



RESPONDING TO TRANSGENDER VICTIMS of Sexual Assault

Message From the Director

About This Guide

Transgender 101

Sexual Assault in the Transgender Community

Tips for Those Who Serve Victims

JUNE 2014

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Transgender 101

- The Numbers
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Transgender 101

It is a widely held social belief that gender is a binary concept and that there are only two sexes: male and female. Although most individuals strongly identify as either male or female throughout their lives, some don't identify as either, some identify as both or more than two genders, and others move from one gender to another in the way they identify, present, or express themselves.

Transgender 101 examines the transgender population in general, covering the estimated [number of transgender people](#) in the United States, who makes up the [transgender community](#), and [specific issues associated with transgender people](#). Review this section to improve your understanding, thereby improving your services.

WHAT'S THAT MEAN?

- [Transgender](#)



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The Numbers

During the 2010 U.S. Census, when asked to identify their sex, 51 percent of the population selected "female" and 49 percent selected "male."¹ These are the only two options offered, which does not allow individuals to note whether their current identity is consistent with the sex they were assigned at birth or whether "male" or "female" is an accurate description of their identity. As a result, most estimates of the size of the transgender population are educated guesses. The most common estimates range from 0.3 percent of the population to 3 percent.²

For the most part, these estimates refer only to people who intend to or who have already transitioned from one gender to another, which does not reflect the experiences of all transgender people. For example, "transgender" can include those who cross-dress or who transcend traditional societal norms about gender expression. Tri-Ess, an international social and support group for heterosexual cross-dressers, their partners, the spouses of married cross-dressers, and their families, believes that one in five heterosexual men cross-dress at some point in their lives.³ In addition, a growing number of individuals—particularly youth—are expressing their gender in more creative, non-conforming ways:

- Goths of all genders may intentionally cross traditional gender stereotypes, wearing makeup, fingernail polish, long trench coats, and/or wide-bottomed pants that look similar to skirts. This population is rarely counted within transgender prevalence statistics.
- Some male musicians bend gender, wearing makeup, long hair, or accessories such as scarves and jewelry typically worn by women in Western culture.

Also not included in the U.S. Census reports are intersex individuals. The Intersex Society of North America defines intersex as "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."⁴ It is estimated that between 0.5 and 1 percent of the population have a medical condition that falls under the intersex umbrella.⁵



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The Transgender Community

"Transgender community" is a term used to describe the diverse people who experience incongruence between the sex they were assigned at birth and their internal gender identity, who experience binary gender as restrictive or inaccurate, who do not conform to cultural expectations of binary gender, or who love someone who is transgender (e.g., partner, family member, loved one).

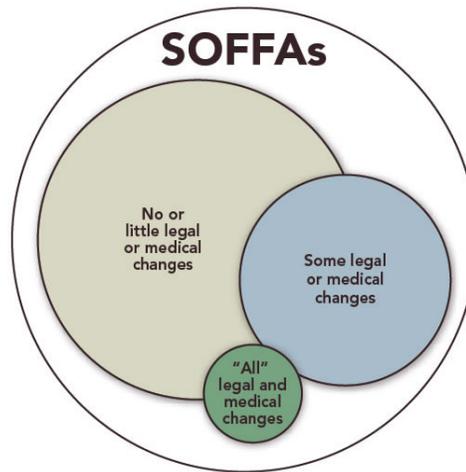
The community includes transgender people of all ages, races, ethnicities, religions, and socioeconomic backgrounds and also comprises a wide variety of gender-related experiences. Some transgender people identify very strongly as a gender other than what they were assigned at birth, while others identify as being beyond, between, or a combination of genders.

Due to media (mis)portrayals and a general lack of education about transgender people, false stereotypes and assumptions persist. For example, some believe that to "be transgender" someone must medically transition (i.e., hormones and/or gender reassignment surgeries). This is untrue. Transgender identity is not defined by a person's desire for medical interventions but on their experience that their gender identity is incongruent with the biological sex they were assigned at birth.

Another inaccurate assumption about transgender people is believing that all transgender individuals "feel trapped in the wrong body," seek medical transitions from one gender to another, and/or want to change their legal documentation to a new name and gender. This is true for some within the community, but it is not true for all.

The largest subset of the transgender community is made up of mostly non-transgender people referred to as "SOFFAs" (significant others, friends, family, and allies). These people can be subject to the same prejudices, curiosity, discrimination, and even violence as their transgender loved ones. Because each transgender person has dozens of SOFFAs, they make up the largest part of the community. Exhibit 1 illustrates the likely proportions within the transgender community who have particular identities or who have made particular choices.

Exhibit 1. The Community



The term "transgender community" can be misleading. As with every other community, only a fraction of transgender people are actively involved in community activities or are connected to other transgender people. Like everyone else, transgender people belong to a veritable cornucopia of communities in which they may or may not be active—their child's school, the religion in which they were raised, their cultural and ethnic communities, their neighborhood watch, a professional networking group, and so forth. Just as a devoted Girl Scout when age 10 may have no ongoing involvement with the organization at age 35, some transgender people view their gender identity as an issue for which they once sought support, but which no longer has much day-to-day relevance. Others actively shun the transgender community, afraid that being seen with other transgender people will draw unwanted attention to themselves.

