

Guidelines for Supporting Trans Patients



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Contents

Introduction	2
1. Consideration of trans people in service provision	3-8
1.1 Hospitals	3-5
1.2 Individuality of trans people	5-7
1.3 Ways to improve services for trans people	8
1.4 Medically addressing gender diversity	8
2. Terminology	8-10
Appendix 1: Non-binary gender factsheet	11-13

Introduction

Western Sussex Hospitals Foundation NHS Trust (WSHFT) recognises that patients, service users and staff come from diverse backgrounds and may face multiple discrimination. It strives to ensure they do not face discrimination on the grounds of their age, disability, gender identity, race (ethnicity, nationality, skin colour), religion or belief, marriage or civil partnership, pregnancy or maternity, sex and sexual orientation.

For trans, non-binary and/or gender non-conforming people there are particular concerns around historical discrimination, structural inequalities, health inequalities, data protection and interpersonal communication that need to be thoughtfully and respectfully considered.

These guidelines apply to all WSHFT patients and are designed to support the Trust in delivering its legal and contractual obligations, highlighting best practice to deliver fair and safe services to trans, non-binary and/or gender non-conforming people. It provides information to develop inclusive environments and provides staff with appropriate information.

This is not a prescriptive document and suggestions can be altered to fit the personal circumstances of the individual. This document is also underpinned by the Trust's Equality, Diversity and Inclusion Policy.

1. Consideration of trans people in service provision

1.1 Hospitals

Trans people, like anyone else, use health services for a variety of reasons, not just relating to transitioning. Good care relies on staff knowing when a trans patient's gender history is relevant and when it is not.

Specialist Clinics

Some clinics provide gender-specific or gender segregated services. For example, there may be clinics specifically for men and women, with specific waiting areas for these sessions. It would be unacceptable to require a trans woman to use a waiting room for men or for a trans man to share a female clinic waiting area. If an examination needs to be conducted in a specific room because it contains appropriate equipment this should be clearly explained to the patient and sensitively managed.

Hospital Wards

As with clinics, consideration is necessary to review the impact of single-gender wards which will impact privacy and dignity. Staff should treat transitioning patients as they present, sufficient privacy can usually be ensured through the use of curtains or a side room. However, there may be times where there may be a need to protect a vulnerable patient (i.e. the trans patient) and think of alternatives with the patient concerned. Make sure to ask the patient what additional requirements they may have and try to facilitate this if you can.

Routine Health Screening

Trans people need to be screened for risks such as cervical, breast or prostate cancer on the basis of physiological need (i.e. what body organs are present), not their birth or acquired gender. Systems and procedures may need to be reviewed with this and the need for patient privacy in mind. Guidelines are available from [Public Health England – NHS Screening Programmes: Information for Trans People](#).

Medical Records

Trans patient's medical records will contain details of any gender affirmation treatment and changes of name. Even without the legal protection afforded by the Gender Recognition Act (2004) (GRA), it is good practice to take positive steps to ensure that the gender reassignment is not casually visible or communicated without the informed consent of the patient/service user. This may require the review of relevant policies and specific instructions to staff. Inappropriate disclosure of a trans person's gender reassignment history is a criminal offence.

Name change can be achieved in the UK at any time without any legal process, as long as there is no intention to defraud or deceive anyone. However, if evidence of a change of name is required this should be comparable to the requirements for any other person changing their name for a variety of reasons. Under no circumstances should hospital staff ever request to see a GRC (this could be seen as harassment), confirmation of identity can be taken from passports, bills, driving license, etc.

There is a nationally agreed process to deal with medical records for Trans patients. A new NHS number can be issued through the GP, along with a local update of the patient's record and case notes. Further guidance is available from the Patient Administration Systems (PAS) Team and the Corporate Data Department.

Communication

Names and pronouns requested by the patient should be used. If administrative staff are unsure whether to address correspondence to an individual as Mr, Miss, Ms, Mx or Mrs, it is best to discreetly ask or use initials only. When speaking on the telephone if it is unclear which pronouns are appropriate, use generic gender pronouns.

Consultation

Trans people should be included in consultations to consider how every aspect of their identity affects their healthcare. For example, trans people may have needs relating to retained female aspects of their anatomy and have a view on services targeting their health as men.

Expectations of staff behaviours

It is the responsibility of all staff to treat trans patients with respect, dignity, sensitivity and without judgement. Any discrimination to trans patients will lead to formal action under the relevant policy and procedures.

