

The Status of Transgender People Today: Identity, History, Rights, and Ethics

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Introduction

Few areas of social and political debate have generated more heat – and less light – in recent years than the question of transgender identity. In newspaper columns, parliamentary corridors, school board meetings, and social media feeds, the language of rights, safety, biology, and belief collides with remarkable force. Yet behind the polemics lies a reality of flesh and blood: some of the most vulnerable people in British society, navigating extraordinary difficulty with extraordinary resilience.

This essay examines where matters stand for transgender people today. It asks what the word ‘transgender’ actually means, how it relates to older categories like cross-dressing and transsexuality, what life was like for gender-diverse people in post-war Britain, how the law has slowly – and partially – caught up, and why a fierce political backlash has emerged precisely when greater acceptance seemed within reach. It considers the psychology and politics of transphobia, what governments and individuals can do, and what an ethics of difference demands of us all.

Throughout, the essay draws on reputable sources: parliamentary inquiries, peer-reviewed scholarship, surveys from organisations with long track records, and the documented evidence of lived experience.

What Do We Mean by ‘Transgender’?

The term *transgender* – often abbreviated to *trans* – functions as an umbrella category. It describes people whose gender identity or gender expression differs from the sex they were assigned at birth (American Psychological Association, 2023). *Gender identity* refers to a person’s deeply felt sense of being male, female, or something else entirely. *Gender expression* refers to the ways in which a person communicates their gender to others through behaviour, clothing, hairstyle, voice, or bodily characteristics.

The American Psychological Association is clear that being transgender “*is not a mental disorder*” (APA, 2023). The distress that some transgender people experience — known as *gender dysphoria* — arises not from the identity itself but from the mismatch between identity and the social, legal, and physical conditions of life. When that mismatch is alleviated through social, medical, or legal affirmation, distress typically diminishes.

It is important to distinguish between *gender identity* and *sexual orientation*. Transgender people may identify as gay, lesbian, bisexual, heterosexual, or anything else. The two are independent dimensions of human experience, though they are frequently confused in public discourse.

The word *transgender* is relatively recent in its popular usage, becoming widespread in the 1990s as a politically conscious alternative to *transsexual*, which had come to seem medically reductionist (Stryker, 2008). It is now the standard term in academic literature, legislation, and international human rights guidance (United Nations, 2017).

Cross-Dressers, Transvestites, and Transsexuals: Clarifying the Distinctions

The landscape of gender diversity has always been richer than any single word suggests, and the history of English terminology reflects a long struggle to map onto that richness categories that were often devised by clinicians, courts, or media rather than by the people themselves.

Cross-dressing refers to the act of wearing clothing typically associated with a different gender. Historically, it was sometimes treated as a criminal matter under laws against gross indecency or impersonation. Cross-dressing does not necessarily imply any underlying gender identity; people have cross-dressed for reasons of performance, convenience, sexual fetish, or artistic expression. The Victorian and Edwardian eras saw numerous prosecutions of men dressed as women, often in connection with theatrical work (Gerestant, 2019).

Transvestism — a term coined by the sexologist Magnus Hirschfeld in 1910 — was for much of the twentieth century the preferred clinical category for people who derived erotic pleasure from wearing clothing associated with the opposite gender. It was listed in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) until 2013, when the American Psychiatric Association removed it as a formal diagnosis, partly on the grounds that it was not inherently distressing or impairing (APA, 2013). In contemporary usage, the term has largely faded from respectable discourse, replaced by more precise self-descriptions.

Transsexual — also an older term — was traditionally applied to people who sought or had undergone medical intervention (hormones or surgery) to align their bodies with their gender identity. It originated in clinical settings in the mid-twentieth century, often in connection with the early gender identity clinics established in Britain from the 1960s onwards. Its use has declined because it emphasises surgical status rather than identity and because many people who identify as transgender do not seek, want, or can access medical intervention. The World Professional Association for Transgender Health (WPATH) now uses the term *transgender* as the umbrella and refers to *gender-affirming care* rather than “*sex reassignment*” (WPATH, 2022).

