



gender identity

An information booklet for trans people
in Scotland & their families & friends

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GENDER IDENTITY

When a child is born, the midwife or doctor looks at the baby's genitals and declares it a boy or a girl accordingly. In most cases, this method of assigning gender at birth fits the person without any problems. However, a person's gender is actually quite complicated and as a result this simple method of assigning gender doesn't always work.

A small number of people find the gender they are assigned does not match their **gender identity** - that is, their internal sense of where they exist in relation to being boys/men or girls/women.

A wide variety of terms can be used to describe a person whose gender identity is different from their birth gender label. In Scotland, it is currently common to use the terms **transgender people** or **trans people** as 'umbrella' terms to cover these many diverse labels. However, it is important not to end up overlooking the huge diversity in identity, experiences and concerns between the various types of trans people.



GENDER IDENTITY IS NOT THE SAME AS SEXUAL ORIENTATION

Put simply: gender refers to who you are, while sexual orientation refers to who you are attracted to.

Transgender people can be straight, lesbian, gay or bisexual just the same as everyone else.

DIFFERENT KINDS OF TRANS PEOPLE

As trans people have become more widely known and written about, various terms have developed in an attempt to highlight similarities and differences. However, individual people will still always view themselves, and experience their lives, in unique ways.

As always in life, not everyone agrees with each other about terminology so all this booklet can provide here is a general idea of what are currently the most common definitions in use in Scotland. The terms used in other parts of the world are often very different. The definitions given in this booklet are not exhaustive and certainly not infallible. Please also remember that the terminology is still evolving so definitions may change in the future.



TRANSSEXUAL PEOPLE

Transsexual people are usually distinguished from other transgender people by their strong desire to ***live completely and permanently as the gender opposite to that which they were originally labelled at birth.***

Transsexual people seek to bring their body into accordance with their gender identity so that the man or woman that they really are finally becomes clearly visible. The lengthy and difficult process which transsexual people go through in order to achieve this is called **transitioning** (or **gender reassignment**) and usually involves undergoing significant medical treatment in the form of hormones and surgery.

Transitioning is not purely about changes in a person's physical appearance. During transition, social and personal relationship dynamics also change to better reflect the gender identity of the transsexual person. This can be both challenging and rewarding for the transsexual person and their friends and family.

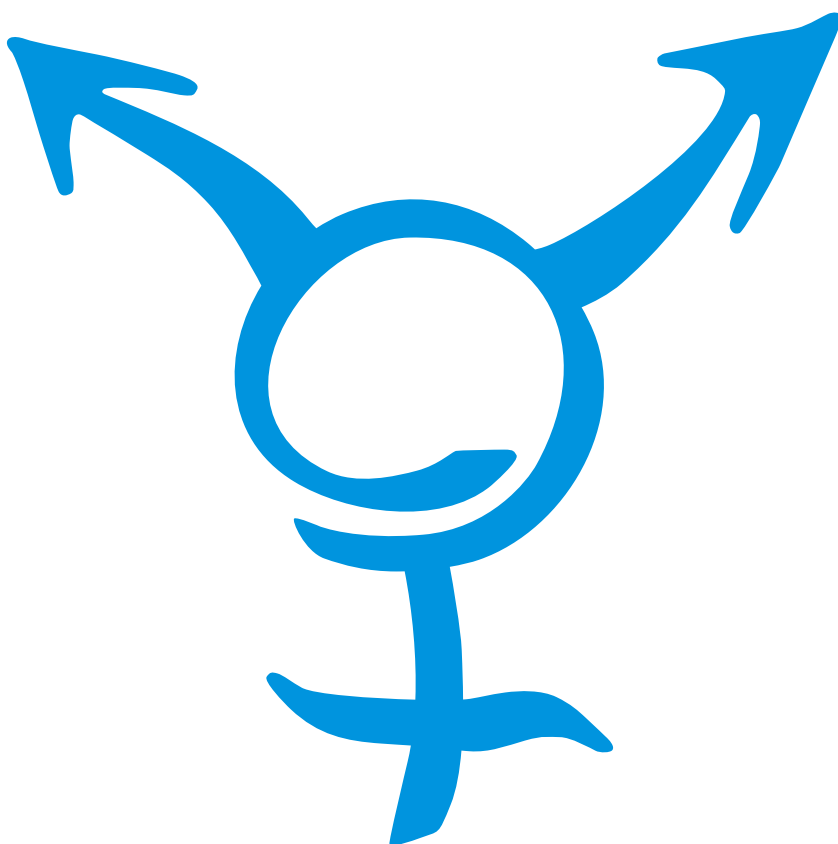
A female-to-male [FTM] transsexual man [trans man] is someone who was labelled female at birth but has a male gender identity and therefore transitions to live completely and permanently as a man.

A male-to-female [MTF] transsexual woman [trans woman] is someone who was labelled male at birth but has a female gender identity, and therefore transitions to live completely and permanently as a woman.

Male-to-female transsexual women can be described as straight if they are attracted to men, lesbian if they are attracted to women or bisexual if they are attracted to both men and women.

Likewise, female-to-male transsexual men can be described as straight if they are attracted to women, gay if they are attracted to men or bisexual if they are attracted to both men and women.

When people complete their transition, they may no longer regard themselves as part of the trans umbrella. They might consider having been transsexual to just be an aspect of their medical history which has now been resolved and so is no longer an issue in their life. In such cases, they simply describe themselves as men or as women and it is most disrespectful to insist on calling them trans, transgender or transsexual against their wishes.



OTHER GENDER VARIANT TRANS PEOPLE

THIRD-GENDER PEOPLE

GENDER QUEER PEOPLE

ANDROGYNE PEOPLE

POLYGENDER PEOPLE

Some people find they do not feel comfortable thinking of themselves as simply either male or female. Instead they feel that their gender identity is more complicated to describe. Some may identify their gender as right in the middle between male and female, while others may feel mainly male but not 100% male (or vice-versa not feel 100% female). Alternatively, they may entirely reject defining their gender in terms of male and female in any way.

As their gender does not conform to traditional ideas of gender as binary, they have created new words to describe themselves, the most common are third-gender, genderqueer, androgyne or polygender, although other terms are also occasionally used. However, some people will prefer not to define themselves using anything more specific than just transgender or trans.

There is no set definition as to whether someone is third-gender, genderqueer, androgyne or polygender, but it is commonly agreed within these communities that self-definition is the most important criteria.

Due to society's expectation that all people, including transgender people, will identify as just either male or female, it can be very difficult to work out how to express a gender identity which is neither simply male nor female. Some people may therefore experience a long period of uncertainty about how they relate to the highly gender-stereotyped world around them.

People who call themselves third-gender, genderqueer, androgyne or polygender also span a very wide range of desire to transition. Some have no interest at all in physically changing their body. Others may wish to partially physically transition (for example taking hormones but not having any surgery or, alternatively, having some surgery without taking hormones). Some others will follow the same transition route as transsexual people do but reject identifying simply as the gender they transition to. Occasionally, the desire to transition might fluctuate over time.

Some people who self-identify as third-gender, androgyne, genderqueer or polygender, may describe their sexual orientation in a wide variety of ways in addition to the more usual terms of straight, lesbian, gay or bisexual. For example, a person might say that they are personally attracted to people who are androgynous-looking, or to masculine people of various genders. They might say that they would be attracted to a person on the basis of personality and interests rather than any particular gender. Some people are very specific in the type of people they are attracted to, while others are more flexible in the range of people they might find attractive.

CROSS-DRESSERS

TRANVESTITE PEOPLE

People (usually males) who call themselves cross-dressers or transvestites, dress as the opposite gender for emotional satisfaction, erotic pleasure, or just because they feel more comfortable doing so. They feel a strong recurring desire to cross-dress but are generally happy with their birth gender and have no wish to permanently alter the physical characteristics of their bodies.

Often the cross-dressing provides a pleasant outlet for them to explore feelings and behaviours associated with the opposite gender and therefore they frequently use opposite gender names and pronouns while cross-dressed.