It is unacceptable to refuse to use a name, pronoun or gender which the patient recognises. Likewise, asking intrusive questions about a patient's trans status when not relevant or pertinent to treatment, is a form of harassment and a form of discrimination.

Health Promotion

Public health campaigns need to consider the factors that influence smoking, alcohol, diet and exercise for trans people. Without understanding the driving forces, these initiatives may be ineffective in helping trans people.

Pastoral and spiritual care

All trans people have the right to access pastoral and spiritual care. The chaplaincy team have been trained in gender and sexual diversity. It is important that trans patients, particularly those on the end of life pathway, are aware of this.

Awareness and training

GP practices, hospitals and clinics routinely have trans patients or people that have trans relatives and partners. Staff should be aware and knowledgeable so they can talk to people sensitively, respectfully, with compassion and care. Staff also need to be clear on how health records are managed and accessed for trans patients.

Staff who work in services which link into recognised pathways for addressing gender diversity (e.g. urology and endocrinology), should familiarise themselves with local pathways for gender reassignment. This is also true of services which may be frequently accessed by

trans patients e.g. outpatients, surgical wards, emergency departments etc. Professional bodies have protocols available and you can access them online. For example:

[The World Professional Organisation for Transgender Health
https://www.wpath.org/publications/soc](https://www.wpath.org/publications/soc)

[NHS England Gender Protocol and Service Guidelines](#)

Privacy

All staff must respect the privacy of any patient and it is against the law to disclose a person's trans status without their explicit approval.

Health Advice

Not all trans people are comfortable accessing information in highly visible areas. Trans people and their families may need discreet access to good advice. The Department of Health and Social Services has commissioned a set of leaflets covering a range of topics that service users and their families can use: <http://www.gires.org.uk/health/department-of-health-literature-project> .

Waiting Times for Gender Reassignment/Affirmation Treatment

Currently there are long delays in accessing the required treatment after referral. During this period, patients and service users can be especially vulnerable and will benefit from a sympathetic and supportive approach from healthcare providers. In the interest of harm reduction care providers are able to prescribe hormones in the interim period. You can find information from NHS England and the General Medical Council (contact the GMC directly).

[NHS England Gender Identity Services For Adults – Non Surgical Interventions](https://www.england.nhs.uk/wp-content/uploads/2018/10/Gender-identity-services-for-adults-non-surgical-interventions.pdf)

<https://www.england.nhs.uk/wp-content/uploads/2018/10/Gender-identity-services-for-adults-non-surgical-interventions.pdf>

Travelling Distances

Many processes relating to gender reassignment surgery have resulted in patients having to travel long distances for appointments. Some parts of the country have no local provision at all. Commissioners may fail to appreciate that many of the components in the service they are commissioning (for example speech therapy, endocrinology or counselling) could be provided from local sources in liaison with a GP with Special Interest (GPwSI). Services should be as flexible as possible to meet the needs of trans patients.

Excessive travelling requirements may render existing arrangements non-compliant with the Equality Act 2010, if the services are inaccessible to disabled service users.

1.2 Individuality of trans patients

Like everyone, trans people are individuals and various experiences influence their life. These combinations can add to the barriers that people face.

Gender - a trans person is as likely as anyone else to be affected by issues related to their gender. Do consider the wider identity of a trans person when considering how services can be inclusive.

Ethnicity - studies have shown that trans people (in particular trans women) who are Black, Asian or Minority Ethnic are disproportionately affected by multiple discrimination. The majority of violent hate crimes for example, are committed against BME trans women. This cohort is the least likely to access healthcare services when they need it, for fear of prejudice, discrimination and poor treatment. You can learn more about how race/ethnicity [Inclusivity – Supporting BAME Trans People by Sabah Choudrey](http://www.gires.org.uk), available for download from www.gires.org.uk.

Disability - research has shown that trans people are more likely to have mental health concerns and less likely to be able to access services to help them. This is because the majority of mainstream providers do not have people trained to be aware of trans issues. Furthermore, trans people with physical and learning disabilities are again more likely to face greater barriers to access relevant support services. Staff need to be aware of how this can impact longer-term care and short-term services. Furthermore, people with disabilities who are trans have the right to access gender reassignment or gender affirmation services.

Religion and Belief - some staff may voice objections towards treating trans service users on the grounds of their religion or beliefs. Managers must be prepared to deal with this in the same manner as for any other similar objection (for example on the grounds of sexual orientation), in line with the Equality, Diversity and Inclusion Policy.

