

Gender Diversity in the Clinic - Ref125SC

with Simon Croft

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TRANSCRIPT

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Steven Bruce

We're going to be discussing a topic this evening, which probably gets a lot less attention than it really ought to given its importance in healthcare and elsewhere in society, we're going to be talking about gender diversity in the clinic, how it affects us, how we can adapt our practices, how we adapt our communication, all these things very, very important in terms of meeting our responsibilities as healthcare individuals, quite apart from our social responsibilities. And I'm going to start with an admission, I don't normally feel terribly nervous in front of the camera apart from that split second before we actually go live. But I'm feeling quite concerned about this evening broadcast, because, of course, I've done my research, I've done my background stuff. And in all of that background research and in talking to a number of people, I am desperately worried that I'm going to say the wrong thing. And I'm hoping that my guest this evening, I'm very confident that my guest this evening will gently put me right when I get things wrong. And well, that's partly the reason why we're doing the broadcast because it is very easy to get things wrong. Anyway, I have an expert witness in the studio in the Zoom studio with me this evening, Simon Croft, Simon is from Gendered Intelligence. And Simon, you've got a diverse background in many respects. But you seem to spend your career equally between being an engineer, being a governance specialist and now being director of professional educational services at Gendered Intelligence. So welcome to the Academy of Physical Medicine. Perhaps you could tell us a little bit about Gendered Intelligence?

Simon Croft

Absolutely, I'd love to. So Gendered Intelligence is a registered charity. We were established in 2008. And we exist basically to increase understandings of gender diversity and to improve the lives of trans people. We have a range of different services that we do, I look after all of the training and consultancy, but we also do a lot of community work as well directly with trans people, particularly young trans people.

Steven Bruce

You mentioned gender diversity there and trans people. But I take it the focus of Gendered Intelligence is on trans people from what you said, because gender diversity goes beyond trans specifically, doesn't it?

Simon Croft

It does, but actually, if you look at our world vision, if you like, we envisage a world where people are no longer constrained by narrow perceptions and expectations of gender and where diverse gender expressions are visible and valued. And that doesn't mention trans people at all. And the reason for that is that because most of the issues that we as trans people face and I'm a trans masculine individual myself, the issues that we face come from our cultural approach to gender, which, of course, is something that affects each and every one of us. One of my colleagues often says, well, when we talk about trans people, we talk about gender. But when we talk about gender, we talk about everybody. And what we do see is that often there are questions that we might raise when we start to talk about trans inclusion and/or gender diversity in its widest sense. And if we answer those questions well, then we end up with more options, more opportunities and a better world for everybody. Because gender is part of everyone's life.

Steven Bruce

Difficult question to answer this, but I wonder how far down that path you are to achieving proper inclusion or acceptance in our western society.

Simon Croft

Put it this way, I sadly, I don't think I'm going to be out of a job anytime soon. I think it's certainly going to last me out till retirement. But I think things are changing. There is more awareness in certain areas. But that has also come with some downsides. So, if you look at sort of changes across the world, the move isn't always progressively forward towards more inclusion in many places. And we've seen things, for example, like Poland, declaring LGBT free zones, for example, which the whole European Parliament has roundly condemned, but they are persisting in that. And also places like Hungary, for example, banning any kind of legal gender change for trans or intersex folk. So, you know, there are steps backwards, as well as steps forward. And I think that it's really important to recognise that rights and inclusion once won don't necessarily stay that way, unless we are all active and positive about moving forwards in that regard.

Steven Bruce

I have to say, and this will be much more apparent to you than it is to me, but it is baffling, the extent to which people are so concerned with other people's sex and sexuality or gender, if you prefer, considering that it doesn't affect anybody else. It's amazing the lengths they will go to time prevent people having a normal life.

Simon Croft

That would be our view as well. That actually this is about inclusion for everybody. It's not about excluding anybody and yet, so many things can become the subject of sometimes quite prurient interest as well, that is often the case, wondering about what is under people's clothes, when that's actually nothing to do with the interactions that we might be having with them particularly.

Steven Bruce

I had this discussion yesterday with somebody and it was pointed out to me that a typical question to someone who admits to being trans is, well, are you pre- or post-operation? And you think, well, what on earth is that? That's a really personal question to ask somebody, isn't it? You wouldn't ask anything similar of someone else. And I imagine that many people will find that very offensive or intrusive.

Simon Croft

Certainly intrusive. You know, it's, many people will answer quite a few questions, but not always comfortably. And it shouldn't be assumed, I think a good rule of thumb is the one that you've already touched on there, which is, well, actually, think about if you would ask a comparable question to somebody from related to another area. And if you wouldn't, then it's probably not a good question to ask. And the other one is simply to ask permission, you know, is it okay, if I ask you a question? Or is it okay, if I ask you a personal question and some trans people will say yes and some trans people will say no. And also, some trans people might say, yes, and then said, well, actually, no, I choose not to answer that question. But I

think often individual trans people are placed in the situation of being educators when that's not their choice. And they're not in a position where they feel able to do so. But sometimes, they might also not be in a position where they feel able to say, no, actually. The reality is, I'm a professional educator, you know, I'm a qualified trainer alongside those other things that you mentioned at the beginning and also an exhibit of fine artists. So, as you said, it's just a very eclectic picture. But I think that you know, that aspect of questions is one to be careful with. And sometimes there are questions that are posed to trans people, which are more about someone's curiosity or that person seeking to be educated. And I think particularly when we're talking about clients of ours, or patients or whatever, then in fact, it's not a patient role to educate. It's to think about find other ways. So, another good question to ask yourself is, is, am I about to ask this question because it enables me to better support the individual that's in front of me? Or is this actually about my own educational curiosity? In which case, maybe I should think about finding a different way, because there are loads of ways to pick up that information, loads of ways to educate yourself.

Steven Bruce

Do you know what occurred to me when I was having this conversation yesterday that, I don't know if I've shared my background with you, but I had nearly 30 years in the Royal Marines. And it's a fairly macho environment and it brings with it a certain character. And it occurred to me that if I were confronted with somebody who told me that they were trans, I would probably ask a stupid question, because I would not know what else to do, because I'm not used to those circumstances. And I'm hoping that a programme like this actually, sort of will familiarise people with the language and the situation and so on. So, they don't ask questions out of frightened embarrassment and determination to say something no matter what it is. I suspect that's the same about, you know, lots of gender issues. And people ask questions that they wouldn't of a straight a couple or something simply because they're familiar with straight people. And as opposed to trans or gender diverse. The thing that occurs to me is that because we work in a healthcare environment, actually some of the questions which might be out of place in normal social context might be important. And rather than me presume about that, perhaps I can ask you what you think would be important for us to know as osteopaths, chiropractors, physiotherapist, if someone comes to us seeking treatment.

Simon Croft

Lots of things, that's a little bit, where do we start there? So, I think, as you rightly pointed it out, this could be involved people being in a state of undress, you're going to need to, you know, be thinking about their anatomy and things like that. So, I think a key thing is to think about language. It's also important to think about how nervous that person may be. A big thing is actually approaching healthcare at all. A lot of the statistics indicate that trans people do need higher levels of health care in various ways than the general population does. But also, the statistics show very much that we often don't approach healthcare because we're frightened, because we're afraid. And particularly that fear can come from being in a very vulnerable position, and then experiencing misgendering experiencing inappropriate curiosity, experiencing inappropriate questioning. And I think one of the biggest things is, if you want to be trans inclusive to actually make that visible and to show what your good practice is, because otherwise, we're walking up to a front door, not knowing what our reception is going to be like, even whether we're going to be safe in that environment. And that's a big thing. So, it really means that people don't step forward for treatment when

they should, or as early as they should, at times. So, a big part of it really sits around language. And I think there are two aspects to language here. One is general everyday language that you might, you're going to encounter with trans people in any setting. And the other one is more perhaps language about the body, which you wouldn't necessarily encounter in every setting. So, I think one of the good things about language is that, you know, our English languages is an amazing, rich and diverse language. So, you know, there's plenty of options there. But it can also feel really scary, particularly in this area, it can feel like there, it's a world where the language is shifting and changing all the time, that there are dozens of complicated words, that meanings are changing, that definitions are inconsistent, do you know what, actually you're right. This is language and evolutions. So, we're not expecting you to get it right first time the whole time. But actually, I think a key point there is not to assume. So, don't assume what language to use about somebody.

Steven Bruce

That's an interesting point, Simon, because, I'm sorry to interrupt you, but it is relevant what you're saying. A number of people have actually asked what transmasculine means? Because that's, it's not the same expression that we've perhaps heard before.