Although they enjoy the actual periods when they cross-dress, some people can initially find it difficult to come to terms with their desire to cross-dress and may spend a period of time struggling alone with feelings of shame or fear. In due course, most are able to move beyond these negative feelings and simply enjoy cross-dressing with others at supportive social evenings and occasional weekend events.

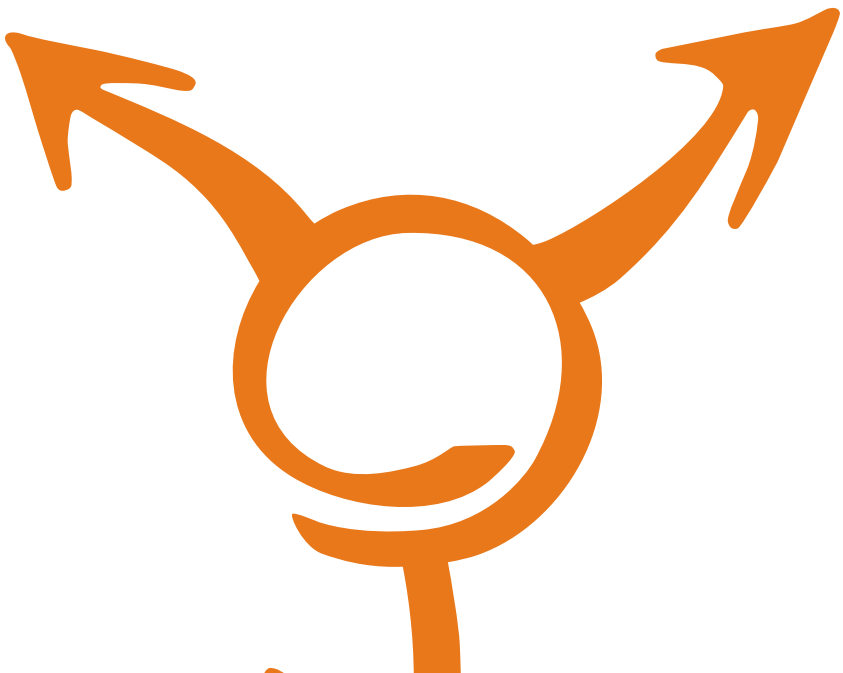
Most often those people who are using cross-dressing as a way to express themselves more comfortably or to explore feelings and behaviours associated with the opposite gender will self-identify as trans or transgender. It is relatively rare for people to self-identify as trans or transgender if their cross-dressing is purely erotic rather than gender motivated.

DRAG QUEENS

DRAG KINGS

Most people who enjoy being drag kings or drag queens have gender identities which completely match their birth gender and most do not consider themselves to be transgender.

Being a drag king or drag queen is about the occasional portrayal of the opposite gender with an emphasis on performance and fun. The opposite gender persona they portray is therefore usually a dramatic or humorous one. Drag performances may take place on stage but they are also often done informally during parties, carnivals and various other situations.



INTERSEX PEOPLE

Sometimes a baby's external genitals, their internal reproductive system or their chromosomes are in between what is considered clearly male or female. People born with these kinds of variations are often referred to as **intersex people** and there are many different intersex conditions.

The issues faced by intersex people can sometimes be similar to those faced by trans people. For example: some intersex and trans people might face being labelled by others as a gender that doesn't match their gender identity. Also, some intersex and trans people may decide to undergo hormone treatment or surgical procedures as teenagers or adults in order to bring their physical appearance more closely into alignment with their gender identity.

However, it is very important to recognise that there can also be very significant differences between the experiences of trans people and intersex people. One of the most noticeable differences is that intersex people are often identified as such by doctors while they are very young children. Their genitals may be operated upon before they are old enough to understand what is happening and to give or withhold their consent. Intersex people frequently face a long struggle with doctors in order to get honest information about their intersex condition and any surgery which was carried out on them when they were young.

For more information about intersex issues, visit the following websites:



The United Kingdom Intersex Association (UKIA)
<http://www.ukia.co.uk>



Androgen Insensitivity Syndrome Support Group (AISSG)
<http://www.medhelp.org/www/ais>



Intersex Society of North America
<http://www.isna.org>



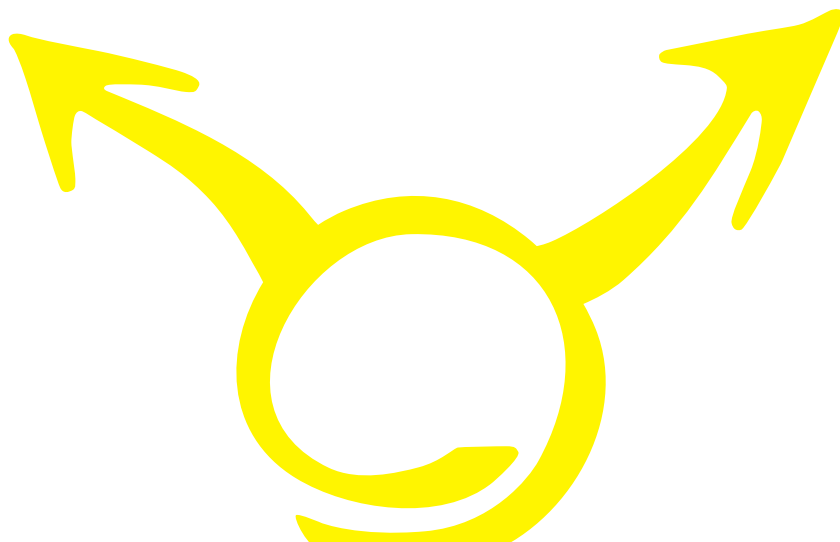
Bodies Like Ours
<http://www.bodieslikeours.org>

BOOKS ABOUT GENDER IDENTITY

A wide variety of books providing further information about gender identity and trans issues can be borrowed by contacting the Scottish Transgender Alliance based at the Equality Network, 30 Bernard Street, Edinburgh, EH6 6PR. Email:

james@equality-network.org

The Sandyford Initiative at 2/6 Sandyford Place, Glasgow, G3 7NB also has a library of relevant books.



TELLING OTHERS THAT YOU ARE TRANS

If you need or want to tell someone that you are trans, it can seem rather daunting. First take time to consider who you plan to inform and, if you will be telling more than one person, what order it would be best to speak to them. Try to work out the likelihood that the people you are planning to tell might reveal your situation to other people and how you would deal with that.

Remember that often the people that you are telling will never have had to think about gender identity issues before. The way you describe your situation during the initial conversation with them can have a big impact on how well they react and what they think about you.

It is a good idea to plan what you are going to say and to try to anticipate difficult questions they might ask so that you can have clear explanations ready. The more calmly, confidently and positively you present the news to people the more likely that they will react well. When people are not sure what to think about a situation they tend to follow the lead of whoever is appearing the most self-assured in their viewpoint. Similarly, having someone present that already knows and is supportive can also be very helpful in encouraging others there to also be supportive.

If you are a transsexual person who has already transitioned and want to tell people about your history then you might be particularly keen for them to consider it to be something relatively minor so that it does not change their relationship with you. In this case, it can help to keep the conversation as light and upbeat as possible and to present it as more of an interesting quirky little fact than a terrible confession.

People may react to the news that you are trans in all kinds of different ways. They could be completely unfazed and fully supportive of you, or they might be really curious, surprised or confused. Unfortunately, some people might become upset about it or even angry and blaming towards you.









If you think you might get a bad reaction from someone then ensure that you tell them at a time and place where you can then leave quickly and easily to give them space to calm down. Don't panic if they are negative initially, there is a good chance that given enough time to think it over they will gradually adjust and come to terms with it.

Sometimes the fact that someone really cares for you can mean that if you are telling them you intend to transition then they might become very concerned about the prejudice you may face or the risk of taking hormones or having surgery. They might worry that you are doing something too drastic and risky which could mess up your life.

Remember that it is hard for other people to understand the certainty you may feel about your gender identity and how you intend to express it. Try to appreciate that their concerned reaction is because they care about your future welfare. You will quite likely find that their opinions change for the better and their fears reduce over a few years as they start to better understand trans issues and they hopefully start to see your life becoming happier.

