Academy of PHYSICAL MEDICINE

Treating Trans People - Beyond the Basics

with Simon Croft

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TRANSCRIPT

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Steven Bruce
This is one of those common shows now where my guest is back by popular demand. I'm going to be talking to Simon Croft, who is the director of professional educational services at Gendered Intelligence in London. And last time we had Simon on the show, we intended to cover a lot more. But there were so many questions that actually we only covered the business of making our practices trans friendly, which in particular covered the use of different pronouns and so on. And you can see the recording, of course, on the website. This evening, I think that we're going to take the conversation a little bit further and talk some more about the complications that we might experience in treating the trans community, and I'm stumbling a bit over my words there, because I know I might have used my words incorrectly based on conversations I've had with Simon before. But Simon, welcome back. It's a real treat to have you with us again, you were a great star on the show last time. And I know that when we discussed this before, you said you didn't want to give the impression that there were complications. But of course, what I meant by saying what I did was simply that there are issues that we may have to consider in treating trans people that wouldn't be apparent in others. And you'll take us through some of that, I'm sure. But before we go any further perhaps could you just recap for people who haven't seen you before? Your role at Gendered Intelligence and what Gendered Intelligence does?

Simon Croft
Absolutely. Well, first of all, I'd love to say it's lovely to be back, I'm relieved that the last session went well and people enjoyed that, I really hope it's going to be as good a session this evening as well. So in terms of Gendered Intelligence, we are a registered charity. We were established in 2008. And we exist to increase understandings of gender diversity that's deliberately plural - understandings. There isn't just one way to understand these things *audio problems* and quality of life. In order to do that we do quite a lot of training and consultancy. And that's the part that I look after. We also provide direct services to trans people, especially young trans people, we're increasingly getting involved in responding to consultations and also partnering in research. So, what we're doing now is we're triangulating information and understandings from quite a wide variety of directions there as well. In terms of myself, I've been involved with Gendered Intelligence since 2009, as you said in the introduction, and thank you for that. I'm currently director of professional and educational services looking after all of the training and consultancy. So, as well as being a qualified trainer, I am also a qualified engineer and graduate engineer. I also did about a dozen years working as a governance specialist. And I also have a degree in fine arts, I'm an international exhibited, a fine artist as well. So, it's a really mixed bag. It's not exactly a career trajectory. So how did I end up at Gendered Intelligence? Well, one of the key factors is that I'm actually trans myself. So, I'm a trans man, I was assigned female at birth, now 54 years ago, where did all that time go. And I transitioned, as I said, over 20 years ago to live the rest of my life as male, and at Gendered Intelligence, we are a trans-lead and trans-involving organisation, most of the people at the organisation are either trans or non-binary identified. And I think for myself standing up to be visible as a trans person when I'm out and about training or consulting or answering questions or whatever, there's something that's quite important for me to do just to put one more human face to what's often quite an invisible community.

Steven Bruce
Yeah, and I think, you know, as I said to you last time, and earlier on this evening, I'm learning a lot from our conversations here. And I was trying very hard last time as I will today not to use he or she pronouns, and so on. And of course, people will notice that at the bottom of the screen, your pronouns are stated there. And one of the key things to come out of our last conversation was how subtle differences in the way we present our services as osteopaths, chiropractors, physiotherapists, through our website or through the forms that people fill in when they come to visit us, can make a big difference to a community who may feel excluded from medical services generally. So, I'd encourage people to look back over that, but this evening we're gonna look at something a little bit more specific in terms of how treatment might be affected.

Simon Croft
I'm very happy to talk in a little bit more detail about that. I think, you know, one of the things that trans people can be particularly concerned about is, how are they going to be regarded, particularly when we start to get into a state of undress that might be needed for treatment, particularly our agenda is going to be recognised still, or is that going to be a difficulty as we kind of move into that sphere? And I think it's really, it's a strong enough issue that quite often people won't actually present for treatment. And so I think that speaks very much to what you were saying there in terms of the recap, is that all the signals that you can give, all the visibility to trans inclusivity that you can give, are really important because trans folk are going to be looking at your practice and going well, is it going to be safe for me to come here? Am I going to be welcome? Am I going to have a good experience here?

Steven Bruce
Yeah, and one of the big issues which came out of the last conversation was that actually, for many trans people, they will have gone through quite a lot of psychological trauma one way or the other, and may have been bullied or harassed, or they may have felt excluded from different services. And actually, making people feel welcome in our clinics is a key part of us being able to successfully treat whatever the problem might be that they've come in with.

Simon Croft
I think one of the things there particularly is that kind of that notion of crossing body boundaries, hands-on work and those sorts of things. What can be perceived as often perhaps not important at all or a minor embarrassment for cisgender people, by which I mean not transgender people, can actually be quite a traumatic or very, very difficult or charged experience for trans folk. And just acknowledging that and acknowledging the pace at which you might need to kind of work and spend a little bit more time ensuring kind of what's okay for the person as well.

Steven Bruce
It's interesting. Actually, we did a case-based discussion recently and we were talking about the business of informed consent, in this case from a young girl, in terms of undressing her to the level necessary for us to do examination and treatment. And what we were talking about was whether you could assess whether she

was genuinely giving consent willingly, or whether she was feeling pressured, because that's what was expected of her. In our practice, I mean, it's normal for us to ask people to undress to their underwear, at least for their first examination in order that we can see what's, you know, the skin tension, any markings or other stuff that's going on in the skin and elsewhere, as well as the movements of joints and so on. How much of a stress would that be for the, there's no typical, no average trans person, but for a trans person, perhaps, when we, without thinking to say, I'm going to leave the room for a second, you mind getting undressed to your underwear, I'll be back in when you're done?

Simon Croft
Yeah. I think it could be anywhere between no different to a cisgender person and a trans person being entirely comfortable in their body and fine about all of that. And actually, not even being able to present at your clinic in the first place, and everywhere in between. So, I think that having that negotiated conversation is really important to acknowledge, you know, let's have a conversation about what's difficult for you. What might be really challenging for you, where your limits are, where your boundaries are, what language you need me to use, in order to maximise what you feel able to do in this space. You know, it can be the difference between using, for a trans man, the difference between using the word breasts and using the word chest, for example, the chest is going to be a more comfortable term, it also is signaling your understanding of trans people, and how trans people are more likely to be regarding their bodies, for example. Whereas you know, the whole sense of breasts can be just too difficult to deal with.

Steven Bruce
Yes, and I suppose that leads us quite neatly into the first of the things that we were going to talk about in particular binders. Do you want to tell us a bit about binders?

Simon Croft
Yes. Okay, so what I've got this evening is, we've got a few images to show you of some of the accessories or prosthetics that trans people might possibly be using in order to make themselves feel comfortable in their presenting gender in their daily lives. And there's a range of these, we haven't got everything, every kind on the lists tonight. But one of the ones which I think is perhaps most material to the kinds of work that you do is a binder. And a binder is used by trans masculine people to flatten their breasts and to give them more of, you know, a more masculine appearance. So, what we've got here is the, I'm just going to read to you where these are coming from, because I think it's really important to acknowledge an important piece of work here that was started back in 2014. So, these images are actually from the Museum of Transology, which was established by E-J Scott back in 2014. And what E-J did was to invite trans people to donate objects, personal objects that are meaningful to them in some way, in relation to their lives as trans people, to become part of a permanent collection. And so it includes a range of worn things like worn binders, worn breast prostheses, worn packers and things like that. And each owner was invited to submit a label with their object, describing why it was important to them. And I think that I would strongly recommend that after this session that people do go and visit the Museum of Transology website, which I think Steven can circulate the link to, and have a look at some of those, because not only are you seeing some of these accessories, and the variety of what people might use, but also, you're hearing these deeply

personal stories, which will give you that kind of insight into some of the diversity of people's experiences around this sort of area.

Steven Bruce
The text that we've put up with that image, Simon, I was very struck by it, because it isn't just the device itself, you can read something into the psychology of the user in reading these labels, can't you?