Simon Croft

Yes, so there's loads of different identity-based terms that people might use about themselves. You know, I say, man, in certain circumstances, I describe myself as a trans man in some places, I describe myself as trans masculine, at times I use any or all of those in different places. So trans masculine just means somebody that's on the trans spectrum and is on or towards the masculine end of that spectrum. So that's one of the descriptions. But I could probably sit here and reel off well over 100 terms of around trans identities and experiences. And I think that's one of the areas where people get really nervous, you know, the sheer volume of those terms. And do you know what I'm going to say, don't worry about them. In most of the interactions you have, you're not going to need to know exactly how somebody describes their gender identity. That's not the most important thing. If somebody does share one of those terms with you. And perhaps, for example, say oh, you know, I'm just really stressed today, I came out as neutral and demisexual to my partner last night, and they, it's just been difficult, you know, and you're thinking, I've never heard either of those terms before, and you're feeling a bit bunny in the headlights? Actually, it's okay to ask a polite question at that point. And say, I'm sorry, I haven't heard those terms before. Can you tell a little bit, tell me a little bit about what that means for you? And centre it on the person? What does that mean for you? It's not educate me at that point. It's like it's starting to be, how can I understand and help you in your situation? You know, is this starting to make you particularly nervous today? Are there ways that I can put you at your ease. So, when those terms come up, and they fairly rarely do, then it's more likely to be in the context of some kind of a relationship that enables you to explore. So, it doesn't tend to be the sort of thing that you have in an evening passing situation? Nope, nobody goes into the pub and says, can I have a can, you know, a pint of diet coke, please. And by the way, I'm a trans man. You know, we don't do that, you know, that's not where we are. But where we do start to need to understand how to interact is around names and pronouns. So, we're all really used to just asking what somebody else's name is, you know, we don't consider half the world should be called Fred. And the other half should be called Bethel. You know, we don't do that, we actually ask what people's names are. But we don't tend to have the same practice when

we come to pronouns, you know, whether we're saying he or she, or they. And so that is actually a really important thing. A pronoun doesn't necessarily indicate someone's gender identity, it doesn't, that's not an absolute thing. But it does indicate how they should be addressed, how they like to be referred to. So, it's absolutely fine to say, you know, what we want to do is not assume gender. So, look at somebody go, well, I think you look like a man so I'm going to say he, or I'm going to say sir, I'm going to say gentlemen. Or looking at somebody and thinking well, I think you look like a woman so I'm going to say, oh, could you help this lady please or she or etcetera? There's nothing wrong with gendered language, what the issue is with assuming. So, if you stop assuming and just ask politely and say, oh, could I check what your pronouns are, please? And how do you like to be addressed? Really great tip, introduce yourself using your own pronouns, I think, you can't see it on the on this particular screen here, I think on my zoom screen, what I have is Simon Croft, brackets he/him, which indicates my pronouns. Anytime I go out training my first slide will always have my pronouns on it and usually I introduce myself with my pronouns, too. But not always when I know some of that is visible to people, so if you introduce yourself with your own pronoun, then that gives a strong signal to people that they are also welcome to share theirs.

Steven Bruce

I was having a discussion about this with a fellow osteopath again, yesterday, the day before, I can't remember. And we were talking about the use of pronouns. And they suggested that when we have our initial clinic information sheets that we give to patients when they arrive, we could have a box at the bottom, which just said, preferred pronoun. And the reason we came up with that, why it seemed to arise was because you've already heard where I am in the country, it's a fairly conservative with a small c area. And I was concerned that actually there are some people who if I said to them, what's your pronoun, they might think I was mad or rude or something like that. But at the same time, I don't want to include, I don't want to exclude somebody who wants to tell me they're pronoun. But if there's a box at the bottom, I imagine most of those small c conservatives wouldn't realise why I'd put it there. But if they understood, they could actually put something in it. So, it's a discrete, a more discrete way of asking. I can totally think of one or two patients, if I said to them in the treatment room, what's your pronoun, they genuinely would think I was barking mad.

Simon Croft

What I think we have here is an interesting, something that does two functions. So, it's great to put it on your forms, I think that's absolutely an excellent idea. And also, it's great to have it there as an open text box, rather than tick he, tick she, tick they because actually, there are other pronouns in existence. And you make it a pronoun listed there that you don't recognise before, in which case, Google is your friend, put the pronoun into Google with gender neutral pronoun, probably, or pronoun and you'll get tables coming up that show you how to use those pronouns in sentences. I think the other thing is that we have these kinds of teachable moments as well around this that every time we give somebody who doesn't really know anything about trans people a form that says, can you tell me what your chosen pronoun is, I would probably generally say chosen pronoun or just pronoun instead of preferred, because preferred implies well, I prefer he but it's kind of okay to call me she, which it actually isn't. Um, so that's a really good moment, it's kind of bringing it in front of people's awareness and starting to usualise it, starting to, to make it just part of the

everyday fabric. And I think that's one of the great things about introducing yourself with your own pronoun, because actually, you might get some people looking at you as if you're a bit crazy. But in fact, what you've done is, there's one or two things is going to happen. They'll look at you as if you're a bit crazy. In which case, you can probably gender them on the basis of their appearance. You know, that's kind of probably what they're expecting. Or they'll say, oh, thank you. Yeah, actually, my pronouns are this and responding kind. But actually, again, you've just given that little opportunity to recognise that, you know, what I'm just not assuming. And this is perhaps the way that the world is moving a little bit to be more inclusive of people. So, it's just another one of those little moments, every time somebody stands up and does something trans inclusive other people will notice, even if they don't yet understand it and it starts to become part of the fabric of what we do.

Steven Bruce

Do you know I discovered it was remarkably difficult to use familiar pronouns in conversation? And you will probably have seen this on many, many occasions. But the osteopath I was talking to prefers the pronoun they. And so, I was saying, she prefers the pronoun they, which of course, you think was bloody stupid, of me because I've just used the wrong pronoun. And it's very hard to continue to use that, particularly if there are two people involved in the conversation because they can also mean plural. And they said this could mean the both of them had said something and it got me very confused.

Simon Croft

It's an interesting one. Absolutely. That, what you said there is like, he wants to be called they, it's so common, so many nonbinary folk or people who use they/them pronouns encounter that all of the time. So you're not alone there. I think it is really important to make the effort to gender people correctly, it makes an awful lot of difference. For me, I can still remember how amazing it was when people first said Simon and first said he, when I transitioned over 20 years ago, and yet that's over 20 years ago, over two decades, and I can, it still can send a shiver down my spine as to how amazing it was. And I also remember how crushing it was when people got it wrong. And by and large in 99% of those interactions, there was no malice but it doesn't stop it hurting. It's like if you tread on somebody's toe it doesn't mean that it doesn't hurt just because you didn't mean to stand on it. So, it is important to get it right as quickly as you possibly can. I think the other thing is to just reflect a little bit on our use of they/them singular. It made it into the US Merriam-Webster Dictionary as the word of the year. I think it was last year. Don't quite quote me on that, although it's now being recorded, so I am quoted on it, but don't mind. So, it is very much there, we have used they/them as a singular pronoun all the time without realising it for years and years. Oh, somebody's left their umbrella on the bus, they're going to get really wet today. Singular they/them it's not to people's umbrella is it? If you look at the, if those of you who watch Bake Off, when they're doing the exercise where people aren't around, and they're looking at just the food and say, oh, this person has done such and such, they've done this, they've done that, they've made such a good job of this. Yeah, they'll be really pleased with this. All of a sudden, we're using they/them naturally. And I think it's just a linguistic habit. So, we can shift our linguistic habits, we do it all the time. And what's really fascinating is that we have a precedent for this in the English language before. We're not saying oh, thee will want to turn on thy computer for the CPD tonight.

Steven Bruce

Unless we're Yorkshire, then we might.

Simon Croft

Possibly yeah. But actually, thee was the original singular and you was plural. And now we use you as singular and plural. And we don't experience the same confusion there. So, I think if we draw our parallels and we start to build that confidence, I think this is the key thing. A lot of this is about confidence. Yeah. Okay, we're gonna make mistakes to start with. If you make a mistake and you notice it, acknowledge it, briefly, apologise, move on. Don't start to run rationalise the mistake if you're in a hole stop digging. That's generally a good maxim.

Steven Bruce

There's sort of a one of our standard responses when we make a mistake, or someone tells us that we've made a mistake. Someone says I don't like to be called she I like to be called they, a standard response might be oh, no problem. And I was warned that actually isn't necessarily the best response, because it implies that the person concerned is the problem. Is that something that you think would be picked up on by trans people, generally?