IF SOMEONE CLOSE TO YOU IS TRANS

It's not always easy for partners, family members and friends to deal with the news that someone close to them is trans. Regardless of whether the person close to you is transsexual, transvestite or third-gender, you will most likely maintain and strengthen your relationship with them, if you:

-  *Try to recognize how important your love, acceptance, and support are to them.*
-  *Try to remain warm and affectionate even if you experience discomfort with the situation at present.*
-  *Try to listen without judgement, anger, argument, or confrontation.*
-  *Try to learn more about their situation and struggles - show that you care enough to make an effort to read, ask questions, and educate yourself.*
-  *Try to communicate. Don't shut them out. Keep talking to them even if at first your conversations are mainly about your fears.*
-  *Try to trust that what they are doing is right for them, that they have not made decisions frivolously but rather after years of consideration.*
-  *Try to use their preferred name and pronoun correctly and treat the person in keeping with their gender identity.*
-  *Try to appreciate that their basic character, temperament, and personality will most likely remain the same as before, with all admirable qualities intact.*

Very few people manage to achieve all of the above right away - what will be most important is your willingness to make an effort.

AFTER FINDING OUT SOMEONE IS TRANS

CONFIDENTIALITY




It cannot be stressed enough that everyone has the right to privacy. A person's trans status should always be treated with the same high level of confidentiality as any other sensitive personal information.

Some people may be happy to have certain people know they are trans, but not for some others to know. Therefore, even if they appear open about their trans status, always leave it up to the trans person to decide who they wish to tell. Revealing someone is trans ('outing' them) not only violates their right to privacy, it also places them at risk of discrimination and harassment. It can sometimes even place them at risk of physical or sexual assault.

It is common nowadays for employees and volunteers to have to undergo Disclosure Scotland checks if they will be working with children or vulnerable adults. Disclosure Scotland forms contain a section for declaring previous names but instead of putting previous names on the form it is acceptable for trans people to send Disclosure Scotland a separate letter giving details of any previous names. Quote in the letter the 16-digit barcode number at the top right corner of the Disclosure Scotland application form to prevent delays. Send the letter, together with a photocopy of any statutory declarations of change of name or any other official document to confirm the previous names, to: The Operations Manager, Disclosure Scotland, P.O. Box 250, GLASGOW, G51 1YU. Mark the envelope "Private and Confidential". For further assistance, contact the Disclosure Scotland Helpline at 0870 609 6006 and ask to speak to the Operations Manager.

The **Gender Recognition Act 2004** defines any information relating to a transsexual person's gender recognition application as 'protected information'. It is a **criminal offence** for anyone acquiring this protected information in an 'official capacity' to disclose it to a third party without the transsexual person's consent. There are a few exceptions, for example if the information is required by the third party for the prevention or investigation of a crime.

The information is deemed to have been acquired in an 'official capacity' if it was acquired by someone in connection with their function:

-  *As a member of the civil service, a police constable or the holder of any other public office or in connection with the functions of a local or public authority or of a voluntary organisation.*
-  *As an employer, or prospective employer, of the person to whom the information relates or as a person employed by such an employer or prospective employer.*
-  *In the course of, or otherwise in connection with, the conduct of business or the supply of professional services.*



AVOID INAPPROPRIATE QUESTIONS

Inappropriate questioning is anything that is of a higher level of intimacy than questions you would ask a person who is not trans. For example, it would be unthinkable to ask a man you didn't know very well about the size and shape of his penis, or to ask a woman you only knew a little whether or not she wore a wig or a padded bra. Therefore, it is also completely inappropriate to quiz transgender people about their bodies. Don't let any natural curiosity about trans people override your usual politeness and sensitivity.

It is also considered very impolite to ask trans people what previous names they might have had, what they used to look like or whether they have a Gender Recognition Certificate. This is the case even if you are also a trans person. If someone wants to share personal information with you then they will do so in their own time do not put them on the spot.

Each trans person is not obliged to be a public spokesperson for all trans people, so don't expect them to want to talk about the subject anywhere at anytime.

If you have questions you want to ask, which you think are appropriate, phrase them politely and carefully choose a suitable time. If the person says they would rather not discuss something then don't pressurise them or else they will just end up unwilling to talk to you about anything.

USE OF PRONOUNS

If you know someone who wishes to change the pronoun by which they are referred (she to he, or vice versa) try to understand it is important to them that you respect this, even if you initially find it difficult to consider them that gender. Deliberately using the opposite pronoun to the one a person prefers will be experienced as offensive, judgemental and hurtful.

If you are speaking briefly with someone and you are unsure whether the person would wish to be addressed as **he** or as **she**, then it is usually best just to avoid using any gendered terms than to risk insulting them by guessing wrong.

When the interaction is long enough, ask the person their name to try to determine which pronoun to use. If it is not clear whether their name is a male or female name then it is acceptable to politely ask: *"excuse me, but which pronoun do you prefer?"* or *"excuse me, but how do you prefer to be addressed?"*

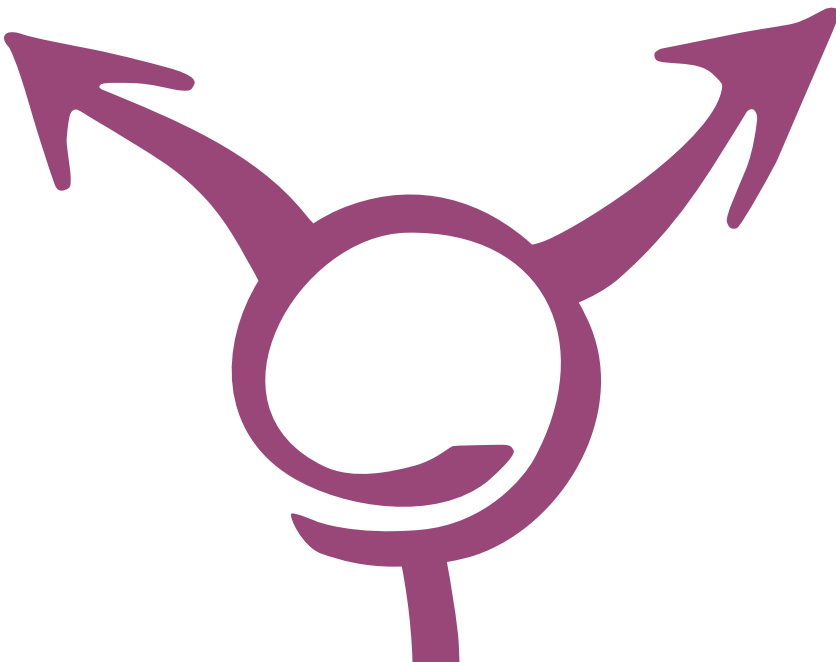
If you accidentally use the wrong pronoun, just apologise once and continue with the conversation. You don't need to apologise profusely or try to explain why it happened - this often only causes more awkwardness.

When referring to a trans person in their absence, you should still use their preferred pronoun, not only out of respect for their identity, but also because it will help to prevent confusion, uncertainty and embarrassment for everyone.

Occasionally the situation can be a little more complex: A trans person may prefer one pronoun and name in some situations, and a different name and pronoun in others. In such cases it is still very important to try and get it right. If you are ever unsure, ask them again don't just guess. It is also important not to link the names together as that could lead to them being outed.

Even more rarely, you may come across a trans person who prefers to use unusual gender neutral pronouns (such as zie or hir) but this is currently mostly only done on the internet. A more common and easier way to be gender neutral in using pronouns is just to use the plural pronouns, **they** and **their**, in the singular sense. In place of the gendered titles of address (Mr, Miss, Mrs, Ms), very occasionally you might see the use of a newly created gender-neutral title of **Mx**. Alternatively, people may just opt not to use any title.

When writing about any trans person, do not belittle their identity by putting their preferred name or pronoun in quotes or italics as this suggests their identity is less valid than everyone else's.