Sexual Orientation – being trans is not a sexual orientation and does not predict sexual orientation. Trans people can be heterosexual, gay, lesbian, bisexual, pansexual or asexual. Their sexual orientation may also be fluid and change.

Age - age affects everyone, but can affect trans people disproportionately. Trans people have particular health concerns and social care concerns with regard to ageing. A fact sheet on this has been produced by Age UK: <http://www.ageuk.org.uk/health-wellbeing/relationships-and-family/lgbt-information-and-advice/lesbian-gay-bisexual-or-transgender-in-later-life/>

Employers and employees both share negative assumptions about age. It is anticipated that by 2021, 40% of the population will be over fifty. The proportion is already over 30%. Many people over fifty expect to encounter difficulties in even getting interviews for jobs. This also affects the fear of losing a job. Trans people feel this fear acutely. People who transition later in life may have increased difficulties with appearance as they may need longer to heal from surgeries/treatment.

The incidents of attempted suicide and self-harm in young trans people remains disproportionately high. This could be a reflection of the significant inequalities relating to health, wellbeing and broader social and economic circumstances experienced by trans people. It is therefore important to recognise and understand the issues affecting younger trans people. The Royal College of Nursing and Public Health England have produced a useful toolkit for nurses, which explores these issues (and warning signs) in great detail. The document is called 'Preventing Suicide Among Trans Young People' and can be accessed

by going to: <https://www.gov.uk/government/publications/preventing-suicide-lesbian-gay-and-bisexual-young-people>

1.3 Ways to improve services for trans people

- Always respect a trans person's chosen pronoun. This may be in the form of "he" or "she", or gender-neutral pronouns such as "ze" or "they". Do not worry if you accidentally make a mistake, apologise to the patient and continue with the correct pronouns.
- Display trans positive posters, leaflets and information to create an inclusive and welcoming culture (where possible gender-neutral signs for toilets). Advertise services in a range of LGBT newspapers, internet sites and magazines to promote services.
- Treat trans individuals with dignity and respect. Speak to trans people as you would any other patient or service user. Do not make assumptions about people by their appearance.
- In order to facilitate a good provider-patient relationship, it is important not to make assumptions about the identity, beliefs, concerns, or sexual orientation of transgender and gender non-conforming patients. Ask patients, in a dignified and respectful way, how they would like to be addressed. For instance, you can ask, "What are your preferred pronouns?" or "What name would you like to be called?"
- Establish an effective policy for addressing discriminatory comments and behaviour by staff. Ensure staff are fully aware of their obligations and procedures as stated in the Equality, Diversity and Human Rights and Dignity at Work policies and appropriate training has been undertaken.
- Remember to keep the focus on care rather than indulging in questions out of curiosity. In most healthcare situations, people's assigned sex at birth is irrelevant, although there are a few exceptions.
- Remember that the presence of a trans person in your ward or department is not always a training opportunity for other staff. Many trans people have had hospital staff call in others to observe their bodies and the interactions between a patient and healthcare provider, often out of an impulse to train junior staff. However, like in other situations where a patient has a rare or unusual finding, asking a patient's permission is a necessary first step before inviting in a colleague or trainee.
- It is inappropriate to ask trans patients about their genitals if it is unrelated to their care. A person's genital status (whether one has had any lower surgery or not) does not determine that person's gender identity for the purposes of social behaviour, service provision, or legal status.
- Never disclose a person's trans status or gender identity history to anyone who does not explicitly need the information for care. Just as you would not needlessly disclose a person's HIV status, a person's gender identity is not an item for gossip. Having it known that one is trans can result in ridicule and possible violence towards that individual. If disclosure is relevant to care, speak to the patient and use discretion.
- Become knowledgeable about trans healthcare issues. Get training, stay up to date on trans issues, and know where to access resources. You can also offer a trans person an advocate to help them navigate the healthcare environment.

1.4 Medically addressing gender diversity

A document that offers comprehensive information is available from [NHS England](#).

2. Terminology

Asexual – someone who is heterosexual, gay, lesbian, bisexual or pansexual but is not physically attracted/barely physically attracted to anyone.

Bisexual - an emotional, romantic and/or sexual orientation towards more than one gender. The term used to describe those who were attracted to others of the same gender and opposite gender. The term may be used more widely these days and might include those who are pansexual (attracted to all genders).

Cis-gender – a person whose sex attributed at birth aligns with their gender identity and that is confirmed by them as an individual.

Deadnaming - calling someone by their birth name after they have changed their name. This term is often associated with trans people who have changed their name as part of their transition. Deadnaming is a form of harassment and abuse and can trigger dysphoria in the person affected.

