The SAGE Encyclopedia of

TRANS STUDIES

Abbie E. Goldberg and Genny Beemyn

Editors

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The SAGE Encyclopedia of Trans Studies

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Edited by

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About the Editors

Abbie E. Goldberg is Professor of Psychology and Director of Women's and Gender Studies at Clark University in Worcester, Massachusetts. She received her PhD in clinical psychology from the University of Massachusetts Amherst. A central theme of her research is the decentering of any "normal" or "typical" family, sexuality, or gender, to allow room for diverse families, sexualities, and genders. For 15 years, Dr. Goldberg has been conducting a longitudinal study of adoptive families headed by female, male, and heterosexual couples. Dr. Goldberg also conducts research on the higher educational experiences of trans and gender-nonconforming individuals. She recently completed a longitudinal study of postpartum well-being in women with diverse sexual histories. She is the author of over 120 peer-reviewed articles and three books: *Lesbian and Gay Parents and Their Children: Research on the Family Life Cycle* (American Psychological Association, 2010), *Gay Dads* (NYU Press, 2012), and *Open Adoption in Diverse Families* (Oxford University Press, 2019). She is the coeditor (with Katherine Allen) of *LGBT-Parent Families: Innovations in Research and Implications for Practice* (Springer, 2013; 2nd edition 2020) and the editor of the *SAGE Encyclopedia of LGBTQ Studies* (SAGE, 2016). She is also the coeditor (with Adam Romero) of *LGBTQ Divorce and Relationship Dissolution* (Oxford University Press, 2019). Her books have received numerous awards. She has received research funding from a variety of sources, including the American Psychological Association, the Alfred P. Sloan Foundation, the Williams Institute, the Society for the Psychological Study of Social Issues, the National Institutes of Health, and the Spencer Foundation.

Genny Beemyn is the director of the University of Massachusetts Amherst's Stonewall Center and the coordinator of Campus Pride's Trans Policy Clearinghouse. Genny has published and spoken extensively on the experiences and needs of trans college students, including writing some of the first articles on the topic. They have written or edited 11 books/journal issues, including *A Queer Capital: A History of Gay Life in Washington, D.C.* (Routledge, 2014) and *The Lives of Transgender People* (Columbia University Press, 2011) with Sue Rankin. Genny's most recent book is an anthology, *Trans People in Higher Education* (SUNY Press, 2019). They are currently writing *Campus Queer: Addressing the Needs of LGBTQ+ College Students* with Mickey Eliason for Johns Hopkins University Press. Genny is also an editorial board member for the *Journal of LGBT Youth,* the *Journal of Bisexuality,* the *Journal of Lesbian Studies,* and the *Journal of Homosexuality*. They have a PhD in African American Studies and master's degrees in African American Studies, American Studies, and Higher Education Administration.

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Introduction

Trans people's lives, experiences, and perspectives are increasingly visible in society, yet rarely centered. Educational, health care, and legal systems, for example, have historically been deeply and fundamentally grounded in a gender binary and have focused on and reflected the needs and experiences of cisgender (cis; non-trans) people. Trans people have challenged this centering, pointing to the psychological, social, and physical harm it has created and perpetuated not only for trans people but for all people. Gender normativity, cisgenderism, and transphobia are fundamentally destructive forces in institutional, interpersonal, and intrapersonal domains. By contrast, gender inclusion, gender creativity, and trans affirmation have transformative potential, with the power to advance personal and societal liberation and resilience when they are centered in institutional, political, and social policy and practice.

The SAGE Encyclopedia of Trans Studies centers trans people and experiences across a wide range of disciplines. Scholarship about and by trans people has proliferated over the past few decades, in fields as diverse as history, education, sociology, film, literature, and medicine. In turn, the encyclopedia is a multidisciplinary and interdisciplinary collection with more than 300 entries. This encyclopedia aims to capture the "state of the field," covering broad areas and concepts (e.g., cisgenderism, health care discrimination, mental health), as well as more narrow and specific topics (e.g., chest feeding, geek culture, the military and military ban, social media influencers, sororities and fraternities). It covers organizations (e.g., interACT: Advocates for Intersex Youth, Lambda Legal, Transgender Law Center, World Professional Association for Transgender Health [WPATH]), people (e.g., Harry Benjamin, Chaz Bono, Jazz Jennings, Sylvia Rivera, Lou Sullivan), and events (e.g., Compton's Cafeteria Riot, Stonewall Riots) relevant to trans people. Its coverage emphasizes and is infused by an intersectional perspective, whereby trans identities and issues are considered in concert with other identities and social positions, including race, sexuality, and locale. For example, we have entries on Asian Americans, asylum, Black people, fa'afafines, immigration, Indigenous people, Latinx people, māhū, neurodiversity, racialized femininities, and racialized masculinities. We also aimed to capture the considerable diversity within and across "trans" by including entries that explore the vast array of identities and expressions under the trans umbrella. For instance, the encyclopedia covers agender people, crossdressers, drag kings, drag queens, nonbinary genders, and two-spirit people.

As editors, we aimed to consider trans people's experiences in diverse contexts and systems (family, workplace, school, legal, health care, child welfare) as well as across different life stages (youth, adulthood, older adulthood) and transitions (puberty, pregnancy, parenthood, death). We also center trans people's relationships, such as those with siblings, parents, partners, children, and mentors. In addition, we address key concepts and constructs (e.g., embodiment, feminism, resiliency, transnormativity), methodological issues (e.g., measurement issues, qualitative research, intersectionality in research), and debates (e.g., conversion therapy, gatekeeping in the transition process, religious acceptance). Other areas we examine are trans people's contributions to the arts (e.g., Canadian and U.S. artists, fiction, film, musicians, poetry) and to sports (high school, college, professional).

Some distinctive features of this reference work include the array of disciplines and approaches (conceptual, theoretical, applied, historical) represented and the inclusion of a wide range of contributors, including professionals in the field,

academics, activists, and writers. The text also benefits from often having entries written by the people behind the topics (e.g., the Trans Pride Flag entry was written by its creator; the entries on the Transgender Day of Remembrance, the International Day of Transgender Visibility, International Pronouns Day, and the International Conference on Transgender Law and Employment Policy were written by the founders of these events). In addition, almost all of the entries on trans and trans-supportive organizations (e.g., the American Civil Liberties Union, GenderPAC, Lambda Legal, the National Center for Transgender Equality, the Sylvia Rivera Law Project, the Transgender Law Center, the Trans People of Color Coalition, Transexual Menace, Tri-Ess) were written by leaders or former leaders of these groups.

Terminology

To have consistency across the encyclopedia, we asked contributors to use *trans* as an umbrella term for all individuals whose gender identity/expression is different from their sex assigned at birth, and thus *trans* includes both binary (e.g., trans women, trans men) and nonbinary (e.g., agender, gender fluid, genderqueer) gender identities. This definition is important, because nonbinary people are excluded from being "trans" by the growing use of the phrase "trans and nonbinary." Similarly, the increasing use of "trans*" as a way to be visibly inclusive of nonbinary gender identities has the effect of limiting "trans" to binary individuals. To further ensure that the diversity of gender identities was not ignored, contributors were asked to specify "nonbinary trans people" or "binary trans people" (or, in some cases, "trans women" or "trans men") if they were referring to the experiences of only one part of the trans community.

To respect the gender identities of the people profiled and cited, the contributors use the pronouns used by the individual. For historical figures whose pronouns are not known, the pronouns that best seem to fit their identity are used. Contributors were also asked to use the pronouns associated with a person's gender identity even when referring to their lives before they came out and socially or medically transitioned, as we recognize that many trans people see themselves as having always been gender nonconforming and self-identify before they disclose to others.

Background of the Encyclopedia

We, the editors, come from different disciplinary backgrounds (social sciences, humanities, and education), hold different professional roles (professor, administrator) at universities, and have a complementary set of research interests, skills, and professional and personal contacts. We began the background work for this encyclopedia by conducting online and personal bookshelf searches for texts on various topics related to trans studies. We sought to compile a list of potential topics that was not only representative of the field today but also cutting-edge and anticipatory of future research directions. As a result, there are topics about which a fair amount has been written (e.g., health care discrimination, misgendering) as well as topics that are newly emerging or long understudied (e.g., trans DIY, transmisogynoir, veterans). In determining what ground we would cover, we also sought to emphasize trans experiences across the life cycle, intersections between gender and other aspects of identity, and key contexts and systems that affect trans lives.

After establishing a nearly complete list of potential entries, we solicited further feedback from editorial team members and colleagues and also asked for their thoughts on potential authors for entries. We sought out accomplished researchers, scholars, and practitioners with established expertise on the given topic of the entry. The majority accepted, and some offered to write multiple entries. Some chose to enlist the help of coauthors, such as advanced doctoral students.

Invitations to contribute were sent out beginning in August 2019. The majority of authors were asked to revise their entries at least once. By August 2020, we had received final versions of all entries. The editorial team worked quickly and carefully, delivering feedback in remarkably little time, especially at the tail end of the project, when we had only a few remaining entries to review and edit. We are amazed at what has been accomplished—by authors and the editorial team—in just over 1 year. Indeed, many entries were due in February and March 2020—coinciding with the outbreak of COVID-19 and the upending of

many of our lives. This upheaval was amplified in the spring and summer, when the need to organize against police violence and demand racial justice in the United States and across much of the world added to the disruption and stress caused by the pandemic. Several editorial team members and a number of contributors withdrew their participation, and some entries were not finished by their original deadlines or even by revised ones. But most contributors persevered, and we are extremely grateful that they saw the value of this project to such an extent that they stayed with it and completed their work despite the obstacles. To say that this book was executed and completed under challenging circumstances is a tremendous understatement. Yet we are delighted with the final product.

The Audience

We want undergraduate students to be able to use this volume. We also want graduate students and scholars whose work centers on or includes trans experiences to learn from this encyclopedia. We would like policymakers and activists to draw on the many important topics in this encyclopedia as well, using it as the basis for their transformative work. We are hopeful that scholars in law, psychology, anthropology, history, family studies, social work, counseling, medicine, and other fields—who may know little about many of the topics—will read and incorporate the information into their thinking, writing, and teaching. We are hopeful too that librarians and other university staff and administrators will find this collection to be a useful and interesting tool for advancing their own understanding of these issues and for informing the work that they do. And importantly, this book is for trans individuals who are seeking a resource where they are at the center of thinking, theorizing, and research, instead of at the margins.

Organization of the Entries

Topics are in alphabetical order, from Academia to YouTube. Some topics are far-reaching and multifaceted (e.g., activism, discrimination, mental health) and thus are addressed in multiple entries. Long entries (those that are about 3,500 or 5,000 words in length) are broad in their conceptual scope and cover significant and well-researched topics in the field. Medium-length entries (about 2,000 words) address topics that are narrower in scope or about which less research has been done. Short entries (about 1,000 words) focus on a specific issue, person, or organization or describe a newer topic in the field. Appendices list important archives, journals, websites, books, and articles in trans studies.

Acknowledgments

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Abbie E. Goldberg and Genny Beemyn

A

Academia

Academia is a term for the environment or community where individuals and groups pursue research, scholarship, teaching, and learning. Academia typically refers to activities that occur within colleges and universities and is both a physical location and a sociocultural production—that is, processes that generate norms, practices, and values. While there is much variability within academic organizations within the United States and beyond, across these varied organizational contexts, there are common components, such as being home to fields of study; a hierarchy among students, faculty, and staff; and the multiple missions of academic organizations.

Academia is an important location for knowledge production about trans lives and experiences, although it is not the only source of such knowledge. Additionally, academia is a space for trans community building. Yet, many trans students, faculty, and staff have negative experiences within academia. As a result, academia is a site of both possibility and constraint for trans people. Possibilities for trans people within academia center on two primary areas: knowledge production and policies and practices. Constraints for trans people within academia derive from the presence of multiple systems of oppression and uneven efforts to address the needs of trans faculty, staff, and students. This entry explores the growth of both possibilities and constraints for trans people within academia, specifically addressing the duality of trans knowledge production and trans-affirming policies and practices.

Possibilities Within Academia

Knowledge Production

Academe holds much possibility for trans people, primarily through knowledge production about trans lives in traditional disciplines like psychology and medicine and in interdisciplinary fields like public health, women's and gender studies, and trans studies. Across areas of study, the development of scholarly communities within academia has increased knowledge about trans lives and led to trans experiences being addressed in affirming, life-giving ways. Faculty members, in concert with student activists, have created space for trans-supportive knowledge production, such as through advocating for archives, journals, and academic departments.

Various fields of study benefit from trans archival and library resources. The largest collection is the Transgender Archives at the University of Victoria in Victoria, British Columbia, which began in 2007 and consolidated various collections, including the Reed Erickson collection and the University of Ulster's Transgender Archive. Other important collections include the University of Michigan's National Transgender Library and Archives, which was dedicated in 2004, and the Digital Transgender Archives, which began in 2016 and was based at Northeastern University as of 2020. Additionally, some universities, like the University of Houston and Cornell University, have LGBTQ+ archives with significant trans content. These repositories have been instrumental in collecting and preserving the histories of trans people.

But similar to other archives, trans archives tend to consist mainly of the histories of white middle- and upper-class individuals and organizations.

Although trans research is included today in a number of academic journals, few journals focus on trans experiences. Two notable trans-specific journals are *TSQ: Transgender Studies Quarterly* and the *International Journal of Transgender Health*. *TSQ* is a peer-reviewed journal that publishes interdisciplinary work on the diversity of gender, sex, sexuality, embodiment, and identity. The *International Journal of Transgender Health* (formerly known as the *International Journal of Transgenderism*) is the journal of the World Professional Association for Transgender Health (WPATH) and offers a multidisciplinary approach to the field of trans health.

Trans Studies

Trans Studies represents a significant possibility for trans people, both inside and outside academia. One potent possibility of Trans Studies is the way the field shifts the narrative of mostly cis authors writing about trans lives to trans people creating knowledge, histories, and culture about their own communities. Sandy Stone's 1987 germinal essay "The Empire Strikes Back: A Posttranssexual Manifesto" marked a key turning point in knowledge production about trans lives. More specifically, Stone was one of the first academics to speak from her lived experience as a trans person, rather than non-trans people writing about trans experiences. Prior to Stone's work, trans people shared stories via autobiographies, but these texts were not necessarily included in the academic literature. While there was scholarly interest in trans lives prior to the late 1990s, that interest had a cis gaze; in other words, prior scholarship typically examined trans lives from the perspective of non-trans people. A shift in knowledge production began in the late 1990s as a part of the larger sociocultural movement for greater recognition of trans lives and experiences.

Care for Trans Populations

The growth of medical and psychological interventions for trans people in the United States occurred within the context of academic settings in the 1960s. For those who could access them, these options provided life-saving medical treatment. Innovations in gender-affirming medical care started in other countries many years prior. Although not affiliated with academia, Magnus Hirschfeld began performing medical interventions for trans people as early as the 1920s through his Institute for Sexual Science in Berlin, Germany. Academia—both historically and today—has served as a critical training ground for clinical staff working with trans patients.

Throughout the 1960s, 1970s, and 1980s, many of the leading voices writing about the emergence of what was called *transsexualism* were medical providers, psychologists, and psychiatrists. These clinicians, including such notable scholars as Harry Benjamin, John Money, and Robert Stoller, were overwhelmingly white and male, and much of what they contributed to the academic literature framed trans people in highly medical and pathologizing language.

In addition to his research and writing, Money was principally responsible for the founding of the first gender clinic in the United States, which began at Johns Hopkins University in 1966. Several other academics and academic organizations also helped create gender clinics. Of the university-based clinics that started in the 1960s and 1970s, only a few, including those at the University of Minnesota, the University of California–San Francisco, and the University of Michigan, remain as of 2020. Some university-based gender clinics began significantly later, such as the one at the Oregon Health and Science University, which opened in 2015. Gender clinics represent an important way that academia has bettered the lives of trans people. While these facilities historically engaged in significant gatekeeping and severely limited access to their services, the development of university-based gender clinics enabled thousands of trans people to receive life-giving care.

Research Projects and Centers

Research projects and centers that address LGBTQIA+ issues generally, and trans issues specifically, bolster knowledge production about trans lives. Within the United States, the Social Cognitive Development Lab at the University of Washington conducts research about trans lives within the

broader context of social psychology and related fields. Similarly, the Social Perception, Attitudes, Mental Simulation Lab at San Francisco State University conducts social science research, of which trans projects are a part. Within medicine, the Lesbian, Gay, Bisexual, and Transgender Medical Education Research Group (LGBT MERG) at Stanford University's School of Medicine conducts research about medical curricula. In terms of public policy and the law, Vanderbilt University is home to the interdisciplinary LGBT Policy Lab, and University of California–Los Angeles hosts the Williams Institute.

There are multiple centers concerned with LGBTQIA+ health issues, including the Center for LGBT Health Research at the University of Pittsburgh, the Center for LGBT Health Equity at the University of Southern California, the Australian Research Centre in Sex, Health and Society at La Trobe University, the Lavender Lab at American University, and the IMPACT LGBT Health and Development Program at Northwestern University. Additionally, the University of California–San Francisco and Stanford University began conducting a longitudinal study of LGBTQIA+ health in 2015, which is slated to last 10 years.

As of 2020, there are no LGBTQIA+ research centers across the continents of Asia and Africa, and much of the LGBTQIA+ research conducted within African contexts was completed by U.S., European, or Australian universities. For example, a study of Malawians' attitudes about LGBTQ+ people was conducted by a Malawi doctoral student studying at the University of Bergen in Norway. Outside the United States, it has been more common for nonacademic organizations to conduct research about LGBTQIA+ life, such as the Japan LGBT Research Institute, the Center for Applied Research on Men and Community Health in Vietnam, and the Health Education and Research Association in Macedonia.

There are only a few trans-specific research groups. These include the Trans Research Lab at the University of Wisconsin–Madison, which focuses on mental health research with trans people, and the University of Arizona's Trans Studies Research Cluster, which has its own faculty members in trans studies and produces the journal *TSQ: Transgender Studies Quarterly.*

Trans-Affirming Policies and Practices in Academia

Nondiscrimination Policies

In addition to academia's knowledge production, higher education has played a role in advancing policies and practices that lessen discrimination and increase the livability of trans lives. As a result of academic activism and the advocacy efforts of trans and non-trans people, more than 1,000 colleges and universities in the United States have nondiscrimination policies that include gender identity as of 2020. While these policies can be challenging to enforce and do not necessarily change the culture of an institution overnight, their enactment signals an important shift by recognizing that trans people are subject to discrimination and thus in need of specific policies that address the unique forms of oppression they face.

Coverage of Medical Interventions

According to one estimate, as of February 2020, fewer than 100 U.S. colleges and universities cover gender-affirming surgeries and hormones for trans students under their student health insurance policies, and another couple dozen cover only hormones. More than 50 colleges offer transition-related health care for faculty and staff. These policies represent an important possibility for trans students and staff, but the relatively small number of colleges that provide this coverage indicates the amount of work that still needs to be done. The growing number of colleges and universities that cover gender-affirming medical care is another example of how trans and non-trans activists and advocates have worked together to create change within academia. Knowledge produced within higher education spaces, such as the adverse consequences for trans people of not receiving transition-related treatment, is often used in efforts to change policy and practice.

Gender-Inclusive Housing

In addition to providing trans-supportive medical care, at least 272 U.S. colleges offer gender-inclusive housing as of February 2020. These institutions have created housing units, such as suites, apartments, residence hall floors, or buildings,

where students can have a roommate(s) of any gender. Developing gender-inclusive housing can be difficult in some cases because of the physical architecture of buildings and the lack of gender-inclusive bathroom and shower facilities. But, on some campuses, creating gender-inclusive housing can simply involve designating some residence hall rooms as available to students without regard to gender.

Chosen Name Policies

Another important area of possibility for trans students is the ability to have the names they use for themselves, rather than their dead names (i.e., birth names), appear on campus identification, course rosters, learning management and administrative systems, and campus directory listings. As of 2020, at least 260 colleges enable students to use their chosen names on campus records, but most do not allow a similar change to campus IDs. Increasingly, trans students can indicate their pronouns in course software systems and change their gender markers on campus documents without first needing medical intervention. Taken together, trans-inclusive nondiscrimination policies, transition-related health coverage, and the ability to change their names and gender markers on campus records all improve trans students' academic experiences.

Supportive Spaces

LGBTQ students and staff have successfully advocated for the creation of supportive spaces on campuses, particularly for the establishment of LGBTQ centers. In 2020, there were more than 175 stand-alone LGBTQ campus centers and more than 75 within women's/gender equity or cross-cultural/diversity offices. Most of these centers are housed within Student Affairs, and their primary aim is to serve students' needs through advocacy, social and educational programming, support to individuals and campus groups, and leadership development. These centers contribute enormously to the advancement of trans-affirming policies and practices, catalyzing many of the changes described in this entry.

Trans students have also created supportive spaces for themselves by founding trans student groups and by making LGB student groups trans inclusive. The first LGB student groups to formally include trans people in their names and mission statements and the first trans-specific student groups were formed on college campuses in the late 1990s and early 2000s. Increased trans inclusiveness occurred as a result of greater public visibility of trans people on campuses and efforts by trans activists to change LGB student organizations. However, some of the newly named LGBTQ student groups marginalized their trans members by misgendering them and continuing to focus exclusively on sexuality-related issues. Not until the 2010s did many LGBTQ campus organizations become truly trans inclusive due to the growing number of trans students in these groups and a growing awareness of trans experiences among cis LGB students.

Constraints Within Academia

Knowledge Production

Knowledge production also represents a constraint for trans people within academia. Fields like psychology, medicine, and public health have done significant harm to trans communities. For example, trans people historically and currently report being denied health care, misrepresented in research, and abused by physical and mental health providers. Additionally, trans people are affected by the broader constraints within academe related to knowledge production, including peer-review publication processes and research funding availability. As mentioned earlier, there are few peer-reviewed journals dedicated to knowledge about trans lives, and the most prestigious journals in nearly all fields are unlikely to have any trans or trans-knowledgeable board members. Peer-reviewed academic journals rely on expertise from their respective fields, but there may be few available trans scholars in some fields. This means that scholars producing knowledge about trans experiences often face barriers in the publication process.

In terms of funding, few grants are designed to support trans research. Also, much of the LGBTQIA+ health research in the United States is funded by the National Institutes of Health (NIH). Federal research grants like those from the NIH tend to be awarded to larger public and private research universities and prioritize particular types

of research. Smaller institutions and scholars who are in the humanities or using qualitative or emergent methods are disadvantaged by the current design of the research enterprise within academe.

Curricular Exclusion

In addition to the direct harm done by providers and researchers within higher education, academia is the primary training site for professionals in nearly all fields, including medicine, law, public health, psychology, and social work. Yet, few courses include content about trans lives. In most professional preparation programs, there is little LGBTQIA+ content and rarely opportunities to learn about serving the needs of trans people. In some cases, the LGBTQIA+ content for professional training programs is delivered by faculty in Women's and Gender Studies or related fields. This can pose a challenge for these departments, which are typically small and chronically underfunded, so providing "service" courses forces them to forgo offering courses for students within the major. A further problem with the "service" course model is that the content remains at a fairly introductory level, given how little most non-trans students know about trans people. Thus, despite there being a great deal of knowledge about trans life within academe, scant attention is paid to this knowledge within many fields. The little content about trans people that is included within the curriculum provides insufficient information (and sometimes misinformation) and is disconnected from the lived experiences of the trans people whom these fields should be serving.

Anti-Trans "Feminists"

An additional constraint within academe is that even fields that would seemingly be trans supportive, like Women's and Gender Studies, are not necessarily hospitable spaces for trans people and research in trans studies. A small but well-organized group of trans exclusionary radical feminists (TERFs) within British, Australian, and U.S. academe have made it their mission to undermine trans scholars and write scathing attacks on trans people. Often aligned with conservative groups, TERFs seek to delegitimize trans experiences, especially trans women's credibility. Academia continues to employ TERFs, and academic presses continue to publish their work, despite being clearly discriminatory in their rhetoric and practices.

Lack of Mentorship

A final challenge in knowledge production is the fact that relatively few faculty members have a depth of understanding about trans lives and experiences to enable them to mentor younger generations of scholars. Some institutions do not have any trans-knowledgeable faculty, while others have only a handful in a limited number of departments. The lack of available mentorship constrains the kinds of knowledge that can be produced within academe. Undergraduate and graduate students are often forced to look for mentors and research advisers outside of their fields or even outside of their institutions, which creates obstacles to their work. On the whole, there is great potential for knowledge production within academia, but often it is stalled, fragmented, or limited.

Trans-Negative Policies and Practices in Academia

As much progress as academe has made in terms of creating policies and practices to support trans students, faculty, and staff, too few institutions have taken up the trans-inclusive practices outlined by experts in the field. Academia still has a long way to go to achieve research, scholarship, teaching, and learning communities that provide space for trans liberation and increased life chances. While over 1,000 institutions have added gender identity and expression to their nondiscrimination policies, this represents only about a fourth of U.S. degree-granting colleges and universities, so most trans people in academia still have no recourse if they experience mistreatment. Although nondiscrimination policies have never completely eliminated discriminatory practices, their symbolic function matters. Such policies send a signal that trans people are worthy of respect and inclusion, which can translate to better experiences for trans students, faculty, and staff.

Variable Experiences Within Academe

Trans faculty, staff, and students are subjected to discrimination and harassment within academia in

a variety of ways. For example, trans faculty and staff may experience a hostile work environment because of non-trans students' oppressive behavior. For trans students, non-trans faculty and staff may engage in oppressive behavior that negatively affects their living, learning, and student life environments. Given this variability, efforts to combat anti-trans hostility must similarly take a range of approaches.

But strategies for improving trans people's experiences in academia have been constrained, as the focus has been largely limited to creating policies and practices that address the specific needs of trans students. While such changes are critical to ensuring student success, these efforts must also include staff and faculty. Trans staff and faculty need to have institutional policies and practices in place that can address the discrimination they may experience from students or other employees, and non-trans staff and faculty need to be better trained on trans-inclusive policies and practices to help limit this discrimination.

While a significant amount of education about trans issues and lives occurs within academe, it has not resulted in a fundamental shift in how gender is understood. Changing how non-trans people think about, and therefore engage with, gender as a cultural phenomenon would increase the livability of trans lives and lead to greater liberation for trans people in academe.

Erich N. Pitcher

See also Archives; Campus Policies/Campus Climate; Campus Residence Halls; College Undergraduate Students; Gender Clinics in the United States; TERFs; Trans Studies

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ACLU

See American Civil Liberties Union.

Activism

Trans activism refers to purposeful efforts to improve the lives of trans people through making change to law, policy, societal attitudes, living conditions, and other factors that affect equity, justice, and quality of life. Activism necessarily implies an orientation toward changing the status quo and, because of its broad scope, can sometimes include strategies and approaches that conflict with one another. Trans activism has led to legal rights and cultural shifts. Past activism has also modeled behavior, actions, and coalition building that contemporary trans activists use as inspiration and guidance. Activism is important in the trans community to create positive change and as an end unto itself. Trans activism itself is a collection of efforts and works to create positive outcomes for trans people. This entry addresses definitions, types, and histories of trans activism; describes issues in 21st-century trans activism; and discusses important challenges related to the subject.

Defining Trans Activism

Trans activism includes a wide range of activities that involve advocating for the recognition, rights, and life chances of trans people. Generally, activism refers to efforts for social reform. Because it is grounded in social change, activism fundamentally resists the status quo. In the 21st century, the status quo for gender rights is inherently cisnormative and transphobic. Cisnormativity and transphobia are global phenomena, although how these dimensions of oppression manifest around the world vary. Trans activism seeks to disrupt and ultimately dismantle cisnormativity and transphobia in the service of trans rights and life chances.

Among trans communities, it is broadly agreed upon that trans activism is by, for, and about trans people. Some trans activists have picked up a slogan rooted in disability activism: “Nothing about us without us,” which means that efforts related to a minoritized group must include participation by that group. Activism that does not include trans people or is not trans driven is not likely to be considered trans activism, even if its goal is to support trans people. Such efforts might instead be considered trans *allyship*. That said, much trans activism over the past several decades has overlapped with other groups’ interests. For example, some activist efforts in support of trans people are done under the banner of LGBTQIA+ activism, such as AIDS activism and expansion of nondiscrimination policies.

Trans activism includes strategies and efforts small and large, coordinated or independent. Activism may constitute a constellation of planned activities intended to complement each other or individual, even spontaneous, bursts of action. Because of the conflict between global cisnormativity and transphobia, on one hand, and the need to dismantle these ideologies to advance trans rights and life chances, on the other hand, trans activism is necessarily grounded in resistance. Activities that trans activism can entail include but are not limited to protests, demonstrations, letter-writing campaigns, legal actions, marches, riots, boycotts, education, artistic creation, and fundraising. These activities are often done through formal or informal coalitions of individuals and organizations. Many such coalitions, from not-for-profit organizations to less formalized collaborative groups, exist to build capacity for and advance trans activist goals. Other activist efforts are conducted individually. Over the years, some activists have been recognized for their work individually and as part of coalitions.

An important aspect of trans activism is intersectionality. An *intersectional* approach to trans activism considers how multiple systems of domination (e.g., racism, classism, ableism) connect and overlap with transphobia and cisnormativity to create additional harms against trans people who are part of multiple minoritized social groups, especially trans people of color. Many trans activists operate under the banner of intersectional efforts. Because intersectional trans activism focuses on social reforms that address multiple dimensions of oppression, some critics have suggested it is not trans activism because it is not specific only to trans people.

This conflict between intersectional and nonintersectional trans activists characterizes a broader conflict in trans activism. Because of the wide range of what constitutes trans activism, some individual activists and organizations disagree as

to what should be labeled as trans activism. Furthermore, the diversity of people who are trans means that activism by and for one group of trans people may be considered in opposition to another group of trans people. Such conflicts are an important aspect of trans activism in the 21st century.

Some Arenas of Trans Activism

Some of the specific areas in which trans activism has advanced rights and life chances for trans people include but are not limited to law and policy, medicine and health care, education, media, and sports.

Law and Policy

The arena of law and policy constitutes many trans activist efforts, in part because laws and policies implicate many other domains. For example, laws can dictate whether medical practitioners can prescribe gender-affirming treatments and hamper or enable trans people to access educational and recreational facilities. Major areas within the arena of law and policy include decriminalization, antidiscrimination, facilities, and documentation. Decriminalization points to laws that either overtly or subtly criminalize trans lives. For example, anticrossdressing laws criminalize trans existence by requiring people to wear certain amounts of clothing "consistent with" one's assigned sex. Although most trans people are not crossdressers, these laws originated in the 19th and 20th centuries before the contemporary language and culture shifts that have come to recognize the diversity of trans identities. Police would invoke these laws and require trans and other gender-nonconforming people to take off their clothes in efforts to degrade and humiliate. These laws have faded over time through activism in the form of legal challenges regarding individuals' liberty to present more freely.

Efforts to expand antidiscrimination policies within state (i.e., government) and private (e.g., businesses) enterprises represent policy activism to broaden the protection of trans people from discriminatory practices in housing, employment, service, and more. These efforts occur at various levels. Large organizations like the National Center for Transgender Equality conduct such advocacy through a range of legal and educational efforts. Small, even informal groups, such as student organizations, host events and engage with policymakers to broaden existing antidiscrimination policies and/or create new, trans-inclusive policies. Some of these organizations and coalitions also lobby for the expansion of hate crimes laws to include crimes against trans people. Some trans activists, however, have resisted expansion of hate crimes laws because of how such measures serve an inherently oppressive legal system, including what is sometimes called the prison-industrial complex. This tension between working on behalf of trans people within existing systems, oppressive as they are, and refusing to participate in oppressive systems is an example of a difference in activist approaches to intersectionality.

Antidiscrimination policies and the access to and use of facilities are closely linked. For trans people, access to facilities often centers on the availability and use of changing rooms, restrooms, dormitories, and other spaces that are separated by gender. Because many trans people are nonbinary and/or do not fit cisnormative assumptions regarding gender appearance, facilities that are male and female specific leave trans people open to discomfort and even harassment and violence. State and private entities have sought to clarify trans people's use of facilities in inclusive and exclusive ways alike. Trans activists have responded to trans-exclusive facility policies, sometimes called "bathroom bills," through law and policy lobbying; electoral political action; journalism, blogging, and other storytelling to raise awareness; and boycotts of businesses that enforce transphobic, cisnormative facility access.

Documentation refers to personal identification and organizations' recognition of individuals' demographic information, including gender and/or sex. The ability, or inability, for a trans person to change their legal gender on their birth certificate, passport, or other documents is a major example in this arena. Documentation also encompasses how organizations apply gender markers and names to individuals in databases and other information systems. Through activist efforts, such as awareness raising (e.g., trans-inclusive trainings, workplace education) and direct action (e.g., protests, legal actions) to change institutional and state policies, trans people have successfully shifted many organizations' capacity to properly gender and name people in various documents and communications.

How laws are carried out, not just how they are written or intended, affects trans lives. For example, where there are ambiguities in state law regarding sex or gender markers on IDs, individuals within state government can choose to restrict trans people's access to changing their identification. Such restrictions made legally through mundane or everyday decision making are described as "administrative violence." Trans activists, such as Dean Spade, have sought to address administrative violence against trans people by drawing attention to these mundane decisions and seeking redress through new or adjusted policy.

Medicine and Health Care

Medicine and health care policies and practices are highly relevant to trans lives and thus have been an important arena for trans activism. Gender-affirming health care practices include hormone replacement therapy and certain surgeries, including procedures colloquially known as "top surgery" (chest reconstruction) and "bottom surgery" (gender-affirming procedures concerning genitals). These procedures are widely considered essential for many trans people's well-being. Expanding safe, affordable access to gender-affirming medical care and increasing medical practitioners' understanding of gender-affirming practices have been key issues for trans activists. Activism in this area has included trans providers and scholars presenting on relevant topics and providing trainings in their organizations and professional societies, as well as trans community organizations and individuals pushing medical practitioners to adjust practices and policies and lobbying for law and policy changes vis-à-vis health care.

Not all trans people require or even desire medical interventions related to their gender presentation, but all trans people do interact with the institutions of health care and medicine for the range of health care treatments. Efforts to support accessible, affordable, trans-affirming medical care include and transcend gender-affirming procedures specifically. Trans activism thus also aims to expand practitioners' capacity to affirm and care for trans people as patients dealing with the same range of medical conditions that cis people face.

Education

Education encompasses formal education, such as early childhood through postsecondary education, and informal education spaces such as museums and the arts. Trans activism has focused on the inclusion of trans individuals as students and teachers as well as on the content of what is taught. Activism in the education arena overlaps with other areas. For example, access to trans-inclusive facilities is vital for students, who spend large portions of their time in schools, and access to trans-affirming health care is needed for teachers and school administrators. The education area includes its own trans activism as well, from specific contexts like trans-inclusive sex education to the general expansion of concepts of gender in the curriculum and administrative practice. Activism by and on behalf of trans people is a way to ensure the well-being of trans people in schools and to educate other students and teachers by expanding their ideas about gender and the cisnormative binary categories of women and men.

Much activism in education advocates for trans-inclusive curricula. These efforts include teaching about trans history and the contributions to society of trans individuals. Trans inclusion can also manifest through educational activities. For example, a teacher may encourage students to reflect on their identities and the identities of their family and friends in regard to gender or may provide service learning opportunities with trans advocacy organizations. Trans activists urge these curricular efforts through school boards, laws regarding education, and direct contact with teachers and educational administrators.

Sex education is a major focus of activist attention. Trans-inclusive sex education rejects binary categories of sex, sheds cisnormative expectations regarding how individuals' bodies develop through puberty, and includes information about managing transition, such as healthy use of binders and puberty inhibitors. Providing trans-inclusive sex education is broadly seen as a trans activist effort and is carried out by organizations like Planned Parenthood. Additionally, in some regions and municipalities, trans-inclusive sex education is integrated into school curricula. For example, Ontario, Canada, briefly required trans-inclusive sex education in the 2010s before

right-wing politicians and trans-exclusive feminist groups reversed that policy.

Beyond curricular change, trans activists and educators seek to dismantle the gender binary and other cisnormative assumptions in schooling. For example, trans scholars, educators, and activists have challenged the use of binary gender reporting in the teaching of statistics. Through emergent scholarship in the late 20th and early 21st centuries, trans scholar-activists have advanced knowledge on how to support trans students from kindergarten through higher education. Furthermore, many activists create and share stories, fictional and nonfictional, about trans people and communities with schools and educators to promote the broader inclusion of trans perspectives and lives in education.

In higher education settings, trans students participate in activism through a variety of means, such as LGBTQIA+ organizations, meetings with institutional leaders, and campus committees. These activist efforts provide opportunities for trans college students to learn about organizing and strive to make their institutions more affirming.