RELATIONSHIPS

Relationships can be confusing and complex no matter what your gender identity or sexual orientation. Trans people often worry that prejudice and lack of understanding will harm their chances of finding or maintaining a good long-term relationship.

Sadly it is true that not all relationships will survive through a transition or the revelation that one partner is trans, despite hard work and good intentions on both sides. Sometimes it is necessary to accept that a relationship has reached its end - rather than hanging on for fear of not finding another partner. It will hurt, but in the long term continuing in an unhappy relationship could damage both partners more.

In some cases, where someone is in a relationship with a trans person, a particularly awkward issue can be the impact on the way society views the non-transgender partner's sexual orientation as this may not relate to their self-identified sexual orientation. Family and friends may fail to be supportive because of their own prejudice or confusion. There is no easy answer to this. Ideally the opinions of outsiders would not matter; in reality they can be very upsetting. It is important to keep supporting each other, hopefully others will realise that it is a strong relationship and become more understanding over time.

The strains on a relationship will be at their peak if one of the couple is transitioning. The non-transitioning partner may be struggling to adjust to the physical and social changes occurring and may wish these changes would be slower while the person who is transitioning may be self-absorbed and frustrated that the changes are not happening faster.

It is important that both partners take time to try to support each other and appreciate that each individual experiences the process very differently. Couple's counselling can often be helpful: ask either a trans support organisation or a Gender Specialist for assistance in finding a counsellor knowledgeable about trans issues.





Fortunately, just like the rest of society, trans people can and do have healthy and fulfilling relationships with partners of all sexualities and genders.

Relationships that begin after a trans person has established their individual expression of their gender identity or finished any transition will not suffer as much strain as relationships existing from the very start of such a process since they will not have to endure as many changes in their dynamics. Therefore, if a trans person experiences a relationship break-up due to their transition, they should not lose hope of success with another relationship in the future.

It is a common assumption that people need to be part of a couple in order to avoid feeling lonely or to feel happy. Actually, it may be wiser to instead concentrate on first building up individual self-esteem and a strong network of close friends. It is easier to build a successful intimate sexual relationship between two relatively contented individuals than if one or both parties pile on pressure by expecting the relationship to save them from themselves.

SEXUAL HEALTH

We all find different people attractive and everyone has the right to make their own decisions about who they fancy. Remember that any kind of sex should be fully consensual - no one should have to do anything sexual that they don't feel comfortable doing. When you're deciding how far you want to go, think about:

-  What you really want to do
-  What the other person wants to do
-  How you both feel about this
-  Do you both feel ready?

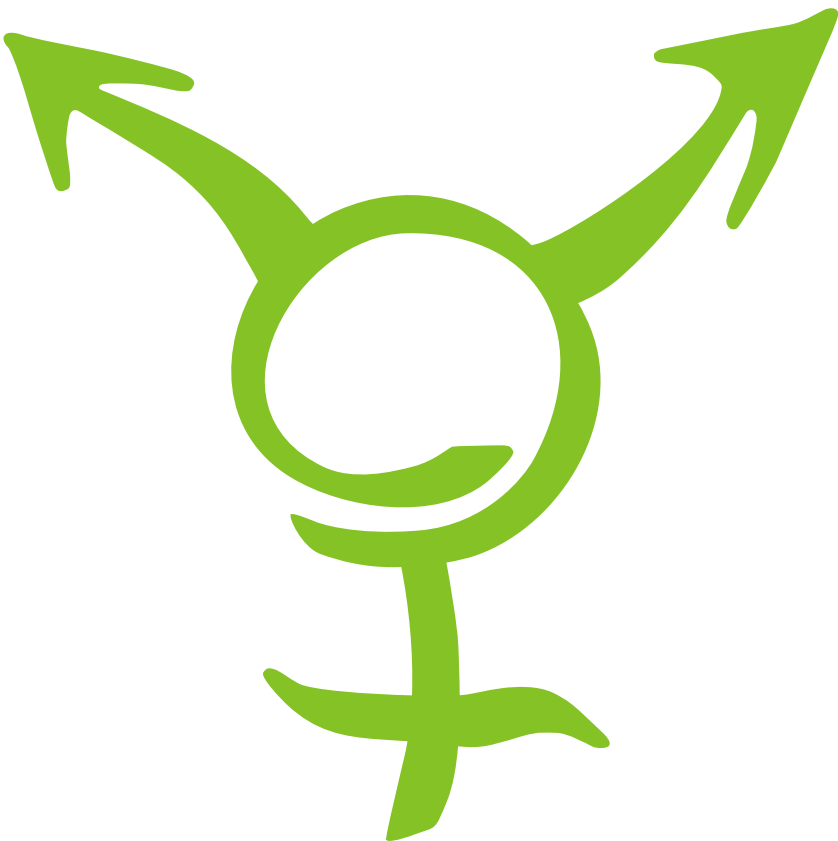
Sexual Health issues cover a wide variety of topics from contraception and safer sex to your emotional and physical wellbeing. Take some time to think about your sexual health needs before you enter into a sexual relationship, and discuss these with your partner. Transgender support organisations can also give you the opportunity to supportively discuss these issues with other trans people and their partners.

If you are having penetrative sex with a partner, or sharing sex toys, then you need to consider having safer sex. Barrier methods, such as male and female condoms and dams, are a great way of reducing the risk of Sexually Transmitted Infections (STIs) and of avoiding pregnancy. Your local sexual health service or LGBT health organisation will be able to help you pick a form of protection that is right for you.

It is important to remember that regardless of gender identities and physical appearance, if one partner has ovaries and a womb and the other partner has testicles then there could be a risk of pregnancy, even while on hormones.

If you are trans, then you may struggle with negative feelings about your body, especially your genitals, because your physical appearance may differ from your gender identity. You might find that masturbation can help you explore your body and gradually become more comfortable.

However, there is no right or wrong 'trans' way for you to relate to your body sexually. You have the right to your own personal preferences regarding the various possible ways of using (or not using) your body to have sex. At different points in your life, you might choose not to have sex at all, or choose to have sex by yourself (masturbation), or choose to have sex with a partner in one, or more, of many various ways.



DISCRIMINATION & EMPLOYMENT RIGHTS

Many trans people face harassment and discrimination throughout their daily lives - while walking in public places, while being customers and service users, and in employment. Luckily, laws are gradually changing to help give trans people more protection and the police have been working to improve their understanding of trans people's experiences and needs.

The Sex Discrimination (Gender Reassignment) Regulations 1999 amended the Sex Discrimination Act 1975 to make it unlawful to discriminate in employment and vocational training on the grounds that a person intends to undergo gender reassignment (transition), is undergoing gender reassignment or has undergone gender reassignment. The Gender Equality Duty, which came into force in April 2007, places a new duty on public bodies to take positive steps to combat discrimination and harassment of trans people.

In 2005, the Sex Discrimination Act was amended to expressly outlaw harassment on grounds of sex and on grounds of gender reassignment. Harassment does not have to be targeted at a particular victim who is known to be trans. It is enough that trans-phobic language, 'jokes' or actions create a hostile environment. Significantly, the viewpoint of the person experiencing the harassment must be taken into particular account, alongside other factors, when deciding if harassment has taken place.

There is absolutely no requirement for a trans person to disclose their gender history as a condition of employment. However, if they do choose to talk about it, it would be unlawful to use this as a reason for not offering them the job. Similarly, it is unlawful to dismiss someone for not disclosing their gender history, or for disclosing this at a later date.

Trans people should have access to 'men only' or 'women only' areas according to the gender in which they live permanently. The time of change will usually be the point at which the person begins to live permanently in the gender with which they identify and should not be dependant on any surgical status. It is unacceptable to force trans people to use separate facilities, for example a unisex wheelchair accessible toilet.

In spite of the advances, as this booklet goes to print trans people in the UK still remain vulnerable to discrimination and harassment in many forms - most notably the current absence of formal legal protection against discrimination in the provision of goods, services, facilities and housing. The Government has promised on record to legislate in this regard during 2007. The UK is obliged to have this legislation in place by 21st Dec 2007 in order to comply with the deadline for the relevant EC directive, which is already in force elsewhere in Europe.



