

Terminology and Transgender Spectrum Resources

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Terminology *(a brief guideline – not an exhaustive or ultimate authority list)*

Sex: What's between your legs

Gender: What's between your ears

Gender/Sex Role: “performed” gender

Gender Identity: self-concept of gender

Gender Expression: visible communication of gender to others

Gender Variant: expressing a gender different from anatomy and social custom

Sexual Orientation: how one identifies one's internal physical/emotional attraction or desire to others

Bigender: feeling one possesses two genders at the same time

Androgyne: someone who presents all or no culturally constructed gender/s

Intersex: anyone born with atypical reproductive anatomy that does not fit the standard medical definition for male or female – also includes, but not limited to unexpected chromosomal combinations

Transgender: umbrella term covering the variety of unconventional gender expressions – Some transgender people may call themselves transgenderists

Stealth: someone who does not share or want shared their identity, experience, or past history

Pre/Post-Op: disliked term – refers to completion or not of surgery/ies – medicalized

Transsexual: person who believes their anatomical sex is not their true sex and seeks to medically/surgically align the two

Gender Identity Disorder (GID): DSM diagnosis for psychological condition of being transsexual or transgender – allows access to medical treatment but also creates insurance problems and pathologizes the person – does not occur with intersex conditions

Body Dysmorphic Disorder: psychological condition of imagining the body has a defect – does not occur with GID, Anorexia, Depression or Obsessive-Compulsive Disorder

Transvestic Fetishism: Formerly called Transvestite or TV – heterosexual males who dress in women's clothing for erotic stimulation or activity – may occur with Gender Dysphoria

Gender Dysphoria: does not stand as a diagnosis by itself – a persistent discomfort with gender role or identity

Cross Dresser: most often men who dress in the clothing of the opposite gender – may be any sexual orientation – may be for any reason – usually not labeled as such in women due to societal latitude in clothing for women

Drag Queen: male who dresses as a woman for entertainment as impersonator – exaggerates feminine traits - “camp” - and often not transgender or transsexual

Drag King: female who dresses as a man for entertainment as impersonator – exaggerates masculine traits – often not transgender or transsexual

Gender Community: the group of people dealing with concerns of gender identity – includes significant others, families, and friends – or SOFFAs

Male-to-Female (MTF): biological male who lives as female – terms include: trans-woman, T-girl, new woman, affirmed woman, shemale, woman

Female-to-Male (FTM): biological female who lives as male – terms include: trans-man, T-male, tranny boi/y, boi, men

Passing: being perceived in society as being the gender that one is presenting

Being Read: being perceived socially as a gender other than the one being presented by the person

Transition/ing: the process of coming to recognize, accept, and express one's particular gender identity – most often referring to medical and legal changes that take place when altering the natal sex.

Sex Reassignment Surgery/Gender Reassignment Surgery (SRS/GRS): the surgical alteration of one's sex to that of the opposite natal sex – may or may not include genital reconstruction – this varies by group, country, and ability

The World Professional Association for Transgender Health Standards of Care, Version 6

Downloadable in pdf file from www.WPATH.org

The World Professional Association for Transgender Health's Standards of Care for Gender Identity Disorders articulate the organization's professional consensus about the psychiatric, psychological, medical, and surgical management of gender identity disorders. Professionals may use this document to understand the parameters within which they may offer assistance to those with these problems. This document may also assist with research and understanding of the current thinking of professionals.

The current version is the sixth version of the Standards of Care since the original 1979 document (previously known as the Harry Benjamin International Gender Dysphoria Association). It is available for free from the WPATH website. WPATH, 1300 South Second Street, Suite 180, Minneapolis, MN 55454 USA, Ph. (612) 624-9397, Fx. (612) 624-9541

Access to Care around Boston and Massachusetts

These organizations have familiarity but not all providers are sensitive or competent – some familiarity and experience is often preferred to none at all.

- Baystate Medical Center in Springfield, MA
- Beth-Israel/Deaconess Medical Center
- Boston Medical Center
- Boston University Student Health (students)
- Chestnut Hill Medical Center
- Children's Hospital (to age 18)
- Fenway Community Health
- Harvard University Student Health (student)
- Lemuel Shattuck Hospital
- Manet Community Health Center
- Mass General Hospital
- McLean Hospital
- Sidney Borum Health Center (to age 29)
- U Mass Memorial Medical Center (Worcester)

Washington DC Study of Transgender Needs

In a study done in Washington DC from September 11, 1999 to January 31, 2000, headed by Gender Education and Advocacy, Inc., took a look at the health care and housing concerns of transgender residents of the District of Columbia. The goal was to provide information to help in the targeting and allocating of intervention services for trans people in need.

Here is a brief outline of what the survey found:

Washington Transgender Needs Assessment Survey – 1999-2000

n = 252, age range 13-61 with 80% < 36

47% had no health insurance

39% had no doctor for routine care – Barriers:

Lack of ins = 64%

Unable to pay = 48%

Provider trans insensitive or hostile = 32%

Fear of being outed as trans = 32%

58% get street hormones – 34% get doctor monitored hormones

35% have suicidal ideation – 64% of those it is due to gender issues

16% of the total sample (*n*=252) had attempted suicide

34% reported drinking problems

36% reported drug problems or substance abuse

HIV information when known was learned from:

Seminars, workshops, focus groups = 22%

Doctor's offices = 12%

Gay & Lesbian bars/nightclubs = 11%

Schools = 11%

25% were HIV positive – 53% were HIV negative – 22% don't know HIV status

32% MTF's were HIV positive

8% reported barriers to receiving HIV related services due to inaccessible hospital services & transphobia

The conclusions of the study were that the transgender population is radically different from the MSM population due to higher discrimination and violence. They are at risk due to un- and under employment, lack of health insurance coverage, and insensitivity of caregivers. They have a significantly high risk of HIV and STD infection – only Black Male IDUs had a higher prevalence rate (27%) of HIV infection. They have a high suicidal ideation rate (35%) with 64% of those attributing the cause to gender issues. Intervention services are urgently needed.

The **National Coalition of Anti-Violence Programs** (www.ncavp.org) reports that there was a 20% increase of reports of violence against male-to-female transgender people from 2005 to 2006 (174-208) and no change in violence reports against female-to-male transgender people (25 both years). It is unclear what the motive for the violence has been and the increase may be due to a greater willingness to report violence and an increased transgender visibility rather than to an increase of violence against trans people. The report did show an increase in violence against GLBT (mainly GL) people of African descent (7% increase 2005 to 2006, 260 to 279) but a decrease in violence against all other non-white races/ethnicities from -1% Latin (271 to 268) to -27% Arab/Mid-Eastern, -67% "other" and -21% white. There was also an increase in violence against Asian/Pacific Islanders of 10% (29 to 32) and an increase of 133% against Indigenous Peoples (12 to 28).

Overall, people of African descent comprise 22% of all the reported anti-GLBT violence and whites make up 45% in the 2006 data. Overall, 13% of the reports were from people of transgender experience, 57% reports from known males, 41% females, and 2% organizations. With these numbers, it seems the largest violence actions are against perceived gay, white males - but that could also just be who is more likely to report the violence and the numbers would be negatively affected by violence perpetrated by the police since they are often to whom one reports violence (the largest increases in violence across the board were +105% in Colorado, with those being from police actions).

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Resources

Other books and documents that may be of help in self-education about the transgender communities.

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