Media

The effort to create and share stories about trans people transcends education. Many trans people have created film, television, music, journalism, books, art, and other media that tell trans stories. In media, trans activism largely constitutes a push for diverse representations that reject stereotyping and other harmful portrayals of trans people. Although trans representations existed in media prior to 2000, widespread efforts to spotlight trans stories, hire trans talent for these stories, and challenge cis people's (mis)representations of trans lives largely emerged in the 21st century. Notably, in the 2010s, Laverne Cox became the first openly trans person in the United States nominated for an Emmy Award in an acting category (for her role in the television show *Orange Is the New Black*); Janet Mock, trans media creator and activist, released her bestselling memoir, *Redefining Realness;* and a number of trans-related television shows and films premiered, including the television show *Pose,* which had the most trans writers, producers, and actors of any program, and the film *Tangerine,* whose main characters are trans sex workers played by trans actresses Kitana Kiki Rodriguez and Mya Taylor.

Trans activism through media is characterized by artists and activists engaging in storytelling, awareness raising, and advocating via various media platforms for trans rights and life chances. For example, Laverne Cox used her celebrity status to raise awareness of the story of CeCe McDonald, a Black trans activist who was imprisoned for defending herself against and killing a transphobic, racist attacker.

Sports

Trans activism in sports relates primarily to the ubiquitous binary gender categorizing of athletic competition. That is, because the vast majority of amateur and professional sports contests are sex segregated, with sex determined by cisnormative rules, trans participants are all but excluded. Even the Gay Games has discriminated against trans athletes. But despite these instances of exclusion, many trans athletes still train and compete locally and/or through organizations that practice trans inclusion. Such participation in the face of attempts to sideline trans people in sport is an activist effort, as are efforts to raise awareness about trans athletes and gender diversity more generally and to change the policies of sport governing bodies to enable trans people to compete.

Examples of Trans Activism in History

Scientific Advancement

In some contexts, scientific research can constitute activism. The early 20th century saw major strides regarding the science of gender diversity that challenged Western notions of the gender binary. Pivotal to these discoveries was the Institut für Sexualwissenschaft, or Institute for Sexology, founded by Magnus Hirschfeld in Berlin, Germany, in 1919. Although Hirschfeld was not trans, the Institute employed trans people and performed some of the gender-affirming medical interventions that trans people sought. In the 1930s, Adolf Hitler denounced Hirschfeld, and Nazis destroyed the Institute. Some of the Institute's work continued, both through the training of doctors who would later advance trans-affirming medicine and through case descriptions of trans people, some of which were included in Hirschfeld's 1910 book *The Transvestites*. Scientists and physicians thus

engaged in activism on behalf of human rights and dignity.

Social Networks

In the mid-20th century, informal and formal social networks of trans people in the United States emerged, creating a foundation for collective action. In the 1940s, Louise Lawrence, who would, in the 21st century, be recognized as a trans woman, developed correspondence networks with people who were arrested for crossdressing and housed people seeking trans medical care in San Francisco. Virginia Prince, a self-described transvestite who was part of Lawrence's social network, went on to build an even broader network in the 1950s. In 1952, Prince and other transvestites published *Transvestia: The Journal of the American Society for Equality in Dress,* a newsletter that would be the first of many political, awareness- and solidarity-focused publications produced by, about, and for trans people. Newsletters and zines would continue to be major sources of sharing trans art, poetry, stories, and news for decades to come. In the 1960s, Prince founded the Foundation for Personal Expression, which later transformed into the Society for the Second Self, or Tri-Ess. These organizations formalized the social networks Prince and other transvestites had created. In the wider social context of McCarthyism in the United States and violence against queer people, forming these networks constituted radical activism and, in fact, risked legal consequences to the activists.

The late 19th and 20th centuries also witnessed the emergence of drag ball culture. Ball culture involved young people dressing up and was especially prominent within Black queer communities. Throughout the 20th century, ball culture provided social spaces in which people could play with gender and develop social networks connected by gender nonconformity. Resistance and activism might be expressed in these contexts through dress and dance, but it was no less political in nature than the street protests that symbolized trans activism in the 1960s.

Riots, Protests, and Demonstrations

Spontaneous and planned responses to police violence represented some of the most visible moments of trans activism in the mid-20th century in the United States. The Stonewall Riots in particular are famous for their role in trans history and LGBTQ+ history more broadly. Prior to Stonewall, however, there were protests against police at Cooper Do-nuts in Los Angeles in 1959, Dewey's in Philadelphia in 1965, and Compton's Cafeteria in San Francisco in 1966. In the cases of Cooper's and Compton's, police harassed patrons, many of whom were street queens, sex workers, and/or gay men, until the patrons fought back. Following the riot at Compton's Cafeteria, participants in the resistance and other allied individuals returned a second night and, in time, incited further organizing through organizations such as the youth organization Vanguard and the peer support group National Transsexual Counseling Unit. At Dewey's, the management began refusing to serve gender-nonconforming youth, until customers staged sit-ins and picketed outside the restaurant.

Likewise, Stonewall marked an important historical moment for trans activism, as well as the beginning of further organizing. In the early morning of June 28, 1969, police raided the Stonewall Inn in New York City's Greenwich Village, and the bar patrons who were allowed to leave remained outside, eventually resisting and fighting back against police. Many trans people were involved in the riots, including notable trans activists Stormé DeLarverie, Marsha P. Johnson, and Sylvia Rivera. It is believed that DeLarverie, Johnson, or another drag queen or crossdresser (as many trans people were described at that time) was the first to fight back against the police at Stonewall. After hours of fighting with police in the morning of June 28, groups of trans people, street youth, gay men, and others who had frequented Stonewall and other area gay bars returned to the site the next night to protest and continued to do so in the nights that followed.

Protests continued as visible activism efforts in subsequent decades, through movements such as antiapartheid, AIDS activism, Arab Spring, Occupy Wall Street, and Black Lives Matter. Although none of these were specific only to trans people, trans activists rallied to many of these and other contemporary causes to address multifaceted issues such as anti-Black police violence and wealth inequities.

Organizing

In some ways, trans organizing dates back to Hirschfeld's Institute for Sexology, but it increased exponentially in the 1960s, especially after the riots at Compton's and Stonewall. Conversion Our Goal (COG), for example, was founded in San Francisco in 1967 and served as a support group, connecting trans people to resources and to each other. In New York City, among the organizations created in the months after Stonewall was STAR (Street Transvestite Action Revolutionaries), founded by Johnson and Rivera. Through STAR, Johnson and Rivera aimed to safely house and care for homeless trans youth and to resist and protest police violence. STAR lasted from 1970 to 1973, but Johnson and Rivera continued agitating for trans youth and drag queens within the gay liberation movement for the rest of their lives.

The Gay Liberation Front (GLF) was one of the best-known organizations to emerge after Stonewall. New York City GLF activists planned the Christopher Street Liberation Day March in 1970 to commemorate Stonewall, and several U.S. cities followed suit. These first-anniversary recognitions of the riots in time spread worldwide and spawned organizations that celebrate June as Pride Month. Although trans people were integral to resistance at Stonewall and part of what was described as the gay liberation movement, they were purposefully sidelined within GLF and other gay organizing of the time. Trans organizations like STAR and the Queens Liberation Front (QLF) took the mantle of centering trans people in their efforts.

The sidelining and exclusion of trans people in gay and lesbian groups, as well as in feminist organizing, continued for the rest of the 20th century and, to a lesser degree, into the early 21st century. Trans organizing in this time period involved both creating trans organizations and agitating for inclusion in gay and lesbian and other organizations. In the 1990s, 2000s, and 2010s, many gay organizations changed their names and sometimes missions to be more trans inclusive, although transphobia persisted in some of the organizations that had appended a "T" to their use of "LGB."

Trans people continued to build organizations in the service of trans rights and resistance. Trans activism grew exponentially in the 1990s with the creation of a wide range of organizations, including the American Educational Gender Information Service (AEGIS), founded by Dallas Denny, and Transexual Menace and, later, the Gender Public Advocacy Coalition (GenderPAC), founded by Riki Wilchins. Through AEGIS, Denny circulated information about trans issues and hosted large conferences and gatherings. Transexual Menace was a protest group, and GenderPAC lobbied for trans rights laws and policies.

Vigils and Remembrances

Transexual Menace, a direct action group founded in New York City in 1994, was involved in protesting and holding vigils for trans people killed because of their gender identity/expression. One such victim was Brandon Teena, a white transmasculine person who was murdered by transphobic assailants in 1993. The 1998 murder of Rita Hester, a Black trans woman, spurred Gwen Smith to create a website to honor trans victims of violence; the website later evolved into the Transgender Day of Remembrance, a day that memorializes those killed in anti-trans hate crimes and calls for trans activism internationally.

Storytelling

In the early 1990s, trans author and activist Leslie Feinberg published two works that proved foundational for trans life in the years to come: hir memoir-style novel, *Stone Butch Blues,* and the political manifesto, *Transgender Liberation: A Movement Whose Time Has Come.* Queer studies, which offered intellectual bases for trans existence, emerged around this time in academic circles and set the foundation for scholarship and the later emergence of trans studies as an academic field. In and outside of the academy, trans stories were increasingly told by trans people, in contrast to much of the 20th century, when trans lives were described in medical, pathological, or legal terms by non-trans people.

The emergence of massive online social networks such as Tumblr, Twitter, Instagram, and Facebook in the 2000s and 2010s enabled individuals and groups to use online platforms to tell stories, advocate, and connect. On these platforms, hashtags (i.e., keywords that follow the # symbol) enabled connections between posts. Site

users employed hashtags such as #TransIsBeautiful and #GirlsLikeUs to advance positive, affirming images of trans people. Social media also presented a new forum to challenge people, including elected officials and celebrities, who promoted cisnormativity and transphobia. Finally, trans people have used social media websites to build social networks, which enables greater connectivity among trans people and more opportunities for activism in the community.

Benefits of Trans Activism

The goals of trans activism are to expand rights for and improve the lives of trans people. These goals benefit trans people's capacity to live and thrive. Furthermore, the expansion of rights for trans people benefits cis people. For example, some people who experience harassment because of their gender expression are cis; that is, although the person is not trans, they may be mistaken as trans by a transphobic aggressor. Using harassment and violence to enforce cisnormativity can extend beyond trans people to anyone who expresses gender outside traditional binary norms of femininity and masculinity. Manifestations of transphobia and cisnormativity can thus harm cis people, so eradicating anti-trans oppression is also in their interest.

Research finds that trans people who participate in activism experience positive psychological and social benefits. Coalitions of trans activists create a sense of community for those involved that may not have been fostered otherwise. Historically, those coalitions enabled trans people to create social networks that began through arrests and other acts of police violence and private business exclusion, such as the protests at Cooper Do-nuts and Stonewall. Such community, and the positive goals for trans people they work toward through activism, can support trans people's social connections and positive sense of self. The emergence of digital forms of activism, including social media campaigns and virtual community organizing, enables 21st-century trans activists to mobilize more quickly and on a larger scale than was possible when trans activist movements began. Even with the affordances of technology, however, contemporary trans activism relies on its heritage of courage and resistance in the face of a cisnormative and transphobic status quo.

Responding to this status quo creates an inherent paradox in trans activism: Participating in activism can benefit trans people, yet it requires emotional, relational, and physical energy as well as time focused on transphobia and cisnormativity, rather than simply living one's life in a state of equality and justice. Encouraging trans people to involve themselves in activism for the benefits therein ignores that such activism is a response to the harms of cisnormativity and transphobia. Although trans activism is beneficial, ultimately dismantling aspects of society that necessitate activism would be more beneficial.

Conflicts in 21st-Century Trans Activism

Trans activists in the 21st century are presented with some conflicts that play out across arenas and types of trans activism. Generally speaking, conflicts are rooted in representation and the diversity of identities and priorities within trans activism, as well as in the overlap (or lack thereof) with other groups and issues.

A challenge that arises in activism is that trans people who hold majoritized identities (e.g., white, wealthy) often dominate discourses and priorities related to trans activism, to the detriment of others in the community. This dynamic can lead to the erasure of trans people of color, especially Black trans people, and other trans people with multiple minoritized identities. Such erasure can include ignoring those communities' priorities and marginalizing the people themselves within activist efforts.

The differences between goals can emerge in a variety of ways. One example is related to inclusion in the military. Some U.S. trans activists advocated to lift the ban on trans servicemembers in the Armed Forces. Other trans activists opposed this effort, arguing that allowing the military to become trans inclusive would strengthen what is called the military–industrial complex and concomitant harms against minoritized people globally. This difference exemplifies conflicts between trans activists who seek inclusion in all spheres of life and trans activists who embrace an intersectional approach to fight against all forms of oppression.

Efforts to challenge the military–industrial complex point to trans activism that overlaps with

other groups' activism. Likewise, many trans activists partner with non-trans people in the service of issues such as immigration, policing, and environmental justice. For example, many trans people supported actions by Black and Latinx organizations in the United States to protest against police violence, incarceration, and immigrant detention, noting that Black and Latinx trans people experience considerable harm through the criminal justice and immigration systems.

Robert L. Hill and Kristen A. Renn

See also Black Lives Matter; Community Building; Compton's Cafeteria Riot; Cooper Do-nuts Riot; Feinberg, Leslie; Gender on Legal Documents; Health Care Access, Legal Issues; History; Identity Politics; Johnson, Marsha P.; K–12 Policies/Climate; LGBTQ Movement, Trans Inclusion In/Exclusion From; National Center for Transgender Equality; Nondiscrimination Laws, Federal, State, and Local; Online Communities; Rivera, Sylvia; STAR; Stonewall Riots; Transexual Menace; Transgender Day of Remembrance; Women's Movement, Trans Inclusion In/Exclusion From

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Adoption and Foster Care

The majority of trans people describe adoption or foster care as their preferred way of becoming a parent—however, little is known about the actual number of current trans adoptive and foster parents (in comparison to lesbian and gay adoptive and foster parents: for example, in 2007, it was estimated that lesbian and gay parents are raising 4% of adoptive and 3% of foster children). While adoption and foster care are the ideal pathways to parenthood among trans people, there are a number of financial, legal, and logistic barriers that they must navigate. Trans people represent a significant pool of potential parents for a large population of children in need, along with possessing unique strengths as prospective adoptive/foster parents.

According to the U.S. Department of Health and Human Services, in 2017 there were over 400,000 children in the foster care system, 60,000 of whom were legally adopted, with 70,000 remaining available for adoption that year. Each year in the United States, the majority of children who are adopted are done so through the foster care system, with about a quarter of adoptions occurring internationally and a tenth being adopted domestically (outside of the foster care system). Based on a combination of representative U.S. surveys in 2007, over 2 million LGB people want to become parents through adoption or foster care and 111,000 LGB parents are currently raising adopted children, with thousands more parenting children from the foster care system. Some experts have emphasized that these numbers are great underestimates. Although the current number of trans adoptive and foster parents is unknown, the majority of trans people describe adoption and foster care as their ideal method of becoming a parent.

Among childfree trans people, adoption and foster care is described as the ideal pathway to parenthood, and this trend is on the rise. The majority of trans youth see adoption or foster care as how they envision becoming parents, with many not even considering biological parenthood. For some, adoption may not be their first choice, but is it the most realistic and feasible option due to the availability and functionality of their or their partner's reproductive systems (i.e., they understand that hormonal therapies would need to be delayed

or stopped due to the negative impact on sperm production and ceasing of the ovulation cycle). Many trans people describe their main motivation for wanting to become adoptive or foster parents as a way to give back to children in need and contribute to wider society.

There are a number of ways that trans people can become adoptive or foster parents, each with its own unique strengths and barriers. Trans people can become adoptive or foster parents as a single individual or in the context of a couple. The adoption process can take different forms, depending on the type of adoption agency. Typically, potential parents can work with either of two different types of agencies, public or private. Public agencies typically work within local or state child welfare systems. With public agencies, birth parents have lost their legal rights to their children, which often results in a lack of involvement of the birth family in the placement process. In addition, public agencies are more likely to have children who have higher rates of special needs or trauma-related challenges and are typically older. In contrast, private agencies facilitate both domestic and international adoptions. These agencies typically involve the birth family in the adoption process, often making decisions regarding potential adoptive parents. Last, private adoption is typically more expensive than public adoption.

Unlike adoption, foster care is not a permanent placement and does not always include the opportunity of future adoption. With foster care, agencies prefer to place children with biological relatives or family members first before allowing for permanent placement or adoption. Currently, over 400,000 children are in the U.S. foster care system, with about a quarter available for adoption. Owing to an insufficient number of qualified foster parents compared to the number of children, a quarter of these children will turn 18 years of age before having a permanent placement. It is important to note that children in the foster care system tend to be considered "higher risk," since they are more likely to be older, have a history of childhood trauma and abuse, have higher rates of mental and physical health difficulties, and more often require more specialized care and services. Last, it is important to note that foster care is less of a financial burden compared with adoption, which can make this pathway to parenthood more feasible.

Barriers to Adoption or Foster Care

Even with the availability of adoption and foster care, trans people face a number of barriers to becoming parents through these methods. In general, society has negative views about trans people as parents, typically based on heterosexist and cissexist beliefs that children need both a mother and father who are cisgender. In one study, participants reviewed descriptions of potential adoptive parents, with the only differences being the parent's sexual orientation or gender identity. In general, heterosexual cisgender parents were rated ideal, with the trans parents being the least preferred, especially among those who held more negative views toward trans people. These negatively held views of trans parents are reflected in many laws and policies regarding adoption and foster care.

A number of legal and policy level barriers affect potential trans parents. Currently in the United States, there are no federal legal protections for gender-based discrimination toward trans people. Being trans is not in itself a reason for agencies to deny services or refuse to work with potential parents, but owing to a lack of federal legal protection, agencies can make these decisions based on personal beliefs or opinions. As of 2020, 11 states allow state-licensed adoption and child welfare agencies to deny placements or refuse to work with trans people based on their gender identity. Only 24 states, along with Washington, D.C., prohibit discrimination toward potential parents based on gender identity. Among the remaining 26 states, 4 have protections regarding sexual orientation but not gender identity, and 22 states have no explicit legal protections based on gender identity or sexual orientation. Many agencies are willing to work with trans potential parents, but many trans people understandably (i.e., based on their experiences with discrimination in the broader society) believe that discrimination is pervasive and worry that they will face discrimination in the adoption process.

For those who decide to begin the process of becoming an adoptive or foster parent, they first need to find an agency willing to work with them. Even if an agency is willing to work with trans people, there remains the fear that other individuals within these agencies, the family court system, or birth families will discriminate based on gender identity. Because of these fears, trans people may

decide to conceal their gender identity—although there are legal and practical implications of this nondisclosure.

Legal professionals generally see early disclosure as important to facilitate the adoption or foster care process. The process, which involves stringent background checks, including medical and mental health histories, could result in the discovery of a person's gender identity. Many agencies require disclosure of all personal information at the beginning of the adoption or foster care process, which would include gender identity. If not disclosed prior to signing a contract with an agency but discovered later, that could be a violation resulting in termination. In contrast, some legal scholars have discussed that requiring disclosure could be an invasion of a person's privacy. Some couples have found additional ways to navigate nondisclosure, such as in a situation where one partner is trans and the other is cisgender. In this situation, the cisgender person could go through the adoption or foster care process as a single parent, without disclosing the presence of a partner. This would result in the trans parent not being legally recognized as a parent or guardian to the child. In sum, fears regarding disclosure, experiences of discrimination, and lack of legal protections can result in potential trans parents being apprehensive or deciding not to pursue parenthood through adoption or foster care.

Unique Strengths of Trans Adoptive or Foster Parents

Although trans people have reported perceiving and experiencing barriers in attempting to become parents through adoption or foster care, there are a number of potential strengths that trans people bring to being adoptive or foster parents. For example, trans people are more willing to adopt or foster children who are older and have behavioral difficulties, physical disabilities, and mental health diagnoses, compared with their heterosexual cisgender and sexual minority peers. In addition, trans people are comparatively more open to adopting or fostering sibling groups, which would allow more children to remain with members of their birth families.

There are two additional groups—namely, children of color and LGBTQ children—for whom trans people could provide unique personal support. Due to trans people's being aware of, and often having had, negative experiences associated with these identities, trans people are in the unique position to relate to and understand these youth. Therefore, trans adoptive parents can provide valuable insight into these children's personal needs, along with being able to provide personal validation of these children's experiences. This is important given that, in the U.S. child welfare system, racial and ethnic minority children are disproportionately represented, specifically non-Hispanic Black children. According to the Adoption and Foster Care Analysis and Reporting System, in 2017 these children made up 23% of all children currently in the foster care system, although they comprise only 14% of the general population. Interestingly, trans people are more open to adopting or fostering a child of color, along with being more likely to identify as nonwhite, compared to their cisgender peers. Currently in the United States, over half of the adopted racial and ethnic minority children in the child welfare system have been adopted by white identified parents. Although controversial, some discuss potential issues with transracial adoption—specifically, whether white parents are the best adoptive parents of racial and ethnic minority children. Since one quarter of the children in the child welfare system identify as nonwhite, trans people represent a potential parent population with similar racial and ethnic demographics. Another statistically high population in the child welfare system are LGBTQ youth. In a study published in 2019, 30.4% of the youth in the foster care system identified as LGBTQ, along with 5% identifying as trans. Compared with the general population, LGBTQ youth are three times more likely (11.2% of general population) and trans youth are five times more likely (1.2% of the general population) to be in the child welfare system.

Conclusion

For trans people, becoming a parent through adoption or foster care is often seen as the preferred way to become a parent. With thousands of children in need of loving homes and thousands of potential trans people interested in becoming parents this way, trans people are a deeply undervalued

population in regard to the child welfare system. Negative assumptions or myths regarding trans people's capabilities as parents, along with the institutional discrimination trans people may face from adoption agencies, the child welfare system, and the legal system, cause millions of potential parents to be denied their right to become parents. With a strong commitment to becoming parents through adoption and foster care and the potential to fill multiple gaps within the child welfare system, trans people are an extremely underused resource available to the child welfare system and thousands of children in need.

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See also Decisions to Parent; Reproductive Health; Parenthood, Transition to

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Affirmative Therapy

For many years, therapists have often been perceived by trans people as gatekeepers to transition. Doctors would not write a hormone prescription without a referral letter from a mental health specialist; surgeons would not perform transition-related surgeries without a similar referral letter. Viewed in this light, many trans people did not consider that therapy might be beneficial beyond providing referral letters. This entry addresses what affirmative therapy might look like, beyond providing letters leading to treatment with hormones and surgery.

There are few populations as diverse as trans people. (Trans people cannot even agree on terminology, as some will not use the umbrella term *trans*.) The only thing this population has in common is calling into question birth gender assignment. What does affirmative therapy look like, then, for a population this diverse? Are there any commonalities in the therapeutic process from one client to the next? Absolutely.

Beyond the diversity of the population, another consideration is the complexity of the transition process. Few processes rock the lifeboat as thoroughly as transition. The changes that an individual undergoes may be dramatic externally, with the client looking completely different some years into transition. The changes may be completely internal and just as dramatically deep for the trans client whose path does not include physical transition. Yet again, there are indeed commonalities in the therapeutic process across diverse trans clients.

A point of reassurance: Nothing stays the same, everything changes, and none of the decisions belong to the therapist. The job of the therapist is not to diagnosis identity or to proclaim, "This is who you are." Imagine lining up a group of people and going down the line proclaiming certain people are gay or lesbian while others are not. Although that may sound ludicrous, the presence of the diagnostic category Gender Dysphoria in the American Psychiatric Association's fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*) implies the notion that therapists can diagnose a trans person's identity.

The diagnosis of identity belongs to the client. The job of the therapist is to facilitate the process

and to provide clients a safe space to conduct the necessary exploration from which to make an informed decision about who they are. Deep self-exploration, going back to their earliest childhood memories of gender emergence, requires trust and centeredness. The job of the therapist, then, is to create the safe holding space for the client to access, the space that allows them to bring painful, upsetting, or overwhelming memories and current experiences into the moment.

The Therapeutic Setting

People whose identities are marginalized become vigilant in assessing the safety of their surroundings. Here are things a trans client might look for (either consciously or not) in assessing a therapist's office for emotional safety.

First, the building infrastructure itself. On their initial visit to a therapist's office, it is likely the trans client will notice the bathroom signage down the hall. How gendered is it? The caution that new clients always feel may be heightened for the trans person by bathrooms labeled "Men" and "Women" with no indication of awareness of trans or nonbinary identities.

Second, the waiting area. How neutral is the color scheme regarding gender? If there are magazines, what titles are they? Anything LGBTQ is a good sign, especially if it is current. However, having one copy of a 3-year-old magazine sends entirely the wrong message, one of tokenism. Are there any posters or artwork that show support for all kinds of identities?

Third, the therapy office. Is the therapist sitting in a position of equality with the client? Similar chairs? Is the therapist behind a desk? Again, clients who are marginalized have a heightened awareness of power differentials.

Fourth, the intake paperwork. Reassuring to a trans client, for example, is paperwork that states: What pronoun would you prefer I use for you in my chart notes? Even more reassuring is not asking about gender on initial paperwork at all, as this allows for a matter-of-fact conversation with all clients during the first session. This lets trans clients know that the therapist is not on autopilot about gender.

The therapist can then discuss how various insurance companies handle gender, that there may be a need to misgender a nonbinary client because of the constraints of the billing system, and that the therapist recognizes pronouns and names may change over time and the client should let the therapist know if their pronouns shift, or they would like to try out a new name for a time, or that they have chosen a new name. The conversation itself is an intervention, normalizing that the therapist is aware that birth-assigned gender is not fixed reality.

The therapeutic alliance is the most important factor in working with any client. All the trans-supportive infrastructure in the world is not going to create that spark of connection that leads to excellent work.

The Therapist's Personal Gender Exploration

This raises the important issue of the actual therapist. How much internal work has the therapist done in assessing their own gender? "Informed about who they are" requires the client to do deep soul-searching into the nature of gender, gender roles, gender expression, how they feel about the gender they were assigned at birth, and whether there are aspects that work for them while others do not.

The question underlying all this exploration is, "What form of transition away from my birth gender assignment is right for me?" The therapist who has done similar self-exploration will be of greatest benefit to trans clients. If the therapist identifies as cisgender, is this identity based on self-exploration or an automatic assumption?

In many cultures, gender is viewed as fixed reality, automatically matching certain genital configurations. Gender is assumed at birth from a cursory examination of the baby's physicality. Often these days, this pronouncement is made before birth, based on an ultrasound examination. The baby is gendered before seeing the light of day and sometimes is feted with a gender reveal party while still inside the womb.

Some parents are now making the logical connection: Since there are trans people having to transition, this means the gender assigned them at birth was inaccurate. How, then, can one accurately assign gender at birth? Such parents have brought gender into consciousness as a social process, not a

fixed reality that automatically correlates with genitalia. It is precisely this paradigm shift about the nature of gender that is required of the therapist who works with trans clients. Here are some exercises that can help facilitate this paradigm shift:

- If the therapist has access to a multistall public bathroom that is open to men and women alike, experiment with using it and note the resulting emotions.
- If the therapist lives in an area where it is legal to use whichever bathroom fits their identity, regardless of their physicality or mode of dress, experiment with using the "wrong" bathroom and note what emotions arise.
- A cisgender, male-identified therapist might dress as a woman and move through the world in various social situations, doing their best to be seen as a woman, not as a man in a dress. Note the difference in social interactions and boundaries, as well as the resultant emotions.
- If the therapist cannot be seen as a woman, they will be seen as a man in a dress. Note the resultant social interactions and emotional responses.
- A cisgender female-identified therapist might attempt to be seen as an adult man. (This may require not speaking in public.) If the therapist has experience with theatrical makeup or know someone who does, adding facial hair will augment this experiment. Note the resultant social interactions and emotional responses.

These experiments are designed to highlight the nature of gender as a social process. Social boundaries, particularly with strangers, derive in part from unconscious assessments of gender. Bringing the system into consciousness as just that, a system, will help the therapist understand a trans client's challenges.

These exercises can only give a glimpse, as the cisgender therapist is not changing their hormone balance. Shifting from being estrogen based to testosterone based or vice versa changes one's perspective completely. People do not want to believe they are little more than a series of chemical reactions; those who have transitioned with the introduction of hormones understand how profoundly hormone balances affect the filter through which humans experience the world emotionally and intellectually.

Cisgender women who have been pregnant, have gone through menopause, or had erratic periods have experienced changes in their hormone balance, allowing a glimpse of what it feels like if the balance changes significantly. Cisgender men who have taken testosterone to boost low levels may remember experiencing an increase in energy and mental alertness, as well as a heightened sense of centeredness.

Testosterone and estrogen are naturally occurring hormones present in all humans. Those who transition physically are changing the dominant hormone in their body. Aspects of this process may resonate with the cisgender therapist, allowing a point of identification with a trans client's process as they shift hormone balances.

Whatever modality resonates with a particular therapist, their job is to help a client reframe past experiences in service of defining the future. There are few cultures that welcome and celebrate trans identity; most trans clients have been raised within a culture that denigrates, mocks, or denies their identity. Helping them redefine gender as an innate identity issue, one only they can address, will help them develop the self-esteem and centeredness required to make the best decisions about transition.

Whether physically transitioning or not, whether nonbinary or claiming "he" or "she" as a pronoun, all trans clients will find their path smoother if they own their identities as being just fine. A therapist who models a matter-of-fact attitude of identity exploration as a good thing, regardless of where the journey takes the client, is giving the client precisely what they need from their early transition therapist.

The Therapeutic Alliance

One paradox of transition is that the closer the relationship between a trans client and a friend or family member, the less likely it is they can turn to that person for unconditional and congratulatory support during early transition. Initially, the friend or family member is going through their own transition process. The friend or family member has to let go of the old before they can be expected to embrace the new identity. This entails some form of loss and grief process—not a time for providing congratulatory support.

The close intimacy of the therapeutic alliance may provide the trans client with the one person who will congratulate them unreservedly when they reach each milestone—the legal name change, the ID card or driver license with the right gender, coming out at work or school, the first date—whatever the milestone is, the therapist experiences no grief in facing it with them. Therapy affirms the journey, wherever it leads.

Transition is an overwhelming journey for any client to consider. An analogy useful to share with trans clients is this. Transition is like driving down a dark deserted road at night. The headlights only illuminate the next 50 feet. Others have traveled this road, yet the client is alone on the journey. They can travel 1,000 miles down that road only ever seeing the next 50 feet. What a leap of faith to undertake the journey—and what a gift to a therapist, to be a companion along the way toward blossoming.

Reid Vanderburgh

See also DSM; Gatekeeping in the Transition Process; Gender Affirmative Model; Gender Labels; Therapist Training; Therapy/Therapist Bias; WPATH

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Agender People

Agender is a gender identity term that can be defined as "without gender." Conceptualized outside the gender binary, agender is most often included under the category of nonbinary gender identities, which, in turn, exists under the larger trans umbrella. Agender is most similar in meaning and use to other gender identity terms that signal an absence of gender, such as genderless, gender neutral, and neutrois. Current understandings of agender people have arisen from both the scientific literature and community-based forums, which provide more nuance than current research can offer.

Scientific Literature

The scientific literature rarely speaks about agender people as a distinct group. Rather, it highlights their experiences alongside genderqueer, genderfluid, and gender-nonconforming individuals and as part of the larger nonbinary umbrella. Research focused on nonbinary identities has worked to distinguish the unique experiences of nonbinary people from those of binary trans people (e.g., trans men, trans women), who are more consistently studied. The literature on nonbinary identities largely aims to understand a marginalized experience (nonbinary) within a marginalized experience (trans). Thus, scholars study how agender and other nonbinary people conceptualize their identities outside the binary. Research also speaks to how agender people negotiate their identities socially, noting that the disclosure of an agender identity is likely met with questions, bias, and microaggressions. Often the underlying assumptions behind these reactions serve to question whether agender is a legitimate identity, suggest that agender people are not "sufficiently" trans, or otherwise force agender individuals to have to defend the legitimacy of their experience.

Qualitative, identity-based research focuses on how agender people make meaning of their gender. For example, agender people often describe having no internal gender or state that their gender is nonexistent. Many also explain that they are not attached to gender, that gender is not salient to their understanding of self, or that their identity is not modified by gender. In addition to characterizing their gender using these more traditional agender explanations, agender people in a recent study also described their gender using five other types of terminology: binary, nonbinary, blended, fluid, and transgender. Although sometimes participants did use binary language (female/male or feminine/masculine) to describe their gender identity, they did so to convey the ways that these terms, even combined, did not quite capture their identity. Similarly, some participants explicitly used nonbinary terminology to convey that their identity did not reside anywhere on a continuum between female and male. Participants also described their gender identity using blended terms, where gender was described as being "both" female and male, or as a blend or mix of the two, and fluid terms where the central characterization of their gender identity rested in flexibility and change (across time and context). Finally, agender participants used transgender terms (e.g., FTM, trans, transmasculine) as a way to describe their identity.

Research shows that many trans individuals use multiple labels for their gender, and this is true for agender people as well. Agender people may exclusively use the term *agender* to describe themselves, or they may simultaneously use multiple labels (e.g., agender, nonbinary, trans). Often individuals will shift usage of labels strategically in order to negotiate across different social situations. The approach to studying agender people reflects this complexity. While agender people are most often included in research studies and grouped with people of other nonbinary identities, they may also be included in studies of trans individuals, where people of all non-cis identities are grouped together.

Demographically, the research on agender people has suggested that nonbinary individuals (inclusive of agender people) tend to be younger than other individuals in the trans community. However, it is important to note that the majority of the research that includes the experiences of agender people has been conducted online, often recruiting participants from social media outlets, such as Reddit, Tumblr, and Facebook, that provide support and community for agender individuals. It is not surprising, then, that the most nuanced and up-to-date understanding of agender people can be gleaned from community and online resources.

Community Literature

Agender people use social media sites in a variety of ways: to build community, gather and share information, vent about microaggressions, and as a tool for visibility and identity affirmation. In their personal accounts, agender users convey the difficulty of coming out and being recognized as an agender person when there are so few cultural markers to make their identity intelligible to others. Agender people are heterogeneous in their gender presentation and pronoun use. However, many people internalize universal norms that equate agender with androgyny or body dysphoria, leading users to ask questions like, "Do I look agender?" or "Am I trans enough?" In the absence of formal organizations or in-person community resources, online communities provide invaluable educational resources.

On one hand, there is a great need to bridge scientific and community literatures and for the scientific literature to account for the diversity of agender populations. On the other hand, studying agender as its own identity category may not be the best methodological or theoretical solution either. Because agender people may use multiple labels (and because many others do not have access to this term), comparing agender people with other nonbinary identities may not produce clear results. As more identity categories proliferate and shift how people articulate and experience gender, researchers must find ways to capture agender people's experiences without relying on identity categories that may or may not account for the totality of trans lives.

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See also Gender Binaries; Gender Labels; Microaggressions; Nonbinary Genders; Transgender as a Term

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Aging

Aging is typically understood to mean the changes that occur, over time, in a living organism—or the degradation of function that accompanies the passage of clock time. The fields that study aging are divided into two general areas: geriatrics (the medical/psychological facets of aging) and gerontology. The field of gerontology is divided into three subareas: *biomedical aging* (the study of biological age-related changes in the body), *psychosocial aging* (the study of age-related psychological and social changes over time), and *health planning and social policy* (the study of aging as it relates to such areas as Medicare/Medicaid, Social Security, end-of-life challenges, and health care disparities and access).

Trans people face many of the same aging-related challenges as other individuals. However, they also have many unique ways of experiencing the consequences of aging. With the current presence of the first large cohort of out, trans-identified mid- to late-life individuals (i.e., trans boomers), understanding the challenges and needs of the members of this community has become increasingly important from both a biomedical and a psychosocial viewpoint. While trans people face many of the same aging-related challenges as cis individuals, trans people also have distinctive ways of experiencing the repercussions of aging.

Given the need for brevity and a lack of data, it is difficult to cover the global trans aging experiences in this entry. Consequently, this entry focuses on Western experiences, for which there are more data. It is through the lenses of gerontology and geriatrics that trans people's aging experiences are considered.

Who Are Contemporary Trans Elders?

This entry considers the age of entrance into the elder population to be 65 years. The Administration on Aging states that the U.S. population of persons 65 years or older numbered 39.6 million in 2009 (the latest year for which data are available). By 2030, it is projected that there will be about 72.1 million older persons in the United States. The National Institute on Aging global projections for the 65-years-or-older cohort are 524 million in 2010, with this number expected to increase to 1.5 billion in 2050.

It is difficult to provide an accurate estimate for the number of trans elders in the United States. There are many reasons for the absence of reliable population data on the trans elder community, including difficulties in identifying members of the population, trans people's hesitancy to self-identify as such, and trans erasure in many data-gathering instruments. As a result, identification of the trans population is challenging. Indeed, the trans-identified population is itself dynamic; in the past three decades, with the advent of more reliable surgical and hormonal interventions, more people are making the decision to transition from their birth sex or gender to an identity more consistent with who

they see themselves to be. Moreover, since 2000, some older adults, even into their 70s or later, are increasingly choosing to align their genital sex with their gender self-perception. Thus, even within the current cohort of trans elders, there is a diversity of life experience. This diversity will continue to broaden and grow as younger members of this community emerge and pioneer new labels. It is, however, possible to make some general population estimates.

