

## **Gender Identity 101: A Transgender Primer\*\***

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### **DEFINITIONS**

Gender Identity refers to a person's actual or perceived sex, and includes a person's identity, appearance, or behavior, whether or not that identity, appearance, or behavior is different from that traditionally associated with the person's sex at birth. People who are transgender (TG or Trans) are people whose anatomies and/or appearances do not conform to those considered appropriate for culturally predominant gender roles. They have physical and/or behavioral characteristics that readily identify them as having a non-conforming gender identity. In other words, TG people, to varying degrees, "transgress" cultural norms as to what a man or a woman "should be."

Of course, not all people who transgress cultural norms in regards to gender are, or should be, considered TG as we are discussing here. In that case, that would include a woman who works as a pipe fitter or a male nurse. However, when transgender is used in the case of a "sexual minority", we are generally referring to one of the following categories:

- Transsexuals were born into one gender but identify psychologically and emotionally as the other. Transsexuals are generally thought to have a condition called gender dysphoria (also called Gender Identity Disorder). Those who are born physically male but are emotionally and psychologically female are called Male to Female or MTF's. Those who are born female but are emotionally and psychologically male are called Female to Male or FTM's. There is some disagreement as to whether gender dysphoria is a physical condition, a psychological condition or both. Some scientists believe that gender dysphoria occurs when the developing fetus is in the womb and that a chemical imbalance occurs their development, that affects sexual difference.
- The primary way transsexuals differ from other TG people is that in almost all cases, they seek to modify their bodies through hormones, SRS (Sexual Reassignment Surgery) or both. This process (which may take several months or many years) is called Transition, where transsexuals will make major life changes in order to bring their physical appearance in line with their gender identity. Some of those changes include changing their name and gender designation on legal documents such as birth certificates, driver's licenses and social security records. However it is achieved, the ultimate goal of transition is to enable the transsexual to live completely as the gender with which they identify.
- It is extremely important to remember that male to female transsexuals are women, just as female to male transsexuals are men and should be referred to and treated as such.
- Intersexed people were born exhibiting some combination of both male and female genitalia (usually determined by the doctor to be either a clitoris that is "too large" or a penis that is "too small.") As one can imagine, such a diagnosis is entirely subjective. At birth, the attending physician or parents or both "choose" which gender to raise the child, necessitating surgery and/or hormonal treatment that must be continued throughout the child's life. Many intersexed people, now adults, are advocating for an end to the way intersexed children are seen as "damaged goods" needing to be fixed.
- Crossdressers (previously known as transvestites) identify as, and are completely comfortable with, their physical gender at birth, but will occasionally dress and take on the mannerisms of the opposite gender. Of course, cross-dressing is more onerous on men, since our culture accepts the idea of a woman wearing pants, but not a man wearing a skirt. Most cross-dressers are heterosexual men. The term transvestite is now considered offensive and should not be used because it is associated with negative images of sexual fetishism.
- Drag Performers include people like Ru Paul, or Elvis Herselvis (a well known lesbian Elvis impersonator). Drag performers are precisely that - performers. They dress and act like the "opposite" sex for the entertainment of an audience. For them, drag is a job - not an identity. Some are gay - some are not. Some identify as transgender - most do not. It is important to be aware of the fact that some people, including many drag performers themselves, do not consider drag performers to be members of the transgender community.

- Gender blenders, bi-gendered, androgynes and others - Not all transgender people fit neatly into the above categories. For some, such characterizations of gender and gender identity are more constraining than liberating. Gender blenders may or may not identify as one or the other in a binary gender system (i.e. either/or, male/female) and many times will assume a mixture of male and female dress and characteristics, combining elements of both.

### **GENDER IDENTITY AND SEXUAL ORIENTATION: WHAT'S THE DIFFERENCE?**

There is a great deal of unnecessary confusion about this. To put it simply, Gender Identity is who you are; Sexual Orientation refers to whom you love or have sex with. Some view them as two completely separate concepts. For others, the two are intricately entwined. Either way, what is most important to remember is that a certain gender identity does not necessarily mean a certain sexual orientation. A person who is TG may be gay, lesbian, bisexual or straight. Additionally, there are MTFs who identify as lesbian and FTMs who identify as gay men.

