facilities.
- ✓ Declaration, Statutory Declaration or Deed Poll of new identity to use in obtaining new documents.
- ✓ Sustaining employment.
- ✓ Confirming pension provisions.
- ✓ Maintaining any entitlement to state benefits.
- ✓ Continuing social activities safely.
- ✓ Coping with transphobic crime.

¹Guidance on the Court process for transgender parents who are seeking access to their children is available on the [GIRES Website](#).

Non-medical issues involved in a permanent change of gender role

- ✓ Obtaining support during the periods of crisis that often occur.
- ✓ Dealing with media intrusion.
- ✓ Obtaining legal support to deal with extreme problems.
- ✓ Altering appearance by non-surgical means to conform to the new **gender role**.
 - Clothing, footwear and wigs.
 - Cosmetics.

There are also many documents to be **corrected**.



Legal and policy safeguards for transgender people

General

Schools have a legal obligation to tackle all forms of bullying including that of trans pupils and staff. Current protection for school pupils lies in education, common and human rights law, rather than discrimination law. The main protections are in the following legislation:

Gender Variant Pupils

Current protection for school pupils lies in education, common and human rights law but not under discrimination law. However, the United Nations convention on the Rights of the Child (1989) states:

“... children have rights to self determination, dignity, respect, non-interference, and to make informed personal decisions.”

This principle should underpin the rights of children in the UK to a significant degree of autonomy in their treatment and protection of their dignity in the school environment.

The main protections are in the following legislation:

Education and Inspections Act 2006

Section 117 (2) sets out the duties of the Office for Standards in Education, Children’s Services and Skills as: (a) the need to safeguard

Legal and policy safeguards for transgender people

and promote the rights and welfare of children.

Education Act 2002

Section 175 imposes duties on Education Authorities and governing bodies in relation to the welfare of children. Each must ensure that their functions are exercised with a view to safeguarding and promoting the welfare of children, and in doing so, must have regard to any guidance issued by the Secretary of State.

School Standards and Framework Act 1998

Section 61 imposes a duty on governing bodies to ensure that policies designed to promote good behaviour and discipline on the part of its pupils are pursued at the school and to make and keep under review a written statement of general principles to which the head-teacher must have regard in determining any measures to encourage good behaviour and respect for others on the part of pupils and, in particular, preventing all forms of bullying among pupils and, in exercising these functions, to have regard to any guidance issued by the Secretary of State.

Common law duty of care, interpreted in case law

See in particular the Hillingdon case ([2001] 2 AC 619), in which the House of Lords (comprising 7 Law Lords) held that all teachers owe a duty of care to all their pupils in relation to the way in which they discharge their teaching responsibilities. In making that decision, the Law Lords considered but were not persuaded by a full range of arguments about floods of unmeritorious or malicious claims; the burdens on schools of defending these, or indeed any claims, through the courts; the need for schools to keep records in order to be able to satisfy their obligations and the burdens of that, too—and the effect on the overall standard of education that might then be on offer.

Human Rights Act 1998

Schools, Education Authorities and the Department for Children Schools and Families (DCSF), like all other public bodies, are subject to the Act. The HRA includes the rights and freedoms of the European Convention on Human Rights (ECHR). This includes protection against discrimination connected to [transsexualism](#). However, such rights have to be balanced against those of the wider community. The Department for Constitutional Affairs published a useful guide to the legislation in 2006: "[Making sense of human rights—A short introduction](#)".

Legal and policy safeguards for transgender people

The Schools Inspection Act 1996

By this Act, school inspectors have a duty to report on the quality of education and the spiritual, moral, social and cultural development of pupils. The inspectors are thereby enabled to include information about transphobic bullying in their reports.

A number of policy documents provide further protection:

Every Child Matters 2003

This **guidance** requires schools to support students in being healthy and safe, while enjoying their education, making a positive contribution and achieving economic well-being, regardless of their background or circumstances.

National Healthy School Programme 2005

Achieving Healthy School status depends on meeting criteria that include pupils' emotional health and wellbeing. Schools are advised to identify vulnerable groups and establish strategies to support them. The responsible minister stated at the Schools Out Conference in London, on 2 February 2008, that any school that permitted transphobic or homophobic bullying would not be eligible for Healthy School status (More information about the programme can be viewed [here](#)).

Social and Emotional Aspects of Learning 2005:

This **guidance** covers both primary and secondary schools and includes a "Say no to bullying section".

The above legislation and guidance does not specifically refer to **transgender** pupils or transphobic bullying. Nonetheless, the Department for Children Schools and Families (DCSF) is not prepared to tolerate the bullying of a child or young person for any reason. The DCSF believes that the above legal safeguards are sufficient and more flexible in these sensitive situations than any discrimination law provision could be, enabling schools, pupils and parents to work out case-by-case solutions, with the pupil's best interest fully in mind. Under these provisions, because the principles to be acted upon are so clearly set out, targeted measures can be taken to tackle the problems which might be encountered in the case of transgender issues—bullying, uniform, changing and toilet facilities, participation in school sports, going on school trips, after school activities, dealing with parents or single-sex schools. The education law, policy and guidance governing whichever of these areas of impact is engaged in any

Legal and policy safeguards for transgender people

particular case would be taken into account. These measures allow careful and low-key responses that do not result in still greater disruption to the child's education.

Uniform may be an issue where a pupil wishes to change **gender role** and clothing. Schools are responsible for determining their own uniform policies. Where a **gender variant** pupil wishes to attend school dressed in accordance with the innate **gender identity**, rather than that assigned at birth, the matter has to be resolved between the school and the family concerned. The guidance provided by the DCSF via **Teachernet** advises that a school:

"... considers carefully, once the uniform/appearance policy has been agreed, any request that is made to vary the policy to meet the needs of an individual pupil because of temporary or permanent medical conditions."

Schools may expect parents who support their child's **transition** to argue that profound and persistent **gender dysphoria** is indeed a permanent medical condition.

Moreover, any school that was minded to exclude a gender variant pupil on the grounds of failing to adhere to its uniform code should consider carefully the DCSF guidance published via **Teachernet**:

"Exclusion should not be used for breaches of school uniform rules except where these are persistent and in open defiance of such rules."

Schools need to be aware that, if the pupil is permanently excluded then the parents can appeal against the decision and this will be reviewed by the school governors and by an independent panel if necessary.

Schools may therefore conclude that, except in a single-sex setting, a pupil's wish to change gender role and clothing should be accommodated.

Pupils' Behaviour Outside School

Schools have a responsibility to deal with bullying, including cyber bullying, that their pupils perpetrate outside the premises and grounds. The Education and Inspection Act [2006] empowers teachers to take reasonable disciplinary action in such cases. The following two examples illustrate the problem:

Legal and policy safeguards for transgender people

- ☒ Max Benton (not real name), aged 65, is a trans man who was surrounded by a group of young people from the local school when walking home through the public park. They poked him with sticks and shouted transphobic abuse. He described his experience as being *"like being in a medieval painting of tormenting demons in hell"*.
- ☒ Greg Barnes (not real name), is a young trans man, who described being harassed via the Internet: *"There's someone leaving anonymous posts on my journal . . . it's obviously someone who knows me . . . they want to be anonymous . . . to be randomly abusive."*

The DCSF has published specific **guidance** on how schools should deal with the second type of case, which involves cyber bullying.

Adult Transsexual People

A range of legislation now supports and protects adult **transsexual** people, *i.e. those who, with medical supervision, intend to undergo, are undergoing or intend to undergo, permanent gender reassignment*. Within a school setting, the most important safeguards for these people include making it unlawful to:

- ☒ Discriminate in recruitment, employment or job severance. This includes harassment or permitting harassment by other staff or by pupils, as well as failing to provide toilet and changing facilities appropriate to the new **gender role** within a reasonable period following the commencement of **transition**. Note that transsexual people are not obliged to disclose their status as a condition of employment. However, the **Genuine Occupational Qualification** provisions may apply for an existing employee undertaking such a transition, and the school would have to consider reassignment to other duties as an alternative to dismissal.
- ☒ Reveal the transsexual history and any former name of a transsexual person who has obtained a **Gender Recognition Certificate** (GRC), which is a criminal offence. The GRC entitles the transsexual person to be treated for all purposes as belonging to the gender indicated on the certificate.

On the April 6th, 2008 legal protection for transsexual people was extended to include the provision of "goods, facilities and services and the

Legal and policy safeguards for transgender people

disposal and management of premises” in the Sex Discrimination (Amendment to Legislation) Regulations. This means that transsexual people must not be treated less favourably than others when such services are being provided or accommodation is being considered. However, this does not cover education.

A more detailed explanation of the legislation that protects **transsexual** people employed by schools is given below.

Sex Discrimination Act (1975)

In 1999, Gender Reassignment Regulations were introduced as an amendment to the Sex Discrimination Act (1975). These regulations protect transsexual people against harassment and discrimination in employment and vocational training. They also cover contract workers and those applying for jobs or vocational training. They cover only those who are intending to undergo, are undergoing or have undergone gender reassignment:

- ☑ at recruitment;
- ☑ during employment, and
- ☑ when ending employment regardless of length of service or hours worked.

Employers must not treat transsexual people, at any stage, less favourably than their work colleagues. The school may be liable for the behaviour of other employees or pupils if they have not taken adequate measures to prevent harassment or victimisation of transsexual people.

Genuine Occupational Qualification (GOQ)

The above Gender Reassignment Regulations allow exceptions relating to gender reassignment that correspond to the existing categories of the Sex Discrimination Act. Some specific posts are “exempted”. This may allow for the lawful restriction to people of a particular legal gender. Examples are where the work involves providing vulnerable individuals with personal services and the school believes those services cannot be effectively provided by someone undergoing **gender confirmation** treatment. This exception will apply only in very rare circumstances. The school must act reasonably in claiming such an exemption for any particular post and

Legal and policy safeguards for transgender people

must consider whether these tasks could not be carried out by someone else. Another example is where individuals have to share accommodation and it is not reasonable on privacy or decency grounds to do so while in the process of undergoing gender confirmation treatment. In this case the school would have to show that it would not be reasonable to provide alternative accommodation for the individual.

Once an individual has acquired a new legal gender status by virtue of having a **Gender Recognition Certificate**, then that person must be regarded as having that status for the purposes of establishing a genuine occupational requirement. For instance, someone who was assigned as a boy at birth, but who has subsequently acquired the legal gender status of a woman, **must** be regarded as a woman. The same person, living full-time as a woman but without a Gender Recognition Certificate **may** be regarded as having the gender status of a man, for the purposes of a GOQ and, therefore may not be deemed an appropriate person to undertake certain work. However, this limitation will not always be necessary or appropriate, and common-sense should prevail.