Those who are active within organized transgender events, organizations, or the transgender or LGBTQ (lesbian, gay, bisexual, transgender, and queer) community can be broadly divided into three groups:

1. **Information seekers.** Probably the largest portion of transgender people consists of those who are new to organized transgender communities. These individuals may have thought about their own gender identity for decades, but have only recently decided to take action, get more information, and connect with other transgender people. They may seek this information through the Internet, books, in-person groups, social service providers, LGBT community centers, or mental health professionals. Information seekers often spend several years involved in transgender groups, especially if they decide to transition (to move from living as one gender to living as another). They rely on their information sources for ongoing advice and support. Then, when their new lives are better established, they may move on to other issues and activities.
2. **Long-term engagers.** These are people for whom a transgender identity remains an important part of who they are or who value the continued connection with other transgender individuals. Some lost their prior support circle during gender transition and/or feel most comfortable surrounded by other transgender people who have had similar experiences. People who cannot complete a gender transition due to family, work, medical conditions, or other reasons often spend years participating in the same groups and activities as a way of coping with those challenges. People in this category may maintain active involvement in social support groups, attending drag or performance events, regularly posting on blogs or interacting with others via listservs, and attending balls or other organized activities.
3. **Activists.** These are the people who work for social change and who want to ease the way for newer transgender people through mentoring, training professionals, participating in public education efforts, or organizing social or political events.

There is also great diversity among transgender support groups, which are designed to provide information, advice, and peer role models. Some of these groups, however, are aimed at just one segment of the transgender community. Groups may cater only to male-to-female (MTF) or to female-to-male (FTM) transgender people, for instance, while others may welcome only cross-dressers or only those who have had genital surgery. Very large communities may have separate groups based on race or another demographic variable, such as gender non-conforming poets or transgender individuals

involved in the sex trade. Some include SOFFAs, while others are for transgender people only. Some localities have transgender organizations with a specific focus, such as advocating for transgender health services or sponsoring an annual conference.

Not all transgender individuals meet in person, which could be due to personal preference or because no transgender group is available in the area. The Internet has vastly improved the ability of transgender individuals and SOFFAs to access key information and connections through a nearly infinite number of listservs, chat rooms, social media, blogs, and other virtual gatherings. Many of these have a narrow focus, such as transgender parents or heterosexual female partners of FTMs. Some are locality-based and serve as the primary communication channel for transgender and SOFFA individuals in a given area or state.

Some transgender and SOFFA individuals participate in structured and informal social activities with others in the transgender community in addition to, or instead of, attending support groups. People who participate in these activities may know each other from in-person meetings or from online venues, or they may attend more anonymous social events like drag balls. Often, people want to enjoy traditional forms of entertainment (e.g., dining, sporting events, theater, coffee, lectures) and prefer to do so in a group of other transgender and SOFFA individuals.

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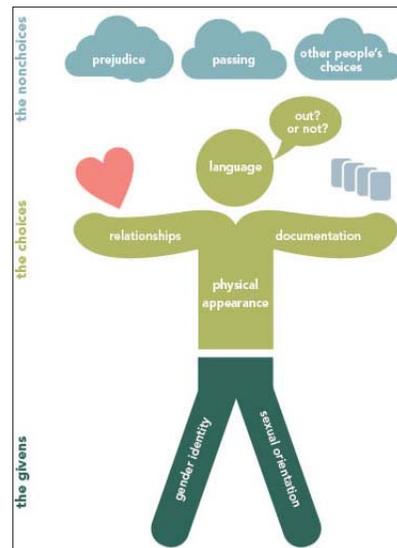
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Transgender-Specific Issues

This section covers the [givens](#), [choices](#), and [nonchoices](#) that help shape individual transgender people's lives (see exhibit 2). It will help you identify what you may need to know about any given transgender client to provide successful services. Perhaps more importantly, it should help determine what does not need to be known (even when well intentioned).

Exhibit 2. Givens, Choices, and Nonchoices.





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Transgender-Specific Issues

The Givens

People may conflate the terms "[gender identity](#)" and "[sexual orientation.](#)" This section describes the two to help clarify the differences and also provides a few [caveats](#).

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Transgender-Specific Issues

The Givens: Gender Identity

"Sex" is what you are assigned at birth, generally based on whether you have a penis or a vagina. "Intersex" or "disorders of sexual development" are the current terms for people whose genitals and/or internal reproductive organs do not clearly fit into one of the two binary classifications and/or who have chromosomal structures other than XX or XY.

"Gender identity" is your internal sense of whether you are male, female, or another gender and is not necessarily visible to others. Because gender identity is internal—how a person sees themselves—it is impossible to know someone's gender identity without overtly asking them, which is not always appropriate when providing services to them.

For most of the general population, sex and gender identity align—the sex assigned at birth matches the gender with which they identify. Transgender people, however, have a gender identity that does not match the sex they were assigned at birth.

Everyone has a gender identity, and transgender people may have more than one. Some will align with the word transgender, although a growing number either never considered themselves transgender or do not embrace the term. For example—

- Many individuals who have transitioned from one gender to another state their gender identity as simply male or female, with some never viewing themselves as another gender. These individuals may describe a gendered past that matches their current gender identity.
- Others state that they were transgender before and during transition to another gender, but not after.
- Still others view being transgender as a medical condition, which hormones and/or surgery can correct, and no longer identify as transgender after they have medically transitioned.