In summary: a cross-dresser and a transgender person may both wear clothing associated with a different gender, but the internal experience — identity, lived reality, embodied sense of self — is typically quite different. The cross-dresser generally identifies with the gender they were assigned at birth; the transgender person generally does not. Transsexuality, as a category, is best understood as a subset of transgender identity — one historically marked by engagement with medical transition.

Transgender People in 1950s and 1960s Britain

In mid-twentieth-century Britain, gender-nonconforming people existed in a legal and medical environment that was, at best, indifferent and, at worst, actively hostile.

The 1950s and 1960s saw the beginnings of formal medical interest in what was then called ‘sex reassignment.’ The Charing Cross Gender Identity Clinic — originally called the Gender Identity Development Unit — was established in 1966 under the direction of Dr John Randle, and was for many years the only NHS facility treating transgender patients (Morris, 1974; Planet, 2020). The wait for assessment was long, the criteria for treatment were exacting, and the process was deeply medicalised. Patients were typically required to live in their acquired gender for two or more years before any hormonal or surgical intervention — a requirement that itself caused considerable hardship in a society where cross-gender living could invite arrest, violence, or unemployment.

Roberta Cowell, a former RAF officer, is often cited as the first British trans woman to undergo full gender confirmation surgery, in 1951. Her story, widely reported in the press, was treated more as a sensational curiosity than as a matter of medical or civil rights (History is Now Magazine, 2024). The legal framework offered no mechanism for changing birth certificates, so even after surgery, Cowell remained legally classified by her birth sex.

In broader society, the laws of the land provided no protection whatsoever. The Offences Against the Person Act 1828 and the Vagrancy Act 1824 were occasionally invoked against gender-nonconforming people; the concept of gender identity disorder did not enter clinical manuals until 1980 (with the DSM-III), and when it did, it framed transgender experience as a psychiatric condition requiring cure rather than affirmation (American Psychiatric Association, 1980).

LGBT+ people more broadly were subject to criminal prosecution under Section 61 of the Offences Against the Person Act and Section 11 of the Criminal Justice Act; Alan Turing was prosecuted in 1952 and died two years later. The partial decriminalisation of male homosexuality in 1967 — the Sexual Offences Act — was a landmark, but it did not extend to transgender people, whose legal existence remained in a kind of limbo.

As Historic England's research notes, *"for over three centuries, transgender people have been recorded in English history," yet that history has been "hidden, marginalised or actively erased"* (Historic England, 2023). The 1950s and 1960s were, in the main, a time of silence, concealment, and vulnerability.

Legal Progress: The Long Road to Recognition

The legal treatment of transgender people in England and Wales has moved, haltingly, in the direction of recognition — though it has never fully arrived.

The Gender Recognition Act 2004 was the landmark moment. Passed after decades of campaigning, it allowed transgender people aged 18 and over to apply to the Gender Recognition Panel — a legal body — for a Gender Recognition Certificate (GRC). A successful application changed the person's legal gender for purposes including birth certificates, marriage, and pension entitlements. As Stonewall noted, the Act was *"a landmark piece of legislation"* that *"provided a mechanism for transgender people to obtain legal recognition"* (Stonewall, 2024).

Yet the Act was from the beginning a creature of compromise. It required applicants to provide medical evidence — psychiatric diagnosis, clinical reports — and to have lived in their acquired gender for at least two years. It did not allow for non-binary recognition; there was no provision for people who did not identify as either male or female. It required divorce if the applicant was in a marriage that could not be voided under the existing law. These limitations were criticised by transgender activists at the time and have since become the basis for sustained calls for reform.

The Equality Act 2010 was the next major step, introducing 'gender reassignment' as a protected characteristic. Under the Act, it is unlawful to discriminate against a person because they are proposing to undergo, are undergoing, or have undergone a process of gender reassignment. The protected characteristic applies from the point at which a person first expresses the intention to transition (Equality and Human Rights

Commission, 2024). The Act covers employment, education, goods, and services — including, notably, the provision of single-sex spaces.