Using 1999 U.S. Census data and an estimate of 3% to 7% transgender population prevalence, Tarynn Witten, a scholar in transgender aging, estimated that there were approximately 347,000 to 1,041,000 trans-identified persons in the United States over 65 years of age. Based upon more recent 2010 population estimates, Witten has argued that the U.S. population estimates should be revised to be between 1.2 and 2.8 million trans-identified individuals over 65 years of age. Others have estimated that the transgender population is only 0.3% prevalence, which means that the population estimates range from 409,702 to 1,229,106 over the age of 65. There is little information available to make population estimates for trans elder populations in other specific countries.

Social Factors in Aging

Context

Extensive research indicates that a significant proportion of today's trans-identified individuals have grown up within a biomedical and psycho-sociopolitical context of violence and abuse. Persons who identify as "gender variant" are frequently subjected to a variety of forms of discrimination (e.g., age, employment, financial, medical), stigma, sexual violence, and elder abuse, as well as hate crimes. Such discrimination has historically been reinforced by the inclusion of *transgender* as a mental disorder in the past editions of the *Diagnostic and Statistical Manual of Mental Disorders* for diagnostic classification (transgender is now replaced with the term *gender dysphoria*). Surveys of trans adults aged 50 years and older found that more than one third of respondents had experienced discrimination in health care. Eighty-three percent had suffered one or more experiences of abuse (e.g., physical, mental, financial, self, sexual), many before the age of 18 years. More than 70% had thought about or attempted suicide. Moreover, given that many of the current elders of the trans population grew up in this adverse biomedical and psycho-socioeconomic environment, they tend to be fearful and/or unwilling to interact with health care providers as well as other systems-level entities such as law enforcement or religious organizations.

Ageism and Its Consequences

Western elders are often discriminated against as a consequence of their actual chronological age or because of how old they appear. For example, some potential employers may believe that elders are "too expensive" to pay for, that elders cannot "perform" certain predefined tasks, or that they have a longer learning curve than younger potential employee candidates. Trans elders face these and additional barriers in employment. Many jobs depend upon how a person looks; consequently, "passing" may be important. Transphobia can limit job availability, thereby diminishing hiring potential.

Different age cohorts are now appearing in the trans community. Cohort effects are important in understanding ageism and other factors within the gender-nonconforming community. Trans elders often hold viewpoints that come from different life histories. For example, words like *queer* may mean different things to different generational members. This can create intergenerational conflict and thereby generate subsequent ageist perspectives that may propagate within the trans community. Complicating matters is the intersectionality of ageism and trans identity with racism and other isms. While there is increasing research concerning these intersectionalities, much more needs to be known.

Social Support Networks

There is abundant gerontological research literature supporting the importance of social networks in aging. These networks may involve birth families, legal families, families of choice, friends, individuals from various social organizations (clubs, religious organizations, service organizations, health care systems), and other support individuals such as caretakers and health caregivers. It is well known that individuals with stronger social support networks are less susceptible to the

negative consequences of aging. However, identifying as trans often profoundly affects network structures and can actually increase susceptibility by altering or reducing network structure and connectivity.

Family Structure and Function

Many of today's trans elders came out after their children had reached adulthood and left home. For some of these elders, their family members were supportive of the transition while others suffered strains and even breaks in family connectedness. Estimates from recent large cross-sectional research studies suggest that 40% of the overall community has never been married and as much as 55% of respondents have no children. Further, research by Karen Fredriksen-Goldsen, a scholar in LGBT health and aging, as well as research by Tarynn Witten, suggests that between 25% and 30% of trans-identified individuals live alone. To compensate for social network loss, many trans elders created families of choice. Yet over 30% of Witten's respondents stated that they did not know who would take care of them in the event of a major illness or when the need arose.

Religiosity/Spirituality and Faith Support Networks

The importance of spiritual/religious networks in the lives of the elderly cannot be overestimated. There is an enormous research literature on this subject. This importance is also true for those who identify as trans. However, trans identification can bring an individual into direct conflict with religious institutions, many of which see trans identities as sinful. Trans-identified individuals belong to a diverse array of religions and faiths, and issues facing religious involvement within the trans-identified community are complex. Positive religious and spiritual experiences can enhance resilience, reduce stressors, and create important social networks. Negative religious experiences can result in the opposite—heightened risk factors and more negative physical and mental health outcomes. Indeed, trans individuals have been denied funereal rights, ostracized publicly in front of their church, abused in religious nursing homes, and denied access to last rites and even to the spiritual support of their former churches.

Friendship and Intimacy Networks

As friends and family members die or move away, many elders find that their friendship support networks gradually diminish. Trans elders not only suffer these changes in network support but also lose friends and family due to their gender transition. Some individuals address this challenge by acquiring a pet. Others build networks via the Internet or by attending trans-related community events. Some simply choose to live alone. Of those who choose to live alone, research shows a significantly greater number having "feminine" gender self-perceptions than having "masculine" self-perceptions. Many elders hope that the transition will not affect those family relationships that are in place prior to transition. Rarely, however, is this the case. Transition may ultimately be associated with subsequent divorce, isolation from family and friends, and a significant degree of aloneness.

Intimacy, sexual or otherwise, is important across all ages. However, as the body ages, it is not often perceived as being as attractive as it once was. In addition to the natural processes of aging, the trans body may age in ways that make it ambiguous and uncomfortable for potential dating partners. Further, the stigma of being trans identified also diminishes the potential dating population pool. Many potential partners, upon discovering that an individual is trans identified, feel violated, and the relationship will end, sometimes violently.

One common perception of elderly persons is that they lose their desire for sexual intimacy. While age-related changes may alter sexual ability, this does not mean that it alters sexual interest and a desire for physical intimacy. In fact, many trans elders have an increased desire to experience sexuality in their new identity. This may lead to behaviors that are considered a "second adolescence." Elders of the population are frequently untrained in the important sexual protection measures for today's world, and this can lead to increased risk of HIV/AIDS/sexually transmitted infections in later life.

Sexuality is a key component of quality of life and well-being, and the need to express one's sexuality continues into old age and may even continue into nursing home or at-home eldercare environments. Caregivers in such environments may find expressions of sexuality difficult in the general elderly population and more difficult with

trans-identified persons. This can be particularly complex when the trans person has dementia or when the physical body and the gender expression do not appear to be in sync with each other.

Financial Factors in Aging

Employment barriers exist not just around chronological age (age-related bias) but also around whether or not the trans individual "passes." We do not know very much about the fiscal status of the trans-identified population as a whole. The work of Fredriksen-Goldsen and her team shows that 47.56% of her respondents were below the 200% poverty level. Witten's work showed 37% of her respondents were living below the 2013 federal 200% poverty level for a family of one person, and 56% were living below the poverty level for a family of two persons. Considering only those individuals over the age of 65, Witten's research indicated that 28.9% were living below the 200% poverty level. Moreover, Witten found that individuals with "feminine" gender self-perceptions had higher income levels than those individuals with "masculine" gender self-perceptions. Many of Witten's survey respondents stated that they did not have enough money, or had just enough money, for basic life requirements. Additionally, many felt that they were under moderate to extreme financial strain.

Retirement and Pension Planning

Like many other life phases, retirement can be complex. The differences between age cohorts and their plans for retirement are significant. Balancing the need to transition with the needs of a solid fiscal retirement can be problematic. When people think about retirement, they typically consider such things as where they will live, how they will support themselves, what kind of medical care they will be able to afford, and how they would like to live out the remainder of their lives. These are natural concerns for all individuals, trans and non-trans alike. Witten's research has shown that only 59.5% of respondents, across all ages, have a pension or other form of retirement plan and that this too varied by gender self-perception. When asked why they did not have pension plans, individuals cited underemployment, needing everything they earn just to survive, barely surviving day to day, and using retirement funds for transition expenses.

Health Care Factors in Aging

There are now many well-known considerations that contribute to a healthy and satisfying quality of life for all individuals across the life span, including trans persons.

Self-Care

Self-care is essential. Exercise (walking, bike riding, water-related exercise, and other aerobic exercises) is crucial. Maintaining a quality diet is important. Keeping cholesterol intake down, watching for fatty liver disease, not overindulging in sugary food and drink, and minimizing alcohol intake are important contributors to a better level of physical health. For individuals who take hormones, stopping smoking should be a priority. Smoking significantly increases the risk of cardiovascular and cerebrovascular events. Aging increases the risk for these events; smoking exacerbates that risk. Regular monitoring for diabetes, HIV, and colon cancer are all part of taking care of the elder trans body and should be part of regular self-maintenance. Regular oral hygiene should be part of the daily routine. As individuals age, it is increasingly possible to lose teeth because of cavities, periodontitis, and general oral infection. Tooth loss can lead to numerous negative medical consequences. While there is no research on how hormones may mediate this, research does show that simple things such as dry mouth can exacerbate oral health problems.

Medical Care

Some things require visits to a health care facility (clinic, physician's office). If one has the body part, one has to take care of it (e.g., getting regular cervical examinations and Pap smears or getting regular prostate examinations). While there are no clear-cut data on risk factors around hormone use in the trans population, research shows that hormones can influence the occurrence of breast, uterine, ovarian, and prostate cancer. Breast cancer screening should be a regular part of every individual's physical examination. Periodic screening

for osteoporosis should also be a regular part of every trans elder's physical examination. Hormones can mediate bone protection and bone loss.

It is now estimated that one in three people will develop Alzheimer's disease (AD). For trans-identified individuals, the onset of AD means eventual loss of the current identity and has severe implications for later-life care and for the well-being of the individual. Periodic monitoring for AD and other forms of dementia should be a regular part of the trans elder's medical care.

The literature on trans persons and aging documents the increased use of alcohol, drugs, and smoking with age. As individuals age, social networks begin to collapse, ageism becomes increasingly present, financial difficulties increase, and health begins to decline. Coupled with these normative factors, elders begin to face their own mortality. Moreover, along with these changes, trans persons must face questions around self-actualization. All of these factors can drive increased substance abuse as the trans person ages.

Many contemporary trans elders decided to transition or transitioned in midlife to later life. Later-life transition carries a number of additional challenges. Hormones may or may not be desired. If desired, hormone levels must be monitored carefully. There is very little research literature on mid- to later-life hormone dosing. Similarly, little is known about when to stop hormone use. Moreover, in an effort to attain more rapid transition, some elders may abuse/misuse hormones, getting them over the Internet or from illegal providers rather than seeking out competent medical supervision. Side effects of abuse can range from minor damage to loss of life.

Some trans elders desire gender confirmation surgery, while others do not or cannot afford it even if they so desire it. Surgery in midlife to later life carries with it certain additional risks due to the person's age. While age is not an exclusion from transition, age-related changes can affect the transition process. Physical changes in the body may make healing slower and can result in unsatisfactory postsurgical results. Risk of cerebrovascular or cardiovascular events may increase as well.

Mental Health Care

Gerontological literature has established that early life and life course negative events can increase later-life mortality and morbidity. Given the endemic history of violence, abuse, discrimination, isolation, and transphobia experienced by current trans elders, it is not surprising that trans-identified individuals have significantly higher rates of stress, depression, anxiety, and fear than either their LGB peers or gender-nonconforming individuals. Suicidal ideation has been shown to be significant in trans people, and suicidal ideation increases in all elders whether or not they are gender nonconforming. Some trans persons have stated that they have plans in place to commit suicide before needing to access eldercare.

Research and community reports document that today's elder trans persons have a history of suffering violence and abuse (physical, mental, financial, sexual, and verbal) across the life span. Growing older increases vulnerability to such abuse. Elder abuse can also appear in the form of not allowing elders to live as their actualized selves in eldercare facilities, disrespect, denial of hormones, outing the elder, and failure to provide needed medical attention and sharing of medical information. Research has shown that many trans elders fear what will happen to them in eldercare facilities and that they would rather live out their lives at home if at all possible.

Paying for Later-Life Care

Survey research data suggest that most trans elders expect to use some combination of personal savings and government support to pay for later-life care. Medicare Part B is the part of Medicare that covers routine preventive care. However, trans persons may face challenges in coverage when medical identification does not match gender presentation. Medicare Part D covers prescription drugs. Many elders cannot afford Part D, and problems may occur when Medicare deems hormones as not medically necessary. And because Medicare does not currently cover transition-related surgeries, these additional costs must be borne by the elder desiring them. For a number of elders, these costs come out of retirement funds.

Although it was not true in the past, military veterans are now able to obtain transition-related care through the Veterans Health Administration (VHA). All necessary preventive care, hormone therapy, mental health services, preoperative evaluation, and

postoperative care are now available to veterans. The VHA does not provide for transition-related surgeries. In some states, incarcerated individuals may be allowed to have prescribed hormones.

Legal Challenges in Later Life and at End of Life

Later-life and end-of-life challenges provide many complex scenarios for those who do not identify as trans. For those so identified, this time period may become even more complex and difficult. Transgender status can have a profound effect on many later-life and end-of-life facets. Research study data show that the trans-identified population as a whole is significantly unprepared for any sort of end-of-life issue, with less than 30% of survey respondents having advance directives or powers of attorney in place. Legal documents should detail the trans elder's wishes should they be unable to speak for themselves, detail final wishes, state who has control of the body, detail visitation rights at any medical facility, provide for one person to speak for the elder in the event that legal and medical decisions need to be made, and protect the trans elder should family relationships be strained. Other legal documents affect partners and families. Trans elders need to have carefully crafted wills and estate plans in place to protect any partnerships that developed during their lives. Wills also speak to how possessions will be distributed, and these are important, as families of choice are not protected legally without such documents. Insurance and Social Security can be problematic due to marriage laws and name changes.

End-of-Life Factors in Aging

Given the long history of negative interactions with the health care system, trans elders are very reticent to make use of traditional eldercare facilities. Nearly 40% of Witten's survey respondents stated that they had little to no confidence that they would be treated respectfully. Respondents stated worries and fears around being given the incorrect drugs, being denied hormones, being denied needed care, physical and verbal abuse, fears of being forced to leave the nursing home and becoming homeless, and not being allowed to live out the remainder of their days as their true selves. Additionally, trans elders have expressed fears that their last wishes would not be carried out. Survey respondents' concerns revolved around such things as incorrect name/gender identity on death certificates and/or gravestones. Others expressed fear that funeral directives would not be respected. Autopsy also represents a challenge, as some trans elders are not out and their true birth sex may be discovered only upon autopsy. As a result of these worries, some elders of the community have stated that they are prepared to detransition (undo as much of the previous surgeries and hormone treatments as possible), while some individuals have self-euthanasia plans in place in order to avoid having to worry about getting older.

As death approaches, many factors come into play. Pain management (palliative care) may become important, as will hospice care. Given that many trans elders are fearful of the kind of treatment they will receive during this period of life, this fear may lead to dissatisfactory end-of-life experiences for the dying and their respective family, friends, and allies. Religious/spiritual/faith needs can become critical during this time but may be problematic because of the transgender identification of the dying person. Closure events become important both for individuals who are dying and for those around them. Self-identity may be lost due to dementia, creating a strain for support staff and families. Delirium may cause confusion and inhibit the ability to meet someone's final needs. Much research needs to be carried out in this area. We also know little about end-of-life issues for trans elders in Veterans Affairs facilities or for those who are incarcerated.

For families of trans elders, death can also be difficult. Numerous gender-related questions become important. Should the funeral be open or closed casket and, if so, how should the deceased be dressed? Funeral ceremonies can become challenging not just from the perspective of how to refer to the deceased but also from the perspective that some religious organizations believe that being transgender is a sin and refuse to allow ceremonies to take place in their facilities or to allow the deceased to be buried in their graveyards. Obituaries can become challenging when one considers how to refer to the gender of the deceased. Legal control of the body and of various postdeath decisions can also be complex when considering

whether the family of origin versus the family of choice has final legal decision-making power.

Conclusion

As seen through the lenses of geriatrics and gerontology, it is evident that aging is a complex, multilevel process that involves many challenges. Identifying as trans adds to those challenges. Today's trans elders have endured a history of violence, abuse, discrimination, and denial of care that still persists. Notably, this is particularly true for African American trans women. Trans identification can lead to a multifaceted state marked by depression, sadness, loneliness, anger and frustration, anxiety, regret, feelings of loss, and decreased levels of happiness. In addition to psychological stressors, trans and gender-nonconforming people are frequently at increased financial risk. Financial stability may be sacrificed due to lack of employment or the high cost of surgeries. Loss of a job can undermine a relationship or family, leading to anger, resentment, frustration, depression, and isolation. The body of literature on trans experiences of later life and end of life is relatively new and still growing. As younger cohorts move into middle and old age, many more questions will need to be answered. There is still much to learn about patterns and implications of the aging transgender life course.

Tarynn M. Witten

See also Death and Dying; Health Care, Discrimination; Hormones, Adults; Nonbinary Genders; Religion/Spirituality of Trans People

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American Civil Liberties Union

The American Civil Liberties Union (ACLU) is a not-for-profit civil rights and civil liberties organization that was founded in 1920. For more than 100 years, the ACLU has worked in courts and legislatures to defend the U.S. Constitution and U.S. civil rights laws. Although perhaps known best for the organization's free speech work, the ACLU was one of the earliest defenders of trans rights in the United States. It continues to advocate and bring pioneering litigation to further gender justice in areas such as access to employment, restrooms and other single-sex facilities, health care, and athletics, as well as with respect to the treatment of prisoners and detainees.

In the first half of the 20th century, the ACLU's work on behalf of LGBTQ people often focused on challenging criminal restrictions on expressions of gender and sexuality outside of heterosexual norms. The first LGBTQ case that the ACLU took on was a challenge to an attempt in 1936 to ban a theatrical performance of Lillian Hellman's play, *The Children's Hour.* When the play's producers sought to hold a performance in Boston, the city's mayor informed them that the play's "lesbianism" violated "community standards." The ACLU represented the producers in a suit in federal court. Although the lawsuit did not address trans issues directly, it was the start of a long history of defending the rights of people to live and express themselves authentically in life and in art.

In 1967, the ACLU worked with the Redd Foxx Club, a bar in Los Angeles that hosted performances by Sir Lady Java, a well-known trans performer. At the time, a local law made it illegal for someone to dress as a person of the "opposite sex." The Los Angeles police threatened to arrest the owner of the Redd Foxx if Sir Lady Java continued to perform. The ACLU threatened litigation if the police did so. As in these two cases, the ACLU often defended the rights of LGBTQ people against government censorship and criminalization in the 20th century.

Most of the ACLU's work in support of trans people has been in the 21st century, as the organization has increasingly prioritized LGBTQ advocacy work generally and trans advocacy work specifically. While the majority of national LGBTQ legal organizations, including the ACLU, focused on marriage equality for same-sex couples from the early 2000s to the Supreme Court's *Obergefell v. Hodges* decision in 2015, the ACLU also pursued pivotal trans rights cases in federal court throughout this period. For example, in 2001, the ACLU achieved an important district court victory in *Hyman v. Louisville,* defending the validity of a Louisville, Kentucky, ordinance prohibiting discrimination based on sexual orientation and gender identity. This case foreshadowed the growing number of challenges to trans-inclusive nondiscrimination policies in the 2010s.

Between 2005 and 2009, the ACLU litigated the landmark federal case of *Schroer v. Billington* under Title VII of the Civil Rights Act and the U.S. Constitution. The case involved a woman who is trans and was hired by the Library of Congress when they thought she was a man and then had her job offer rescinded when she informed her future employer that she is a woman and would be

starting the job consistent with her true gender. The case was instrumental in continuing to advance the argument that anti-trans discrimination is sex discrimination under federal civil rights laws.

The arguments that the ACLU and other legal groups developed over decades to protect trans people from discrimination culminated with the Supreme Court ruling in three cases in 2020 that sex discrimination under federal employment law includes discrimination based on gender identity and sexual orientation. The ACLU was counsel for two of the three plaintiffs before the court. One case involved a woman who, like Diane Schroer, lost her job just because she was trans. Aimee Stephens was fired when her employer learned of her gender identity; this led to financial hardships and disruptions in her health care that tragically resulted in her premature death from kidney disease while her case was pending before the Supreme Court.

The ACLU has been involved in other Supreme Court cases defending the rights of trans people, beginning with the 1994 pivotal prisoner rights case, *Farmer v. Brennan,* brought by Dee Farmer, a Black trans woman in federal prison, who had been repeatedly beaten and raped after being incarcerated in a prison for men. The ACLU represented Farmer at the Supreme Court, which ruled that ignoring the risk of serious harm to prisoners violates the Constitution. In lower federal courts, the ACLU has also secured critical wins for trans prisoners, including in the case of *Fields v. Smith,* which struck down a Wisconsin law restricting state spending on health care for trans prisoners. These cases have set important legal precedents in protecting trans prisoners across the country.

Between 2015 and 2020, the ACLU increased its legislative advocacy and litigation on behalf of trans people, particularly trans youth. The organization lobbied state legislatures to prevent the enactment of laws restricting the rights of trans people to access public spaces and health care. When, in 2016, North Carolina passed a law that required people to use the public restrooms matching the gender marker on their birth certificates, the ACLU and Lambda Legal immediately filed a lawsuit to block the measure. Likewise, in 2020, when Idaho passed a law banning trans student athletes from participating in sports according to their gender identity, the ACLU quickly sued. Over the years, defending the rights of trans people to live authentically and with dignity has become a central part of the ACLU's work.

With a broad network of advocates and significant resources, the ACLU has been a leader in the fight for trans justice. The organization's LGBT and HIV Project, which includes four out trans attorneys, is helping to lead its work and vision moving into the group's next hundred years.

Chase Strangio

See also Activism; Bathroom Discrimination; Gender Identity Discrimination as Sex Discrimination; Inmates and Incarceration; Lambda Legal; Nondiscrimination Laws, Federal, State, and Local

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Ancient and Medieval Times

In the Western imagination, trans people are closely associated with modern medical techniques such as hormone therapy and plastic surgery. People therefore often assume that being trans is a product of modern medical science. However, the notion of a strict gender binary is not held by many traditional cultures around the world. The history of Europe and the Middle East is also full of examples of people living gender-diverse lives. This entry will show

that trans people have existed throughout history and that being trans is therefore presumably part of the human condition.

Mesopotamia

We begin in the 23rd century B.C.E. in Ur, one of the oldest cities in the world. A hymn to Inanna, attributed to the Sumerian princess Enheduanna, claims that the goddess has the power to "turn a man into a woman and a woman into a man." It is unclear what this means and how such powers would have affected ordinary Sumerian life. However, a description of a festival in honor of Inanna talks of celebrants wearing men's clothing on the right side of their body and women's clothing on the left. An inscription on a statue fragment refers to a devotee of Inanna called Silimabzuta, who is described as a "person-man-woman." Clearly, some level of playing with gender was central to the worship of Inanna. Inanna, known as Ishtar in Babylon and Assyria, continued to be worshipped for over 1,500 years until the rise of the Persian empire and the arrival of Alexander in the Middle East. Similar goddesses were worshipped in the region throughout the Roman period.

Ancient Rome

Cybele Comes to Rome

There are few obvious examples of gender diversity in the early history of Europe, but things changed significantly in 204 B.C.E., when Rome enlisted a foreign goddess in its fight against its rival Carthage. Following the advice of an oracle, Rome purchased a statue of a goddess called Cybele from the country of Phrygia in modern Turkey. She was installed with great honor in the city. As Magna Mater (Great Mother), she became a major feature of Roman religious life, despite the behavior of her devotees being distinctly un-Roman in their transcendence of gender norms.

Among the worshippers of Cybele were people called Galli. They were assigned male at birth but were castrated and lived as women. They often worked as beggars, and historians have drawn parallels to the *hijra* of modern India. Popular imagination has it that the Galli castrated themselves, perhaps with a flint knife as described in Catullus's Poem 63, but safe castration was a common feature of Roman medicine. A medical instrument found in the Thames and now in the British Museum is thought to have been used for the safe removal of testicles by the local temple of Cybele.

Views of the Galli

By Imperial times, the cult of Cybele was well established in Rome with a temple on the Palatine Hill, next to the Imperial Palace. But many Romans, perhaps especially the elite men who have provided most of the surviving written records, did not approve. The satirist Apuleius, in his comedy *The Golden Ass,* described them in a way reminiscent of a troupe of modern-day drag queens.

Philo of Alexandria, a Jewish historian from Egypt in the period of Roman rule, gives a description closer to that of modern trans women. He refers disapprovingly to people who "have desired to be completely changed into women and gone on to mutilate their genital organs" (*Special Laws,* 3:41).

Around the time that Philo wrote, Jesus of Nazareth was preaching in Judea. The Apostle Matthew records that Jesus held forth favorably regarding eunuchs, including those who have castrated themselves for religious reasons. This comment was to have major implications for early Christians, but at the time, Jesus could have only meant people like the Galli as they were the only ones being castrated in this way.

The Galli and the Law

One of the earliest references to a Gallus is a legal case from 77 B.C.E. involving a disputed will. One Genucius had been left money by a friend. The will was challenged, and a magistrate upheld the challenge as under Roman law, only men and women could inherit. Genucius, as a Gallus, was neither.

Under Roman law, a eunuch could not be a citizen. Roman citizens had substantial legal privileges denied to noncitizens, so any citizen wishing to become a Gallus would be sacrificing a lot more than body parts. The status of the Galli received a significant boost under the Emperor Claudius (41–54 C.E.) who added the Rites of Attis to the official Roman religious calendar. Attis, the subject of Catullus's Poem 63, was said to have been the

first person to castrate himself in honor of Cybele. This meant that there was an official day (March 24) on which Roman trans women would have their surgery, and it was a religious holiday.

Roman society gradually became less brutal in some ways with time, and attitudes toward castration changed. Domitian (81–86 C.E.) banned the castration of children, and Hadrian (117–138 C.E.) allegedly banned all castration, even if it was voluntary. This might have been an issue for the cult of Cybele, but evidence from the time of Hadrian's successor, Antonius Pius (138–161 C.E.), suggests that it was still possible to buy a castration permit. Hadrian had not banned castration; he had taxed it.

Elagabalus and Sporus

In 218 C.E., a 14-year-old known as Elagabalus unexpectedly became emperor thanks to political machinations following the assassination of Caracalla. Growing up in the region we call Syria, Elagabalus had become a devotee of local religions and had a more flexible attitude to gender than did the conservative Romans. Contemporary historians described the young emperor as dressing in women's clothing, flirting with palace guards, and marrying a male charioteer. Cassius Dio states that a substantial reward was offered to any physician who could provide Elagabalus with a vagina.

Martin Icks, in his biography of Elagabalus, notes that Dio was writing after the assassination of the young emperor and had every reason to invent scurrilous rumors. Nevertheless, it seems clear that Elagabalus was someone who was dealing with personal gender issues and, by modern standards, may have identified as female.

This, however, was not the first reference to possible vaginoplasty in Roman history. In 67 C.E., the Emperor Nero married a young person known as Sporus. We are told that Sporus was castrated, and Nero offered a substantial reward to any surgeon who could make his new wife fully female. In *The Twelve Caesars,* Suetonius uses the phrase "*in muliebrem naturam transfigurare*" (transform into a natural [woman]), which may be the first use of the term *trans* in such a context (Suetonius, n.d., 28:1).

Modern historians view the story of Sporus with horror, talking of a helpless victim of the cruel and capricious Nero. Yet contemporary sources show Sporus embraced the role of empress and was provided with education on how to behave like a high-class Roman woman. Nero and Sporus went to Greece on holiday, where the crowds wished them a happy life and many children.

Sporus was one of a small group of loyal companions who went with Nero when he fled Rome fearing assassination. The emperor eventually took his own life, but his companions were captured. Rather than be killed as we might expect, Sporus became a pawn in the battle for succession, being courted by two of the claimants to the throne. This suggests that even elite Roman men saw Sporus as having some of the cachet of an empress.

Intersex in Rome

Roman society seems to have been comfortable with the idea of people "changing sex." Stories of such transformations appear in mythological tales, several of which are featured in Ovid's narrative poem, *Metamorphoses.* Some writers, including Pliny, claim to have met people who had transformed. Romans would have been more familiar with intersex people than we are today, as births took place in the home and there was no option for obviously intersex babies to be surgically altered.

Early Roman law gave fathers the right to kill any baby that they deemed deformed, but attitudes softened through history. In the Roman Republic, intersex people might be sacrificed to appease the gods in the case of a bad harvest or a lost battle. However, older intersex children are mentioned, suggesting that at least some Roman parents protected their offspring. By the time of the Empire, anyone with an unusual body was potentially valuable as an exhibit in the theater or an interesting slave that wealthy Romans could show off to their friends.

The most famous intersex person from Roman times is the philosopher Favorinus, who is described in *Lives of the Sophists* by Philostratus as follows: "He was born double-sexed, a hermaphrodite, and this was plainly shown in his appearance; for even when he grew old he had no beard; it was evident too from his voice which sounded thin, shrill, and high-pitched, with the modulations that nature bestows on eunuchs also" (Philostratus, n.d., 23).

Historians have suggested that Favorinus exhibited Reifenstein's syndrome and would not have gone through male puberty. Despite this, he became

a court favorite of Hadrian and was well known throughout the Empire. This speaks volumes for his skill as a philosopher and perhaps some shifting of Roman attitudes toward gender diversity.

The Rise of Christianity and the Medieval Period

When Christianity became the state religion of Rome, all other beliefs, including the worship of Cybele, fell on hard times. The early Christians took a stern line on sexual morality. Indeed, it is thanks to Christians that we know of the existence of castration permits. A man who is castrated cannot fall into sin, and Jesus had spoken favorably of those who castrate themselves for the Kingdom of Heaven's sake.

With time, the idea that becoming castrated made you more holy took hold in the Christian church. In the Byzantine Empire, it was common for monks to be eunuchs. This, in turn, made space for other forms of gender diversity. There are several tales of assigned female people who entered monasteries and lived successfully as men for many years. This would have been much easier to do if a high-pitched voice and lack of beard could be explained by castration.

One example is the life of Saint Euphrosyne, as told by an English monk, Ælfric, in his *Lives of the Saints*. A resident of Alexandria, Euphrosyne escaped an arranged marriage by entering a local abbey claiming to be a eunuch called Smaragdus. Ælfric effortlessly switches pronouns at the point of gender transition and refers to Smaragdus as male from then on.

The Story of Silence

This 13th-century story, written in French, is an Arthurian romance. It is set after Arthur's time, but Merlin has a major role. Silence is the child of the Duke of Cornwall and is raised as a boy to provide the duchy with a male heir. An excellent warrior, Silence earns a place at court where the lustful queen takes an interest in the handsome young knight.

During the story, Silence is beset by the opposing voices of Nature and Nurture. Nature insists that Silence was born a girl and should accept the truth of that. Nurture insists that Silence enjoys being a knight and would be foolish to give up the social advantages that masculinity provides. The discussion of gender roles and stereotypes seems remarkably modern today.

Eleanor Rykener

In 1395, the mayor of London was asked to try the case of a sex worker. The accused wore women's clothing and used the name Eleanor Rykener but was discovered to have a penis and also used the name John. Given that Rykener was doubtless hoping to minimize any punishment, it is hard to infer much about identity from the court transcript. Rykener did claim to have had female clients as well as male, but being Eleanor was not a one-off. Female friends had allegedly helped Rykener with clothing and to develop a convincing female personality. Rykener also claimed to have worked doing embroidery, and as a barmaid, while living as Eleanor.

Cheryl Myfanwy Morgan

See also Ancient/Medieval Times, Jews and Judaism; History; Intersexuality; Religion/Spirituality of Trans People; Transgender as a Term

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Ancient/Medieval Times, Jews and Judaism

Although it is anachronistic to apply modern constructs of sex and gender to earlier times, one can state that the classical texts of Rabbinic Judaism discuss gender ambiguity, gender transition, and other relevant topics. The texts reveal that throughout the ages, rabbis have been aware not everyone fits a gender binary. They categorized and classified a number of gender constructs beyond male and female and explicitly discussed whether their intersex constructs were independent constructs or subcategories of female and male. Gender transition is discussed in some of the texts. There are also textual records of discussions relevant to topics such as deadnaming, crossdressing, and castration.

Rabbinic Gender Constructs

The gender binary and nonbinary challenges to it are found in rabbinic texts from late antiquity and onward. Biblical exegesis explores intersex individuals and gender transition in biblical narratives. While the Babylonian Talmud (sixth or seventh century C.E.) contains many such discussions, it also records third-century C.E. sage Abba Arikha as saying that everything is created in the binary as either male or female.

The rabbinic corpus tends to try to force the nonbinary gender constructs it derives from both biblical narrative and actual bodies into a binary system. Ancient and medieval rabbinic Judaism was a heavily gendered religion, and as such, it was seen as imperative to delineate the sexes so as to know which gender construct applied to any given individual. Following the discourses of their time, these texts do not distinguish between gender and sex.

Using biology as their authors understood it, the rabbinic texts offer an array of gender constructs based primarily upon phenotyping of external genitalia and the development (or lack/delay thereof) of secondary sex traits. Beyond female and male, the four main Jewish gender constructs present in Jewish texts from late antiquity and onward are *androgynos, tumtum, saris,* and *aylonit*.

Androgynos

Rabbinic society defined *androgynos* as someone who externally appears to possess at least some portions of both female and male genitalia. Androgynos is the only nonbinary gender construct that the Mishna (the first authoritative collection of texts embodying the oral tradition of Jewish law) explicitly says may be a distinct gender. As they were generally perceived as ambiguously both male and female (and not a third gender), the texts state androgynos were required to uphold both the strictures imposed upon males and those imposed upon females. *Androgynos* is a Greek loanword, indicating Jewish concepts of gender did not develop in isolation.

The Tosefta and the Mishna (both second century C.E.) compare and contrast androgynos with males and females. Among the various behaviors codified for androgynos was that a marriage to a woman may be valid but not one with a man. The Babylonian Talmud quotes one sage who says the biblical prohibition of a man lying with a man as he does with a woman is not about male–male relations but instead prohibits males from having vaginal intercourse with androgynos.

A fifth-century C.E. midrash (literally, "textual interpretation"; ancient commentary on part of the Hebrew scriptures) states humanity was initially a single androgynos being before being split into a male Adam and a female Eve. While there are alternate understandings of the creation narrative, the 11th-century C.E. Rabbi Solomon ben Isaac (Rashi) included this in his biblical commentary.

Tumtum

A *tumtum* is generally understood as someone with no clearly visible external genitalia, which some ancient texts say is due to a layer of skin covering their genitals. The Mishna says removing this skin can reveal their gender. One Talmudic opinion classifies someone with descended testicles but no visible penis as a tumtum, although other texts categorize such individuals as *saris hamma*. The Mishna states a tumtum is either male or female, but so long as their genitalia are not visible, their gender is indiscernible. The texts say a tumtum must follow the religious strictures of both males and females. Some read the Talmud as saying tumtum is a distinct gender.

The Talmud offers an understanding of the biblical characters Abraham and Sarah as *tumtumim* who could only have children after divine intervention to clearly render them as male and female.

Saris

Saris is generally translated as eunuch and in classical rabbinic texts is divided into two subcategories, *saris hamma* and *saris adam,* meaning someone born a saris or someone who became one later in life. This category includes those identified as male at birth who are lacking or have damaged some portion of their genitalia, and some include any man who is congenitally infertile or perhaps impotent. The medieval texts indicate that a saris may undergo traditionally female development at puberty. In the biblical narrative, eunuchs were often royal servants, and sometimes their gender status allowed them to interact with women in ways that other males were not.

Aylonit

An *aylonit* is someone identified as female at birth who never goes through puberty, has a significantly delayed puberty, is congenitally infertile, or only develops male sex characteristics upon reaching puberty. The Talmud offers the possibility that the biblical matriarch Sarah was an aylonit as an explanation for why she did not bear a child in her younger years. While generally coded as female, there are divergences predominantly relating to marriage and intimacy.

Other gender constructs are sometimes discussed in modern literature as rabbinic genders, but Jewish texts through the Middle Ages view them as clearly either male or female. The texts do apply gender role restrictions (especially pertaining marriage), which could imply they are coded as incomplete males or females. The most discussed of these is that of an *isha katlanit* (Hebrew for a deadly woman), who is forbidden from remarrying if she has been twice widowed.

Transition

From works of late antiquity such as midrashim and the Talmud to medieval poetry and works of kabbala, or mysticism, there are multiple cases of gender transition present in classical rabbinic texts.

As was mentioned above, Midrash Rabba offers the possibility that Abraham and Sarah were tumtums until divine intervention provided them with male and female genitalia, rendering them fully (in the eyes of the rabbinic texts) male and female.

The Talmud discusses a few cases of gender transition. In discussing the birth of Dina to Leah in the biblical narrative, the Talmud explains that originally Leah was pregnant with a boy, but she believed that if she had another son, that would mean her sister Rachel would not have another son. The Talmud says that upon this realization, she prayed to have a daughter and not a son, and her fetus was then changed in utero from male to female.

The Zohar (a 13th-century C.E. kabalistic work) conceives of God as androgynous, just as Adam was before Eve was split off. Since it understands humans should try to emulate God, it instructs everyone to strive to be simultaneously male and female despite our gendered bodies.

The desire to possess different genitals than those one is born with is expressed in a poem by Kalonymus ben Kalonymus. While scholars debate if this was sarcasm, the poem demonstrates at least some space for discussion of gender transitioning in the 14th century C.E. In the 16th century C.E., Rabbi Yosef Karo described human souls as either male or female and wrote of cases where the gender of a soul differs from the gender of the body it inhabits.