### **HORMONES AND SEX REASSIGNMENT SURGERY**

For some transgender people, hormonal and/or surgical modifications are not necessary in order for them to express their gender identity. Some TG people find that the financial costs are prohibitive or they may have a physical condition that precludes their being able to take advantage of the procedures. And still others may object to hormonal and/or surgical modifications for personal, spiritual or political reasons.

Of those who do choose to physically modify their bodies, two methods are used - hormones and Sexual Reassignment Surgery or SRS. Hormones are controlled substances (either a pill, injected by syringe or even in patches) and must be prescribed by a medical doctor. Both MTF's and FTM's use hormones to change their physical characteristics. For MTF's, estrogen is taken to feminize facial and bodily characteristics. Their body fat redistributes itself to a more womanly shape. Breast size increases, and body hair decreases. Estrogen does not affect facial hair, however, and MTF's must use painful and expensive electrolysis treatments to remove their mustaches and beards. Taking estrogen also results in the shrinking of the penis and testicles. Male to female transsexuals do not have menstrual periods, nor can they give birth.

The hormone testosterone is taken by female to male transsexuals, which results in the growth of facial and body hair, the lowering of the voice, increase in sex drive, and the cessation of menstruation. FTM's on testosterone are also subject to male pattern baldness and sometimes increased cholesterol levels.

The most common type of sex reassignment surgery for female to male transsexuals involves the removal or reduction of the breasts, depending on breast size. Some FTM's also choose to have some sort of genital reconstructive surgery, either a metaoidioplasty (which is the freeing of the clitoris to make it longer and more sensitive) or the more complex phalloplasty. Phalloplastic surgery involves the removal of tissue, usually from the forearm, to construct a penis. While there have been marked improvements in phalloplastic surgeries in recent years, the successes of the procedure remains mixed. In addition, some FTM's may also have vaginectomies or hysterectomies, either electively or as a response to some medical necessity. Rarely do FTM's require cosmetic surgery to increase or augment masculine features.

For male to female transsexuals, the results of SRS surgical procedures are far more successful. A process called vaginoplasty entails the removal of the testes with the scrotal tissue used to create labia. The penis is inverted to create a vagina. Many MTF's also have cosmetic surgery to feminize their facial features, to reduce the size of their Adam's apple, and many receive breast implants as well.

In order for a transsexual to receive hormones and SRS, they must, in most cases, go through stringent reviews by medical doctors and psychologists. Most medical professionals use a set of guidelines called The Standards of Care for Gender Identity Disorders developed by the Harry Benjamin International Gender Dysphoria Association. These standards define the criteria, which determine if someone is indeed

transsexual and if they are emotionally and psychologically suited for sexual reassignment. Any medical doctor or psychiatrist can prescribe hormones once they determine their patient is suitable. However, SRS requires highly specialized surgical expertise and should be done only by those experienced in such procedures.

### **WHAT ARE SOME OF THE ISSUES TG PEOPLE FACE?**

Of the fifty states, only Minnesota protects TG people from job and housing discrimination. Even when legal protections for gay men and lesbians exist, they do generally not cover TG people because very few communities (currently only 17 cities) explicitly state "gender identity" or "gender expression" in their protection ordinances. (Source: National Transgender Advocacy Coalition)

Violence against TG people can be particularly brutal. In 1997, in Washington D.C. a pre-operative transsexual woman named Tyra Hunter was fatally injured in an auto accident. Paramedics at first refused to treat her after they discovered she had male genitalia, laughing and mocking her as she lay dying. In December 1993, an FTM named Brandon Teena was raped by two men who discovered he was born female. Brandon reported the rape to the local sheriff who refused to investigate, dismissing him with the derisive comment "What are you, anyway?" Later, the same two men whom the sheriff refused to arrest for the rape murdered Brandon and two of his friends. For more information about the ultimate cost of anti-TG violence, please visit the "Remembering Our Dead" at [www.gender.org/remember](http://www.gender.org/remember), an online memorial to those TG men and women whose lives have been brutally cut short.

