Gender Guidance Document for Golf

England Golf encourages the participation of trans people and those associated with them, including their families and friends, as players, as social members and spectators, as well as club officials such as coaches, caddies and employees. We are committed to eliminating transphobia in sport.

This guidance aims at enabling Golf Clubs to feel confident about including trans people in golfing activities. Trans people are not a uniform group, but a wide range of people who do not meet the stereotypical images of men and women. Some are uncomfortable with their gender (social) roles as men or women, and may change to live in a different role. They may also have medical treatment to align their appearance with their new role, and to improve their psychological functioning. The following guidance applies to trans men (those who identify as, and live full-time as, men, but who were registered female at birth), and trans women (those who identify as, and live full-time as, women, but who were registered male at birth).

England Golf will raise awareness about the needs of trans people and publicise its Transgender Policy among Golf Clubs, Counties, staff, players and coaches.

Terminology

Introduction

Terminology in the ‘transgender’ field is varied and constantly shifting as understanding and perceptions of gender variant conditions and gender nonconforming expressions change. The terms described below may vary in their usage and may become outdated. The concept of a ‘normal’ gender expression associated with a binary man/woman divide is, in itself, questionable. 1% of the population experiences some degree of gender variance (EHRC findings in a cohort of 10,000, 2012. NB this is in line with previous surveys, but has not been tested across the whole population).

Gender Identity

Gender Identity describes the psychological identification of oneself, typically, as a boy/man or as a girl/woman. There is a presumption that this sense of identity will evolve along binary lines and be consistent with the sex appearance. However, some people experience a gender identity that is somewhat, or completely inconsistent with their sex appearance, or they may regard themselves as gender neutral, that is, non-gendered, or as embracing aspects of both man and woman and, possibly, falling on a supposed spectrum between the two. People have the right to self-identify, and many people, especially among the young, reject the whole idea of binary tick-boxes, and use more wide-ranging, open terms such as pan-gender, poly-gender, third gender, gender queer, neutrois and so on.

Sex

Sex refers to the male/female physical development – the phenotype. In an infant, the sex is judged entirely on the genital appearance at birth. Other phenotypic factors such as karyotype (chromosomal configuration) are seldom tested unless a genital anomaly is present. There is a presumption that an apparently male infant will identify as a boy, and vice versa.
Gender role

The gender role is the social role – the interaction with others which both gives expression to the inner gender identity and reinforces it. Despite the greater gender equality in modern Western culture in terms of the subjects studied in school and at university, the choice of friends, work and domestic arrangements, dress and leisure pursuits, there is still a presumption of conformity with society's 'rules' about what is appropriate for a man or a woman, a boy or a girl, especially in terms of appearance. A significant departure from stereotypical gender expression often causes anxiety and discomfort in those who witness it.

Gender variance/ gender nonconformity/ gender dysphoria

It is now understood that gender identity, although powerfully influenced by the sex of the genitalia and the gender of rearing, is not determined by these factors. There is evidence that sex differentiation of the brain is inconsistent with other sex characteristics, resulting in individuals dressing and/or behaving in a way which is perceived by others as being outside cultural gender norms. These unusual gender expressions may be described as gender variance or gender nonconformity. Where conforming with society's norms causes a persistent personal discomfort, this may be described as gender dysphoria. In many, this includes some level of disgust with the phenotype, since this contradicts the inner sense of gender identity. Gender variant expressions should not be regarded as psychopathological, but as a natural part of human experience. The discomfort described as gender dysphoria stems, in large part, from the stress associated with the reactions of others towards people who experience and express their gender differently.

Transsexualism

The terms 'transsexualism' and 'transsexual' are falling into disuse and are being replaced with more acceptable terminology. These terms are applicable only to those whose gender dysphoria is experienced to a degree that permanent transition of the gender role to accord with the gender identity, and medical intervention is likely to be sought, possibly including hormone therapy and surgical procedures to change the appearance. These changes help to alleviate much or all of the discomfort. A transsexual person, is someone who 'proposes to undergo, is undergoing or has undergone gender reassignment' (Equality Act 2010). The word 'transsexual' should be used as an adjective, not a noun. It is, therefore, never appropriate to refer to an individual as ‘a transsexual’, or to transsexual people, as ‘transsexuals’; the abbreviation ‘tranny’ is also unacceptable.

Transition

Transition is the term used to describe the permanent change of gender role in all spheres of life: in the family, at work, in leisure pursuits and in society generally. A few people make this change overnight, but many do so gradually over a period of time.