Criminal Records Bureau

(Rehabilitation of Offenders Act 1974—Exceptions Order 1975) All people working with children have to be checked by the Criminal Records Bureau (CRB). It has a special application procedure for **transsexual** people who do not wish to reveal details of their previous gender status to the person who asked them to complete an **application form** for the check. For further information please contact the **CRB**.

Gender Recognition Act (2004)

Under the Gender Recognition Act, trans people who experience severe **gender variance** described above, and have medical treatment for the condition, may apply to the Gender Recognition Panel (GRP) for a Gender Recognition Certificate. The GRC then entitles them to recognition of the gender stated on that certificate "for all purposes". Where the birth was originally registered in the UK, a new birth certificate will be provided immediately following the issue of a Gender Recognition Certificate. Over **2,000 people** have now made successful applications for their new gender status to the GRP. Those seeking a change of gender status must provide the GRP with evidence of a 'diagnosis' of persistent **gender dysphoria**, and

Legal and policy safeguards for transgender people

must convince it of their intention to live in the new role for the rest of their lives. This is a paper exercise and does not require the applicant to appear in person. Details of medical treatment and relevant dates are required. Genital surgery is not a requirement, although where it has taken place, applicants must supply details.

The distinctions between those who qualify for GRCs and those who do not, are not necessarily medical. Trans individuals who are legally married, and do not wish to dissolve that marriage, are not permitted to have a GRC. An Interim GRC of 6 months duration may be obtained, but it confers no legal rights and serves only as a way of dissolving the marriage, whereupon it is converted immediately to a full GRC.



Lin and Emma were married. Emma **transitioned** and obtained a **Gender Recognition Certificate** giving her full legal rights. She and her partner are now in a Civil Partnership.

One of these women has a **transsexual** history. She and her wife chose to remain married; this prevents her from obtaining a Gender Recognition Certificate

The GRC gives trans people the right to marry someone of the opposite **sex**, and to have a civil partnership with someone of the same sex (Civil Partnership Act, 2004). The possible combinations can be seen in the chart.

Adult transsexual people are entitled to a wide range of legal protection, whether or not they have a Gender Recognition Certificate. Note it is incorrect to demand production of such document before, for instance, entering a new name into records. It is good practice to treat all trans people

Legal and policy safeguards for transgender people

as if they did have a Gender Recognition Certificate.

Impact of the Gender Recognition Act on legal relationships		
	may marry	may have civil partnership with
A trans man without GRC...	a man a trans man with a GRC a trans woman without a GRC	a woman a trans woman with a GRC a trans man without a GRC
A trans man with GRC...	a woman a trans woman with a GRC a trans man without a GRC	a man a trans man with a GRC a trans woman without a GRC
A trans woman without GRC...	a woman a trans woman with a GRC a trans man without a GRC	a man a trans man with a GRC a trans woman without a GRC
A trans woman with GRC...	a man a trans man with a GRC a trans woman without a GRC	a woman a trans woman with a GRC a trans man without a GRC

The Employment Equality (Sexual Orientation) Regulations (2003)

These regulations offer protection on the grounds of [sexual orientation](#), which potentially provides protection against discrimination and harassment for those trans people who identify as homosexual.

Data Protection Act 1998

The Data Protection Act (1998), which took effect from March 2000, requires confidentiality of information processed on the internet, via e-mail and conveyed by telephone or post. It applies to data which is held, or intended to be held, on computers, or held in a filing system, including even a professional diary. It embodies the same principles as the 1984 Act. [Gender confirmation](#) treatment and [transgender](#) information would constitute 'sensitive data' for the purposes of the legislation. It can only be processed for certain specified reasons set out in the Act.

Legal and policy safeguards for transgender people

Privacy versus Disclosure under the GRA:

There is no requirement whatsoever for job applicants and interviewees to disclose their transgender status unless they wish to. If they choose to disclose, this cannot be a reason for not offering employment, and non-disclosure or subsequent disclosure is not a ground for dismissal.

If a person working in an 'official' capacity becomes aware that someone has a **Gender Recognition Certificate** (and therefore a transsexual history) it is a criminal offence under the Gender Recognition Act to disclose that information. It is also good practice to extend the same protection of privacy to those transsexual people who do not have a Gender Recognition Certificate. If a manager is giving a reference for an existing trans staff member, the manager must use the name that is used by that employee and not refer to a former name or gender status.

Unwarranted breaches of confidentiality should be treated in a serious manner and may amount to harassment

Disclosure

Access to records and any other details associated with the individual's trans status should be restricted to appropriate school staff who "need to know" for specific reasons. "Need to know" refers to those staff directly involved in the administration of a process, for example, human resources, occupational health or pensions.

Equality Act 2006

From April 2007, all schools are required to have due regard to the need to eliminate discrimination and harassment on grounds of gender reassignment in the field of employment. They are required to comply with the specific duties in the Act. In summary, these duties are:

- ✓ To prepare and publish a gender (including **transgender**) equality scheme, setting out its objectives.
- ✓ In formulating overall gender (including transgender) equality objectives, to consider the need to include objectives to address the causes of any gender pay gap.
- ✓ To gather and use information on how the public authority's policies and practises affect gender (including transgender).

Legal and policy safeguards for transgender people

- ✓ To consult stakeholders and take account of relevant information in order to determine its gender (including transgender) equality objectives.
- ✓ To assess the impact of current and proposed policies and practises on gender (including transgender) equality.
- ✓ To implement the actions set out in the scheme within three years, unless it is unreasonable or impracticable to do so.
- ✓ To report against the scheme every year and review the scheme at least every three years.

Schools will need to consider having an equality scheme objective relating to **transsexual** employees to comply with the specific duties. When consulting with stakeholders, the Equal Opportunities Commission (now part of the Equality and Human Rights Commission) recommends that public authorities (including schools) specifically target trans advocacy groups to ensure that the needs of the trans community are taken into account when developing policy and gender objectives. Public authorities will need to assess the impact of their policies and practises on trans people in order to determine whether they have a discriminatory effect they may not realise that their policies may be indirectly discriminating unless they conduct an impact assessment.

Other Transgender Adults

There is no specific legal protection available for other transgender adults, *i.e.* those who experience or exhibit **gender variance**, but do not intend to undergo **gender confirmation**. Nor is there protection for people who are discriminated against because they are (wrongly) perceived to be gender variant. However, people who do not intend to undergo gender confirmation have the right not to be harassed under the health and safety legislation. Under the Health and Safety at Work Act (1974), they must provide a safe and healthy working environment including protection from harassment at work. The management of Health and Safety Regulations also require employers to assess the nature and scale of workplace risks to health and safety, ensure there are proper control measures in place to avoid these risks wherever possible and reduce them so far as is reasonably practicable where not.

Legal and policy safeguards for transgender people

The Equality and Human Rights Commission recommends, as good practice, that schools, as well as other public authorities, apply any provisions for transsexual people to those who define as transgender as well, see "Meeting the gender duty for transsexual staff—Guidance for GB public authorities" which is available online^[11].

There may be reasonable and practical limits to the extent to which schools can meet this advice. For instance, transgender people who are not intending to undergo gender confirmation may only be allowed to use the toilet facilities appropriate their birth sex. Good practice would be to let them use the toilet facilities appropriate to their permanent mode of dress.



Support and protection for transgender staff

Schools have clear obligations to support **transgender** members of staff. This includes not only teaching staff but all ancillary workers. As explained in Chapter 11, on legal and policy safeguards, a transgender adult with a **Gender Recognition Certificate** should be treated in all respects as being of the recognised gender. A member of staff who is intending to undergo, is undergoing or has undergone medically supervised **transition**, but does not have a Gender Recognition Certificate, is protected against discrimination. Employers are advised to provide similar safeguards for other transgender people.

If a staff member informs the school that he or she intends to undergo transition, the school should provide support. It will need to discuss a series of specific issues relating to the transition, which are likely to include those listed below. Many of these will also apply if a trans person who has previously undergone transition is “outed”. Further support may be forthcoming from the relevant **Trades Unions**. A person who is transitioning should be involved in all discussions about how to deal with issues that arise in the school context. It is likely that important changes in dress and presentation and, possibly, some treatments requiring lengthy recuperation may be undertaken during school holidays. However, the individual may not have absolute control over the timing of medical treatments so any anticipated schedule may need to be changed according to circumstances. Therefore the school should remain as flexible as possible.

Policies:

Whether the individual is adequately covered by existing policy on issues such as confidentiality and harassment and if not how these will be amended.

Support and protection for transgender staff

Possible Redeployment:

Whether the individual wishes to stay in the current post during or after **gender confirmation** or, if possible, would prefer to be redeployed. Schools should be aware that one of the effects of feminising hormones in **trans women** is to reduce upper body strength. This might be applicable to those who maintain the buildings and grounds, for instance.

Genuine Occupational Qualification:

Where a member of staff is already employed in a position or environment involving a **Genuine Occupational Qualification** (GOQ) prior to a change of **gender role**, it is important that the school discusses the issues and options with that individual early on, in order to come to a mutually acceptable arrangement. For instance, in single gender schools, some jobs may only be suitable for people of that gender. Discrimination or dismissal on the grounds of a Genuine Occupational Qualification is not permissible where there are other staff available to do a sensitive task and, in any event, dismissal should be a 'last resort'.

Risk Assessment:

This may include reference, in strictest confidence, to a medical professional for advice on fitness for work issues and the individual's ability to carry out the full scope of the job. Advice on absence relating to treatment for **transgender** purposes may also be sought. This will indicate whether there are current duties that should not be undertaken at specific times within the **transition** process (such as strenuous physical work). For instance, this would ensure that an individual engaged in maintenance work on the building or grounds is kitted out with clothing, footwear, headgear and equipment appropriate to the new gender role. It is good practice for schools to do a risk assessment based upon discussions with the person who is transitioning. Concerns about problems that may arise can be addressed and action taken later to minimise risk. Steps might include alternative duties allocated on a temporary, or on a permanent, basis if the treatment is likely to affect his or her capacity to do particular work. Post surgery, advice may also be needed regarding any temporary adjustments which may be required to assist an individual to return to work, who may not initially be able to undertake all aspects of their substantive role.

If there is a risk of harassment or even violence, the school should

Support and protection for transgender staff

involve the local police. Each force should have an LGBT Liaison Officer.

