

Transgender people at work



GENDER MINORITIES AOTEAROA

Irawhiti Takatāpui, Transgender, & Intersex NZ



Introduction



Gender Minorities Aotearoa is a nationwide transgender organisation. It is run by and for transgender people; including binary and non-binary, intersex, and irawhiti takatāpui.

We operate within the kaupapa Māori public health framework Te Pae Māhutonga and The Ottawa Charter (1986).

Our aim is to facilitate complete physical, mental, emotional, spiritual, and social wellbeing for transgender populations, as defined by The World Health Organisation.

We support transgender people of all ages, cultures, and backgrounds, and provide one-to-one peer support and information nationwide.

This booklet is a short introduction to transgender people at work.



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Sex and gender



Transgender & cisgender



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Transgender

A trans person is someone who was assigned a sex at birth which turned out to be incorrect.

Eg. the doctor says *"it's a boy!"*. Later, the person knows she is a girl or woman (or another gender).

Cisgender

A cis person is someone who was assigned a sex at birth which was correct.

Example: the doctor says *"it's a boy!"* Later, the person agrees he is a boy or man.

Transgender people are 1% - 2% of the population. In Aotearoa, that's around 50,000 trans people.

Transgender women & men



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Trans woman

Assigned male at birth (AMAB), actually a woman.

Pronouns: usually she, her, hers, may include they/them/ia.

Transfeminine is a broader term which includes non-binary AMAB people.

May wish to have, or may have had:

Oestrogen-based hormone therapy.

Facial hair removal.

Breast augmentation surgery.

Genital reconstruction surgeries.

Orchiectomy/orchidectomy.

Raising voice pitch.

Trans man

Assigned female at birth (AFAB), actually a man.

Pronouns: usually he, him, his, may include they/them/ia.

Transmasculine is a broader term which includes non-binary AFAB people.

May wish to have, or may have had:

Testosterone-based hormone therapy.

Binder prosthetics.

Chest reconstruction surgery.

Genital reconstruction surgeries.

Hysterectomy.

Lowering voice pitch.

Grammar and spelling



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It is both respectful and grammatically correct to use a space between the description and the gender:

“trans woman,” not *“transwoman”* or *“a trans”*.

Similar to *“Māori woman,”* not *“Māoriwoman”* or *“a Māori”*.

Non-binary



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All genders other than the two binaries “*male*” and “*female*”.

YES non-binary people are also transgender. If they disagree with the sex they were assigned at birth, they're transgender, though most intersex people do not consider themselves transgender.

A non-binary person may use other words to describe themselves, and may or may not undergo gender affirming medical treatments to change their sex characteristics.

Pronouns: they/them/ia, sometimes she/her or he/him or others.

Intersex people



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Intersex people are born with a variation of sex characteristics from birth. There are up to 40 types of variation. These variations are not typically visible at birth, though most who are diagnosed were diagnosed at birth.

Intersex people can be binary women, binary men, or non-binary people; they can be trans, cis, or just intersex. Most intersex people are not transgender.

They may have been re-assigned multiple times, so it's important not to make assumptions. Invasive and unnecessary surgeries on infants are not illegal, but are certainly unethical.

Around 1.7% of people are intersex - that's as common as red hair.

Amnesty International (2018).

Common sex terminology



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“Biological sex”. Sex characteristics include genitalia, reproductive organs, chromosomes, and hormones.

“Assigned sex”. Assigning a sex at birth is based on external genitals, and an assumption about the sex and gender of the infant. This is then recorded in the birth certificate - a legal document that has far reaching impacts throughout the person’s life.

In Common language. When a person says ‘sex’ or ‘gender’, they usually mean the same thing.

“Legal sex”. There is no simple definition of sex in NZ law.

Assigned sex at birth



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Assigning a sex (and gender) at birth only involves examination of the external genitals, and making an assumption about the sex characteristics and gender of the infant. The assigned sex is then recorded in a legal document - the infants birth certificate.

In practice, assigning a sex is not based on *all* sex characteristics, but on a simple inspection of the external genitalia.

The sex/gender assigned at birth is incorrect for at least 1 in every 100 people (1% are transgender).

Citation: Youth19 (2021), Amnesty International (2018).

Sex characteristics may change



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Many transgender people change their sex characteristics through medical interventions such as hormone replacement therapy and surgeries.