FORMS OF IDENTITY

- **Self identity:** Who I say I am to myself.
- **Ascribed identity:** Who you say I am without my confirmation.
- **Disclosed identity:** Who I tell you I am.
- **Perceived identity:** Who I think you believe that I am.

READ MORE

In this e-pub*—

- Transgender 101: [The Choices](#)

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Transgender-Specific Issues

The Givens: Sexual Orientation

"Sexual orientation" describes a person's attraction (physical, emotional, spiritual, or sexual) to other people of one or more specific genders. The most common sexual orientations—among transgender and non-transgender people alike—are heterosexual, gay, lesbian, bisexual, queer, and asexual (i.e., not sexually attracted to others). However, just as with gender identity, there are countless individual identities for sexual orientation. Although gender identity and sexual orientation are often conflated and confused, it is important to remember that sexual orientation is distinct from gender identity.

READ MORE

In this e-pub*—

- Tips for Those Who Serve Victims: [Sexuality](#)

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Transgender-Specific Issues

The Givens: Caveats

What people call themselves may not, to an outsider, reflect their behavior. For example, a woman who says she is heterosexual may have a female partner; and a person who has a male gender identity may dress and appear female. There are many reasons a person's identity and behavior may not line up the way others might expect, including the following:

- **Cultural relevance.** Many of the terms commonly heard are terms used predominantly by white people.⁶ These terms may have little meaning in some cultural contexts or may not resonate for an individual with a non-Western cultural background.
- **Concerns regarding personal safety or autonomy.** Claiming a particular term may put one's physical safety, access to resources, and/or social support in jeopardy.
- **Denial** (e.g., "I'm not really transgender").
- **Wishful thinking or intention** (e.g., dressing in clothes designed for teenage girls to appear younger).
- **Opportunity** (e.g., the male-to-female transgender person doesn't dress as a woman outside of the house until she retires from the job where everyone knows her as a man).

READ MORE

In this e-pub*—

- Transgender 101: [Language](#)

*Clicking these links will take you to other sections in this e-pub. To return, hit your browser's "back" button.

Remember—

- Everyone has a sexual orientation: heterosexual, gay, bisexual, lesbian, asexual, queer, or something else.
- Everyone has a gender identity: female, male, genderqueer, transgender, Two-Spirit, stud, femme, or something else.⁷

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Transgender-Specific Issues

The Choices

It is important to know whether and when it is necessary to know a person's **identity** (how someone thinks of themselves or what is inside), and when it is key to know their **behavior** (how a person acts or the choices they make). The difference between identity and behavior will become clearer in this section, which explains the many choices that transgender people may make. Although the word "choice" is sometimes controversial within transgender circles, every individual (transgender and non-transgender) makes daily and long-term choices about how they will present themselves to the world and how they will live their lives.

One choice that transgender people make is whether they will transition. "Transition" occurs when a person goes from predominantly being seen or identifying as one gender to predominantly being seen or identifying as another gender (e.g., male to female, female to male, female to gender non-conforming). Transition can involve one or more of the following aspects:

- **Social transition.** Coming out and creating a personal environment in which a person's gender identity is known and, ideally, respected by others, such as friends, family, and coworkers.
- **Medical transition.** Using hormonal and/or surgical interventions to more closely align one's body with one's gender identity.
- **Legal transition.** Changing identity documents to have a name and/or gender marker that reflects one's current identity.

Many transgender people never transition, either because they desire no physical changes, are content to have the world see them in a way that differs from how they identify internally, or they cannot transition due to work, family, health, or financial reasons.⁸ Some transgender people simply ease into a more neutral or gender non-conforming presentation without undergoing a transition that will be noticed by others.

Some transgender individuals strongly state that transition is not a choice—that they must transition or they will die. Although this is true for some (e.g., they exhibit suicidal thoughts or behaviors), transition is a process of making choices. Some choices may be more feasible than others due to finances or living situations. Some choices may directly affect others and thus require more joint decisionmaking, negotiation, and compromise.

For those who do transition, the process is usually public. Transgender individuals, and possibly their loved ones, may be subject to a tremendous amount of curiosity, questions, judgment, and, in some cases, hostility.

Transgender people may transition at any point in their lives. Transitioning in mid- to later life—often when children move out, the person retires, parents die, or there is a health scare—is common.⁹ In

some cases (e.g., those involving hormone use), transition mirrors certain aspects of puberty, such as body changes and mood swings. People who are transitioning may experiment with different clothing styles and roles, some of which may strike loved ones and other observers as age inappropriate or even offensive. They may start negotiating changes in all aspects of their lives, including family, work, and social relationships. For all these reasons, others may view them as being self-centered, which can create challenges for any relationship.

Once someone has taken all of the steps they want to take, they may no longer see themselves as transgender, instead identifying simply as female or male. They may never disclose their gender history to others, including health care providers, new spouses, or children, because they do not view it as relevant.