Simon Croft

By some people, I think perhaps what is most important is that we get us a sense that the person is recognising the mistake, is sorry for that and wants to do better. I think we as trans folk have quite good antennae about who is who's made a genuine mistake, and who is being deliberate about some of these things, which does happen, or actually, people just being lazy and not caring, you know, we can distinguish reasonably well and reasonably easily between those things, we've had an awful lot of practice. So, what I would say is, in those circumstances, I'm really sorry. So, can you, if they haven't made it clear, can I, can you tell me what your pronoun is? Okay, I'll do my very best to use that from now on, please do correct me if I get it wrong again. And it's just be, just apologise and move on, as we would for many other things. And many other mistakes that we make, I think don't over apologise because that starts to make it about us when we've made a mistake. And I'm not immune to this, you know, I misgender people from time to time and slip up, we all do it, you know that's something, that is going to happen when we use language in whatever ways. But in this particular instance, it is quite deeply felt. So, it is for many people. So, it is important to make the effort to get it right as soon as you can.

Steven Bruce

Simon, do you have any idea how many people there are in the UK on the trans spectrum, as you referred to earlier on?

Simon Croft

Oh, that's a good question. The general number that is being used Europe wide is currently about 1%. And by trans spectrum, we would mean anybody whose gender identity does not match or sit comfortably with

the sex that we were assigned at birth. So that can include for example trans men, like me, so somebody assigned female at birth whose gender identity is man, is male and trans women, somebody assigned male at birth, whose gender identity is woman, female. But those are what we might term binary trans people, binary, just being any system that only allows for two options like on/off, true/false. And in terms of sex and gender, we are talking male/female, man/woman. But actually, nature is a lot more diverse than that, both in terms of sex and in terms of gender. What we're all brought up to think that we know about those two topics is simply, it's vastly oversimplified and reduced and that the reality is much more complex and fascinating and amazing than we might recognise. So, when we're also talking about gender identity, you may hear the term nonbinary, which kind of does what it says on the tin and it means somebody who's whose gender identity isn't exclusively or only male or isn't exclusively or only female. So that might be somebody who is neither male nor female or both male and female, or has another experience of gender, which simply doesn't map on to one of those two kind of typical traditional identities. And some of those can be the vast array of amazing indigenous identities that exist across the world that, again, don't align with a white Western understanding of trans or non-binary at all. And they're right across the world. And if you go to Gendered Intelligence's website, look up our professional resources, you can download a resource list there, which is, you know, it's huge, we've carved it all up by area, so you can find the stuff about health care and all of those kinds of things. You look in the international section, there's a link to a map, which shows maybe 40 of those different identities, you know, that just don't map on to those understandings. So gender is really diverse, you might also have gender fluid people who don't experience a fixed sense of gender, I think a lot of us think of gender as being very, very fixed thing, you know, this is how we are but actually, not everybody experiences it like that and may feel more masculine one day more feminine another, for example. And there are also Agender people who don't experience a sense of gender and wonder what on earth the rest of us are going on about. So, or maybe just a very, very slight sense of gender. So, there are all those different experiences out there. And that's just gender identity. And so, we may express our gender in multiple ways as well. So, gender expression, how we show our gender to the world through various kinds of social and cultural cues. So, it's really diverse. And to go back to your original question, around about 1% is kind of what is generally thought, but you know, the number of that group that undergo any kind of medical intervention by which might mean hormones or surgery, for example, it's a minority of that group. So, if you look at the LGBT national survey carried out by the government in 2018, I think it was, it's probably, I think it's still the biggest LGBT survey that's been carried out in a nation in the world today, 108,000 respondents of which 13,000 identified themselves as trans, of which 7000 said that they had the identity non-binary. So non-binary in itself is not a minority identity at all. So, we do need to get to grips with those, they/them and other pronouns, and recognise that we need more spaces on our forms to understand those different experiences of gender.

Steven Bruce

And part of the purpose of the question was to try to emphasise that, excuse me, there is a significant population, group within the population. A group who, as you said earlier on, may be a little reluctant to come and seek health care from people such as ourselves. And actually, we could make them feel a lot more welcome and actually help them out in a big way. If we just change our language and change other things. And Elsbeth has sent in a very useful question, she said, kind of anticipating where we were going to go, but

could we put it on our website that we welcome gender diversity? And I guess more, how would we do that without it looking a bit weird?

Simon Croft

Absolutely. Many organisations are starting to do that. And as I said, one of the key issues is, you know, you could be the most trans inclusive and welcoming practice in the world. But if we can't see that from the outside, we're still going to experience a lot of anxiety approaching you. So, putting it on your website is really great making a basic statement of trans inclusivity. But I think the key thing there is to make sure you've got it backed up with some stuff. If you're saying I'm trans inclusive, and the first thing that happens to me is I walk into your practice, I get misgendered. And I'm given a form that's only got male and female on it. I'm like, well, you're not trans inclusive yet, are you? So, I think one of the key things that you can do as a step along the way is to acknowledge that this may be something that you're starting on, and just say, you know, we are aiming to become trans inclusive, we are starting to work down that route. We acknowledge that we may not be perfect yet. But actually, if something goes wrong, tell us because we will listen, we will take it seriously, and we will correct it. I think that is one of the crucial things. So, few trans people ever complain anywhere, because we just think there's no point, nobody's going to do anything. Nobody's going to listen, nobody's going to take us seriously, we don't count. And so, I think it's doing something to acknowledge, to visibilise us, to recognise us, anything is going to be considered positive. I think, you know, trying to say yeah, we're really really trans inclusive, when you're not ready, that's not great. But just acknowledging that you're on a journey, you're on a pathway, you're working towards, that's all-good stuff. And so, it doesn't create false expectations amongst trans folk, but, you know, we're willing to work with people who are trying, you know, that's part of the picture of where we are at the moment. You know, that's, that's, we're up for doing that.

Steven Bruce

Yeah, the osteopath I was talking to actually has an image of a trans emblem, trans flag on website, and Justin perhaps you can bring that up, just so people can see what I'm talking about. And maybe people wouldn't want to go quite that far. But I had no idea that this particular emblem existed and of course, it's got a sort of a, multiple genders in the symbol in the middle but that particular coloured flag will be recognisable to many people in the trans community I imagine.

Simon Croft

Yes.

Steven Bruce

I said community. I mean, trans people are not a community, they're just people in society. But you know what I mean.

Simon Croft

Yeah, I think, you know, we, we sometimes use the term community because there is a community, but that is not necessarily every trans person, some trans people don't want to be associated with other folks. They

don't see themselves as being part of a community. So, I think it's quite right to question the use of that word. And it's quite insightful as well, because I think often, it's a word that's used without much thought. So, you can just say, you know, trans people or trans people as a group or something like that. So, there are two things on that particular image. One is the pink, white and blue flag itself, that is very common, you can get that as a trans flag pin, you can get that as a lanyard. So again, these are ways that you can signal trans inclusivity and get that as a little icon, I think is literally just gone up as a validated emoticon over some kind. I'm a little bit of a luddite, I haven't quite used, managed to use one yet, but I understand it exists. So, starting to use those, some of those things as signals is important. So, I had a great email from a contact at Heathrow just yesterday who's doing some things for Trans Awareness Week and it is Trans Awareness Week this week, so well positioned piece of CPD.

Steven Bruce

I wish I'd realised that.

Simon Croft

Saying that they're, you know, that they're now flying the trans flag over terminal two and also a lovely picture of it, you know, so it is those kinds of things, maybe acknowledging certain things. If you are a person who tweets or retweets, think about, you know, are you retweeting some trans positive stuff there. Are you following certain people on Twitter, for example? So, all of those things start to send a little bit of a message around things. And one of the biggest things that sends a clear message is language. So, whilst I've said, you know, you don't need to learn all of those 100,200 identity based terms, there are probably, we reckon at Gendered Intelligence, there's about eight to 15 terms that you do need to get to grips with to be able to have productive discussions and positive discussions in this area. And that includes a number of the terms that I've used already today. So, things like gender identity, gender expression, nonbinary, understanding a difference between sex and gender, and using those terminologies, appropriately, those kinds of things, you know, there you are, you can see how important they are, because a good few of them have already cropped up in the discussion already. And so when we talk about trans language, we divide it up into three areas. So, we divide it up into everyday language, which is the words that you need to interact with an individual who's in front of you. So that's name, pronoun, sometimes title, other gendered language, which might mean things like sir and madam, which are getting a bit dated in a lot of spaces. And, you know, you can just do without them these days, for the most time. And there are the strategies for you to just ask, listen, respect, that's the golden rule, ask, listen, respect. Can I check your pronouns please, or, these are my pronouns, is there somebody responding with theirs or not, and then taking the conversation forward from there? Then the other keys, that is the sort of set of eight to 15 terms. Understanding that we need to use those, terms like transition that I've also used to mean, the process of changing our outward gender expression to more closely match or reflect our gender identity. So, using the term transition indicates some knowledge and understanding, having the term nonbinary in your toolbox, knowing it, being aware of it shows a level of knowledge and understanding. So, if you're starting to use that kind of terminology, on your website, it's starting to send signals, if I read somebody's website, and it says, well, you know, we welcome those who've got the protected characteristic of gender reassignment. And I've had a sex change, I'm like, this, this place knows nothing. So, it's dated terminology, it's based in the language of the

law, it's based in the language of medicine, which is an interesting one to talk about in this particular setting as well, how some of those terms can be regarded as pathologising it, in particular, unhelpful ways. So, you know, there are a few terms, which if you understand them, and start to use them, they're very trans inclusive and then, there's all of those other identity-based terms, yes, you can pick up a glossary about that, yes, there's a few in the resource list if you want them, it's fine to skim and get a flavour of the kinds of language that people might be using to describe their experiences. But you don't need to turn yourself into a walking glossary. So no, pressure off that one, and to stop worrying, just have that strategy of exploring politely as and when they, if they come up in conversations.