Most insurance companies, employee health plans and HMOs specifically exempt coverage for sex reassignment surgery, hormones, counseling and electrolysis. This decision, according to the insurance companies, is based on their designation of Sexual Reassignment Surgery or SRS, as purely cosmetic - like a chin tuck or an eyelid lift - and therefore, not medically necessary. Today, this decision stands in spite of the fact that the medical necessity of SRS for transsexuals is well documented by the leading medical professionals in the field. Thus, most transsexuals must cover the entire expense of hormone treatment and SRS out of their own pocket (the cost of surgery can run anywhere from \$3,500 to well over \$100,000, depending upon the procedure).

Prejudice against transgender individuals is pervasive. There is a long-held view on the part of U.S. medical providers and researchers, as well as the public at large, that transgenderism is pathological. This, in itself, constitutes one of the most significant barriers to care. As a result of this labeling, transgender individuals have under-utilized public health and social services. A survey of transgender men and women in San Francisco reported that many in the population are chronically underserved with regard to basic medical and psychological support services. Few resources exist that address their special needs or provide necessary consumer education and regular medical follow-up (Source: Asian AIDS Project, 1995; San Francisco Human Rights Commission, 1994).

Social and economic marginalization frequently accompanies the transgender experience. Rejected by family and community, with reduced educational and employment opportunities because of the harassment faced in both settings, transgender men and women are commonly subject to discrimination, homelessness, unemployment, and poverty. Many are unable to afford basic medical and mental health services. Furthermore, a disproportionate number of these individuals are people of color, HIV-positive, and/or youth, thereby increasing the likelihood they are socially and medically underserved (Source: Israel & Tarver, 1997).

As with the general population, transgender persons of color are more likely to be economically disadvantaged and face disproportionately higher rates of victimization, unemployment, substance abuse, HIV infection, prostitution, and other difficulties. Transgender persons of color also report a loss of community identity when their gender identity becomes known. In African American, Asian, Pacific Islander, or Latin American contexts, for example, heterosexual males and females commonly stereotype gay males and lesbians as no longer a part of their ethnic community because they assume that all people of

color are or should be heterosexual. This ostracism carries over to transgender individuals (Source: Israel & Tarver, 1997).

### **HOW DO I DEAL WITH A TRANSGENDER PERSON?**

- It is extremely important to refer to a TG person by the pronoun appropriate to their presented gender. In other words, if someone identifies as female, then refer to them as she; if they identify as male, refer to them as he. If you are not sure, ASK them what they want. Once you know, be as consistent as possible. It's okay if you forget or slip up once in a while. Nevertheless, it is very important to make the effort. Never use the word "it" when referring to someone who is transgender, either in their presence or to others when they are not present. To do so is incredibly insulting and disrespectful.
- When someone's transgender status comes to your attention, do not assume that it is a fad or trend - something that will be discarded when it is no longer fashionable. While public discussion about transgenderism and transsexuality is a relatively recent phenomenon, most TG people, particularly transsexuals have dealt with their gender issues for many years - many times at great personal and professional cost. It is important to trust that their decision to present themselves in a gender different from their birth gender is not one made lightly or without due consideration.
- Do NOT "out" someone (tell others that they are TG) without his or her permission. Also, do not assume that everyone knows. Some TG people "pass" very well and the only way someone would know would be if they were told. The decision to tell someone about their gender issues should be left to the TG person themselves.
- Never ask a TG person how he or she has sex or what their genitals look like. That is inappropriate in every situation.
- Do NOT assume a TG person is straight. Do not assume they are gay, lesbian or bisexual, either.

\*\* The preceding article was adapted from an article originally written by Alexander John Goodrum. It is reprinted and included here with the kind permission of the Southern Arizona Gender Alliance (SAGA).

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