Simon Croft
Yes, indeed. And the text there is exactly what somebody hand wrote on the label for this particular item. And acknowledging you know that some of the other issues that might be there in trans lives, you know, precarious employment, precarious housing, relate sometimes or often relate to being trans. And then that person having to wear this binder for a long period of time and extended period of time, multiple years before they could access the surgery that they needed to resculpt their chest into a form that that they wanted. And I think when we're talking about binders, you know, it is, you may well come across people who are presenting with issues, which could possibly be related to the binder itself, you know, is binding very, very tightly. For example, if they've got a particularly large breast or are particularly sensitive about how they're appearing, then that can obviously have its effects. And so, I think that just acknowledging that, it will be quite easy for somebody to say, look, that's too tight, don't wear it like that, or don't wear it all the time, or no, you can't wear that anymore. And actually, it's the thing, which enables them to get up to get out of bed to get out the house in the morning. So, just going no is not an option. So, I think a lot of the conversations might be about encouraging people towards safer ways of doing things. And certainly, there are, you know, there's good advice online, good information, and one of the places I would recommend that people have a look at is, is Gender Kit, which I think I circulated as a link after the last session, but there is a huge amount of information on there, it's practically focused, and it will be a good resource for you to hear more to understand more. So, whereas the Museum of Transology is giving you that really kind of personal insight into things, Gender Kit is more kind of practical, straightforward, practical information about things and that, you know, there's information there about safer ways to bind. But I think obviously, sometimes people do find unsafe ways to bind as well when they've got very limited funds, particularly. So, I think those of you in private practice, there will be a group of trans people you never see because they simply can't afford the services. Those of you who may be in NHS practices, you may see some of those experiences coming through, so, you know, we know of people who've actually bound with things like duct tape and stuff like that, which, you know, is very, very strong. But actually, and you're showing that slide there, which is describing exactly that experience of somebody who has bound in that way and actually, you know, lost skin to it, which is unsurprising given the nature of it and then saying well, actually, I'm using this tape, which I'm sure you're all very familiar with. Because it's actually made for humans, you know, at least it's made for humans, even if it's not perhaps the ideal way of doing things. And online, you know, if you read around this subject at all, you'll find people are making their own binders, there is a trade in secondhand binders for people who can't afford and things like that there's all different kinds as well, people modify to get something which works for them. So, it can be a really sort of important issue it can be a vital thing for people to be doing a certain stage in their lives, or maybe, you know, kind of longer term and not everybody actually does want to go for permanent surgical change to their body. So, people might also be wearing

these longer terms for those reasons. But it can also be, you know, bracing one or two difficulties for people. So that whole sensitivity that one person was talking about, you know, what if somebody touches my shoulder and they can feel it and, oh, I'm not sure what that is, and I think that is a thing for me that if you are aware that people might be using these accessories these prosthetics, etc., you're not going to jump and frown and be oh, there's something strange going on here, you'll be ah, right, okay. I understand that's probably a binder, I understand that's probably, you know, these different kinds of things. So just being aware of it inherently will help you to offer a more inclusive practice just to know that, just to know the word binder, to know that is helpful in and of itself.

Steven Bruce
Interesting. Looking at the images that we've seen, of course, you can have no idea of just how tight those things are, they look like vests. Could you perhaps put some flesh on that particular sort of image as it were? You said that they can be painfully tight. Is that always the case?

Simon Croft
No, it's not. And I think it's because people have so many different experiences in relation to their bodies, some people might just want to be a bit flatter and wear something that's really, you know, you could wear indefinitely, and it's not going to be causing any major difficulties. Whereas other people may be so conscious of their physical form. And so uncomfortable around those aspects of their bodies that they really might be binding incredibly tightly for long periods of time. You know, sometimes we even get to hear of people that sleep in them and things like that. So, it's entirely variable. Some of it can depend on the quality of what you can afford also, some people will layer these things up, although that's generally not recommended. So, I think it's just being aware of some of the experiences that people might have around this and encouraging people towards safe approaches, but recognising the psychological impact and need of some of those things.

Steven Bruce
I had a question sent in, which relates to what you just said earlier, are they difficult to get on and off, because, you know, people with shoulder problems have problems removing ordinary clothes, let alone physically tight binders.

Simon Croft
It depends on the type. So back in the day, over 20 years ago, I had one with loads of little hooks and eyes down the front. And you know, so it was front fastening and pretty easy to deal with. Some of them are back fastening, some of them are step in or pull over your head. And of course, the tighter they are, the harder it is to do. So, I think, you know, there are a lot of different styles. Some people do use kinds of tape and things like that, which you obviously apply differently as well. And some people will use, for example, effectively a crop top type sports bra, but maybe a size small to flatten and that may be sufficient for some people.

Steven Bruce

Are you aware of any specific problems that have arisen through wearing these other than obviously discomfort?

Simon Croft
I wouldn't know the technical terms for them, but certainly some people have experienced rib problems and things like that, I would imagine that it could also, you know, it creates a different posture. So then, as you all know much more clearly than I will, those postural issues could give rise to other situations as well. But you know, one of the common things that often we hear from trans men particularly, who maybe have bound for a number of months, years, and then had chest surgery, it's like, finally I can stand up, finally I can breathe, finally I can do all of these things, I can stand up straight. And I'm not hunched over trying to hide something that I'm really very conscious about. So, I really don't want to give the impression that trans people are kind of victims around this. That's not a narrative that we ever really want to buy into as Gendered Intelligence. But I do think it's just sort of that balance of acknowledgement of the issues that could be there, and the positive ways forward, you know, help supporting people to regard their bodies in as positive a way as possible. And to live positively sometimes, while they might, for example, be waiting for surgery.

Steven Bruce
Yeah, I had another comment in saying that binders must have an interesting effect on breathing and breathing is so important, not for the obvious reason. But breathing is also important for pain control. It's also important for all sorts of other aspects of health. And I'm wondering, there must be some people in our audience at the moment thinking, well, if I have a person come in, who has a rib problem, how do we get around the need to release that rib for some time to get it back into normal function? If it's so important to wear a binder throughout the working day at least?

Simon Croft
I think that's a really good question. And I think it's probably more a medical question for you. I think what I would say is, this is where the open conversation with your patient comes in. It's where the negotiation comes in. And the recognition that actually just holding a hard line and saying don't wear that is probably not going actually work and having that conversation with them. You know, can you take this off for part of the day, can you give yourself more of a break? Is there a way that you can perhaps wear a slightly looser one, talking through some of the impacts of it and having those negotiated conversations about, okay, let's have a practical conversation about what's possible here and how I might or might not be able to treat you, you may possibly find yourself in a situation where you go actually, if you, genuinely if you're wearing that I can't do anything or it might be if you do that it's going to compromise the treatment? But let's have the conversation about where that is. Or if it's actually yes, you can remove that. Let's make things as comfortable as possible for you in terms of the language we use and everything and work through that.

Steven Bruce
Do you think that there are, there is a number of people who have a mistaken perception or how they are seen by the rest of the world? On the first image that we saw, the user said they were worried if they were

touched on the shoulder, somebody might feel it underneath? Well, that wouldn't mean anything to someone touching the shoulder, they'd think oh they've got a vest on, because you can't tell from that little bit of cloth what it's doing to the chest itself. So, do you think we could be in the business of saying, well, you know, it's perfectly okay to be a man with looser clothes, where you aren't going to see the fact that there's, you know, still the shape of breasts underneath?

Simon Croft
I think that that is something which is really quite hard to answer. I think that trans, we as trans folk, because often, whether we are discriminated against, whether we are safe, in fact, on the street, in toilets, in the workplace, all kinds of things, is often, sadly, quite dependent on whether other people gender us visually in accordance with who we are. And of course, when I say gender us visually, you know, if you're looking at me, I blend in with other men on the street, I'm never misgendered in person, I am misgendered about 50% of the time on the phone when people can't see me. But of course, that's only one experience. And it's a privileged experience that I can walk down the street without other people thinking that I have or may have a trans history. That's not a position that everybody is in. So quite a few people are constantly very vigilant about how others are perceiving them. And those kinds of antennae that people would have around their kind of safety, they're welcome, all of those kinds of things are often very well developed. I think the other thing to acknowledge is that when we're talking trans men and trans women, that's just one part of the picture. And obviously non binary people are, people are becoming more aware that non binary identities and gender fluid identities exist. And of course, non-binary people are always misgendered because we don't have a framework in which to gender non binary people. And also, when you're gendering visually, then you're inevitably going to make mistakes around things. And there's sometimes a misconception that all non-binary people should look non binary, as in look androgynous. But of course, they don't. I mean, sometimes I will get somebody say to me, oh, you don't look trans. And I say, well, on the one hand, I kind of get what you mean and I blend in with cis folk. But on the other hand, absolutely, I look trans, this is what trans looks like. So that's part of it as well. And I think that whole kind of gendering that happens is so embedded in our society that trans people are very hyper vigilant about it a lot of the time, or some trans people are, and therefore all kinds of things which might appear to other people to be to be trivial or unimportant, actually have a huge importance. You know, what might that mean to somebody who might actually recognise something about me and will I be safe as a result? And I think, particularly, if you're engaging in a state of undress where your vulnerability is heightened, it's quite, you know, it's a hotspot, it's a pinch point for you.