A good way for many trans employees to help safeguard their rights at work can be to join a Trade Union. Most Trade Unions have internal structures set up to enable Lesbian, Gay, Bisexual & Transgender members to confidentially come together to help reduce employment discrimination and harassment. You do not have to come 'out' as trans at work to be able to access Trade Union assistance on trans issues as most Trade Unions will have a National Equalities Officer who can help you.

LGBT contact details for various UK Trade Unions are listed on the website of the **Trades Union Congress (TUC)** which brings Britain's unions together to draw up common policies:

<http://www.tuc.org.uk/equality>

The TUC website also has a detailed guide on LGBT workplace issues.

One of Britain's biggest Trade Unions is UNISON. Its members are people working in the public services, for private contractors providing public services and in the essential utilities. They include frontline staff and managers working full or part time in local authorities, the NHS, the police service, colleges and schools, the electricity, gas and water industries, transport and the voluntary sector. In addition to Regional LGBT Committees, UNISON also has a confidential National Transgender Caucus which any trans member can join by contacting:



UNISON National LGBT Equality Officer

Membership Participation Unit, 1 Mabledon Place, London, WC1H 9AJ

Email: ***out@unison.co.uk***

The national UNISON website contains useful information on transgender workplace issues: ***<http://www.unison.co.uk/out>***

Press For Change (the main UK campaign group for trans people's civil rights) have gathered together on their website an extremely useful collection of information on trans rights:



Press For Change

BM Network, London, WC1N 3XX

<http://www.pfc.org.uk>

Within Scotland, the Scottish Transgender Alliance based at the Equality Network can provide good practice guidance on ensuring equality and rights for trans people and organise training on trans issues:



Scottish Transgender Alliance

Equality Network, 30 Bernard Street, Edinburgh, EH6 6PR

<http://www.equality-network.org>

Tel: 07020 933 952

The new **Commission for Equality and Human Rights (CEHR)** aims to reduce inequality, eliminate discrimination, strengthen good relations between people, and promote and protect human rights. The CEHR is a statutory body established under the Equality Act 2006. With effect from October 2007, it will enforce equality legislation on age, disability and health, gender, race, religion or belief, sexual orientation or transgender status, and encourage compliance with the Human Rights Act 1998. It will give advice and guidance, including to businesses, the voluntary and public sectors, and also to individuals.

<http://www.cehr.org.uk>

LEGALLY CHANGING YOUR NAME & GENDER

If you wish to be known by a different name you are entitled to change your name at any time. You can change your forename and/or surname, add names or rearrange your existing names. There is no set legal procedure that you need to follow in order to change a name. You can simply start using the new name.

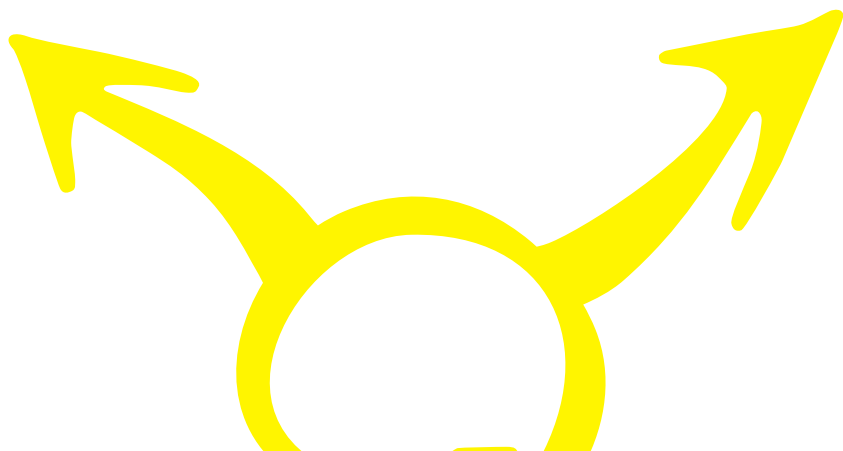
Transsexual people usually permanently change their name once they have reached the stage in their transition where they are living full-time as the gender which matches their gender identity (i.e. the opposite gender to that which they were labelled at birth). This is often before they have started hormone treatment or had any surgery.

Some other transgender people who do not intend to transition might also permanently change their name, often to a gender neutral androgynous name. Alternatively, they may use a different name just among friends in a similar way as the many non-trans people who use a shortened version of a longer name among friends. It is perfectly legal for any trans person to use two different names (so long as they are not doing so to defraud anyone) and to have some documents in each name.

There are some circumstances, such as applying for a passport or getting a bank account switched into your new name, when written evidence of the change of name is likely to be required. This evidence could take the form of a letter from a professional person (for example your doctor), a statutory declaration or a deed poll. The easiest and cheapest method is a statutory declaration.

Included in this booklet is a sample statutory declaration - you can type this up for yourself (inserting the relevant former and new names) and then get a practising solicitor, notary public, or other officer of the court authorised by law to administer an oath, to witness you signing it. You should also ask them to make several certified photocopies for you. The cost should be less than ten pounds.

To change the gender on a UK driving licence or UK passport, it is not necessary to have started hormone treatment or to have had any surgery. All that is needed is your statutory declaration and a letter from your doctor stating either that you are "*a female-to-male transsexual person who is living **permanently** as a man*" or that you are "*a male-to-female transsexual person who is living **permanently** as a woman*". However, changing your gender on your UK driving licence or UK passport does not change your legal gender. Your legal gender is tied to your UK birth certificate.



The **Gender Recognition Act 2004** created a process to enable transsexual people to get their UK birth certificates and legal gender changed. You need to apply to the Government's **Gender Recognition Panel** for a **Gender Recognition Certificate**. If you are successful in your application, the law will recognise you as having all the rights and responsibilities appropriate to a person of your acquired gender.

Full information about the application procedures, detailed guidance on the legal effects of Gender Recognition, and application forms are available from the Gender Recognition Panel.



Gender Recognition Panel

PO Box 6987

Leicester

LE1 6ZX

Phone: 0845 355 5155




Email: [**grpenquiries@tribunals.gsi.gov.uk**](mailto:grpenquiries@tribunals.gsi.gov.uk)

[**http://www.grp.gov.uk**](http://www.grp.gov.uk)

Press For Change, together with other groups representing the trans community, have created a special website specifically to assist people with applying for gender recognition:

[**http://www.gra-info.org.uk**](http://www.gra-info.org.uk)

To apply for a **Gender Recognition Certificate** under the **Standard Application Process** you need to demonstrate that:

-  You are at least 18 years old.
-  You have lived fully for the last **two years** in your acquired gender and that you intend to live permanently in your acquired gender for the rest of your life.
-  You have, or have had, gender dysphoria (i.e. you have been diagnosed as transsexual). You are required to provide two medical reports (one from your GP and one from your Gender Specialist) confirming your diagnosis and detailing the transition-related medical treatment (psychological counselling, hormones and/or surgical procedures) that you have received. If you have not undergone surgery then one of the reports should indicate any surgery that you intend to have but are still waiting for. If you do not intend to have any surgery then one of the medical reports should explain why not.

To apply under the **Overseas Application Process** you need to demonstrate that you are at least 18 years old and that you are already recognised as your acquired gender in a country or territory that is on the Gender Recognition Panel's approved list.

If you apply for Gender Recognition while married or in a civil partnership then you will only be able to get an interim certificate. The marriage or civil partnership would need to be ended to get a full Gender Recognition Certificate. Then, if you wished, you could get a civil partnership with your partner in place of the original marriage or a marriage in place of the original civil partnership. The change from marriage to civil partnership or vice-versa can be organised to all take place on the same day.

STATUTORY DECLARATION

FOR CHANGE OF NAME

I [insert full new name] formerly known as [insert full old name] and permanently residing at [insert full home address] do solemnly and sincerely declare that:

1. I absolutely and entirely renounce, relinquish and abandon the use of my former name of [insert full old name] and assume, adopt and determine to take and use from the date hereof the name of [insert full new name] in substitution for my former name of [insert full old name].

