



Gender Identity Research and Education Society

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MONITORING GENDER NONCONFORMITY – A QUICK GUIDE

Gender nonconforming people have widely varying identities and needs: A few individuals experience a mismatch between the way they look on the outside and the gender identity they feel inside, which may be termed gender nonconformity. This condition is increasingly understood to originate before birth. The people who experience it do so to varying degrees, express it in a variety of ways and use a wide array of terms to self identify. Some may undergo full transition to live in the opposite gender role, usually supported by medical treatment to align the way they look with their innate gender identities. Those persons who propose to transition, are doing so or have already done so have the gender reassignment characteristic that is protected under the Equality Act (2010). The Act also protects those associated with them, such as family members, as well as others who are perceived to have the characteristic. The Gender Recognition Act (2004) permits those who are not married or in civil partnerships to acquire a Gender Recognition Certificate (GRC) that applies for all purposes and protects their privacy.

Most gender nonconforming people do not wish to be detected: Many people having the gender reassignment characteristic, and the majority of the much larger number of people who experience less intense gender nonconformity, would be fearful of revealing this information, even confidentially.

Qualitative rather than quantitative evidence is valuable: Qualitative evidence can be obtained from staff consultation groups and stakeholder focus groups. It should include reports of transphobic incidents.

Estimated numbers may be used: Before starting to monitor, organisations may estimate the number of gender nonconforming employees and service users, based on the information that GIRES assembled for the Home Office and subsequently updated¹: gender nonconforming to some degree (1%)²; likely to seek medical treatment for their condition at some stage (0.2%); receiving such treatment already (0.03%); having already undergone transition (0.02%); having a GRC (0.005%); likely to begin treatment during the year (0.004%). The number who have sought treatment seems likely to continue growing at 20% per annum or even faster³. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. However referrals for treatment of young people are growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).

A supportive culture is an essential prerequisite to monitoring: Before organisations attempt to gather information about gender nonconformity from their staff and service users, it is essential to have created a supportive culture. Only then will these individuals feel confident enough to reveal their backgrounds. Organisations should first monitor staff attitudes towards transgender people, using the questions overleaf. Achieving the culture change that this may reveal to be necessary will usually require improving: human resources policies, recruitment practices, internal and external engagement processes, and staff training.

Formal monitoring should be sensitive and confidential: All questions used in staff attitude surveys or to elicit information about gender nonconformity should be phrased with great sensitivity. The intended use of the data should be carefully explained. **Complete confidentiality should be guaranteed.** GIRES suggests use of the questions overleaf, including one about the separate “sex” characteristic, but initially only to monitor staff. If that is successful, organisations could confidently monitor service users and customers.

¹ <http://www.gires.org.uk/prevalence.php>

² In the EHRC’s own online survey of 10,000 people, 1% answered “yes” to a question about gender reassignment.

³ Growth in referrals to the seven English gender identity clinics during 2010-2012 was 21% per annum.

Suggested Questions for Monitoring Sex, Gender and Attitudes



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Please TICK as appropriate – Enter alongside the questions any comments about them

STRICTLY CONFIDENTIAL

1 - Sex

What is your sex?

- Female []
- Male []
- Intersex []
- Other []
- Prefer not to say []

2 - Gender

a - **Gender Identity**: Do you identify*:

- As a man? []
- As a woman? []
- In some other way? []
- Prefer to self-describe? [] As
- Prefer not to say? []

* You may tick more than one box

b - **Gender Nonconformity**: Does your gender identity **match completely** your sex, as registered at birth?

- Yes []
- No []
- Prefer not to say []

c - **Gender Reassignment**: Have you gone through any part of a process, or do you intend to (including thoughts or actions) to bring your physical sex appearance, and/or your gender role, more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)

- Yes []
- No []
- Prefer not to say []

3 - Attitudes

How comfortable would you be working with, or providing services for, a gender nonconforming person?

- Very comfortable []
- Comfortable []
- Neutral []
- Uncomfortable []
- Very uncomfortable []
- Refuse to work with/provide services for []
- Not sure or prefer not to say []