Timings:

Transition from one **gender role** to another is not an endless process but it does encompass a number of stages, which usually include medical treatment, including surgery. The school will wish to know the expected timescale of the medical and surgical procedures and the time off required for medical treatment. It should give reassurance that this will not adversely affect the employee's pay and promotion. It is good practice to discuss as far as possible in advance the time away from work that an individual will need to undergo **gender confirmation** treatment. Consultations and hospital appointments may require full days away from work in addition to any time required for surgical procedures. Flexibility should be allowed for individuals to undergo treatment. It is important to remember that it may constitute unlawful discrimination if an individual is treated less favourably when undergoing gender confirmation treatment than others who are absent from work for other medical reasons. On the other hand, schools may be cautious about allowing time off that does not accord with their established sickness policies. See the list of **Helpful Organisations** at the end of this guidance from which schools can obtain further information.

Commencement of Transition:

Although the individual is entitled to decide the expected point or phase of change of name, personal details and gender role, the school should advise on the practical consequences of the change and suggest an alternative date if that seems advantageous.

Disclosure:

The school should ascertain whether the individual wishes to inform management, colleagues and associates or would prefer this to be done by someone else who is agreed to be suitable. It is usually good practice for the employer to take responsibility for informing those who need to know, though the known wishes of the individual concerned are of paramount importance in this regard. If the staff member wishes to make the disclosure, the school will need to know when this is to take place and how much information will be disclosed in order to provide appropriate support to the members of staff involved. Many **transsexual** people wish to keep their transsexual status private, whilst others are willing to discuss it confidentially

Support and protection for transgender staff

or openly. There is no need or obligation for an individual to disclose his or her **transgender** status as a condition of employment nor is there any obligation on the employer to inform colleagues and the public that a member of staff is intending to undergo, is undergoing or has undergone gender confirmation. Unless the individual agrees otherwise, the details should only be shared where the relationship is with someone who knew the trans person prior to his/her change of status and is to continue.

At the point of change, it is common for **transsexual** people to take a short time off work and return in the new name and **gender role**. This would be arranged in accordance with the school's leave and absence policy. During the trans person's absence, colleagues should be briefed. In all cases, the legal obligations of the school should be explained and the unacceptability of harassment made clear.

Training:

The school should consider whether training or briefing of colleagues will be necessary and at what point and by whom this will be carried out. Most people in the general population know very little about **transgenderism**. Disclosure relating to one individual should take place in the context of a wider education of staff and pupils on the subject of **gender variance**. This should encompass an appropriate level of understanding of gender variance conditions, the law and good practice in relation to any trans staff or pupils, the legal obligations on privacy and equal treatment, and the school's intentions to implement a 'zero tolerance' approach to any incidents of bullying or harassment. However, unless training is provided, an edict about the permissible behaviour of other staff may generate anxiety about saying the wrong thing or even resentment and result in the isolation of the trans person. However, many trans people welcome straightforward questions and discussion. The school may find it helpful to distribute the booklet, "Transgender Experiences"^[14].

Pupils:

The school will need to consider how best to inform pupils about the intended change of gender role, especially if the individual holds a teaching position.

Parents of Pupils:

Consideration should also be given to whether any announcement to the parents or guardians of pupils is necessary and how this, in the light of the individual's wishes, will be carried out.

Support and protection for transgender staff

Media:

Given the sensitivity of **gender confirmation**, particularly in a school, there is always the possibility of intrusion from the media. There is a need for a prepared media strategy to be in place to respond to inquiries regarding a transsexual employee. In the interests of confidentiality, the name and specific post of the individual should not be revealed. If the identity of the individual becomes known to the media, the risk assessment should be reviewed immediately. It may be necessary to protect the individual with additional control measures such as redeployment away from contact with members of the public. If the individual is besieged by the media at home, the school should support a temporary move to a new address. The wishes of the individual must be considered in any response given to the media.

External Agencies:

There should be discussion about liaison with any external agencies or contractors in respect of any outstanding matters in which the individual is currently involved.

Records:

It is good practice for employers to update their records to ensure that any references reflect the correct name, title and gender at the commencement of **transition**. In any case, this will become mandatory if the trans member of staff obtains a **Gender Recognition Certificate**.

Security of Information:

In some cases it may be necessary to retain records relating to an individual's identity at birth, for example, pension or insurance purposes. Access to any records showing the change of name and other details associated with the individual's **transgender** status such as records of absence for medical treatment should be secured and restricted to staff who require such information to perform their specific duties. As explained **previously**, such information is classified as sensitive under the Data Protection Act 1998. The extent to which this information will be released should be determined in consultation with the trans individual concerned. Any subsequent paperwork that indicates the individual's **transsexual** status should not be accessible to other personnel.

CRB Check:

The forms used for employment security checks via the **CRB** may

Support and protection for transgender staff

lead to identification of trans status. The CRB has now devised a process which allows transsexual people to pass details onto the CRB without first revealing them to the employer but allows the CRB to carry out the requisite checks against any previously held identities. Only where checks have revealed a conviction will the details of any previous names be revealed on the Disclosure. Transsexual candidates wishing to take advantage of this separate procedure should contact the [CRB Sensitive Casework Manager](#). All information received by the school will remain 'confidential' and the disclosure of this information will be restricted to those personnel involved in the procedure, who will be required to honour that confidentiality. Any subsequent paperwork that indicates the individual's transgender status should not be accessible to other personnel.

Gender Recognition Certificate:

Where the trans person who has been outed is protected by a [Gender Recognition Certificate](#), it is wise to have a written agreement regarding any disclosure of protected information. Any subsequent disclosure should be discussed with the trans person before it occurs, and the reasons should be carefully explained. Although those without GRCs are not protected in this way, it is good practice to accord them the same degree of privacy.

Equal Opportunities Questionnaire:

Transsexual people in employment may choose voluntarily to disclose their trans status in answering an equal opportunities questionnaire. Again, strict confidentiality should be observed.

Insurance:

Employers, which may be the Local Education Authorities, registering staff for corporate insurance and benefits policies are advised to inform their underwriters if they know of a trans employee's status, since some insurers automatically invalidate a policy if a major fact such as a [gender confirmation](#) is not disclosed. The employer should inform the employee before disclosing the information. If an employer is unaware that an employee has a reassigned gender, the obligation to disclose falls upon the employee, who could also be held liable in the event of an accident for which no valid insurance cover exists. The Education Authority should respect the confidentiality of any information that it receives concerning the individual's trans status.

Support and protection for transgender staff

State Pension:

Everyone born after April 1955 now receives state pension at 65. But women born before 1950 can claim state pension at 60, and those born between 1950 and 1955 can claim it at a point between 60 and 65. For state pension purposes, **transsexual** people can only be regarded as the sex recorded at birth until they have obtained a new birth certificate under the provisions of the Gender Recognition Act 2004. Otherwise, those born prior to April 1955 can only claim state pension at the age appropriate to the **sex** on the original birth certificate—that is for transsexual women at age 65 and for transsexual men at 60. It is the responsibility of the employer to take suitable steps to keep confidential the reason for the individual's apparently early or late retirement.

Occupational Pension:

The employer should, in confidence, inform the managers of its occupational pension scheme about the individual's intended **transition**.

Dress:

The school should consider the implications of any dress code or uniform requirements. It is good practice to allow enough flexibility in the dress code to accommodate the process of transition from one **gender role** to another. For example, in the transition from living as a man to living as a woman, flexibility should be allowed over hair length and style, jewellery and make up. If the individual is working with the public, a temporary redeployment out of the public gaze may be appropriate.

Facilities:

The use of single sex facilities is always an issue that is regarded as problematic when a trans person undergoes transition. So, there should be agreement on the point at which the individual will commence using single sex facilities in the new gender role, for example toilets and changing areas, and any interim arrangements that may be agreed to be necessary. Those who transitioned at an earlier date, say, before joining the school or perhaps moving from one place of work to another, and who are living full-time in the post-transition role, with or without a **Gender Recognition Certificate**, should use the facilities appropriate to their present gender status. This is their right if they have a Gender Recognition Certificate, and it is **good practice**, even if they do not have one.

Support and protection for transgender staff

The point at which a trans person should start using the facilities allocated to the 'new' gender, is when he or she starts living permanently in the post-transition role. If other staff members have been properly informed and educated, as well as warned about discrimination, this should not cause difficulties. However, trans people themselves are not always comfortable, in the early stages of their transition, to use facilities that have, so far, been outside their experience.

As with all other practical matters, the decisions about the use of facilities in the short term should be discussed and decided jointly. In the case of *Croft v. Royal Mail Group PLC* 2003, the Court of Appeal held that an employee who was undergoing male to female gender had not been discriminated against on the ground of **sex** when her employer refused to let her use the female toilet and instead required her to use a gender-neutral disabled toilet as a temporary measure. In the Court of Appeal's view it was inherent in a situation involving the use of toilet facilities by employees undergoing **gender confirmation** that there be a limited period during which an employer is entitled to make separate arrangements for those undergoing the change. However, this is discriminatory, even if practical, and does promote a negative view of the individual. Good practice would be to identify facilities, which are rarely used as an option for an interim period. Some employers have found a way round any potential difficulties, by insisting that the trans person may use the appropriate toilet facilities immediately and any other non-trans person who is uncomfortable with that may use the toilet designated for disabled people.

The school and the individual should agree the point at which the use of facilities such as changing rooms and toilets should change from one gender to another. An appropriate marker for changing the facilities used by the employee may, for example, be the point at which the individual begins to present permanently in the new **gender role**.

Support:

Although it is critical to the wellbeing of a trans member of staff that school undertakes all the above tasks during the **transition** process, the individual certainly requires sustained support thereafter. This applies equally to any new member of staff who may have transitioned in a previous workplace. Strict confidentiality applies to new as well as existing employees. While schools have to accept that the spread of rumours about a trans person's status cannot be pre-

Support and protection for transgender staff

vented, the school can certainly take prompt action against any unacceptable behaviour that this might provoke on the part of other staff members or pupils.

Considered and well-documented discussion of the above issues should identify and deal with potential areas of conflict before they arise. Nothing should be done without the knowledge and consent of the individual. Individuals to have the right to the assistance and support of a colleague or a union representative during this process.

Once the above list of issues has been discussed and agreed, a Memorandum of Understanding outlining the necessary actions to be taken should be drawn up, signed by the **transitioning** member of staff and the school head or deputy head. It should be reassessed at each significant stage of the process and reviewed when deemed necessary by either party; it is essential for the employers to remain flexible.

The **Memorandum is a strictly confidential document**, should be marked as such and subject to controlled distribution. The foregoing discussion should include agreeing where copies should be kept and who should have access. **Breaches of confidentiality should be treated in the same serious manner as disclosure of personal details of any other employee.**

The school may wish to obtain assistance from some of the organisations listed in the list of **Helpful Organisations** at the end of this guidance.