Dysphoria – is the experience of bodily disconnect, distance or distress experienced by someone whose sense of their own gender and how that gender is expressed does not match what either they, other people, or society at large perceives that expression to indicate.

Gay - refers to a man who has an emotional, romantic and/or sexual orientation towards men. Also a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian.

Gender expression – this is how a person presents themselves on any given day in terms of the clothes they wear for example, how they speak, how they walk and so forth. Gender expression does not always match gender identity.

Gender identity – how a person sees themselves/feels in terms of social constructions of what it means to be a man/woman and sometimes, their own feelings about what being a man/woman actually relates to. Gender terms in common use include trans (see above), non-binary (a different conception of gender that does not sit within the man/woman binary), gender diverse (outside the gender norms) or gender fluid (a gender identity that shifts and changes over time/place) or gender non-conforming (a negation of the gender binary). Remember that some trans people who choose to go through a gender affirmation process may identify as a binary gender – man or a woman – at the end of the process or at different points in their journey or at the very start. They may no longer choose to use the term trans or they may never have used the term trans. They may not want to disclose their trans journey and this must be respected. It is against the law to out someone as trans and nor should you expect all trans people to want to talk about their journeys.

Genuine Occupational Qualification (GOQ)/Genuine Occupational Requirement (GOR) - exceptions to the law regarding discrimination are permitted in cases where a protected characteristic is genuinely needed for them to be able to carry out their duties for a specific job. What employers may legitimately claim as a GOQ or GOR for a job varies according to the characteristic being discriminated on. However, in general the onus is on the employer to demonstrate that the characteristic concerned is a genuine requirement (or intrinsic) for the job, crucial to the job's performance, and that it is proportionate to apply the requirement in

the case in question. For example, it would be a GOQ/GOR to discriminate in favour of women when recruiting workers to work in a refuge for abused women. Due to the experiences of the clientele, it would be deemed inappropriate for a man to be within the vicinity unsupervised.

Gender reassignment also referred to as gender affirmation or gender confirmation - these are medical and/or surgical procedures that change the body to align with a person's gender. They can include breast augmentation or removal, chest reconstruction, removal of the ovaries and uterus, altering or constructing genitals, bone restructuring, hair transplants and others. There are also other processes that fall within this which includes regular shaving, electrolysis and so forth.

Gender dysphoria - used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who does not feel comfortable with the sex they were assigned at birth.

Gender Recognition Certificate (GRC) - this enables trans people to be legally recognised in an affirmed gender and to be issued with a new birth certificate. Not all trans people will apply for a GRC and at the time of writing you have to be over 18 to apply. You do not need a GRC to change your gender markers at work or to legally change your gender on other documents such as your passport.

Heterosexual/straight - refers to a man who has an emotional, romantic and/or sexual orientation towards women or to a woman who has an emotional, romantic and/or sexual orientation towards men.

Homophobia - the fear or dislike of someone, based on prejudice or negative attitudes, beliefs or views about lesbian, gay or bi people. Homophobic bullying may be targeted at people who are, or who are perceived to be, lesbian, gay or bi.

Homosexual – this is a medicalised term used to describe a person who has an emotional romantic and/or sexual orientation towards someone of the same gender. This term has fallen out of use as homosexuality has been depathologised. Please use the term gay instead as a matter of respect.

Intersex - intersex people are born with physical sex characteristics that do not fit medical and social norms for female or male bodies. Intersex traits are natural manifestations of human bodily diversity. Intersex variations are not the same as gender identity (who you are – male, female, gender non-conforming, non-binary, transgender) or sexual orientation (who you are attracted to – heterosexual, bisexual, lesbian, gay, asexual, pansexual). People born with intersex variations have the same diversity in sexual orientation and gender identity as everyone else. While LGBT activists and Intersex activists may work together, it is important to be clear about the difference and prevent misunderstanding.

Lesbian - refers to a woman who has an emotional, romantic and/or sexual orientation towards women.

LGBT - the acronym for lesbian, gay, bi and trans.

Outed - when a lesbian, gay, bi or trans person's sexual orientation or gender identity is disclosed to someone else without their consent.

Passing - if someone is regarded, at a glance, to be a cisgender man or cisgender woman. Cisgender refers to someone whose gender identity matches the sex they were 'assigned' at

birth. This might include physical gender cues (hair or clothing) and/or behaviour which is historically or culturally associated with a particular gender.

