

This is an overview of issues around gender variant people. It is not intended to be complete – rather, it is a starting point in understanding people who identify as transgender, as well as other people who may identify any of a number of ways (man, woman, androgynous, bigendered, cogendered, etc.) and are gender variant. There is a glossary of terminology in the back of this document.

Noticing gender variant and transgender people:

If a man has larger hips or smaller hands, or a woman is tall, has a square jaw, or has broad shoulders, one might assume the person is gender variant or transgender. This is not a reliable means of identification: it will lead to false identification of people both as transgender and as not transgender. Acting on such an assumption (such as asking a person “are you transgender?”) is offensive to both transgender and non-transgender people.

Transgender status disclosure:

If a patient has confided in you regarding status as transgender, encourage the patient to report it to the appropriate medical care giver (nurse, physician, etc.), and (if you are willing) let the person know you are willing to support her or his identity. *If your belief system prevents you from being an advocate for the patient, you would do well to find a chaplain who is able.*

Doing so will:

1. Encourage the person to take responsibility as a partner in his or her own care;
2. Give the person agency to disclose information (rather than having someone else do so)
3. Assure the person understand that you are helping, not judging.
4. Give the health care providers valuable information that can affect care, such as:
 - The person may be on hormone therapy which may interact with medication, mask or enhance symptoms, or have other medical implications. Testosterone treatment has been linked to ovarian cancer in transexual men. Other medications such as androgen blockers (notably spironolactone, which is also used as a diuretic and to treat hypertension and other issues) can also interact. Persons who hide transgender status may also fail to disclose these medications.
 - The person may have had surgeries (even recent ones) that affect treatment, and may have silicone or saline implants or silicone injections. Persons who hide transgender status may also fail to disclose these surgeries.
 - Persons born male generally have greater lung capacity, which can affect readings such as peak flow and FEV-1 for asthma and COPD.
 - These are only a few examples. See The Center of Excellence for Transgender Health: <http://transhealth.ucsf.edu/>

Forms of Identification:

There are many reasons people may have identification which may seem inconsistent or misleading. These may include legal issues of immigration, name change, marriage, and other complications of modern life.

Transgender and gender variant persons may have a form of identification that does not match their gender presentation and/or preferred name. They may also have a mix of forms of identification. Examples: Abby may have a driver's license that reads Abigale A. Abel that also says she is male. Or Brian B. Banks may have a driver's license that reads Belinda B. Brown that says he is female, a letter from a medical professional explaining that he is transitioning, and a work ID that says Brian B. Banks and says he is male.

When a mix of identification is present with a person you know to be transgender, it may mean the person's social network consists of some people who know the person by the previous name and some who know the person by the new name. See Names and Pronouns II.

Names and Pronouns:

- I. When in doubt, **ASK** what name and pronouns the person prefers. Some people may react negatively to the question, but it is far better than using an incorrect name or pronoun.
 - A. Some people prefer pronouns that seem at odds to the way they present themselves
 - B. Some people prefer the gender-neutral plural pronouns – they, them, their.
 - C. Some people prefer new gender-neutral singular pronouns – zhe, hir, hirs. If you are unfamiliar with these, please see the resource links at the end.
 - D. People almost never want to be called “it”. Please don't say “it” unless the person requests this pronoun. Even when a person requests this pronoun, it may have more to do with the person's self-esteem than actual pronoun preference.

- II. Also ask how the person wants to be identified to others. For some who may not be fully transitioned or “out” to people, this may vary for:
 - A. Significant others
 - B. Certain family members
 - C. Certain friends
 - D. Employers
 - E. Roommates
 - F. Communities of faith
 - G. Health care providers (see transgender status disclosure above)

Spouses/Partners/Significant Others

Do not make assumptions about the sexual orientation of partners of gender variant people. Both gender identity and sexual orientation are complex issues. Being a romantic partner of a gender variant person does not mean the partner identifies as gay, straight, or bisexual. If there is a reason this is important to know, ask the person.

Things to avoid where possible:

- Asking for information to satisfy curiosity. Do you need to know the answer to this question? If so, why?
- Asking the person to educate you, unless you know them well. This is especially true when the person is a patient and already in discomfort. Many transgender people resent being asked about transgender issues.
- Using the word “tranny.” Though this may be used by transgender people, it is much like words reclaimed by African Americans, Gays, and Lesbians that were slurs against them.
- Using “transgender” as a noun unless the person uses it (this varies by culture).
- Questioning the combination of gender identity and sexual orientation. These are separate issues. Ex: “If you like women, why didn't you stay a man?”
- Asking the birth name unless relevant (please indicate why it is relevant when asking). It may be better to ask questions like “have you ever been to the hospital under another name?”
- Asking about whether the person has “had the surgery” (please indicate why it is relevant when asking). In most cases where this is relevant, it may be more appropriate for a health care professional to ask.
- Compliments that can be construed as criticisms:
 - “You fooled me” (implies the person is using gender presentation as deception).
 - “You look good for someone who [used to be a man, woman, boy, girl; had a sex change, etc.]” (implies the person does not look good except in that context).

