

# Down to Basics

## *An introduction to transgender issues*

### **Notes for Healthcare and Social Service Providers**

Michelle O'Brien, May 2003

Many transgender and transsexual people are in need of social services, medical care and basic access to employment and housing. Unfortunately, trans people face many barriers to adequate service and care, including discrimination, ignorance, poverty, prejudice and fear. This pamphlet is meant to help social service providers and medical professionals who want to find ways of providing more sensitive, respectful and thoughtful care to trans people. It includes basic definitions, some of the major obstacles trans people face, a few resources, and most importantly, throughout is scattered advice on how to show trans people respect and dignity. This brochure was written by a transgender person, and advocates on behalf of transgender clients.

#### **Basic Definitions**

Definitions are difficult for many trans people. Trans people have lived part or all of our lives being identified with a gender we don't feel entirely comfortable with. Trans people have all been mislabeled. Sometimes this discomfort is extreme. As a result, many trans people are uncomfortable with any easy labeling - with tossing out words and quick explanations and thinking that covers the full complexity of someone's experience. Please understand that how each trans person understands these words is different; they vary geographically and culturally. Use these basic definitions only as a place to start. Most importantly, listen to what trans people say about how we identify ourselves and wish to be understood.

**Trans** is an abbreviation of transgender or transsexual. Often used as slang by trans people.

**Transsexual** is used to describe people who identify with a gender different than what they were assigned at birth. For example, a person who understands themselves as a woman, but was identified as a male at birth, might identify as a transsexual woman. Transsexual people might

choose to alter their appearance, the ways they are referred to and their bodies. A transsexual person might engage in hormone therapy, have surgeries or other procedures to become more comfortable with their bodies. In some circles, particularly conventional medical discourse, transsexual is used exclusively to refer to people who have had or intend to have Genital Reassignment Surgery (GRS). Today, however, many understand that transsexual people might choose to not have any form of surgery.

**Transgender** refers to many different kinds of people who experience some discomfort with their assigned gender or expected gender role, including transsexuals, drag kings and queens, genderqueers, cross-dressers and other gender variant people.

**Trans women** are trans people who identify and understand themselves as women. Respectful labels usually refer to where someone is heading, to their future, and not to their past. A trans woman might identify as 'MtF' or 'male-to-female', referring to their assigned gender (male) and self-identified gender (female).

**Trans men** are trans people who identify as male. A trans man might call themselves 'FtM' or 'female-to-male', again referring to assigned gender (female) and self-identified gender (male).

**Assigned gender** refers to the gender one was identified as at birth. Sometimes people call this one's 'birth gender'. Often this assignment is made on the basis of genitals. Usually this is the gender someone was raised as before transitioning or coming out as trans. Trans people experience some discomfort with their assigned gender and the social expectations people attach to that gender.

**Intersex people** are born with bodies that don't easily fit into categories of male or female. Often intersex people undergo surgical procedures on their genitals as newborns, and might have been raised with hormone therapy and further surgeries. Today, many intersex people stand with transsexuals in demanding the rights to self-determine the form of their own bodies, opposing treatments on infants.

From clinical terminology to street slang, there is a vast specific vocabulary used by trans people and around trans issues. These words here are only a beginning. Many more glossaries are easily accessible online, here and here , in their resources section. Take the time to

educate yourself, taking advantage of the many resources out there. Most importantly, **listen** to how trans people describe themselves. Respecting the ways trans people self-identify is crucial to providing sensitive care.

## **HIV and Transgender People**

Trans people, especially trans women, are at particularly high risk of becoming HIV+. Due to economic discrimination, some trans women can only find employment in sex work, circumstances of increased risk of HIV. Nearly all safe sex outreach materials are based on transphobic assumptions about people's bodies that can easily alienate trans people, leading to a lack of accessible information. As trans people know but few HIV/AIDS educators seem to realize, not all men have penises, and not all women have vaginas. Many trans women are forced to get hormones of the street, where there is a risk of transmission through needle sharing. Many trans men mistakenly believe they are not at risk at all. This is not the case; all trans people can become at risk for HIV/AIDS.

Most trans people lack adequate access to health care. This can be especially dire for trans people living with HIV/AIDS. It is especially important that all HIV/AIDS social service and medical providers learn about issues facing trans people, and find ways of treating trans clients with respect and dignity.

A great deal more could be said about HIV/AIDS among trans people. Many of the resources listed below offer some information on this broad and crucial topic. The transgender outreach department here at ActionAIDS hopes to publish an informative pamphlet focusing on this issue in the future.

***Common misconceptions and mistakes*** Sexual orientation is not necessarily tied to trans identity. A trans person might be gay, bi, straight, or understand their sexual orientation in many different ways. Often, but not always, trans people identify their orientation with reference to their self-identified gender. For example, a trans woman who dates other women might call herself a lesbian. Each person decides for themselves their sexual orientation, and how they wish to describe it. Many trans people are also commonly assumed to be lesbians or gay men based on their presentation. These assumptions are often inaccurate and disrespectful.

**Imposing unhelpful standards** on to trans people can be hurtful, oppressive and alienating. A whole industry of non-trans surgeons, psychologists, social workers and other professionals has grown up around trans people. Medical and social service providers have developed many standards for determining who is really trans and who is not - standards that often make little sense to trans people themselves, and have very little to do with much of trans people's experiences. These standards of medical professionals get compounded with feeling judged by other trans people, by our family, friends and by the world at large - all who pronounce their own ideas about what gender we are, who has a right to identify their gender and who does not. A much better place to start would be to take all people seriously when we describe our own experience with gender. Each trans person is different, and each trans person deserves respect, dignity and some measure of self-determination, regardless of which standards we fit into.

