Transgender Cultural Competency:

Transgender 101

Originally created by Cooper Lee Bombardier at NMGSAN, based on Teaching Transgender by NCTE
Who is this person in the front of the room?
Basic Concepts:

- Sex *(assigned at birth)*
- Sexual Orientation
- Gender Identity
- Gender Expression
The Gender Binary:

• The concept based upon societal “norms” that one can be either a man or a woman, only.
What is “Transgender”? 

— The Leadership Campaign on AIDS

“Individuals whose gender identity, expression, or behavior is not traditionally associated with their birth sex. Some transgender individuals experience their gender identity as incongruent with their anatomical sex and may seek some degree of sex reassignment surgery, take hormones or undergo other cosmetic procedures. Others may pursue gender expression (masculine or feminine) through external self-presentation and behavior.”
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-The Leadership Campaign on AIDS
Fluidity

- Being Transgender does not mean that you are assigned a label or category or that you wish to conform to the gender binary.

- Many people, especially younger urban transgender people, are embracing identity terms like genderqueer, gender fluid, bi-gender, tri-gender, etc.
“Transgender” is considered an umbrella term.

- Cross-dresser
- Transvestite/fetishist
- Drag king/Drag queen
- Androgynous
- Genderqueer
- Passing/non-passing
- Bi-gendered
- Transgender
- Transsexual
- Transwoman/transman
- More
Where do I fit?

- Birth Sex: Male, Female, DSD
- Gender Identity: Masculine, Feminine, Neither, Both, Something Else!
- Gender Expression: Masculine, Feminine, Androgynous, Something Else!
- Sexual Orientation: Straight, Gay, Bi, Pansexual, Asexual, Something Else!
What are Disorders of Sex Development (Intersex)?

• “Intersex” is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male. For example, a person might be born appearing to be female on the outside, but having mostly male-typical anatomy on the inside. Or a person may be born with genitals that seem to be in-between the usual male and female types—for example, a girl may be born with a noticeably large clitoris, or lacking a vaginal opening, or a boy may be born with a notably small penis, or with a scrotum that is divided so that it has formed more like labia. Or a person may be born with mosaic genetics, so that some of her cells have XX chromosomes and some of them have XY.

-From The Intersex Society of North America
Things to remember:

- Transgender people have always been a part of the modern Lesbian, Gay, Bisexual Civil Rights Movement!

- However, not all trans people identify as being part of the LGBT Community

- Trans people identify as queer, straight, bi, gay, lesbian, asexual, pansexual, etc., just as non-trans people do!
Things to remember:

• Paperwork/documents

• Policies/procedures

• Laws

• Data

• Safety – physical, mental, emotional, spiritual
More terms:

- **Male-to-female (MTF or M2F):** A person assigned male at birth who lives, presents or transitions to female.
  - **Transwoman**
  - Uses female pronouns: she, her, hers
More terms:

- Female-to-male (FTM or F2M):
  A person assigned female at birth who lives, presents or transitions to male.
  - Transman
  - Uses male pronouns; he, him, his
More terms:

- **Transition:**
The process of medically, legally and socially changing from one gender to another.
  - Why do people transition?
  - Why would someone who is trans decide not to transition?

- Remember, not all transgender people are transsexual and may not be seeking medical treatment to change their sex!
More terms:

• Passing:
To be seen or “read” as the gender you are presenting as, or to go undetected as being transgender

• Stealth:
To live passing as non-trans and without disclosing status as transgender
Problems with passing/not passing

- Some trans people who may want to pass cannot for many reasons:
  - Age at which they transitioned
  - Access to medical care/medical transition
  - Genetics

- It is important not to assume that all trans people want to pass and important not to discriminate against trans people who do not pass!
Problems with passing/not passing

• Safety - risk of violence & discrimination

• Favoritism - we privilege those who “fit in” with the gender binary over those who do not

• Not everyone wants to pass, tries to pass or can pass!
Inappropriate Terms:

- Tranny
- She-male
- He-she
- Transvestite
- Hermaphrodite
- Sex-change, sex change operation
- Bio-male, bio-female (controversial)
How many transgender people are there?

• We don’t know for sure:
  – No one is collecting this data
  – US Census doesn’t track it
  – Many trans people are not public about their identities

• National Center for Transgender Equality estimates between $\frac{1}{4}$ and 1% of the population is transsexual.