Most of the gender transitions discussed in ancient and medieval Jewish texts were supernatural and without physical human intervention. The exceptions are the castration of eunuchs and removing the flap of skin over the tumtum's genitals.

Relevance to Modern Trans Understandings

Rabbinic texts of antiquity and the medieval era raise several other issues brought up in modern Jewish discussions of trans topics. These include prohibitions on crossdressing, castration/sterilization, and deadnaming, as well as texts highlighting the value of human life. Although relevant to trans inclusion, not all of them are so contextualized in classical rabbinic texts.

Crossdressing

Antique and medieval rabbinic biblical reception understood the biblical text as prohibiting a man from wearing women's clothes and vice versa. Classical rabbinic texts convey debates about exactly what is included in this prohibition and under what circumstances it may apply. It may have included using or wearing another gender's clothes, tools, or ritual items. It may prohibit women using weapons and armor or men removing their body hair in certain or perhaps all manners.

Some medieval texts had narrower understandings of the prohibition. Rashi Shlomo Yitzhaki says that the prohibition actually only applies in cases meant to deceive people for illicit sexual relations, and some of the medieval texts actively permit crossdressing for the holiday of Purim, during which celebrants may wear costumes based on characters in the biblical Book of Esther. Rabbi Maimon ben Maimon (Maimonides, also known as the Rambam, 12th century C.E.) understood the prohibition as part of avoiding paganism, thus possibly leaving room for crossdressing to be permitted when not related to idolatry.

Castration/Sterilization

Sifra (2nd century C.E.) and the Tosefta understand Leviticus as prohibiting Jews from damaging, sterilizing, or castrating male and possibly also female reproductive organs. The Talmud discusses whether drinks causing sterilization are permitted. The Talmud also discusses whether an act that would otherwise cause male infertility remains prohibited if one already is infertile. Maimonides does not permit physically damaging male or female reproductive organs, but he does permit women to consume sterilizing compounds.

Deadnaming

The biblical narrative includes several cases of name changes. In some cases, such as Abraham and Sarah, the texts say one should not call them by their original names. One Talmudic sage says his life was extended because he only called people by their correct names. Midrash Tanhuma states that names can influence people's behavior and direction in life, and the Talmud gives examples of this. Some learn from Adam's naming of the animals that names are holy and eternal and thus advocate that while one can add or alter names, they should not entirely abandon their original name, but other sources allow one to do so. The Halakhic codes (Jewish law and jurisprudence, based on the Talmud) indicate that one's legal name remains whatever people call them but recognize that even if only a minority of people accept a new name, it can take precedence as the primary name, although the old name may not be fully eradicated until everyone has ceased using it. The midrash teaches that only after changing the names of Abram and Sarai to Abraham and Sarah were they able to have children, and if one reads this together with the midrash that they underwent gender transition, it may be a late antiquity story of name change accompanying gender transition.

Pikuach Nefesh

One of the key principles in Jewish texts from late antiquity onward is that of *pikuach nefesh,* preserving human life. The Mishna says saving a single life is akin to saving the whole world. The Talmud says one may violate any of Judaism's behavioral norms except for murder, idolatry, and having certain illicit sexual relations in order to save a life. The Mishna says norms may be violated even if it is unsure that doing so will save a life or even there is only a chance life is at risk. The Talmud says pikuach nefesh applies not only in cases of physical threats but also in mental and emotional ones. While pikuach nefesh is not applied to transitioning or trans inclusion in premodern eras, modern scholars reference these texts in deliberating whether to permit activities otherwise discouraged in Jewish tradition.

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See also Crossdressing, History of; Intersexuality; Jewish People; Nonbinary Genders

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Androgyny

Androgyny has had a variety of definitions throughout history in different fields of study. Within psychology, androgyny most commonly refers to gender expressions that incorporate both "masculine" and "feminine" traits. What traits are deemed masculine or feminine is determined by societal norms and differs across cultures; therefore, androgyny may have different meanings in different cultures and over time as gender roles change. Androgyny and its adjective form *androgynous* have also been used less frequently by some as a gender identity. An androgynous gender identity refers to an identity including both masculine and feminine characteristics and would most likely fall under the umbrella of nonbinary gender identities. In the past 20 years, *androgynous* has also been used by some interchangeably with the term *gender nonconforming* to refer to those whose gender expression or presentation differs from societal expectations based on one's sex assigned at birth. Androgyny is a relevant concept within trans communities because many identify with having androgynous gender expressions or identities, and androgynous gender expressions are often the target of stigma, harassment, and violence.

The term *androgyny* stems from the Greek roots *andro* (male) and *gyn* (female). The adjective *androgynous* dates to the early 17th century and was derived from the term *androgyne*—used in the 14th and 15th centuries in France and England. *Androgyne* is a term used today and typically refers to nonbinary people with androgynous gender expressions. Historically, androgyny and androgynous often referred to people or animals with a combination of "male" and "female" physical sex characteristics and have since been replaced with the term *intersex*.

Androgyny has existed throughout history and is found within every culture. In many cultures in ancient history, individuals with androgynous traits were viewed positively and at times idealized by ancient Greek myths. Many non-Western cultures embraced and/or continue to embrace androgynous community members and recognize gender identities outside of the gender binary, such as *tumtum* in Jewish culture or *hijra* in East Indian culture. Androgyny became stigmatized during the rise of Christianity and in the era of European colonialism beginning in the 12th century, when androgyny was associated with same-sex desire, which became highly stigmatized.

Androgyny in Psychology

Sandra Bem is thought to have popularized the concept of androgyny in the field of psychology with the development of the Bem Sex-Role Inventory in 1974, one of the most widely used measures of gender expression. The measure classified individuals into one of four gender role orientations: masculine, feminine, androgynous, or undifferentiated. According to this measure, a feminine individual was defined as someone who ranked high on feminine traits and low on masculine traits, a masculine individual ranked high on masculine traits and low on feminine traits, an androgynous individual ranked high on both masculine and feminine traits, and an undifferentiated individual ranked low on both masculine and feminine traits. Bem's work separated masculinity and femininity into two dimensions that allowed for people to hold combinations of both rather than one spectrum in which femininity and masculinity were seen as opposing one another. Bem hypothesized that androgynous individuals were more flexible and mentally healthy compared with those of other gender role orientations and that androgyny would contribute to more effective

leadership and parenting styles. However, these hypotheses have not been substantiated by subsequent research.

Androgynous Expressions

The social acceptability of androgynous gender expressions and presentation has changed over time, with androgyny becoming more socially acceptable, especially among women. Strict gender roles shifted in the 1960s and 1970s, coinciding with feminist movements that fought to change gender roles, particularly of women in the workplace and at home. Some women intentionally changed their gender expression to be more masculine as a political statement that women should be treated as equal to men. Also, at this time, popular musicians such as Elvis Presley, Jimi Hendrix, and David Bowie departed from conventional masculine norms by performing in flashy, androgynous costumes and stage makeup. However, these popular figures did not necessarily increase the acceptability of androgyny in men as effeminate men continued to be highly stigmatized.

Discrimination and Prejudice

Androgynous and gender-nonconforming expressions have been associated with LGBTQIA+ communities, and research has found a strong correlation between gender nonconformity and having an LGBTQIA+ identity. However, this correlation does not indicate causation; gender nonconformity does not dictate someone's sexual orientation or gender identity or vice versa. Research thus far has found that gender-nonconforming LGBQ individuals are at increased risk of discrimination, victimization, and harassment compared with gender-conforming LGBQ individuals, thus also increasing their risk for psychological distress and mental health concerns. It is unclear whether gender-nonconforming individuals are targeted because they are perceived as LGBQ or because of discomfort with gender nonconformity.

Androgynous gender expressions, which may lead to gender ambiguity, have also been associated with increased risk of stigma and violence toward trans people. As such, many trans individuals' practice "hyperfemininity" or "hypermasculinity" to avoid being targets of violence. There is emerging evidence suggesting that nonbinary people may be at even higher risk for harassment compared with trans men and trans women. Some have hypothesized that this finding may be explained by stigma toward androgynous gender expressions. However, more research is needed to understand this finding.

Misconceptions About Androgyny

Nonbinary people have gained more visibility and more social acceptance than in the past. With this visibility, more stereotypes and misconceptions have emerged about nonbinary people. One major stereotype is that nonbinary people look androgynous, which is true for many but not for all nonbinary people. This stereotype has led to feminine and masculine nonbinary people feeling invisible and that their identities are more likely to questioned or invalidated. Additionally, androgyny in mainstream media has often been represented by white, thin, masculine individuals who were assigned female at birth. Other androgynous individuals outside of these identities still feel highly stigmatized and excluded from spaces that only accept certain types of androgyny.

Em Matsuno

See also Gender Expression; Gender Functions; Gender Labels; Gender Nonconformity; Nonbinary Genders

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Anti-Trans Theories

Gender is one of many facets of diversity, and depathologizing gender is the focus of ongoing advocacy efforts. Historically, cisgender (cis) individuals have misunderstood and poorly conceptualized gender dysphoria in academic literature, which in turn has perpetuated views that trans individuals' gendered experiences are illegitimate and invalid. Instead of recognizing gender identity and expression as a human right and diverse experience, theories have emerged to maintain a sociocultural hierarchy and to further stigmatize trans individuals (e.g., medically transitioning is a necessity in order to conform, to fulfill a sexual fetish or deviant need, and/or to follow a current trend to fit in with peers). This entry discusses two anti-trans theories that have been a source of significant criticism and debate: rapid-onset gender dysphoria and autogynephilia. The entry entails a description of the theories, select criticisms of these theories, and a discussion of where these theories stand today.

An Anti-Trans Theory Related to Youth: Rapid-Onset Gender Dysphoria (ROGD)

Rapid-onset gender dysphoria (ROGD) is a concept that originated in 2016 on three blog sites (4thwavenow.com, youthtranscriticalprofessionals.org, and transgendertrend.com) that are known to be critical about affirming trans identities. *ROGD* is a term developed to describe parents' experiences with a child coming out as trans suddenly during adolescence after being involved with trans-oriented social media or being pressured by trans-identified peers. The involvement by young trans individuals in trans-related media content and peer relationships prior to coming out was used as evidence for a "social contagion" or a trend-like phenomenon to delegitimize youth's gender identities. In February 2017, a poster abstract on ROGD by Lisa Littman was published in the *Journal of Adolescent Health,* which marked the first instance of ROGD being included in an academic source. Consequently, this abstract's publication elevated this line of discourse to the academic literature, paving the way for subsequent references and citations. As a result, an empirical journal article soon followed by the same author, appearing in *PLoS One*. This article suggested that ROGD is a new clinical presentation of gender dysphoria primarily affecting trans boys and trans masculine adolescents around puberty. Since its appearance in the academic literature, other scholars have critiqued this argument as being methodologically flawed and indicative of a trans myth. The timeline of developments in the discussion around ROGD has been well captured by a number of other authors, including Julia Serano and Zinnia Jones.

A scientific critique of this study is that it violates principles of research methods by using a pathologizing framework and language. For example, Littman uses terminology (e.g., cluster outbreaks) that promotes the conceptualization of gender dysphoria and identification as trans as a contagious disease or disorder. The aims provided in the article are as follows: "(1) to describe an atypical presentation of gender dysphoria occurring with sudden and rapid onset in adolescents and young adults; and (2) to generate hypotheses about the condition, including the role of social and peer contagion in its development." Likening trans identities to a disease is in conflict with national and international organizations whose positions clearly state that identifying as trans is not a mental disorder (e.g., the American Psychiatric Association, the World Professional Association for Transgender Health, and the World Health Organization). As such, bias appears to be present from the basic premise of the study and continued through each stage of the research process.

Select Criticisms

ROGD has been critiqued as anti-trans propaganda and bad science. ROGD is not recognized in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) or the World Health Organization's *International Classification of Diseases* (*ICD*), although late-onset gender dysphoria is an existing clinical subtype that is present in published literature and diagnostic manuals, such as the *DSM-5*. In both implicit and explicit ways, the conceptualization of ROGD pathologizes a young person's gender exploration and identity. ROGD suggests that a young person is influenced by larger social trends or is going through a time-limited phase, rather than

their identity exploration process being a valid and authentic gendered experience. Concerningly, if future publications are framed from a ROGD conceptualization and draw on similar language (e.g., "rapid onset"), then this literature could be used as evidence and a justification to restrict access to critical gender-affirming interventions, peer interactions, and information/knowledge to assist with gender literacy. For example, a parent whose adolescent child is actively exploring their gender identity may refuse to help their child connect with health providers or attempt to limit their social interactions with supportive and affirming peers and other important adults (e.g., teachers) if they believe that such activities could contribute to the "rapid onset" of a trans identity.

Beyond the conceptual critiques of ROGD, numerous other critiques have been made regarding the science behind this theory. That is, the methodology used to collect data and analyze findings was fundamentally flawed in a number of critical ways, contributing to weak and biased results. First, self-selection bias was a concern of the recruitment process. The consent form described the social contagion premise, despite it not being a criterion for study inclusion. Describing the study in this way could motivate specific groups who agree with the premise to choose to participate. Sampling bias was also evident in that the 256 participants were solely recruited from the three aforementioned trans-critical websites whose readership included parents who used the websites to share experiences of their children that were consistent with the concept of ROGD. As a result, the study sample only included parents who, from the start, were skeptical of their child's gender identity and felt like ROGD may apply. Recommendations regarding best practices in sampling and recruitment, which would maximize generalizability of study findings, would necessarily involve random sampling from the general target population. Although trans populations (and, consequently, family members of trans participants) are considered hard to reach given their continued relative invisibility in societal institutions (e.g., not collecting data beyond "male" and "female" in many institutional settings), sampling should nonetheless focus on reaching a broad, and as random as possible, range of members of the target population. In this study, however, only a specific subset of the larger target population—parents or caregivers of trans youth—were recruited and who represented a narrow sociopolitical stance, which results in profound sampling bias.

Littman's study was descriptive and used an online quantitative and qualitative design. Littman created the 90-item survey but did not provide psychometric properties of survey items; in turn, the reliability and internal validity of the measure are unknown. Moreover, science scholars have long pointed to the common reliance on statistical significance as suggesting that a theory is true as one of the most flawed and scientifically unsound practices to emerge in the social sciences. Psychological theories, such as those regarding gender, need to be rigorously evaluated using best practices in methodology and statistical analysis, through replication, and by testing alternative explanations. In this regard, the early research of ROGD falls well short.

Another critical concern in the methodology underlying Littman's ROGD paper is that although the parents themselves who were sampled may have been surprised by their child's trans identity or felt that their identity development was rapid or abrupt, data from the youth themselves were not collected. Importantly, this sampling decision reveals an important gap concerning the parents' accurate perception of their child's gender identity. That is, the youth themselves may not have experienced their gender identity development as rapid or a sudden onset. Rather, they may have chosen to not disclose their trans identity to their parents or caregivers for a variety of reasons, which could include confidence, feeling unsafe, worry of family rejection, and only just recently gaining the language to describe their experience.

What Has Happened Since the Publication of the Term ROGD?

Since Littman's original publication, the editor-in-chief of *PLoS One* has offered a written apology to the trans and gender-diverse community, along with an explanation that a postpublication review of the Littman article was conducted. Through this review, the study and results were deemed a valid contribution to the scientific literature, and Littman revised the paper to address concerns regarding the study's title, abstract, purpose, methodology, and

conclusions. For example, some updates to the article include providing more detailed descriptions about recruitment methods and sites, a stronger emphasis that the study is solely based on parental observation, additional discussion of ROGD and late-onset gender dysphoria, and further discussion of limitations and biases. The subsequent revision was therefore republished.

However, leading international trans and psychological health associations (e.g., World Professional Association for Transgender Health, the Australian Psychological Society, and the Australian Professional Association for Transgender Health) published official statements noting that ROGD is not currently recognized as a clinical phenomenon. These statements also emphasized that ROGD should not be used to limit appropriate gender-affirming care that follows existing standards of care and clinical guidelines. The Australian Psychological Society further challenged the notion that social media or peer pressures influence a person's gender and noted that this narrative may be harmful to young people's well-being. Of note is that some authors do support additional research investigation into ROGD as a distinct clinical presentation.

Autogynephilia: A Debunked Adult Anti-Trans Theory

Another theory that propagates anti-trans stigma in its conceptualization regarding gender identity and gender identity processes is autogynephilia. In contrast to ROGD, the theory of autogynephilia has been present in the literature since the 1980s and 1990s. Ray Blanchard developed the theory of autogynephilia to offer a typology of trans women and trans feminine individuals, which he described as the identification of an erotic orientation. The term *autogynephilia* has Greek roots and can be translated to "love of oneself as a woman." Anne Lawrence suggested that autogynephilia may be conceptualized as a paraphilia and a sexual orientation, in contrast to being considered gender identity among trans women and trans feminine individuals.

Blanchard's theory suggests that there are two subtypes of trans women and trans feminine individuals: homosexual transsexuals and autogynephilic transsexuals. In her critique, Julia Serano (2010) described the definition of the homosexual transsexual subtype as a feminine gay man who medically transitions in order to attract and seduce heterosexual men. These individuals supposedly have a feminine expression from an early age and do not experience sexual arousal when dressing in clothing or fantasizing of oneself as a different gender than their assignment at birth. The second subtype is autogynephilic transsexuals that Blanchard described as a misdirected sexual variation in which men who are not gay experience sexual and erotic arousal when fantasizing of themselves as women. Some authors argue that this second subtype is a paraphilia, and this sexual motivation and fantasy is a driving force for starting medical transition.

Select Criticisms

The theory of autogynephilia has been considered by many scholars and activists/advocates as controversial, misleading, and stigmatizing. In developing the theory, Blanchard relied solely on his clinical samples. He did not empirically derive his two subtypes of trans women and trans feminine individuals but instead categorized them based on sexual orientation. The idea that trans women and trans feminine individuals can be easily divided into only two categories is an oversimplification of the diversity within this community and conflates gender and sexual orientation. It is notable that Blanchard does not seem to acknowledge that some cultures understand gender identity, gender expression, and sexual orientation as separate but related concepts. Blanchard's blatant disregard of individuals' gender identities and lived experiences as women and trans feminine individuals (by referring to them as men) is glaring. Furthermore, it is an unfounded claim to definitively state that the presence of autogynephilia is the primary underlying condition of gender dysphoria and the motivating force for medically transitioning (for those who experience autogynephilia).

This conceptualization of autogynephilia is unnecessarily pathologizing for trans women and trans feminine individuals. The focus on sexual motivations and fantasies that are described as a paraphilia has significant social, clinical, and policy implications. Distinguishing between a paraphilia versus a paraphilic disorder can be easily confused;

further, this problematic terminology and confusion can contribute to discrimination. As Serano suggested, associating trans individuals—and, indeed, trans identity—with a paraphilia can lead to common assumptions associated with paraphilias, which often include nonconsensual or criminalized sexual behavior engagement. In reality, however, trans women and trans feminine individuals are often oversexualized in today's society, as particularly evident in media depictions, and this may be a nonconsensual experience by the trans woman or trans feminine person who is the target of that oversexualization. Ultimately, this oversexualization and objectification are consistent with dominant implicit cultural dynamics that equate women's value as a person to how they can be used by others for sexual gratification, a process often referred to as sexual objectification. Sexual objectification such as this is dehumanizing and intersects with other facets of transphobic oppressions. Furthermore, suggesting that experiences of autogynephilia are a phenomenon specific to trans women and trans feminine individuals is false, as cis women have reported being sexually aroused by thoughts of themselves as women.

Finally, Serano noted that a scientific flaw in Blanchard's theory is the assumption of causality. The theory posits that the sexual motivation or impulse is misdirected, causing erotic arousal with the thought and fantasy of the self as a woman, which causes gender dysphoria and subsequently the interest and pursuit of medical transition. However, Blanchard's conclusions are based on his correlational evidence, another related anecdotal theory (e.g., erotic target location errors), and does not account for alternative reasons or effects that could explain the gendered and sexual experiences of these individuals.

A Debunked Theory?

Several papers have been published that describe conceptual flaws in the autogynephilia theory, while other studies have pointed to empirical findings that contradict the underlying central tenets of autogynephilia. The scientific discourse regarding autogynephilia has played out publicly since Blanchard's early works, with proponents and critics continuing to publish and refute each other's central assertions. However, in one succinct statement summarizing this back-and-forth discourse, Julia Serano (2010) states,

> If proponents of autogynephilia insist that every exception to the model is due to misreporting, then autogynephilia theory must be rejected on the grounds that it is unfalsifiable and therefore unscientific. If, on the other hand, we accept that these exceptions are legitimate, then it is clear that autogynephilia theory's two-subtype taxonomy does not hold true. (p. 181)

Conclusion

Anti-trans theories exist to further invalidate and delegitimize trans individuals of all ages. As efforts to increase gender literacy and trans-affirming care become more prevalent, strategies for refuting such theories will continue. However, trans and gender-diverse communities are known for their strength in challenging and dismantling systems that try to disempower and disenfranchise. Yet, institutional efforts continue to try to marginalize and oppress gender diversity by pressuring people of all ages to conform to binary gender stereotypes and attempting to block efforts to assist individuals with being their most authentic and genuine versions of themselves. Implications for these theories are far-reaching and include, but are not limited to, further stigmatizing and marginalizing trans and gender-diverse individuals, making it difficult for them to have access to basic human rights (e.g., health care, discrimination protections), and perpetuating oppression. The science upon which these theories rest has been widely critiqued by members of the scientific community as being fundamentally flawed, from sampling and recruitment limitations, to core construct measurement problems, to overall study design. By appropriately criticizing and debunking these theories, the movement toward gender affirmation and respect for all people's basic human rights can and will continue.

G. Nic Rider and Elliot A. Tebbe

See also Activism; Affirmative Therapy; Coming Out; Gatekeeping in the Transition Process; Gender Panics; Identity Politics; Parent Advocacy Groups for Trans Children; Transphobia

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Archives

In the narrowest sense, archives are collections of records or historical materials that are professionally curated and maintained for the purpose of preservation and access. More broadly, the term *archives* has been used both as a theoretical concept and as a vernacular description for any collections of materials. In all senses of the term, archives have been important for Trans Studies, particularly as a resource for primary source accounts of trans lives. This entry offers a brief introduction to trans-specific archival efforts and the complexities involved in representing trans experiences in the historical record.

Although the term *transgender* was popularized in the late 20th century in North America, historical evidence shows that people have transgressed gender norms throughout human history and around the world. Thus, while the discipline of Trans Studies is only a few decades old, the practices and experiences it is based on have been ongoing for millennia. This presents several important challenges: How do we understand and interpret historical practices of gender expression that occurred prior to the emergence of the concept of "trans"? And, how do we account for different cultural contexts (both historically and currently) where there are divergent understandings of gender identity, particularly as it relates to or is conflated with sexual identity or sexual practices? To pursue these questions, archives have offered rich sites for academic exploration.

Historical materials relevant to Trans Studies can be found in a wide variety of archival contexts. Beginning in the 1980s, there have been a few independent efforts to collect trans history, such as the National Transgender Library and Archive, which began in Georgia and is now housed in the Labadie Collection at the University of Michigan, and the Trans-Gender Archive, which began at the University of Ulster in Northern Ireland and is now housed in the Transgender Archives at the University of Victoria (which is currently the largest trans archival collection in the world). There are also many LGBTQ-specific archives in North America—such as The ArQuives in Toronto, Ontario; the GLBT Historical Society in San Francisco, California; and the ONE National Gay and Lesbian Archives in Los Angeles, California—where an abundance of trans history has been collected and preserved. Finally, in more general archives, such as university special collections, historical societies, and state and federal archives, trans-related materials have often been collected inadvertently, although more institutions now devote resources to intentionally collecting in this area (e.g., Cornell University's Human Sexuality Collection, the San Francisco Public Library, and the Wellcome Library in London)

In addition to these brick-and-mortar sites, trans materials can be found in countless archival contexts online. Initiatives such as the Digital Transgender Archive, OutHistory.org, and the Queer Digital History Project support the digitization of historical materials, the development of interpretive resources, and the preservation of born-digital content. Akin to brick-and-mortar archives that inadvertently hold significant trans materials, popular online platforms—such as Facebook, Twitter, and YouTube, along with tools such as WordPress, wikis, and group forums (i.e., YahooGroups and GoogleGroups)—include such a wealth of materials relevant to trans lives, history, and community building that numerous scholars advocate that these platforms should be treated as archives as well.

Across this range of archival contexts, researchers can find many types of materials, including periodicals, newsletters, clippings, personal and organizational records, photographs, letters, diaries, clothing, academic work, brochures, and many other formats. Some of these materials represent the firsthand experiences of trans people (such as journals, letters, and photographs) and the emergence of trans identities and communities (such as newsletters and organizational records). Other materials document trans people's confrontations with the state (such as arrest records for violations of crossdressing laws), harmful encounters with non-trans people (such as police records for incidents of violence), and sensationalistic exposés of gender nonconformity (such as magazine and news coverage). This diversity of sources points to a significant tension in the archival record between materials that are *by* trans people and materials that are *about* trans people.

While archives have demonstrated increasing commitments to expand their trans holdings, what cannot be found in archives is perhaps as important as what can be found there. Generally, the experiences of more privileged factions of trans communities—such as those who are white, able-bodied, and economically advantaged—are overrepresented in archives, particularly when comparing materials created by trans people to materials created about trans people. In other words, more privileged trans communities have been able to create more materials about themselves and have also been able to find a secure, permanent archival home for those records. This inequity in archival representation has been the focus of recent efforts to capture other forms of historical memory, such as oral histories, in order to broaden and deepen trans-related holdings in archives. Yet there remains a great deal of work to be done to balance who is represented in archival holdings and how those archives are dispersed globally.

Even beyond the politics of who is represented in archives, it is critical to consider a more theoretical question: What can (and should) the archival record capture of trans experiences? After all, what is collected in archives are only fragments of lives, offering fleeting glimpses into complicated lifetimes. Particularly with respect to trans history, the challenge of accounting for bodies and embodied experiences in archival contexts presents a formidable obstacle when attempting to document trans lives. There are also instances when it is not desirable to have materials archived, especially for trans people who have carefully presented their own history and identity and for whom archives have the potential to betray them and undermine their security.

Yet despite these complexities, archives have and will continue to serve as a generative site of inquiry for Trans Studies. Archives collecting trans materials contribute to personal identity development, community formation, political activism, the enrichment of the historical record, and scholarly work that touches upon all of these areas.

K. J. Rawson

See also Academia; History; Identity Development; Representations in Popular Culture; Social Media; Trans Studies

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Artists, Canadian

Since the concept of transness entered public consciousness in the 1950s, artists like Stormé DeLarverie and Delisa Newton have showcased their trans identity as part of their performances and, in the process, exhibited new ways to understand societal conceptualizations of gender and sex. Trans artists today remain on the forefront of creating groundbreaking work that pushes gender and sexual binaries. Particularly innovative has been the work of BIPOC (Black, Indigenous, and People of Color) trans artists, who take an intersectional approach to fight white supremacy and transphobia in tandem. Because the experiences of white trans artists are prioritized in scholarship on artists, just as white people are at the forefront of trans studies scholarship more generally, this entry focuses on the work of BIPOC Canadian artists as an intervention in these traditional whitening practices. The artists covered are Ravyn Ariah Wngz, Rosina Kazi, Kyisha Williams, Tobaron Waxman, Aiyyana Maracle, and Raven Davis.

Ravyn Ariah Wngz

Ravyn Ariah Wngz, also known as the Black Widow of Burlesque, is an Afro-Indigenous trans woman based in Tkaronto/Toronto. She cofounded ILL NANA/DiverseCity Dance Company, a queer multiracial dance company, and her career as a choreographer and dancer has spanned two decades. Her work has largely focused on breaking down the barriers of transphobia, ableism, and sizeism in dance that shut people out of experiencing and moving in their bodies. Wngz confronts head-on the anti-Blackness inherent in dance and much of the arts, weaving Black liberatory struggles into her content and choreography. Her work combines traditional ballet practice, street styles, and vogue, bringing an activist aesthetic into all that she does. Wngz's activism has resonated globally, with a speech she gave following protests against racist monuments in Tkaronto garnering over three million views as of August 2020. Her artistic performance and activist practices have galvanized people around ideas of justice, liberation, and freedom.

Rosina Kazi

Similarly, nonbinary artist Rosina Kazi's work has acted as a provocation for discussions of environmental justice, white supremacy, and transphobia for the past three decades. Their music, both as a solo artist and as part of the Tkaronto-based electronic duo LAL, speaks to structural and systemic violence and the power of activists fighting for change. For example, their song "Self Defense" speaks to the ongoing surveillance and violence facing racialized people in Turtle Island (i.e., North America) and Inuit Nunangat, the homeland of the Inuit in Canada. It describes a world where racialized artists and activists are not safe from a state that seeks to stop their revolutionary creative practices.

Kyisha Williams

Black, nonbinary filmmaker and actor Kyisha Williams creates short narrative and documentary projects on socially relevant issues. They take what can be considered "heavy" topics (such as incarceration, sexuality, and assault) and make them accessible and easier to discuss by crafting character-driven, engaging stories. In other words, Williams takes "hard to look at" issues and makes them beautiful.

They use film, as it provides an opportunity to work collaboratively and to take part in healing our society by engaging audiences in vital dialogue about how we live or could live. A critical part of Williams's work is discussing the nuances of trans experiences and the need to address the criminalization of trans women of color.

Tobaron Waxman

Tobaron Waxman is a curator, visual artist, and trained vocalist in Jewish liturgical music who combines these skills to create site-specific installations. Waxman, a former Orthodox Jew as well as trans, often uses traditional Jewish religious motifs to shed new light on issues of identity, gender, religion, and politics. For example, in the 2006 piece *Amidah Triptych,* Waxman inserts a nude trans man into scenes of men reciting the Jewish prayer, reflecting that trans men belong in this setting, but, as symbolized by the man's nakedness, they remain vulnerable to scrutiny and expulsion. Waxman was the first trans artist to be exhibited in a major Jewish museum.

Aiyyana Maracle

The late Indigenous (Haudenosaunee) artist Aiyyana Maracle was a performance and video artist, storyteller, and theater director whose work called attention to precolonial Indigenous cultural traditions that recognized more than two genders. Maracle's work sought not only to decolonize gender but also to forefront the voices of Indigenous trans women like herself, who have been erased from history and are still largely ignored today. Her one-person show, *Chronicle of a Transformed Woman,* which she subsequently published as a book, detailed her use of traditional medicine rituals during her transition process and her struggles against colonization.

Raven Davis

Two-spirit (Anishinaabe) visual artist Raven Davis, who works between Toronto and Halifax, uses performance, photography, installation art, and other mixed-media methods to advocate for disability justice and address ongoing colonialism and violence toward Indigenous people. They root their work firmly in disability arts practices, which draw on disability theory and disability justice organizing and bring together Deaf, Mad, sick, and disabled artists. Davis's work also directly calls out the Canadian government for its role in the violence faced by Indigenous people. From jingle-dress dancing on a bloody Canadian flag to producing large-scale photographs that mock Parks Canada 150 advertisements by inviting tourists to visit reservations, Davis challenges white supremacy, colonial violence, and systemic transphobia.

Syrus Marcus Ware

See also Artists, U.S.; Black People; Film; Indigenous People

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Artists, U.S.

Growing up in a cisnormative society characterized by an entrenched gender binary, trans people have had to invent and create a space for themselves. It is thus not surprising that many trans people have been artists and have developed groundbreaking work in various media. Through their artistic contributions, they have helped establish an identity

and a discursive place for themselves and the larger trans community. Moreover, given that trans artists challenge societal assumptions about gender, it is likewise not surprising that many also do not conform to the expectation that they limit themselves to one artistic genre; instead, they tend to produce work in a variety of disciplines and/or mix different media. This entry discusses six contemporary U.S. artists who have received widespread critical acclaim: micha cárdenas, Zackary Drucker, Juliana Huxtable, Amos Mac, Wu Tsang, and Alok Vaid-Menon. These artists express themselves through numerous creative forms, including performance, film, digital media, photography, self-portraiture, fashion design, poetry, and prose.

micha cárdenas

A first-generation Colombian American, micha cárdenas is a trans female educator, writer, digital media artist, and clothing designer. She is an assistant professor of Art and Design: Games + Playable Media at the University of California–Santa Cruz, and coauthor of the books *The Transreal: Political Aesthetics of Crossing Realities* (2012) and *Trans Desire/Affective Cyborgs* (2010).

Her artistic work supports the health and welfare of people, especially trans women of color, and the planet using interactive media design, virtual reality, science fiction, and performance. In 2015, cárdenas created the online, interactive game *Redshift and Portalmetal,* which focuses on a trans woman of color who must travel to other worlds because her planet's environment is becoming unlivable. In describing the work on her website, cárdenas states that the game poses the question, "As climate change forces us to travel to the stars and build new homes and families, how do we build on this land, where we are settlers, while working to undo colonization?"

In 2020, cárdenas created *Sin Sol* (*No Sun*), an augmented reality game that tells the story of climate-induced wildfires through the eyes of a trans Latinx artificial intelligence hologram. Set 50 years in the future, the game depicts the environmental collapse occurring now using three-dimensional scans of forests from the Pacific Northwest. Like *Redshift and Portalmetal, Sin Sol* considers how climate change intersects with race, gender, and immigration, as well as the interplay between personal trauma and environmental trauma.

cárdenas's projects are not limited to virtual reality and future worlds; through her art, she also seeks to have a direct impact on the lives of marginalized peoples today. For example, she has collaborated on *UNSTOPPABLE,* an effort to design and disseminate information about how Black communities can produce DIY bulletproof clothing to address the horrific rate of murders of Black people, particularly Black trans women. She also initiated the development of *Local Autonomy Networks (Autonets)*, online and offline community networks that exist outside of corporate-owned infrastructures, including a line of mesh-networked electronic clothing that can alert other nearby Autonet garment wearers that someone needs help and their location. The project aims to increase community autonomy and reduce violence against people because of their race, gender, and sexuality.

Zackary Drucker

Zackary Drucker is a white trans female photographer, actor, and film and television producer whose work documents her own and other trans people's experiences. For example, she had a 6-year relationship with trans male film producer and director Rhys Ernst, which they recounted through photographs that they exhibited as "Relationship" at the Whitney Museum of American Art in 2014. The photos chronicle the development of their relationship and their different gender transitions and capture everyday moments in their lives, like trips together and relaxing at home, which serve to humanize and valorize the relationships of trans people. "Relationship" was released as a book in 2016.

Drucker and Ernst have also collaborated on other projects. They created the short film *She Gone Rogue* (2012), in which Drucker plays a fictional character who has dreamlike encounters with the groundbreaking trans women performers Flawless Sabrina, Vaginal Davis, and Holly Woodlawn. The film is both an homage to the artists, who were role models for Drucker, and a representation of Drucker's need to "go rogue" and forge her own gender path. Drucker and Ernst also worked together from 2014 to 2017 as consultants and producers on the Amazon series *Transparent,* where they sought to ensure that trans people were portrayed accurately, and on *This Is Me* (2015), a series of 5- to 6-minute documentaries about issues

faced by trans people today based on topics raised in *Transparent*. Drucker is featured in an episode on trans women sisterhood.

A central theme of Drucker's artistic work is the need for trans people to take control of how they are represented. This concern is also evident in her support of other trans artists. In 2017, she edited a special issue of *Aperture* magazine on "Future Gender," which focused on how trans people from different countries have used photography to illustrate their own lives, communities, and histories.

Juliana Huxtable

A Black trans female visual artist, writer, performer, model, and DJ, Juliana Huxtable explores the intersections of race, gender, and sexuality in her art using a variety of media, including self-portraiture, text-based prints, writing, and music. Among her best-known works are photographic images in which she places herself within historical and Afrofuturistic settings, signaling that Black trans people have and will continue to exist. For example, in *History (Period Piece)* (2013), Huxtable superimposed an image of herself with U.S. and British flags in her hair against a tapestry depicting merchant ships from the era of colonization and the slave trade. The piece simultaneously addresses how this history informs conceptions of Blackness, transness, and queerness today and how Huxtable herself must contend with this past.

Two of her other visual works, *Nuwaubian Princess* (2013) and *Untitled in the Rage* (Nibiru Cataclysm; 2015), are nude self-portraits that have an ethereal quality, as if to suggest a vision of a world in which the bodies of Black trans women can be centered and respected. In *Untitled in the Rage,* Huxtable, whose skin is painted turquoise green and her long braids highlighted in neon yellow, is sitting on her heels and positioned in profile, so that her body draws in the viewer. But while the image invites one's gaze, its representation of a trans woman of color challenges stereotypical ideas and ideals of race, gender, and sexuality. At the same time, the supernatural and fantastical elements of the piece, along with the reference to the Nibiru Cataclysm (a supposed impending disastrous encounter between the Earth and another planetary object), point to the existence of different realities and the fluidity of identities.