Steven Bruce
Yeah, indeed, Camilla has sent in an observation here saying that one option is if somebody presents at our clinic wearing a binder, we could offer them the chance to come back on a subsequent appointment when not wearing a binder so that we can actually examine them more carefully. I hope that wouldn't offend anybody if we did that.

Simon Croft

I think I suppose the question I would ask is, perhaps what is the difference between asking somebody to go away and come back without it, I think traveling to the clinic, it is perhaps that is the time when somebody is going to be needing to use that, you know, if they're on public transport and all of those kinds of things. And actually, it's more the, is somebody feeling able to disrobe in your setting, in the privacy of your setting where you have hopefully done everything that you possibly can to make that as comfortable an experience as possible. So, I think it's perhaps more about that. It may be about those initial engagements and being clear about what level of disrobing certain treatments might need or you know, how, as I said before, how you might negotiate some of that, you know, is there something that you can do through a binder, even if it's perhaps less effective? And having those conversations and also, that's one of the things that I meant about pace earlier on, is giving people the time to get into the headspace to feel comfortable to go, okay. Right. I'm okay to do this bit. Okay, if you can go that far. But then let's pause and wait a little bit. See, see how I'm kind of experiencing that? Because I think pace can really trigger things for people. If you go too fast, or you assume and always checking in, is this okay, I'm about to do this next. And I know that is a practice that, you know, a lot of osteopaths would have anyway, but perhaps just gearing it up a notch or two, slowing the pace, injecting those points of check in more frequently, allowing somebody to have a break if they need to. Those sorts of things.

Steven Bruce
Yeah. And somebody will come in with a suggestion shortly that, actually, which is something less common in osteopathic clinics in my experience is that we could just provide gowns so that people are able to stay dressed if they do remove these things. Katherine has asked whether a binder is usually worn on its own, or is anything worn underneath it?

Simon Croft
Um, that's a good question, actually. I think that sometimes people do layer things up a little bit. Back in the day, I tended to do one size too small sports bra and then my binder over the top. So that's what I did. So, I think in general not, I think quite often one of the issues with binders is that it can shift and ride up and things can move about underneath them. And that's neither comfortable nor necessarily fulfilling the function. So, you saw one person there saying, actually, my binder didn't work. It just gave me a boob shell. And those kinds of things can happen. So, it's like, where do you try and position things? And how do you try and keep things in place. So, people will often try out different things. Again, if you go on to the Museum of Transology website, there is one binder, which has got a big chunk cut out of it. And the label says, you know, this was my first binder. And then when I grew out of it, not quite sure why they grew out of it, perhaps my best guess might be, they were using testosterone and become, you know, bigger and more muscular. So, I, I then had another one, and then I couldn't afford a third one. So actually, I started modifying that one with parts of this one. So, people do those adaptations. Some people use something that's shorter, some people use something that comes down over the hips. So, you know, there's quite a variety of different, different things that people might use.

Steven Bruce

We had an observation from him Anne coming in a little while ago, she was saying that, when she was at the European School of Osteopathy, 20 years or so ago, they had a wonderful female urologist who showed us slides of her surgery involving supporting men transitioning to female. She said this urologist was absolutely inspirational and had such compassion for her patients. And she shared that these operations were some of what she considered her most important work, and felt that she can make a real difference to her patients' lives at an identity level. And I have to say I'm, I'm quite impressed that 20 years ago, that was being lectured at one of our colleges, because I'm not saying that trans issues have only just come to light, but it's very much more commonplace now to wear them, isn't it?

Simon Croft
I think that in terms of things like accessories, in the past before there were surgical interventions, that was all trans people had available to them. And of course, you've got a combination of, you know, the physical hand that you were dealt by your genetics, by your situation. And that may be very flat chested, it may be very large chested, it may be very tall, very short, muscular, not very curvy, very curvy, you know, all of those sorts of things play into how we read gender in the world, in the current circumstances. So, I think that, you know, you can go back into history and see an awful lot of people doing that work. And I think what's very interesting is that if you look back into the early days of trans medical interventions, sort of towards the early days of the last century, what people would gravitate or who people were gravitating to, were just compassionate doctors, compassionate doctors, who were willing to give things a try, to try and support their patients in the best way possible. And it wasn't being bound up in so much of the legal situation or indeed, medical ethics in certain ways. Not that there's anything wrong with medical ethics I hasten to add, but I think, you know, it was sort of breaking new ground and thinking, well, actually, my primary goal here is to support this person in front of me as best I can. They clearly need something, let's try and find out, let's try and find a way forward and find what's going to work for this person. So, surgeries were starting to come in and have certainly been around for well, you know, well over 20 years, although there is perhaps more visibility around it now, more people coming forward and going, actually, yes, I can recognise myself because there's more visibility of trans folk around and about, but certainly, you know, you go back into the day, people like Billy Tipton, the jazz musician, for example. He explained away his use of accessories to his wives and said, well, actually, I was in a car accident so I have to wear this binder for my ribs sort of thing. And also explained the way that he said, you know, I'd had damage to my genitalia. So, you know, I use a prosthetic there, too. So, these are not new things at all, people find their ways. And of course, there are other kinds of prosthetics that people use, we've spoken very specifically about binders, because I think, you know, as we've acknowledged, they can have particular impact in all sorts of ways in a medical setting. But of course, people might also be using packers, which is the general term for a phallus that people might use, people, the traditional sock down the pants is something that people can use, but you can go out to really fancy expensive versions of that, some people might use a harness for that. And again, be sensitive, oh, is somebody's going to feel my harness, are they're going to know what that means? Are they're going to be unsure, all that sort of thing? So, you can get stick on ones. And of course, the worry there is they might unstick themselves. So, you know, there's all sorts of things that might be on people's minds around those kinds of things.

Steven Bruce
I'm guessing the medical complications of a packer are minimal, if any.

Simon Croft
By and large, I think yes. I think there are perhaps more serious ones for trans women or more potential again, who may have genitalia, that they don't want to be visible to the outside world. And might be tucking those or taping or those kinds of things, and again, may encounter similar difficulties in terms of long-term damage or damage to skins and things like that. So again, I think, you know, everybody, I think, does the minimum that they need to do in order to get out the door, be themselves and live their lives. And for some people, that's a lighter touch end of things, for other people, it's quite a heavy-duty daily practice. And there isn't in terms of how people feel about it, a right or wrong thing, it's just sort of acknowledging that people are doing what they feel they need to do to live their lives and get through the day.

Steven Bruce
Simon you talked about medical ethics a little while ago, and of course, the Tavistock Clinic has been in the headlines in relatively recent past, hasn't it? And that must have affected a lot of trans people, the one case which perhaps you'd like to just outline for those who aren't familiar with it.