Affirmed Gender

The term ‘affirmed’ gender, is now becoming more common in describing the post-transition gender role which is adopted to align it with the gender identity. The gender identity does not change when a person transitions; the gender role and appearance come into alignment with it. This would usually include dress and presentation and will often have been assisted by medical intervention. ‘Affirmed’ should be used in preference to ‘acquired’; the latter is the language of the Gender Recognition Act, and is more
appropriately used to describe the new legal gender status that is acquired by the individual.

**Gender confirmation treatment**

Those transitioning permanently usually have gender confirmation treatment that includes hormone therapy and often surgery to bring the sex characteristics of the body more in line with the gender identity. Such surgery is sometimes referred to as gender (or sex) reassignment surgery. The term ‘sex change’ is not considered appropriate or polite.

**Transgender**

‘Transgender’ has had different meanings over time, and in different societies. Currently, it is used as an inclusive term describing all those whose gender expression falls outside the typical gender norms. It is often the preferred term for those who change their role permanently, as well as others who, for example, cross-dress intermittently for a variety of reasons including erotic factors (also referred to as transvestism). Those who live continuously outside gender norms, sometimes with, and sometimes without, medical intervention are covered by this term. There is a growing acknowledgement that although there is a great deal of difference between say, a drag artist and a trans(sexual) person, there are nonetheless areas in the transgender field where the distinctions are more blurred; for example, someone who cross-dresses intermittently for some years, may later transition fully to the opposite.

**Trans men and Trans women**

The expression ‘trans’ is often used synonymously with ‘transgender’ in its broadest sense. However, sometimes its use is specific; for instance, those born with female appearance but identifying as men may be referred to as ‘trans men’; and those born with male appearance but identifying as women may be referred to as ‘trans women’. The terms may also be used to imply a direction of travel, rather than a complete transformation of a person’s gender status. Many trans people, having transitioned permanently, prefer to be regarded as ordinary men and women. In these cases, where it becomes essential to refer to their pre-transition status, the phrase ‘woman (or man) of trans history’ may be used.

**Intersex conditions**

There are a number of intersex conditions (recently renamed Disorders of Sex Development – a clinical description which many in the UK refuse to adopt). In some intersex conditions, the appearance at birth is atypical being neither clearly male nor female. The sex (male or female) and the anticipated gender role (boy or girl) assigned at that time, may not be consistent with the core gender identity and may, therefore, result in a need to change the gender role at a later stage. In addition, some of these individuals may have had surgery neo-natally to create (usually) a female appearance. An individual raised as a girl, following such surgery is at risk of identifying as a boy whose phallus has been removed.

Inconsistencies in development may be associated with atypical sex chromosomes such as Klinefelter syndrome (XXY), Jacob’s syndrome (XYY), or atypical combinations of ‘X’ and ‘Y’, such as XXXY, XYYY and so on, including mosaicism (more than one chromosomal configuration in the same individual). Genetic anomalies that are particularly associated with unusual genital appearance are: Androgen Insensitivity
Syndrome, Congenital Adrenal Hyperplasia, and 5α reductase or 17β Hydroxysteroid dehydrogenase (HSD) deficiencies. Most of these conditions, are associated with unusual pre-natal hormone levels. Other conditions such as Cloacal Extrophy may be included in this group since babies with this condition may have poor genital development.

Sexual orientation

Sexual orientation is a separate issue from gender identity. Sexual orientation is associated with the sexual attraction between one person and another. This is quite different from the internal knowledge of one’s own identity. Trans people may be gay, straight, bisexual or, occasionally, asexual. Their sexual relationships may remain the same through the transition process, or they may change. So a person who is living as a man, and is in a heterosexual relationship with a woman may, having transitioned to live as a woman, continue to be attracted to women and seek a lesbian relationship, or may be attracted to men, and therefore seek a heterosexual relationship with a man. Sometimes trans people make lasting relationships with other trans people, so the possibilities are many and varied, and do not necessarily fit comfortably into typical categorisations of sexual behaviours. Those who remain in a long-term relationship, despite one partner having transitioned cannot be categorised by any existing terminology, since the sexual orientation of the non-trans partner does not change; the orientation of the trans partner may or may not shift, as described above.

Cisgender

Those who are cisgender have little or no discordance between their gender identity and their gender role or sex anatomy. These factors are well aligned in a cisgendered person. Trans people who have completed transition to the point that they are comfortable, may then be regarded as cisgender.