Huxtable has also created works that address her experiences growing up, her interest in science fiction and online spaces, and how race, gender, and sexuality are conceptualized in the digital age. In the series *Seven Archetypes* (2012–2013), she contextualized her gender transition alongside dominant constructions of gender and sexuality. In *Untitled (For Stewart;* 2012), Huxtable created a color inkjet print of one of her all-caps, stream-of-consciousness poems that describes the misogyny of video games, the blurred lines between video games and pornography, her alienation from boys, and her vision of herself as female. This poem was featured in her poetry book, *Mucus in My Pineal Gland* (2017). She also cowrote, with artist Hannah Black, the science fiction novella *Life;* it is a narrative about two risk analysts taking on the ultimate catastrophic assessment: an impending apocalypse.

Amos Mac

A white trans male photographer, editor, and writer, Amos Mac has greatly increased the visibility of trans people through a variety of media. In 2009 he cofounded, with Rocco Kayiatos, *Original Plumbing,* the first U.S. print magazine focused on trans male culture, and served as its editor for the 20 issues that were published over the next decade. The magazine's photographs (many taken by Mac) and stories helped many trans men to see images of people like themselves, and its coverage of topics like developing careers and becoming fathers addressed issues that were not being discussed anywhere else at the time. Highlights of the magazine were reprinted in a book, *Original Plumbing: The Best of Ten Years of Trans Male Culture,* in 2019.

In addition to his photography for *Original Plumbing,* Mac's pictures have been featured in dozens of publications, including the *New York Times, Interview,* and *Out.* In 2011, he published his photographs of Zackary Drucker in *Translady Fanzine* and the exhibition "Distance Is Where the Heart Is, Home Is Where You Hang Your Heart." Mac also contributed to Drucker's "Future Gender" issue of *Aperture* magazine with photographs of Juliana Huxtable. In 2015, he broke new ground by photographing that fall's collection of the H&M fashion brand "& Other Stories," which was the first such photo shoot to use all trans models and crew members.

In recent years, Mac has written for television and film. He was the associate producer for the documentary series *Gaycation* (2016–2017), which explored LGBTQ cultures around the world, and is currently a story editor for the relaunch of the teen drama series *Gossip Girl* (2021). With film director Aisling Chin-Yee, Mac cowrote *No Ordinary Man* (2020), a documentary feature about trans male jazz musician Billy Tipton.

Wu Tsang

Born to a Chinese father and a Swedish American mother and identifying as gender fluid, filmmaker, visual artist, and performer Wu Tsang has described herself as being in a place of "in-betweenness." This sense of existing outside of traditional categories is similarly reflected in her work, which often dismantles the boundaries between fiction and documentary, performance and realism, and public and private spaces. A case in point is Tsang's first feature film, *Wildness* (2012), which centers on the Silver Platter, a Los Angeles bar that catered to LGBTQ Latinx immigrants.

Wildness, which premiered at the Museum of Modern Art, developed out of a weekly performance art party of the same name that Tsang co-organized at the Silver Platter from 2008 until the bar closed in 2010. The film depicts how the parties led to the mixing of the bar's long-time patrons with young artists and performers and how the two groups at times had to address differences in race, gender, class, and culture. A central question of *Wildness* involves the development of safe spaces: What does it mean to different communities, and when two communities are marginalized, whose safety takes precedence? While the film takes a narrative approach, it also has elements of magical realism, with the bar itself serving as one of these narrators. Through this technique, Tsang shows that environments are multifaceted and dynamic—as much actor as acted upon.

Another of Tsang's films, *Duilian* (2016), likewise blurs the line between imagination and reality. It envisions the intimate relationship thought to have existed between Qui Jin, a turn-of-the-20th-century Chinese poet and revolutionary, and Wu Zhiying, a calligrapher with whom Jin frequently collaborated. In the film, Tsang plays Zhiying, and boychild, a gender-nonconforming performance artist with whom Tsang has often collaborated, plays Jin. Scenes of the two of them conversing in Jin's poems are interspersed with sequences of wushu martial arts and documentary-style footage of boychild in 19th-century clothing walking through the streets of contemporary Hong Kong. Although fictive, *Duilian* serves to write the couple into history, which is especially important given the erasure of their relationship then and often still today.

Alok Vaid-Menon

Alok, as they are known professionally, is a nonbinary trans femme Indian American performance artist, writer, and fashion designer. They first gained critical acclaim as part of the spoken word duo DarkMatter with Janani Balasubramanian from 2013 to 2017. The group's name and poetry called attention to the invisibility of queer and trans people of color, and their performances highlighted how predominantly white queer and trans communities, like the larger white society, often marginalize people of color and fail to examine their racial privilege.

Alok's physical appearance (which often mixes traditionally male and female gender expressions) and artistic work challenge the gender binary and what constitutes "female" and "male" aspects of presentation. They are the author of *Femme in Public* (2017) and *Beyond the Gender Binary* (2020); the latter is a book aimed at teens and young adults in which Alok uses some of their experiences as a gender-nonconforming individual to point out how society tries to limit gender expression when the only actual boundaries are people's imaginations.

Alok's fashions are also designed to confront gender binaries, as well as transmisogyny, femmephobia, and racism. In 2019, they released *Natural Bodies,* their third fashion collection, which took pieces and elements of clothing that are stereotyped as for women and "feminine" (e.g., skirts, gowns, frills, bright colors) and questioned why these aspects of dress are gendered and not readily available to people of all genders. At the same time, Alok linked the dismissal of femme fashion as superficial and inauthentic to the denial that trans women are "really" women by naming each design after a word that is used to reject the authenticity of trans identities, such as "biological" and

"innate." Alok's collection speaks to the genuineness of the lives of femmes, particularly trans femmes of color, and forces the viewer to recognize how cisness, masculinity, and whiteness are commonly treated as "natural."

Genny Beemyn

See also Artists, Canadian; Film; Geek Culture; Musicians; Tipton, Billy; *Transparent* (TV show)

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Asian American People

Asian Americans constitute a small but growing segment of the trans community. Trans Asian Americans face marginalization both within the transgender community and within the Asian American community. The trans Asian American population is exceptionally diverse.

Marginalization and Diversity

Just as trans Asians and Pacific Islanders (APIs) face marginalization within heteronormative API communities, so trans APIs can face marginalization in the white-dominant LGBTQIA+ community; to understand trans APIs, one must understand their position in both spheres.

The trans community in the United States—like the Asian American community—is characterized by great demographic diversity as well as diversity in terms of gender identity and expression. The trans community obviously includes individuals of every racial and ethnic background, including African Americans, Latinos and Latinas (Latinx has recently become popular as a gender-neutral term to describe them), Asian Americans and Native Americans, and white people of every European national origin. The diversity of the trans community in terms of gender encompasses people who pursue medical interventions, those who do not, those who identify as men or women, those who identify as genderqueer or nonbinary, those who crossdress part of the time, those who do some form of performative drag as entertainment, those who undergo a purely social transition, and of course those who are assigned male sex at birth and those who are assigned female sex at birth as well as those who are intersexed but nonetheless assigned male or female at birth.

Likewise, the Asian American community includes the full spectrum of gender identity and expression as well as a wide variety of national origins and ethnicities. The term *Asian American*, like the term *trans,* is both a social construction and a term of relatively recent origin. Until the mid-20th century, the now-derided term *Oriental* was in common usage throughout the United States and the English-speaking world but has since been rejected because of its Orientalist baggage and the pejorative connotations associated with it. But, just as the term *Asian American* gained favor in the 1970s and 1980s, so in the late 1990s, other terms came to the fore, such as Asian/Pacific Islander and Asian Pacific American (APA). Of course, all terms of self-identification and group identification are social constructions, and all have a relatively arbitrary relationship to the individuals and groups they designate, but some terms are more accurately descriptive, empowering, and/or inclusive than others, and so it is with both trans and Asian American.

Consider the terms that preceded both trans and Asian American. In the case of trans or transgender, these terms came into increasingly common usage

from the 1970s onward to unite disparate groups who otherwise might be referred to as transsexuals, transvestites (or crossdressers), and drag queens, to mention a few terms commonly used up until that point. Similarly, before the adoption of the term *Asian American,* those who now identify as such had available to them only either *Oriental* or nationality-specific terms such as *Chinese, Indian, Filipino,* or subnational terms of identification. Thus, both with the trans community and with the Asian American community, the use of these more empowering terms enabled members of those communities to identify with broader formations and organize politically across different categories.

To understand trans APAs requires that we know something of the Asia/Pacific region to which they trace their origin or ancestry, for the APA communities in the United States have been shaped by the history of Asia and the Pacific even as they evolve within the context of U.S. history and American society. And in fact, Asia is by far the world's largest continent by area and holds 59.54% of the world's population; East Asia (21.53%) and South Asia (24.89%) each account for a quarter of the world's population. Asia has between 24 and 52 countries, depending on how one defines a national state and whether one includes Middle Eastern countries contiguous with the Asian continent. The Pacific is the world's largest ocean, and Oceania is vast in size but holds just 0.55% of the world's population scattered across tens of thousands of islands. Taken together, the Asia/Pacific region encompasses a wider array of ethnicities, cultures, languages, dialect, and religions than any other.

It is ironic that APAs are routinely referred to as a "minority" group in the United States, given that Asians constitute nearly 60% of the world's total population, but Americans of Asian and Pacific origin are just 6.1% of all Americans, boosted by the increasingly large waves of immigration from Asia since Congress enacted the Immigration Reform Act in 1965. In fact, APAs are the fastest growing demographic group in the United States and "Asian America" encompasses people of scores of different national origins, hundreds of subnational communities of origin, and thousands of ethnolinguistic groups from across the Asia/Pacific region. Hence, to speak of "trans APIs," one must speak of a complex intersection of trans and Asian America.

Furthermore, it is important to understand that there is no single Asian understanding of trans or gender variance but rather thousands of different understandings (or misunderstandings). It is therefore difficult to make any generalizations about trans acceptance in the Asia/Pacific region. However, it is certainly true that in no country in contemporary Asia and the Pacific today is there full trans acceptance, whether in the relatively tolerant Buddhist-majority Thailand and the somewhat tolerant Roman Catholic–majority Philippines or the relatively hostile People's Republic of China (PRC) or the Kingdom of Saudi Arabia, which long ago adopted the extreme form of fundamentalist Wahhabi Islam.

Traditions and Identities in Premodern Asian and Pacific Islander Societies

In every premodern Asian and Pacific Islander society, there is some form of "third sex/third gender subject position," to use anthropologist Gilbert Herdt's term.

Korea alone has at least four distinct traditions that anticipate contemporary LGBTQIA+ identities. First, there was the *hwarang* warrior elite—sometimes referred to as the "flower boys of Silla"—an elite corps of archers who dressed in long flowing gowns and wore makeup. Second, there were the *namsadang,* the troupes of actors who went from village to village. Among the *namsadang*, the youth played women's roles, as in Elizabethan English theater. It is said that the youth were often lovers of the older men in the corps. Third, there was the tradition of "boy-wives," in which youth would wed older men for a period of time. And finally, there is the *paksu mudang*—the male shaman who performed what was a woman's role in the ancient shamanic spiritual tradition indigenous to Korea. To speak of "trans APIs" before the late 20th century therefore is to engage in anachronism; it would be more accurate to speak of the proto-transgenderal—those who resemble contemporary trans people in some respects while differing from them in others, yet still anticipating contemporary trans identity or identities.

An example of the proto-transgenderal can be found on the Indonesian island of Sulawesi, where feminine males carry on the *bissu* tradition, while

in India, the ancient tradition of the *hijra* continues to the present day. Vietnam also has a shamanic tradition, known as *dao mau*. The Pacific Islands have many homoerotic and proto-transgenderal traditions, including those of the *māhū* in Hawai'i, the *fa'afafine* in Samoa, the *fakaleiti* in Tonga, the *vaka sa lewa lewa* in Fiji, the *rae rae* in Tahiti, the *fafafine* in Niue, and the *akava'ine* in the Cook Islands. And of course, there are the traditions of theatrical crossdressing such as the Beijing opera *dan* in China and the kabuki *onnagata* in Japan.

Various identity formations and practices that anticipate contemporary trans identities exist in every premodern Asian and Pacific Islander society whether contemporary Asians and Americans are aware of them or not; any assessment of the intersection of trans and API/APA should at least acknowledge this hidden history. This history is relevant to an understanding of the challenges facing those at the interstices of trans and API/APA insofar as all too many APAs and APIs have internalized more modern (mis)understandings of trans and gender variance as being foreign to their countries and cultures of origin, when in fact the opposite is true.

Immigration and Inclusion

Although APIs have lived in what is now the United States since the mid-19th century, it was only with the great waves of Asian immigration in that century that APIs attained visibility in American society, which produced a hostile and at times violent reaction. The needs of trans APIs today reflect aspects of that history that continue to the present day, including the financial precarity of so many APA immigrants. Those who are gender variant in some way labor under multiple oppressions of gender identity and expression as well as race, ethnicity, national origin, and citizenship status. While trans API immigrants are as much in need of services for immigrants as cis APIs, they may be reluctant to go to organizations and social service providers serving immigrant communities for fear of discrimination and further marginalization. Those trans APIs who are undocumented face all the formidable challenges of other undocumented immigrants as well as discrimination and marginalization based on their gender identity or expression. Unfortunately, organizations and institutions serving the white-dominant mainstream LGBTQIA+ community may be indifferent to the special needs and complex challenges of trans APIs, especially migrants.

U.S.-born English-speaking trans APIs may not face the challenges that API immigrants do but may still face discrimination and marginalization within the LGBTQIA+ community as well as in mainstream American society. They may also face the exoticization and fetishization of API identities that are unfortunately still prevalent in the United States today. And trans APIs, regardless of English-language proficiency and regardless of how long they have lived in the United States, may face the same challenges as other people of color with regard to police harassment and maltreatment in the criminal justice system as well as the health care system and in the provision of social services.

It is impossible to estimate the population of trans APAs because the U.S. Census does not include questions about sexual orientation or gender identity. While it is true that some LGBTQ organizations have extrapolated estimates of LGBTQIA+ Americans from census figures documenting the number of households in which two adults of the same sex (assigned at birth) are living together, that extrapolation—questionable even with all-white households—becomes even more so in the case of Asian households, given the "homosociality" of Asian and Pacific Islander societies. Indeed, extrapolating the number of trans APAs is simply impossible using the census as it is currently constituted.

About the only generalization that one can make about trans APAs and APIs is that they face the same patriarchal oppression and trans(gender) phobia as white trans people with the added multiple oppressions of race, ethnicity, national origin, and immigration and citizenship status. At the same time, trans APIs and APAs are increasingly visible in American society and in the Asia/Pacific region; this visibility, in turn, highlights their notable diversity.

Pauline Park

See also Philippines, Gender Categories; Racialized Femininities; Racialized Masculinities; Research Questions About Gender Identity; Tom; Transpinay

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Asylum

Asylum is a form of legal relief and protection to migrants who are fleeing persecution in their countries of origin. For many trans migrants, asylum is often the only option to apply for legal status in the United States, given the family reunification and social class biases of the U.S. immigration system. The two most common ways to apply for legal permanent residency are through direct family ties or through sponsorship by an employer. Many trans people experience family rejection and cannot access legal status through family reunification. Additionally, trans people face many barriers to education and employment and often do not have access to the cultural, class, and economic capital required for labor migration to the United States, which privileges highly educated professional workers. To apply for asylum, trans migrants must be able to prove that they experienced persecution on the basis of their gender identity and be able to navigate numerous social and legal barriers to asylum. Trans studies scholars have theorized asylum for trans migrants in order to understand how legal processes are shaped by essentialist constructions of sexuality, gender, and race, as well as how ideologies of normative sex and gender inform ideals of citizenship and national belonging.

Applying for Asylum

The 1951 United Nations (UN) Convention Relating to the Status of Refugees and the 1967 Protocol Relating to the Status of Refugees form the foundation of international law governing the rights of refugees and asylum seekers. The United States signed the UN Convention and the Protocol in 1969, and in 1980, the U.S. Congress passed the Refugee Act, which adopted the human rights standards laid out by the UN and established a system for the admission of refugees and asylum seekers in the United States. The 1980 Refugee Act codified the UN definition of a refugee as someone who is fleeing persecution or who has a "well-founded fear" of persecution "on account" of race, religion, nationality, political opinion, or membership in a particular social group. The persecution must be committed by the government or by individuals or groups that the government refuses to or cannot control, and applicants must show a nexus between the persecution they experienced and the grounds on which they are applying for asylum. All asylees have to fit this definition of refugee but are subject to different bureaucratic procedures. To apply for asylum, an individual must enter the United States and then apply, unlike refugee applications, which are processed abroad.

There are two ways to apply for asylum in the United States: affirmatively and defensively. Affirmative applications are from individuals who are currently in the United States and decide to apply for asylum before they are put into removal proceedings by the government. These applicants submit an application and then receive a nonadversarial interview with an asylum officer. Defensive asylum applications are from individuals who have already been put into deportation proceedings and are arguing for an asylum claim as a defense. Noncitizens whose affirmative applications are denied and who are not in lawful status are also placed in removal proceedings. Once in removal proceedings, noncitizens are subject to mandatory detention while their asylum cases proceed, which may take months or years. Defensive applications

go directly to immigration court, where the applicant must argue for their case in front of an immigration judge and in the presence of an attorney from U.S. Immigration and Customs Enforcement (ICE) who will argue for the deportation of the applicant. The main purpose of the asylum interview and immigration court hearing is to establish the applicant's credibility and their eligibility for legal relief, which can take the form of a grant of asylum, withholding or removal, or protection under the Convention Against Torture (CAT). The latter two forms of relief can only be granted by an immigration judge, not an asylum officer.

Trans Asylum Applicants

Asylum adjudicators and immigration courts began to recognize gender and sexuality as grounds for asylum in the late 1980s and early 1990s, through cases dealing with women fleeing domestic violence as well as with lesbian and gay applicants. These cases opened the category of "membership in a particular social group" to sexuality- and gender-based asylum claims, which set a legal precedent for trans asylum seekers. In 1994, Attorney General Janet Reno issued a memo establishing that gay men and lesbians constituted a particular social group, and in 2000, the Ninth Circuit Court of Appeals decided *Geovanni Hernandez-Montiel v. INS,* which became the first published case involving a trans asylum applicant. Geovanni Hernandez-Montiel, a teenaged migrant from Mexico, was granted asylum not as a transgender woman but as a "gay man with a female sexual identity," demonstrating how trans asylum applicants in the late 1990s had to use creative legal strategies and draw on established legal categories of gender and sexuality to build their cases and be legible to asylum adjudicators. This formulation of "gay man with a female sexual identity" was the established legal precedent available for trans asylum applicants until 2007, when the Ninth Circuit Court decided *Nancy Arabillas Morales v. Alberto Gonzales* and used the language of "male-to-female transsexual" and female pronouns to refer to Morales, implicitly recognizing "transsexuals" as a particular social group.

Since 2007, there have been several more published circuit court decisions that recognize "transgender" and "transsexual" as particular social groups. However, even though there was a lack of published cases during the early 2000s that used the category of transgender, immigration attorneys in the United States were able to obtain grants of asylum for clients in affirmative asylum proceedings, which were not published and therefore could not be established as precedent. The adoption of transgender as an established legal category in precedential asylum law was in part a consequence of the increased circulation of the language of "transgender" in national and international human rights discourses and by the advocacy efforts of immigrant rights organizations. For example, U.S. Citizenship and Immigration Services worked with the national LGBTQ immigrant rights organization Immigration Equality for 2 years to develop a training module for asylum officers to learn how to better adjudicate asylum claims by LGBTI persons. Released in 2012, the module, "Guidance for Adjudicating Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Refugee and Asylum Claims," provides recommendations on how asylum officers should consider trans asylum applicants in relation to the "particular social group" category.

Even though legal precedent has established that persecution on the basis of one's trans identity constitutes grounds for an asylum claim, many social and legal barriers exist for trans migrants applying for asylum. Social class and gender not only shape the ability of trans people to migrate to the United States to file an asylum claim but also constrain access to an immigration attorney, whose services are necessary to help the applicant navigate the complicated legal system and develop the strongest possible case, which may include country condition reports, expert witnesses, and other forms of evidence. Although national LGBTQ immigration organizations such as Immigration Equality, the National Center for Lesbian Rights, the National Center for Immigrant Justice, and the Transgender Law Center have asylum programs and provide pro bono legal support for many trans asylum seekers, many trans migrants might not be aware of these resources. Furthermore, the increasing criminalization of immigration since the 1990s has created more legal barriers that disproportionately affect trans asylum applicants. For example, the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 implemented a 1-year filing deadline for asylum, expedited removal laws,

and enacted mandatory detention. The REAL ID Act of 2005 also increased the burden of proof on applicants for asylum and withholding of removal claims, requires applicants to corroborate their claims with additional evidence, and makes it easier for an asylum adjudicator to determine that the applicant lacks credibility.

Theorizing Asylum

Scholars have examined asylum cases and the history of asylum for trans migrants in order to understand how legal processes are informed by social constructions of gender and sexuality. Asylum decisions are framed as legal matters of fact, yet asylum is actually a form of discretionary relief, not a right to be automatically granted by an asylum officer or immigration judge. The unevenness of asylum grant rates across adjudicators and regions illustrates how decisions can be informed by the transphobia, homophobia, or racism of the asylum officer and immigration judge. Some scholars have focused on how the immutability standard in asylum law, which requires trans applicants to demonstrate a nexus between their trans identities and the persecution they have experienced, produces legal definitions of gender and sexuality as biological and innate. Trans asylum applicants have to present their gender and sexual identities as essential and fixed, even though the basis of their asylum claims rest on the argument that they have experienced persecution as a result of shifting gender identity and presentation. Applicants need to show that they are recognizable as trans or gender nonconforming in both their written statements and through their bodies when they appear before an asylum officer or immigration judge. In this way, trans asylum provides a vantage point for examining how gendered and sexualized subjects are made legible to legal institutions as being worthy of protection.

Trans asylum also functions as a site for understanding citizenship and national belonging as structures undergirded by racialized ideologies of sex and gender. Scholars have explored this in several ways. First, they have analyzed how the asylum process tends to reproduce the exclusions that structure the regular immigration system. Historically, asylum law has been interpreted in ways that presume a male subject fleeing an oppressive regime. Starting in the late 1980s, courts began to expand interpretations of asylum law to include gender- and sexuality-based claims, yet the asylum process still privileges applicants who are male, are heterosexual, have higher socioeconomic status, and are from particular countries. This is due to the ways that asylum determinations are often shaped by U.S. foreign policy concerns and the ways that gender, race, and class shape a migrant's ability to obtain a successful grant of asylum. Second, scholars have investigated how the asylum process requires trans migrants to provide very detailed accounts of violence they have experienced and to show that their countries of origin are unsafe places for trans individuals as a larger group. Trans and queer migration studies scholars argue that this requirement of demonstrating systemic persecution illustrates how the asylum process reproduces dominant forms of racism and imperialism through the attribution of homophobia and transphobia to other cultures and other nation-states. Asylum applicants must represent their countries of origin as violent and oppressive places for trans people, in contrast to the United States, which, as the country granting asylum, is positioned as a democratic and safe space for trans migrants. This construction obscures the ways that the U.S. asylum process itself subjects trans migrants to inhuman treatment and physical and sexual violence in immigration detention centers. The construction of the United States as a welcoming space for trans migrants also contrasts with the discrimination and forms of structural inequality that trans communities within the United States disproportionately experience.

Tristan Josephson

See also Citizenship; Discrimination; Embodiment; Immigrants and Immigration; Migrants, Legal Issues; Policing of Trans Bodies; Violence

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Athletes, College Sports

Because sports teams have historically been separated based on a binary understanding of sex, the question of which team a trans athlete can play on has challenged sports organizations (1) to develop policies that enable trans students to participate according to their gender identity and (2) to address how biologically based sex differences might affect their participation on sex-segregated teams. This question is particularly salient for trans women seeking to join women's teams. Trans female athletes often face opposition, as well as an assortment of eligibility rules, depending on the steps they have taken as part of their transition, as well as where they live and their level of play. But both trans women and trans men are becoming more visible in collegiate athletics, which is helping to change an aspect of college life in which transphobia often remains rampant.

Policies for Trans Student Athletes

Policies for trans student athletes vary according to level of play. These policies focus on binary trans people and, as of 2020, very few specifically included nonbinary trans identities.

NCAA Policy Recommendations

The National Collegiate Athletic Association (NCAA) governs intercollegiate athletics for more than 1,200 member institutions. The NCAA began thinking about how to include trans athletes in college sports in 2009, when it convened its first meeting to discuss the topic. In 2011, the NCAA released a trans policy recommendation, which member institutions could either adopt or develop a different policy that met with the NCAA's approval. At the same time, it issued the "NCAA Inclusion of Transgender Student-Athletes" resource guide to help colleges ensure that trans athletes received fair, respectful, and legal access to sports teams. The guide included recommendations for best practices related to facilities use, inclusive language, dress codes and uniforms, and the education of athletics staff and athletes.

The NCAA policy recommended when and on what team trans athletes could compete, based on the level of testosterone in their bodies as indicated by testing. Trans men who are medically transitioning commonly take testosterone, but it is considered a banned substance in sports because of its performance-enhancing effects. As a result, trans male athletes need to receive a medical exception to begin taking testosterone. Once these athletes start on testosterone, they can immediately play on a men's team but are no longer eligible to compete on a women's team. Trans male athletes who socially transition, which may include changing their name, pronouns, and/or appearance but who do not take testosterone, may continue to compete on a women's team.

In contrast, trans female athletes must complete 1 calendar year of testosterone suppression treatment before they can join a women's team. In the interim, they can continue to compete on a men's team, even if they socially transition. The purpose of requiring trans women to undergo this treatment prior to participating on women's teams is to try to maintain competitive equity among cis and trans women. However, some trans advocates believe

that the policy is discriminatory and unethical because it forces trans women to medically transition when they may not want or be ready to do so.

The NCAA policy recommendation has enabled many trans athletes to participate in college sports according to their gender identity. In 2005, Keelin Godsey, a track and field athlete for Bates College, became the first known trans athlete in the NCAA when he socially transitioned and continued to compete on the women's team and subsequently in two women's Olympic trials. In 2010, Kye Allums, a basketball player for the George Washington University women's team, came out as a trans man and became the first openly trans NCAA Division 1 athlete. Since the implementation of the NCAA recommendation, hundreds of trans athletes have participated across all sports without issue. Although trans men have had an easier time participating, some trans women also have competed. In 2019, Franklin Pierce College runner CeCé Telfer became the first openly trans collegiate champion when she won the Division II championship in the 400-meter hurdles. Telfer's success, however, sparked a national debate about the inclusion of trans athletes.

Intramural Sports

The National Intramural-Recreational Sports Association (NIRSA), which governs collegiate recreational sports that participate in the NIRSA championship series, implemented a trans-inclusive policy in 2015. The policy allows trans athletes to compete in intramural sports and sports clubs based on their gender identity, without restriction. Colleges with intramural teams that are not involved in NIRSA events can develop their own policies for the participation of trans intramural athletes. These policies have largely supported trans students in competing according to how they identify their gender.

Opposition to Trans Athletic Participation

Trans women are often the focus of harsh criticism for wanting to participate in sport, while trans men frequently receive less attention and do not experience a similar level of pushback, even if they stay on a women's team and are successful in their sport. Additionally, the participation of trans women on women's sports teams has become a political flashpoint that threatens the ability of athletics leaders to adopt sound policies that enable trans athletes to participate according to their gender identity.

The scientific understanding on which the NCAA recommendation is based is evolving. Currently, there are few studies of trans athletes and the impact of hormones on transitioning bodies. As more research considers the effects of hormone treatments on athletic performance, collegiate policies must be able to change to reflect new knowledge.

Additionally, policies for collegiate athletics may be challenged by state laws that require student athletes to compete as the sex they were assigned at birth. In 2020, Idaho passed such a law, banning trans women from participating on women's teams at the youth, high school, and collegiate levels. Because this law is contrary to the NCAA recommendation, colleges in the state will be forced to decide which to violate, if the law is not overturned in the courts. The outcome will have tremendous repercussions for trans athletes.

The challenge for all institutions and the NCAA is to determine how best to encourage the participation of trans athletes in college sports while being limited by a model of athletic competition that is based on sex segregation.

Pat Griffin and Chris Mosier

See also Athletes, Pro Sports; Gender Binaries; High School Sports; Hormones, Youth; Olympic Athletes

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Athletes, Pro Sports

Since Renée Richards's successful quest to compete in events sponsored by the Women's Tennis Association (WTA) in 1977, the circumstances under which trans people have the right to compete in professional (and elite amateur) sports has been a point of contention within sport associations, scholarly research, and wider public discourse. Individual trans athletes have been catalysts for ongoing debates about the extent to which human rights extend to sport participation and the development of policies by sporting bodies. The vast majority of controversies have centered on the participation of trans women in women's sports because of the assumption that past exposure to higher levels of testosterone constitutes an unfair competitive advantage over cis women competitors. Supporters of trans participation include leading scholars in the field, who, as discussed in the sections that follow, refute arguments about biological advantage and draw attention to the flawed science of sex difference that is employed to arbitrate questions of eligibility for trans and cis women alike in women's athletic competition.

The Assumptions of a Two-Sex System and Male Athletic Advantage

Objections to the participation of trans women in sport center on two taken-for-granted assumptions: that there are only two sexes and that men as a group have an athletic advantage over women as a group. These assumptions about binary sex differences inform a particular moral panic around the participation of trans women in women's sports. Even though Richards was not a particularly successful professional athlete, she was alleged to have an unfair advantage because of having been assigned male at birth, and the need to prevent the perceived advantage of trans women has become a persistent feature of policies designed to regulate their inclusion in amateur and professional sport. In contrast, trans men are viewed as either fundamentally limited in competition against cis men by having been assigned female at birth or as having their performance unfairly enhanced in competition against women if they take testosterone as part of their transition process. The debate about the inclusion of trans athletes involves questions as to the extent to which hormone therapy effectively changes biological characteristics associated with an assumed male athletic advantage.

Feminist science studies and critical sports scholarship have successfully troubled both the naturalness of the two-sex system and fundamental male athletic advantage. This research emphasizes two findings that are relevant to the participation of trans people in sport: first, that there is no clear line of demarcation between male and female bodies, and second, that existing gendered overlaps in athletic performance are systematically rendered invisible. The underlying assumption of sex-segregated sporting spaces is that someone who is born male naturally has an unfair advantage when competing against girls and women in sport. A number of scholars have refuted this assumption of athletic superiority. So-called male and female bodies develop in social contexts that assume and privilege male athletic competence at the expense of female physical development. Critical feminist sports scholars focus on the role of sport in contributing to gender inequality by reinforcing orthodox masculinity and perpetuating sexism. Within this field is an emergent subset of research that views the sex segregation of amateur, elite, and professional sport as deeply problematic.

The Role of the International Olympic Committee

Policies for the participation of trans athletes in amateur and professional sports have been greatly influenced by the International Olympic Committee (IOC). The IOC first developed a trans participation policy in 2004. Colloquially known as the "Stockholm Consensus," this policy required transsexual athletes to undergo complete hormonal transition at least 2 years prior to competing in an Olympic event, to undergo genital-reassignment surgery, and to have documents proving legal recognition of their new sex by their home governments. Many international and national sporting bodies followed the IOC's lead by developing identical policies. The Stockholm Consensus was widely criticized by sport scholars on the grounds that genitals are irrelevant to athletic performance, that the expense and/or invasiveness of surgery is a barrier for many athletes, and that many governments

refuse to supply legal documents designating the appropriate legal sex identity.

In 2016, the IOC announced that trans athletes would be eligible to compete in the Olympics without having undergone gender-affirming surgery. While it is seen by many as an improvement over the prohibitive requirements of the Stockholm Consensus, it continues to reflect an ideological commitment to a two-sex system (albeit a more complicated one) and an unquestioning belief in male athletic superiority. Trans women are required to follow a hormone regimen that negates the "performance-enhancing" effects of testosterone, whereas trans men are not required to submit to any hormonal regimen in order to participate as men in men's sports.

The policies and controversies regarding trans inclusion in sport overlap with those relating to gender verification testing for women athletes and supposed biological boundary markers between male and female athletes as they relate to eligibility for participation. Critical scholarship troubles binary sex categories and male superiority by observing that sex differentiation is far more complex, citing people born "intersex" as an example. There is considerable debate over what percentage of the population is born with intersex characteristics; the numbers are impossible to verify because many people with intersex conditions are invisible—that is, they are not characterized by ambiguous genitalia but feature so-called chromosomal "abnormalities" that are often never detected. Indeed, women athletes who "failed" the scientifically flawed gender verification tests that the IOC and its affiliated organizations required of all women competitors from the 1950s to 2004, and on a case-by-case basis subsequently, have often learned that they are intersex only as a result of this process itself. Obviously, the vast majority of people never experience such testing, so the data relating to the frequency of intersex conditions is fundamentally limited.

Openly Trans Athletes in Professional Sport

Since Richards's groundbreaking participation in the WTA, only seven trans athletes from four countries are known to have competed in professional sport, five in women's sports (Australian Mianne Bagger in golf, Canadian Michelle Dumaresq in mountain bike racing, American Fallon Fox in mixed martial arts, Brazilian Tiffany Abreu in volleyball, and Australian Hannah Mouncey in Australian rules football) and two in men's sports (Canadian Harrison Browne in ice hockey and American Patricio Manuel in boxing). Seemingly, many trans individuals have not sought to compete, or at least not been open in doing so, because of a fear of criticism and opposition. This is especially the case for trans women competing in women's sport.

In fact, all five out trans women professional athletes encountered discrimination and had to fight attempts to keep them from participating in their sport. For example, when Bagger first began competing professionally in the mid-2000s, most professional golf associations barred trans women players by stipulating that competitors must be "female at birth," a policy no doubt prompted by Richards's earlier success against the WTA. Bagger worked hard to educate the leadership of national and international professional golf associations to change this rule. Her efforts, combined with the 2004 ruling by the IOC enabling fully transitioned athletes to compete, led many golf associations to change their policies. It was not until 2010, however, that the Ladies Professional Golf Association amended its bylaws to allow trans women to compete.

Fallon Fox's career in mixed martial arts (MMA) was likewise negatively affected by transmisogyny. Even though she qualified to compete according to the requirements of the IOC and had been ruled eligible by state licensing bodies, she was prevented from having bouts by the refusal of the Ultimate Fighting Championship MMA promotion organization to include her on fight cards. She was also left off the list of Unified Women's MMA rankings as a result of open bias against trans women. The opposition contributed to Fox retiring in 2014.

In contrast to Fox's experience, Patricio Manuel has been more widely accepted, earning support from the MMA and a sponsorship deal with the fitness equipment corporation Everlast. This is consistent with assumptions, rendered in trans participation policies, that trans men have no advantage over cis men in competition, unlike pseudo-scientific claims that view trans women as having just such an advantage.

Sex Segregation in Sport

The experiences of these trans athletes reflect the foundational role of modern sport in normalizing

an ideological binary sex system and male athletic superiority. Sex segregation is one of the central features of major professional sports worldwide, such as ice hockey, football (including soccer, Canadian and American football, and Australian rules football), tennis, basketball, and golf. Female athletes are required to develop and compete in their own leagues and typically earn a fraction of the amount of money made by male athletes. The lone exception is tennis, where the popularity of the women's game, along with advocacy from women players and their supporters, has resulted in equal purses for men and women at major tournaments in recent years. The fact that the names of professional women's sports associations are specifically gendered while men's remain unmarked (e.g., the Ladies Professional Golf Association versus the Professional Golf Association, the Women's National Basketball Association versus the National Basketball Association) is a powerful example of how sport is assumed to be a masculine realm. Understood in this light, the maintenance of male privilege in professional sport depends on the fierce patrol of its gendered borders. The regulation of the bodies of women and trans people reflects the extent to which all people not categorized as male are interlopers.

Sex segregation in sport is grounded in a vision of sex as a binary system that conforms to Eurocentric norms, whereby males and females are considered fundamentally different kinds of humans, and that emphasizes difference via the deliberate invisibility of similarities between male and female athletes. Despite documented overlaps between male and female athletic performance, mainstream sporting policies continue to lean heavily on a Western trope of white female frailty. The ideology of the two-sex system is grounded in antifeminist gender essentialist theories that correlate naturalized and stereotypical masculinity with biologically defined males and femininity with biologically defined females—an argument that was used to keep girls out of sports prior to the 1970s.

The limited nature of inclusion permitted by the IOC continues to reinforce binary-based understandings of sex difference. Such trans inclusion policies tend to be conservative in that they reify, rather than challenge, the sex binary that is instrumental in gender inequality and anti-gay and anti-trans oppression. As a result, many trans people are left out when it comes to participation in amateur and professional sport, including those who do not conform to binary understandings of sex difference, who do not successfully "pass" as men or women, or who are unable to access trans-affirming health care.

It is simplistic but instructive to speak of two classes of trans people on the basis of family support combined with socioeconomic privilege. Barriers to accessing the affirming health care that ameliorates gender dysphoria and aids assimilation (whether that is the desired goal or not) include nationality, poverty, racism, lack of health insurance, lack of family support, geographic inaccessibility, binary nonconformity, immigration status, mental health issues/trauma, and coming to understand oneself as trans too late to redirect puberty. And nonbinary athletes typically have literally no place to play. Sport policy has not even begun to take these issues into consideration.