Simon Croft
Okay, so there was a judicial review of the Tavistock Clinic with essentially the GID Service, which is the Gender Identity Development Service. So essentially, we're talking about the service for young trans people up to the age of 17 or 18. But you can start on the, you can go to an adult trans gender identity clinic from the age of 17. And Kira Bell is a person who went to the Gender Identity Development Service, was supported to access hormone blockers, which pause puberty, then, when she was an adult, to transition to male, was living her life as male. But you notice I'm using female pronouns. So, she transitioned again, in her I think, mid 20s. I'm not exactly sure of her age, but essentially, she had not gone on to gender affirming hormones. So, testosterone for trans men until the appropriate age, and certainly wouldn't access, didn't access surgery, I think, and she had top surgery to reshape her chest, I think at the age of 20. And then decided that that wasn't actually the route that she wanted to continue going down for her life and has transitioned, again, to live life as a woman. And what she did, she felt that the Gender Identity Development Service should not have been allowed to support her in that way. If you want to have a look at what Gendered Intelligence has responded to that, I'd probably direct people particularly to the notes that are on our blog post around that, which are, which speak to that, but I think the key thing there that we would say is that this has now kind of moved, the judgment there has moved to the right of, or the responsibility for decision making around whether somebody is Gillick competent to select puberty blockers for themselves, from the medical professionals who have long histories and long careers and professionalism in that sphere, and moved into the legal courts. And so that we, you know, we don't think that's a great idea, it should be remaining with the legal professionals for whom this is the day job this day, you know, they know what they are doing. I think another misrepresentation is that, you know, puberty blockers are given out very easily when actually, it takes young people a long time to actually access those, the waiting lists are huge. And it's actually only a really small minority of young trans people that actually do use puberty blockers. And then of

course, when you are an adult, then you should be able to consent to whatever medical treatment that you like, I mean, obviously, at 16, you have a right to consent to your own medical treatment, although there are some aspects of trans treatment that are not given at that age, and people have to be 18. So, I think, you know, that is something which again, has had quite an impact, particularly on our young people. As an organisation that works a lot with young people and does youth work we know that we had a lot of young people instantly contacting us and saying, oh, gosh, where does this leave me? I don't know what's going to happen now. You know, I was just about I was just about, gonna get somewhere with this. And it's all been taken away from me. And I think our approach to this is, you know, we don't want to buy into that narrative of, you know, all young people are now going to be self-harming and in a difficult position around this, we see our role as supporting them to live well in whatever the current circumstances are. But yes, you know, we are keen to be involved in those conversations that take some of those things forward and think those things through and to support the medical professionals to be able to do their jobs, basically.

Steven Bruce
Yeah, I suspect a lot of people will be seeing our own profession in this in a slightly different, in a similar light in that, you know, any medical professional can get informed consent from a person who has the capacity to give it. And that doesn't relate to their age necessarily. So below 16 is fine. But you have to be absolutely certain they have capacity. Of course, puberty blocking drugs is considerably more significant than, I don't know, the sort of treatment that you'd get in an osteopathic, chiropractic, physiotherapy clinic. And I can see why people want to be absolutely certain that the consent is legal and valid. It is, I suppose it's unfortunate, but every so often, we're going to get somebody who subsequently will decide that they weren't fixed to give it and will raise a fuss. What I worry, what I would worry about and I imagine you do, is the sort of the psychological impact on other people who legitimately do want to go through that process and see it blocked. From what you said just a moment ago, I've had a question, are there many people who transition back? And whoever asked it says they're not sure if this is an insensitive question, but they're thinking about the stresses on the body if someone chooses to do that?

Simon Croft
I think it's a very valid question, we need to acknowledge that whatever life experience we have, whatever decisions that we make, there will be people who regard that as a decision that they perhaps wish they hadn't taken, and may wish to step back from that and transition is no exception to that. Having said that, the information that, as such information is out there. And I think it is somewhat of an area where we could certainly do with some more research and information. The available research is showing that there are very limited numbers of people who wish to transition again. And I think also it's important to recognise perhaps what might be going on there. So, for some people there may be that sense of regret. And it may feel like a step backwards to transition again, for other people it may be that in fact, transitioning more than once is part of their forward life journey. And I think that is one of the things that we are keen to look at in terms of Gendered Intelligence is that it does nobody any good to be stuck in the past. And it's about integrating all of your life experiences in the most positive way possible and moving forwards in that. So, some people will transition again, I've certainly seen a film where one person transitioned again after something like 20 years and just said, well, that was right then, this is right now, I don't regret that. But now is a different time,

I'm in a different part of my life and this is where I want to be so it's not always associated with that notion of regret and I think we need to question that. I think the other thing that is part of the picture for some people is the difficulty in our current culture of living as a trans person, particularly as somebody who maybe is what we might describe as visibly trans, if there is such a thing, you know that other people will look at them and think that they are a person of trans history, and the difficulties and the lack of safety and the stress and the precarious housing and the precarious employment. Sometimes, it's just too much.

Steven Bruce
How is it precarious?

Simon Croft
Precarious housing, precarious employment, those kinds of things. So, in terms of, if you look at the statistics for trans people, then they're statistically more likely to have, you know, unsecure housing because of limited or low incomes, because of having been familiar with rejection, because of, you know, having lost employment, things like that. And whilst protections for us are nominally in place in relation to the Equality Act, I think one of the difficulties is, in terms of people actually being able to activate and use those protections, you know, if you haven't got money for a lawyer, or the mental health, you know, your mental health is suffering, and the stress of actually trying to take a case through is just too much, people end up walking away, and they often walk away with very little. So, there can be all sorts of reasons why that happens. Equally, you know, there's plenty of trans people, you know, that are living happy and successful lives and those sorts of things. But as in, you know, as a general study, we're more likely to be on lower incomes, with poor health outcomes and things like that. So you know, those areas of inclusivity are even more important. And I think that just acknowledging that it's the, for a proportion of people, it is the social and cultural situation in which we find ourselves that makes those outcomes much, much worse, you know, if people weren't denying us employment just because we're trans or not considering our health needs, or not understanding our health needs, just because we're trans or any of those things or attacking us on public transport, any of those things, which sadly, do happen, if that wasn't happening, then those outcomes would be considerably better. And I think that that's a real message for anybody, particularly in a professional environment or setting, is to say, actually, I can really make a difference to this, I can really actually make a difference to individual people's lives by creating an inclusive practice here where somebody can actually feel safe, where somebody can feel welcome, where somebody can feel listened to. And even if you don't get everything quite right, and you may well not, just having built that bit of a relationship and apologising if you get it wrong and working through those questions with a person can make, you know, the world of difference.

Steven Bruce
Yeah. And a point that I take very much from what you just said, is that, I guess it would be instinctive to think that if someone transitions back then they had made a mistake the first time. And you've made it very clear that that's not what we should be thinking we should just be thinking, well, it's a stage of life, whatever, whichever is happening. I have been asked whether emotional support is available and is adequate these

days, in particular, through the NHS. And again, we're talking a lot about psychology, because clearly that has a very big impact on many trans people.

Simon Croft
I think it's a limited amount. So, at the moment, Gendered Intelligence has contracts with, I think it's two, it might be about to become three, or it might be three and about to become for gender identity clinics, who's waiting lists run into the years, they know that that's not okay, that's not acceptable. At the moment, they are not, you know, there's no immediate possibility of change of that. And they've contracted with us to provide a helpline for anybody who is on those waiting lists with the idea that we can support people to try and live well, while they're waiting. So, they don't feel their life is just on hold, so that people can get out and live their lives in the best way possible, you know, while they're on that waiting list. So, there is some investment in that, which is really great and that's really positive, but what we really need is those longer waiting lists to come down. When people should be being seen for their first appointment within 18 weeks, which is, you know, the NHS standard. And literally, they're getting letters that say, it'll be two years, you know, it's so far out of, you know, it's not like it's 20 weeks or 22 weeks, it's running into the years, you know, that that that's not okay. And of course, it does have impact. Where people can afford to do so, you know, that does mean that it possibly pushes more people towards a private route. And of course, that's valid, private healthcare practitioners should be following the same kind of code of ethics, the same WPATH World Professional Association of Transgender Health Guidelines and things like that, following those and so supporting people in that way. So, you know, I think there is that, but I think where you also have a cohort of people who again, maybe don't have the wherewithal to access that kind of thing. It pushes people towards kind of the gray market or the black market and maybe internet hormones and things like that which aren't safe. So again, it can have impact in that sort of area. So, I think, you know, there are a number of, you know, one of the key things the trans community needs is better health care, more inclusive health care and better health outcomes around that. And of course, you know, the area that you're working in, is part of that, can be part of that change and part of making that difference.

Steven Bruce
Yeah, I made this comment last time we spoke and Victoria has sent an observation here saying that she has a local chiropodist who transitioned from male to female, and they share other patients, but he lost so much business, which really saddens Victoria. And I have to say, I just find it staggering that it matters to anybody. You know, obviously, it matters to the trans person, but why it should matter to a patient baffle me and I knew that it does, but I'm hoping that my colleagues here watching this evening can help to make a difference there. What I'm interested to know, if we were to refer a trans person for emotional support to a psychotherapist or counsellor or whatever else, would they normally have gone undergone specific training to be able to help in transitions?