A trans person's sex characteristics may include, for example: XX chromosomes, a natal uterus and ovaries, and a surgically created penis, testicles, and flat chest, along with medically-augmented testosterone-dominated endocrine system.

The concept of *“biological sex”* is often applied incorrectly to transgender people. Be wary of calling a trans person *“biologically male”* or *“biologically female”*.

Likewise, *“male bodied”* and *“female bodied”* are incorrect.

Gender



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Gender (or “*gender identity*”) is not the same thing as “*sex*”, but it is not always separate either. Gender refers to a person's innate sense of who they are, however, “*gender*”, much like “*sex*”, is a socially constructed concept - it has no meaning except the meaning society agrees to give it.

Some people think sex is more objective, scientific, or real, and that gender is more subjective; feelings, emotions, and how we are perceived socially. In fact, both are socially constructed, both are real, both have real world consequences.

For trans people, life can be made more difficult when there are mismatches between the sex recorded on their birth certificate, their sex characteristics, and the how they are perceived socially.

Affirming language



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Instead of	Try
“Born male”, or “Biologically male”	Assigned male at birth.
“Transsexual”, “Transgendered”, “A transgender”.	A transgender person/woman/man, a non-binary trans person.
“Transgenderism”.	Being transgender.
“Male brain”, “Male socialisation”.	“Gendered brain” is unscientific. Socialisation is an ongoing process throughout a person’s life.

If you get it wrong



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It's important to just apologise, correct your mistake, move on, and get it right next time. This shows that you recognise the mistake without making a fuss or making the trans person feel like they should comfort or reassure you.

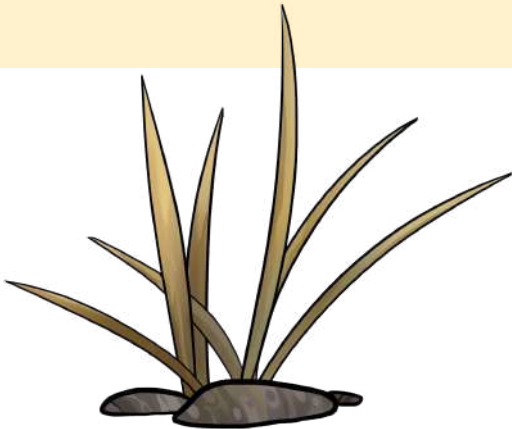
If you have doubts about what language to use, just ask! The person knows best how they want to be treated, and it's important to not make assumptions.



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Cultural assumptions





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Sex, gender, & colonisation

The enforcement of the gender binary

“Indigenous genders have been here for hundreds of years. The binary arrived on the boats”

In Eurocentric cultures, the nuclear family is the dominant form of organising the family as a social unit. The nuclear family structure was constructed through a deliberate process designed to counter and delegitimise indigenous forms of social organisation.

The nuclear family structure was used to break up indigenous forms of kinship and collective identity, by forcing colonised peoples to adhere to a new hierarchical and patriarchal status quo, and enforcing a “2 adults per unit” de facto rule.

Lugones, Maria “Heterosexualism and the Colonial/Modern Gender System” Hypatia 22. no. 1 (2007): 186-209.

Accessed June 3 2020. www.jstor.org/stable/4640051

Sex, gender, & colonisation

The enforcement of the gender binary



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This undermined indigenous political structures based on wider forms of kinship, into the more alienated nuclear system; submitting indigenous peoples to Eurocentric, production centric power structures.

Part of this process was the development of Eurocentric theories of sex and gender, including sex as a binary construct. This is the foundation of gender politics, and the sex binary system we have inherited, or been made to assimilate into.

Lugones, Maria "Heterosexualism and the Colonial/Modern Gender System" Hypatia 22. no. 1 (2007): 186-209.

Accessed June 3 2020. www.jstor.org/stable/4640051



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Sex, gender, & colonisation

The enforcement of the gender binary

It's important to understand the extent to which Eurocentricism effects gender narratives and understandings across the globe. From assigning a binary sex at birth, to being surprised by a trans person being trans, to even considering the notion of “*trans*” as an unwillingness or inability to accept ones birth assignment, or as a changing of gender rather than simply being as one is.

“My culture is not a binary culture (even if it has become more so as a result of colonialism and missionaries). To understand or conceive of myself as either ‘binary’ or ‘non-binary’ requires that I centre whiteness in how I understand myself. And this is not ground I’m willing to concede.”