The rest of this section covers many of the social, medical, and legal choices that transgender people make in more detail:

- [Language.](#)
- [Physical appearance.](#)
- [Relationships.](#)
- [Degree of "outness."](#)
- [Documentation.](#)

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Transgender-Specific Issues

The Choices: Language

This section describes language-related choices:

- [Gender identity.](#)
- [Names.](#)
- [Pronouns.](#)

Gender identity

There are hundreds of gender identities, with each term carrying numerous meanings. It is unlikely that two people (transgender or non-transgender) would define their gender identities in exactly the same way. For example, how people define "female" varies greatly from person to person. Definitions may differ based on where in the country or world someone lives, the types of familial relationships they have had with females, their age, their ethnic influences, and many other factors. Remember: Victims are always experts in their own language preferences. Listen carefully to the words that victims use to describe themselves and their bodies and reflect those words back to them.

READ MORE

In this e-pub*—

- Transgender 101: [Documentation](#)
- Five Keys to Service: [Don't Categorize; Use Your Client's Terms](#)

*Clicking these links will take you to other sections in this e-pub. To return, hit your browser's "back" button.

Here are just a few terms that transgender people may use to describe their identity:

- Genderqueer.
- Hybrid.
- Man of transgender history.
- Stone.
- Stud.
- Transensual femme.
- Transwoman.

For more, but by no means all, identity-related terms, see FORGE's [101 Trans Identity Words](#). Note that the preferred language of some victims may be perceived as offensive to others, so be careful to use the language preferences of each individual.

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Names

Generally, with some gender-neutral exceptions, many first names are considered either male or female. Some transgender people decide to adopt a name different from the name they were given at

birth, usually in accordance with their gender identity. As with anyone who has changed names, transgender people may or may not have changed their name legally or consistently.

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Pronouns

Most people in the United States only know of two sets of singular pronouns: masculine (he, him, his) and feminine (she, her, hers). The majority of transgender individuals use masculine or feminine pronouns and prefer others to consistently use those pronouns for them as well. Others feel limited by only masculine or feminine pronouns and create or adopt a vocabulary to better represent themselves. Some of these individuals prefer gender-neutral pronouns, such as ze, s/he, sie, hir, and they/their. Others use different pronouns in different settings. Still others prefer to intentionally not adhere to any one set of pronouns.

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READ MORE

[Gender Neutral Pronouns](#)

In this e-pub*—

- Tips for Those Who Serve Victims: [Preferred Language](#)
- Five Keys to Service: [Don't Categorize; Use Your Client's Terms](#)

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Transgender-Specific Issues

The Choices: Physical Appearance

This section describes choices related to physical appearance:

- [Gender expression.](#)
- [Hormones.](#)
- [Surgery.](#)

Gender expression

Gender expression, as opposed to gender identity, is what is on the outside. It is how people express their gender to others.

All people make daily choices about what clothes to wear; whether and how to use or not use accessories, jewelry, and/or makeup; and how their hair is cut or styled. Most people have a specific look or style that is personally comfortable. This may also include how individuals walk, sit, or carry themselves.

In the United States, women and men often are expected to make appearance-related choices from mutually exclusive sets of options. For example, although women may wear feminine-tailored clothing, use makeup, have a feminine hairstyle, and act "femininely," these gender expressions are very rarely considered acceptable for men. Other examples include separate women's and men's clothing departments, jewelry and watch display cases, and hygiene-related store shelves.

A growing number of non-transgender individuals are breaking traditional gender norms. Male goth youth, for example, wear eyeliner and fingernail polish; business women wear pantsuits without makeup or jewelry; metrosexual men use moisturizing products and get manicures. Although gender expression is less rigid with each passing year, in large part expectations to conform to the stereotypes remain in place.

Transgender people may decide to consistently present as male or female in alignment with societal norms. They may also deliberately choose both male and female gender expressions and thus have mixed, gender non-conforming, or genderfluid presentation. Some are more fluid about their gender expression, which they may change from day to day, hour to hour, or setting to setting either because they feel they have to (e.g., an individual chooses not to transition at work) or because they want to.

Some transgender people express gender in very traditional or overt ways to better "pass" as the gender with which they identify. For example, a male-to-female (MTF) transgender person may always wear skirts and stereotypically feminine blouses, paired with matching earrings and pristine makeup.

WHAT'S THAT MEAN?

- [FTM](#)
- [MTF](#)

A female-to-male (FTM) individual may wear a pressed oxford shirt and tie, dress pants and buffed shoes, and neatly trimmed short hair. In these cases, there is an intentional effort to send very clear, gendered messages to others.

Often, as people are in the process of figuring out what feels most comfortable for themselves, they may experiment with styles and looks. They may later relax into more comfortable clothes, or clothes that reflect their own personal sense of style, rather than basing their choices on rigid cultural norms.

Body image can play a role in how people express their gender. Transgender people generally have an even more uncomfortable or negative relationship with their bodies than non-transgender people. Some create a literal armor to hide or alter their bodies or to create a different bodily contour:

- Some FTMs (or other people on the trans-masculine spectrum)—
 - Bind their chests.
 - Wear baggy or multiple layers of clothing to help flatten the appearance of their chest.
 - Wear self-made or store-bought penile prosthetics.
 - Use prosthetics to allow them to urinate while standing.
 - Slouch or intentionally gain weight to add mass to their midsection, altering their feminine contour.
- Some MTFs (or other people on the trans-feminine spectrum)—
 - Use breast or hip forms to create a more feminine contour.
 - "Gaff" or "tuck" (i.e., pull back their genitals to create a smoother line).
 - Wear wigs.
 - Dress in a highly stereotypical feminine way to create an outward appearance of undeniable femaleness.