Simon Croft
Sadly, not. One of the things that Gendered Intelligence offers is, we do offer a two-day course specifically for therapists and counselors. It's co-trained by a very well qualified counselor, who has been practicing for many, many years, particularly with the LGBTQ community, she herself is cisgender. The other person, the

other trainer is my senior trainer who works with Gendered Intelligence, who is themselves trans. And so, they make a really, really good team. And the feedback we get is that, you know, it's a really excellent course, and an excellent team. And people really, really value that, but people have to self-select, you know, to go on to that and pay, you know, it's CPD, we're just getting it accredited. And just to give you an idea how little there is out there, we have had people come in, fly in from, I think it's Italy, Belgium, and Iceland to go on that course, which kind of indicates there's probably nothing much in their own countries. So, this is quite, you know, it's potentially a cutting-edge thing. And one of the things we would really like to do is to be working with, you know, the training bodies to start to embed some of this knowledge, some of this understanding, we practice it from day one. So, I think last year, we were engaged to deliver just a 90-minute session on real basics. For a cohort of third year student nurses, I think they were, so just coming up towards the end of their course. And at the end of that the college said, actually, we need this every year. And actually, we need it for the first years, we should be embedding this much, much earlier on. And I think once that recognition is there, and starting to build those things, there should be those elements just built in, you know, in a three-year course, even just fitting in 90 minutes or two hours, helps. What there is now is that the Royal College of Physicians have recently released a new piece of training. So that's specifically for people who would like to work in a gender identity clinic service, to get the specialist knowledge that they require. But that's quite new, that's really only just started up certainly within the last year, really, I kind of think materially within the last six months or so. So that's there. But I think this is an under recognised need in terms of people's training. So, a lot of the time we're seeing people who are therapists and counselors going, you know, I've never learned anything about this, and maybe I've got a trans client, I really want to support them. And that's a really positive thing, from our point of view is that most people that are just wanting to do the right thing, they're wanting to be supportive, they're wanting to be inclusive, and that's a great starting point, then they're coming to us and saying, you know, how can we do this and you know, that that's where we can help, but it should be there in that original training.

Steven Bruce
One of the questions that's come in here is, which comments from cis folk are most frustrating to trans folk? What simple things do we get wrong? And it makes me think a moment ago, you sort of, you talked of the trans community in conjunction with the LBQ community, and I've seen is there any necessity for trans people, lesbian, gay people all to be clumped together? Because it's not the same issue is it, other than social exclusion?

Simon Croft
I'll say there's two questions there. So, let me let me address the LGBTQI+ one first, and then perhaps if you can remind me of the other one. I think, you know, this is something that LGBTQI+ people themselves often discuss or debate, you know, is it right to be all together, do we need to be apart? I think from my point of view, I think there is a strong element of stronger together. And I think there are, whilst sexual orientation, and gender identity and actually embodied sex are three different things that we all have, you know, we've all got an experience of living in a body with sex characteristics. And some people will be intersex and their sex characteristics won't necessarily fall into these typical binary ideas of what constitutes a male or a female body. So, you know, there can be difference there. Some people will have a distinct gender

identity as a man or a woman, but other people will experience their gender identity as non-binary, or as fluid around that kind of spectrum or area. And also, it may or may not align in a typically culturally expected way with the sex that we were assigned at birth. Then thirdly, there's, you know, so we all have an experience of some kind of gender identity. And then thirdly, we've all got an experience of some kind of sexual orientation or attraction, you know, that could be asexual for some people and say, you know, that that's not a thing that's on my radar, I don't experience that attraction. But for many of us, it would be around being heterosexual or lesbian or gay, for example, or bisexual or pansexual, or, you know, any of the other terms that might be there. And I think what happens there is that those are three different things. But we can't fully pull them apart because they interact in complex, nuanced and individual ways. I think there's, as individuals, certainly of my age, you know, in my 50s, there was no space to do any of that thinking growing up. None of those things and I think many people have grown up to adults now, never really considering their individual experience of those things and how they interconnect in their lives. But one of the key things that does interconnect them, if you think of them as kind of three circles with a Venn diagram, with a triple overlap in the middle, one of the key things that does sit around there is people's experience of gender and the stereotypes that we have around that in our society. So, if you think of a stereotype of a lesbian woman, for example, often people have a stereotype of lesbian women as being more masculine than other women, which, of course, is gender. But you know, that doesn't hold water for all lesbians, obviously. But those ideas of identities that might be described as butch, for example, is a combination of sexual orientation and gender identity. So, there's all sorts of nuanced things that go on in there. And I think that's particularly why LGBTQ come together, because it's fundamentally things to do with gender. I think if you reflect on the fact that sexual orientation *audio problems* relational aspect, which relates to gender identity, what I mean by that is that in order to, for somebody to self-describe as a lesbian, it implies a gender identity of a woman in the first instance, so a woman who is attracted to other women. So, one of the things where those attractions are perceived not to be aligned with what we perceive to be the cultural norm, for example. So, people being attracted to women is fine, but actually we validate and support the ones who are men, and we marginalise the ones who are women. So fundamentally, it's a particular kind of gender difference, if you like, or something that is not socially sanctioned for somebody of that gender. Now, hopefully, we're kind of moving towards LGB inclusion as well. And of course, those taboos are starting to fall away, and all of those sorts of things, but we still know that there are marginalised experiences and a lack of recognition around those experiences as well. So, I think particularly those two, the LGB and the T areas, gender identity areas have a lot of commonality. And then when we think what connects us through to embodied sex, it's how we read gender in this world. You know, when we look at somebody in the street and we assume that their a man, assume that they're a woman, when somebody gets called out in a toilet, oh, you're not meant to be in here, do you know this is the lady's? And you know, that could be a cisgender woman, it could be a transgender woman, it could be an intersex woman, you know, who knows, but the assumptions that we make by reading a combination of bodies, and gender, other aspects of gender presentation, like maybe how we have our hair or clothes or things like that, they combine in that kind of overlap between those two as well. So, we often find that whilst for example, intersex people have certain very specific and very different experiences to trans people, that are important to acknowledge as separate and distinct at times. There is also quite a lot of the cultural behaviors that we have around sex and gender that affect both communities in very particular and quite common ways as well. So, I suppose is

a very long answer to the question, but I think it is, there is a lot of merit in recognising the commonality and the stronger together and addressing those things, which of course, also combined with, you know, women's rights and the marginalisation and oppression of women in our society. Again, there's a big gender, you know, obviously there's gender basis to that, but equally, I think there are times and places to attend to each of them individually, and to acknowledge the specific and nuanced experiences that different folk might have.

Steven Bruce
And the second part of the question, as you are still on was, what are the common mistakes that cis folk make in language, in talking to trans people? How do we get it wrong? And I don't mean people who are intentionally trying to get it wrong, I mean, yeah.

Simon Croft
There's kind of a long list, I think probably top of the list is always misgendering. Referring to somebody with a pronoun, an old name a Sir or a Madam or some other kind of gendered term. You know, what can I get you gentlemen in the pub than somebody's not a gentleman, for example. That's probably top of the list. So just referring back to when you read out the question, the person was talking, the previous question about I think it was, was it a chiropodist who transitioned and was a trans woman, and then refer to her with a he pronoun. So, it's that kind of a thing. So that's the key thing, is really misgendering is absolutely top of the list. That is one of the biggest things. I think, you know, there are plenty of others. But I think many, many trans folk again, because of that, that clear radar that we have around kind of safety, am I okay in this space, I think it means that we also have quite a strong radar about who is being intentionally unpleasant to us, which is hopefully few numbers of people, although it does happen, and who is actually just being a bit clumsy. And I think even within that there is clumsy and I don't care. I don't want to make the effort. And then there's clumsy and oops, I've made a mistake, actually, I really want to learn. I think, you know, we are quite sensitive to the nuances in that area. And anybody who's just made a genuine mistake and wants to learn, most people are going to be kind in that situation. But I think it is also important that if somebody really does blow up at you to recognise where that's coming from that it's not all about you. It's not all about that one mistake, if somebody has been misgendered, you know, a dozen times that day, a 100 times that week, actually, they're really sick and tired of it. And it's a dam that's breaking in front of you. So I think that there is a message there about being generous. And hang on, wait, why are you reacting that way? I only made a simple mistake. I didn't mean it. That's kind of not the point in that circumstance.