Helping other staff members

Schools can make it very clear to other staff members that bullying of any **transgender** person will not be tolerated and is likely to result in disciplinary action. While that is very likely to prevent bullying, it may make the other staff members resentful if they are not helped to understand and accept transgenderism. Although the transgender person may not be bullied, he or she may experience isolation. This may be because of the resentment. It may also arise because other staff members are fearful of doing the wrong thing.

To overcome this difficulty, schools may think it appropriate to provide information and training to the other members of staff. A booklet ; “**Transgender Experiences**” is available on line; printed copies may be ordered from the Department of Health (08701 555 455), by quoting the publication’s reference number: 284887.

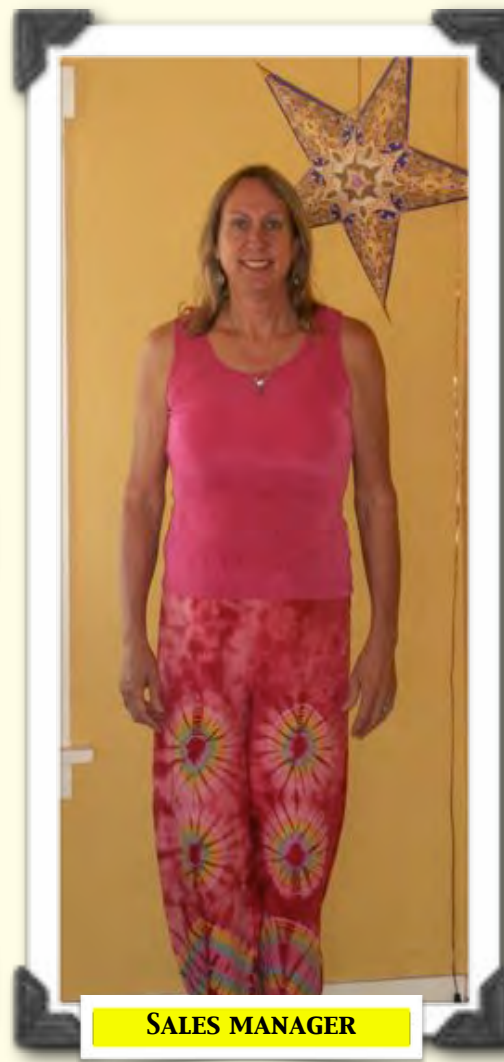
Training may be obtained from several of the organisations listed in the list of **Helpful Organisations** at the end of this guidance.

14

Inspirational role models

Trans people live in all walks of society and are employed at all levels: they are doctors, nurses, musicians, writers, shop assistants, professors, airline pilots, lorry drivers, and so on. Having made this 'transition', whether or not they have a [Gender Recognition Certificate](#), many in this situation regard themselves as ordinary men and women. It may be helpful to pupils and to school staff to view the following photographs of trans people.

Inspirational role models



Inspirational role models



DOCTOR



SINGER & RAPPER
(PHOTO BY TIM ALDCROFT)



DOCTOR



AUTHOR EDUCATOR
POLICY CONSULTANT

All names disguised

Case 1—Gender Variant Child (Denise)

From the age of 2, Dennis Atkins began to show a strong preference for toys and books designed for girls. When Dennis started school, he liked it but gravitated towards the girls for making friends. Dennis told a couple of the girls that were closest to him that he wanted to be a girl, which they found odd and therefore called him names. The school staff supported Dennis as best they could. However, they didn't understand what was happening. Dennis's mother bought girl clothes for him to wear at home. He started at a new primary school, with a boy's name and went into school in boy's uniform. But he was becoming more adamant that he needed to be allowed to be a girl all the time. He began to tell the other children that he had a girl brain in a boy body. The school asked the mother to stop Dennis doing this. The mother told them that this was impossible. Over the next year Dennis grew his hair and began to wear more feminine clothes to school. He endured a lot of bullying and teasing and went through a period when he had lots of sickness due to anxiety.

At age 12, Dennis started senior school, looking like a girl in all aspects, and adopted the name Denise. The word got around that a 'trannie' had started school, and she was subject to teasing, taunts and physical bullying. Her mother pulled her out of school after she took 2 overdoses of paracetamol to escape the situation. Following 3 months of home school-

Case examples

ing she agreed to try school again, and over the next 6 months progressed to the point where she was once more in full time school. The school changed her name to her girl's name on the register and the teachers addressed her by female pronouns. She had a group of girlfriends who had known her from junior school and supported her. Nonetheless, from time to time, she still felt unable to go to school, for instance following a violent confrontation with another pupil following some unpleasant name-calling. Finally, Denise refused to return to the school after an older boy shouted out insults then tried to pull her skirt down. She was then found a place at a special needs school.

Because the clinic that was providing her medical care did not offer medication to suspend Denise's puberty, her parents arranged for her to be treated under the supervision of the Children's Hospital Boston, in the USA. Information about that is available at on the [GIRES website](#). Denise is now happy at school and responding well to the medication prescribed by the American clinician.

Case examples

Case 2—Transsexual Adolescent (Melissa)

A Consultant Child and Adolescent Psychiatrist wrote, with her patient's permission, about Melissa Page, then aged 16, who had been diagnosed as experiencing **gender dysphoria** and who was taking steps to live as the young woman she felt she had always been.

"I have been saddened by Melissa's profound distress and despair about her situation. In my view, distress about her maleness has significantly affected my patient's emotional health. She is almost always low and hopeless, although she makes great efforts to disguise these feelings. She has made suicide attempts."

Melissa's distress was severely worsened by denial of hormone blocking medication until she had completed full puberty. Then, the paediatric endocrinologist responsible for her care insisted on only an extremely slow build up of feminising hormones. Melissa said that she

"... began puberty at the age of ten and has lived with profound physical wrongness for over six and a half years."

Melissa also said; "My school has been great about supporting me and many of the pupils are kind and understanding." In year 11, she was let off games and PE from the moment the school was aware of the situation; there were only a few months of the school year left, so they didn't try to integrate her into the girls' games lessons.

The year 11 tutors, and the lower and upper 6th tutors (as Melissa was going into the 6th form later that year) did talk to their students, at length, and the response was good; the young people asked questions of the teachers and of Melissa to try to understand what was going on and once they understood they were fine and it was not an issue. A perhaps important point was that the other pupils were informed well ahead of time that Melissa would return to school the following September in female attire and with a female name. This gave them time to get used to the idea.

Toilets were a non-issue. To start with, Melissa used the female staff toilets and then, in 6th form, she used the girls' toilets.



Case examples

The school even thought to request (on receipt of Melissa's change of name certificate, and before she made the external changes) that her GCSE certificates were issued not only in the right name, but also in the right gender.

However, Melissa reported that:

"... many pupils are ignorant and cruel and they shout out things like, 'Girl with a cock', 'There's the he/she/it', 'Tranny boy', and other names. On my way to school, people shout similar comments from their cars, because of the way I look."

Where such malicious comments were made (mainly by younger kids to whom the school had decided not to explain the situation), the school dealt with the people involved, in line with their "bullying and harassment" and "diversity and equality" policies. Melissa was asked to go up to the abusers and ask for their names, so that she could let the headmaster know that they were harassing her. This worked a treat, although she was nervous doing it—and the threat of further action from the head was enough to stop them doing it again. With regard to the external abuse, the school made sure that there was always a teacher by the school gates morning and afternoon.

Melissa's parents learnt, just before she left the school, that several parents had complained about their child having to be at school with her. The school basically told them that Melissa, like every other child, had a right to be at the school and to be safe and happy there and that if they had an issue with this, they were welcome to withdraw their own child from the school.

Case examples

Case 3—Young Trans Man (Jake)

Prepared by Carol Robson BMedSci (Hons) FRSA

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Jake is Female to Male, present age is 18.

Jake knew he felt different at around the age of eight, however, Jake did not understand the truth until around the age of fourteen. He says he hid it well from his parents, until they found out when he was seventeen, Jake remarked that he found very few resources to give to his parents.

At the age of fifteen Jake started living in the male role (in his words) 'on and off', then full time at age seventeen.

Positive/negative support from teachers etc:

Jake remarked that his teachers had said; that he would grow out of it. He said that he became very depressed about hiding his true self; he had suicidal feelings, that he also began self harming.

In class he would draw suicidal images, he also cut his wrists etc and he regularly got caught on the internet looking at NSHN.com (the self harm network).

He found that no one would talk to him and when he tried seeking the help of teachers they either; did not listen or would just dismiss him, or they would give an excuse like "I have to go on my break now".

When Jake asked if they could make time later to talk with him, the teachers said they wouldn't be around. This appears to have so frustrated Jake that he began (again in his words) 'Skiving', he was found with bottles of alcohol in his school bag, he was caught smoking under age on school premises, and he also resorted to smashing tables. He even smashed chairs on other pupils. Jake would sit in lessons and break down, he would either be screaming, crying or he would just rest his head on the desk ignoring everyone and he was refusing to do any work.

Jake remarked that not one teacher would try to talk to him or offer him help or try to find someone or somewhere that he could get help. Jake related that this behaviour started late in year 8, went on for roughly five years.

Case examples

Reaction from other pupils;

Jake has been physically beaten up; he also remarked that he had experienced episodes of stones being thrown at him, all throughout his school life. Jake was also verbally abused; called a 'man beast', 'tranni boi', 'lesbian'. Jake was told that unless he started being a girl they "were going to get him". Jake was also threatened with a knife which he didn't report because of fear. A gay friend of Jake's had his head held under water, partially for being gay, partially because he was talking to Jake.

Jake has also been beaten-up around six times. Once while in the local bus station with his girlfriend they had (again his own words) "big stones thrown at us in front of security guards and the only time they said anything was when my girlfriend turned around and started swearing at them for doing nothing, the guards just told us to go away".

Jake constantly gets harassed in the streets/shops/on buses, he gets asked if he is a boy or a girl; he asks them "why does it matter"? They then decide because his voice sounds like a males, therefore, he then gets harassed for having shoulder length hair (he would like it short but his mum would not let him cut it).

Jake has lost many friendships; because they don't want people to see them with him, or they don't like "queers" or because they just can't understand it, they seem to think it is just a phase. Because of these experiences Jake remarks that; he has become a social-phobic, he was so scared to be near anyone; it got to the stage that at one time he had forced himself to throw up on a daily basis; so he could stay at home, away from people, which obviously has still left an impact on him, even though he feels he may now be over the worst. Jake is still very reserved and some days depending how bad his depression is, he sometime finds it incredibly hard to wake up or leave the house. He used to feel like he was a freak and he was dirty, (some of the reasons why he felt suicidal). He still finds it a struggle to communicate with people face to face.

Case examples

Case 4—Young Trans Man (Tom)

Prepared by Carol Robson BMedSci (Hons) FRSA

www.carolrobson.co.uk

carol@carolrobson.co.uk.