Safety can also be a major component of how gender is expressed. More detail about safety is found in the [Passing section](#) of this e-pub.

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Hormones

Some transgender people—but by no means all—use hormones as part of their medical transition. According to the National Center for Transgender Equality's (NCTE) groundbreaking study of 6,450 transgender individuals, 62 percent of respondents have had some hormone therapy and 23 percent hope to have it in the future.¹⁰ Hormones are available in injectable, pill, patch, and gel/cream formats.

Hormones help shift bodies into a more traditionally masculine or feminine form. Using testosterone, for example, can deepen the voice, activate facial and body hair growth, redistribute fat, cause the clitoris to enlarge, and may stimulate male pattern balding. Vaginal tissue typically becomes more fragile and less elastic and may not lubricate easily. The vaginal opening may become smaller and tighter, especially if the person does not use their vagina for consensual sexual penetration. Testosterone use usually, but not always, results in the cessation of menstrual cycles and renders the individual infertile. Using estrogen, progesterone, and anti-androgens can cause breast growth, reduce body hair, redistribute body fat, soften the skin, cause some loss of muscle mass, and increase the risk of blood clots, particularly following surgery and in people who smoke. Although mood swings are a typical side effect of hormones in the first few years of use, people who use them frequently report that hormones make them calmer and happier.¹¹

Because some of the changes from hormone use are permanent, some transgender people stop using hormones once they have achieved specific physical goals. Others stop for health reasons or because they become unable to afford hormones (which may not be covered by health insurance, even for those who have insurance). Others continue lifelong use, which is generally recommended for anyone who no longer generates their own hormones due to a hysterectomy (removal of the ovaries and uterus) or orchiectomy (removal of the testes), or due to age (when hormone levels naturally decline).

People can acquire hormones from a health care provider or clinic—the safest method—but they may also get them on the street, from friends, or online (frequently without any medical supervision or monitoring). Non-physician prescribed hormones are relatively common due to a lack of access to

health care, an inability to afford physician visits and routine laboratory tests, a preference not to see a physician, or a preference to avoid or an inability to afford psychotherapy, which a physician may require prior to prescribing hormones.¹²

SILICONE

Some MTFs inject silicone to feminize their bodies. Silicone use is particularly prevalent among MTFs involved in the sex trade because it creates a feminine appearance without the use of hormones, which may limit erectile function and reduce their employment options.¹³

Although injected silicone has an immediate outcome, it also carries many serious health risks, including migration of the silicone away from the desired area, systemic illness, and even death.¹⁴ In addition, because injection often happens in peer-based group settings and in less-than-sterile environments, needles may be re-used or shared, increasing the risk of acquiring HIV, hepatitis, and other blood-borne infections.

Note: FTM may also use silicone to alter the shape and contour of their bodies.

If people acquire hormones through a health care provider, that provider should monitor the individuals' laboratory results and physical wellness. Many providers adhere to a standard of care to guide their treatment of transgender patients, which requires that a mental health professional also be involved.¹⁵ Most standards of care require that transgender clients participate in therapy for a time, typically 3 months to 1 year, after which the mental health care provider will write a letter stating that the client is ready to start medical treatment. This "gatekeeping" model can create additional challenges. For example, transgender people who visit mental health professionals may omit certain details about their lives out of fear that they will be denied the letter required by the standard of care. Past traumas, current mental health issues, or drug or alcohol use are generally known to have been used as justification for withholding these letters. A growing number of LGBT community health clinics and individual providers, however, are moving from standards of care to informed consent models of care, giving both transgender patients and providers more flexibility, autonomy, and control over the health care process.¹⁶

The risks associated with medically supervised hormone use are in line with the risks of many other medications. Routine monitoring, moderate dosing, a healthy lifestyle (e.g., exercise, healthy diet, adequate rest, low-to-moderate stress), and well-managed medical conditions (e.g., diabetes, high blood pressure, other common or rare conditions) help to minimize the risks associated with hormone use.

Economics, access to medical care, and access to physicians who are willing to prescribe hormones often influence how and whether people obtain hormones as a part of their medical transition.

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Surgery

Non-transgender people frequently believe there is one "transgender surgery," which involves the genitals. The reality is that there is no "one" surgery and that multiple options or combinations of surgeries can help people change their bodies to be more closely in line with their gender identity. As with hormone use, health care providers operating under standards of care may require their transgender clients to participate in therapy before surgery. In fact, surgeons specializing in gender-related surgeries often require letters from two mental health professionals rather than just one.

The following data on surgeries were taken from the National Transgender Discrimination Survey conducted in 2011¹⁷:

- The most common **FTM surgeries** are mastectomy or chest reconstruction (41 percent) and hysterectomy (20 percent). Few have phalloplasty (construction of a penis) (2 percent) or other genital surgery (e.g., metoidioplasty and/or construction of testes) (3 percent) because of their high cost and frequent complications, and dissatisfaction with the results.
- **MTF surgeries** can involve breast augmentation (18 percent), facial feminization surgery (e.g., creating a less prominent brow or chin, shaving the Adams apple), vaginoplasty (creating a vagina) (20 percent), and/or removal of the testes (21 percent). Because of the danger of

attracting anti-transgender violence in public, some transgender women consider breast augmentation and facial feminization surgeries higher priorities than genital surgery.