When in doubt, consider whether you would say the same to a non-transgender (or cisgender) person:

- “If you are gay, why don't you get a sex change?”
- “What's your real name – I mean the one you were born with?”
- “Are your genitals intact?”
- “You're not transgender? You fooled me!”
- “You look good for someone who is not transgender.”

Things to remember:

1. A transgender person is a person – a beloved human being – first.
2. Each transgender person is an individual. Experiences and expressions vary widely.
3. Many transgender people are suspicious of health care professionals and fear they will not be well treated if they are identified as transgender. See “examples of health care gone wrong” at the end of this document.
4. Transgender people are even more likely to be suspicious of religious persons, notably clergy. Establishing early on that one is supportive and an advocate for the person can be helpful, but some transgender people will remain anxious around people of faith.

5. Consider the parable that is the source of this hospital's name: *The Good Samaritan*. When Jesus said to love your neighbor as yourself, he was asked “who is my neighbor?” Jesus responded with a parable in which two holy people passed by before the Samaritan was moved – some translations say his guts were wrenched – by the predicament of a man beaten, robbed, and left for dead. He cared for the stranger as if he were family. At the end of the story, Jesus asks who was a neighbor to the victim of beating and robbery. It is best to start from a place of love for the person.

Terminology:

There are many terms in the transgender world, and there is much overlap. These are not definitions; they are my attempt at some general outlines of usage. This is also not a complete list. Meanings change and new terms are added constantly as this community struggles to create an identity.

Androgyne *n.* A person who identifies as neither male nor female, or both.

Androgynous *adj.* Identifying as neither male nor female, or both.

Butch *adj.* The presentation of some attributes associated with the male gender in society (such as hair length, clothing, roles in relationships) by a person who identifies as female. Usually gay- or lesbian-identified. Generally does *not* identify as transgender or genderqueer.

Bi-gendered *adj.* Identifying as having two genders.

Butch *n.* A person presenting as such attributes. Ex: “Bobbie is a butch.”

CAFAB *acronym* Coercively Assigned Female At Birth (see Sex assigned at birth). Used by persons who feel the sex they were assigned was forced on them by family, the medical establishment, or society.

CAMAB *acronym* Coercively Assigned Male At Birth (see Sex assigned at birth) Used by persons who feel the sex they were assigned was forced on them by family, the medical establishment, or society.

Cis *adj.* Short for Cisgender.

Cisgender *adj.* Having a gender that aligns with the sex assigned at birth. (Originally from organic chemistry – cis- and trans-isomerism, cis- means “on the same side as” and trans- means “on the opposite side of”). Preferred over “normal,” the use of “cisgender” and “transgender” normalizes transgender people. May also use “non-transgender” and “transgender”.

Co-gendered *adj.* Identifying as having two or more genders (ex: man, woman, androgynous).

Crossdress *v.* To wear clothing associated with that of a different gender.

Crossdresser *n.* One who crossdresses. May also identify as transgender, but not necessarily.

Drag *n.* The act of wearing clothing associated with the opposite gender, usually for dramatic effect. Most often among gay and lesbian people.

Drag king: *n.* A person assigned female at birth (usually gay- or lesbian-identified) who dresses as a male. Usually considered offensive if used for people who do not identify as drag kings.

Drag queen: *n.* A person assigned male at birth (usually gay-identified) who dresses as a female. Usually considered offensive if used for people who do not identify as drag queens.

FAAB *acronym* Female Assigned At Birth (see Sex assigned at birth).

FTM *acronym* Female To Male. A person assigned female at birth who identifies as male. (Also F2M)

Female impersonator: A person assigned male at birth who appears as female in public, often professionally. May also be drag queen, transgender, or transsexual. May be otherwise cisgender and heterosexual. Usually considered offensive if used for people who do not identify as female impersonators.

Full time *n.* Living every moment as the gender with which the person identifies. See also real life test, transition.

Gender *n.* A social location determined by culture. Western culture typically sees two gender roles tied to the sex determined at birth.

Gender *v.* To impose, by language or action, a gender on someone. (I said my name was Jehoshaphat, and I wish you would not gender me as female.)