Steven Bruce

I'm actually being asked by someone who's anonymous and whether we can have a list of those terms. And obviously, of the resources is the Gendered Intelligence website, but I'll also make a list. I'll put a list together and send it out to everybody who watches this or the recording so people can have that at their disposal.

Simon Croft

But by all means, remind me and I will send you that back particularly. What we can do for your particular audience, although we don't generally share it in its fullest sense, is that we, our list of those terms comes in three columns. So, term in column one, basic description with quite a fair bit of expansion on it in column two. But the third column is why we've included it on that list, why it is important, how it might enable us to think, how it might enable us to challenge certain practices or ways of approaching things and become more inclusive as a result. So, it's an interesting table that's I can offer your people there.

Steven Bruce

That would be very helpful. Thank you. Darren has asked about, you mentioned that it can be worrying, frightening for gender diverse or transgender patients to seek care. And we should make them welcoming, other than language, he says, what sort of things can we do as a clinic to make it welcoming at the door so the patient feels comfortable coming in for treatment, or not feel anxious, or feeling anxious when booking or attending so they can reach out for help. Obviously, we've covered some of those things. But again, a welcoming at the door and just treating people as normal would be, again, that sounds wrong. And I don't mean, not making it any different at the door would be, would be a good start, wouldn't it?

Simon Croft

It's an interesting one. So, I think we touched on the stuff before you get to the door, which is your website, your advertising, all of your kind of outward presence in that regard. Then I think the next thing is, depending on what kind of setup you have, you know, maybe if you're in a larger practice, you might have a reception, making sure somebody isn't misgendered or their gender is assumed at reception, the kinds of things we can face in medical settings are when people are called through, they can be called through misgendered in particular ways there, especially depending on what they might have come into your setting for.

Steven Bruce

You mean the receptionist is saying Mrs. so and so or Mr. so and so please come through or are there other things more subtle than that?

Simon Croft

It can be being called through by a particular name. And then the person looks them up and down as like, you can see somebody going, you don't look like a Mister, you don't look like you should be called Charles, you don't look like you should be called Fiona, or nonbinary folk, for example, oh, that's an unusual name for a woman when actually they're nonbinary and they're not a woman. So, I think the key thing is to start to recognise where we make assumptions, where we only offer binary. So, if I walk into, for example, my local GP practice, there's an automatic check in, and one of the first things it asks you to do is to tap a male or female figure on the screen. And it's like, well, that's not really very helpful for checking me in anyway. Because that's only kind of putting me into one half of your, your registered patients, it's not really narrowing the field down terribly, terribly well. What actually you need is my birthday, which is the next thing that you ask me, that is going to narrow it down considerably more.

Steven Bruce

Interesting that you say that because again, I had this discussion with the osteopath I was talking to you about, well actually do we need to ask anyone whether they're male or female, because, frankly, what we care about is their problem. And any of the, will come on to the drug or surgical complexities of being trans branched in a little while how that might affect treatment. But actually, we don't really need to know whether male or female, and the only reason I could think of is so that when we send out our marketing, if we're talking about treating pregnant women, and again, I'm seeing that quite deliberately, we know not to tend to the people who we think of as men. Yeah, just out of curiosity, there's some interest here, I've already been told off by Claire, because Claire says I'm using male and female pronouns to talk about the people who sent in questions. And if I'm getting that wrong then I do apologise to them.

Simon Croft

Well, they use they/them. So that's that. That's good. So yes, I think first of all, it's starting to become aware, becoming aware, look for the binaries, look for the hotspots, imagine that you were a nonbinary person walking through that door. What do you see? What do you notice? What posters have you got up? Are any of them showing any kind of gender diverse people or any kind of information about this, any kind of sign that says, you know, we don't tolerate transphobia here, you know, we are welcoming of the full diversity of our communities, we don't tolerate homophobia, racism, transphobia, any of those things. So, if you've got that kind of listing that make sure that that's then on the list. So, it's certainly a really good point to say, well, don't ask for gender just because we often do, you know, the number of times you get asked the agenda when you're signing up to wireless, for example, you know, it really, really isn't necessary. So, question, do we really need it? If we do need it, make sure that we're asking the right kind of questions. And so, you know, I think that that's a key thing, look for those hotspots. Where are we gendering somebody as they come through? What are our toilets looking like? Do we have gender neutral facilities there? If not, can we do something about that? So, thinking, look for all of those spaces where you're dividing people by gender,

where you're assuming gender and it's hard to do to start with because we're so used to assuming it, it's just, for most of us, it's just part of the background noise that we don't even realise it's going on. But each and every one of us who, who blends in with others of our gender, who, you know, anybody who is cisgender and cisgender basically means not transgender. So, somebody whose gender identity matches up in the culturally expected way with a sex assigned at birth. And that's another one of the terms on the on the list. Cisgender people can just take this for granted, are constantly having their gender identity reinforced and supported. Every time somebody, you know, gets their pronoun right, every time they walk into a toilet and nobody questions them. Every time somebody says Mr. or this gentleman, it's dozens of times a day for every person, a good exercise is to just try and notice when that happens, it's a little less easy at the moment, because we're less out and about in the world. But try and notice when that happens, notice how often you are gendered correctly. And then imagine what it's like if every one of those interactions is wrong, what that starts to do to your sense of self, to your levels of frustration, to how you're feeling and then start to look for those hotspots in your particular clinic. Because you know, it's going to vary from place to place. Some of you may have reception, some of you won't. Some of you will have particular facilities, some of you won't, it is very much about looking through your own setting with a critical eye and saying what can I see here? What assumptions am I making? What's on my forms? What's on the database? What options do we have?

Steven Bruce

Curiously, when somebody refers to this gentleman, this lady actually they're trying to be polite, aren't they? They're trying to make them feel special by being given a title like that. And I'm trying to think of a circumstance where I might say it, but I'm also trying to think of a second of how I might rephrase it, because this person doesn't sound quite as polite as saying this gentleman or this lady, wouldn't to my population around in this area.

Simon Croft

I think most people that, depending on your particular setting, what's useful is to sit down, generally with a couple of colleagues, if you can, and a pen and paper and spend literally five minutes and go, what different terms can we come up with? And it could be client, it could be customer, it could be colleague, it could be, you know what one of my one of my nonbinary colleagues always says, well, you know, if somebody stands up and said, esteemed guests, instead of ladies and gentlemen, they say I'll take that, that that'll do me very nicely. I quite like being an esteemed guest. So, we can still be quite formal at times, you know, do we want to be formal? Do we want to be informal? Let's maybe talk about the relationship that we have there. So, customer and client and colleague tend to be relationship type terms, and I think, or visitor or guest or any other sort of terms. So, I think most people in most settings can sit down and in five minutes, come up with half a dozen terms that will suit very nicely for their particular setting, whether that's formal, informal or whatever, that are just, you know, terms aren't assuming gender to start with. You know, if somebody then says, oh, you know, I prefer you to call me sir, fine, use it, that's what they've asked for. And again, it's the ask us and respect, you know, that's the idea there.

Steven Bruce

the right person, to be known amongst the people who know me fairly well disliking it when people assume that they can call me by my first name. And I prefer them to call me Mr. Bruce until I invite them to call me by my first name, that's a hang up from my military days when invited people who've been more or less warm with you. But of course, actually, from what you said here, perhaps I should accept the fact that it's much easier and better and safer to call people by the name they've given you rather than assume that there are Mr. or Mrs, or whatever. And Pip has asked whether asking for a title is a better thing to ask them than to ask for gender.

Simon Croft

Well, titles don't tell us anything about gender identity. So, actually, it's a really good question. Thank you for asking that. I think that we're asking for two slightly different things. So, for example, nonbinary people may use they/them pronouns, or they may use he or they may use she, likewise, people who are men or women could choose to use they/them pronouns. So, it doesn't necessarily tell us anything about gender identity, often it ties up, but not always. And the same is true for titles. So, some titles are gendered. Like Mr. for example, and a good one there to go back to is, how would you like to be addressed? Which again, can be interpreted in multiple ways, it can be interpreted as, do you like to be addressed in a formal or an informal way, but it can also be interpreted to, around sort of, you know, what kind of pronoun do you use?

