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Lesbian: a woman who is sexually attracted to women.

Gay: mostly used to describe men who are sexually attracted to men, although not exclusively men: some lesbians might also describe themselves as gay.

Bisexual: mostly used to describe people who are attracted to either binary gender.

Trans. A trans man is someone who was assigned female at birth, a trans woman is someone who was assigned male at birth.

Queer: an umbrella term which has been reclaimed by the community. Sexuality can be a complex and fluid thing in a person's life; therefore, "queer" can sometimes feel like a better self-descriptor.

Intersex. Not every intersex person wants to be allied to the acronym: some are happy to be claimed by the community. The black circle in the yellow triangle of the pride flag is dedicated to intersex people.

Aromantic, a person who is not motivated by sexual contact. Some asexual people have no sexual attraction, some do and have a preference not to be sexually intimate in relationships. Some aromatic people have intimate relationships and some prefer not to.

+ plus: anyone who feels on the margins because of their sexuality or gender identity preference.

A few helpful terms

Sexuality: a person's expression and experience of who they are sexually attracted to. Gender identity and sexuality are not the same thing; therefore, one should never assume that gender questioning is questioning of sexuality, too.

Sex and gender identity: Sex and gender identity are not the same thing. Sex refers to the biological sex, i.e. male, female, intersex. Gender identity refers to the way someone feels most comfortable being understood in the world.

Some trans women are comfortable with their genitals and some trans men are happy with theirs and no phalloplasty or vaginoplasty is undertaken; owing to gender affirming hormone, the person looks male or female.

Gender affirming hormone treatment will mean that these parts of the body do not work in the way they would without hormone treatment – this is something important to know when there is a lot of worry about shared spaces in public toilets, for example.

As long as a person, for example, a trans woman has testes, she will make testosterone which will be suppressed by hormone blocker in order for the oestrogen to have best effect. She would also be at risk for testicular cancer, so will need to continue to have checks. If these were to be removed, she would no longer be at risk of those health issues identified for birth assigned males. The same is true for trans men. As long as a trans man has a womb, he will need to have smear tests. If he does not have top surgery, he will also need to check his breasts in the same way. Again, if these parts are removed, these health markers will no longer be relevant and the trans man will be known to have the same health risks as men (fat distribution around the tummy instead of hips/chest, male pattern baldness and heart disease).

It is really important to know that in the NHS no surgery is offered to anyone under the age of 18. When people do have surgery, they are adults and able to make an informed decision about their care and how they wish their body to look.

Gender Markers/official documents: it is possible for someone to change their name by deed poll and update their documents. This does not mean that in official paperwork they become their preferred gender. Sometimes, people have their gender marker changed at the GP surgery. This means that they are no longer registered for any birth assigned health issues (as described in the sex and gender identity paragraph); so they need to be really aware of their health needs and very proactive about these. Under the Equality Act of 2010, a person can request a Gender Recognition Certificate (adults only) which can then ensure that they are only known legally by their preferred name and gender.

Gender questioning: someone who is trying to make sense of themselves in the world, which follows heteronormative constructs.

Heteronormative: the world has understood itself to be based on reproductive relationships being between a binary male and a binary female. Most media, education and school life are set up this way, i.e. a line of boys and a line of girls, PE, toilets. These are heteronormative ways of doing things. The Equality Act and Gender Recognition Act are helping to challenge this.

Gender Identity: this is NOT the same as sex: a person's sex is not the same as the gender identity they may feel most comfortable being. Gender identity and expression are how a person feels or understands themselves in the world.

Assigned gender. Some people might use presumed gender, i.e. a gender identity based on external genitalia. Sex assignment (sometimes known as gender assignment) is the discernment of an infant's sex at birth. A relative, midwife, nurse or physician inspects the

external genitalia when the baby is delivered and, in more than 99.95% of births, sex is assigned without ambiguity, e.g. "Mrs Smith you have a lovely baby boy". When that child grows up and they learn to understand themselves, they might need to help people understand the assigned gender does not fit for them.

Mis-gendering / being misgendered, i.e. being called "he" when a person identifies as female can be extremely hurtful and feel very disrespectful. It can also be extremely triggering for Trans or non-binary people. If people have been asked to use preferred pronouns, they should use them. Mistakes happen. It's usually best to apologise for misgendering and move on. To say nothing and pretend it didn't happen can just be really awkward for everyone!