Genital surgery, as noted above, is far more common for MTFs than FTMs. The difference in function and aesthetics may be among the reasons for this disparity, as well as the difference in cost for vaginoplasty (cheaper) versus phalloplasty (much more expensive).

On rare occasions, some transgender people who have been unable to access surgeries due to cost and/or surgeons' refusals to operate have attempted self-surgery to remove their breasts, penis, or testicles.

Contrary to popular belief, many transgender people do not feel the need to surgically alter their bodies. For that reason, combined with prohibitive costs, lack of access, and worries about functionality and aesthetics, FORGE believes that most transgender people do not have gender-related surgery. This underlying belief is supported by the National Transgender Discrimination Survey's broad sample of transgender individuals and their experiences and desires with/for surgery.¹⁹

NON-SUICIDAL SELF-INJURY

Cutting, or non-suicidal self-injury (NSSI), as a way of coping with abuse and stress is common among transgender people. In a study of 977 individuals, almost 42 percent had a history of NSSI, as compared to 4–38 percent in the non-transgender population. FTMs had substantially higher rates of NSSI. Of transgender people who were prevented from transitioning (denied letters for hormones or surgery), 50 percent had a history of NSSI.¹⁸

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Transgender-Specific Issues

The Choices: Relationships

As with any person, transgender people can be celibate, involved in a partnership, or have multiple partners at any given time. Partners may be with a transgender person throughout their gender journey (exploration and/or transition), or they may enter the transgender person's life later on.

Partners of transgender people may or may not have sexual orientations that are congruent with their partner's gender.

For example, an FTM who was once part of the lesbian community as a butch may have strong social ties to the lesbian community and have a partner who identifies as a lesbian. The female partner may maintain a lesbian identity, while the FTM partner may now identify as straight or bisexual. Similarly, an MTF who was married to a woman throughout her transition may remain married. Post-transition, the MTF may now identify as lesbian, while the MTF's wife may still identify as heterosexual.

WHAT'S THAT MEAN?

- [FTM](#)
- [MTF](#)

Genderqueer or gender non-conforming individuals and their partners may have already created language to encompass their gender non-conformity and may feel similarly empowered to develop creative and unique terms to describe their sexual orientation. Some younger people are reclaiming the word "queer" and using it as a positive term to describe their sexual orientations (regardless of their partners' gender), or they use terms that transcend traditional partnership language, such as friends with benefits, heteroflexible, pansexual, and polyamorous.²⁰

READ MORE

- In this e-pub*—
- Tips for Those Who Serve Victims: [Relationships](#)

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Sexual attraction or behavior is nearly always an area that partners address when one person socially or medically transitions. Navigating the changing dynamics of a partnership can be complicated in the best of scenarios, and it may become even more difficult if one or both partners' attraction changes.

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Transgender-Specific Issues

The Choices: Degree of "Outness"

Mainstream society has begun to acknowledge and become more accepting of LGBT (lesbian, gay, bisexual, and/or transgender) people. Consequently, some LGBT people have felt more comfortable sharing their sexual orientation and/or gender identity with others.

To be out means that people know about a person's gender identity or history, sexual orientation, or both. Although many studies of gay and lesbian individuals have found that being out can lead to greater self-acceptance and self-empowerment,²¹ it is unclear if "outness" carries the same positive benefits for transgender people.

The choice to disclose gender history or transgender status is often on a need-to-know (or want-them-to-know) basis:

- Many transgender individuals who transition from one binary gender to another may not feel any need to disclose their gender history to others.
- Others may choose to disclose specific pieces of information about their history but not all of their history. For example, someone may be extremely out about being trans but may rarely discuss their surgical or genital status.
- Transgender people may be out to some people and not to others based on preference or necessity. For example, they may selectively disclose their gender history to new friends, coworkers, in-laws, and others once those relationships are well established.
- If transitioning on the job, people may need to disclose their intentions to direct supervisors or to the human resources department. In some companies, this process creates a safer environment for transition; in others, it may create more friction and challenges. Regardless of who is officially told, however, other current employees will likely know after the transition.
- People who have gender non-conforming identities may want others to know about it and will regularly let people know, either verbally or visually (i.e., through their appearance).
- Individuals who transitioned many years ago may become so accustomed to their lives and gender that they legitimately forget to disclose this information.

Sometimes, being out or not is not a choice. Transgender people who have not had genital surgery and must disrobe in urgent care settings may not have any control over disclosure. At other times, transgender people are accidentally or intentionally outed by someone who knows their gender history—whether their intentions are benign or malicious. Outing may also happen when transgender people have to produce documents that have their former names and/or gender markers on them, such as driver's licenses or health insurance cards.