Aim of Guidance

England Golf takes full account of the impact of the Human Rights Act 1998 (HRA) and the Equality Act 2010 (EA). The HRA ensures that the dignity and privacy of individuals are protected and that they are treated with respect. The Equality Act 2010 protects those who have the characteristic of ‘gender reassignment’ from discrimination, harassment and victimisation (see Annex 2) but it also permits exceptions that allow discrimination for sporting competitions where physical strength, stamina or physique are significant factors in determining success or failure. The Act permits separate competitions to be organised for men and for women. Restriction of participation of trans people, in these circumstances, is only permitted if it is necessary in a particular case to secure fair competition. Clearly, more flexibility is possible within Clubs and in friendly matches, than in national, elite events.

Legislation:

Equality Act 2010

The law covers trans people in different ways. The terms gender variant, gender nonconforming or transgender – often abbreviated to ‘trans’ – are umbrella terms for people who experience a variety of gender variant feelings that may be expressed continuously or intermittently.

Within this wider group, there are a small number of trans people who have the ‘protected characteristic’ of ‘gender reassignment’, that is, they ‘propose to undergo, are
undergoing or have undergone gender reassignment’. Trans people may change their gender role (social role) on a permanent basis, and may or may not have medical treatment to facilitate living in the new role. Those in this narrowly-defined group are specifically protected, by the Equality Act 2010, from discrimination, harassment and victimisation, and in the provision of goods, facilities and services, from the time that they disclose their intention to undergo reassignment.

Equality law also protects individuals who are discriminated against or harassed on the grounds that they are ‘perceived’ to be trans; others may be protected because they are ‘associated’ with a trans person, such as family members and carers.

The Act is, therefore, relevant to transgender staff, club members and spectators who are, or who may be perceived to be trans and could, potentially, be subjected to transphobic behaviour.

Club staff and members should be aware that if a person makes a complaint on the grounds of transphobic treatment and, as a result, is subjected to further discrimination or harassment, that would amount to ‘victimisation’ under the Act.

The Act encourages the promotion of:

• good relations between those having ‘protected characteristics’ and others; and
• equal opportunity for all those with protected characteristics.

The Equality Act 2010 includes two types of exceptions that may apply in relation to a competitive sport, game or other competitive activity in relation to sex and gender reassignment.

• For sporting competitions where physical strength, stamina or physique are significant factors in determining success or failure, the Act permits separate competitions to be organised for men and for women.
• If the physical strength, stamina or physique of the average person of one sex would put them at a disadvantage compared to the average person of the other sex as competitors in a sport, game or other competitive activity, it is not unlawful for those arranging the activity to restrict participation to persons of one sex.
• The Act permits the organisers of such a sport, game or other competitive activity to restrict participation of a trans person in that activity but only if this is necessary in a particular case to secure fair competition or the safety of other competitors.

Human Rights Act 1998

The Human Rights Act is wide ranging in its protections. Article 8 particularly, protects the right of individuals to have their private lives respected, and to be treated with respect. Article 14 ensures that this and the other rights and freedoms contained in the Act, are enjoyed without discrimination.

Gender Recognition Act 2004

A minority of trans people who have undergone permanent transition of their gender role, obtain a gender recognition certificate (GRC) in accordance with the Gender Recognition Act, 2004 (GRA). Those whose births were registered in the UK automatically qualify for a new birth certificate. The GRA s22 provides enhanced privacy protection with regard to sensitive information about the gender status of a person, from the time of
application to the Gender Recognition Panel (GRP). In these circumstances, breach of privacy by any club official could amount to a criminal offence. The GRC confers on trans people their post-transition gender status 'for all purposes'. It may be considered to be harassment, to ask if a person has a GRC, so it is advisable to assume that a person who is known or believed to have a trans history, does have a GRC, and to extend the same level of protection and privacy to all trans people equally.

Trans people’s privacy is also protected under the Data Protection Act 1998, which means that any processing of their data should seek to avoid causing any damage or distress.

The holding of a GRC is largely irrelevant in terms of inclusion in sport, because it is not a measure of a person’s physical characteristics. It may be offered as a means of establishing a person’s social status, and it indicates that the person has already lived for a period of two years in the post-transition role. Their medical treatment does not necessarily match this period. Some people have started hormone treatment well before their change of role. Many people obtain a GRC without having had genital surgery.

**General Guidance**

**Friendly, in-house games**

In ‘friendly’ games, trans players should be included without discrimination, and allowed to tee-off according to the gender role in which they present and live full-time.

A common sense approach should be taken, which is flexible and takes into account the trans person’s view. The matter should be discussed with as few other people as possible.

Concerns may sometimes be raised when trans women who wish to compete in women’s events have residual sex characteristics that may be perceived as advantageous in sport. However, it is not always the case that their level of play is above other women. The England Golf Compliance Department (EGCD) may exercise its discretion to include those whose standard of play in their affirmed gender status is not outside the average for others who have the same gender status.