Passing: a term used by trans people and it means being perceived as a gender or sex other than the one they were assigned at birth. It can really be a moment of validation, e.g. "I went to the shop and the person said 'Can I help you Miss / Sir?' " Passing is really important to the community. A negative around 'passing' is that it might be led by societal gender norms and ideas of who's pretty, who's muscular etc and shuts down ideas of being a person with a queer body in the world.

Intersex: intersex people are individuals born with any of several sex characteristics including chromosome patterns, gonads or genitals that, according to the Office of the United Nations High Commissioner for Human Rights, "do not fit typical binary notions of male or female bodies" (Wikipedia). A person can be born with a particular assumption of gender based on their visible genitalia; however, when puberty starts, they may start to develop the secondary sex characteristics of the other gender. Intersex people can be supported with gender identity development therapy in order to support their learning themselves and how they might prefer to be in the world.

Cis-gender: a person who identifies with the gender they were assigned at birth, i.e. male or female.

Binary gendered: either male or female using the pronouns he/him or she/her.

Non-Binary: a person who does not understand themselves to be either binary gender (male or female). A person may look masculine or feminine if you do not know them, but gender identity is an internal understanding, not always an external expression. They might prefer the pronouns they/them, he/they or she/they. Some non-binary people may use the pronouns ze/zir or they/fey. If in doubt, ask!

Trans: an umbrella term used when a person does not identify with the gender they were assigned at birth and feels or lives in role as their preferred gender. The term "trans" can be used for anyone who does not identify with their birth assigned gender; so, it can also be used for people who are non-binary or agender, although not every non-binary or agender person would assume themselves to be trans.

Agender: a person without any gender. This is different from non-binary: when non-binary, a person might identify as in the middle of the binary genders or with no feelings of being comfortable with birth assigned gender. Agender is the absence of any of the gender labels.

Transvestism: a term for men or women who like to dress in the clothing of the other gender, though this does not change their gender identity.

Transition: this can be used in lots of ways. It is generally meant as the move from a birth assigned gender to another gender identity. Anyone can transition to be trans man, woman, boy, girl, non-binary. There are no 'rules' around 'transness' being measured by anyone else's

view apart from what makes an individual person feel most comfortable and able to be themselves in the world.

Social Transition: this is the term used to encapsulate when someone becomes known by a preferred name or pronouns by others, at school, work, etc. Some people are known by a particular name and pronouns at home but not yet ready to be 'out' socially. We might use these words in the following way e.g. 'Ryan socially transitioned when he started secondary school, before that he was known by his old name and the pronouns associated with birth assigned gender.' Anyone can socially transition at any time. Social transition can be an exploratory way of being in the world; if a person understands themselves differently in time, they can detransition and be known by different pronouns or preferred name. It means that the person lives in their preferred gender without any physical intervention (i.e. gender affirming hormone, or gender affirming surgeries).

Detransition: is the word used for someone who had a trans gender identity to then live in their birth assigned gender identity. Less than 1% of adults detransition. This is generally understood from research to be because of a lack of support network, social issues or coming to understand a gender identity in a different way. A great deal is said about detransition because it is used in the media by some as a reason for young people not to be given access to gender affirming hormone treatment. What is not understood is that a majority of people do not use the term "detransition: it might be that people stop taking gender affirming hormone because they have achieved results that they are happy with and no longer feel the need for medical intervention in the same way.

Tucking, Packing and Binding

Tucking is the act of tucking the penis and scrotum under the body to give a flatter appearance which is more like a vulva. Underwear can be bought which will do the same thing.

Packing is padding out underwear to make it look like there is a penis and scrotum; again, there is underwear available for those who pack.

Binding is wearing a binder to flatten the chest. Binders can be extremely uncomfortable and very hot, so can cause issues for trans guys with PE and especially swimming. The advice is not to wear a binder for more than 8 hours per day; when at home, take it off to be able to offer the chest some time. Maybe use a tank top or sports bra if this is still very difficult. The skin needs to be able to breathe to prevent rashes which can be fungal and rather like nappy rash. There is also a view that being able to maintain the skin elasticity will offer a better result from top surgery. It is best to wear the best binder that someone can afford. There are some charities which will provide a binder to people in difficult financial circumstances.

All advice with regards to packing, binding and tucking can be found on <https://genderedintelligence.co.uk/> , as well as a wealth of resources for both young people, carers and professionals.

<https://gids.nhs.uk/> also has a wealth of information for parents, carers, young people and professionals.