Ann Travers

See also Athletes, College Sports; Gender Binaries; High School Sports; Olympic Athletes; Richards, Renée

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Authorship of Trans Literature

Scholars in science, medicine, and public health have brought renewed visibility to gender inequity among professional ranks within these fields. Some scholars, such as Geordan Shannon and Cléo Chassonnery-Zaïgouche, have referred to a process of "gender reckoning," calling attention to the phenomenon of critical gender analysis within academic disciplines and the concomitant imperative for better gender representation among faculty and other scholarly positions, to transform research priorities, values, and impact. In the trans health field, a recent evaluation analysis of published studies by Waleed Sweileh (2018) revealed that out of the top 10 authors who are major contributors to trans literature, only one researcher is openly transgender (trans)-identified. This analysis accounts for at least a century of peer-reviewed publications on trans health and represents a body of work that is rooted in cisnormativity and cisgenderism; trans publications reflect a predominantly cisgender (cis)–centered context of research, whereby cis researchers' perspectives are valued and privileged and trans researchers' voices are marginalized. This entry addresses factors implicated in, and problems resulting from, gender disparity in trans literature and in particular the lack of trans representation among authors of trans health scholarship. This essay also offers a blueprint for organizations and institutions to address this issue.

Factors That Contribute to Lack of Trans Representation in the Authorship of Trans Literature

Underadmittance of Trans Scholars in Advanced Degree Programs

To understand the disproportional gender composition in trans authorship, it is crucial to examine structures accountable for producing researchers, namely, research organizations and institutions. Specifically, this authorship disparity reveals who gets accepted into higher education institutions, attains advanced training and credentials to engage in trans research, and achieves authorship in peer-reviewed journals. According to the 2015 United States Transgender Survey (USTS), a national survey of over 27,000 trans people, as well as the 2019 U.S. Census data, trans people are underrepresented 2.5 times less in doctoral programs and 1.7 times less in professional programs compared with cis people. This disparity is driven by trans students' well-documented experiences of transphobia, discrimination, and mistreatment in higher education, which negatively affect their access to a range of opportunities (mentorship, inclusion in research collaborations and networks, authorship) and contribute to their retention and academic success. Lack of representation and success in these programs reduces trans students' chances of successfully competing for federally funded research awards and being hired as faculty. Admission committees, therefore, play an important point of influence given their power to challenge the status quo of cisnormativity and cisgenderism in higher education. Once admitted to advanced degree programs, academic administrators and leaders have significant roles in challenging tokenism of trans scholars in academia and in cultivating gender-inclusive and gender-affirming training environments that can maximize the success of young trans scholars.

Lack of Investment in Trans Research and Researchers at the Funding and Authorship Levels

At the funding and authorship levels, federal grant institutions and scientific journals are currently not collecting gender identity data from researchers to examine gender disparities in awardees and authorships beyond the male/female binary. A 2019 study by Travis Hoppe, titled "Topic Choice Contributes to the Lower Rate of NIH Awards to African-American/Black Scientists," demonstrated that African American/Black scientists, particularly women, receive lower grant scores and funding relative to their white counterparts. This disparity was mainly attributable to these scholars proposing community-level health interventions (e.g., addressing health disparity, reproductive health) rather than biomedical studies (e.g., focusing on stem cells, vaccines, molecular biology), possibly reflecting a value at higher levels of research funding and administration regarding which types of research are "worthy" of investment. Similarly, scientific journals are more likely to publish studies authored by cis men than by cis women. These findings have potential implications for trans literature, particularly in trans health research, given that establishing trust and collaboration between trans community members and scientists is crucial to

Table 1 Recommendations to Address Gender Disparity in Trans Health and Empower Emerging Trans Researchers

Recommendation	*Description*
For Research Organization and Institutions	
Use gender equity lens in recruitment and admission process.	– Set gender equity goals that explicitly measure number of trans students in admitted student pool. – Incorporate a transgender identification questionnaire in student application forms and/or school records. – Include trans faculty and trans students as part of admission review committees. – Allocate recruitment funding and resources that target prospective trans applicants.
Hire trans faculty and staff.	– Hire trans faculty and staff across all levels of the organization and/or institution. – Create a resource pipeline to retain and advance graduating trans students to become faculty and/or staff members. – Include trans faculty and trans students as part of hiring committees.
For Journals	
Collect gender identities in journal management systems.	– Collect gender identities beyond the female/male binary of authors submitting manuscripts and other publication pieces. – Track the number of submission outcomes (e.g., rejection, acceptance) by gender.
Invite and commission trans researchers and authors on trans health and/or related topics.	– Invite trans researchers and authors to write commissioned pieces regarding trans health and/or other relevant topics.
Invite trans researchers as reviewers and/or editors.	– Meaningfully invite and hire trans researchers as Reviewers, Editors, and/or staff across all levels of journal organization.
Challenge manuscripts written with cisnormative and cisgenderism framing.	– Recognize and challenge articles during the peer-review process to refrain from promoting cisnormative and cisgenderism framing throughout the manuscript, including definitions and recommendations that medically pathologize trans people and widen inaccessibility of trans-related health services.
For Federal Grant Institutions	
Collect gender identities in federally funded grant application systems.	– Collect and track gender identities beyond the female/male binary of lead and coinvestigator applicants who apply for federally funded grants.
Fund trans research that is trans-led.	– Establish research funding streams (e.g., request for proposals, early investigator awards) catered to trans research that is trans-led.
Invite trans researchers as study/grant reviewers.	– Meaningfully invite trans researchers as study/grant reviewers.
For Cisgender Researchers	
Cite trans researchers and authors.	– Support the work of trans researchers and authors by intentionally acknowledging and citing their manuscripts and other publications. – Unlearn cisnormative models/framework and learn new ones put forward by trans researchers and authors.
Recognize privilege in being a cisgender researcher.	– Recognize that cisgenderism and cisgendernormativity are pervasive in the field of trans research and literature and that this culture and practice are often upheld, protected, reinforced, and benefited by cisgender researchers.

Recommendation	Description
Mentor and make space for trans researchers and authors in writing manuscripts and designing trans research.	– Grant space for emerging trans researchers and authors to lead and/or co-lead manuscripts and other relevant projects. – Provide meaningful mentorship by treating trans mentees with autonomy and respect and deferring toward their expertise when appropriate.
Invite community trans collaborators and members to be authors.	– Meaningfully invite and include trans collaborators and community members to participate in research manuscripts and other projects, while simultaneously challenging tokenism in such participation.

Source: Authors.

study success. In addition, cis researchers are currently more often published in trans health than are trans researchers. In cases when trans people are included in federally funded studies, trans samples are often lumped with those intended for cis people (cis men-who-have-sex-with-men studies), contributing to a system in which trans issues are investigated as supplementary to cis-focused research. Additionally, there are no systematized data showcasing federally funded studies that invest in trans studies led by trans researchers. Without data to distinguish trans researchers at the funding and authorship levels, analogous studies examining disparities in authorship and the ratio of submission to acceptance/rejection by gender identity cannot be conducted.

Common Problems With Lack of Trans Representation in Trans Literature

Gender disparity in trans literature sheds light on who holds power and privilege in shaping this scholarship. The overrepresentation of cis authors reflects the ways in which narratives, terminology, theories, and recommendations are fomented from a cisnormative, cisgenderist viewpoint. These norms have been established as gold-standard research practices despite challenges from trans researchers and communities.

For example, in the field of trans health, the term *transgender* has consistently been defined on the basis of biological sex (e.g., "people whose gender does not match their sex assigned at birth") even though trans researchers and writers have detached biological sex as a qualifier and defined trans based solely on gender identification. Moreover, dominant narratives and medical constructions of trans people's transition experiences are framed similarly (e.g., born/trapped in the wrong body), contributing to what trans trailblazer and writer Janet Mock (2012) describes as a "convenient, lazy explanation [that] fails to describe trans people . . .that makes trans people's varying journeys and narratives palatable to . . . the cis masses" (para. 3). Nearly all trans research papers begin by defining trans populations according to this construction while cis studies do not define what cis means, thereby reinforcing cisnormativity in research.

Such cisnormative framing also feeds into clinical recommendations. For example, requiring a gender dysphoria diagnosis for access to medical gender affirmation (hormone replacement therapy, gender-affirming surgeries) creates additional barriers to health care and promotes stigma toward trans individuals. Trans scholars have criticized these requirements for pathologizing trans identities, widening health care inaccessibility, and reifying the gender binary to the detriment of trans individuals.

Conclusion

Given the ways in which hegemonic cisnormativity and cisgenderism have pervaded trans literature in general and trans health scholarship specifically, it is critical for the voices of trans researchers and writers to be pragmatically and intentionally uplifted, centered, and supported. Table 1 provides suggestions for moving the field toward this goal. These recommendations are an embarkation toward empowering emerging trans scholars as authors to the benefit of the trans literature.

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See also Demographics of the Trans Community; Erasure; History; Intersectionality in Research; Mock, Janet

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Autobiographies

Since the 1930s, trans individuals have published autobiographies not only to tell or to clarify the stories of their lives but also to educate others in an effort to gain greater acceptance for trans people. Many of the early autobiographies were written by trans women, whose gender identities had been revealed by the press. Forced into the media spotlight because they were trans, their work often served as a response to the stereotypes and misinformation circulated about their experiences. In the 2000s, trans male autobiographies became more commonplace. Although comparatively fewer autobiographies have been published by nonbinary trans individuals, a growing number of such works in the 2010s, along with relatively more works by trans people of color and trans youth, have led to better representation of the diversity of trans identities.

Trans Autobiographies, 1933–1983

Given the unprecedented news coverage that Christine Jorgensen received beginning in 1952 for being the first publicly recognized person from the United States to have had what was then called a "sex change," it is not surprising that her 1967 life story would be the most widely known among the

early trans autobiographies. But the earliest trans autobiographies were published by Europeans; the first known book-length account is the narrative of Lili Elbe, a Danish painter who became one of the first individuals to undergo gender-affirming surgeries. Shortly before her death following one of these surgeries in 1931, Elbe requested that her friend Ernst Ludwig Hathorn Jacobson develop a book based on her diary entries, letters, and dictated material. Jacobson published the resulting work, *Man Into Woman: An Authentic Record of a Change of Sex,* posthumously under the pseudonym Niels Hoyer.

After *Man Into Woman,* another trans autobiography was apparently not published until 1954, when two works were written by British trans people in the wake of the international publicity surrounding Jorgensen's transition. Robert Allen's *But for the Grace: The True Story of a Dual Existence* describes how he was assigned female at birth but petitioned the British government to amend his birth certificate in 1944—one of the country's earliest officially recognized gender changes. *Roberta Cowell's Story by Herself* is an account by the woman who had the first known vaginoplasty in England and who was legally recognized as female in 1951.

Being the first British trans woman to undergo surgery and having achieved some fame previously as a race car driver, Cowell's transition made headlines in Britain. The outing in the British tabloid press of models April Ashley and Caroline Cossey (known as Tula) generated similar public interest. Both recounted their experiences in 1982 autobiographies: *April Ashley's Odyssey* and *I Am a Woman,* respectively. Even more attention was paid to the transition of renowned British author and travel correspondent Jan Morris, who wrote the best-selling *Conundrum* (1974).

In the United States, the best-known trans autobiography in the late 20th century was Renée Richards's *Second Serve* (1983). Richards became famous in the 1970s for successfully suing to overturn a ban on her playing professional women's tennis because she was a trans woman. But rather than discussing her court case or her pro tennis career, Richards devoted the majority of *Second Serve* to detailing her struggle to accept her gender identity. She detailed her subsequent life in *No Way Renée* (2007). Lesser known autobiographies of the era by U.S. trans women included socialite Dawn Langley Simmons's *Man Into Woman* (1971), singer Canary Conn's *Canary* (1974), journalist Nancy Hunt's *Mirror Image* (1978), and Sharon Davis's *A Finer Specimen of Womanhood* (1986), the first known autobiography by a Black trans person.

Notably absent from the 1960s through the 1980s were published narratives by trans men, with the major exception of Mario Martino's *Emergence* (1977), which focused on his struggles to reconcile his sense of himself as a man with his conservative Catholic upbringing. A few trans male autobiographies were published in the 1990s, most notably Paul Hewitt's *A Self-Made Man* (1995), Mark Rees's *Dear Sir or Madam* (1996), and Dylan Scholinski's *The Last Time I Wore a Dress* (1997). The latter book tells the horrific story of how Scholinski's family institutionalized him during his high school years for his gender nonconformity.

Contemporary Trans Autobiographies

While not strictly autobiographies, the publication of Leslie Feinberg's semi-autobiographical novel *Stone Butch Blues* (1993) and Kate Bornstein's collection of personal essays and performance works *Gender Outlaw: On Men, Women, and the Rest of Us* (1994) helped usher in a new generation of trans narratives that were more than stories of personal acceptance and transition and that largely did not ascribe to stereotypical notions of gender, even if the author identified as a binary trans person. Moreover, the popularity of Feinberg's and Bornstein's works, along with the growing visibility of trans people, led publishers, including many major presses, to take a greater interest in trans books, and an unprecedented number of trans autobiographies were published in the early 21st century. The ease with which people can self-publish today has also contributed to the rapid growth in the number of books about individual trans experiences.

At the same time, the writers of trans autobiographies have become much more diverse. In the 20th century, there were only a few autobiographies by trans people of color published, notably Davis's work and the Lady Chablis's *Hiding My Candy* (1997). Although there continues to be a

scarcity of autobiographies by trans people of color, the works of two of these authors have been among the most acclaimed in the genre. Janet Mock's *Redefining Realness* (2014) vividly illustrates the intersections of racism, classism, and transmisogyny, as she recounts how she struggled in her teens as a Black trans woman to pay for hormones and gender-affirming surgery and was only able to do so through sex work. In 2017, Mock released a follow-up memoir focusing on her experiences in her 20s, *Surpassing Certainty.* Willy Wilkinson's *Born on the Edge of Race and Gender* (2015) likewise offers an intersectional analysis of his experiences as an Asian American trans man, which includes having a chronic illness, medically transitioning, and being a father. Other notable autobiographies by trans people of color include Toni Newman's *I Rise* (2011) and Ryka Aoki's *Seasonal Velocities* (2012).

Similarly, while there had been few trans male autobiographies published in the 20th century, a number of such works have come out since then, including Jamison Green's *Becoming a Visible Man* (2004), Matt Kailey's *Just Add Hormones* (2005), Max Wolf Valerio's *The Testosterone Files* (2006), and Dhillon Khosla's *Both Sides Now* (2006). Green's book was especially significant because he told not only his own story but also the history of trans male community building, in which he was a central figure.

Reflecting how more and more trans people are identifying as nonbinary, a growing number of trans autobiographies are by nonbinary individuals. The most celebrated of these works is Jacob Tobia's *Sissy* (2019), which they subtitle "a coming-of-gender story," as the book relates how they came to embrace their femininity and take pride in their gender nonconformity, such as simultaneously having facial hair and wearing high heels. Another acclaimed nonbinary autobiography is Maia Kobabe's graphic memoir *Gender Queer* (2019), which describes coming-of-age experiences like starting school, getting one's period, and beginning to date from the perspective of someone who is nonbinary and asexual.

Still, the vast majority of trans autobiographies continue to be published by trans women. Among such works published since the late 1990s are books by Jayne County, Deirdre McCloskey, Aleshia Brevard, Calpernia Addams, Donna Rose, Beth Elliott, Kristin Beck, and Sarah McBride. The most prolific and best-selling trans autobiographer is English professor and *New York Times* Contributing Opinion Writer Jennifer Finney Boylan. Beginning with *She's Not There* (2003) and continuing with *I'm Looking Through You* (2008), *Stuck in the Middle With You* (2013), and *Good Boy* (2020), Boylan has discussed such topics as her marriage (which continued after her transition), parenting, and her experiences with having dogs throughout her life. Another trans female autobiographer of note is poet and English professor Joy Ladin, who described her struggles with being true to herself and how her transition affected her family, career, and Jewish beliefs in *Through the Door of Life* (2012). Ladin, the first openly trans person to be teaching at an Orthodox Jewish university, further formulated her thoughts on being trans and Jewish in *The Soul of the Stranger: Reading God and Torah From a Transgender Perspective* (2018). Another important Jewish trans narrative is Abby Stein's *Becoming Eve: My Journey From Ultra-Orthodox Rabbi to Transgender Woman* (2019).

Because of the plethora of trans autobiographies since the early 2000s, a trans person today has to have a unique experience in order to interest most major publishers in their stories. A case in point is Thomas Beatie, a trans man who became famous for becoming pregnant and giving birth to a child after transitioning. His life story, *Labor of Love* (2008), was published soon after his first child was born.

As in the past, trans people who were famous before they came out publicly as trans became even more known afterward and took advantage of their celebrity status (and ghostwriters) to publish their autobiographies in the 2000s. Chaz Bono, the child of Sonny Bono and Cher, wrote *Transition* (2011), and gold-medal-winning Olympic decathlete and reality television star Caitlyn Jenner wrote *The Secrets of My Life* (2017). Jenner's book became a bestseller but more because of her star power than the quality of her narrative.

Another celebrity to write an autobiography, YouTube and reality television personality Jazz Jennings, was part of a new trend in trans autobiographies in the 2010s: books by trans youth. Her book, *Being Jazz* (2016), recounts not just her moments of fame but also her struggles to be

seen as female, which included the need for her family to fight for her right to play girls' soccer. Two other trans youth autobiographies are Katie Rain Hill's *Rethinking Normal* (2014) and Arin Andrews's *Some Assembly Required* (2014). The two books are companion pieces: The writers—a trans woman and trans man, respectively—medically transitioned in their mid-teens and dated each other, which both discuss in their works, which they wrote in their late teens. Hill's account is the more heartbreaking: Because of bullying from other youth and internalized self-hatred, she tried to take her life at 8 years old and continued to suffer through her tween years before accepting herself. But the most heart-rending youth narrative is Zane Thimmesch-Gill's *Hiding in Plain Sight* (2015), in which he describes being homeless as a teen and having to survive on the streets because he could no longer tolerate his family's hostility. The autobiographies by trans youth vividly demonstrate the importance of parental support. For these authors, it was the difference between being able to socially and medically transition relatively easily versus having to struggle to embody one's identity.

The Evolution of Trans Autobiographies

Trans autobiographies, like trans people themselves, have significantly progressed over the past 75 years. As trans people have become less of a sensation in the dominant society, so too have their personal narratives focused less on the spectacle of being trans. Today, trans autobiographers can write memoirs that address the complexities of their lives and can be more than their gender identities.

Genny Beemyn

See also Bono, Chaz; Bornstein, Kate; Boylan, Jennifer Finney; Elbe, Lili; Feinberg, Leslie; Jenner, Caitlyn; Jennings, Jazz; Jorgensen, Christine; Mock, Janet; Morris, Jan; Richards, Renée

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AUTOGYNEPHILIA

See Anti-Trans Theories.

B

Ballroom

Ballroom refers to a culture of ball/house competitions and dances performed by racial, gender, and sexual orientation minorities, particularly by African American and Latina/o/x LGBTQIA individuals. Central to ball competitions is voguing, a unique type of dance that involves poses that span a variety of styles, including modeling and acrobatics. Since the 1920s in Harlem, balls have provided an outlet for the expression of gender identity and sexual orientation through performance themes or categories. This entry provides an overview of ballroom culture, the importance of House families, ball categories, and research on HIV risk in the community.

Ballroom culture was primarily underground until the documentary *Paris Is Burning* by Jennie Livingston was released in 1990. Within the documentary, key figures within the ball community were interviewed, casting attention on voguing, racism, gender and sexual orientation–based violence, and the importance of House families. The documentary also highlighted the impact of the HIV/AIDS pandemic on LGBTQ African American and Latino ball members. Similarly, Madonna brought additional mainstream attention to ballroom culture in 1990 with her music video *Vogue,* which featured Madonna and other ball members performing vogue and other ballroom dance moves. Currently, balls are held across the United States in most major cities, including Atlanta, Los Angeles, Oakland, Chicago, Philadelphia, and Washington, D.C.

Ball culture flourished during the Harlem Renaissance in the 1920s, with balls being held in New York City, Chicago, Baltimore, and other cities. These interracial balls were attended by thousands and often attracted an even greater number of onlookers. For example, a newspaper account of a 1929 ball held at New York's Rockland Casino estimated that 2,000 "fairies" participated, while 3,000 people looked on at their "girlish antics."

Because of opposition from local authorities, large-scale drag balls were not held in Washington, D.C., in the 1920s and '30s. Instead, ball culture developed there around 1960 and consisted of lip syncing drag performances. D.C. became a ballroom capital, with annual balls still being held to this day.

House Families

Those who compete in balls often maintain membership in a House, a kinship structure that serves as an alternative social family. Houses provide a variety of support for members, including emotional, social, or physical support, including a physical place for House members to reside. House members have intersecting and marginalized identities that are accepted and celebrated within ballroom culture.

Houses consist of a "mother" and/or a "father" who serve as mentors for the "children" of the house, organize ballroom events, recruit new House members, and assign responsibilities. Parental roles within the house are not determined by gender and are instead assigned based upon feminine or masculine traits that outline the division of House labor. House "mothers" may include butch queens (gay men) or femme queens (trans women) who provide nurturing and emotional sources of support. House "fathers" may include butch queens or trans men who serve as both protectors and leaders. House structure may vary, with some Houses having multiple parents or alternative leadership figures (i.e., godfather/godmother, ambassador, and/or prince/princess).

Research has found that Houses often serve as a replacement for the member's biological family, as Houses provide a haven for members to go for holidays or during difficult periods of life. For example, House members are often subjected to discrimination based upon their sexuality or gender identity from their biological families, which may result in homelessness or familial rejection. Association with a House can contribute to a sense of belonging, reduce stigma, and aid in gender expression. Within ball performances, competitors can explore gender expression by competing in multiple categories without judgment.

Balls and Voguing

House members host and participate in balls, performance-based competitions, that include dancing, style, and creativity. Individuals compete for a panel of judges, usually House parents or leaders, to obtain cash, trophies, and prestige for themselves and/or their house. Judges rate each performance on a 10-point scale, with special attention paid to category/theme adherence, creativity, and likeability of the performer. The competitor with the highest score advances to the next round to continue competing until a victor is announced. Winning provides status, which aids in recognition both for the performer and for their House. Free agents, those who are not affiliated with a House, may compete to attract the attention of a particular House.

Balls include various performance categories that include Fashion and Runway, Realness, Performance and Vogue, Face, Body and Sex Siren, and Virgin categories. These categories are further specified by themes within each category. Ball category and theme lists are often distributed at least 1 month prior to Houses and include standards that performers are later judged on.

Fashion and Runway categories involve runway performances in front of both judges and observers to test participant knowledge of fashion and confidence in walking the runway. This category features the participants' ability to walk the runway like a high fashion supermodel. Themes within the Fashion and Runway category include European/American runway and Butch Queen in Pumps, where competitors perform in high heels.

Performers in the Realness category compete to "pass" as heterosexual and/or cisgender across a variety of domains (e.g., Executive, Femme Queen, and Butch Queen). For example, a trans woman may compete in Femme Queen Realness to pass as a cisgender woman through appearance, attitude, and mannerisms. The Realness categories provide opportunities for trans individuals to test their ability to pass, regardless of medical or social transition status.

Dance and athleticism skills are tested in the Performance and Vogue categories through dance battles and voguing. Voguing, named after the fashion magazine *Vogue,* combines posing, modeling, and dance through five key components: catwalk (runway), dip, hand placements, duck walk (moving low to the ground while voguing), and spins.

Performers seek to embody youth and beauty when competing in the Face categories by showcasing or "selling" their faces as a key feature while performing on the runway like a supermodel. To draw attention to the face, competitors seek to angle their face and use their hands/arms to highlight key features, such as their eyes, teeth, skin, nose, or bone structure. Key categories include Femme Queen Face (trans women), Butch Face (butch cisgender female), Butch Queen Face (cisgender male), and Women's Face (cisgender female).

Within the Body and Sex Siren category, individuals showcase their bodies and muscles in revealing clothing. Butch Queen/Femme Queen Sex Siren categories require individuals to perform in undergarments, such as thongs, briefs, or

bikinis, to demonstrate sex appeal. The physique expected for categories may vary, with some categories requiring participants to be more or less muscular.

Ball newcomers may compete in the Virgin category to make a name for themselves and potentially be recruited by a House. Those who compete in this category have never performed at a ball before.

HIV in the Ball Community

Research has explored HIV prevention practices within ballroom culture, including the role that House parents play in reducing risk and educating members. Previous research has found that ball community members are unlikely to be tested for HIV and are especially unlikely to be tested within the past 12 months. African American ball members are less likely than Latino/a members to know their HIV status. Risk factors identified in the research include illicit drug use and engagement in unprotected sexual behavior. Research has indicated that escorting and sex work are common within the ball community and may be used to fund clothes and travel expenses. The accessibility of the Internet has been cited as a reason for increases in escorting services within the ballroom community because of the ease in concealing the activity.

HIV prevention efforts occur within the House hierarchy, such as through hosting HIV prevention balls to raise awareness and provide resources. House "mothers" may provide information about HIV risk and prevention to members, including encouraging condom use and ways to safely manage sexual encounters that reduce the risk for HIV and exploitation. House "mothers" reduce the risk of transmission by providing transportation to HIV testing appointments and helping members locate additional resources. House "fathers" have been found to protect against structural issues that may place individuals at risk for HIV, such as encouraging education and economic opportunities. In addition, "fathers" encourage members to volunteer and give back to the ball community. Houses provide a stigma-free environment to seek information about HIV that members cannot discuss with their biological family outside of the ball community.

Modern Ballroom and Technology

Technology has expanded the reach of the ballroom community by providing online platforms that connect ball members across the globe. Internet platforms such as Facebook and YouTube have assisted in bringing ballroom culture more into the mainstream of society. Ball performances may be recorded and shared on social media platforms to draw attention and support. Shows such as *Pose* on Netflix have continued to provide representation of life inside the ball community and for outsiders to view. Ball culture has expanded outside the United States and into countries such as Canada, Italy, Japan, and the United Kingdom.

Michelle Ranae Dalton

See also Crossdressers as Part of the Trans Community; Drag Performativity; Drag Kings; Drag Queens; Gender Expression; Trans Men

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Bathroom Discrimination

Trans activists and critical gender scholars have documented the way bigender toilets function to exclude those who are gender variant or seen to

be at odds with the dimorphic gender signs on toilet doors. Transphobia in gendered toilets is well documented. The bigendering of toilets functions to regulate, to police, and to excommunicate those who do not conform to gendered signage. Although the gendering of elimination is a historically recent phenomenon, it is now so commonplace in North America that people presume such gendering to be normal and natural. As many commentators have noted, however, there are no legitimate health and safety rationales for gendering toilets, much less for excluding people on the basis of gender identity. This entry discusses the sociohistorical and legal context relating to bathroom discrimination with attention to gender, race, sexuality, censorship, and feminism.

Historical and Sociological Context

The literature on trans people and bathrooms demonstrates that there are interlocking elements of exclusion relating to white settler colonial logics, racial segregation, capitalism, consumer culture, heteronormativity, disability, occupational privilege, and socioeconomic status, which have contributed to patterns of discrimination. That is, transphobia in the North American bathroom needs to be understood in relation to historically and culturally specific forms of exclusion based on race, class, sexuality, ability, and so on. In the days before indoor plumbing, urination was not gendered or privatized in the way it became during the 20th century. Chamber pots, privies, and latrines were commonplace up until the late 1800s. In the United States, toilets were gendered but also racialized and subject to class-based divisions from the late 19th century until the mid-20th century. The racially segregated toilets and water fountains in the southern American states during the Jim Crow era (1870–1965) are a case in point. Toilets designated for "colored" were not always gendered, but toilets allocated for "whites" were almost always gendered. Following the civil rights movement and the corresponding decline of racially segregated spaces, public toilets continued to be gendered but not officially racialized. Most North American court houses, colleges, and public buildings were designed for white, able-bodied men who were permitted to work in and occupy the buildings.

Capitalist consumer culture was also a factor in the gendering of toilets. In Toronto, Canada, public toilets for women were first built by the retail entrepreneur Timothy Eaton so that female customers could shop for longer periods of time. The "Ladies Gallery and Waiting Room" became a fixture in the popular Eaton's department store in 1883. The Bloomingdale's department store in New York City offered facilities for women shortly thereafter. White women were recognized to be consumers and, increasingly, able to work for pay in the public sphere. This led to the development of new laws and building codes requiring gender parity with respect to public facilities. As a result of gender-parity legislation beginning in the late 1880s, it became common to see gender-segregated toilets. It also became common to see signs designated for "customers only" in restaurants, cafes, bars, and so on. Some employers adopted policies prohibiting custodians from using the toilets they cleaned. Contemporary trans scholars doing work in disability studies have also noted the way toilets in some public spaces are inaccessible to people with mobility restrictions. The problem is compounded when people have personal care assistants who are differently gendered than they are and thus cannot use the same toilet facility.

Gender, Sexuality, and Toilet Design

The relationship between the regulation of sexuality and the regulation of gender and excretion cannot be doubted. For example, French philosopher and sociologist Michel Foucault commented upon the panic about gay male sex in his discussion of the modern toilet. He focused upon the invention of the short cubicle door built into French boys' boarding schools to survey, monitor, and police any illicit touching. Worries about homosexuality and the criminalization of public sex in toilets have been well documented by scholars who study sexual regulation. For example, gay men have been subject to police entrapment and arrest dating back to the early public urinals in London and Paris. The criminalization of men who have sex with men in public urinals demonstrates the way sexuality is regulated and subject to policing in toilets. The history of cruising, tearooms, cottaging, and the criminalization

of public sex, enforced by police, is well documented in the LGBTQ literature.

According to some theorists and activists, anti-sex morality and heteronormative presumptions are reflected in the architecture and designs of toilets. The receptacles themselves seem to reflect cisgender and heteronormative body politics. Men stand upright to urinate in open view while women must use toilet bowls hidden by stall partitioning and a closable door. The urinal, as a larger or more publicly visible receptacle, amplifies and exaggerates the presence of cis-masculine genitals while the glass mirror (more prominently displayed and less likely to be broken in the women's room) aligns feminine-identifying people with an imagined phallic lack. Those who appear to be at odds with the gender signage on a given door are subject to the threat of harassment, assault, or arrest.

The biopolitical management of the body and its modes of evacuation in the modern lavatory are part and parcel of the regulation of gender, sexuality, class, and race in the modern era. The elimination function is an area of the body politic that is often thought to be inappropriate for scholarly investigation. There has been a concordant silence surrounding toilet studies in many scholarly venues, offset only by a select few critical geography and architectural studies, LGBTQ studies, disability studies, critical race, and post-colonial studies scholarship. These overlapping fields critically analyze the white, cisgender, and able-bodied politics shaping restrictive toilet designs.

Bathrooms and Censorship

Language, like gender and sexuality, has been subject to censorship. While sexuality studies have gained currency in academic circles, excretion is not often recognized to be a legitimate area of investigation. The reluctance to study and acknowledge the toilet in everyday discussion has curtailed social justice initiatives relating to public space accessibility, particularly for trans people and those with disabilities. Reluctance to acknowledge the institution of the toilet in the history of modernity is reflected in language itself. There is no word in the English language to designate the toilet that is not also a euphemism.

Gender, Toilets, and the Law

Much activist work in the U.S. context has been focused on the "bathroom bills"—legislation that seeks to prohibit trans patrons from using toilets consistent with their gender identity. Most efforts to enact such laws have failed, but, in 2016, North Carolina passed a law that required individuals to use the restrooms in government buildings (including public schools and colleges) that matched the sex identified on their birth certificates. Due to nationwide protest and trans-positive activism, that provision of the law was rescinded the following year.

In Canada, trans people also face barriers to accessing public toilets. With the passing of Bill C-16 in 2017, an act amending the Canadian Human Rights Act and Criminal Code, "gender identity" and "gender expression" are prohibited grounds for discrimination. This gives people the legal right to access gendered toilets as they deem appropriate. Although trans and gender-variant people in Canada still face discrimination and harassment when accessing toilets, the legislation sets the groundwork for trans-positive education and public space accessibility.

Transgender studies help us to understand how cisgender presumptions about bigender culture are dangerous and at odds with the realities and needs of gender-diverse populations. The American actress and trans activist Laverne Cox has stated that the bathroom issue is about the rights of trans people to exist. That is, people must be able to use bathrooms consistent with gender identity. This is not only a civil rights issue but also a question of gender self-determination. Transgender studies scholars, activists, and a range of trans-positive gender theorists of all disciplinary backgrounds have developed innovative scholarship and proposals to deal with toilet accessibility following the attempt of the Trump administration and the courts to curtail Title IX protections developed under the Obama administration. Take, for instance, the project STALLED (https://www.stalled.online/) launched by Joel Sanders, Susan Stryker, and Terry Kogan. This equity-oriented project is led by an interdisciplinary team focused on making inclusive toilet designs for everyone regardless of trans status.

Feminism, Trans Studies, and the Bathroom

Some cisgender feminist researchers view trans-inclusive legislation as an attack on women's rights. This viewpoint does not recognize trans women as women. Nor does it recognize the realities of transphobia in bigender toilets. Differences between cis and trans-positive feminists are abundantly clear in discussions about health and safety. Many people, cis feminists included, believe that bigender toilets exist to ensure women's safety. The presumption is antiquated and not sustained in the literature on violence conducted by a range of feminist scholars. There is no convincing evidence to show that gender-segregated spaces are safer for anyone, let alone women. In fact, evidence shows that gender-segregated spaces can be more dangerous for women and trans people alike. Men physically and sexually assault women in the so-called ladies' room because a sign on the door acts as a symbolic and not an actual barrier.

Violence and harassment against trans women are often rationalized by the allegation that they are in the "wrong" bathroom and that they pose a risk to cisgender occupants. Police, security guards, and male vigilantes have all removed trans patrons from public facilities because they are allegedly in the wrong toilet. Bigender signage is not inclusive of trans patrons. Frequently, there is no "right" toilet for gender-variant people to use. Moreover, the presumption that trans people pose a threat to cisgender women is used to justify the forceful removal of trans patrons from toilets and to prevent access altogether. There is no research indicating that trans people in toilets pose a health and safety risk to anyone, let alone cis women. There is, however, evidence documenting cisgender harassment, intimidation, and assault against those who are trans and gender variant in public facilities. Cis women have justified harassment and assaults on trans people by stating that they are worried about their own personal safety. Even in the absence of intimidating communications and physical gestures normally accompanying assaults, defensive and unsubstantiated rationalizations for transphobia are given by cisgender patrons.

Research on violence against women demonstrates that the most dangerous public spaces are those that are dark, enclosed, and isolating as opposed to those that are well lit, open concept, and public. Gender-inclusive and accessible designs are thus safer for everyone regardless of gender identity and trans status. Bigender designs do not promote health and safety. Rather, they reflect cisnormative ideas about what it means to be a man and a woman.

Sheila L. Cavanagh

See also Discrimination; Gender Binaries; Geographies

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Benjamin, Harry

Harry Benjamin (1885–1986), German American endocrinologist and author of *The Transsexual Phenomenon* (1966), is often remembered as the "father of transsexualism." He was a strong advocate for medically treating transsexual people at a time when accepted expert opinion was that being trans was a mental illness that should not be accommodated in any way.

Benjamin, born in Berlin, studied tuberculosis for his medical degree, which he received in 1912, *cum laude*. While a student, Benjamin met Magnus Hirschfeld, one of the leading sexologists of the early 20th century, who became a strong influence on Benjamin. Along with a senior police officer, Hirschfeld took Benjamin on tours through bars populated by people then known as homosexuals and transvestites. Benjamin also spent much time at Hirschfeld's Institute for Sex Research and admired Hirschfeld's bold advocacy on behalf of sexual and gender minorities. Another influence on Benjamin was Eugen Steinach, who became famous for his experiments demonstrating the effects of sex hormones in animals and for the "Steinach operation," which was reputed to rejuvenate elderly men by increasing testosterone production. Other lesser influences included Sigmund Freud, Albert Moll, Albert Ellis, and Margaret Sanger. However, it was Benjamin's meeting with Alfred Kinsey that propelled him into his work with trans people.

Benjamin relocated to New York City when complications related to the outbreak of World War I prevented him from returning to Germany after a trip abroad. He opened an endocrinology and geriatrics practice in New York, largely doing Steinach operations, and opened a second office in San Francisco. Benjamin met Kinsey when they stayed at the same hotel in San Francisco while Kinsey conducted interviews for his famous sexuality studies. Kinsey asked Benjamin to consult on a case of a young man who wanted to become a girl and whose mother supported this desire. Benjamin treated the patient with estrogen, observed that it had a "calming effect," and recognized that the condition was something other than crossdressing. This marked a turning point in Benjamin's career.

Over the next 30 years, Benjamin's practice included over 1,500 people with experiences that would now be known as gender incongruence or gender dysphoria. At over 60 years of age, Benjamin rapidly became the world's leading expert on people who wished to change their sex, lecturing and publishing widely on the topic for both professionals and the public. Contrary to accepted professional opinion of the day, Benjamin considered transsexualism to be a biological condition, not a mental illness, and actively advocated for acceptance and accommodation of trans people and their transition requests. Furthermore, he argued that psychological treatments were more often damaging than helpful.