Pronoun - words we use to refer to people's gender in conversation - for example, 'he' or 'she'. Some people may prefer others to refer to them in gender neutral language and use pronouns such as they/their and ze/zir.

Queer – a term used as a slur and to attack people of minority gender and sexual identities. Sometimes the term is used by those wanting to reject specific labels of romantic orientation, sexual orientation and/or gender identity. It can also be a way of rejecting the perceived norms of the LGBT community (racism, sizeism, ableism etc). Remember that some LGBT people view the word as a slur. Sections of the LGBT+ population reclaimed the word in the late 80s and it is used in some public institutions such as Universities. Unless you yourself identify as queer, you should not use the term and, staff working at WSHFT should not use the term as a matter of course as the wider staff body and patient body may not understand the difference between using it as a slur and source of harassment compared to using it as a term of empowerment.

Questioning - the process of exploring your own sexual orientation and/or gender identity.

Sex – a term used to denote male/female/intersex variations, largely based on visible physical differences and attributes. In general, a sex attributed at birth is based on visual indicators. However, sex attributes are often (in most countries) tied to binary gender constructs – what it means to be a man/woman. Sex and gender are related, although they are not the same. It is important to remember this, because people who have intersex variations are also located on the spectrum of sex attributes and do not have sufficient measures to protect their rights and to have a say about their bodies. This is an area that is currently without legal protection, which makes intersex individuals vulnerable to medical interventions without consent.

Sexual orientation – who you are attracted to. You could be attracted to the same gender (lesbian or gay), the opposite gender (heterosexual), both genders (bisexual), people across the gender spectrum (pansexual). For a lot of people, sexual orientation is not static – it can shift over time. Also not all people are comfortable using the terms lesbian/gay/bisexual even if they have relationships with those of the same gender – they may choose to use terms such as 'same gender loving'.

Trans (transgender) – a person whose sex attributed at birth does not match their gender identity. When someone is born, a medical professional will attribute someone's sex based on outward appearance. But that does not always mean our gender aligns with it. Being transgender is not a choice. Remember that not all people in this situation identify as trans or seek gender affirmation interventions. Sometimes the trans journey is a life-long process – there is not always an end point. (Note: please do not use the terms 'transsexual', 'transvestite', 'sex change' 'gender identity disorder' – these are outdated and considered offensive and derogatory by many trans people and allies.)

Transphobia - the fear or dislike of someone based on the fact they are trans, including the denial/refusal to accept their gender identity.

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

Appendix1: Non-binary gender factsheet

Definition

- Non-binary gender and gender diverse are umbrella terms used to describe all people who do not experience themselves as being male or female (i.e. within the socially constructed gender binary).
- Non-binary people fall under the wider definition of transgender given that they have not remained in the gender they were assigned at birth. However, not all non-binary people use the term trans to describe themselves.

The quotes below express how some people feel:

“Because my identity is not legally recognised or protected, I have to choose between the emotional distress of not disclosing my identity (which makes me physically ill), or risking being disbelieved and insulted if I do disclose (which triggers self-harm)”.

“I have been mocked by a group of hospital staff out on their break while I waited to be picked up from A&E – e.g. ‘What is that?’, ‘Is that a man or a woman?’ pointing and laughing.”

“I have no protection of my gender identity in the workplace and am constantly misgendered. This has made me depressed to the point of being suicidal. Recently I didn’t get a job because they asked intrusive questions about my gender. I have no legal protection.”

“Seeing the discomfort and anger when people address me initially as “sir” and then switch to “madam” because of my ambiguous appearance. That anger could easily turn physical and I would be very vulnerable. This makes me feel unsafe. Because my identity is not legally recognised or protected, I’m not confident that the police would help me”.

Extent

- According to official statistics, the proportion of the UK population who define as non-binary when given a choice between male, female and another option is 0.4%, which is 1 in 250 people (Titman, 2014).
- Joel et al. (2014) found that, in a general population, over a third of people said that they were to some extent the ‘other’ gender, ‘both genders’ and/or ‘neither gender’.
- YouGov found that 19% of people disagreed with the statement ‘you are either a woman or a man’ and a further 7% were not sure. A subsequent poll found around 20% of people placed themselves between the poles of ‘100% male’ and ‘100% female’ although the results of this have not been officially reported yet.
- Globally many cultures recognise more than two genders (Herdt, 1993). As with sexuality, in the West binary categories dominate (male/female, gay/straight) and these have been imposed on a human experience which is not binary through colonial incursion.