**Not listening** is perhaps the most common mistake. Trans people are the most qualified sources about our lives, our needs, our communities and our identities. If you want to be respectful, ask! And take our answers seriously. Accessing social services and medical care would be far, far more tolerable if providers would simply take seriously the expressed needs of trans people themselves. While asking how to be respectful is a great place to start, it's also important to not ask inappropriate questions. Ask what is necessary for you to refer to someone respectfully -- like their pronoun preference -- and to deal with the situation at hand. In many cases, the specifics of someone's genitals, the intimate details of their sex lives or the complexities of their gender identity are really not your business.

## **Accessing Care**

Trans people often face many obstacles to medical care, social services and basic needs. We are living in a transphobic society, a world where trans people routinely face hatred, discrimination, prejudice and violence. gender.org offers a number of documents that trace the extremely high rates of suicide, murder, physical violence, rape and interpersonal abuse trans people face. This violence is compounded by uncaring police, insensitive media and ignorant care providers. Trans people face rampant discrimination in employment, housing and other basic needs. While a few cities have banned discrimination based on gender identity and presentation, it is still common everywhere. As a result, trans people are disproportionately poor and in need of services. Many trans people desire

specific medical procedures to alter our bodies, procedures that are often difficult to access, not covered by insurance and exorbitantly expensive. Poverty and insensitive medical providers make even basic medical care inaccessible to trans people. gender.org offers one needs assessment done in the Washington DC area. In most cities, the extent of the medical and service needs trans people face is not adequately documented.

Many things need to change for trans people to have adequate medical care. First, the medical services need to be out there and affordable. Trans women will continue to get hormones on the street as long as there aren't affordable and professional hormone providers. There is simply not adequate care available, and won't be without significant funding shifts. Agencies need to allocate more resources to addressing the concrete service and medical needs of trans people. Care needs to be accessible, respectful and thoughtful. Most free health centers, for example, require a genital STD screening - a procedure that can be intensely uncomfortable for many trans people. A discomfort that can tragically lead to a lack of gynecological and prostate care. Talk with trans people about what works and what doesn't; be ready and willing to modify procedures to accommodate the particular needs and comfort of trans people. Finally, trans people need to know about what's available. This means having real relationships, connections and outreach to trans communities to inform people as to what is accessible and available.

## **Resources**

Online, there are several decent resources clearly valuable for social service and health providers. gender.org offers a range of excellent short essays, resource lists and other valuable pieces of information. trans-health.com provides articles on issues relating to trans health care, transitioning and the medical industry relationships to trans people. www.isna.org offers an extensive collection of resources on intersexuality.

Perhaps the best text available in print on trans issues for care providers is *Transgender Care* by Gianna E. Israel. It offers a wealth of invaluable information for care providers of all sorts.

Across the U.S., there are a number of health programs that have developed remarkable programs designed to meet the needs of transgender people. In New York City, the Callen-Lorde has set up an extensive health program for trans people. The Positive Health Project

organizes a peer street outreach program to trans people. In San Francisco, the Tom Wadell Clinic offers health care for trans people. All have easy to find websites.

It's valuable to look beyond information designed for healthcare providers. Many transgender people have done remarkable work in exploring, documenting and analyzing transphobia and trans identity. Online two websites stand out as excellent resources in providing sophisticated, informative and challenging thought on politics surrounding trans people. Emi Koyama's site collects together her writings, including material on linking transgender identity to feminist politics, and several pieces on intersex identity and politics. makezine collects together a number of excellent articles on trans politics.

There are many books that offer similarly remarkable explorations of the politics of transphobia and trans liberation. Leslie Feinberg's books, *Transgender Liberation*, *Transgender Warriors* and *Stone Butch Blues* are all excellent, offering a breath of brilliant material. Kate Bornstein's *Gender Outlaw* and *My Gender Workbook* are amusing, enlightening and fascinating accounts of the complexity of gender. Patrick Califia wrote *Sex Changes*, an in depth look at transgender politics. The anthology *Genderqueer*, edited by Joan Nestle, Clare Howell, and Riki Wilchins, includes several powerful personal stories of people challenging gender binaries. Holly Devor collected the results of interviewing trans men in the text *FTM*. All I'd highly recommend. New books are coming out every month, offering new insights, new research and new material.

## **Closing Words**

As trans people, we have to fight for our pride, our dignity, our physical and mental health. It is crucial that social service and medical providers not reproduce the violence we face in this transphobic and trans-hating society. Again and again in this pamphlet we've emphasized listening to trans people themselves. We can identify our needs, assess our care, articulate our understanding of ourselves. Trans people's own diverse voices are the best, most qualified, most accessible resource for anyone trying to learn about these issues. This can be supplemented by reading clinical, autobiographical and social literature on trans people and trans issues. The resources are out there, in print and on the web, from individuals and organizations. By reading, by listening, by being out there working with people, we can all learn how to best support trans people in finding real dignity in our lives.

If this pamphlet was far longer, we could include more detailed information on HIV and trans people, on the many differences between trans communities, on specific issues of medical care. But instead of a comprehensive guide, this is just meant as a place to start - to encourage you to think about these issues and to start the process of learning.

*This text is posted on the author's website, at [www.deadletters.biz](http://www.deadletters.biz). The author can be reached through her site.*