Far ahead of his time, he wrote in a 1953 paper in the *International Journal of Sexology,* "It would frequently be wiser and more constructive to 'treat' society, educationally, so that logic, understanding, and compassion might prevail" (p. 14). Additionally, he was ahead of his time in his view that there were multiple kinds of sex—chromosomal sex, anatomical sex, legal sex, endocrine sex, germinal sex, psychological sex, and social sex—and that all humans were a mixture of male and female. Contrary to contemporary thinking, Benjamin did not see hormone treatments or what he called "conversion" operations as changing a person's sex. Rather, he believed that such treatments made people into "neuters" and were necessary for the peace that they brought. True to his times, he encouraged people who transitioned to be as inconspicuously gender conforming as possible.

The publication of his 1966 book, *The Transsexual Phenomenon,* was groundbreaking in many ways: It was the first book on the subject, it was written to be readable for the general public, it was sympathetic to trans people and argued for compassionate and supportive treatments, it featured extensive use of the words of trans people themselves, and it credited trans people such as Christine Jorgensen and Virginia Prince as authorities on the subject.

Modeled on Kinsey's famous 7-point Heterosexual–Homosexual Rating Scale, Benjamin included a 7-point "Sexual Orientation Scale" that classified people's gender from cisgender to transsexual. He further classified trans people into six types based on the intensity of their "gender

disorientation": pseudo-transvestites, fetishistic transvestites, true transvestites, nonsurgical transsexuals, moderate-intensity transsexuals, and high-intensity transsexuals, with only the last two types requiring hormonal and surgical interventions. Benjamin's book was supplemented with a special section only available to physicians. It included photographs of surgical results and basic information about hormonal treatment protocols to help sympathetic practitioners to know how to begin to medically treat transsexual patients.

Benjamin quickly became a hero to the many trans people who flocked to him. He was one of the very few doctors who responded with kindness, compassion, hope, treatments, and referrals. He answered all of the multitudinous letters sent to him, and he provided "doctor's notes," modeled after those provided by Hirschfeld, to satisfy police that the bearers were crossdressing for legitimate medical reasons. Benjamin also worked with trans people and with other professionals to help build facilities and support networks. The Harry Benjamin Foundation, supported by trans man Reed Erickson's Erickson Educational Foundation, became the incubator for the gender clinic at Johns Hopkins University, the first in the United States to perform what were then called sex reassignment surgeries.

In 1979, Harry Benjamin's foundational role in the field was recognized when the first professional association concerned with trans people was formed and named the Harry Benjamin International Gender Dysphoria Association (now known as the World Professional Association for Transgender Health [WPATH]).

Aaron H. Devor

See also Erickson, Reed; Gender Dysphoria; Hirschfeld, Magnus; History; Jorgensen, Christine; Prince, Virginia; Sexology; WPATH

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Binding

Binding, or chest binding, is the practice of compressing the chest tissue for a flatter appearance as a means of gender expression. This is often accomplished by wearing a tight, specialized garment called a binder that looks like a tight tank top, which either extends over the whole torso or is cropped above the stomach. However, individuals use a variety of methods to bind, including wrapping elastic bandages or duct tape around the chest, wearing sports bras or surgical compression vests, or simply layering multiple shirts. One Australian study indicated that perhaps 87% of trans individuals assigned a female sex at birth use binding at some point in their lives.

Motivations for Binding

Trans individuals use binding to achieve a variety of goals. Many people begin binding as a way to explore an emerging or evolving gender identity, allowing them to literally "try on" a more masculine appearance. For some, gender dysphoria related to their chest can be reduced by minimizing the appearance of the chest. For others, binding may be less about managing an internal sense of dysphoria and more about managing other people's reactions to them. By appearing more masculine, binding may allow the wearer to avoid being misgendered or even allow them to avoid verbal or physical transphobic violence. Particularly for individuals who have undergone masculinizing hormone therapy or otherwise appear masculine but have not had top surgery (i.e., double mastectomy), binding may allow them to move safely throughout the world or

avoid being outed to their employer or other individuals.

Health Impacts of Binding

In addition to reducing gender dysphoria, binding has been reported to reduce anxiety, depression, and suicidality for many individuals, as well as generally improved mood and quality of life. This makes binding critical for mental health and safety in many individuals. Unfortunately, binding often has negative physical health impacts. In one study of 1,800 trans individuals who practiced binding, 97% reported at least 1 of 28 negative symptoms related to their binding, although these symptoms ranged from severe symptoms like rib fracture (3%) to symptoms of potentially minimal clinical importance, such as bad posture (40%). However, 74% reported experiencing binding-related pain in their shoulders, back, chest, or abdomen. Other symptoms included overheating (54%), shortness of breath (47%), lightheadedness or dizziness (28%), and scarring (8%). Skin changes (15%) caused by binding may be particularly concerning for trans individuals who hope to undergo top surgery, as changes to skin elasticity can compromise surgery outcomes. Individuals with larger chest sizes appear to be at greater risk of skin-related problems as a result of binding. Most of the 28 symptoms studied appear to emerge relatively quickly, within the first year of binding. Pain intensity appears to get worse on average over the course of several years.

Safer Binding

There is currently limited evidence indicating which binding practices are safer and which are more likely to cause physical harms. It seems clear that duct tape and elastic bandage wraps are some of the riskiest binding methods. While binders are perceived to be a safe option by the community, their use is still associated with many physical symptoms. More work is needed to understand whether this finding is driven by unsafe binder use (e.g., wearing two binders at once or wearing a size too small) versus using a single, appropriately sized binder. The safest binding methods may be those that offer less compression, such as sports bras or shirt layering. However, these methods may not offer sufficient compression to meet every individual's goals around gender, mental health, and safety.

One study found that binding fewer days per week was associated with lower risk of experiencing negative physical symptoms. Therefore, the current evidence best supports that individuals who are able to take "off" days from binding each week should do so to minimize physical harms. There was no apparent association between the number of hours per day that an individual practiced binding and whether they experienced negative symptoms; however, commonsense recommendations in the trans community often focus on binding no more than 8 to 10 hours at a time or taking one's binder off while sleeping to reduce the number of hours per day spent binding. Other binding safety measures include washing the binder regularly to avoid skin irritation or infection. These safety recommendations will continue to develop as new data become available.

Working With Individuals Who Use Chest Binding

In the study described in the preceding section, some 82% of individuals who used binding thought that binding was important to discuss with their health care provider, yet only 15% had done so, perhaps out of fear or uncertainty as to how their provider would approach the issue. Clinicians and service providers are advised to initiate conversations around binding and take a nonjudgmental approach to the issue, taking care to use language that affirms the individual's gender, including using the term *binding* or *chest binding* rather than *breast binding*. Providers should seek to understand the individual's goals and motivations around binding and how binding may be affecting the individual's life in positive or negative ways. Given the positive impacts to mental health and safety for many individuals, eliminating binding should not be the goal in most cases. Providers can support safer binding by sharing evidence-based information about the risks of binding so that individuals can make informed decisions about their binding. Providers can help brainstorm ways to meet as many of their patients' goals as possible around gender expression, mental health, and physical safety while also seeking to reduce any

physical health harms experienced. Providers may support the individual in thinking about how they might alter their routine in such a way to permit them to take more "off" days from binding or encourage them to switch from riskier methods such as elastic bandage wrap to less risky methods, at least for part of their time spent binding, if these changes can be accomplished safely. Providers can also cultivate a therapeutic alliance that enables the individual to feel safe reporting and receiving care for binding-related symptoms. Given the central role that binding can play for many trans individuals in their gender identity, gender expression, mental health, and safety, providers should support trans individuals to make informed decisions around binding in a way that best supports all dimensions of health.

Sarah Peitzmeier

See also Gender Dysphoria; Gender Expression; Gender-Affirming Surgeries: Men, Top; Hormones, Adults

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Black Lives Matter

Black Lives Matter (BLM) is a term initially popularized by the hashtag #Blacklivesmatter and used to raise awareness of police violence and the lack of accountability for the murders of Black people. The hashtag went viral in social media and other media outlets in the summer of 2013 after vigilante George Zimmerman was acquitted of all charges for the fatal shooting of unarmed Black teenager Trayvon Martin in Sanford, Florida. BLM has since grown into a movement that focuses on fighting anti-Black racism while, at the same time, maintaining an intersectional politics that creates a space for often minoritized populations within Black communities, including Black trans people.

The hashtag was coined by Black queer woman organizer Alicia Garza, who, along with two other radical Black feminist organizers, Patrisse Cullors (who also identifies as queer) and Opal Tometi, used the hashtag to bring visibility to multiple accounts of anti-Black racism across the globe and to organize the resulting outrage. This was not just an online movement; it also coincided with protests in the streets. The hashtag created a container to archive the state-sanctioned, white supremacist, and vigilante violence disproportionately wielded upon Black bodies.

Black Lives Matter is also a chapter-based and member-led organization that works to build local power and structures of community accountability that do not rely on policing. BLM organized the Black Lives Matter Freedom ride to Ferguson, Missouri, a residential suburb of St. Louis, when protests broke out after 18-year-old Michael Brown was killed by a white Ferguson police officer in 2014. Black Lives Matter can be said to be following the model of civil rights organizer Ella Baker by having many leaders and thereby challenging the one charismatic male leadership model that both spurred and stifled the civil rights and Black Power movements between the 1950s and 1970s.

Black Lives Matter is one of the many Black-led organizations that is a part of a larger coalition, the Movement for Black Lives (M4BL). The Movement for Black Lives is a national and international political and ideological movement that focuses on the liberation of Black people in an anti-Black world. This is an intersectional Black feminist movement that is abolitionist and radical at its core, particularly in the way the movement highlights the voices of Black queer people, especially Black trans people. It separates itself from past Black social movements in its challenge to a charismatic patriarchal leadership model. The Movement for Black Lives created a kind of coalition for the work that was already being done to combat anti-Blackness and white supremacy while it also opened a space for more freedom dreaming

work to develop. This freedom dreaming work has included a gender analysis that is both antipatriarchal and trans and queer inclusive.

Many organizers in the Movement for Black Lives iterate that #allblacklivesmatter. The intentional inclusion of queer and trans people is one of the qualities that makes this Black Power movement unique. It has been unapologetically trans supportive and not wed to a politics of respectability that would force certain people out of possible leadership roles because of their intersectional identities, like being Black and trans.

The Movement for Black Lives became a hub for Black organizations, like Black Lives Matter, to build relationships where they could address the dynamic organizing work happening across the United States and abroad that focuses on disparities in Black communities that, for example, make Black life expectancy much lower than in white communities. The purpose of this hub is to create space for dialogue across organizations and to co-create a shared political, cultural, and ideological strategy that demands anti-Black racism be made center stage.

This is a movement of aspiration, based on a model of transformative justice and abolitionist feminism. It operates from the belief that change is possible if we work toward decolonization of not just the world around us but also of ourselves. While much of the movement's activism that has been captured through video screens shows chants, marches, and demonstrations, the work also includes radical self-care and consciousness raising, particularly around the ways in which addressing gender-based violence is essential to combating anti-Blackness.

The Movement for Black Lives strives toward an intersectional politic that can hold all Black people, especially women, trans, queer, disabled, and undocumented people. While M4BL raises awareness about heterosexual cis Black men who have been the victims of anti-Black racism, they are clear in bringing attention to the ways in which Black trans people are often more susceptible to premature death because of transphobia, both within and outside Black communities.

#BlackLivesMatter intersected with the rise of a boisterous gender justice movement, so it is not surprising that a hashtag like #BlackTransLivesMatter would also enter the public sphere at the same time. M4BL also coincided with the heightened visibility of Black trans people, especially trans women, in film and television. The movement also worked to highlight not just the deaths of cis Black men but also those of Black women and trans and gender-nonconforming people.

The Movement for Black Lives is also a movement for trans lives. Their work is to engage the populations most at risk for premature death. Black trans people are not only subject to state-sanctioned and vigilante violence, but they are also vulnerable to the rampant transphobia within and outside of Black communities that leads, for example, to higher rates of psychological distress and more frequent suicide attempts for trans people of color.

In 2020, protests and civil unrest swept the United States after George Floyd was murdered by a white police officer, who forced his knee on Floyd's neck for almost 9 minutes. But it was not just George Floyd; at the same time, there was also Tony McDade, a Black trans man shot by police, and Iyanna Dior, a Black trans woman, who was brutally attacked by a group of cis Black men. This attack moved many Black trans activists to remind the world that when it comes to Black trans lives mattering, it is not just about overpolicing, lack of employment, and houselessness. It is also about pervasive transphobia and the ensuing transphobic violence that must be understood within a framework of anti-Blackness.

Kai M. Green

See also Black People; Racialized Femininities; Racialized Masculinities; Trans People of Color Coalition; Trans Women of Color Collective; Transmisogynoir

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Black People

As an academic field, Trans Studies is relatively new, and the specific focus on and mention of Black people in Trans Studies is even more recent. This entry will address both the presence of Black people and Blackness in the field of Trans Studies, as well as how thinking about Blackness's relationship to gender nonconformity necessarily alters our understanding of gender nonconformity as such, its racialized baggage, and its attending oversights. In short, the operative question becomes, How have Blackness and Black people raised a critique of gender and Trans Studies such that gender and Trans Studies must fundamentally revise their conditions of emergence?

As with many, although not all, academic disciplines in the humanities, Trans Studies initially did not consider the impact of race, specifically Blackness, on conceptions of gender. Much of the early scholarship in what might be understood as an inchoate Trans Studies was written by cis people in medical professions. This scholarship is epitomized by psychologist John Money and his team at Johns Hopkins University in the 1950s. Not only was this early era of the field deeply pathologizing of trans identity, negatively medicalizing deviations from cisnormative assumptions of proper gendered personhood, but it also did not consider how the history of racialization necessarily troubled what "gender" is and what it might mean for different people, cultures, and times.

Blackness and Black people were largely absent from the early era of scholarship concerning trans lives. This absence is conspicuous considering a number of factors. First, Black trans women and other women of color were on the frontlines of key moments in trans history, especially the Stonewall Riots, which is heralded as the defining moment of gay liberation but is also, rightly, a watershed moment in trans history. Although the actual events are contested and media representations have been all but uniform, it is likely that the person who "threw the first brick," as it were, that precipitated Stonewall was Black butch lesbian and drag king Stormé DeLarverie. DeLarverie, however, has denied starting the riots, deeming it more important to say simply that the riots happened and that the queer and trans community took collective action. This understanding places the convergence of Blackness and gender nonconformity inextricably at the foundation of queer and trans activism and crucially does not fall prey to narrative tropes of movements starting from a specific person. Bringing Blackness to bear on trans historiography highlights the collective and the coalitional, rather than the individualistic.

Second, to holistically capture how trans people experience the world, one must take into consideration the experiences of Black trans people. Far from simply acknowledging that Black trans people exist too or that Trans Studies has been haunted by the assumption of whiteness—both of which are, indeed, mostly true—the assertion here is that the intersections of Blackness and transness allow for different insights into transness and gender. For example, the experiences and knowledges of trans elders like Marsha "Pay It No Mind" Johnson and Miss Major, or the younger generation of Black trans activists like Laverne Cox (who graced the cover of *Time* magazine with the headline "The Transgender Tipping Point"), Janet Mock, Kortney Ziegler, and CeCe McDonald, need to be heeded. Their experiences highlight the intensification of violence at the nexus of Blackness *and* gender nonconformity (of note is how most trans people murdered are trans women *of color,* which is often elided in popular discourse); the intimate link between Blackness, transness, and incarceration (see, for example, the case of CeCe McDonald); and, as is detailed more below, how Blackness necessarily promotes a troubling of gender—or, in other words, Blackness might always already be tied up with transness.

To that end, third, and more theoretically inflected, if Trans Studies is concerned with how gender is and has been troubled, interrogated, and done differently, central to this endeavor is the history of Blackness and Black people. From the work of Hortense Spillers to C. Riley Snorton to Kai M. Green to Che Gossett, one can see how Blackness must be considered in close relationship to the gender troubling that *trans* is meant to name. This is because gender has been constructed through whiteness, which is to say that to be "properly" gendered, one must approximate whiteness, as those who are permitted to inhabit a seamless gender within the binary are those understood as

proximal to whiteness. In other words, being seamlessly a "man" or a "woman" was historically available only to those who also occupied a status as white.

To support this claim, Hortense Spillers considers the transatlantic slave trade, in which captive Black subjects were taken in as quantities rather than as gendered subjects, because their Blackness was seen as disqualifying them from the protections and expectations of gender (e.g., Black women being disallowed the sexual privacy and respect constitutive of white femininity; labor being defined not by gender roles but capacity [enslaved workers were described as full-hands, 3/4-hands, 1/2-hands, etc.]). Relatedly, Che Gossett turns to the era of Jim and Jane Crow, in which bathroom segregation, with its signs of "Men," "Women," and "Colored," revealed how gender was collapsed and nondistinct when proximal to Blackness (or "coloredness"). A final example is provided by Shaadi Devereaux, who notes that, even in the contemporary era, Black women are jettisoned from cis womanhood, always viewed as "drag performers"—approximating, but never fully inhabiting, proper femininity.

The most impactful work to date on the intersections of Blackness and transness is C. Riley Snorton's *Black on Both Sides: A Racial History of Trans Identity.* Published in 2017 and winner of the Lambda Literary Award for transgender nonfiction and the Sylvia Rivera Award in transgender studies from the Center for Lesbian and Gay Studies (among numerous other recognitions), Snorton's book uses archival materials from the 19th and 20th centuries to uncover the interrelation between Blackness and transness. Through these documents, which include legal, literary, medical, and historical sources, Snorton reveals that slavery and the reproduction of racialized gender rest at the foundation of a conception of gender mutability. In short, Snorton shows how Blackness and its placement outside the symbolics of binary gender cohesion serve as the condition for transness or gender changeability.

Snorton's book is part of a critical and growing mass of texts that highlight the specific intersection of Blackness and Trans Studies. Others in this cohort include the academic monographs *Trap Door: Trans Cultural Production and the Politics of Visibility* and *Captive Genders: Trans Embodiment and the Prison Industrial Complex;* "The Issue of Blackness," special issue of the journal *TSQ: Transgender Studies Quarterly;* and Daniel Black's novel *Perfect Peace.* These works have initiated a shift in Trans Studies that takes seriously the necessary gender trouble that Blackness promotes. While valid and necessary recovery projects have been undertaken (i.e., to "recover" forgotten or lost historical figures who may have been trans), the aforementioned work is doing more than recovering. That which might fall under the heading Black Trans Studies is a move to think differently about the past and to cultivate a way of thinking that allows forgotten or suppressed subjects to emerge differently. Outside of medical diagnostics and traditional notions of trans identity, thinking with the nexus of Blackness and transness provides alternative definitions of being trans. Not only is this occurring in academic spaces with, for example, scholars excavating the trans masculinity of historical civil rights figure Pauli Murray, but it is also occurring outside the academy with, for example, remembering the events of the Stonewall uprising differently or Tourmaline's vital (and often uncredited) filmic work on Sylvia Rivera and Marsha P. Johnson.

Quantitative work on how Black trans people experience life today indicates that there is a complex interplay between Black trans identity and inhabiting the social and political world. Studies show, for example, that Black trans people must navigate issues like passing, realness, authenticity, and transnormativity (i.e., the narrow ways that trans identity is seen as "valid" or not). These themes are confining for many Black trans people in terms of needing to "measure up" to various gendered standards, with failure to do so resulting in invalidation. But, at the same time, they are emancipatory in terms of allowing for avenues through which to tinker, revise, and creatively deploy new modes of gendered identity through old modes.

Various studies indicate that trans women of color, and Black trans women specifically, are disproportionately affected by negative health and economic outcomes such as suicidality, HIV, residential instability, unemployment, and survival sex work. Facing higher rates of institutional violence, discrimination, and harassment than other trans people, including from spaces like the church,

schools, and the criminal justice system, Black trans women often rely even more on community support networks for sustenance and comfort. Other measures that would mitigate these harms, according to studies, include the use of trans-appropriate and trans-sensitive language, efforts to prevent physical and sexual assaults, and antidiscrimination policies.

Finally, it is necessary to make clear, albeit briefly, that Black trans life is not entirely reducible to disproportionate rates of harm and violence. This would troublingly define Black trans existence solely and exclusively in terms of an increased capacity for violation, negating the multifaceted nature of Black trans life. So, while Black trans people are subject to a greater level of violence, they also experience a vast array of support, communities, ball cultures, love, liberating experimentation with different ways of inhabiting gender, and, indeed, success. These elements are also important forces in Black trans life and must be acknowledged even in the midst of pervasive Black trans harm.

At present, Black trans people are in myriad fields and arenas of social life. Black trans singers like Shea Diamond, actors like Laverne Cox and Brian Michael Smith, writers and activists like Janet Mock and Monica Roberts, and athletes like Patricio Manuel are all part of a growing awareness and visibility of Black trans people. They are shifting the terrain of what is possible, who is given a seat at the table, and how we might develop new ways of forming society that are more inclusive of racialized gender difference. Situating Black people in Trans Studies is more than a recovery project; it foreshadows what must happen in order for a fundamental shift in the world to occur.

Marquis Bey

See also Academia; Black Lives Matter; Cox, Laverne; Johnson, Marsha P.; Mock, Janet; Murray, Pauli; Racialized Femininities; Racialized Masculinities; Transmisogynoir

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Body Image Disturbance and Eating Disorders

The concept of *body image* is used in a range of different academic disciplines, ranging from social to neurosciences, yet consensus on its definition is lacking. Most definitions share the notion that one's body image relates to one's physical appearance, the psychological attributes regarding one's physical appearance, and the social context in which one exists. Personal and societal norms of physical appearance, as well as psychological attributes, are largely gendered, and thus, body image is considered a key concept in the psychological well-being of trans individuals. Body image disturbances in trans individuals may be closely related to experienced gender incongruence or dysphoria or may be more generalized. A more generalized body image disturbance is often associated with poorer outcomes of gender-affirming medical treatments, as it is followed by disappointment and persistent maladaptive coping.

Disordered eating may be the result of severe body image disturbances or can be applied intentionally as a strategy to influence gendered body

development. In the first case, disordered eating can be the consequence of body dissatisfaction or little behavioral investment in physical health. In the second case, restrictive eating can be done with the intention to lose weight, in order to strive for feminine thinness or suppress gendered body characteristics (e.g., body curves or menstruation).

This entry discusses the cognitive, affective, and behavioral aspects of body image (disturbances) in trans individuals and provides a description of the clinical presentation of eating disorders and relationship with body image disturbances.

Body Image Disturbance

Body image is a multifaceted and complex psychological construct with multiple synonyms such as *body (dis)satisfaction, body esteem, body dysphoria* (or *euphoria*), and *weight (dis)satisfaction*. For this entry, *body image* will be defined as attitudes, experiences, and societal norms regarding one's physical appearance. Body image is unique in the fact that the concept recognizes that the body intersects with both internal beliefs as well as societal ideals, media communications, disciplining behavior, and so on. Broadly speaking, one could say that the psychological self can communicate concepts such as gender through physical appearance, clothes, and behavior, whereas society produces physical ideals, which are largely gender specific.

Dramatically affecting people's lives, body image issues have been recognized by the World Health Organization as one of the important concepts constituting an individual's quality of life. A positive body image is closely associated with feelings of self-esteem, competency, resilience, and favorable mental health.

Although the trans experience can greatly differ on an individual basis, data from clinical facilities providing gender-affirming care indicate that a substantial share of individuals experience *gender dysphoria* (i.e., psychological distress resulting from the incongruence between gender identity and aspects of [mostly gendered] physical appearance). Body image issues are often closely related to experienced gender dysphoria and are among the main motives for people to apply for gender-affirming medical treatments. Yet, body image issues do not necessarily have to relate to gender dysphoria but can be present when physical appearance does not meet one's own or societal standards or when experiencing rejection or discrimination. The following sections will further detail cognitive, affective, and behavioral aspects of body image disturbances in trans individuals.

Cognitive Aspects

Cognitive aspects of body image have been extensively studied and refer chiefly to thoughts and experiences related to physical appearance. On the most elementary level, neuroimaging research has observed that body representation in the brain differs between trans and cisgender (cis) individuals. Trans individuals show brain activity more typical for their experienced gender, rather than their assigned sex. Researchers have also observed that sensory brain circuits show lesser connectivity to emotional circuits, implying a disconnect between body registration and emotion.

The most well-known aspect of body image is body (dis)satisfaction. Many trans individuals, especially those applying for gender-affirming care, experience substantial body dissatisfaction. Whereas earlier theories mostly included dissatisfaction with primary gender markers, such as genitals and breasts, contemporary scholars highlight the importance of other body characteristics as well. The distinction is often made between the trans public and private body (image). The *private body* refers to primary sex characteristics important for personal congruence or sexuality, whereas the *public body* refers to socially visible body characteristics that are of importance for being gendered correctly, such as hair growth or pitch of voice. In this context, the concept of *passability* is often brought up. Passability refers to the individual's ability to pass (i.e., be viewed by others) as their experienced gender. Generally, trans individuals who pass to a greater degree show higher body satisfaction, and trans individuals themselves report more appreciation for body parts that pass more. However, it should be noted that the concept of passability is criticized on the grounds that it reinforces binary gender stereotypes and that, importantly, individuals with poor passability may nevertheless experience few body image issues due to successful coping and vice versa. Pubertal sex hormone exposure, especially to testosterone, leads

to irreversible gender-specific physical changes that affect passability and body image later in life. Next to genital dissatisfaction, trans women report highest dissatisfaction with body characteristics related to the effects of testosterone (e.g., male-typical baldness, low voice pitch, facial hair growth). While trans men generally experience the most dissatisfaction with breasts and hips, feminine characteristics can more easily be overridden by testosterone therapy, resulting in lower body satisfaction on average. Given the binary notion of passability, nonbinary individuals are generally less likely to pursue being passable. As a result, this group is subject to more discrimination owing to society's inability to easily gender them.

A less frequently studied cognitive aspect of body image includes body image schemas and beliefs. Body image schemas are fundamental beliefs about appearance, one's appearance in relation to the self (self-evaluative salience), and behavioral investments made in appearance (motivational salience). Body image schemas are thought to be closely related to (gender) identity, and developing positive schemas can be protective in maintaining positive mental health. In contrast, negative schemas can result in dysfunctional coping such as repeatedly seeking reassurance, avoidance, or disordered eating. Other body image–related beliefs that may affect mental health include experienced attractiveness to others (lower in trans individuals), appearance-related insecurity (higher in trans individuals), and weight preoccupation (not necessarily increased).

Affective Aspects

Affective aspects of body image include feelings and mood related to physical appearance. For trans individuals, severe body image issues resulting from the incongruence between identity and physique may result in gender dysphoria. Body image–related dysphoria feelings can be primarily individual and experienced when not meeting one's own physical standards or gender identity and can therefore be triggered by, for example, looking in the mirror. Additionally, body image–related dysphoria is also frequently experienced in social situations, specifically in situations when the body is exposed, being objectified, or being misgendered. Trans men, for example, report highest social dysphoria when others look at dissatisfactory body parts, when being naked with a partner, when being touched, and when being fitted for clothes in a shop. All in all, affective aspects of body image and gender dysphoria can greatly reduce experienced quality of life through decreased feelings of sufficiency as a man/woman, as a (sexual) partner, or feelings of self-worth. Nonbinary individuals often have to navigate their individual body image outside these male–female scripts.

It should be noted, however, that body or gender dysphoria highlights the negative affective aspects only, while at the same time, many trans individuals experience so-called *gender euphoria* (i.e., comfort, joy, or pride with one's gender). It is thought that more visibility of gender variance and social acceptance of diverse (gendered) physical appearances positively contributes to individual body image–related feelings.

Behavioral Aspects

Body image–related behavior is largely the result of coping with gender incongruence, social distress, and physical ideals. When experiencing body image issues, people can develop maladaptive coping behaviors, such as avoidance or developing eating disorders (elaborated below). Alternatively, individuals may develop or seek out other coping behaviors, such as exposure (e.g., coming out, engaging in social activities such as sex or sports) or peer-to-peer counseling, or may seek gender-affirming treatments or apply other types of body-modifying behavior (e.g., chest binding or grooming) to improve passability and to align their physique with their physical ideals. Decreased attention to one's body or health, as well as locker-room issues, contributes to lower sports participation of trans individuals prior to medical transition (although not all trans individuals medically transition). As a result, trans individuals more frequently suffer from being overweight and show lower levels of illness awareness. Similarly, trans individuals with body image issues engage less in romantic relationships and are less sexually active. When body image issues decrease (e.g., as the result of medical transition or affirming relationships), engagement in and enjoyment of sex usually improve. This again adds to feelings of attraction, resilience, and

exposure—all of which further improve one's body image.

Associated Factors and Targets of Intervention

Research has identified three primary factors associated with body image disturbances: (1) coexisting mental health issues, (2) gender-affirming interventions, and (3) social stressors. Regarding the first aspect, trans individuals with coexisting mental health issues such as anxiety or depression are more likely to experience more severe and generalized body image disturbances (i.e., beyond gendered body characteristics) and more frequently experience persisting body image problems after medical transition. Besides medical transition, individuals usually benefit from additional anxiety/depression treatments and affirmative counseling. Consistently, a large body of literature finds that medical transition (i.e., by hormones and/or surgery) significantly improves the body image of the vast majority of trans individuals; the gender-congruent body receives higher satisfaction, after which individuals socially participate more and experience more instances of affirmation and increased levels of self-esteem. Hormone therapy generally improves satisfaction with muscularity, body shape, voice, and hair, while improved satisfaction with genitalia/breasts is mostly experienced after surgery. Knowledge concerning social stressors and trans individuals' body image can be derived from studies dealing with the effects of societal physical ideals and minority stress. Similar to their cis counterparts, trans individuals can feel pressured by unrealistic societal standards for physical appearance (e.g., mesomorph body shape, thinness). Additionally, some of these standards may be even more difficult to achieve for trans individuals, given the influence of prior feminization/masculinization and the limitations of hormones and surgery. This situation can result in increasing experiences of *self-objectification* (i.e., seeing oneself as an object rather than a person) and body image disturbances. In many cases, trans individuals deviating from societal norms experience higher levels of *minority stress* (i.e., experienced stress resulting from being a minority group member) resulting from stigma and/or discrimination in day-to-day life.

Eating Disorders

Eating disorders are among the most lethal mental health problems and can be a sign of maladaptive coping with severe body image disturbances. Therefore, most of the risk factors of body image disturbances in trans individuals are also involved in developing eating disorders. As a result, the elevated levels of body image disturbances and stress related to (unrealistic) societal physical ideals put trans individuals, especially trans women, at risk of developing eating disorders. Additionally, eating disorders in trans individuals frequently develop more severely with coexisting self-harm or suicidality. The increase in eating disorders includes both bulimia nervosa (binge eating followed by purging) as well as anorexia nervosa (weight loss through purging, restrictive eating, and/or excessive exercising). In addition to nonspecific body image disturbances, trans-specific motives for (restrictive) disordered eating include striving for femininity through thinness, reducing unwanted sex-specific body curves, and stopping unwanted menstruation. It is therefore important to be aware that the underlying motives of disordered eating in trans individuals may be strong and closely related to experienced gender dysphoria.

Several studies have identified risk and protective factors in trans individuals. Risk factors include high body dissatisfaction, perfectionism, anxiety, and minority stress, while family connectedness and social support are seen as protective factors. Gender-affirming medical treatments generally alleviate both body image issues and disordered eating. Yet, although substantial knowledge is available on trans-specific body image disturbances and disordered eating, far less is known on the effectiveness of generic psychotherapeutic interventions (e.g., cognitive-behavior therapy) and what the effect will be of changing (gendered) physical ideals.

Tim C. van de Grift

See also Body Size (Weight); Embodiment; Mental Health; Resiliency; Social Transition; Transnormativity

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Body Size (Weight)

Body size (weight) is considered an important physical health indicator as well as a factor impacting mental well-being. Weight issues in trans individuals may be preexistent or develop upon initiation of hormone therapies. Both total body weight and fat distribution can change as a result of hormone therapy. Both over- and underweight individuals can experience limited access to gender-affirming care, which ultimately may prevent people from the ability to transition fully. This entry discusses body weight in trans individuals, with special focus on the occurrence and nature of weight issues, as well as the effects on physical and mental health and the implications this may have regarding access to gender-affirming care.

Body size and, specifically, body weight issues are known to be prevalent in different subgroups within the LGBTQ community. While the evidence on trans individuals' body size is relatively scant, some clinical and community sample studies provide information on trans individuals specifically.

Weight Issues

Weight issues are generally related to overall body weight, nutritional intake, and physical exercise problems. In both LGBTQ and (few) trans-specific studies, trans individuals score unfavorably when compared with their cisgender counterparts on all three of these domains. Often these issues originate during childhood and adolescence. In general, adolescence is considered an essential period in developing healthy dietary and physical activity habits, as well as body weight. For many trans individuals, this same period is characterized by distress resulting from unwanted hormonal developments or by going through medical transition.

Compared with cisgender (cis) individuals, trans individuals are two to four times more likely to be either underweight or overweight/obese. In line with this, trans individuals report both less variation in and consistency concerning food intake (e.g., they eat more fat-rich food; they more frequently skip meals). Additionally, more screen time and less sports engagement are observed within this population. Yet, it is important to note that physical activity and balanced nutritional intake are strongly related to socioeconomic status and that trans individuals frequently report a lower income and are more marginalized, making them prone to an unhealthier lifestyle.

Physical Health

The effects of overweight (BMI, or body mass index, 25–30 kg/m^2) and obesity (BMI > 30 kg/m^2) are well known and include cardiovascular disease, diabetes, cancer, and lowered life expectancy. There is a dose-dependency relationship, meaning that health risks are higher in individuals with a higher BMI. Exact numbers on the prevalence of over- and underweight in trans individuals differ per context and measurement methods, yet weight issues account for a substantial share of the health burden.

Hormone therapy as part of gender-affirming medical care influences both total body weight as well as fat distribution. Total body weight increases as a result of feminizing and masculinizing hormonal treatments. However, sex-specific changes are observed in body composition; feminizing hormones (estrogens and antiandrogens) increase body fat and lower muscle mass, whereas

masculinizing hormones (testosterone) lower body fat and increase muscle mass, all up to changes of 1 to 4 kilograms. As a result, body shape develops in a feminine- or masculine-typical direction, a development that can continue for years after initiation of hormones.

When an individual is underweight, the body may possess insufficient nutrients, including energy and vitamins/minerals, for a healthy metabolism. Physical health complications of (chronically) underweight persons include poor physical condition, weakened immune system, osteoporosis, and decreased fertility. As with obesity, being severely underweight is associated with decreased life expectancy.

Psychosocial Health

Weight issues in trans individuals are associated with multiple psychosocial factors. First, gender incongruence can lead to *body image* issues, avoidance of sports engagement (e.g., because of locker room issues) and maladaptive coping such as disordered eating. Being overweight can further, and independently of gender-related body dissatisfaction, induce body image problems. Paradoxically, being underweight is often motivated by reducing gender incongruence via striving for femininity through thinness, reducing body curves, and stopping menstruation. Alternatively, individuals with constructive adaptive coping experience lower body image issues through physical exercise, being in good physical condition, having affirming experiences, and developing increased self-esteem.

While individuals themselves can adapt positively to weight issues, the social environment greatly influences psychological health in trans individuals with weight issues. In addition to societal gender norms, individuals with weight issues can experience additional psychological stress as a result of deviating from societal body size norms. Notably, around 50% of trans adolescents experience weight teasing by peers and/or family members. This puts individuals at risk for poor mental health and substance use. Given the aforementioned issues, schools as well as parents can contribute to providing a safe climate where individuals feel emotionally supported, thereby contributing to positive eating and exercise behaviors.

Access to Medical Gender-Affirming Care

To many trans individuals experiencing *gender dysphoria,* receiving gender-affirming care is crucial to maintaining good mental health. Being overweight, however, is a serious barrier to accessing medical gender-affirming care. Due to the mild interaction that hormone therapy has with being overweight, routine physical and laboratory tests have proven to be sufficient. Yet, many clinics uphold BMI requirements for gender-affirming surgeries. Typically, the requirements for top surgery are less strict than those for bottom surgery. Although the quality of evidence is debatable, obesity has been linked to technical surgical difficulty, poorer tissue survival, more anesthetic complications, and poorer overall outcomes among trans people.

As a result, weight is one of the largest barriers to surgical care and a frequent topic during preoperative counseling. Given the complex background of weight issues in trans individuals and the limited resources some may have, self-monitored weight loss is generally insufficient in removing this barrier to surgery. Therefore, both prevention and guided weight loss programs are being advocated to secure access to gender-affirming surgery.