Tom is Female to Male, present age is 18

Tom's family realised there was something different about at around the age of seven or eight, they put it down to tomboyish behaviour. This had been observed in the way Tom played and socialised as a child, however, not always just with children.

It was not until Tom was fifteen year of age that the family, after talking to **Mermaids**, clinicians and counsellors, finally had an understanding about Gender Identity Disorder. Tom changed to a his male name at the of 15, but Tom had really been living in the male role in all recognisable ways since the age of eight. After an unsatisfying period with NHS clinicians, Tom was referred, age 17, for private treatment, with instant and positive results.

Positive/negative support from teachers etc:

Prior to his 'coming out' at school, Tom had received some criticism for his boyish behaviour. His mum remarked; that he was a bright child and was reasonably well behaved, so pre 'coming out' Tom had progressed well, was excellent at sport, had gained good reports all round and generally had made good progress.

Tom decided in May/June 2004 that he wanted to return to school that September in the male role. Tom's mum then contacted a friendly History teacher; this teacher had helped her older son when he was bullied. The teacher advised Tom's form tutor, also the head of year and the pastoral head of the school and a meeting was arranged. Tom's mum had a meeting with all four in July 2004.

The form tutor and head of year were both science teachers, they were fantastic the mother remarked, the history teacher the only male involved was a little wary and the pastoral head of school was very negative.

It was suggested that Tom wait until he went into the 6th form a year later, but Tom's mum persisted that it HAD to be now and the head of year prepared a statement for all six heads of year 11, this was to be delivered

Case examples

to their forms on the first day of school in September 2004. Tom was not quite sixteen years of age at this stage.

The head of year gave Tom's mum her home phone number and email address and they kept in touch over the summer holidays, in case anything changed. The statements were delivered, Tom sat in with his form to listen to the statement, and there was very little adverse reaction at the time.

Tom received tremendous support from his close peers and the school allocated a staff toilet for his personal use, also for changing for PE/Games. Tom was allowed to have games with the boys. Tom was taunted by a few students from higher and lower years for a short while, but the novelty wore off and those involved were warned off by his friends. For Tom, it has on the whole been a positive all round experience apart from the few verbal taunts.



Tom is not a shy individual; he now plays bass guitar in a band and writes for the band. They regularly perform locally and everyone who knows about his history seems to have forgotten it and treat him as entirely male. Tom has a very strong and close group of seven or eight friends and an active social life.

Tom's mum did remark; that Tom and herself would have struggled without the wonderful support and bonding of [Mermaids](#).

Appendices

- A. Consent to treatment**
- B. Model transgender policy**
- C. Self assessment checklist for schools**
- D. Letter to staff**
- E. Documents to be corrected in a change of gender role**
- F. Prevalence, of the transgender population**
- G. Sources of further information, advice and training**
- H. Introduction to transgender terminology**



Consent to treatment

Consent

It is usual for children and young people under the age of sixteen, to have the consent of an adult having Parental Responsibility (PR—see below) for them, for every stage of treatment.

However, in some cases, the consent of any adult(s) having Parental Responsibility is not necessary, if the young person under sixteen is deemed, by the doctor, to be 'Fraser' (or 'Gillick') competent.

Competence means that the young person must understand the issues, and... retain the information long enough to...

- ① consider the information appropriately, and...
- ② make a decision based on the information received.

After the sixteenth birthday, a young person is automatically deemed to be competent (see Family Law Reform Act, 1969, section 8).

'Gillick' refers to a court case, *Gillick v West Norfolk and Wisbech Area Health Authority (1985)*, in which it was stated that, in order for those under the age of 16 to be regarded as competent, the young person must have not merely an ability to understand the nature of the proposed treatment, but a full understanding and appreciation of the consequences of both the treatment in terms of intended and possible side-effects and, equally important, the anticipated consequences of failure to treat (this approach is in accordance with the Fraser guidelines). This might apply where the child and the parent (or other people having Parental Responsibility) are

Consent to treatment

not in agreement regarding treatment. ¹.

Parental Responsibility

A person with Parental Responsibility (PR) will include: the natural mother automatically; the natural father, if married to the mother at the time of child's birth or having subsequently married her, or having a section 4,1a Order or 4,1b agreement (Children Act CA 1989); anyone with a Residence Order, s8 and s12, CA 89 or a Care Order, s31, s33(3) CA 89; anyone with a Special Guardianship Order, s14A, CA 89, an Adoption Order; or a Placement Order (s22 Adoption and Children Act 2002). Under a Placement Order the Local Authority and prospective adopters share PR alongside any parents who have PR. The local authority determines the extent to which the PR of parents and prospective adopters is to be restricted (s25 Adoption and Children Act 2002).

An Adoption Order will extinguish all PR held by anyone other than the adopters. Where step-parents adopt their partners' children, the partner who is the natural parent retains PR (s46 3b, Adoption and Children Act 2002).

In relation to births registered from 1 December 2003, a natural father who is not married to the mother of the child but whose name was entered on the relevant child's birth certificate will automatically have Parental Responsibility. Step parents may also acquire PR under s4A (CA 89).

In respect of children born before 1 December 2003, a natural father may obtain PR by being entered on the relevant child's birth certificate at a later date, with the agreement of the mother.

¹For further information [see here](#).



Model transgender policy

Based on the work of the Association of Teachers and Lecturers.

This school/college values all its pupils and staff equally. It will neither practise nor allow any discrimination based on **gender identity**. Recognising the existence of transphobia in society, the school/college will ensure the following:

- ✓ Staff and pupils will not be denied fair and equal treatment because of their gender identity.
- ✓ All areas of the curriculum and resources will be closely monitored to see that they do not rely on gender stereotypes and that they contain no transphobic material.
- ✓ Transphobic abuse, harassment and bullying (e.g. name-calling, derogatory jokes, graffiti, unacceptable or unwanted behaviour, intrusive questions) are serious disciplinary offences and will be dealt with promptly under the appropriate procedure.
- ✓ Staff will not be excluded from employment, promotion or any employee benefit because of their gender identity.
- ✓ Staff or pupils who wish it to be known that they are **transgender** will be provided with a supportive environment. However, it is the right of the individuals to choose whether they wish to be open about their gender identity. To "out" someone, whether staff or pupil without that person's permission is a form of harassment, and will be treated as such.

Model transgender policy

- ✓ Assumptions will not be made that partners are always of the opposite gender.
- ✓ **Transgender** issues will be included in equality training.
- ✓ Staff and pupils will be provided with a confidential procedure for reporting any transphobic bullying.
- ✓ Monitoring of complaints of transphobic abuse, harassment and bullying, and of the schools's readiness to deal with such cases, will be undertaken at least once a year.
- ✓ The Ofsted self evaluation form will include reference to transphobic bullying and the measures the school has in place to tackle it.
- ✓ Staff undergoing medical and surgical procedures related to **gender confirmation** will receive positive support from the school/college to meet their particular needs during that period.
- ✓ Transgender staff and pupils come from diverse backgrounds and the school/college will strive to ensure that they do not face discrimination either on the grounds of their **gender identity** or with regard to other aspects of their identity (e.g. race, age, religion, disability, belief).

Overall, the school/college aims to create an environment in which all staff and pupils, whatever their gender identity, feel equally welcome and valued and in which transphobic behaviour is not tolerated.



Self assessment checklist for schools

Have you:

- Included **transgender** in the school's gender equality scheme?
- Published a policy with regard to:
 - providing equality for all transgender people?
 - transphobic bullying of pupils or staff?
- Prepared a contingency plan to be implemented in the event that the transgender status of a pupil or staff member is about to be or has been revealed?
- Publicly nominated a staff member who will, in total confidence, provide or obtain support, advice and protection for any pupil who is experiencing **gender variance** and even transphobic bullying?
- Established a procedure for recording all incidents of transphobic bullying against any pupil or staff member?
- Conducted an anonymous survey of pupils' opinions about and experience of transphobic bullying?
- Identified the person within the local police force who should be contacted if any incident of transphobic bullying is grave enough to be considered a criminal offence?

Self assessment checklist for schools

- Obtained a supply of the Department of Health booklets, listed in [Sources of further information](#), about trans youth and their medical care, publicised their availability and promised confidentiality for those who wish to obtain them?
- Introduced the subject of [transgenderism](#) into appropriate sections of the curriculum?
- Provided training for staff on transgenderism and combating transphobic bullying?





Letter to staff

IMPORTANT

To protect the pupil, now and in later life, the school should clearly mark any such material as "strictly confidential for your eyes only". The school's head teacher would, typically, wish to control the dissemination of such information outside the teaching staff for instance to other pupils. Strict confidentiality of such correspondence should be maintained not only during the pupil's tenure but also thereafter.

The following letter is exactly as the head teacher wrote it, apart from the change of names. The young person about whom the teacher was writing praised her school highly for the care it had taken to support and protect her. It was written before she had commenced **transition** or even had chosen her female name. Accordingly the teacher referred to her in her given birth name and used the male pronouns.

(All names disguised)

Dear Colleague,

I have spent the best part of the morning dealing with a very sensitive issue that involves one of our Year 11 boys, namely Stephen Gray.

During the Year 11 Parents' evening, Stephen's Mum sat down and informed me that he was experiencing a very difficult time in his life which may account for a decline in his performance. She then went on to tell me that it was due to a diagnosis of '**gender dysphoria**'. I was none the wiser until she explained that basically Stephen feels that he has been born in the wrong body, and that he wishes to be female.

Letter to staff

The family have gone through and are still going through a very difficult time in terms of learning to live with the decision that Stephen has made, which is one that he says that he has always questioned since he could 'think'. They have dealt with it tremendously and deserve much praise for the support that they have provided to all involved and, although it is early days, speaking to Stephen and his Mum you get a feeling that they are now very stable and comfortable with the idea and are now just waiting to get on with all of the counselling and consultancy appointments in line to help them complete Stephen's transition.

Some Year 11's are now beginning to ask questions of Stephen and he has not denied anything—by the time I write this it will probably be a common rumour/knowledge in Year 11 at least. This sparked a meeting with Mum, Stephen, AAB, RBS and myself this morning in order to discuss a way forward.

The upshot of it is that in the short term the following will happen:

- AAB and GNR will speak to Y11 together early next week to address the issue, in Stephen's absence basically saying that we need to be supportive and tolerant of other people's choices and basically get on with things without giving it too much thought.
- All teaching staff will receive this email and be spoken to in a little more depth about the situation during the full staff meeting on 21st March and you will be invited to comment on any issues you may have with it, if any.
- Stephen will continue to attend school in the knowledge that his Year and Staff are fully informed, knowing that he can speak to myself or AAB if a minority of individual students do not behave appropriately to him as per bullying procedure.
- We as a collective staff and pupils maintain a safe, supportive and effective learning environment for Stephen as per usual, regardless of this situation.