Steven Bruce

I suppose they also want to know what to put on the envelope if we have to write a letter.

Simon Croft

Indeed, yes. And so again, I think it's about us not necessarily going down a one size fits all. So, I think this speaks to that point that I made right at the beginning, which is when we start to open up questions around trans inclusion, we open up questions that can make things better for everybody. So, if we're not assuming, then maybe we've got an opportunity to find out who prefers to be addressed by their first name and put that on the on the letter or the envelope and who prefers to be called Mr or Mrs or Mx. Mx is a gender-neutral title, pronounced mix or mux sometimes, which anybody can have, an increasingly, cisgender women like it because it's non-gendering. It doesn't have the Ms, Mrs. thematic which we have around kind of marital status that men don't have. So again, it's questioning some of that, all those kinds of patriarchal norms and things that we might have, which might be good to challenge a little bit. So, yes, it enables us to just meet everybody's needs. So if we don't assume gender and don't assume what language people want, then we can get it right for everybody if we follow that ask, listen, respect. And sometimes it's not always what you expect. One of my colleagues encountered a situation where somebody had said, sir to somebody and the person really was like, hey, I'm not a sir. Oh, what do you want instead, then? They said, I am Lord, so and so. You don't always know kind of who the person is you're talking to or what they want. It just goes to show, we've got to ask, you know, in all of those circumstances, and I think it's going back to that point, we asked about people's names so let's just not be lazy. And let's ask about what other language people want to use about themselves. And then it's going to work for everybody.

Steven Bruce

Emily has asked, how would I know that my patient is on the gender spectrum? Obviously, unless they say, should we ask about each patient's pronoun? Now that's, obviously, that's something we have covered that latter part there.

Simon Croft

It's an interesting point there. Because sometimes we use the term gender diversity just to mean sort of trans people or people who might be gender different in some way, or the gender spectrum to mean people who are different in some way. But actually, we're all on the gender spectrum somewhere, potentially, unless we're maybe agender in which we're really outside it. If you look at sort of gender theory, we've gone from a binary of male and female to a spectrum, which is defined by male and female to the ends to a cloud that is not defined by those binary points of male and female at all. So, if you want to go down to the gender theory route we can, you can be really expansive about it. So that notion of a spectrum can be quite useful, but actually, on that spectrum are cisgender men and cisgender women. So, I think that, you know, you've hit the nail on the head there by saying it is about that, that usually using certain practices, that we don't just ask when we think we have a trans person in front of us, we start to ask everybody, and again, there's those educational moments or we're handing over a form where people can put their pronouns in. So, I think, you know, that's quite an important thing. If you think about it, if I am in a queue, and everybody ahead of me, says, when they get to the to the reception desk, the receptionist says, could I please just check your pronouns, please? You know, can I kind of check what your pronoun is? Then I'm not going to bat an eyelid when I get there. But if nobody in front of me is asked, and then I pitch up at the reception desk, and I'm asked that question, I'm like, well, what is it about me? What have you seen? I feel a little bit vulnerable now, feeling a bit exposed? Who else has heard that question? You didn't ask those other people that question, but you've asked me it now. So yes, we do need to start usually saying that, having said that, it is, can feel quite tough to do that at the moment. So, think about how you might start to introduce it. Because it's still better to ask the question when you're unsure than just a guess and misgender somebody. But really the next stage is to make sure that we're embedding that in our usual practice.

Steven Bruce

Yeah, I think in terms of what Emily was saying that a lot of that information, too, will come out as part of the medical questioning, won't it? Because we are going to ask, have you had any previous surgery? We will ask, are you on any drugs that we should know about? And I would imagine that at that point, I mean, not necessarily going to a head surgery, but, at some point, if it's relevant to us, then that information will become apparent. And we don't ask those things in aggressive ways if it's a legitimate medical question. And perhaps that's the easy way out of that is just leave it to the medical questioning to bring out that information.

Simon Croft

Yes, that is one place to do it. But I think we've still got to get into the environment where we are engaging with that medical questioning so that there is a little bit of a gap between engaging and that. I think also that gap can include, for example, contact by phone. And one of the key places trans folk a regularly

misgendered is on the phone. So, I am never misgendered in person anymore. But about 50% of the time, I am misgendered on the phone, people assume my gender and get it wrong. And so, I think people need to be particularly vigilant around that and not assume, not to use that gendered language in those circumstances. And sometimes you can just avoid it. You just sidestep it and it's about a bit of practice and getting confidence. So much of this is about confidence and just getting used to those slightly different habits. And recognising we might feel a bit exposed when we're starting to do these things for the first time, but then, you know, it starts to become pretty usual it starts to become second nature, it's very, you know, it becomes much easier. Like many linguistic habits we pick up, we've only got to reflect on how much language we now all know and use regularly around IT, you know, Google, Zoom, apps, smartphone, dozens and dozens of terms that we've all learned without batting an eyelid because they're actually useful to us. So, it's about stepping into that space a little bit as well.

Steven Bruce

An anonymous person has asked, and they've emphasised, they're asking this nicely, and with respect and kindness, they've said, cis is such a horrible word. And whoever it is, they understand that it's a scientific word, trans/cis, is there any chance non-trans people can choose something nicer?

Simon Croft

What I would say is that the right word to use about anybody is the term that person chooses or asks you to use. So, you know, as a matter of respect, I think, since this goes with trans as a Latin pair, and is a useful shorthand, so when we're talking generally, we do use that term, we consider it to be an absolutely neutral term. And it's a really important term for particular reasons, which I'll come on to in a moment. But actually, if the particular individual doesn't like that term and says, I would prefer you to use non-trans, okay, I'll use non-trans, you know, something like that. But however, if that person were to say, well, I don't, I don't need a term, you know, I am, I'm just a woman, or I'm just a man sort of thing, then I think we need to have a slightly different conversation. And likewise, if that person would say, I don't want to use the term cis, I want to use the term normal. So, I think you've already reflected on the fact that the term normal can be pretty charged, it comes with a lot of value judgments and things like that. So, we would need to have a slightly different conversation there. And I think one of the key things here is that, when we use the term cisgender, we are acknowledging and making visible a life experience to which a lot of privilege is attached. And what happens in our language is that we usually name difference before we name what's usual. So, for example, the term homosexual came into being before the term heterosexual. But of course, we know that being heterosexual carries a lot of privilege and advantage in this society in comparison, and likewise, so does a cisgender experienced all of those assumptions that can be made about access to teams, to spaces, to clothes to language, that cis folk can take for granted, it's really important to visibilise. So, when we're talking sort of generally and globally, we use trans and cis, but just as we recognise that some people who have that experience around their assigned sex at birth not matching their gender identity, so no, I'm not trans, that word doesn't resonate for me at all, I want you to use this word or that word or a different word. That's absolutely fine. And we respect that on an individual basis. So, I think that there is a difference between the general usage that we might find, as using it as umbrella terms in places like, for example, policy or wider

discussions, and or just written, you know, that's not incompatible with recognising and respecting an individual's chosen language.

Steven Bruce

Can I take you back to something that you touched on a moment ago? This seems to be a huge issue whenever sex or gender is talked about and that is toilets. And people get very emotive about who should use their toilets and you said make the toilets trans friendly. Now, most of us in the osteopath, osteopathic and chiropractic worlds will probably not have the luxury of multiple toilets in our clinics, but some will be in bigger practices. What is it that makes the toilet trans friendly?

Simon Croft

I think there are two things. One is making sure that you've got a gender-neutral facility so that non-binary folks can use it. So, if you imagine walking through the world, nonbinary, you go to a venue, there's only male and female toilets, you don't feel able to use either. You know that can feel a really stressful experience. And also, it can feel and be deeply unsafe. So maybe you've gone to a venue, you'd like to have a cup of coffee, you're not gonna have anything to drink, because there's no way you can go to the loo. You've gone out for the evening, do you know what, I'm going to be out for an hour or two and then go home because there's nowhere I can go into the loo. It really starts to affect people's lives. And when we see young people in schools and we do a lot of work in educational settings, we see young people who don't eat or drink all day if the school won't allow them to use the toilet that corresponds with their gender identity. Because they simply don't want to be forced into gendering themselves in a way which is absolutely anathema to them. And of course, that impacts on people's health. It's not gonna be great for their concentration, they may get a headache and of course it can lead to things like bladder infections and stuff like that and lead to physical health issues as well. So, thinking about toilets in those terms, it really does actually have a health impact. So as healthcare professionals, it's something to think about. And I think also, you know, we're so used to actually using gender neutral toilets in so many places, I would imagine, there's probably no one on your call that has anything other than a gender-neutral toilet in their home, I haven't yet come across anybody with a mansion big enough to have men's and women's toilets in there. Likewise, when we travel on any kind of transport, trains and planes, all gender-neutral toilets, you go to virtually any Starbucks, the only one I've found so far with gendered toilets is oddly enough in Brighton. They're all gender neutral and accessible. And I think this is another dimension to it. Again, it's thinking about everybody being able to use toilets. So, if we've only got one toilet, it should be gender neutral and accessible. Then we think about toilets and often the accessible toilets, you know, there may be men's and women's and then there's accessible and that's always gender neutral. So, we're expecting all the disabled men and women to be happy with gender neutral toilets. And they are, you know, that that's kind of fine. So, all of a sudden, we start to recognise we were putting in place double standards around some of these things, which is, which is interesting.