Gendered *adj.* How a person identifies one's own gender. (People may be gendered differently than they appear at first glance.)

Genderfuck *adj.* Presenting a mix of genders so as to attract attention, shock, or offend (as implied by the name).

Genderqueer *adj.* Not identifying completely as male or female, a mix of male or female, using a new or non-Western gender, or rejecting gender altogether. Not usually meant to shock or offend. May not identify as transgender.

Gender reassignment surgery (GRS): See Sex reassignment surgery (SRS).

Gender variant *adj.* Appearing or acting in a way that is not completely congruent with societal expectations of gender. Most people are gender variant to some degree (ex: a husband who cooks), but don't identify that way.

Intersex *adj.* Having sexual characteristics of two sexes. May include, but not limited to: chromosomal variation, gene variation, conditions that suppress development of certain primary and secondary sexual characteristics, ambiguous genitalia, genitalia that do not fully develop until puberty. See <http://www.isna.org/>

MAAB *acronym* Male Assigned At Birth (see Sex assigned at birth).

MTF *acronym* Male To Female. A person assigned male at birth who identifies as female. (Also M2F)

Person of (also *woman of...*, *man of...*) transsexual (also *transgender*) history *n.* A person who no longer identifies as transsexual or transgender, usually because they have completed transition and/or surgery and now identify only as the inward gender identity. Ex: "I was transsexual, but I completed my transition to female five years ago."

Real life test *n.* A period during which a transgender person lives every moment expressing the gender with which they identify, usually as a prerequisite to sex reassignment surgery. (See also full time, transition.)

Sex *n.* physical differences between reproductive organs, chromosomes, and other characteristics.

Sex assigned at birth *n.* The sex determined at birth (usually by a physician) and recorded on the birth certificate. Usually done by observing the genitals of the newborn. See also Intersex.

Sex change *n.* See Sex reassignment surgery. "Sex change" may be considered offensive.

Sex reassignment surgery (SRS) *n.* Surgery to conform the body's primary and secondary sexual characteristics to match the gender identity. Sometimes called Gender Reassignment Surgery (especially in Montreal).

Sexual characteristics (primary) *n.* sexual characteristics identifiable at birth. Generally refers to genitals.

Sexual characteristics (secondary) *n.* sexual characteristics that appear at puberty. Includes facial hair, breasts, voice changes, musculature.

Stealth *adj.* Living with little or no reference to prior history of sex assigned at birth. Often involves moving to a new location and starting life over with a completely new identity. A person living stealth will be very reluctant to disclose status as a transgender person. (Also, woodworked)

Transgender *adj.* Having some aspect of identity or presentation that transcends gender boundaries.

Transgender *n.* A term used by some individuals (often people with reduced socioeconomic status) to identify themselves as transgender individuals. Other individuals may find this term offensive.

Transgenderist *n.* A person who presents as a gender not matching the sex assigned at birth, but not desiring sex reassignment surgery. Fewer people are identifying this way over the last decade or so.

Transition *n.* Moving from living as the gender that matches the sex assigned at birth to the gender with which one identifies. This may be an overnight change, a gradual change, or changes at different times and to different degrees in various settings.

Transsexual (or transsexual) *n.* A person who identifies as a different gender than that assigned at birth. Often, but not always, desires modifying primary sexual characteristics through surgery and/or secondary sexual characteristics through hormone therapy, electrolysis, and/or surgery.

Transman *n.* A person assigned female at birth who identifies as a man. (also FTM)

Transwoman *n.* A person assigned male at birth who identifies as a woman. (also MTF)

Transvestite *n.* See crossdresser. Usually (but not always) offensive.

Woodworked *adj.* An older term for stealth (from “disappearing into the woodwork”).

More information:

- The Center of Excellence for Transgender Health: <http://transhealth.ucsf.edu/>
- Policy & Protocol for Serving Transgender Patients
http://www.transgenderlegal.org/media/uploads/doc_22.pdf
- Culturally Competent Approaches for Serving Transgender Populations
http://lgbt-tristar.com/images/09_report_trans.pdf
- Intersex Society of North America: <http://www.isna.org/>
- Trans Faith Online: <http://www.transfaithonline.org/>

Examples of health care gone wrong:

- Tyra Hunter, passenger in auto accident, emergency care discontinued after discovery she was transgender: <http://transgriot.blogspot.com/2007/08/tyra-hunter-anniversary.html>
- Robert Eads, refused cancer treatment by twenty physicians
http://en.wikipedia.org/wiki/Robert_Eads
- Erin Vaught, coughing up blood, refused emergency treatment:
<http://news.change.org/stories/indiana-hospital-says-no-transgender-patients-allowed>