READ MORE

In this e-pub*—

- Tips for Those Who Serve Victims: [Disclosure and Confidentiality](#)

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Transgender-Specific Issues

The Choices: Documentation

Changing name or gender on identity documents can be complex; there are more documents involved than you think. Even transgender people who want to change all of their documents are likely to have some discrepancies between documents because of state or agency laws prohibiting changes, prohibitive fees, not knowing that a particular document exists, or other reasons. It may also be impossible to change some documentation; for example, if another person owns that document (e.g., a nephew is listed in his uncle's will). Some states do not allow legal gender changes unless a person has undergone a particular surgery, further limiting transgender people's ability to change documents if they do not plan to have or cannot afford surgery.²²

Some states (or cities) will not change a birth certificate under any circumstances, others will change the name only and never change the sex, and still others will allow individuals to change both their name and sex. Some locations will amend birth certificates to add the new information, but will not remove previous information. Likewise, laws regarding changing name and sex on driver's licenses or identification cards vary by state.

Some transgender individuals may not want to change their documents or may have an identity that doesn't lend itself to changing documents (e.g., a person who cross-dresses on the weekends, or a bigender individual who moves between genders).

SOME DOCUMENTS TO CHANGE, OR NOT

- Driver's license or state I.D. card
- Car registration and insurance
- Credit and debit cards
- Credit reports
- Bank accounts
- Mortgage documents or leases
- Employment records
- Professional licenses
- Health and dental insurance
- Medical records
- Wills and care directives
- Durable powers of attorney
- School transcripts and diplomas
- Marriage license
- Children's birth certificates
- Military service records
- Veterans' Administration records
- Social Security records
- Birth certificate
- Passport
- Work visa
- Green card
- Government benefits cards
- Court documents, such as custody agreements or lawsuit paperwork



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Transgender-Specific Issues

The Nonchoices

Three areas that often have a profound impact on transgender lives are out of the control of transgender people:

- [Prejudice.](#)
- [Passing.](#)
- [Other people's choices or actions.](#)

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Transgender-Specific Issues

The Nonchoices: Prejudice

Societal prejudice against transgender people is pervasive. Rates of harassment, discrimination, and violence against transgender people are high, and most cities and states offer limited protection to transgender individuals who experience prejudice or violence.²³ Even in locations with protections, the existence of punitive laws only discourages discrimination, it does not prevent it. For example, transgender people may be leery of transitioning on the job out of fear of termination, even in states that have employment nondiscrimination laws, because cases of discrimination are legally hard to prove and expensive to pursue.

WHAT'S THAT MEAN?

- [FTM](#)
- [MTF](#)

MTFs are often nervous about being alone in public, concerned that they will be taunted, beaten, or even killed for simply walking down the street. FTMs may avoid locker rooms because they fear violence in these highly gendered and physically vulnerable spaces. Genderfluid individuals may not know when they will be confronted with "What are you?" proclaimed by a convenience store clerk.

Prejudice, harassment, and violence emerge in all aspects of life: on the job, in health care settings, in interactions with law enforcement, at home, at school, on the streets. When individuals are transgender and are members of other minorities, they are at even higher risk.

Slowly, transgender individuals are gaining more legal rights as well as greater societal understanding and acceptance. Unfortunately, prejudice against transgender individuals and their loved ones is still overwhelmingly powerful and is almost always outside of a transgender person's control.

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Transgender-Specific Issues

The Nonchoices: Passing

"Passing" refers to whether someone is perceived as female, male, or another gender. Everyone passes, regardless of whether the person identifies as transgender or non-transgender. Many transgender people strongly oppose the

presumption that all transgender people want to pass as either male or female. For many, gender identity and expression is not about conforming; these individuals consciously and intentionally present their gender in ways that do not conform to one of only two genders.

WHAT'S THAT MEAN?

- [FTM](#)
- [MTF](#)

How a person is perceived by others is not always consistent. For example, it's not uncommon for a transgender person in a department store to be called "ma'am" by one clerk and "sir" by another. People's unconscious inability to categorize a person's gender creates discomfort, which some shift onto the transgender person.

In general, but with numerous exceptions, FTMs pass as male more often than MTFs pass as female—when they are clothed. Undressed, FTMs are more vulnerable to abuse and discrimination because fewer of them have had genital surgery than MTFs (5 percent versus 20 percent, respectively).²⁴

RAMIFICATIONS OF NOT PASSING

On the street—

- Violence
- Ridicule
- Questions
- Rudeness

On the exam table—

- All of the above, plus—
- Refusal of provider to treat
- Refusal of insurance to pay
- Assumption of provider that all health problems are transgender related
- Refusal of transgender individual to seek or accept health or personal care services

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Transgender-Specific Issues

The Nonchoices: Other People's Choices or Actions

SOFFAs (significant others, friends, family, and allies) go through a transition of their own as they gain more information, work through their feelings, and figure out how their loved one's gender identity, expression, and journey affect them. Unfortunately, the public nature of a gender transition often results in SOFFAs also going through their transition publicly. In some cases, SOFFAs may be included in early discussions about gender and choices, but they may also be informed right before or even after a transgender person has begun to make physical, social, medical, or legal changes. SOFFAs face many of the same questions, unsolicited opinions, and acts of discrimination that transgender people do. Some SOFFAs are asked invasive questions about a transgender person's body because the person asking thinks it may be more polite to query a partner, friend, or family member than to ask the transgender person directly.