Steven Bruce

And you probably get some funny looks as an able-bodied person, and in your case, looking very male, if you walked into the accessible toilets, instead of going into the one that everyone would say, this toilet was assigned you at birth and that's what you should have.

Simon Croft

It's a really good point. So, depending on what kind of arrangement you have, if you've only got one toilet, it's inevitably, as you said, going to be gender neutral. But if you've got more than one toilet, then you need to start thinking about what the options are that you're going to offer and what the approach is. And there isn't necessarily one right answer around this. So, I think if you've got two, it's not great to go to men's and women's, because immediately you've excluded nonbinary folk, but if you've got three, well, then you're starting to get more possibilities. What can happen in some spaces is that there is men's and there's women's, but actually the main cubicle, which is fully enclosed is actually the accessible toilet. So, at Gendered Intelligence, were not in our office at the moment. But as and when we get back there, we are a small organisation on a shared floor in a shared building with a landlord that's about three tiers of contract above us. And all we have been able to do is to make the accessible toilet accessible and gender neutral. So, an explicit signage on it saying, you know what you are welcome to use this. What it does, of course, is it does make that toilet available for everybody. And that can reduce the availability of it for people who may genuinely have an urgent need to use an accessible toilet for accessibility reasons. So, it's not ideal, but it is an option, which may help us in the shorter term. And then when you if you're getting up to large practices with multiple toilets, you may wish to designate some as men, some as women's, some as gender neutral, then there's options for everybody. But what is important is the second part of making toilets trans friendly, is ensuring that, in fact, trans women are welcome to use the women's toilet, trans men are welcome to use the men's toilet and being explicit about that and having practices in place which support it. And by that, I mean having an approach which says we just assume that people use the toilet that is the best fit for their gender, we're not going to call out anybody on the basis of their appearance, walking through a door with a particular stick figure on it. And of course, if we start to do that, if we start to police on the basis of visual gender, then we actually affect way more people than just trans folk, we start to affect any, if you like, gender nonconforming cisgender people. And this has happened many times, you know, there was a particular case where a young lesbian woman was holed out of the women's toilet in McDonald's by security guards, violently ejected from the premises saying you shouldn't be in this toilet. So, when we start to police on the basis of a visual gender or gender expression, we end up in trouble very rapidly, you know, to require people to meet particular visual norms to have access to spaces, to do something as, that everybody has a right to be able to do, you know, go to the loo, is not good. Of course, if you see, so one of the things we say at Gendered Intelligence is it's behaviour, not bodies. So, if somebody, if another patient was can't say, oh, I've just seen a man go into the woman's toilet. And like, yeah, okay, and you know, there could be lots of reasons why somebody male would appear who might do that. My response would be oh, no, what have you seen that gives you cause for concern? And it's just like, well, well, it was a man. It's like, no, has that person been doing something inappropriate, it's behaviour, not bodies. If somebody is trying to peer over toilet doors, if somebody is, you know, upskirting or something like that, of course, you go and address that behaviour. And that's where that person is trans/cis/otherwise, you know, it doesn't matter what gender identity or gender expression that person has, what is inappropriate is the behaviour. And that is what we follow. To go down the route, just go, well I just go and check implies that there is something appropriate about appearing masculine in the women's toilet. And you know, there's an awful lot of issues that sit around that, you know, in many ways it is deeply anti-feminist to be to be judging women on the basis of those appearances.

Steven Bruce

It's been pointed out to me, as I said, when we started this little section that actually most of us don't have the luxury of more than one toilet in our practices, and therefore, it's not a problem. But I still feel it's a discussion worth having, because it's a societal problem, isn't it, and you know, that that bit of education, just the awareness that it can be difficult for a trans person going out for an evening drink or whatever, because of those things. That's a discussion, which we ought to be able to have with people.

Simon Croft

Just to touch on that slightly further is, if you've just got one toilet, you can just label it toilet, but you might also want to label it, you know, universal toilet, toilet for everybody. And that, again, is starting to signal, we're thinking about everybody, we're being inclusive, okay, we might just have the one toilet, but you know, we're being inclusive here. So, you can think about that as well. But just toilet is fine, too. In many ways what we need to know is, what's behind the door? It's a loo. That's kind of what I need it to be using at this point in time. That's fine, you know.

Steven Bruce

Somebody has asked us if you can help us find ways to discuss pregnancy. Now, I don't know in what context they're asking that question. But of course, one of your colleagues, Jason, and a lady that I know Rachel Mira, between them helped put together a film about pregnancy and a trans couple, didn't they? Which I think Justin can probably bring up the poster frame for that picture. I watched it on Amazon. And it's a really interesting, very interesting film for all sorts of reasons. I mean, it cost about two pounds 50 to rent or something. But it could be a really interesting introduction to the issue of pregnancy and trans couples.

Simon Croft

It's an absolutely excellent film. I mean, I'm not only in favour of it because Jason is a colleague of mine, but it is really an amazing film. And he's warm, and he's funny, and it and it's poignant.

Steven Bruce

He's a standup comedian, as well, isn't he?

Simon Croft

Yeah, he's some of that, too. So, if you get him as one of our trainers, you can probably expect a bit of humour along the way. But that's something that quite a few will try to bring but Jason is particularly adept at that. It's not the only film Seahorse is a slightly newer film with Freddy McConnell, who is another trans man birth parent. And so, I think, you know, this is something that we need to think about. Again, there is quite a lot of discussion now around recognising that it's not only might be mainly women that menstruate, but it's not exclusively women that menstruate some trans men do, and some nonbinary people do. Likewise, it's not only women that get pregnant, some trans men do, some nonbinary people do. So, I think some of this is about not necessarily bolting two things together. And I think, one of the things that often happens across the medical profession is that we assume anatomy from essentially a gender marker. So, if I

go to a place, and I have my male gender marker and that's my legal gender as well, you know, that's what I will put down, that's my gender identity, it's my legal gender, but actually, my anatomy is not in all ways, what somebody might be expecting for most men to have. And in particular, sometimes there are situations where, for example, I was involved in a project. And it was called, There Is No Word For It. And it was literally talking about trans men's genitalia in certain aspects. And recognising that, in fact, there is a whole world of words, but none of which are particularly well used by the medical professionals. And one of the stories in there was of a trans man who went to the doctor to ask about cervical screening, because when you have an M code, you know, male code on your file, the system will not call you for cervical screening, if you have a female code, it will not call you for prostate screening, so automatically trans folk are getting a poorer service than other people who can be called for those screenings. So, you have to go and ask for them. And this particular man went and asked for the cervical screening, having screwed up his courage oh, you know, it's difficult to ask, you know, it's really, really hard to ask this kind of thing and to acknowledge those body parts and things, and the doctor just looked him up and down and said, men do not have a cervix. You know, and then what happens? Does that person try and hold their ground and say, well, actually, I'm a trans man, and I do and that person might be, what does that even mean? You know, you still get those experiences, those are kinds of difficult experiences that people do encounter and that people fear and what might then happen that that man walks out of there and just never goes back, never has a screening, that may be really important, that might save his life.

Steven Bruce

That is a really, really golden nugget of information for us in clinic because, of course, in the course of our conversations, we might actually ask somebody, have you had cervical screening? Have you been checked for prostate cancer and knowing that, knowing now that you can do to somebody who all intents and purposes might be female, might be male, might not fit the mould, is very helpful I hope for practitioners and perhaps giving the patient then the confidence and the reassurance, the empowerment to use our work, which I generally don't like, but the empowerment to go to a GP and insist?