Steven Bruce
Yeah, that's a very telling thing. And it's never happened to me, but I'd like to think I would be better prepared if it did. We've had a couple of questions about the process that a youngster might go through in transitioning. The first one came in ages ago, just after we started talking about the Tavistock Clinic, how does it work? What support can they get, how do things start with the physical transitioning, but I had another one come in, which is, what's the best thing we can do to help a teenager patient who's feeling very

uncomfortable in their own skin? They're identifying as LBGT. But saying they don't want to be their birth gender? Where do we go from here? And this Lucy really wants to help?

Simon Croft

Okay, um, well sort of begin at the beginning. Because, I mean, there is no specific age at which people will think know or recognise that they are trans. You know, it can happen when somebody, as early as somebody has any sense, can articulate any kind of sense of self, they may be constantly telling their parents that they are not the gender that everybody around them is assuming that they are, and they may never let up about that. And there may be people who come to that after a lifetime of questioning or perhaps not a lifetime of questioning, but later in life, and they go, you know, what, actually, I'm starting to kind of recognise there's something, there's stuff that's perhaps been in my life for a while that I've never really thought about, I'm starting to think about it now and actually, maybe this is something that's going on for me. So, people can question their gender or be certain at any time, and people can go through a period of questioning before they become certain, and then they may question a little bit again. So, all of these things are just that part of that forward trajectory, that we expect gender to be really static. And actually, it's not necessarily and because our gender is not independent of all other aspects of our life, such as age and ethnicity, and class and faith and socioeconomic background, all of those kinds of things. It inevitably changes and shifts as we go through life, not necessarily radical shifts, but it does shift and change. I mean to give you an example, what it is to be a young woman in society, or a young girl in society is very different to what it is to be an elderly woman, you know, the expectations, the stereotypes, how you're expected to present yourself, the spaces that you can occupy, the assumptions that people make about you are all radically different. So, I think, you know, recognising those intersections is that we are all always developing, and shifting and changing. So that notion of a transition for trans people, you know, making a significant change to how we present ourselves to the world, that certainly is a thing, and it's a material thing. But it's also within that wider context that we are all in some way, shape, or form, always in in a transition, a transitional state, because our lives are always changing and moving forward in that way. So, I think that going back to that point around young people, the main thing that we all want for young people is that they feel happy, they feel able to live authentically, to be themselves, to engage socially with others, to learn at school, and just to have a, you know, good life. And in the early stages, you know, when somebody is young, then simply what we're talking about is a social transition. So that means, using the name somebody wants, using the pronoun somebody wants, cutting their hair the way they want it, and allowing them to select the clothing that they want. And also, in terms of schools, being on the team that they want, getting going to the toilets that they want, and those sorts of things. We know, you know, there is evidence, it's more from the United States than the United Kingdom, where there, you know, in the United States has been more research. But it shows very clearly that young people that don't have access to those things are prevented from using the correct toilets and the correct name that they want, have demonstrably poorer mental health outcomes than those who are supported to do that. And those who are supported in all areas of their life, so primarily parents and school settings, and sometimes, you know, clubs and schools, club and sports settings as well, they have no higher levels of mental health than the rest of their peer cohort. So, you know, it shows that it's a really material thing to do to support somebody to do that. And I think it's important to also support young people who are exploring their gender. And so well, actually, I'm not sure if this is the thing, that's

really important, because what we would say is, exploring your gender is how you find out you're not trans as well as how you find out you are, if you don't enable somebody to explore, they're just going to be stuck. So, I think that that's a key thing, as well as to support that exploration. And it's not about you know, it's not up to any adult around a young person to decide for a young person who they should be. And I think that we can have, in our society, we can have approaches, which say that lesbian and gay identities are less than heterosexual identities, that trans identities are less than cisgender identities that intersex physical experiences are less than endosex or dyadic sex experiences. And I think that that's something that we really need to challenge because if we take away that narrative, it kind of gives a level of playing field for a young person just to just to find out who they genuinely are without those pressures. So, it's not about putting, you know, taking somebody from if you like a typical cisgender pathway, and placing them on this kind of set of rails, which is a transgender pathway. It's about taking away those barriers and those expectations, say, okay, let's work through with you and be supportive about your exploration. So one of the things that we do, you know, we work with young people from age eight upwards, and one of the things our head of youth and community services says is that our youth spaces are a place to celebrate doubt. To say, not only is it okay to doubt, it's, you know, that that's a positive thing. This is how we learn. This is how we test our thinking, this is how we make sure that we make robust choices and decisions for ourselves as we grow up. And I think it's interesting that paradoxically, we have a bit of a situation at the moment where the pressures on young people to be certain that they are trans, in fact, back them into a corner, they feel they're gonna have to hold their ground against negativity and things like that. So, it can, you know, inadvertently act in the opposite direction to potentially push young people into being certain when they're actually thinking, do you know, I'd like to explore a little bit more. So there really is nothing other than social transition that needs or is able to happen before somebody hits puberty, when somebody does encounter puberty, then often is a time where things will really become quite clear for them. But when your body starts to develop in a direction that you're not comfortable with, it's quite a telling experience. And so, at that point, there is a possibility that a young person may be assessed for puberty blockers which place a hold on puberty, they're not prescribed before Tanner stage 2 so puberty has to have started before, they will be prescribed in the NHS in this country in alignment with the WPATH guidelines. But often a lot of young people are considerably older than that before they actually get onto those blockers and they've experienced an awful lot of puberty by that point. So those assessments would be, it would be somebody being referred to the Gender Identity Development Service being assessed over a period of time in that service. And again, the waiting list is long. So, you know, the young people can really feel that the clock is ticking for them around that. Then an assessment would be made and if the young person were to be considered competent, you know, in the past, then they would be referred to an endocrinology service, who again, are other medical professionals in that sphere, looking to see what they might do. Gender affirming hormones are not prescribed before 16, essentially, most young people would not be on them at that age and would be later and gender reassignment surgery, not before age 18. And again, most young people would be waiting considerably, considerably longer than that. So, I think in terms of young people, the key thing to ensure is that the young people are linked up to support if they need it, you know, you may well be finding, I think, you know, we, again, that victim narrative that I spoke about the fact that, you know, the idea that all trans people are living really difficult lives and really challenging. We shouldn't be shying away from the issues that there are in making things like access to employment, to housing, to healthcare better, you know, there is a lot of work

to do there. We're now starting to see a young cohort of young trans people who are growing up being supported by their parents, being supported by their schools, hopefully. And actually, they're living happy lives, they don't need psychological support, you know, they're living their best life and that's great. So, if they decide they do need some medical support at some point, and again, not all trans people do, not all young trans people do, then you know, they will go through a referral to the GIDS process. But if a young person is struggling, then quite often they might be referred to a CAM service, which again, we end up training certain CAM services also, but they're not all that knowledgeable about trans people and young trans people in particular and make sure they got some peer support, so refer them to, you know, youth work services like Gendered Intelligence provides. And they can come to youth groups, which are all online at the moment, have those, you know, positive experiences with other young folk.

Steven Bruce
Tell me Simon, is there anything on the national curriculum to educate children? I don't know whether it's called PSE or something in schools these days, but I mean, are these issues raised at a younger level, not for the benefit necessarily directly of potentially trans students, but for other students to make them feel that it's okay to be inclusive?