Decisions should be made on a case by case basis. In many instances, the individual concerned does not have any particular advantage, or disadvantage, real or perceived, and no action needs to be taken. The best result is when the least fuss is made, and people are accepted in line with their gender role and presentation.

**The Inclusion of Trans People in Competitive External Matches within the UK**

In the case of adult trans people, who are seeking to take part in competitive sex-specific events outside their own club but within the UK, where a physical advantage exists, or is perceived to exist, following transition of the individual, the issue of ‘fairness’ may be raised, so some pre-emptive steps will need to be taken. It is important not to leave trans people open to the embarrassment of a challenge regarding their gender status, when playing against competitors from outside the home Club.

The first rule is that there should be a sensitively conducted discussion with the person concerned. An analysis of the person’s level of play should be done to ensure that there is not a marked advantage relative to other players of the same gender status. This would normally be conducted as part of a handicap review.
Only in limited circumstances, where a trans person, usually a trans woman, appears to have a physical advantage, may she be asked to obtain relevant evidence from the GP and/or Gender Specialist and/or endocrinologist or other medical expert accredited by the Health and Care Professions Council (http://www.hpc-uk.org) that her present physical state does not give rise to an unfair advantage. This evidence should be presented at least two weeks before the competition date.

In any such external competitions organised, where ‘fairness’ is deemed to be an issue, the organisers may ascertain that in the case of a trans woman, she has either:

undergone a surgical gonadectomy (removal of testes), or

has had hormone therapy appropriate to the post-transition gender status, administered in a verifiable manner, as part of an ongoing regimen of hormone-blockers and/or oestrogen sufficient to ensure that testosterone has been in the female range,¹ and in either case, for a sufficient length of time to minimise sex-related advantages.

A trans woman who demonstrates that she had undergone chemical gonadectomy during puberty and had therefore not had the physical development associated with testosterone at that time, would automatically be eligible to play in competitive golf thereafter (see children and adolescents below).

If, for whatever reason, the issue of fairness has not been satisfactorily addressed prior to a competition, or is challenged after the competition has commenced, the competition committee, may use its discretion to allow the individual to continue to participate in the competition until a decision is reached in accordance with this Policy. As a general principle, the committee should not resile from a decision it has already made, when in possession of the facts in the particular case.

Appeals

Where disagreement between a player and the committee has arisen, in the first instance, an informal meeting should take place, to which the player may invite a person, who may be a medical or legal adviser, to provide support.

Only in exceptional circumstances where a player has apparently deliberately and fraudulently deceived the committee, will action be taken to remove any prize, award or ranking. Players must be informed of the precise reasons for any such decision against them, and must be told of their right to lodge an appeal with the club / county. Sufficient time must be allowed for the player to present his or her case in writing, and to engage the services of a legal and/or medical adviser, if he or she wishes to.

Complete confidentiality will be maintained regarding evidence, oral or written and outcomes.

¹ Laboratories have different ways of testing so results may vary slightly: female range testosterone levels should be between ~0-3 nmol/litre⁻¹ (compared with male range ~10-30 nmol/l). Trans women wishing to compete at national level should fall into the female range for testosterone.
Name Change

Where formal notification of name change is required, the following must be taken into account. In the UK, people can change their name without any legal process. In practice, people may provide a written, signed statement to indicate that they intend to live according to a new name from then on. Sometimes evidence may be provided by way of a Deed Poll or a Statutory Declaration (before a solicitor or magistrate in court). A doctor’s letter may also be used. Sometimes, where identification is sought, a Passport or Driving Licence may be presented. This may apply, for instance, in international competition, where ‘legal gender status’ may have to be confirmed.

People who have changed their gender role before joining a Golf Club, may have already obtained a Gender Recognition Certificate (GRC). This gives them the legal gender status, for all purposes, which matches their gender identity. However, the possession of a Gender Recognition Certificate is not a relevant consideration in regard to inclusion in sport, because the certificate is not necessarily an indication that any particular treatments, including genital surgeries, have been undertaken. Consequently, it cannot be used as evidence of their physical status and their capabilities as compared with other players of the same social gender status. A GRC does indicate that the person has already lived in the affirmed gender role, for at least two years and it is inferred that the person will remain permanently in this role.

It is inappropriate to ask if a person has a Gender Recognition Certificate (GRC) as this breaches the person’s privacy and may be considered to be harassment. The majority of trans people do not have one, but those who do, may offer this as proof of identity. It is, in any case, good practice to treat trans people as though they have a GRC. Birth Certificates should not be requested or required.