Simon Croft

Yes, and I think one of the things is, you know, how do we talk about anatomy, so there's a really wide range of experiences amongst trans folk in relation to anatomy, which relates to sex characteristics, for example, you know, I'm imagining that probably, you know, a number of those aren't necessarily ones that come up regularly in your practice, but certainly, breasts may well do. That can be such a charged term for a trans man, whether he has that part of his anatomy or not, he may well be calling it his chest. And so to, what's really important is to ask, you know, what language do you use for this body part? If you know that somebody is trans or nonbinary, you know, if you've been working through a good form, which is exploring some of those things and then starting maybe to ask, you know, are there any other bodily differences that you think might be relevant here? And sometimes, or is there anything else you would like to make us aware of or tell us, and sometimes, you know, that could be anything, it could be somebody who's experienced FGM, it could be that I'm trans, it could be you know, any number of things. And you can potentially put some examples in there. And so, if there's anything else that might be relevant, for example, you might want to tell us that you're a trans person or a person of trans history and that you have different anatomy in, you

know, that you have particular anatomy, that it may be relevant for us to know or understand, just to put some of those phrases in there and flag up some of those things. It's showing that I'm aware, it's showing that you can have a conversation with me, it's showing I'm going to be sensitive to it. And then if the next question is, okay, so we're going to need to discuss these particular parts of your body. What word do you use for that part of your body and then using that word, it can so make the difference between someone's comfort and somebody not coming back or not feeling able to approach you. That's really key. It can also mean something like, you know, when we're really scared, just acknowledging you can bring somebody with you if you like and bring a friend. Because sometimes when we don't feel able to stand up for ourselves when a mistake happens and maybe you've made a genuine mistake, but you've not noticed it, it might just be that bit easier if we've got somebody there with us, oh, don't forget, Simon uses he/him pronouns, that sort of a thing, numerous things there.

Steven Bruce

You mentioned a moment ago cervical and prostate checks and so on. And it made me think, when you started to talk about the chest and breast, trans men may therefore be, I presume, more susceptible to breast cancer than a cis man. Is that the case? I don't know, if they've had surgery to reduce breasts and make them more like a standard male chest? Are they still more likely to get breast cancer?

Simon Croft

Not necessarily. So, your kind of, I do not have good medical knowledge, but my understanding would be, volume of breast tissue does have an impact there. Certainly I, as all men should, I check myself regularly. So that is a thing, I think it's also to do with circulating hormones. So, for example, not only trans men and trans women, so people with binary identities, engage with hormones and surgery, some nonbinary folk do as well, because they may want to perhaps be more masculine or more feminine, may want to have a flatter chest, for example, or something like that. So, it may also affect people differently. So, I think that there is, I think we're a very understudied population, I wouldn't like to speak with any authority around that.

Steven Bruce

Actually, just advising to do normal checks regardless is a sensible measure, isn't it?

Simon Croft

Yes, yes, I think so. And I think, you know, you mentioned pregnancy earlier, and just acknowledging that aspect of things because, you know, I went to, I had my shoulder looked at in hospital about a year or so ago, and I was sitting in the waiting room and there was one of the X-ray symbols up on the wall, and it said, you know, women, please notify reception if you think you may be pregnant. It's so easy to fix that label. Just notify reception if you think you may be pregnant. You know, most people aren't even going to notice you've taken the women off, you know, but trans folk will notice that actually, it's inclusive of them.

Steven Bruce

I suspect that you're at the hospital, they will say they want to draw your attention to it because you're a woman, and therefore that word woman is important. But actually, if pregnant was the first word that would

draw people's attention to it, just as importantly, wouldn't as easily. Yeah, yes. And Baron has asked what medications a trans patient might be taking that might affect our treatment.

Simon Croft

That's a good question, I can tell you a bit about what trans folk typically take. But exactly how it might affect your treatment is probably outside my sphere of knowledge. So trans men will typically be taking some form of testosterone and that adapts our bodies in particular ways. So you can see from my appearance that it causes beard growth, it can cause male pattern baldness, so it can cause you know, more body hair and those sorts of things, it also tends to mean a redistribution of fat to a more masculine typical pattern, it also means that we are more likely to have muscle development which more closely follows a typical male pattern, but you know, this, you will know that the spectrum of different bodies that you get amongst men is extraordinarily diverse and most trans men will be falling somewhere in that spectrum. So, it can cause a few other things as well. Some of that, you know, if we have retained uterus, for example, or ovaries, and those kinds of things, then, you know, it can affect those in certain ways. It can cause some atrophy, it can cause some issues around that. But those are issues that are more likely to come up if somebody is actually engaging in a cervical screening, which I don't believe your delegates do.

Steven Bruce

No, but our members, our viewers, they're required to have a broader view of health care. So being aware, being aware of might be important in terms of someone else, even if it's outside our own remit is very relevant.

Simon Croft

So, I think you know what, one of the things is that because trans men on testosterone typically won't be having, won't be menstruating, then that can disguise things like ovarian cancer, for example, where irregularity can be one of the signals, along with bloating and other things. So, I think it's, again, making sure that people are aware of things, maybe getting checked out in particular ways that actually going actively for screenings may be quite important. So, for example, one of the ones that is recommended is like a sort of 18 months to year uterine screening, ultrasound screening. Not everybody is able to tolerate those screenings. You know, for some people, it is just too invasive, too difficult. But the more that professions can make it easy and welcoming, you know, the more people feel able to go for it. In fact, I've got a lovely link today from Jo's Trust, which does a lot around cervical screening. And they've got an amazing bit on their website now about trans and nonbinary inclusion and that would actually be really relevant for a lot of your delegates to pick up on. Let me just see if I have, I think I might have noted a web address for you here somewhere. Excuse me rustling away in the background. Yeah, Jo's Cervical Cancer Trust. It's been done in partnership with the LGBT Foundation. And there's a page there, Barriers to Cervical Screening for Trans Men and/or Nonbinary People. And you'll find that quite a lot of the information on there is quite transferable, you know, talking about language, talking about body parts, asking what people feel comfortable with in terms of that naming and those sorts of things. You know, some people will be like, you know, it's a vagina, call it a vagina, and it's just the body part, it doesn't define me, on you go and are fine with it and other people, it can absolutely make the difference between engaging and not. So trans

women will typically be taking oestrogen. And sometimes testosterone suppressants as well, they sort of do, kind of do the opposite to what a, you know, a lot of the testosterone does, but in terms of hair growth, if you've gone bald, it won't grow back. Without hair transplants, if you've got a beard, it won't disappear, it might get thinner and finer, but you need electrolysis to remove it, which can be painful, your fat distribution will move towards a more female pattern, your musculature will move towards a more female pattern. So those kinds of things occur. Yeah, those are sort of some of the key ones. I can link you up to some more specifics online if you want to follow those through.

Steven Bruce

I think it might be helpful just so we know where to find those resources. And perhaps very briefly, I have been asked by Elsbeth, whether you would talk to us about the J.K. Rowling argument and how we deal, how we avoid that.

Simon Croft

Any particular part of the J.K. Rowling arguments?

Steven Bruce

I gather, I gather, she has quite firm views about the place, that there are only male and female sexes in society, genders and society.

Simon Croft

Yes, I think that there are, you know, from our point of view, it is really unfortunate when somebody in a position of considerable power and privilege actually starts to use their platform to not only prevent further access of trans folk to things that other people can take for granted, but tries to roll those rights back. I think it's deeply unfortunate. I think one of the things is that the stuff that plays out in the media is very toxic, it's very polarised, and we can't have the kinds of conversations that we want to have. What it is doing for us is that it's meaning that certain questions come up in our training more often than we'd ever used to see, two years ago, people would pitch up to our training, they say, I don't really know anything about trans people, you know, I want to do this right. You know, tell me stuff about trans people. Oh, gosh, I didn't know that. Oh, yes, I can do that. Yes, I can use they/them pronouns. Oh, gosh, yeah, that totally makes sense. I couldn't go and do some of that stuff. It's really simple. And people would just be positive and open towards it. And now what we're starting to get is questions, which I think are driven by some of the narratives that people are seeing in the media. And people are asking these in a genuine fashion a lot of the time, they're not asking it because they want to be mean or they want to exclude people. But we might get questions for example, yeah, but what about the safety of women and girls? You know, I said, well, okay, the first thing I would then do is explore it, and say, okay, so tell me a little bit more about that. What do you mean, you know, where do you think the safety of women and girls might be compromised? What scenarios do you have in your head? Because we cannot address nebulous fears. And I think a lot of this, there is absolutely a lot of evidence that the things that have been put forward are things that are either happening or as fears of these things happening, do not happen. There is factual evidence to say it doesn't. You know, there is, for example, we see things about trans women dominating sport. Well, factually, they're not. There