2. I shall at all times hereafter in all records, deeds and other writings and in all actions and proceedings, as in all dealings and transactions and on all occasions whatsoever, use and subscribe the said name of [insert full new name] as my name in substitution for my former name of [insert full old name] so relinquished as aforesaid to the intent that I may hereafter be called, known or distinguished not by the former name of [insert full old name] but by the name of [insert full new name] only.

3. I authorise and require all persons at all times to designate, describe and address me by the name of [insert full new name].

AND I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declarations Act 1835.

Declared aton this day of 20 before, a solicitor/notary public/other officer of the court empowered to administer oaths.

Signed: [insert full new name]
(Former signature of former name:)

Signature of person administering oath:

Name of person administering oath:

Address of person administering oath:

MEDICAL TRANSITION OPTIONS

It is important not to rush into any decisions regarding hormones or surgery as the results last a lifetime. This booklet's brief section is intended only as a simple overview of the kind of options available and should not be used to make any medical decisions. You should ask your G.P. for a referral to one of Scotland's Gender Specialist Doctors if you want to transition medically.

The Scottish Gender Specialists follow the internationally accepted Standards of Care established by the Harry Benjamin International Gender Dysphoria Association (HBIGDA) which is now known as the World Professional Association for Transgender Health (WPATH). The Standards of Care are updated and revised as new scientific information becomes available. The latest version of the Standards of Care is available free on <http://www.wpath.org>

You do not need to know for certain whether you want to transition in order to choose to see one of the Scottish Gender Specialists to explore the options available. They are experienced in helping a wide range of transgender people of all ages and identities.

It is very important to be frank and honest with the Gender Specialists in order to enable them to best assist you. The Scottish Gender Specialists do not expect you to have any particular sexual orientation in order to transition.



Glasgow Gender Specialist

Dr Susan Carr

The Gender Clinic
The Sandyford
6 Sandyford Place
Sauchiehall Street
Glasgow
G3 7NB
Tel: 0141 211 8137



Edinburgh Gender Specialist

Dr Lyndsey Myskow

Sexual Problems Clinic
Reproductive Health Outpatients Dept
Royal Infirmary of Edinburgh Little France
51 Little France Crescent
Edinburgh
EH16 4SA
Tel: 0131 242 2515



Inverness Gender Specialist

Dr Gordon McKenna

Highland Sexual Health
Raigmore Hospital
Old Perth Road
Inverness
IV2 3UJ



Aberdeen Gender Specialist

Dr John S. Callender

Royal Cornhill Hospital
Block A
Clerkseat Building
Aberdeen
AB25 7ZH

SELF-MEDICATION OF HORMONES WITHOUT A PRESCRIPTION

A small number of trans people take non-prescribed 'black market' hormones which they may have obtained from abroad via the internet or in person from people they know. Self-medicating in this way is dangerous.

Many drugs sold online are not the actual brand name drugs they are sold as being. Instead, they are often copies manufactured in developing countries without the permission of the licence-holding drug company. They may contain significantly different amounts of active ingredients than the accompanying packaging claims or even completely different types of drugs. Alternatively, they might be from a batch of contaminated or out-of-date drugs which the drug company intended to be destroyed but instead have been illegally and unofficially sold on.

Without any medical monitoring such as blood tests, the person could take the wrong dose long-term without realising until they suffer a severe, potentially life-threatening, complication such as liver damage or a blood clot. Hormones are prescription drugs in the UK for good reason - they have powerful effects on the body and incorrect doses can lead to serious health problems. Equally, individuals could have pre-existing medical conditions which make some hormone preparations particularly unsuitable for them.

If the person's GP does not know that they are self-medicating then their GP could unwittingly end up giving them medication for another medical condition which may interact dangerously with the self-medicated hormones. Also tests for determining other medical conditions could come back with incorrect results as a result of the undisclosed hormones and lead to misdiagnosis.

Therefore, if a person insists on self-medicating without a prescription, then they should tell their GP what they are doing so that their health can be monitored as a harm-reduction strategy and the risk of potentially fatal drug interactions can be reduced.

CHILDREN & FERTILITY

The hormone and surgical treatment that many transsexual people undergo as part of their transition ultimately results in infertility. Therefore, it is very important to consider your desire to have children before you start to transition and discuss your options in detail with your Gender Specialist.

Some trans people choose to delay transitioning in order to have a family first. If keeping the possibility of having a biologically related child after transitioning is important to a trans woman, then she has the option of freezing her sperm prior to beginning hormone treatment. This is a cheap, quick and reliable procedure.

Unfortunately, for trans men wanting to preserve the possibility of having a child biologically related to them, the options of freezing either his eggs, embryos or ovarian tissue are far more expensive, invasive, complex and unreliable.

If a biological link to the child is less important then trans people can adopt or, if they have a female partner, a sperm donor can be used.

HORMONE TREATMENT FOR FTM TRANSSEXUAL MEN

Female-to-male [FTM] transsexual men are usually treated with intramuscular injections of testosterone once every two or three weeks. The testosterone injections are normally continued for the whole of their life.

The first noticeable effects of testosterone treatment are usually an increase in body hair growth, a more masculine body odour and a greater sex drive.

Over the course of the first year, the voice 'breaks' and deepens into the male vocal range. With the help of exercise, the testosterone will decrease the amount of fat on the hips and buttocks and increase muscle development to produce a masculine body shape. The shape of the face and jaw becomes subtly more masculine and the skin becomes rougher. The clitoris enlarges in size during the first couple of years and could well become about 2 inches (5cm) long.

Beard growth may often take over a year to start to become visible and at first it will be sparse and mainly just in the position of a goatee. It usually takes several years for full facial hair development to be completed.

Although the vast majority of people find that they stop getting periods within the first six months of testosterone treatment, the length of testosterone treatment which results in permanent infertility varies widely between individuals. It is simply not possible to predict how quickly an individual's reproductive system will shut down and atrophy during the course of testosterone treatment.

The most common undesired effect of testosterone treatment is acne during the first few years of treatment. Usually, a good antibacterial soap is all that is needed to stop the spots, but if the acne is causing a problem, then the person can get stronger acne treatment prescribed by their doctor.

Another possible result of testosterone treatment is the development of male pattern baldness. Most will just experience a slight receding of the hair at the temples as they get older, but the more men in a person's family who experience significant baldness then the greater the likelihood of that person also developing significant male pattern baldness.

Testosterone treatment slightly increases a person's risk of experiencing liver and/or cardiovascular problems so it is important to get annual check-ups (including blood tests) and to try to cut down on other risk factors such as smoking, over-indulgence in alcohol, and unhealthy eating habits.



General email group for UK trans men:
<http://groups.yahoo.com/group/FTM-UK>



General transition information for trans men:
<http://www.ftmguide.org>



SURGERY OPTIONS FOR FTM TRANSEXUAL MEN

'TOP SURGERY' -

CONSTRUCTION OF A MALE CHEST

The most common operation that FTM transsexual men undergo is informally referred to as 'top surgery'. It involves removing breast tissue and reducing the size of the nipples in order to change the appearance of the chest to male.

Although the operation is medically termed '**bi-lateral (or double) mastectomy**', it differs from the kind of mastectomies performed on patients with breast cancer because it removes less tissue and involves the plastic surgeon taking special care to produce a masculine appearance with as discreet scarring as possible.

If the person has very small breasts and good skin elasticity, it may even be possible to do the procedure through a small incision around the edge of the nipple's areola leaving no visible scar.



A good booklet "**FTM Chest Reconstruction Surgery**" is available from FTM London, BCM FTM London, London, WC1N 3XX. <http://www.ftmlondon.org.uk>
Email: info@ftmlondon.org.uk

REMOVAL OF UTERUS, CERVIX AND OVARIES

A FTM transsexual man can get a **'total hysterectomy'** done to remove the uterus, cervix and ovaries. This is a routine procedure which any gynaecologist can do. Sometimes the option is available to get a version medically known as a **'laparoscopically assisted vaginal hysterectomy (LAVH)'** which uses keyhole surgery and therefore has a quicker recovery time and less scarring.