The GRA 2004 review (2018) — formally, the Women and Equalities Committee inquiry into the Gender Recognition Act — heard extensive evidence from transgender people, medical professionals, and legal scholars. The Committee concluded that the Act was “*not working*” for many applicants, that the medicalised application process was “*degrading and undignified*”, and that the government should move to a system of self-declaration (House of Commons Women and Equalities Committee, 2016). The government’s response was to propose reforms — and then, in 2020, to abandon them in what campaigners described as a capitulation to hostile media and political pressure.

As of 2026, the law in England and Wales remains substantially unchanged since 2004. Scotland passed its own Gender Recognition Act in 2024, introducing a self-declaration system for people aged 16 and over, after a fierce political debate that included vocal opposition from some feminist and women’s groups — a debate that revealed deep and genuine fault lines within progressive politics.

Social Understanding: Progress and Its Limits

Measured by public attitudes, some things have genuinely improved. The British Social Attitudes survey has tracked attitudes to transgender people since 2015; the data show that acceptance was rising modestly until the early 2020s before beginning to erode, particularly on questions of gendered spaces and sporting participation (YouGov, 2025). A 2024 YouGov survey found that scepticism towards transgender rights “*has grown across the board since 2022*” (YouGov, 2025). That finding aligns with the broader pattern documented by TransActual, whose 2025 survey found that 41% of trans people in the UK had experienced a hate crime or incident in the previous 12 months — a figure that, while down slightly from the 2021 peak, remains stubbornly high (TransActual, 2025).

On some indicators, progress is real. In 2025, the BBC reported 4,732 recorded hate crimes against transgender people in England and Wales — an 11% increase on the previous year (BBC News, 2024). That figure represents both increased reporting and increased incidence; disentangling the two is difficult, but the trend line is not reassuring.

The 2021 Census included a question on gender identity for the first time, albeit optional. The findings — around 0.5% of the population identifying as transgender — gave a statistical footing to a population that had previously been essentially uncoun-
ted.

Attitudes among younger people remain notably more liberal than among older cohorts, which offers some grounds for optimism over the long term, even as the present political climate is shaped by older voters and a media landscape in which trans people are disproportionately the subject of hostile coverage.

The Contemporary Backlash: Why Now?

The backlash against transgender equality that has been visible in Britain since roughly 2017-2018 did not arise spontaneously. It has identifiable social, political, and economic drivers — and it has been deliberately cultivated by specific actors.

A 2022 report by Global Action for Trans Equality (GATE) described the UK's transphobia as "*large, visible, and effective,*" and identified right-wing political figures as "*the most influential group*" in mobilising anti-trans sentiment (Pink News, 2022). The mechanisms include: sustained hostile media coverage in outlets with large reach; the amplification of organised opposition through lobbying, litigation, and public campaigns; and the strategic deployment of anxieties about women's safety, children's welfare, and sporting fairness — issues that cut across partisan lines and that are difficult to address with abstract rights arguments.

The GRA reform debate (2017-2020) brought trans rights into mainstream political conversation in Britain in a way that had not previously occurred. The reform proposals — particularly the move towards self-declaration — were opposed by some feminist groups on the grounds that they would undermine women's rights and single-sex spaces. This created a coalition of unlikely allies: social conservatives, religious groups, and some radical feminists, whose alliance was pragmatic rather than principled but whose arguments were given enormous media oxygen.

The manufactured controversy around experiences of detransitioning — presented by some media as evidence that transition was being advocated too readily, without adequate safeguards — further sharpened the debate. The evidence on detransition is more nuanced: the rate of detransition is low in clinical settings where adequate assessment is provided, and many people who detransition do so not because they were mistaken about their gender identity but because of external pressures (family, social, financial) rather than any change in identity (EXPERT by Dreger, 2015; National Centre for Health Research, 2021).

At the same time, the broader political climate — post-pandemic, post-austerity, with real pressures on public services, housing, and living standards — creates conditions in which minorities are vulnerable to being cast as threatening the interests of the majority. It is a pattern with deep historical precedent.

The Social, Political, and Psychological Roots of Transphobia

Understanding transphobia requires engaging with multiple levels of explanation, from the individual psychology of fear to the structural politics of power.