Just as transgender people can make choices about their lives, SOFFAs can and do make independent choices as well. When learning of a loved one's gender identity or desire to transition, a SOFFA has several choices:

- Connect with the loved one, accept the knowledge, and work toward making necessary cognitive and other life adjustments to continue in the relationship.
- Actively resist or oppose the transgender person's gender identity or transition plans.²⁵
- End the relationship.

Fortunately, for everyone involved, many partners stay together, many families continue to love and care about each other, and friendships prevail through new and sometimes challenging times. Yet the hard reality is that no person can make a choice for someone else. The choice a SOFFA makes is not within the transgender person's control.



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Resources

FORGE offers [publications](#), webinars ([archived](#) and [upcoming](#)), and in-person [training events](#) for professionals who work with transgender people. If you need direct, customized technical assistance, information, and referrals, contact FORGE via [e-mail](#) or phone (414-559-2123).

You can also find out about transgender issues through the following:

- **Transgender groups and professionals.** Find a local transgender group or other professional who specializes in transgender issues. Ask them to come to your agency to provide an inservice or training event.
- **Search engines (e.g., Google, Yahoo, Bing).** Be careful what you read, as not all Web sites fact check before adding content, but there is a great deal of information you will find if you look. Be mindful, however, that what one article or Web site states as fact may not be true for your client.
- **Listservs.** Every day new listservs emerge that provide direct, fast, and focused answers to questions and concerns. Some of these listservs are specific to those who work with (or want to work with) transgender clients.
- **Conferences.** Profession-specific conferences are more and more frequently offering trans-specific workshops. There are also many transgender-focused and transgender-sponsored conferences throughout the country. Most conferences offer programming for professionals in addition to providing workshops by and for transgender individuals and their loved ones.

Remember, if you are curious about transgender people, it is likely that other people in your organization are curious as well. When possible, offer learning opportunities to everyone in your workplace so that everyone has a shared knowledge set.

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² G. Gates, 2011, [How Many People Are Lesbian, Gay, Bisexual, and Transgender?](#), Los Angeles, CA: Williams Institute, accessed Jan. 24, 2013; L. Conway, 2002, "[How Frequently Does Transsexualism Occur?](#)" accessed Jan. 28, 2011.

³ Correspondence with [Tri-Ess](#).

⁴ Intersex Society of North America, "[How Common Is Intersex?](#)" accessed Jan. 28, 2011.

⁵ Ibid; A. Fausto-Sterling, 2000, *Sexing the Body: Gender Politics and the Construction of Sexuality*, New York, NY: Basic Books.

⁶ G.P. Kenagy, 2005, "Transgender Health: Findings from Two Needs Assessment Studies in Philadelphia," *Health and Social Work* 30(1).

⁷ Two-Spirit references historical multiple-gender traditions in some of the American Indian cultures of North America.

⁸ See Conway's "[How Frequently Does Transsexualism Occur?](#)" for more information on the difference between the rates of those who transition publicly in some way (e.g., medically) and the rough rates of those who do not.

⁹ L. Cook-Daniels, 2002, "[Transgender Elders and Significant Others, Friends, Family and Allies \(SOFFAs\): A Primer for Service Providers and Advocates](#)," paper presented at the 110th Annual Convention of the American Psychological Association in Chicago, IL, accessed March 20, 2013.

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¹⁴ J. Xavier, 2004, [*An Overview of U.S. Trans Health Priorities: A Report by the Eliminating Disparities Working Group*](#), Washington, DC: National Coalition for LGBT Health, accessed May 11, 2011.

¹⁵ See the World Professional Association for Transgender Health's "[Standards of Care](#)."

¹⁶ The three largest LGBT health centers follow informed consent protocols. See Fenway Community Health Center's "[Protocol for Hormone Therapy](#)," Tom Waddell Health Center's "[Protocols for Hormonal Reassignment of Gender](#)," and Howard Brown Health Center's [THInC](#) program.

¹⁷ Grant et al., [*Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*](#).

¹⁸ I.m. dickey, 2010, Non-suicidal self-injury in the transgender community, unpublished dissertation, University of North Dakota, Grand Forks.

¹⁹ Grant et al., [*Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*](#).

²⁰ A heteroflexible person is primarily oriented to people of the "opposite sex" but may be open to relationships with individuals of any sex or gender. Pansexual differs from bisexual in that it does not imply there are only two genders. Polyamorous individuals are capable of loving more than one person at the same time. Polyamory is consensual non-monogamy, which may result in different types of relationships.

²¹ R. Savin-Williams, 1989, "Coming Out to Parents and Self-Esteem Among Gay and Lesbian Youths," *Journal of Homosexuality* 18:1–2; I. Meyer, 2003, "Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence," *Psychological Bulletin* 129:5; M. Eliason, 1996, "Identity Formation for Lesbian, Bisexual, and Gay Persons," *Journal of Homosexuality* 30:3.

²² For a state-by-state listing, see Lambda Legal's "[Sources of Authority to Amend Sex Designation on Birth Certificates](#)."

²³ Grant et al., [*Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*](#).

²⁴ Ibid. FTMs who are or have used testosterone tend to have an overtly male appearance (e.g., facial hair, fat redistribution, deepened voices), whereas MTFs, even those who use estrogen, progesterone, or androgen-blockers, may not have any outward signs of a stereotypically female appearance.

²⁵ Some SOFFAs who initially adopt this stance end up accepting or even celebrating the transition.