• American Psychological Association estimates the prevalence of transsexualism are about 1 in 10,000 for biological males and 1 in 30,000 for biological females.
Is being Transgender a mental illness?

- Transgender identity is not a mental illness that can be cured with treatment.

- Transgender people experience a persistent and authentic difference between our assigned sex and our understanding of our own gender, for some this leads to emotional distress.

- This emotional distress is often relieved by freely expressing our genders, and for some, making a physical transition.

- For people who identify as transgender, counseling alone without medical treatment is often not effective!
Is being Transgender a mental illness?

- Gender Dysphoria is listed in the Diagnostic and Statistical Manual-5\textsuperscript{th} Ed. (DSM-V), used by mental health professionals to diagnose psychological conditions.

- Until 1973, Homosexuality was considered a mental illness.
Is being Transgender a mental illness?

• A psychological condition is considered a mental illness only if it causes distress or disability. Many transgender people do not experience their transgender feelings and traits to be distressing or disabling, which implies that being transgender does not constitute a mental disorder per se.

—American Psychological Association
Gender Dysphoria

- The diagnosis is controversial both within the mental health professions and the trans community.

- Pro-diagnosis: U.S. requires diagnosis to justify medical or psychological treatment, so diagnosis is essential to ensure access to care

- Anti-diagnosis: it inappropriately pathologizes gender variance and should be eliminated
Transgender Etiquette:

- Always call a person by their chosen name and preferred pronoun!

- If you do screw up pronouns or name, apologize briefly and move on!
Transgender Etiquette:

• Never ask a trans person if they have had “the surgery”, or if they plan to!
  – Nor should you ask about other medical info, unless it directly pertains to treatment sought from you!

• Remember that just because someone is trans, that doesn’t mean it is okay to ask them questions about their bodies!
Transgender Etiquette:

Respectfully ask someone how they would like to be addressed if you are not sure!

– “Which pronoun do you prefer?”

– “How would you like to be referred to, in terms of gender?”
Transgender Etiquette:

• Don’t interrogate trans people about family or personal life unless we bring it up to you!

• Don’t assume that because we are trans we want to talk about it constantly!
Transgender Etiquette:

• Do not sensationalize or sexualize trans bodies!

• Refrain from reminding us how different we look than ‘before’, how you liked us better ‘before’, how hot we are now (WE KNOW), or how much we look like ‘real guys’ or ‘real girls’, etc!
OUTING:

• Never ‘Out’ someone as transgender without their permission!

• BEFORE you Out someone:
  – Ask yourself WHY you wish to OUT them- WHO is it benefiting?
  – Think about what kind of impact OUTING this person will have on their physical safety, employment, housing, etc.
OUTING:

• Remember that many transpeople are killed every year just because other people find out that they are trans!
• Some trans folks prefer never to be ‘out’ as trans or don’t even consider themselves to be ‘trans’. Honor their privacy!
• Even folks who work for trans rights deserve privacy – let them out themselves where and when they want to!
How to be an awesome Ally & Provider!

• Remember the Etiquette tips!
• Be mindful of trans people in office or waiting room
• Don’t police public restrooms
• Don’t ask about a trans person’s genitals unless it has to do DIRECTLY with the care or treatment they are seeking from you!
How to be an awesome Ally & Provider!

• Never treat trans people as if they are being risky with their health!
• Remember, being transgender is not a ‘choice’.
• Remember that the medical treatment a trans person may seek is not “cosmetic” or superfluous!
How to be an awesome Ally & Provider!

- Be willing to do your homework!
- Never deny a trans person urgent care or treatment because of your personal beliefs!
- Treat trans people with the courtesy & respect you would like to be treated with.
- Be sensitive that most transgender medical needs are not covered by insurance.
How to be an awesome Ally & Provider!

• Be aware that trans people may have a name or other info on records that may be incongruent with appearance or preferred name and pronoun.

• Don’t just add the “T”:
  – Make your organization truly trans-inclusive
  – Don’t tokenize trans people!
How to be an awesome Ally & Provider!

• Become an active ally for lesbian, gay, bi and trans people in your community.
• Call out trans-phobic remarks and jokes.
• Resist the urge to place others into a male box or female box....gender stereotypes suck for everyone, not just trans people!
How to be an awesome Ally & Provider!

- Contact TGRCNM to get a presentation scheduled in your office, school, etc.

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