Research Evidence

- McNeil et al. (2012) found that those who identify as non-binary and/or express themselves in ways that challenge binary gender face similarly high levels of mental health difficulties to trans people generally.
- Harrison et al. (2012) found that over 40% of non-binary people had attempted suicide at some point, a third had experienced physical assault, and a sixth sexual assault based on their gender.

Specific Detriments

A recent survey of 79 non-binary people in the UK through the *Beyond the Binary* online magazine found that the vast majority reporting feeling uncomfortable (100%) and unsafe (94%) being non-binary in the UK.

Respondents reported the following key specific detriments involved in being non-binary (percentages in brackets refer to the proportion of people who explicitly mentioned each detriment):

- Inability to access education, work, housing, or healthcare without misgendering oneself (54%).
- Inability to have gender recorded correctly on medical, legal, educational, and other records (41%).
- Hospitals, prisons, care-homes and other institutions failing to recognise gender accurately (38%).
- Lack of accessible public facilities (toilets, changing rooms, sports facilities, etc.) (32%).
- Facing constant misgendering by others in relation to pronouns, titles, and everyday terms (32%).
- Everyday harassment, discrimination and hate crime, leading to feeling very unsafe (25%).
- Inability to access many NHS trans healthcare services due to lack of non-binary provision (21%).
- Feeling forced to present as male/female to be accepted, access work and make a living (18%).
- Intense school and/or workplace bullying due to gender expression (13%).
- Being labelled as 'difficult', 'dangerous' or 'unprofessional' when being open about gender, and the negative impact of this on employment, salary, childcare and/or accessing services (6%).
- Being forbidden in school or work settings from presenting as non-binary -no legal recourse (4%).

These issues clearly had a profound impact on mental and physical health. It was widely felt that lack of visibility in media and wider culture was a key reason why it was very difficult to be open with friends, family, neighbours, and colleagues, and why there was a lack of support and resources available.

Key Policy Implications

- Legal Recognition: moving towards a situation where non-binary people can have their gender recorded accurately on all official documents, and all censuses and surveys include options for non-binary gender.
- Health: ensuring that trans healthcare is equally accessible to non-binary and binary trans people, and that those referring to gender services (GPs and other medical professionals) are fully aware of non-binary gender. Improving access to psychological services (and practitioner awareness) in relation to non-binary people given the toll that living in a highly binary culture takes on mental health.
- Education: education at all levels about the diversity of gender experiences. Addressing any aspects of education that require people to adhere to a gender binary.
- Criminal Justice: recording and addressing hate crime and harassment of non-binary people and ensuring that police are well-trained in this area.
- Immigration: ensuring that immigration services are aware of non-binary gender and the fact that other genders may be recognised in the countries of origin of refugees and asylum seekers.
- Culture, Media and Sport: improving the visibility of non-binary gender and ensuring that all public facilities are accessible to non-binary people.

The material in Section 2 is drawn from “Beyond the Binary” survey and from:

Richards, C. Bouman, W., & Barker, M. J. (Eds.) (2016). *Genderqueer and Non-Binary Genders*. Basingstoke: Palgrave Macmillan.

Barker, M. J. & Richards, C. (2015). Further genders. In C. Richards & M. Barker (Eds.) *Handbook of the Psychology of Sexuality and Gender*. pp.166-182. Basingstoke: Palgrave Macmillan.

Harrison, J., Grant, J., & Herman, J. L. (2012). *A gender not listed here: Genderqueers, gender rebels, and otherwise in the National Transgender Discrimination Survey*. Los Angeles, CA: eScholarship, University of California.

Herdt, G. H. (1993). *Third sex, third gender: Beyond sexual dimorphism in culture and history*. Zone Books New York.

Joel, D., Tarrasch, R., Berman, Z., Mukamel, M., & Ziv, E. (2013). Queering gender: Studying gender identity in ‘normative’ individuals. *Psychology & Sexuality*, 5(4), 291-321.

McNeil, J., Bailey, L., Ellis, S., Morton, J., & Regan, M. (2012). *Trans mental health study 2012*. www.scottishtrans.org.

Richards, C., Bouman, W. P., Seal, L., Barker, M. J., Nieder, T. O., & T'Sjoen, G. (2016). Non-binary or genderqueer genders. *International Review of Psychiatry*.

Titman, N. (2014). *How many people in the United Kingdom are nonbinary?* www.practicalandrogyny.com

TMW (2014). *Understanding non-binary people: A guide for the media*. www.transmediawatch.org/Documents/non_binary.pdf.