'LOWER SURGERIES' -

CONSTRUCTION OF MALE GENITALS

If a FTM transsexual man decides to undergo surgery to construct male genitals, he has different types of surgery to select from. There are two main categories of FTM genital surgery: **'metoidioplasty'** and **'phalloplasty'**.

Within these two main categories, there are further different variations available. Each of the types of FTM genital surgery have different good and bad points so selecting which, if any, of them to embark on is an intensely personal and complex decision.

A **metoidioplasty** involves surgically releasing the testosterone enlarged clitoris from its relatively hidden position and pulling it out and forward so that it is more visible and becomes a mini penis. A scrotum is formed from the skin of the outer labia and solid silicone prosthetic testicles are inserted. There is the option of getting the urethra surgically extended to the tip of the mini penis so that the person can pee the same way as any other man.

The main points in favour of a metoidioplasty are that sexual sensation is not reduced at all and there is no obvious scarring. The central problem is that the mini penis is usually too small or too downwards pointing to be used successfully for penetrative sex.

A **phalloplasty** involves the construction of a full-size penis made from tissue from either the arm or the stomach area. The urethra can be surgically extended so that the person can pee the same way as any other man. A scrotum is formed from the skin of the outer labia and solid silicone prosthetic testicles are inserted. The penis can be successfully used for penetrative sex once one of the erection devices on the market for impotent men is surgically inserted.

However, at present a phalloplasty does not provide anywhere near as much sensation in the penis as most men naturally have. The version using tissue from the arm (medically known as '**radial forearm flap phalloplasty**') offers the most realistic appearance and a reasonable amount of sensation in the penis but it is also the most complex procedure and leaves the most obvious scarring. In the UK, a phalloplasty currently involves a minimum of four operation stages to complete.

For both metoidioplasty and phalloplasty, the highest risk element for complications occurring is the surgical extension of the urethra.



International FTM surgery information email group:

<http://groups.yahoo.com/group/ftmsurgeryinfo>



International FTM metoidioplasty information email group:

<http://groups.yahoo.com/group/FTMmetoidioplasty>



International FTM phalloplasty information email groups:

<http://groups.yahoo.com/group/FTM-pre-Phallo>

<http://groups.yahoo.com/group/ftmphalloplastyinfo>

HORMONE TREATMENT FOR MTF TRANSSEXUAL WOMEN

There are a variety of types of female hormone preparations available for male-to-female [MTF] transsexual women. Often oestrogen is the sole hormone treatment taken but it might be supplemented with progesterone. In the initial years of hormone treatment, transsexual women may also be prescribed an anti-androgen to suppress their natural testosterone levels. The anti-androgen treatment is usually only needed short-term but the oestrogen/progesterone treatment is normally continued for the whole of their life.

During the first few weeks of the hormone treatment, often the only noticeable change is an increase in emotional mood swings while the person's body gets used to the new hormone levels. There may be initial weight gain from increased water retention.

Over the course of several months, the breasts gradually start to grow and may be quite tender. The breasts are likely to continue developing for two or three years. The position of body fat usually shifts from the waist to the hips and buttocks and muscle strength slowly reduces to produce a more feminine body shape. The shape of the face becomes subtly more round and feminine and the skin becomes softer. The testicles decrease in size and ultimately cease to function and erections are reduced.

Body hair may decrease in coarseness but lengthy electrolysis or laser treatment will be needed to remove facial hair and often also to remove excess body hair. Male pattern baldness will be stopped from getting any worse but any baldness that has already occurred is unlikely to be significantly reversed by the hormones.

The pitch of the voice will not be changed by hormones so most transsexual women undergo speech therapy.

The hormone treatment can increase a person's risk of experiencing breast cancer, high blood pressure and blood clots. There is also a smaller increased risk of liver disease. Therefore it is very important to get regular medical check-ups.

Smoking while taking hormone therapy significantly increases the risk of potentially fatal blood clots and consequently some doctors might not be prepared to prescribe full-dose hormone treatment if a person smokes heavily.

As well as giving up smoking it is wise to try to cut down on other risk factors such as over-indulgence in alcohol and unhealthy eating habits.

The hormone treatment should be stopped for a few weeks before any planned major surgery such as vaginoplasty.



SURGERY OPTIONS FOR MTF TRANSEXUAL WOMEN

CONSTRUCTION OF FEMALE GENITALS

The most common operation that MTF transsexual women undergo is medically termed '**penile inversion vaginoplasty**'. It involves removing the testicles and the erectile tissue of the penis and then a vagina is surgically created and lined with skin originally from the penis. The urethra is shortened and positioned so that the person will urinate from the usual female location. Scrotal skin is used to create the labia. The results of vaginoplasty are usually very good both in terms of appearance and function.

In recent years it has also become possible to construct a clitoris that is both realistic-looking and sexually sensitive. However, not all surgeons perform this '**clitoroplasty**' procedure. The clitoroplasty involves retaining a very small section of the glans penis with its blood supply and nerves intact, and using this to create the clitoris. Some surgeons, notably in the USA, create the clitoral hood and labial juncture in a second procedure called '**labioplasty**' some time after the original vaginoplasty, while at least one UK surgeon performs this step integrally with the main procedure.

BREAST ENLARGEMENT

A MTF transsexual woman may get a breast enlargement operation done if she feels that her breasts have not grown big enough after a few years of hormones. This is exactly the same procedure, involving the insertion of silicone or saline breast implants, as any other woman may opt for.

REDUCING THE PROMINENCE OF THE 'ADAM'S APPLE'

A **'thyroid cartilage reduction'** is a specialist surgical procedure for transsexual women. It involves the surgeon filing down the most prominent V-shaped part of the cartilage commonly called the 'adam's apple', so that it is flatter. This makes the person's neck look more feminine.

FACIAL FEMINISING SURGERIES

Although female hormones will alter the facial appearance to a degree, they do not change the bone structure underneath. Therefore some transsexual women undergo various facial feminising surgeries on parts of the face such as the nose, jaw and brow.



In depth transition information for transsexual women:

<http://www.lynnconway.com>

<http://www.tsroadmap.com>

TRANS ORGANISATIONS & GROUPS



Sandyford Trans Women's Support Group

c/o Colin MacKillop, Community Access Co-ordinator
2/6 Sandyford Place, Glasgow, G3 7NB

Yahoo Group: [*groups.yahoo.com/group/TransClyde*](https://groups.yahoo.com/group/TransClyde)

Tel: 07758 462 988

A support group set up by trans women attending the Gender Clinic at the Sandyford Initiative. The group is open to all trans women regardless of their stage of transition and whether or not they attend the Gender Clinic. The group meets from 7pm to 9pm on the first Wednesday of each month.



Trans Men Scotland

LGBT Centre for Health & Wellbeing
9 Howe Street, Edinburgh, EH3 6TE

Tel: 07948 735 179

Email: [*admin@transmenscotland.org.uk*](mailto:admin@transmenscotland.org.uk)

Website: [*www.transmenscotland.org.uk*](http://www.transmenscotland.org.uk)

Yahoo Group:

[*groups.yahoo.com/group/transmenscotland*](https://groups.yahoo.com/group/transmenscotland)

Support for all female-to-male transgender people, and for anyone labelled female at birth who is exploring their gender identity. Trans Men Scotland has members across Scotland and holds meetings in both Glasgow and Edinburgh. The Glasgow group meets in the Glasgow LGBT Centre from 7pm to 9pm on the first Monday of each month. The Edinburgh group meets in the LGBT Centre for Health & Wellbeing from 7:30pm to 9:30pm on the second Saturday of each month.



Polygender Scotland

LGBT Centre for Health & Wellbeing
9 Howe Street, Edinburgh, EH3 6TE

Email: admin@androgyny.org.uk

Website: www.androgyny.org.uk

Support group for all third-gender, genderqueer, androgynous and polygender people. The group meets on the second Thursday of each month from 7pm to 9pm at the LGBT Centre for Health & Wellbeing.