In the long term:

- Stephen will attend 6th form but begin his **transition** to living his life as a female during his time with us. His physical appearance will not change drastically and he has assured us that he 'isn't going to start plastering make up on and dressing in drag'—a smart trouser suit and longer hair will probably be all that is different in school.
- We are to discuss his/her 'known as' name and when to start using it, which is likely to be Susan but this will only be once people are informed of the issues.

Letter to staff

- Toilets will also be an issue and certain arrangements have been discussed but as yet not finalised.

Stephen will be happy with what ever makes people comfortable, as he feels this will make him more comfortable also. I could go on but this is more than enough for you to take on board at present. I have had since October to get used to the idea and I must say that it doesn't really bother me. He/she or Stephen/Susan is still the polite, intelligent, amiable character that has been evident since Y7.

It might at first appear as a sad situation, but for Stephen it is a situation that will ultimately lead to a happier life—and in our society we would do well to support this wholeheartedly.

If you have any questions—please do not hesitate to contact me.

Business as usual please.

Don





Documents to be corrected in a permanent change of gender role

The list of documents and records that the trans person has to change is very long and may, for instance, include:

- Driving licence.
- Passport.
- Degrees and other qualifications.
- Membership of professional societies.
- NHS records, E111, GP and other doctors.
- Other medical services *e.g.* Dentist, Optician.
- Tax and National Insurance.
- Personnel records at work.
- Security Clearance..
- CRB checks.
- Workplace badge.
- Pension and life insurance records.
- Benefits Agency.
- Credit history.

Documents to be corrected in a permanent change of gender role

- Bank and building society.
- Investment records.
- Personal and household insurance policies.
- Any deeds to dwellings and land.
- Mortgage.
- H.P. Agreements.
- Credit cards.
- Utilities: Gas, Electricity, Water, Phone.
- Council Tax.
- Electoral Roll.
- Club memberships.
- Charity databases.
- Internet Domain registration.
- Birth certificate, after grant of a [Gender Recognition Certificate](#).

F

Prevalence, incidence and growth of the transgender population

Some policy makers use the 1998 survey of **gender dysphoria** that was conducted in Scotland to estimate the likely number of people affected by the condition who have sought medical care. Prevalence was then estimated to be 8 per 100,000 people aged over 15 years. A survey conducted in The Netherlands in 1996 produced similar results. However, subsequent rapid growth in the number of people presenting for medical treatment of gender dysphoria in the UK requires an upward revision of any estimates based upon the earlier data.

Based on statistics derived from government sources, the number of people who have sought medical care has been growing at 6% per annum compound since 1995. Current prevalence may now be 21 per 100,000 people aged over 15 years, *i.e.* 10,500 people, of whom 80% were assigned as boys at birth (who may become trans women) and 20% as girls (who may become trans men). Incidence was not measured in the Scottish survey. It may now be 2.6 per 100,000 people aged over 15 in the UK. This indicates a current growth rate of 12% per annum.

Figure F.1 shows an estimate of the number of people who have **transitioned** between **gender role** in the United Kingdom extrapolating from the data discussed above.

The reservoir of **transgender** people, from among whom a small proportion are presenting with acute gender dysphoria, may be very large, but mainly hidden—possibly 300,000, a prevalence of 600 per 100,000. Employers and service providers need to be aware of the size and special needs of the transgender population, for whom separate provision should

Prevalence, incidence and growth of the transgender population

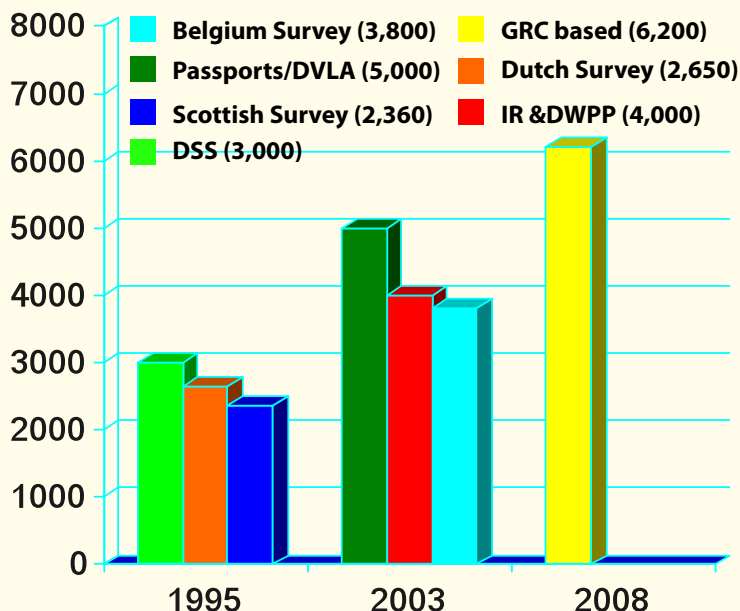


Figure F.1: **Number of people transistioned in the UK**

be made in their organisations' diversity policies.

The median age at which people present for treatment has remained steady at around 42 years. This can be seen in the accompanying figure F.2 which was produced from data in a very comprehensive survey by the NHS completed in 2007. This may indicate that the number of transgender people who may in future present for treatment is not nearing exhaustion, as might be assumed if the median age of presentation were diminishing. Accordingly, the current growth in prevalence may continue for a lengthy period.

Among young people, the transgender population is even more invisible to the medical services. Very few present for treatment despite the fact that most gender dysphoric adults report experiencing gender variance from a very young age. At present, only 100 children and adolescents are referred annually to the UK's sole specialised gender identity service, compared to the 1,200 referred to the adult clinics. Nonetheless, incidence among youngsters is also doubling every five years and would grow much more rapidly if gender variant people started presenting earlier for treatment.

Schools need to be aware that it is difficult to distinguish between gender variance and atypical sexual orientation in pre-pubertal children. Pre-

Prevalence, incidence and growth of the transgender population

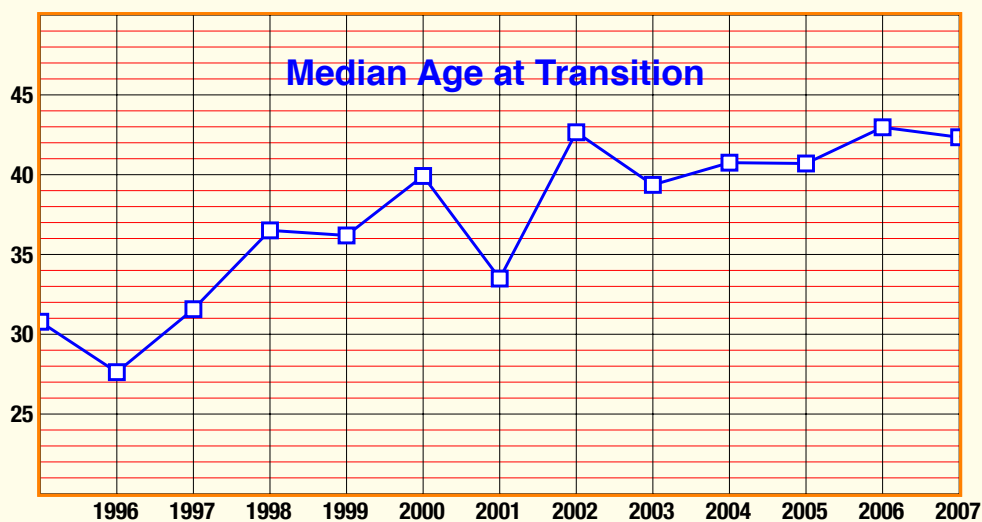


Figure F.2: **Median Age of transition of people in the UK**

pubertal children are those in whom the changes in physical characteristics generally associated with puberty have not yet started to occur. Lesbian, gay and bisexual people are now assumed by the government to comprise about 5% of the population aged over 16. Many may have exhibited gender variant behaviour in their early days at school.





Sources of further information, advice and training

Publications

- ✓ "Transgenderism and Intersexuality in Childhood and Adolescence"[15].
- ✓ "True Selves: Understanding Transsexualism—For Families, Friends, Coworkers, and Helping Professionals"[16].
- ✓ "Caring for Transgender Adolescents in BC: Suggested Guidelines – Clinical Management of Gender Dysphoria in Adolescents"[17].
- ✓ "Clinical Management of Gender Identity Disorder in Adolescents: A protocol on psychological and paediatric endocrinology aspects"[19].
- ✓ "A guide for young trans people in the UK"[13].
- ✓ "Medical care for gender variant children and young people: answering families' questions"[3].
- ✓ "The Transgender Child – A Handbook for Families and Professionals" [18].

Useful Links

- ✓ UNISON guide on the rights of trans workers: "Bargaining for Transgender Workers' Rights".

Sources of further information, advice and training

- ✓ The Amicus guide, entitled "Combating Homophobia and Achieving Equality for LGBT Workers - A Negotiator's Guide", which includes substantial sections on **trans issues**.

Helpful Organisations

The following national organisations offer trans people, their families and those who wish to help them, including schools and colleges, a wide range of resources, including information, advice, support, literature, training and assistance with policy development. They may also be able to provide details of local support organisations.

a:gender

tel: 020 7035 4253

email: agender@homeoffice.gsi.gov.uk

Website

Support for staff in government depts/agencies who have changed, or who need to change permanently their perceived gender, or who identify as intersex.

CRIMINAL RECORDS BUREAU

Sensitive Casework Manager

tel: 0870 90 90 811

confidential tel: 0151 676 1509 or 0151 676 1570

email: info@crb.gsi.gov.uk

DEPEND

Depend, London WC1N 3XX

email: info@depend.org.uk

website: [Website](#)

Free, confidential, non-judgemental advice, info. & support to family members, partners, spouses and friends of transsexual people.

Sources of further information, advice and training

FTM NETWORK

FTM.Org.UK, London, WC1N 3XX.
tel: (Wed, 8-10:30pm) 0161 432 1915
email: members@ftm.org.uk
website: [Website](#)

Advice and support for female to male transsexual and transgender people, and to families and professionals; 'buddying' scheme; newsletter: Boys Own; annual national meeting.

GENDER IDENTITY RESEARCH AND EDUCATION SOCIETY (GIRES)

Gender Identity Research and Education Society
Milverley, The Warren, Ashted, Surrey, KT21 2SP.
tel: 01372 801554
email: admin@gires.org.uk
website: [Website](#)

Promotes and communicates research; provides info. and education to help those affected by [gender identity](#) and intersex conditions. Offers range of literature, e.g. to help families deal with [transition](#). GIRES will adjust these to a family's circumstances on application.