Irawhiti takatāpui and Te tiriti o Waitangi



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Irawhiti takatāpui is a te reo Māori term for transgender people.

In every culture, sex and gender are thought about and enacted differently. While New Zealand follows the eurocentric binary system of sex and gender, Māori culture has not historically followed a binary model.

This can be seen as far back as Māori creation stories, where atua who are considered to be male gave birth to other atua.

The history of irawhiti takatāpui has important implications with regard to their rights under Te tiriti o Waitangi.

Under Te Tiriti o Waitangi, Māori are guaranteed the retention of taonga and cultural practices, and the right and resource to carry out these practices. This includes indigenous gender practices or expressions of gender.

1 in 4 irawhiti takatāpui experience homelessness, 83% have an incorrect sex marker on their birth certificate, and at least one in 3 avoids healthcare visits due to significant disrespect from professionals. Most have unmet healthcare needs, and experience a raft of other inequities which breach Te tiriti. This especially applies to disabled irawhiti takatāpui. (*Counting Ourselves, 2019*).



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Social context

Social determinants of health



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“Social, cultural and economic factors are the main determinants of health” - NZ Ministry of Health

Discrimination



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Trans people experience high levels of discrimination across all areas of public life - education, employment, housing, healthcare, justice, access to goods and services, social and recreational pursuits, policy and legislative input. This is especially so for disabled trans people and ethnic minority trans people.

67% of trans people experience high levels of discrimination.

44% experienced this in the last 12 months (general pop rate is 17%).

Those who experienced discrimination in the past 12 months are twice as likely to attempt suicide as those who didn't experience discrimination.

It's so important to take a strong anti-discrimination stance.

Education and student experiences



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Trans people are invisible in curriculum - even sex education does not include trans people's existence. Two thirds of trans students "*come out*" while at school, but of those who do, only a third feel safe to come out to parents.

23% of trans students were bullied at least weekly, vs 5% of cisgender students.

Many trans people don't have formal qualifications, but are still great workers.

Housing



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In Aotearoa, 1 in 4 non-European trans people experience homelessness, and 1 in 5 trans people more broadly.

Of the trans people in Wellington who have experienced homelessness, 72% were first homeless as teenagers. 71% of those trans people moved at least once every 6 months on average in the last 5 years. 82% of them said transphobia from housemates was a factor, while 46% said they were discriminated against by landlords.

Trans staff may be having a hard time outside of work. It's important to take an open, understanding approach.

Counting Ourselves (2019), Where Do You Sleep at Night? Transgender Experiences of Housing Instability and Homelessness (2020).

Employment



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The rate of unemployment for trans people is 11%, more than double the national average (5%).

More than quarter say that being trans makes it harder to get paid work.

The median income of trans people is half of the median income of the general population.

Employment discrimination is so common. Proactive hiring and other policies are necessary.

Poverty



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Trans populations experience higher rates of poverty and poverty related health disparity than the general population - 64% put up with feeling cold, and 51% have gone without fresh fruit or vegetables in order to reduce costs.

These figures are 3 times the rate of the general population.

Poverty often results in limited material means to arrange and keep GP appointments, have stable housing, and access food, transport, work, wellness.

Healthcare settings



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Many trans people have high anxiety about accessing healthcare, due to negative past experiences.

13% said they were asked unnecessary or invasive questions during a health visit in the last 12 months. Only 46% reported that their GP consistently uses the correct name and pronouns for them. 16% reported they had experienced conversion practices by a professional.

More than one in three trans people (36%) avoided seeking healthcare, in order to avoid being disrespected.

Gender affirming healthcare



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Gender affirming healthcare needs are largely unmet in NZ. Cost, and a lack of referral pathways are significant contributors.

There are high rates of unmet need for facial hair removal, binder prosthetics, mental health support, voice therapy, hysterectomies, and orchiectomies, as well as top surgeries and bottom surgeries.

Trans people may not want to medically transition, or may not be able to. Remember that a trans identity isn't dependent on medical transition, or "how someone looks".