Simon Croft
That's a really, really good question. And I think that there is information out there. So, if you look at the latest DFE, Department for Education guidance that was issued in, I think was September last year, it indicates that LGBT, what they described as LGBT relationships, I think they probably mean LGB relationships and trans identities or experiences, should be part of the, you know, that curriculum, you know, the PSE, PHSE curriculum. Um, so there is that there. It's certainly something that Gendered Intelligence can do and has done it in schools, we will go in and we would speak to a year cohort, often, you know, it might be kind of four or five years into senior school, you know, kind of year 10-ish, somewhere around there, and talking about LGBTQI identities in quite general terms. And just being positive about that, and saying, you know, this is part of the ordinary diversity of life experience, it's important that young people are aware of that, I think, you know, young people who may be LGBTQI themselves, then can see that they're being acknowledged, and that their peers are being supported to recognise that and to respect them. Those peers are then being fitted for the wider world, which has all of that diversity in it and being equipped to deal with the diversity of people that they're going to encounter later on in life. And also, I think a hidden thing that's often not spoken about is, well, a young person may have LGBTQI people in their lives from day one, you know, that might be a parent, it could be an aunt, it could be a sibling, it could be granny, it could be the neighbor, you know, it could be anybody or it could be multiple people. And so, it's never too early to talk about the basics, that people are different and that different people exist, and that you may see different relationships around about the place. It doesn't mean talking about sex with young people, you know, that is introduced at an age-appropriate time as and when necessary. Then of course, safe sex discussions should recognise all of those different experiences as well when young people get to an appropriate age, but just, you know, telling people that people are different in the world and, you know, your neighbors, who are, you know, a couple of gay men is, that's just one of the relationships that you see,

you'll have known it from day one, it would have been ordinary and just recognising that and the diversity of things that you know, the experiences that are out there.

Steven Bruce
Simon I've had a number of questions in about the language, particularly that you've been using this evening. And I know last time you gave us a glossary of terms which we put up on the website and these may be in it, but we've had somebody ask, it says, Gary says not wishing to be ignorant, but he understands LGBTQ, but what's the plus one? Or did he miss hear you? Someone says what's intersex? And there's been another one saying, I just don't understand the language, can we have a breakdown? Can you explain a couple of those more common terms, and we'll refer them to the glossary as well. Okay.

Simon Croft
So LGBT is one you commonly hear which is lesbian, gay, bisexual, and transgender. I, it's not the plus one, it's just a plus. And the I is intersex. So intersex means people who have sex characteristics, so physical or biological characteristics, which may be their chromosomes, maybe their secondary sex characteristics, maybe their hormone levels, various things like that, maybe their internal organs may affect their external genitalia, for example, that don't just neatly fall in to what we think of being typically male, or typically female. So, it is a variation of the physical body, as distinct from trans people, which is about gender identity, how most trans people would probably have a physical body that fits into what we might think of as the typical norms for male or female. But perhaps not everybody. So. these experiences can intersect as well. So intersex people and trans people are different, we share some common experiences, as I explained earlier, when I was kind of talking about Venn diagram kind of way. But, you know, an intersex person may, if they have been assigned incorrectly at birth, you know, they may feel that they're a man and they were assigned female at birth, because in the UK, we've only got two assignments that can be made, then they may undergo a transition, they may at that point describe themselves as trans as well, or they may consider it to be part of their intersex experience. So, you know, how people use languages is very variable. So, the plus actually stands for all the other marginalised experiences that are similar to those experiences, because you may also have seen very long list of acronyms like LGBTQ, QIAP, TS+, those kinds of things. And I think that sometimes we can lose sight of what's important, which is the variety of experience rather than the labels for those experiences. So, another term that hasn't really got much traction in this country, but is being more used internationally is SOGIESC. So, diversity of sexual orientation, gender identity and expression and sex characteristics. So that is perhaps a more encapsulating kind of term, which speaks to the experiences, whereas LGBTQI+ is perhaps more about descriptions that people might use about themselves. I think quite often when we get questions about terminology in sessions like this, you know, for example, I've used terms like asexual, pansexual, people might say, well, what do those terms mean? Now I can give you a description of those. So asexual is simply somebody who broadly does not experience sexual attraction. And pansexual is from the root pan, as we sadly know from the term pandemic, at the moment, meaning everywhere. And it, it means somebody who is sexually attracted to all genders, or sometimes people would say sexually attractive, regardless of gender. So, I think, you know, there is an explosion of terminology around this. And what I would say is that most of those identity-based terms are ones you don't need in everyday life to interact with individuals in front of you. And that's why I said the most important

language is not misgendering people, because that is the language that you need with an individual in front of you. And if the first thing you say to them is how can I help you, sir? And then, you know, sir, is not the right term, all of a sudden, you've already created a barrier there. And so that's why that area is more important. And if somebody does use one of those terms to you and says, you know, well actually I'm neutral and demisexual and you think I've never heard either of those terms. Actually, what they've done is open the door for you to say, can you tell me a little bit about what that means for you and your life experience? And you know, how does that mean I should treat you or, you know, what kind of pronouns I should use for you and things like that, and then just listen. So, I think you don't need to have all of that in your head. You don't need to turn yourself into a walking glossary. I think my message would be just ask when you need to politely, and I think the key questions are to phrase your questions or to choose your questions that enable you to directly support that person in front of you, rather than to fulfill your own curiosity. Or educate yourself, when actually there might be other ways to educate yourself, like Stephens lovely CPD sessions. So, I think you know that's a thought I always have in my mind, why am I asking this question if I don't understand? Am I asking this person who might have a marginalised experience, might be feeling really vulnerable in the moment to educate me for my own benefit? Or is this something which is about supporting you? So, questions like, how can I best support you? Or can you tell me about what language you would like me to use in this setting? Or, let's have a conversation about the terminology that we might use for body parts? What, you know, can you point to certain body parts that we might need to be working with and tell me what your chosen term is for that? I'm going to try and use that term and do correct me if I forget at any point, you know, I'm going to do my best to use that. Or, you know, would it be helpful if I said, you know, offer you the opportunity to take a break every so often, you know, would you welcome that? So, all of those kinds of questions are really good supportive questions to ask. Whereas, tell me exactly what pansexual means, then does that mean what sort of, you know, so who are you having sex with these days? That's not a good question to be asking.

Steven Bruce
And you wouldn't ask that of anyone else. I've got some specifics for you, people want some help with real cases here. Victoria says that, and I'm going to use the pronouns in what is written in front of me, Victoria has a male patient who has just started dating a gender fluid person, he refers to her as it, Victoria found that really rude and she fears referring to that person as she and now she's panicking about meeting them in case she gets it wrong.

Simon Croft
That's a good one. When you said you got questions about real life situations, I was thinking, I'm probably not gonna be able to answer these, because I'm not a medical, clinical person. But I think I can probably help address that one. I understand where that's coming from. Because I think in polite society, we would regard calling a human being as it is extremely rude. And sometimes it is something that is used by people who actually want to be unpleasant to trans people. So absolutely, I can understand where that's coming from. However, there is a small number of people for whom that is actually their chosen pronoun. It's not a huge number, but there are some and so I think, perhaps, my approach to that would be kind of just double check, you know, what pronoun your partner uses. And then that person might elaborate. So yeah, they, it

uses it. And actually, we know that, you know, that can be quite challenging for people to use, but actually, that is their chosen pronoun. Sorry, its chosen pronouns. See, even I'm finding it difficult with it. So, but it is quite unusual, but it is possible. So, I think that one of the things to acknowledge about language is that there is no right answer other than what the person themselves chooses. So, you know, my absolute chosen must have term could be somebody else's, absolutely derogatory, I hate it term. My chosen pronoun might be somebody else, oh, how could I ever call somebody that, it sounds so rude or offensive or difficult or whatever. So, I think the key thing is to go with the person's choice. So, I would probably follow the lead of the person, you know, hopefully, if they're dating that person, then that's a respectful situation and they are gendering the person correctly. But if you ever have cause to meet the person, it may be that the first thing you say is, could I just check your pronoun, please?

Steven Bruce
And it's okay to ask that question, I think is a message that's coming through.

Simon Croft
Or to introduce yourself with your own, you know, that's a good tactic. So, you can see mine are he/him on the screen, that's an easy thing to do in a zoom environment, or for me to introduce myself, I'm Simon my pronouns are he him. And then if that person has perhaps a different pronoun to the one that people might often expect, oh yeah, my name is so and so, my pronouns are it or they/them or she/her or whatever they might come back with.

Steven Bruce
Emily's asked about a 14-year-old patient who wants to be identified as male and I'm assuming that this person is assigned female at birth. The mother sitting in the same rooms says that she's too young and that she's female. It's tricky to constantly try to keep the neutral talk up. Should she refer to her as a female if necessary, due to her being a child and under her mother's care, even though Emily is trying to stay neutral.