Crosslynx

Glasgow LGBT Centre
84 Bell Street, Glasgow, G1 1LQ

Tel: 0141 847 0787

Website: www.geocities.com/crosslynx

Glasgow and the West of Scotland support group for cross-dressers and other trans people. Phone line providing information for all trans people operates on Monday evenings from 7:30pm to 9:30pm. The group meets at Glasgow LGBT Centre on the second Wednesday of each month.



Inverness Highland T Group

Terrence Higgins Trust
34 Waterloo Place, Inverness, IV1 1NB

Tel: 01463 711 585

Email: info.inverness@tht.org.uk

Support group for all trans people on the second Wednesday of each month at 7pm in Inverness.



SWANS

c/o The Highland Volunteer Centre, 1A Millburn Road,
Inverness, IV2 3PX.

Tel: 07703 517 936

Email: j.long3@btinternet.com

A support group in Inverness for all trans people on the last Thursday of each month from 7pm to 9.30pm. Changing facilities available.



3G Grampian Gender Group

Tel: 07050 562 175 (Mondays 7pm - 9pm)

Website: members.tripod.co.uk/TriGs

Yahoo Group:

groups.yahoo.com/group/Grampian_Gender_Group

Support group in Aberdeen for all trans people on the third Saturday of each month from noon to 5pm.



T-Time Group

LGBT Centre for Health & Wellbeing
9 Howe Street, Edinburgh, EH3 6TE

Tel: 0131 523 1100

Email: admin@lgbthealth.org.uk

Drop in for all trans people run by the LGBT Centre for Health & Wellbeing from 1pm to 5pm on the third Saturday of each month. Changing facilities available.



Parents Enquiry Scotland

Email: parentsenquiry@hotmail.com

Website: www.parentsenquiryscotland.org

Provides support for parents and families of lesbian, gay, bisexual and transgender people.



Scottish Transgender Alliance, Equality Network

30 Bernard Street, Edinburgh, EH6 6PR

Tel: 07020 933 952

Fax: 07020 933 954

Email: james@equality-network.org

Website: www.equality-network.org

The Equality Network campaigns for lesbian, gay, bisexual and transgender equality in Scotland. The Scottish Transgender Alliance Development Worker is based within the Equality Network and seeks to improve the civil rights of all trans people.



The LGBT Centre for Health and Wellbeing

9 Howe Street, Edinburgh, EH3 6TE

Tel: 0131 523 1100

Email: admin@lgbthealth.org.uk

Website: www.lgbthealth.org.uk

The LGBT Centre for Health and Wellbeing works to promote healthy lifestyles and improve accessibility of mainstream health services for lesbian, gay, bisexual & transgender people in south east Scotland.



Glasgow LGBT Centre

84 Bell Street, Glasgow, G1 1LQ

Tel: 0141 552 4958

Email: admin1@glgbt.org.uk,

Website: <http://www.glgbt.org.uk/>

The Glasgow LGBT Centre provides an inclusive space for all members of the LGBT community, offering Advocacy, Support, Social Options and Learning Opportunities.



Stonewall Scotland

9 Howe Street, Edinburgh, EH3 6TE

Tel: 0131 557 3679

Email: info@stonewallscotland.org.uk

Website: www.stonewallscotland.org.uk

Stonewall Scotland campaigns for equality and justice for gay, lesbian, bisexual and transgender (LGBT) people living in Scotland.



LGBT Youth Scotland

John Cotton Centre, 10 Sunnyside, Edinburgh, EH7 5RA

Office: 0131 622 2266

LGBT Youthline: 0845 113 0005

on Tuesdays between 7:30pm and 9.00pm

LGBT Textline: 07905 918 515

Email: info@lgbtyouth.org.uk

Website: www.lgbtyouth.org.uk

LGBT Youth Scotland provides a range of services and opportunities for lesbian, gay, bisexual and transgender young people (up to the age of 26) which aim to increase awareness and confidence, as well as reduce isolation and intolerance. It also provides information and training for professionals working with young people.



Mermaids

BM Mermaids, London, WC1N 3XX

Tel: 07020 935066 between 12 noon and 9pm

Email: mermaids@freeuk.com

Website: www.mermaids.freeuk.com

Support for young people (up to the age of 19) who are trying to cope with gender identity issues and for their families.



Press For Change

BM Network, London, WC1N 3XX

Email: editor@pfc.org.uk

Website: www.pfc.org.uk

Press for Change is a political lobbying and educational organisation, which campaigns to achieve equal civil rights and liberties for all trans people in the United Kingdom, through legislation and social change.



The Beaumont Society

27 Old Gloucester Street, London, WC1N 3XX

Tel: 01582 412220

Website: www.beaumontsociety.org.uk

A UK-wide support network for all trans people. Most members are male-to-female trans women and transvestite people.



The FTM Network

BM Network, London, WC1N 3XX

Helpline: 0161-432 1915 on Wednesdays from 8pm to 10.30pm only

Website: www.ftm.org.uk

A UK-wide support network for all female-to-male trans people.



Depend

BM Depend, LONDON, WC1N 3XX

Email: info@depend.org.uk

Website: www.depend.org.uk

Provides support, advice and information for anyone who knows, or is related to, a transsexual person.



The Gender Trust

PO Box 3192, Brighton, BN1 3WR

Email: info@gendertrust.org.uk

Website: www.gendertrust.org.uk

Provides support and an information centre for anyone with any question or problem concerning their gender identity, or whose loved one is struggling with gender identity issues.



The Gendys Network

BM GENDYS, London, WC1N 3XX

Email: gendysnetwork@boltblue.com

Website: www.gender.org.uk/gendys

A UK based network for all trans people, their families and care professionals. Produces a quarterly journal.



GIRES

c/o Melferly, The Warren, Ashted, Surrey, KT21 2SP.

Email: admin@gires.org.uk

Website: www.gires.org.uk

A UK based Gender Identity Research & Education Society which seeks to improve the circumstances in which trans people live, by changing the way that society treats them.



Transgender Zone

Website: www.transgenderzone.com

A website and public view forum which provides support and information for all trans people.



Holy Trinity Metropolitan Community Church

MCC, 41 George IV Bridge, Edinburgh, EH1 1EL

Email: mail@mccedinburgh.com

Website: www.mccedinburgh.com

Part of the international Metropolitan Community Churches Movement and seeks to offer a safe, affirming space where all can be welcome to worship God in the Christian tradition, irrespective of sexuality or gender identity.

Meets for worship every Sunday at 6.00pm in Augustine United Church, 41 George IV Bridge, Edinburgh.



Police - LGBT Liaison Officers

Each Police Force in Scotland has either an LGBT liaison officer or officers that undertake the role as part of their other duties. These officers can be contacted through Police Force Headquarters Safer Communities Departments.

Each Police Force also has Remote Reporting sites. These sites enable transgender people to report any transphobic crime or incident, or purely to offer information to the police, out-with a police station, or with no direct police contact if that is preferable. Again, details of sites are available on the Police Force's website or via Force Safer Communities Departments.

This enhanced second edition has been produced with funding provided by NHS Health Scotland to enable availability on a Scotland-wide basis.

This booklet was written by members of the
Scottish Transgender Alliance
and their families and friends
in consultation with:

The LGBT Centre for Health & Wellbeing

and

Dr Lyndsey Myskow, Edinburgh Gender Specialist
Healthy Respect, NHS Lothian
LGBT Youth Scotland
Polygender Scotland
Sandyford Transgender Support Group
Trans Men Scotland
UNISON National LGBT Committee

2nd Edition, September 2007



Further copies of this booklet are available from:



The LGBT Centre for Health & Wellbeing

9 Howe Street
Edinburgh
EH3 6TE

Tel: 0131 523 1100

Email: admin@lgbthealth.org.uk



The Scottish Transgender Alliance

Equality Network
30 Bernard Street
Edinburgh
EH6 6PR

Tel: 07020 933 952

Email: james@equality-network.org

This booklet is available in alternative formats (for example, large print and audio) and translations can be arranged by contacting the Scottish Transgender Alliance.