GENDER RECOGNITION PANEL

Assesses applications from transsexual people for legal recognition of the gender in which they now live. The website provides information for applicants, medical practitioners and chartered psychologists, and other parties who may be interested in the gender recognition process. It provides a means to contact the credit rating agencies to establish a continuous credit history following the issuance of a [Gender Recognition Certificate](#)
PO Box 6987, Leicester, LE1 6ZX
tel: 0845 355 5155
email: grpenquiries@dca.gsi.gov.uk
website: [Website](#)

Sources of further information, advice and training

GENDERED INTELLIGENCE

email: jay@genderedintelligence.co.uk; catherine@genderedintelligence.co.uk
website: [Website](#)

Company offering arts programmes, creative workshops and trans awareness training, particularly for young trans people.

GENDYS NETWORK

GENDYS, London WC1N 3XX

email: gendys@gender.org.uk

[Website](#)

Network for all who encounter gender problems personally or as family members, lovers or friends, and for those who provide care; quarterly journal; biennial conferences.

MERMAIDS

Mermaids, London WC1N 3XX

tel: 07020 935066

email: www.mermaidsuk.org.uk/

[Website](#)

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.

PRESS for CHANGE

Network, London WC1N 3XX.

tel: emergencies only: 0161 432 1915

email: letters@pfc.org.uk

[Website](#)

Campaigns for civil rights for trans people. Provides legal help and advice for individuals, information and training; newsletter and publications. Please send SAE for further details.

Sources of further information, advice and training

SCHOOLS OUT

helpline: male: 01582 451424; female: 020 7635 0476

email: secretary@schools-out.org.uk

Website

Provides both formal and informal support network for people who want to raise the issue of homophobia, transphobia and heterosexism in education, campaigns on these issues and brings them into curriculum development.

SCHOOL BULLY ON LINE

Website

Insight and information on school and child bullying.

TRANSKIDS

transkids.synthasite.com

This site is primarily for teachers in primary schools. It is not just for teachers in primary schools with transgendered children in their class, it is for all primary school teachers. However there is also material here which may be useful to secondary teachers and parents.

THE BEAUMONT SOCIETY

27 Old Gloucester St, London, WC1N 3XX

tel: 01582 412220

email: enquiries@beaumontsociety.org.uk

Website

For those who feel the desire or compulsion to express the feminine side of their personality by dressing or living as women.

THE BEAUMONT TRUST

27 Old Gloucester St, London, WC1N 3XX

helpline: (Tues. & Thur. 7-11pm) 07000 287878

email: beaumonttrust@gmail.com

Sources of further information, advice and training

Website

Assists those troubled by **gender dysphoria** and involved in their care.

THE GENDER TRUST

PO Box 3192 Brighton, Sussex, BN1 3WR.

tel (office hours): 01273 234024

helpline: 0845 231 0505, 10am–10pm Monday to Friday, and 1pm–10pm Saturday and Sunday

email: info@gendertrust.org.uk

Website

Advice and support for **transsexual** and **transgender** people, and to partners, families, carers and allied professionals and employers; has a membership society; produces magazine: 'GT News'.

THE SIBYLS

Sibyls, London WC1N 3XX

Website

Christian spirituality group for transgender people.

Scottish Transgender Alliance, Equality Network

Tel: 07020 933 952

email: info@scottishtrans.org

Website

Provides the Scottish public and voluntary sectors with training and good practice guidance on transgender equality issues and works to build the capacity of transgender support groups in Scotland. (Funded by the Scottish Government Equality Unit)

WOBS

Women of the Beaumont Society

BM WOBS, London WC1N 3XX

tel: 01223 441246, 01684 578281

email: wobsmatters@aol.com

Website

Sources of further information, advice and training

Operated by and for wives, partners, family and friends of those who cross-dress.



Introduction to transgender terminology

Gender Identity

Gender Identity describes the psychological identification of oneself as a boy/man or as a girl/woman. There is a presumption that this sense of identity will evolve along binary lines and be consistent with the sex appearance.

Sex

Sex refers to the male/female biological development—the phenotype. In an infant, the sex is judged entirely on the genital appearance at birth. Other phenotypic factors such as karyotype (chromosomal configuration) are seldom tested unless a genital anomaly is present. There is a presumption that an apparently male infant will identify as a boy, and vice versa.

Gender Role

The gender role is the social role—the interaction with others which both gives expression to the inner **gender identity** and reinforces it. Despite the greater gender equality in modern Western culture in terms of: the subjects studied in school and at university; the choice of friends; work and domestic arrangements; dress and leisure pursuits, there is still a presumption of conformity with society's 'rules' about what is appropriate for a man or a woman, a boy or a girl, especially in terms of appearance. Too

Introduction to transgender terminology

great a transgression often causes anxiety and discomfort in those who witness it.

Gender variance/ gender dysphoria / gender identity disorder

It is now understood that the innate gender identity, although powerfully influenced by the sex of the genitalia and the gender of rearing, is not determined by these factors. There is evidence that sex differentiation of the brain may be inconsistent with other sex characteristics, resulting in individuals dressing and/or behaving in a way which is perceived by others as being outside cultural gender norms; these unusual gender expressions may be described as *gender variance*. Where conforming with these norms causes a persistent personal discomfort, this may be described as *gender dysphoria*. In many, this includes some level of disgust with the phenotype, since this contradicts the inner sense of gender identity. Gender dysphoria is not a popular term with those experiencing the condition since it has become associated with the **DSM-IV** 'clinical diagnosis' of gender identity disorder published by the American Psychiatric Association. Both these descriptions imply a diagnosis of 'pathology' and mental illness, whereas the more neutral term, *gender variance*, denotes that these departures from stereotypical gender experience and expression are part of a natural, albeit unusual, human development.

Transsexualism

When **gender variance** is experienced to the degree that medical intervention is necessary to facilitate a permanent transition to a **gender role** that accords with the **gender identity** thus alleviating the intense discomfort, it may be regarded as *transsexualism*. In the United Kingdom, those who are intending to undergo, undergoing or having undergone gender reassignment, under medical care are protected in law. Those who have changed their role permanently may obtain legal recognition of their new gender status in accordance with the **Gender Recognition Act**.

Introduction to transgender terminology

Gender Confirmation Treatment

Those **transitioning** permanently usually have gender confirmation treatment that includes hormone therapy and often surgery to bring the sex characteristics of the body more in line with the gender identity. Such surgery is sometimes referred to as gender reassignment surgery.

Transgender

Transgenderism has had different meanings over time, and in different societies. Currently, it is used as an inclusive term describing all those whose gender expression falls outside the typical gender norms; for example, those who cross-dress intermittently for a variety of reasons including erotic factors (transvestism), as well as those who live continuously outside gender norms, sometimes with, and sometimes without, medical intervention. There is a growing acknowledgement that although there is a great deal of difference between say, a drag artist and a **transsexual** person, there are nonetheless areas in the **transgender** field where the distinctions are more blurred; for example, a person who cross dresses intermittently for some years, may later **transition** fully to the opposite role.

Transition

Transition is the term used to describe the point at which a permanent change of gender role is undertaken, in all spheres of life—in the family, at work, in leisure pursuits and in society generally. Some people make this change gradually, however, others emerge overnight.

Trans men and trans women

The expression *trans* is often used synonymously with transgender in its broadest sense. Sometimes its use is specific; for instance, those born with female phenotype but identifying as men may be referred to as *trans men*; and those born with male phenotype but identifying as women may be referred to as *trans women*. Pre transition, trans people should be accorded full respect in the **gender roles** they then fulfill. Where trans people have transitioned permanently they deserve respect. Many prefer to be regarded as men and women, without any reference to their former gender role or previous trans status.

Introduction to transgender terminology

Sexual Orientation

Sexual Orientation is a separate issue from **gender identity**. Trans people may be gay, straight, bisexual or, occasionally, asexual. Their sexual relationships may remain the same through the transition process, or they may change.

Gender Recognition Act (2004)

Under the **Gender Recognition Act**, trans people who experience severe **gender variance** described above, and have medical treatment for the condition, may apply to the **Gender Recognition Panel (GRP)** for a **Gender Recognition Certificate (GRC)**. The GRC then entitles them to recognition of the gender stated on that certificate "for all purposes". Where the birth was originally registered in the UK, the GRC may be used to obtain a new birth certificate. Over **2,000 people** have now made successful applications for legal recognition of their new gender status to the Gender Recognition Panel (GRP). Those seeking a change of gender status must provide the GRP with evidence of a 'diagnosis' of persistent **gender dysphoria**, and must convince it of their intention to live in the new role for the rest of their lives. This is a paper exercise and does not require the applicant to appear in person. Details of medical treatment and relevant dates are required. Genital surgery is not a requirement, although where it has taken place, applicants must supply details.

The distinctions between those who qualify for GRCs and those who do not, are not necessarily medical. Trans individuals who are legally married, and do not wish to dissolve that marriage, are not permitted to have a GRC. An Interim GRC of 6 months duration may be obtained, but it confers no legal rights and serves only as a way of dissolving the marriage, whereupon it may be converted immediately to a full GRC.

The GRC gives trans people the right to marry someone of the opposite **sex**, and to have a civil partnership with someone of the same sex (**Civil Partnership Act, 2004**).