is never, to my knowledge, been a trans woman in the Olympics, let alone one that's been on the podium, let alone one that's been an Olympic champion. And yet, that's been over the whole time that trans people have been able to participate in the Olympics, over 40, 50,000 people. So surely, we should have seen, you know, a few trans women being successful by now. So actually, what we have is massive underrepresentation, not overrepresentation. Likewise, you know, all the stuff around toilets and stuff. Absolutely. The facts are that it's not a thing. So what we can do is when we've got a real question in front of us, we can unpick it, we can explore it, we can understand where people's fears are coming from. So that tends to be our approach. I think what there are, is that there is a small number of people who simply don't want to have anything to do with trans people. They think that they own certain spaces, just by virtue of the fact that they had the privilege of being born cisgender. And you know, that's not really, why are we thinking in that way? What are the ways that we can move everything forward? Yes, there are plenty of issues around women's oppression and women's exclusion, and women's marginalisation in many, many spheres. But excluding trans women from those discussions, when they can bring an awful lot of value and particular experiences to it just doesn't help. This is about everybody moving forward. This is kind of where we want to be. So by and large, we try not to respond to those particular things. We try to take a front foot positive position, we say, you know, how do we make this work for everybody, you know, this is about more options and opportunities for everybody. But I think there is a point that when somebody is refusing to acknowledge somebody else's gender identity, refusing to say, actually, this is saying, this is my space, and you are not entitled to be in here, we start to see harm caused, actual harm. And that's not offence. Offence is one thing, but harm is another. So, we've spoken about what it is to be excluded from toilets. And of course, if trans women are pushed out toilets, they can be pushed into places where they can be sexually assaulted, where they're going to have to have a wee down a dark back street where, you know, they're vulnerable. All of those kinds of things start to come into play. And repeated misgendering causes mental ill health, we see high levels of mental ill health amongst the community.

Steven Bruce

You're anticipating the next question perfectly there, Simon. And I'm glad you did, because I would have found it very difficult to ask it without feeling that it was an inappropriate question. I was wondering whether psychological health is a component of overall health that we should consider more carefully with trans folk, because I'm not suggesting that psychological problems lead to people becoming trans but all those things that you've discussed probably have an impact on people's overall mental health.

Simon Croft

Absolutely they do. So, we see in the statistics, and those statistics in this area are wholly robust for loads of reasons. As I said, we're quite an understudied population. But they are all indicative. And they do all point the same way. And that is very much that trans people have much higher levels of mental ill health than the general population. But a lot of this is to do with the social and cultural exclusions and situations that we face. So, there's a study from America, from the oh, gosh, now I can never remember exactly which one of the associations is the most reputable American Association that works with psychology around children. That shows that young trans people whose gender is respected, who are basically allowed to use a gender appropriate name, they're called by the right pronouns, and they're able to use the facilities of their gender

identity, experience no higher levels of mental ill health than the rest of their cohort. So, it shows very clearly just how much of that is to do with the social and cultural situations that we face. And those start to compound. You know, they compound to lack of employment, which leads to low income, which leads to precarious housing, which leads to vulnerability in all sorts of ways, which leads to poorer health outcomes, you know, all of those kinds of things start to compound and add up and multiply. And I think we particularly see this in terms of intersectionality, by which I mean when people have multiple areas in their life, where they might be experiencing a disadvantage, or marginalisation, those things just don't add up, they become exponential. So, I am a trans person of extraordinary privilege. Yes, I may experience some disadvantages in relation to being trans. But I walk down the street and I blend in with other men, so nobody bats an eyelid when I walk into a toilet, I'm always correctly gendered in person, I am no less safe than any other man on the street. I'm white, I'm educated, I'm middle class, you know, how much more privilege can I have? You know, I'm an extremely privileged trans person. It's one of the things that enables me to do this kind of work, I don't have to worry about being on public transport late at night, well, beyond COVID, COVID excepting, but you know, I don't have to worry about those things. But then if you start to think about trans women, particularly trans women whose appearance might lead others to think that they are a woman of trans history, particularly black trans women, trans women of colour, all of a sudden, they start to experience not only potentially transphobia, they experience misogyny and they experience racism, which is sometimes called transmisogynoir, this sort of triple effect. And just to give you an idea of how powerful those effects are, there were 26 trans people murdered in America last year that we know of, of which, of whom 20 were trans women of colour. So that shows you just how precarious and difficult and vulnerable and marginalised people's lives can become in those circumstances. So, it's thinking not only with that sort of picture of trans folk, it's thinking more widely. And this is another reason that we say, this is about everybody moving forward together, we don't experience our gender independently of all of those other aspects of our lives. We experience our gender in the context of our race, in our faith, in our class and all of those kinds of things. For example, in our age, you know, what it is to be a young woman in society is very different to what it is to be an older woman in society. What it is to experience life as a woman who is atheist is radically different to what it is, to experiencing life as a woman who is perhaps from a very orthodox Jewish background, for example. All of these things affect our experience of gender.

Steven Bruce

I had some interesting observations come in, which I'll mention just so that people are aware of them. One person has said that in carrying out visceral osteopathy or its chiropractic equivalent, it does demand we have a very good understanding of anatomy, which means that obviously, some of our questioning might be deeply personal, but then you'd expect that in a healthcare environment, someone else has pointed out that exclusion equals poor health and across the board, and we see that we in many areas of our society to our shame, which is a very valid point. I've got a question I want to ask you myself, but someone has asked whether hormone therapy given to trans people is limited in the same way as it is for menopausal women.

Simon Croft

When you say limited, I'm not quite sure what is meant by that.

Steven Bruce

When in menopause people will get five years hormone replacement therapy. I'm assuming that if you're trans and you need hormones, then it's a perpetual supplement.

Simon Croft

It is, absolutely. It was something that wasn't understood in the early days of trans health care. And so people were often given, sort of gonadectomies and then sort of five years' worth of gender affirming hormones. It's like okay, you're sorted now, you know, you've masculinised you've femininised eyes. That's fine. And what they were finding was that people were having terrible problems with osteoporosis. Osteoporosis, that's the word, it totally disappeared out of my head for a moment there. Terrible problems with that.

Steven Bruce

I'm glad that I got that right because that's my field.

Simon Croft

More embarrassing for you than me if you had got that one wrong.

Steven Bruce

The question I wanted to ask you there was, and we've got very little time left, and this is based on a real instance, if we have a patient, for example, who comes in and says, I have a child who is not happy with their assigned gender? What sort of signposting should we offer? Because there must be a lot of debate over at what age one is competent to make a decision on transitioning.

Simon Croft

Yeah, the answer to that question is quite long. Simply, you know, you know, it depends on the age of the young person, you know, if they're young, you know, you could signpost them to Mermaids or Gendered Intelligence. If they are thinking about whether they might want puberty blockers, or later on when they're adults' medical transition, you might want to sort of say, well, you can go to a Gender Identity Service, the Tavistock Clinic, which is the national service for young people. But I think, you know, there is an assumption that all young trans people want or need blockers. You know, it is an important part of some young people's transition, but by no means all. Or that, you know, young people are given hormones at an early age, which they're not, they're not given surgery is an early age, you know, there is a lot of mindfulness and duty of care around the whole Gillick competency, and making sure that people are understanding of the decisions that they're making in age-appropriate ways. But of course, when you're young, transition means changing your name, changing your pronoun, changing your hair, changing your clothes potentially and changing the loo you use. Well, actually, you could do that 10 times in a week, no harm is done. And I think one of the key things is to enable young people to explore, to explore their gender identity to try on a new name to try on a new pronoun. Does this feel right? You know, does this feel like it's me? And because how we find out exploring our gender identity is how we find out that we're not trans as well as how we find out we are, we don't allow exploration, people get stuck. Yeah, we do get young people coming along to our

youth groups who are gender questioning, and they come along, and I'm not sure, they spent some time, they think it through. And sometimes they go and say, you know what, no, I'm not trans. What they go away with is usually a great group of friends, and a lot of intelligence about gender, they really thought deeply about gender, they know how it works in the world, they know their position and relation to it. And they've really kind of thought that through, you know, they're really intelligent. So, they've gone away with a great win. So, you know, what's wrong about that if somebody changed their name and changed it back again. So what? You know, if you're a kid, you're going to grow out of your clothes in six months anyway. So, what if you need a new wardrobe?

Steven Bruce

Simon, I can see why you are the director of Professional Educational Services at Gendered Intelligence. It's been an absolute delight talking to you. And I hope I haven't been too out of order with any of the things that I've said, so far. I'm sure everybody has found this very fascinating. It's an area of communication, which is vital to our own practice standards that, I don't know, has been addressed anywhere else. I think actually that, even where it is addressed in our professional bodies, perhaps there is more that could be done to make them help us to be more trans friendly, as well as friendly and all sorts of other ways as well to different communities or groups of people. So, I'm very, very grateful for your time. And if we can get a few resources from you as well, that I can share with the audience. And I'd be very grateful for that. But we've taken up 90 minutes of your evening and we are right on the cusp of ending. So, thank you very much, once again.

Simon Croft

My pleasure. Thank you. Thank you for having me.