At the individual level, research in social psychology has consistently shown that prejudice is often a function of **uncertainty avoidance and essentialist beliefs** about categories. When people hold a strong belief that biological sex is a binary, fixed, and determinative, the existence of people who cross or dissolve that binary is experienced as threatening — not because trans people pose any material threat, but because they challenge the cognitive categories through which people make sense of the world (Haas et al., 2014). This is one reason why attitudes towards transgender people are correlated with attitudes towards gender non-conformity more broadly and why people with higher scores on measures of “*right-wing authoritarianism*” consistently show higher levels of transphobia (Heywood et al., 2018).

At the social level, transphobia is sustained by ignorance, myth, and **deliberate disinformation**. Common myths include the idea that transgender identity is a “*social contagion*” (a claim not supported by evidence: see the 2021 study by Riglin et al. finding no link between social media use and transgender identity); that allowing trans women into women’s spaces necessarily endangers women’s safety (the evidence does not support this: anti-trans hate crimes are committed predominantly by cisgender people, and the extension of gendered space protections to trans women does not appear to increase assault rates); and that gender identity is a product of ideology rather than biology (a claim contradicted by the evidence of neurobiological correlates of gender identity, reviewed in Saraswat et al., 2015).

At the structural level, transphobia is a tool of political mobilisation. The International LGBTQ+ Association (ILGA) and others have documented how anti-trans campaigns are **coordinated across borders**, with organisations and funding moving between the US, UK, and Europe (GATE, 2022). The political utility of transphobia is that it activates a social conservative base while posing as concern for the vulnerable — particularly women and children. It is a tactic with a long history in relation to other minority groups.

At the institutional level, transphobia is **baked into systems** that were designed for a binary world: single-sex schools, gendered hospital wards, sex markers on identity documents, and gendered sports categories. Reforming these institutions requires effort, resources, and political will — and in a context of institutional strain, reform can easily be represented as a luxury or a threat.

What Should Be Done?

Any serious response to transphobia must operate at multiple levels simultaneously.

At the level of information and education: myths need to be countered with evidence, and evidence needs to be communicated accessibly. Organisations like Stonewall, TransActual, and the Gender Identity Research and Education Society (GIREs) produce reliable, evidence-based materials for schools, workplaces, and public bodies. School curricula that include transgender identity as part of broader sex and relationships education – rather than treating it as a specialised or controversial topic – can reduce the ignorance and anxiety on which prejudice feeds.

At the level of community and visibility: research consistently shows that contact with transgender people reduces prejudice (Smith et al., 2014). This is not a solution in itself – no minority should bear the burden of being ambassadors for their own humanity – but it does suggest that creating conditions in which trans people can live openly rather than in concealment has social as well as individual benefits.

At the level of law reform: the Gender Recognition Act needs to be reformed to remove the medicalised application process, lower the minimum age to 16, and provide for non-binary recognition. The Equality Act should be clarified to make clear that anti-discrimination protections cannot be overridden by the sort of ‘single-sex exemptions’ that some campaigns have sought to introduce. Hate crime recording and prosecution needs to be resourced and improved.

At the level of mental health: transgender people should have access to affirming mental health support without the current long waits for NHS gender services. The current waiting times for adult gender identity clinics – running at seven years in the North East – are a source of entirely avoidable suffering and are the subject of ongoing legal challenge.

At the level of political leadership: politicians who are genuinely committed to equality need to say so clearly, rather than triangulating around transphobia in search of votes. This is not cost-free politically; but it is necessary, and there is evidence that it is not electorally suicidal. The Conservative Party’s experience of losing ground to the Liberal Democrats on social issues in 2024 may be instructive.

What Should Politicians Do?

Politicians who wish to act ethically on this question have at minimum the following obligations:

First, to inform themselves. Too many politicians hold strong opinions on transgender people while being unable to distinguish between gender identity and sexual orientation, or between drag performance and transgender identity, or between the experience of a trans child and that of a child exploring gender. This is a failure of basic competence.

Second, to resist false balance. Journalism's instinct to present 'both sides' of questions where there is a settled factual and medical consensus – gender identity is not a trend, and gender-affirming care is not experimental – gives legitimacy to anti-trans arguments that their evidence base does not warrant. Politicians who understand this should say so.