Bibliography

- [1] Crown Prosecution Service: "Guidance on Prosecuting Cases of Homophobic and Transphobic Hate Crime" November 2007, page 3, ¶1.4
- [2] Besser, M, Carr, S, Cohen-Kettenis, PT, Connolly, P, De Sutter, P, Diamond, M, Di Ceglie, M (child and adolescent section only), Higashi, Y, Jones, L, Kruijver, FPM, Martin, J, Playdon, Z-J, Ralph, D, Reed, T, Reid, R, Reiner, WG, Swaab, D, Terry, T, Wilson, P, Wylie, K (2006) "Atypical Gender Development—A Review" International Journal of Transgenderism 9(1): 29–44. 2
- [3] NHS booklet "Gender variance in children and young people — Answering families' questions": booklet [available online](#). 4, 20
- [4] Di Ceglie, D., Freedman, D., McPherson, S., & Richardson, P. (2002). Children and adolescents referred to a specialist gender identity development service: clinical features and demographic characteristics. *International Journal of Transgenderism* 6 (1). 8, 25, 81
- [5] Teachernet: [tackling homophobic bullying](#). 9
- [6] Whittle S, Turner L, Al-Alami M, (2007) "Engendered Penalties—Transgender and Transsexual People's Experiences of Inequality and Discrimination". 12
- [7] Green R. (1998) Transsexuals' Children, 1998, 4. *Int. J. Transgenderism*, 2,. 12

BIBLIOGRAPHY

- [8] Freedman, Tasker & Di Ceglie, (2002). Children and Adolescents with Transsexual Parents Referred to a Specialist Gender Identity Development Service: A Brief Report of Key Developmental Features, SAGE Publications, 7(3): 423–432). 26
- [9] Golombok, S [2000] Parenting: what really counts? London, Routledge. 26
- [10] Cohen-Kettenis, P. T., Delemarre-van de Waal & H. A., Gooren, L. J. G. (2008): The treatment of adolescent transsexuals: changing insights. Journal of Sexual Medicine. In press. 26
- [11] EOC February 2007. Meeting the gender duty for transsexual staff—Guidance for GB public authorities, [available online](#). 23
- [12] The Gay, Lesbian and Straight Education Network (GLSEN), [National School Climate Survey—2005, page 83](#) 44
- [13] Department of Health:: “[A guide for young trans people in the UK](#)”. 17
- [14] An electronic NHS booklet entitled “[Transgender Experiences—Information and support](#)” is available. Printed copies may be ordered from the Department of Health (08701 555 455), by quoting the publication’s reference number: 284887. 19, 81
- [15] Professor Peggy Cohen-Kettenis and Professor Friedemann Pfiffli: Transgenderism and Intersexuality in Childhood and Adolescence, Sage Publications 2003, ISBN 0-7619-1711-X; 20, 48
- [16] Mildred L. Brown and Chloe Ann Rounsley: True Selves: Understanding Transsexualism—For Families, Friends, Coworkers, and Helping Professionals, Jossey Bass 1996, ISBN 0-7879-6702-5. 81
- [17] Annelou de Vries, Henriette Delemarre-Van de Waal, Peggy Cohen-Kettenis: “Caring for Transgender Adolescents in BC: Suggested Guidelines—Clinical Management of Gender Dysphoria in Adolescents”; Transcend Transgender Support & Education Society and Vancouver Coastal Health’s Transgender Health Program; January 2006; article available online at:[online article](#). 81
- [18] Stephanie Brill and Rachel Pepper, “The [Transgender](#) Child – A Handbook for Families and Professionals“, Cleis Press Inc. ISBN 978-1-57344-318-0 81

BIBLIOGRAPHY

- [19] Henriette Delemarre-Van de Waal and Peggy Cohen-Kettenis: "Clinical Management of Gender Identity Disorder in Adolescents: A protocol on psychological and paediatric endocrinology aspects"; *European Journal of Endocrinology*, 2006. 81
- [20] Shaeffer, L, Wheeler, C (2004) "Guilt in cross-gender identity conditions: presentation and treatment", *Journal of Gay and Lesbian Psychotherapy* 8(1/2: 117127) 81
- [21] GIRES, *gender variance: Schools—Years 10 and 11*. 13
- [22] GIRES, *Definition and Synopsis of the Etiology of Adult Transsexualism* (2002) 20

Index

- ., 47
- a:gender, 82
- abuse
 - external, 61
 - physical, 1, 12
 - transphobic, 37, 69, 70
 - verbal, 1, 12, 14, 63
- asexual, 7, 91
- assault
 - sexual, 1, 19
- Australia, 22
- Beaumont
 - Society
 - The, 85
 - Women of, 86
 - Trust, The, 85
- Belgium, 22
- benefits
 - corporate, 50
 - state, 31
- Benefits agency, 76
- birth certificate, 39, 51, 68, 77, 91
- bisexual, 7, 19, 80, 91
- building society, 77
- Canada, 22
- changing facilities, 35, 37, 51, 52, 65
- children
 - gender variant, 18, 19, 81, 92
 - pre-pubertal, v, 10, 11, 15, 79
 - rights, 34
 - welfare, 34
 - withdraw from school, 19
 - working with, 39
- Civil Partnership, 40
- Civil Partnership Act, 91
- clitoroplasty, 29
- counselling, 21, 28, 74
- credit
 - cards, 77
 - history, 76, 83
 - rating agencies, 83
- cricothyroid approximation, 29
- Criminal Records Bureau, 39, 76, 82
- cross-dress, 4, 5, 10, 87, 90
- Crown Prosecution Service, 2, 92
- Data protection Act, 41, 49
- Deed Poll, 31
- Department
 - Children Schools and Families, 34–37

INDEX

- Constitutional Affairs, 34
- of Health, 19, 25, 93
- DEPEND, 82
- disciplinary
 - action, 36
 - offence, 69
- discrimination, 18, 35, 46, 52, 69, 70, 92
 - education, iv
 - job severance, 37
 - recruitment, 37
 - transsexualism, 34
 - unlawful, 47
 - workplace, iv, 37, 38, 41, 42, 45
- documents, changing, 76
- drag artist, 90
- Education and Inspection Act, 36
- Education Authority, 34, 50
- EHRC, 44
- electoral role, 77
- facial feminising, 29
- facial hair removal, 29
- fallopian tubes, 29
- Family Law Reform Act, 67
- female to male, 5, 83
- feminise, 21, 22, 28
- FTM Network, 83
- gay, 7, 10, 19, 63, 80, 91, 93, 94
- gender
 - confirmation, 38, 39, 41, 43, 44, 46–50, 52, 70, 90
 - equality, 88
 - expression, 9, 17, 89, 90
 - identity
 - atypical development, 10
 - clinic, 27
 - clinics, 10
 - development, 10
 - legal, 38, 39, 83
 - rearing, 89
 - reassignment, 37, 38, 42, 52, 90
 - role, 3–5, 88
 - assigned, 9, 24
 - change, 10, 11, 17, 18, 31, 36, 46–48, 76
 - new, 2, 28, 32, 37, 46, 48, 51, 52
 - transition, 18, 47, 51
 - stereotype, 89
 - Gender Equality Scheme, 2
 - Gender Recognition Act, 39, 51, 91
 - Gender Recognition Certificate, 37, 39–42, 45, 49–51, 55, 77, 83, 89
 - Gender Recognition Panel, 39, 83, 91
 - Gender Trust, The, 86
 - Gendered Intelligence, 13, 18, 19, 22, 84
 - Gendys, 84
 - genital
 - anomaly, 88
 - appearance, 9, 88
 - surgery, 40, 91
 - underdevelopment, 23
 - Genuine Occupational Qualification, 37, 46
 - Germany, 22
 - GIRES, 18–20, 83
 - GOQ, 39, 46
 - harassment
 - confidentiality breach, 42
 - employment, 42
 - homophobic, 17, 41
 - in employment, 37
 - outing, 69
 - permitting, 37
 - prevention, 38
 - text message, 19

INDEX

- transsexual, 38, 48, 69, 70
 - workplace, 43
- Health and Safety at Work Act, 43
- homophobic, v, 12, 35, 92
- hormone, 90
 - blocker, 22–24, 60
 - cross sex, 23
 - feminising, 21, 28, 46, 60
 - masculinising, 28
 - natural, 21, 23
 - prescribe, v, 5, 21, 27
- hysterectomy, 29
- insurance, 49, 77
 - corporate, 50
 - no valid cover, 50
- Internet, 19, 37, 77
- intersex, 83
- karyotype, 88
- labiaplasty, 29
- law
 - common, 33, 34
 - discrimination, 33
 - education, 33, 35
 - human rights, 33
- lesbian, 7, 10, 19, 63, 80, 93, 94
- male to female, 5, 52
- mammoplasty, 29
- married, 40, 91
- masculinise, 21, 28
- mastectomy, 29
- media, 49
- medical
 - intervention, 89
 - treatment, 4, 5, 10, 21, 23, 31, 39, 40, 47, 49, 78, 91
 - timescale, 47
- Mermaids, 18, 20, 64, 65, 84
- metoidioplasty, 29
- National Insurance, 76
- Netherlands, 22, 25, 78
- NHS, 8–10, 18, 21, 30, 64, 76, 92
- Norway, 22
- oestrogens, 23
- Ofsted, 70
- orchidectomy, 29
- ovaries, 29
- paediatric
 - endocrinologist, 24, 60, 81, 94
- penectomy, 29
- pension, 31, 42, 49, 51, 76
 - occupational, 51
 - state, 51
- phalloplasty, 29
- phenotype, 88, 89
 - female, 90
 - male, 90
- police, 2, 19
 - involvement
 - harassment, 46
- policy
 - anti-bullying, 17, 20
 - bullying, 17, 61
 - confidentiality, 45
 - diversity and equality, 61
 - harassment, 45, 61
 - zero tolerance, 48
 - leave and absence, 48
 - uniform, 36, 51
- Press for Change, 84
- prevalence, 78
- psychological, 88
 - assessment, 21, 22, 25
 - tests, 22
 - well-being, 26
- psychopathology, 24
- puberty, 8, 15, 21–23
 - changes, 10, 24

INDEX

- full, 60
 - onset, v, 8, 11, 22, 23
 - suspend, v, 23–25, 59
 - unwanted development, 8
- reproductive
 - organs, 3
 - regain capacity, 23
- Rights of the Child, 33
- Royal College of Psychiatrists, 23
- salpino-oophorectomy, 29
- School Bully on Line, 85
- Schools Out, 85
- Scotland, 78
- Scottish Transgender Alliance, 86
- scrotoplasty, 29
- Secretary of State, 34
- security checks, 49
- Security clearance, 76
- Sex Discrimination Act, 38
- sexual
 - relationships, 91
- Sibyls, The, 86
- single-sex, 35, 36, 51
- sperm, 23
- spermatogenesis, 23
- Standards in Education, Office for, 33
- Statutory Declaration, 31
- suicidal, 24
- surgery
 - corrective, v, 5, 22–24, 28, 30, 47, 70, 90
- tax, 76
- Teachernet, 12
- testosterone, 23
- thyroid chondroplasty, 29
- toilets, 14, 19, 35, 37, 44, 51, 52, 60, 65, 75
- trans man, 5, 7, 23, 28, 29, 78
- trans woman, 5, 7, 23, 27–29, 46, 78
- transgender
 - parent, 26, 31
 - pupils, 12, 35
- Transgender Experiences, 93
- transition, 90
- transphobia, 1, 17, 26, 69, 85
- transphobic, iv–vi, 1, 2, 12, 19, 35, 69, 70
 - bullying, 1, 2, 12, 35, 70
- transvestism, 90
- uniform, 35, 36, 58
- United Kingdom, 5, 8, 9, 22–25, 89
 - principal clinicians, 24
- United Nations, 33
- urethroplasty, 29
- USA, 22, 25
- vagina
 - surgical construction, 23
- vaginectomy, 29
- vaginoplasty, 29
- violence, 1
 - criminal, 19, 20
- vocational training, 38
- WOBS, 86