Sexual violence



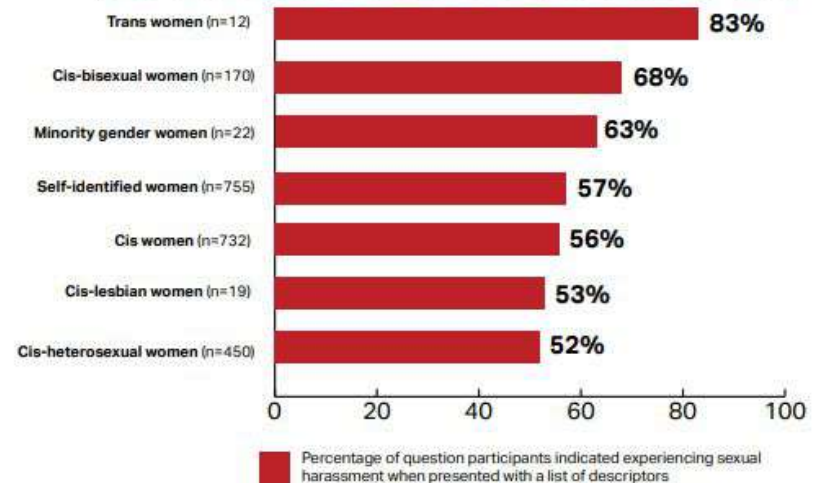
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32% of trans people reported that someone had had sex with them against their will - almost 3 x rate of women in general population, at 11%*.

Asking trans people about their genitals is firmly sexual harassment. Sometimes staff need to know that in advance.

Women by gender and sexuality: Experiences of sexual assault when presented with a list of descriptors (List Format)



*These figures are estimated to be under-reported for both groups. We have no data on people under 13 years old. Gender Minorities Aotearoa (3,000 contacts a year across NZ), Counting Ourselves (2019), In Our Own Words (2017).

Identity documents & legal status



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83% have incorrect sex marker on birth cert

40% have incorrect sex marker on passport.

59% of participants had used ID where their name or gender marker did not match their physical appearance.

It is important to handle mismatched documents with sensitivity. A trans person's legal details must be kept confidential if they're at odds with the person's actual gender or name.

Mental health



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71% of trans people live with high or very high psychological distress (vs general population 8%). That's 9 X the rate of the general population, or 800% more often.

56% seriously thought about attempting suicide in the last 12 months.

More than one on three (37%) attempted suicide at some point. 12% made a suicide attempt in the last 12 months.

38% self medicated using cannabis in the last year - over 3 x rate of general population (12%). All classes of drug use are much higher for trans people.

Sick leave, flexi-hours, and other systems can help. Compulsory drug testing discriminates.

Themes - what we're seeing here



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- Trans people are experiencing discrimination from an early age, throughout school, employment, in housing, healthcare, and legislation, etc.
- Interpersonal discrimination - or transphobia - also very common.
- Very likely to have identity documents which don't match.
- Under a lot of stress.

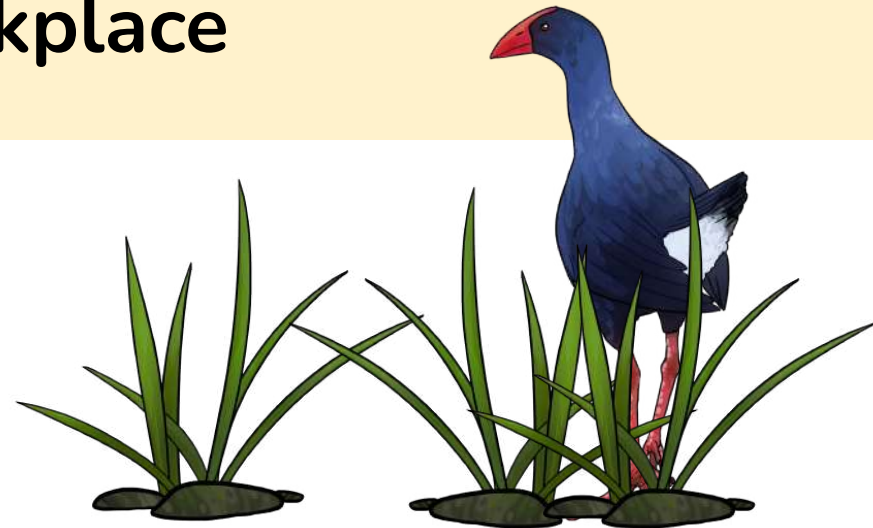
It's likely that trans people are expecting to be discriminated against and treated poorly. We can change that.



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In the workplace



Trans employment rights



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Trans employees' rights are covered by the Bill of Rights, the Human Rights Act, and the Employment Relations Act.

This means transgender staff have a right to decent working conditions, workplace safety, and freedom from discrimination.