Third, to legislate carefully. The Equality Act 2010 represents a defensible balance between the rights of transgender people and the legitimate interests of others, including women. Attempts to weaken it through secondary legislation or guidance should be opposed with evidence and argument. Any GRA reform should be subject to full parliamentary scrutiny, with the voices of transgender people – not merely their opponents – given genuine weight.

Fourth, to be honest about what the evidence shows. Trans women are not, as a group, more likely to commit sexual violence than cisgender women. The evidence on youth transition, properly understood, supports intervention in cases of persistent, insistent gender dysphoria. Detransition rates in structured clinical settings are low. These facts should be stated plainly, even when they complicate simple narratives.

Fifth, to protect the most vulnerable. Non-binary people, trans people of colour, trans migrants, and trans people with disabilities face compounding disadvantages. Any policy framework that focuses only on the most visible or politically sympathetic trans people – typically white, middle-class, trans women – at the expense of others is not a framework for justice.

The Ethics of Difference, Tolerance, and Acceptance

The philosophical question at the heart of this debate is old and new at once: what do we owe to people who are different from us, and why?

Tolerance — the live-and-let-live attitude that Mill defended in *On Liberty* — is one possible answer. But tolerance is a limited virtue. It implies sufferance rather than celebration; it permits exclusion as long as it stops short of persecution; it is conditional on the tolerated group's continued invisibility or deference. Many of the forms of discrimination that transgender people face are, in this sense, toleration rather than acceptance: grudging, provisional, revocable.

Acceptance implies something more active: not merely that trans people may exist unharassed, but that their identities are intelligible — that they make sense given what we know about human psychology, biology, and social experience. The work of Judith Butler on gender as *performative* is relevant here. In *Gender Trouble* (1990) and related essays, Butler argued that gender is not something one *has* but something one *does* — a set of practices, repetitions, and performances that constitute the appearance of a stable identity. If gender is performative, then the distinction between a 'real' man and a 'merely performative' woman collapses: all gender is performed, and the question of which performances are authentic is a question about history, power, and intelligibility rather than about metaphysics.

This has a democratic implication: if gender is constituted through social performance, then the social conditions under which certain performances are legible and others are not are conditions that can be changed — and the change is a matter of justice rather than merely of taste.

The ethics of difference, as developed in the work of thinkers such as Iris Marion Young and William Cavanaugh, offers a further lens. Against the liberal impulse to assimilate difference into existing categories, or to celebrate difference in ways that are patronising and commodifying, the ethics of difference insists that the presence of people who do not fit our categories is not a problem to be solved but a resource to be valued. Difference challenges the rest of us — it exposes the contingency of what we took to be natural, the historicity of what we took to be necessary. This is uncomfortable, but it is also how social change happens.

The philosopher Martha Nussbaum has argued that the capacity for recognising vulnerability in others — what she calls the "*compassionate imagination*" — is the foundation of ethical behaviour (Nussbaum, 1996). For trans people, that vulnerability is real and acute: the TransActual 2025 survey found that one in four trans people had delayed medical treatment because of fear of discrimination, and that trans people are disproportionately represented among the homeless, the unemployed, and those experiencing mental health crises. The ethical demand here is not complicated, even if the politics are: we are required to see the people behind the category, and to act accordingly.

Conclusion

The status of transgender people in Britain today is characterised by a paradox: more legally recognised, more visible, more supported by evidence-based medicine and by international human rights law than at any previous point in history — and yet more contested, more exposed to organised hostility, and more politically fragile than many of those outside the community realise.

The legal framework is imperfect but real. The social attitudes are ambivalent, with genuine progress among younger cohorts and a coordinated backlash among older ones. The political conditions are such that transphobia remains a vote-winner for some parties and a vote-loser for few, which means that the burden of advocacy falls disproportionately on those most directly affected.

The deeper question — what we owe to people who are different from us — is not ultimately a question about transgender people at all. It is a question about who we are willing to be, and with whom. The ethics of difference, of tolerance, of acceptance, and of justice are not abstractions. They are tested in whether trans people can walk down the street without fear, see a doctor without dread, marry whom they love, work where they are qualified, and exist, without apology, in the world they share with everyone else.

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