Simon Croft
Oh, let's see. It is quite a tricky one, isn't it? I think that there's not an absolute right answer to this, it's all individual case by case. This is something that we see come up quite a bit in schools where maybe the school wants to be supportive and the parents just want to be, you know, sticking their fingers in their ears and they're like, no, this is not happening. If we keep gendering the person in accordance with their assigned gender, all will be well, it's just a phase, those sorts of things. I think probably the best I can do is talk through some of the factors that are involved. So, I think that there is, certainly in schools, and I would assume it is the same for you, is that the key duty of care is to the young person. So what is going to make that young person feel most comfortable, most able to be part of the treatment, not sitting there all tensed up, you know, if somebody is usually tensed up, then presumably your treatment's not going to be as effective. So, there is a kind of duty of care there. I think that validating a parental opinion or a parental desire in those circumstances, it does two things. One, it sends a message to the young person that they're not believed and actually the adults are basically just going to gang up on them and there's no hope and that's where they are. It also sends a message to the parent that actually yes, we are validating the notion that

this is just a phase or a fad or shouldn't be supported in any way. So that's not very helpful. Equally, you can have situations where safeguarding can be a part of the picture. And actually, if you are supporting that young person then that parent may take them away from osteopathic treatment entirely, for example, and maybe that's not a good issue, or maybe if you are recognising their name and pronoun, then it's going to start making their life at home untenable. So, there could be quite a few things in the mix. I don't think it's always a straightforward answer. But I think if you focus on your duty of care to the young person, then you're going to be starting to head in the right direction. You know, it may also be about opening up conversations with the parent and saying, well, you know, do you have some support? Are you connected to any other parental support organisations around this, in relation to that? Link them to information and things? Again, it may not necessarily be an easy conversation to start up. Depending on the age of the young person, is there a possibility to have a conversation with them in private? Have I dropped out? Oh, okay. Sorry. I think all the rest of my screens disappeared. So, I think I've dropped out that that's fine. I can talk to my own face here. So yes, to have a conversation with the young person and just explore a little bit about what is going to be best for them. But you know, that again, that's not always an easy conversation. So, I know I haven't answered your question, there isn't a straightforward answer to that question but center the young person in your thinking and think a little bit more widely about what the impact there is, as well. You know, it may be useful to find out what the school is doing, perhaps for example, saying, you know, it is a tricky situation, it isn't a one size fits all, but to center the, you know, the needs of the young person, duty of care to the to the young person in that. And one thing I said, you know, is it possible maybe to find out if the young person has other support in their lives? Is it possible to maybe find out what the school is doing and things like that? I think it is, you know, whilst we would hope that parents are always on the side and supportive of young people, we know that's not always the case, or it can take some time for them to come round. And maybe one parent is on board and the other one is still finding it very challenging. I think one of the things that we say to schools is that if the parents see you treating this seriously and respecting the young person's wishes, it can help them to move forward on their own journey, recognise this is something which needs to be considered seriously and respected.

Steven Bruce
We've got very little time left and I've got two or three questions which I'll try and get through. Ben sent one in some time back asking how you deal with a patient who presents to us, who is very androgynous. How do you ask about their gender? If it's not clear without being offensive or upsetting someone, especially if they're younger, in their 20s?

Simon Croft
I suppose when you say gender, always think about why you're asking the question, so is it that actually you need to know their pronouns? So, ask their pronouns. And that could be he or she, or they or them, you know, whatever. If you are talking about kind of, well, for some reason, you need to know what their physical body is like, then I think that that's a different set of questions.

Steven Bruce

In most environments, we would want to know, particularly if it's a female, we might want to know about menstrual cycle and things like that. So, we wouldn't want to offend someone by asking that question if they consider themselves male or they were assigned male.

Simon Croft
Um, I think there's a difference there between assigned male, which is probably somebody who's not going to be menstruating and has a male gender identity, who may possibly be, so I think it's about being open to some of that. So, I think this may be tracks back into the forms that we were speaking about last time, what kind of information that you might take there, and distinguishing between pronouns and gender and what kind of physical body somebody might be in. Because there are all sorts of reasons why somebody might have variations in relation to their body. It might be that it's somebody with a trans identity who has certain elements of anatomy that we might typically associate with a different sex, it could be that it's an intersex person, it could be somebody that's actually had some surgeries for whatever reason. So, I think it's about shaping your form in a way that doesn't single people out but actually says, you know, actually, here's a section where we want to ask about your physical form. So, in general, we're going to be asking about this, we might be asking about previous surgeries or injuries, you might also want to say, you know, do you have any, if you like, kind of differences that we might need to know about in relation to the treatment that we're going to be giving you. And that could be, for example, you know, that you may be a person of trans history and you've had particular surgeries or maybe not had particular surgeries. And it could be other things, it could be stuff around disabilities, for example, people being differently bodied for all kinds of reasons. And I think when we think more widely about why people might be differently bodied in certain ways, we can get more fully inclusive answers. And one of the things we say at Gendered Intelligence is that, you know, when we ask questions around trans inclusion, we're talking about gender generally. And I think if we ask those, we often only ask those questions when trans people are in the mix. But if we answer them well, then we make better inclusion for everybody. So, I think it is about divorcing ourselves from those assumptions and saying, you know, we don't assume about people's anatomy. So, we're going to ask you these questions. And some people might be like, what are you asking those for? Well, you know, I'm just a man, don't you know what bits I've got? It's like, Well, actually, it might be okay for you. But you know what, there are other people where we need to ask that for and a little bit of information about why you're asking goes a long way.

Steven Bruce
Very quickly, Leon has said, he has noticed that in Clinica, one of the software packages that's available to us, they have the options for the pronouns, e, ze and xie and likely on, he's asking, he wonders how to pronounce them and what they actually mean.

Simon Croft
They are pretty much all gender-neutral pronouns. So, they/them is perhaps most common at the moment, but there are others. So there's pr, which is actually short for person, there's ind, which is I,N,D which is short for individual, so you can see where some of them come from. Xie is usually pronounced Z. But of course, if you're talking to a German person, that sounds like a gendered pronoun. So, you know, some

people use those some people don't. E is another one. I think if somebody says that those are their pronouns, it is perfectly reasonable to say could you give me a couple of examples of how I would use that, you know. So, for example, Christy Elaine Kane has been taking pr's case to the courts recently, for pr's right to have a passport in person on gender identity. So pr uses pr. And the other thing is Google is your friend here. So, if you put in that pronoun, a gender-neutral pronoun, chances are you'll get tables popping up examples of how to use it. So, it's pretty straightforward. And many of them will also give you the pronunciation side of things. Some of them are pronounced in different ways. So, you can also say, you know, can I just check the pronunciation of that? How do you say that that's absolutely fine, too. And I think people who use those slightly less usual pronouns are quite used to those questions and open to them as well.

Steven Bruce
Right, your final question then and this is a very good one for the head of professional and education services at Gendered Intelligence. Are there any courses for manual therapists available at Gendered Intelligence?

Simon Croft
Not at the moment, no. I think if there was a desire, we could potentially craft something. So, we certainly have trained certain organisations or people within the NHS. Perhaps we've done more on the mental health side, perhaps unsurprisingly at this stage. But as I was saying, you know, we're really keen to move more into those spheres. We do have somebody who works for us, who also works for cliniQ, which is a sexual health organisation and the Q stands for queer. And it's very LGBTQI+ inclusive. And, you know, they know exactly what they're doing with forms and questions and all of those sorts of things as well. So, they can help to an extent, but they're primarily a service delivery organisation, not a training organisation. So, I think we would probably look to collaborate or to learn or to work alongside another organisation with that expertise, because, you know, we're not medical professionals. But we do bring a lot of good transferable knowledge and ideas and thoughts. And I think we could craft something around that. Also, I think some of our general courses, we get counselors and other medical professionals coming on those and saying, you know what, it might not cover absolutely everything I need, but it's a jolly good start.

Steven Bruce
Simon this has been great. It's been a great conversation as it was last time. I've really enjoyed the discussion and I'm sure we've got loads of benefit from it. I've had lots and lots of thank yous coming into my screen here. And also, people saying that it's a hell of a lot to take in. So maybe we can get some people involved in one of those courses. But thank you for giving up your evening once again, it's been a treat, and I hope we'll see some more of you in the future.

Simon Croft
Lovely to see you. Thank you to everybody who's here. I hope you've enjoyed it as well and thank you Steven, as well.