- Minimum wage, and comparable wages to cisgender staff.
- Sick leave, flexi-hours, work from home days.
- The same training and promotion opportunities as cisgender staff.
- Not having compulsory drug testing.
- Freedom from harassment, including bullying and sexual harassment.
- Good policy and procedures for addressing complaints.

Great culture; great backup plan



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Develop a workplace culture of diversity and inclusiveness.

This is the most sound way to prevent problems, and make sure everyone is heard and happy in the workplace. Prioritising training for staff about trans issues and making in-work support available is a good way to promote a healthy workplace and pre-empt a lot of problems that might occur. Ensure that management are available to talk and have an understanding of common issues or needs, as well as the correct ways to address them.

Even with a great culture, there is always the possibility that conflict or bullying will occur. Part of a great culture is a great backup plan for these 'what if?' scenarios.

Equal opportunities



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11% of transgender people have been given worse pay or conditions on the basis that they are transgender, and 9% have been denied a promotion.

The median income for transgender people is just half that of the general population. Transgender people are more than twice as likely to be unemployed.

When recruiting, make sure transgender people are encouraged to apply.
Provide equal opportunities for training, promotion, and pay rate.

Proactive approaches



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It is the employers legal obligation to ensure a safe work environment.
Getting out in front of any potential workplace problems is always a strong start.

Policies, practices, and procedures should incorporate transgender people throughout:

- Staff recruitment
- Onboarding
- Training
- Everyday work life

Workplace structures and culture should both be sound.

Proactive approaches



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Holding a workshop or training day for staff, or asking staff to complete a short online training course, can be good ways to be proactive.

This can be provided as part of general diversity or rainbow competency training.

Remember: it's not just about an individual trans staff member- it's about an employer expecting appropriate and respectful behaviour in general from their employees. And it's about employees having a right to expect that too.

Transitioning at work



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29% of trans people have delayed taking steps in their transition for fear of how they will be treated at work.

Transition is very personal, it may or may not include:

- Name, pronoun, and other social changes
- Medical changes

There is no set way to transition, and no timeline. It's not usually possible for a trans person to give dates for they will have *"completed their transition"*, as there is no time when transition is *incomplete* or *complete*.

Workplace harassment



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Just 51% of transgender people are treated fairly at work, and 74% have avoided disclosing their transgender status for fear of being mistreated.

Bullying includes:

- Disclosing things about a trans person without their consent
- Refusing to use their correct name or pronouns
- Refusing to carry out tasks which enable them to do their job
- Asking invasive questions about their body or sex life
- Treating them differently than other colleagues
- Any form of sexual harassment

Disclosure



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Coming out can be a big deal for transgender people, especially early on. If someone from your workplace tells you they are trans, make sure you have their consent before you tell anyone else.

If you are in a management position, it may be appropriate to make a plan with that person about how they want to come out to the rest of the workplace. They may also not want to, or need a some time. Respect whatever process they want to follow.

A trans co-worker may also disclose aspects of their transition. This knowledge should be kept very private, unless they've said otherwise.

Pronouns in signature



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Pronouns in email signatures have become a popular form of signalling that you are a safe colleague or a safe workplace for trans people. While making it normal to share your pronouns makes it easier for trans people when they need to do so, it's important to remember that for some trans people, such as those who are in the closet, it can be problematic to be forced to share their pronouns.

While it is good to encourage a culture where it is safe and normal to share your pronouns, it's important to keep this optional.

Simple tips for systems



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- If there is a gendered uniform, let them choose which one they wear.
- Toilets, bathrooms, and other facilities should ideally not be gendered, but if they can't be made 'gender neutral' then let trans employees choose which one to use. GMA has gender neutral toilet posters available on our website.
- Even if a trans person seems to present as a binary gender, they may not be comfortable in a binary (men's or women's) bathroom, sports team, or group - for example at staff functions.
- Medical transition may require sensitivity with regard to healthcare appointments and time off work.
- Keep legal names private, and allow people to use their actual name.

Further information: genderminorities.com

- Transgender 101 resources.
- Social transition resources.
- Free online courses.

Our transgender drop in centre at 130 Riddiford Street provides 1:1 peer support and healthcare navigation, free IPL facial hair removal, a Justice of the Peace, free lawyer advice, free binders, and many other supports which transgender people find useful.

We are also available to confidentially answer any questions you might have.

Citation: Transgender people at work, Gender Minorities Aotearoa, Wellington, (2021).



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