Privacy and Confidentiality

For new members who have already transitioned it should not be necessary to have any documentation stored at the club which relates to previous names and titles. Where a person changes gender role, whilst still being an active, playing member (or a member of staff)\(^2\), all documents relating to the person’s previous history, name, gender status or other personal details should be kept separately from other club paperwork, in a locked safe or drawer, in double envelopes which must be sealed, marked confidential, and only accessed by named people, agreed by the trans person: for instance, the club manager and possibly the team captain, whose name(s) should appear on the outer envelope. The number of individuals involved in sharing the sensitive information should be as few as possible. Such paperwork must not be kept in an open file which could be accessible to office staff. This may include medical and legal records and paperwork.

IT systems must, as far as possible remove any previous names and titles or, where this cannot be achieved, these references must be password-protected or hidden from unauthorised viewing in some other way.

In addition to the usual protection of information under the Data Protection Act 1998, those who have applied for, or who have, GRCs have additional protection under the Equality Act (s22). Any information relating to ‘gender reassignment’ must be regarded as ‘protected information’. A person who receives this information in an ‘official capacity’

\(^2\) For advice about transition at work, see: www.gires.org.uk/assets/Workplace/transition-at-work.pdf
must not disclose it, without the express permission of the individual concerned. To do so, could be a criminal offence. England Golf undertakes to extend this level of caution with respect to disclosure, to all trans people.

Toilet and changing facilities

Trans players, club members, staff and spectators should be accommodated in changing and toilet facilities according to the gender role that they are living in full-time.

In changing facilities and showers, privacy should be enhanced by introducing cubicles and/or curtaining, so that the privacy of all players is improved. In addition, toilets used by players, club members, staff or spectators should also provide as much individual privacy as possible, which may necessitate improvements in design, for instance, by having doors and partitions that extend to the floor and ceiling. Some toilets may be labelled unisex. It is not appropriate for people who have transitioned their gender role full-time, to be asked to use unisex toilets or those designated for disabled people although some may choose this option. If other Club users are not happy sharing facilities, then they, rather than the trans person, must use alternative facilities.

Gender Variant Children and Trans adolescents.

A few children change their gender role at a young age, before starting school, or during their early years in school. Children in this situation may play in competitive golf events in their affirmed gender role without restriction. It is only when pubertal changes start to occur that any concerns about ‘fairness’ may arise. As far as possible a common sense view should be taken with regard to inclusion of young trans people in golfing events.

Inclusion and Treatment of Adolescents in England and its relevance to eligibility to play competitive golf

In puberty, secondary sex characteristics develop that create an advantage of one sex over the other. However, medical interventions may be undertaken to suspend puberty. The issue of whether or not young players have physiological treatments during puberty can determine the manner of their inclusion in sport for the rest of their lives, so an understanding of this is crucial. Those who have changed their gender role permanently, and had medical (physiological) intervention to arrest puberty (see below), will be able to take part in adult sport during their teens and into adulthood, according to their affirmed gender status, without restriction.

(a) A trans girl (young person living as a girl, who was assigned male at birth) who has undergone treatment with hormone-blockers (gonadotrophin hormone releasing analogue – GnRHa) as an adolescent, will be eligible to take part in girls’ sports. The medication arrests pubertal changes so that she does not develop the male secondary sex characteristics that would, potentially, give her a physical advantage. This medical intervention is effectively a chemical castration. This individual will be eligible to compete as a girl/woman, unless she ceases to take the medication, in which case, male pubertal changes would resume.

In the UK, genital surgery is almost never undertaken under the age of eighteen, and never under 16. Before gonadectomy (removal of testes) a trans girl may be permitted to compete as a girl, and thereafter as a woman, as long as testosterone levels are controlled by the GnRHs and/or estradiol.
(b) A trans boy (young person living as a boy, having been assigned female at birth) may also be given hormone-blocking treatment during adolescence, but he may still be regarded as having some disadvantage physically, as his testosterone treatment will not usually commence until he is sixteen, and it may still not completely overcome the disadvantage of having a smaller physical frame. He may not have chest reconstruction (including mastectomy) until he is 16 or older. Up to that point, he may wear a breast binder. This is a very restrictive garment and will impede his movement to some extent. He will be eligible to compete as a boy/man.

The majority of trans men do not have genital reconstructive surgery and this is not relevant to their eligibility to play in competitive golf.

All young people having treatment in adolescence are eligible to continue playing competitive golf in adulthood in their affirmed gender.

September 2015