Tim C. van de Grift

See also Body Image Disturbance and Eating Disorders; Hormones, Adults; Medicine

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Bono, Chaz

Chaz Bono is an LGBTQIA+ activist, actor, and author whose transition from female to male in 2008 made him the most well-known U.S. trans man in the early 21st century. Bono's visibility has included extensive interviews, advocacy work, the *Becoming Chaz* documentary, appearing on *Dancing With the Stars,* and starring in the drama *American Horror Story*. This extensive coverage positioned Bono as the accessible face, name, and reference point for the public on trans male lives.

Childhood and Family

Bono was born on March 4, 1969, in Los Angeles, California, to Cher and Salvatore Phillip "Sonny" Bono. The only child of the singer-entertainer "it couple" who topped the pop charts with "I Got You Babe" in 1965, Bono was raised in the spotlight of family fame. Appearing weekly on *The Sonny and Cher Comedy Hour* from 1971 through 1974, his early childhood was both accessible and enthusiastically accessed by the public. Viewers were enamored of Sonny and Cher, an affection amplified by Bono's appearance at the end of each show. With its depiction of a youthful, joyous family, *The Sonny and Cher Comedy Hour* occupied an idyllic space within the U.S. imagination, which helped ensure that the public would remain interested in Bono's life.

Youth, Adolescence, and Coming Out as Lesbian

Bono's adolescent years were challenging. He had difficulties adjusting to Sonny and Cher's divorce and the ensuing custody arrangements, and struggles with his gender and sexuality added more anxiety. While Bono had been called a "tomboy" as a child for behaviors, styles of dress, and interests socially coded as masculine, puberty was accompanied by the expectation that girls "grow out of it." As this pressure increased, so did the sense of being different. Uninterested in demonstrating femininity and equally uninterested in engaging with boys, Bono had neither the words nor the context to understand what any or all of these feelings might mean. At 13, after seeing the film *Personal Best,* Bono started identifying as lesbian. He documented these formative years of struggle and growth in *Family Outing: A Guide to the Coming-Out Process for Gays, Lesbians, and Their Families*.

When he was 23 years old, Bono began a relationship with Joan Stephens, a friend of Cher's who had recently been diagnosed with cancer. They remained together for 2 years, until Stephens's death in 1994. Devastated by the loss, Bono used painkillers for the next 10 years, which he detailed in *The End of Innocence: A Memoir* (2002). In 1998, Bono was further devastated by the loss of his father, who died in a skiing accident. Although Sonny had been supportive of Bono, he had also been elected as a conservative congressional representative and cosponsored the Defense of Marriage Act (DOMA), which legally restricted the definition, rights, and protections of marriage to one man and one woman. Bono had campaigned against DOMA, as well as for the reelection of President Bill Clinton, and their political differences resulted in the two being estranged at the time of Sonny's death.

Coming Out as a Trans Man, Transition, and Trans Visibility

In 2009, Bono publicly announced that he was a trans man and wanted to be referred to as Chaz Salvatore Bono, a name he took to honor his father. He characterized his previous lesbian identity as a result of mistaking his sexual orientation (i.e., being attracted to women) with his gender identity (i.e., being a heterosexual man).

Within 2 years of coming out as a trans man, Bono wrote the *New York Times* bestselling book *Transition: The Story of How I Became a Man* (2011). Known for its down-to-earth, straightforward approach, the memoir is a candid exploration of the physical, emotional, and psychological

effects of Bono's medical transition, his relationship with Cher, and the difficulties of navigating family dynamics within the public eye. A year later, Bono was the subject of the documentary *Becoming Chaz,* which further chronicled his transition, including his reconstructive chest surgery. Rather than a sensationalist approach, the film provided an accessible, real-life account of a trans man's life. It was the kind of openness from a celebrity that appealed to viewers; the movie was shown on the Oprah Winfrey Network, which led to it being nominated for three primetime Emmy awards and winning the GLAAD Media Award for Outstanding Documentary.

Bono is best known in recent years for participating on the 13th season of *Dancing With the Stars* in 2011, which made him the first trans man to be featured on a major television show in a role that did not relate to him being trans. Nevertheless, the response to his appearance largely centered on his gender, rather than his dancing. Social conservatives urged a boycott of the show, stating that the image of a trans man would confuse and harm children. Others, including the judges, criticized him for his weight and mannerisms. Bono responded by calling attention to the bias behind the attacks and by noting the value to viewers of being able to see a different kind of man on TV. By dancing his way into people's homes, Bono shaped a dialogue about modern manhood, LGBTQIA+ equity, bodies, and the power of media representation.

Bono has also had a small number of acting roles playing non-trans characters. He has indicated that he avoids trans parts for fear of being typecast. He most notably appeared in 2017 on the seventh season of *American Horror Story* as a fervent Donald Trump supporter.

A long-time believer in "visibility equals equality" as both a personal and political strategy, Bono has worked as a writer for *The Advocate* and has served as a national spokesperson for the Human Rights Campaign and as the Entertainment Media Director for GLAAD. In each endeavor, he foregrounded the fight for equal rights for the LGBTQIA+ community, worked toward political and legal advancement, and encouraged patience and connection with family and loved ones. In recognition of his work, Bono received GLAAD's Stephen F. Kolzak Award in 2012, which honors an openly LGBTQ person in the entertainment industry who has made a significant difference in improving the climate for LGBTQ people.

Sasha T. Goldberg

See also Activism; Coming Out; News Media Representations; Reality TV; Trans Studies

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Bornstein, Kate

Katherine Vandam "Kate" Bornstein is a writer, performer, and early influencer of the trans liberation movement in North America. Through her artistic contributions, Bornstein advanced trans awareness and the popular understanding of gender fluidity. Her best-known work is the 1994 book *Gender Outlaw: On Men, Women, and the Rest of Us,* which was also the title she used for talks on college campuses across North America for the following two decades. Bornstein's work stood as a counterpoint to early narratives of trans respectability politics, as she spoke and wrote openly about her queer identity, her participation in the BDSM community, her eating disorder, her involvement with Scientology and subsequent exploration of Buddhism, and her unmistakably queer look and politics. Her career has been marked by multiple books that were considered controversial when they appeared but that were later understood as having been groundbreaking.

Bornstein was born on March 15, 1948, in Neptune City, New Jersey. Working primarily in New York City and Seattle, Washington, and using her theater training from Brown University (graduated 1969), Bornstein began publicly

exploring her trans identity and the nature of gender in the early 1990s with a triptych of solo performances: *Hidden: A Gender, The Opposite Sex Is Neither,* and *Virtually Yours*. In these works, she challenged the notion of a gender binary and pointed to the fluidity of gender, recognizing that gender represents a multifaceted core "self" that is shaped by external forces and expressed in relation to others.

In the 15 years that followed, Bornstein contributed substantially to both popular and academic conversations about gender identity and trans liberation, one of the few people to work comfortably in both arenas. In 1998, Bornstein wrote *My Gender Workbook: How to Become a Real Man, a Real Woman, the Real You, or Something Else Entirely* using exercises that she had developed for speaking at colleges and to community groups and addressing the questions that she commonly received from audiences. *My Gender Workbook* was unique for its thoughtful but humorous look at the construction of gender and for its inclusive approach, which allowed people of all genders to consider their own participation in gendered systems. In 2010, she coedited *Gender Outlaws: The Next Generation* with S. Bear Bergman as an update to her book *Gender Outlaw,* collecting a multigenerational and diverse group of writers whose ideas the pair felt represented "a quantum leap forward" in thinking about gender identity.

Bornstein premiered her first and only play written for other actors, *Strangers in Paradox,* in 1998 at the Theatre Rhinoceros in San Francisco and collaborated with her partner, performer, and sexuality educator, Barbara Carrellas, on *Too Tall Blondes in Love* for the stage, which toured nationally during the early 2000s. These plays were continuations of Bornstein's earlier work about the nature of identity and the concepts of community and "sanity." *Strangers in Paradox* in particular explored, through metaphor, the idea that, for centuries, trans people were generally considered by Western medicine to be dangerously mentally ill.

Moving beyond strictly gender-related topics, Bornstein cowrote the adventure novel *Nearly Roadkill* in 1996 with Caitlin Sullivan; its themes of ever-changing identities in cyberspace and government intervention presaged the "identity wars" of the 2000s and the rise of state and commercial surveillance of the Internet. In 2006, Bornstein published *Hello Cruel World: 101 Alternatives to Suicide for Teens, Freaks, and Other Outlaws,* a book that provides options for people in distress other than ending their lives. It relies on a harm reduction model of suicide prevention and was controversial (and roundly condemned by some people) for encouraging readers to do anything that they thought would help, except suicide, which could include drug use and nonsuicidal self-injury. At book readings, she promised audience members that she would do their time in hell for them if they would stay alive and distributed "Get Out of Hell Free" art modeled on Monopoly's "Get Out of Jail Free" cards. Her one rule: "Don't be mean."

In 2012, Bornstein published her memoir, *A Queer and Pleasant Danger,* which detailed her coming-out processes, her relationships with her family, her work as an artist and educator, and her experiences in queer and BDSM communities. The book was adapted into an award-winning film by director Sam Feder, which was screened widely on the queer film festival circuit.

After being diagnosed with lung cancer in 2013, Bornstein spent a few years focusing on her health. She also further worked on her "quantum theory of gender," exploring the idea that gender, like light or time, exists on multiple axes and must be viewed on all of them simultaneously to be truly understood. In recent years, she appeared on the popular reality television show *I Am Cait,* which focused on Caitlyn Jenner's gender transition process, and on Broadway in Young Jean Lee's play *Straight White Men*. Through these roles, she continued to complicate people's understanding of the nature of gender.

A consistently controversial figure, who is frequently described as "flamboyant" because of her queer-coded, high-femme gender presentation, Bornstein has been an important contributor to contemporary conversations about gender identity and trans liberation. Her approachable writing and performance-driven educational style have encouraged audiences not only to become more supportive of trans people but also to examine the concepts of identity and the systems of gender. In continuing to assail the dichotomies of self/other, true/false, and good/bad, in addition to man/woman, Bornstein has capitalized on the initial

attention she received as a "transgender curiosity" to propose radically new and more inclusive lenses for understanding ourselves.

S. Bear Bergman

See also Autobiographies; Jenner, Caitlyn; Trans Studies; Trans Women

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Boylan, Jennifer Finney

Jennifer Finney Boylan is a U.S. trans novelist, memoirist, professor of English, and leading activist for greater and more positive visibility of trans people in the media.

Boylan was born on June 22, 1958, in Valley Forge, Pennsylvania. She graduated from the Haverford School, a private all-boys preparatory school in Haverford, Pennsylvania, in 1976. After graduating from Wesleyan University with a bachelor's degree in English in 1980, she briefly worked alongside comedy legends like John Belushi, Dan Aykroyd, Gilda Radner, Lorne Michaels, Harold Ramis, and Michael O'Donoghue at the magazine *The American Bystander,* which folded after a single issue in 1982. After this abortive career in humorist periodicals, she went back to school and earned an MA in fine arts from Johns Hopkins University in 1986. She began teaching at Colby College in 1988, marrying Deirdre Boylan (nee Finney) in the same year.

Prior to coming out as trans, Boylan had published a number of novels. During the 1990s, she wrote three adult novels (*The Planets* in 1991, *The Constellations* in 1994, and *Getting In* in 1998) and four novels for young adults under the pseudonym Jonah Black.

She began medically transitioning from male to female in 2000 and wrote about her transition in the autobiographical memoir *She's Not There: A Life in Two Genders,* which was published in 2003. The book was a series of vignettes of her life with a focus on crucial moments related to her gender dysphoria, marriage, children, and transition. *She's Not There* represented a radical departure from previous works about trans people: It showed a marriage and relationships with her children enduring posttransition and also focused on the parts of her story she wanted to tell, rather than the parts that the public is usually presented with.

Boylan made four appearances on *The Oprah Winfrey Show* after the publication of *She's Not There,* including ones with her wife and two children. This was the first time that a trans person was presented as normal, pleasant, and human in such an influential public forum. These appearances helped vault her into the public consciousness, as well as onto the *New York Times'* Bestseller List, making her the first openly trans author to achieve that distinction.

She also made TV appearances on *Live With Larry King,* the *Today Show,* the *Barbara Walters Special,* NPR's *Marketplace,* and *Talk of the Nation*. She has been the subject of documentaries on CBS News's *48 Hours* and the *History Channel* and has been featured on numerous news programs. In 2005, Will Forte did an impersonation of her on *Saturday Night Live,* which Boylan described as "the highlight of my literary career."

Boylan has continued to have a very significant video media presence in recent years. She was a consultant and cast member on Caitlyn Jenner's reality TV series, *I Am Cait,* from 2015 to 2016. She appeared on the show as Jenner's friend, mentor, and trans community elder. She has continued to appear on news shows, like *MTV News, 20/20,* and *ABC News and World Report,* and to be featured in mainstream press outlets, such as the *New Yorker, Washington Post, U.S. News and World Report,* and *Entertainment Weekly*.

Boylan continued teaching at Colby College after becoming a public figure. She was named professor of the year in 2000, co-chaired the English Department between 2003 and 2005, and did two stints as director of the creative writing program. When she left Colby in 2014 after 25 years, she described her time there as "a model of what a successful transition could look like." In 2014, she became the inaugural Anna Quindlen Writer in Residence and Professor of English at Barnard College of Columbia University.

Since 2003, she has had a very productive writing career. Her nonfiction titles include *Stuck in the Middle With You: Parenthood in Two Genders* (2013), *I'm Looking Through You: Growing Up Haunted* (2008), *Good Boy: A Life in Seven Dogs* (2020), and a 10th anniversary edition *of She's Not There* (2013). Her fiction credits since 2000 include the novel *Long Black Veil* (2017), the novella *I'll Give You Something to Cry About* (2014), and the *Falcon Quinn* young adult antibullying novels. Her essays have been included in over 20 anthologies, and she wrote the introduction to the groundbreaking work on trans lives written for a trans audience, *Trans Bodies, Trans Selves* (2014).

In 2007, she became a contributing opinion writer for the *New York Times,* producing a regular op-ed column on a wide variety of topics. She is the only trans person whose work has appeared on a regular basis in a major U.S. newspaper. She primarily writes about LGBTQIA+ issues, and trans issues in particular, but has the ability to cover anything that interests her.

Boylan's rise to public prominence has also allowed her to assume a leadership role within the trans and larger LGBTQIA+ communities. She was named to the GLAAD (known as the Gay and Lesbian Alliance Against Defamation until 2013) board of directors in 2011. She became one of the co-chairs of the board in 2013 and served in that capacity until 2018, becoming the first trans person to be its board chair. In 2011, when Boylan joined GLAAD, trans issues barely registered on the organization's radar; by the time she left, a much larger portion of its work was devoted to trans issues. It was during her tenure that GLAAD dropped its old name in order to be more inclusive of trans people and their struggles.

Boylan also served on the board of the Kinsey Institute for Research on Sex, Gender, and Reproduction from 2012 to 2016. She is on the board of PEN America, which advocates for human rights and the free expression of ideas in literature, and on the Lambda Literary Leadership Council.

Her books, her appearances on Oprah and other TV programs, and her work at GLAAD have helped lead to much greater media visibility for trans people and increasing support for trans rights.

Brynn Tannehill

See also Autobiographies; Fiction; News Media Representations; Representations in Popular Culture; Trans Women

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C

Campus Policies/Campus Climate

Even though more and more college students are coming out as trans and often demanding that institutions do more to address their needs, higher education remains a largely hostile environment for trans students, especially those who do not conform to a gender binary and those who possess multiple minoritized identities (e.g., trans female students, trans students of color, trans students with disabilities). Studies have shown that trans students have more negative perceptions of curricular and cocurricular inclusivity, classroom climate, and the overall climate on their campuses than do cis students, including cis LGBQ+ students, and have a significantly lower sense of belonging within their college communities. Trans students commonly report discrimination in campus restrooms, housing, and counseling and health centers; institutional and individual misgendering; and verbal, physical, and sexual assault.

Lack of College Support

While hundreds of colleges implemented some trans-supportive policies and practices in the 2000s and 2010s, most institutions still offer little or no support to their trans students. Moreover, even the colleges that have taken steps to be more inclusive of and welcoming to trans students have a long way to go before they truly are. For example, in considering the experiences of trans students at two large, midwestern public universities that have implemented some trans-supportive policies and practices, education researcher Brent Bilodeau found that genderism—that is, the societal, institutional, and individuals beliefs and practices that assume that there are only two genders, that they are opposites of each other, and that they are determined by one's sex assignment at birth or by specific sex characteristics—still permeated every aspect of life on these campuses, including in classrooms, campus employment and career planning, student organizations and communities, and campus facilities. The nonbinary trans students in the study had an especially difficult time finding campus support, as the institutions remained firmly entrenched in a gender system that assumes that students are either male or female. It is noteworthy that these colleges had made some progress in recognizing and addressing the needs of trans students; institutions that have done little or nothing to support their trans students are presumably even more toxic environments.

Campus Restrooms and Housing

Discussions about the needs of trans people are often reduced to the issue of restrooms, with trans-misogynists arguing that the passage of trans rights laws will lead to individuals who are not women—cis men pretending to be women—and individuals whom they see as not "really" women—trans women—using women's restrooms. That said, restroom access is a critical concern for many trans people because they often experience harassment

and discrimination in trying to use women's or men's rooms, and they cannot reasonably hold a job or attend school if they are constantly worrying about having a place to pee in peace. In the 2015 United States Transgender Survey, the largest study to date of trans people in the country, more than a quarter of the respondents reported that they were denied access to a restroom, had their presence in a restroom challenged, and/or were verbally, physically, or sexually assaulted in a restroom in the previous year. Because of such experiences or a fear of them, a majority indicated that they sometimes or often avoided using a restroom. They "held it," which ultimately led some to develop urinary tract or kidney-related problems, and limited what they drank and ate to prevent needing to go to a restroom, which can likewise have negative long-term health effects.

Restroom access is also an extremely important issue for trans college students. Research indicates that many trans students experience harassment when they seek to use gendered campus restrooms, such as being stared at, questioned about their gender, told they are in the wrong facility, or ordered to leave. In the National Transgender Discrimination Survey, which was conducted in 2008–2009, about a quarter of those who had attended college stated that they were not allowed to use the appropriate bathroom facility on campus at some point because of their gender identity or expression.

Because of the threat of discrimination in gendered restrooms, many trans students will use only gender-inclusive facilities, but most colleges fail to provide enough of them. Surveying more than 500 undergraduate and graduate trans students, Abbie Goldberg, Genny Beemyn, and JuliAnna Smith found that the respondents rated having gender-inclusive bathrooms in most campus buildings as the most important trans-inclusive practice among a list of 17 different trans-supportive policies and practices. But only 45% of the participants indicated that their college had taken this step. In a study by Beemyn, which involved more than a hundred nonbinary trans students, a majority of the interviewees stated that what most made them feel unsupported by their colleges was a lack of gender-inclusive restrooms. Many of the students were able to indicate the exact location of all of the gender-inclusive facilities on their campus, because these were the only restrooms that they felt safe and comfortable using, and their college had so few of them. Moreover, the gender-inclusive restrooms that did exist were not always well marked and in convenient locations. Some of the students reported that they made sure to go to the bathroom before they left for classes and planned their day so that they could get back home in time to avoid needing to use gendered facilities, which caused them tremendous stress and personal discomfort.

As with restrooms, having a safe place to live is a basic need for trans students that is often not met by colleges. Many trans students report being assigned housing and roommates based on their assigned sex, rather than their gender identity; not having access to a gender-inclusive or a single-room housing option; having to use the "wrong" gendered bathroom in a residence hall; and being harassed by other residents without much recourse. For example, in the study by Goldberg and colleagues, less than half of the participants stated that their college enabled trans students to be housed in keeping with their gender identity/expression, and in the National Transgender Discrimination Survey, about one fifth of the respondents who sought to live on campus said that they were denied gender-appropriate housing.

By failing to provide gender-inclusive restrooms and housing options, institutions not only discriminate against trans students and expose them to potential harassment but also may be negatively affecting their mental and physical well-being in the long term. Using data from the National Transgender Discrimination Survey, social work researcher Kristie Seelman discovered that individuals who had been denied access to a campus restroom because of being trans were 1.45 times more likely to have attempted suicide at some point in their lives than those who were not denied access. Those who had been denied access to gender-appropriate campus housing because of being trans were 1.64 times more likely to have attempted suicide. The survey did not ask when the participants had attempted suicide, so access discrimination cannot be said to have caused suicidality, but these findings should still give college administrators pause. Institutions that do not have written trans-supportive policies and practices and that do not actively ensure that these

measures are followed risk causing irreparable harm to their trans students.

Mental and Physical Health Care

Along with higher rates of suicidal ideation and attempted suicide, trans students are more likely than their cis counterparts to experience negative mental and physical health outcomes because of the effects of discrimination, including anxiety, depression, posttraumatic stress disorder, anorexia, bulimia, phobias, and substance abuse/addiction. As a result, many trans students need and seek out mental health supports. For example, in a national study of incoming college students, nearly three fourths of the trans students indicated that they would likely pursue counseling at their institution, compared with less than half of the overall sample. At the same time, trans students who are medically transitioning often want or are required to have therapy before they are able to obtain a prescription for hormones or undergo gender-affirming surgeries. Having access to hormones is especially important for trans students who do not have families that support their transitions, as they had to wait until they were legally adults to begin the process.

But while trans students in general are more in need of counseling than are their cis peers, they commonly struggle to find campus therapists who are knowledgeable about and sensitive to their experiences. Trans students report that they are often placed in the uncomfortable position of having to educate mental health professionals about trans people and being asked inappropriate questions about their bodies. Nonbinary trans students are especially likely to encounter therapists who do not understand their identities; many indicate that mental health professionals expect them to want to medically transition, dismiss them or take them less seriously because they do not fit into a gender binary, and fail to respect their use of nonbinary pronouns, which means that they are regularly misgendered.

Similarly, trans students who seek services from campus health centers also often report a lack of competent care. In addition to commonly having to educate their providers and being misgendered and deadnamed (i.e., being referred to by their name assigned at birth, rather than their chosen name), they are frequently unable to receive transition-related health care and are sometimes denied health care altogether. Although an increasing number of colleges, including the school systems of the University of California, the University of Texas, the University of Minnesota, and the University of Michigan, are covering hormones and gender-affirming surgeries under student health insurance, the vast majority of institutions offer no support for transitioning students.

Individual and Institutional Misgendering

The frequent misgendering of trans students is not limited to campus counseling and health centers. In Beemyn's study of nonbinary trans students, their biggest complaint about their colleges, after the lack of gender-inclusive restrooms, was being misgendered in classes because there was not a way for them to indicate the name and pronouns they go by on course rosters, and faculty members did not ask them to indicate their name and pronouns at the beginning of courses. Education researcher Eleanor Finger similarly found that a mismatch between their chosen name and their legal name on course rosters and other institutional records was one of the most stressful situations encountered by the trans students she surveyed. Students were placed in the awkward position of having to come out as trans to faculty members whom they did not know before their first class to prevent being outed, if the instructor read the roster aloud, and to avoid possibly being referred to by the wrong pronouns. Many trans students are reluctant to approach professors about their name and pronouns, not knowing how their instructors will react, so they endure being misnamed and misgendered in their classes, even though this often makes them feel invisible and marginalized.

Nonbinary trans students are more likely to experience misgendering from both faculty and other students because, operating from a gender binary framework, many cis people automatically refer to them as "she/her" or "he/him." For example, in a study of trans grad students, psychologist Abbie Goldberg found that 44% of the nonbinary respondents stated that they were misgendered often by faculty members, and 45% indicated that they were often misgendered by other students.

Among the binary trans graduate students, the figures were 8% and 4%, respectively, with more than half saying that they were never misgendered. Similarly, sociologist Tre Wentling found that, among more than 500 trans students, only 15% of nonbinary students reported that their instructors always used the appropriate pronouns, compared with 63% of binary students. The nonbinary individuals assigned female at birth and the trans men who attend women's colleges are even more likely to experience misgendering by others because of the institutional assumption that all of the students identify as female and go by "she/her."

To limit being misgendered, trans students rate having the ability to change their name on campus records, including ID cards and course rosters, without a legal name change as one of the most important trans-supportive campus policies, but a majority of the students in the study by Goldberg and colleagues said that their college did not offer this option. In fact, less than 10% of all colleges do so, and even fewer give students the ability to indicate their pronouns on course rosters. Enabling students to have a chosen name and their pronouns on nonlegal campus records and documents is permissible in all states and is possible in all major student information software systems with little expense. Thus, an institution that wants to be trans supportive has no legitimate reason not to enact such policies so that trans students are not forced to be invisible by being misgendered or to be hypervisible by being outed.

Negative Campus Climates

Classroom Invalidations

Of course, indicating a chosen name and pronouns on course rosters, or coming out as trans to a faculty member in the absence of this option, does not ensure that the faculty member or other students in the class will respect how a trans student identifies. Many trans students, especially nonbinary trans students, have described incidents where a faculty member purposely addressed them by their deadname or the wrong pronouns. Even graduate students, who typically have a closer relationship with faculty members than undergraduates, commonly report being misgendered and misnamed. More than a quarter of the grad students surveyed by Goldberg stated that, even though they had asked the professors in their program to use the appropriate pronouns and name, the faculty members continued to misgender and misname them, as well as used cisnormative language in their classes, such as referring to the students as "ladies and gentlemen."

The frequent invalidation of their gender identities by professors contributes to gender-nonconforming students perceiving the classroom climate as more negative than gender-conforming students. All five of the trans students interviewed by education researcher Jonathan Pryor, for example, described feeling disrespected and marginalized in their classes by both faculty and other students. According to participants, their professors had little understanding of how to be supportive of trans students, and some reinforced a hostile, cisgenderist classroom environment by refusing to use the names and pronouns requested by students and by making anti-trans remarks. Participants also shared how some cis students similarly did not respect the gender identities of their trans classmates and made harassing comments. It is noteworthy that the trans students in Pryor's study experienced this negative classroom climate despite having taken steps to minimize mistreatment, such as by seeking to take large classes, where they would not be called on and potentially misgendered by professors, and by avoiding online courses, which often require the use of a student's legal name, and courses in STEM fields, which they believed had instructors and students who were more antagonistic toward trans people. The extent to which cisnormativity pervades academia is evident in that some trans students reported being misgendered in the presumably most supportive classroom context—small classes in Women's and Gender Studies.

Harassment

Outside of the classroom, trans students also encounter a chilly if not hostile campus climate. Among the respondents to the U.S. Transgender Survey who had attended college or vocational school and who indicated that people at their institution thought or knew they were trans, nearly one quarter stated that they were verbally, physically, or sexually harassed while they were students. The participants who identified as

American Indian, Black, and Middle Eastern were even more likely to report having experienced campus harassment. In the *2010 State of Higher Education for LGBT People,* the respondents were asked whether they had observed someone being intimidated or bullied because of their gender identity; answering in the affirmative were 38% of the gender-nonconforming participants, a third of the transmasculine participants, and more than a fifth of the transfeminine participants. More than three fourths of each group had also observed derogatory remarks being made about someone's gender identity.

Other research, which used data from more than 100 colleges, similarly found that trans students rated the climate on their campuses as more hostile, compared with their cis LGB and cis heterosexual peers. The trans-identified students indicated encountering more frequent harassment and discrimination, including from faculty and staff members, and had a lower sense of belonging within their campus communities. Because of harassment and discrimination, less than two thirds of trans students in another national study reported a sense of belonging on their campus, compared with 82% of cis students and about three fourths of LGBQ+ students.

Physical and Sexual Violence

In addition to frequently experiencing verbal harassment, trans students report extremely high rates of physical, sexual, and intimate partner violence. The largest study to date of sexual assault and misconduct on college campuses that explicitly included trans students was conducted in 2019 for the Association of American Universities (AAU) and involved 33 institutions and nearly 182,000 students, more than 3,000 (1.7%) of whom identified as a trans woman, trans man, nonbinary or genderqueer, questioning their gender identity, or a gender not listed (abbreviated as TGQN by the researchers). The study found that the TGQN undergraduate and graduate students reported the highest rates of experiencing harassing behavior, intimate partner violence, and stalking since starting college. For example, 65% of the TGQN undergrads and 53% of the TGQN grad students indicated that they had experienced sexual harassment, compared with 59% and 37% of the cis female undergrads and grad students, respectively. The TGQN undergrads had a similar rate of experiencing nonconsensual sexual contact by force or inability to consent as their cis female counterparts (23% vs. 26%), whereas the rate was significantly higher for the TGQN grad students (15% vs. 10%). A 2015 AAU study, which included slightly more than 150,000 participants, likewise found that trans students are more likely than their cis peers to experience sexual violence on campuses.

But even with such high rates of abuse, many of the TGQN respondents in both AAU studies thought that reporting incidents of sexual harassment and assault would further victimize them, seemingly because they did not have faith in the system on their campus to support and protect the rights of trans people. The TGQN students were less likely than the cis female and male students to believe that a report of sexual harassment or assault would be taken seriously, that a fair investigation would be undertaken, and that college officials would protect the victimized student's safety and address the factors that may have led to the attack. In addition, the TGQN students were more likely to state that the alleged perpetrator(s) or others would retaliate against the victimized student in response to a report of sexual harassment or assault. Given that many colleges have few if any trans-inclusive policies and are seen by trans students as doing little to address the negative campus climates they experience, it is not surprising that the students would not trust their institution to support them even when they have been sexually victimized.

Improvements Over Time

Among the U.S. Transgender Survey participants who wrote about their time in college, those who described having a positive college experience overall were mostly the younger respondents, especially members of Gen Z (i.e., individuals 18–24 years old at the time of the survey). The Gen Zers were the most likely age group to state that they felt safe and could be out on campus and to indicate that they received support from faculty, staff, administrators, and peers. The generally more positive experiences of trans students in the 2010s seemingly resulted from the efforts of a growing number of colleges to create more inclusive and supportive environments for their trans

community members. But all colleges can do much more to improve their negative campus climates, challenge gender binary structures, and foster trans inclusion.

Genny Beemyn

See also Campus Residence Halls; Classroom Experiences, Higher Education; College Graduate Students; College Undergraduate Students; United States Transgender Survey; Women's Colleges

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Campus Residence Halls

Campus residence halls embody the importance of peer interactions and socialization among undergraduate students. A majority of students' time is spent in their residences, and the volume of their interactions and experiences can have profound effects on their overall success in college. Living on campus has numerous benefits, including creating meaningful connections with staff and peers, developing autonomy and self-reliance, and increasing one's sense of belonging. But as important as residence halls are for student success, the benefits are not shared equally and not accessible to all students. Trans students in particular must navigate institutional and interpersonal exclusion, given the cisnormative structure of most residence halls. In response, some colleges and universities are seeking to develop more trans-supportive housing practices.

Institutional and Individual Discrimination

Historically, residence halls have been divided by sex, and many are still sex segregated across an entire hall, by floor, or within suites or rooms. On most campuses in the United States that provide housing, residential housing assignments are based on a student's legal, binary sex designation of female/male. As a result, trans students are often assigned to the wrong gendered room or are denied campus housing completely. In addition, bathrooms in residence halls are typically multiuser facilities that are designated for women only or for men only, further limiting the ability of

many trans students to have a safe, comfortable place to live.

Interpersonally, trans students often have to navigate transphobic and cisnormative interactions with residence hall peers and staff. Because housing is traditionally assigned by binary sex designations, students typically make assumptions about who should be in gendered spaces such as residence hall rooms and bathrooms. As a result, trans students may experience covert microaggressions or overt discrimination, which can negatively affect their physical, mental, and academic well-being.

Gender-Inclusive Housing

To meet the needs of trans students, some schools are implementing gender-inclusive housing (GIH; sometimes referred to as gender-neutral or all-gender housing), in which students of any gender can choose to live together in a campus residence hall. The structure for GIH varies, but most involve roommates of any gender sharing a room on a mixed-gender floor or sharing communal living space and sometimes bedrooms in suite- or apartment-style housing. The extent to which the bathrooms in GIH are gender inclusive also varies and is often dependent on the physical design of the building. In addition, the availability of GIH may be restricted, such as by not being available to first-year students or requiring students to explain their need for it.

On many campuses, accessing GIH requires an additional application process and/or an interview with a staff member. Even if these administrators are well intentioned and trained, they may be unknown to, and therefore not trusted by, students, and such a process requires students to out themselves. Some students, especially those who have had negative institutional experiences because of being trans, may not want to ask for help in navigating campus housing.

A lack of gender-inclusive housing forces some trans students to move off-campus, where they may encounter other negative consequences, such as feeling disconnected from campus activities, resources, and community; food insecurity; housing discrimination; and greater financial instability. Students with multiple marginalized identities likely experience an even greater negative impact.

LGBTQIA+ Housing

Along with or sometimes as a part of gender-inclusive housing, some campuses offer an LGBTQIA+ suite, floor, or house, where LGBTQIA+ students and allies can be in a supportive environment and develop their own specific community. LGBTQIA+ housing differs from GIH in that not all LGBTQIA+ housing allows students to live with others of any gender, and some LGBTQIA+ housing includes specific programming related to LGBTQIA+ experiences. In addition, GIH is typically open to anyone wanting to be housed with someone of a gender different than themselves, so it is more a type of housing accommodation than a community or theme housing, as GIH is thus not limited to trans people (for example, two cis friends or family members may decide to live together).

LGBTQIA+ housing does not always serve the needs of trans students. Not all trans students want to be out about their gender identity, and not all identify as queer and want to live in a queer community. At the same time, some cis LGBQIA+ students are transphobic, so LGBTQIA+ housing is not necessarily a safe space for trans students. In addition, LGBTQIA+ housing is often a partnership between Residential Life and an LGBTQIA+ Center, and both offices are not always adept at meeting the needs of trans students.

Research on Residence Halls

Most of the research on trans students' experiences in residence halls focuses on the housing itself and bathrooms. Other issues are rarely explored, such as interactions with resident assistants and with professional staff, many of whom are new graduate students. In addition, there is no campus housing research that examines possible differences among students with different trans identities or the specific experiences of trans students with multiple marginalized identities, such as trans students of color, first-generation trans students, and trans students with disabilities.

Implications

Campus housing policies and practices, as well as research in this area, need to consider the comfort, safety, and privacy of trans students in existing

residence halls and in the construction and renovation of facilities. Policies and practices that uphold the gender binary make trans students more vulnerable to negative mental health outcomes, academic challenges, and a lower sense of well-being. In order for residence halls to be trans inclusive, it is recommended that housing officials stop using sex assigned at birth as the criterion by which they make housing assignments and recognize the specific needs of trans students, which includes involving them in trans-related policy decisions.

Kate Jerman, Jason C. Garvey, and Abijah L. Manga

See also Classroom Experiences, Higher Education; College Undergraduate Students

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Cancer

A dearth of research exists exploring trans individuals' experiences of cancer diagnosis, treatment, and survivorship. As gender identity (GI) data are not included in many national data sets, such as the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute or cooperative groups, data regarding cancer prevalence, risks, and outcomes for trans people are significantly hampered. Limited, retrospective data among small cohorts suggest that trans people have higher rates of specific types of malignancies, including those associated with human immunodeficiency virus (HIV) and human papillomavirus (HPV), but no increased risk of other cancers overall. However, larger scale data are urgently needed so that any disparities in resources and cancer care accessibility that may affect cancer risks, treatment, and outcomes may be identified and intervened upon as these may significantly affect the health and well-being of trans people and communities.

Risk of certain cancers may be increased in trans people due to the following:

- minority stress on trans persons may increase their cancer risks;
- lack of access to competent care, coupled with discrimination within health care, limits screening and prevention efforts;
- rates of tobacco use may be higher in trans populations;
- rates of alcohol consumption may also be higher; and
- higher rates of HPV and HIV may result in higher rates of certain cancers in trans people.

Gendered Assumptions in Health Care

As is the case for all people, you cannot know what anatomy trans people have or what hormones are in their bodies unless you ask them. This is made more difficult by lack of standardized means to properly record details about trans people in electronic health records. For example, the gender marker in the chart may indicate sex assigned at birth or gender identity. As such, it is critical that clinicians and other health professionals accurately collect and document patients' sex assigned at birth, gender identity, and anatomy.

Trans people may experience a number of barriers to care that may delay cancer diagnosis. Trans patients may have negative experiences such as verbal harassment and refusals of treatment within medical settings that result in barriers to care. For a number of trans people, cost is also a major barrier. Trans people may also present to oncology care late because they have not been

screened appropriately based on their anatomy. For example, providers may avoid conversations about prostate cancer screening with transfeminine people in their 50s and 60s, although this is the recommendation by the U.S. Preventive Services Task Force for cisgender (cis) men. Furthermore, it is critical for providers to be familiar with how anatomy could be altered by gender-affirming surgical care (e.g., vaginoplasty for transfeminine people does not remove the prostate). Thus, providers should ask, in a sensitive way, about anatomy, if relevant, and make preventive care and screening recommendations accordingly. For more information about screening guidelines, visit the UCSF Transgender Care and Treatment Guidelines.

Gendered Aspects of Cancer

Gendered expectations may pressure patients to conform in ways that do not match their values or identity. For example, breast cancer treatment has been thoroughly "pink washed." Patients with breast cancer may be expected to undergo breast reconstruction, attend makeup classes, or wear long-haired wigs. Patients with prostate cancer may be expected to respond to narratives about "being a fighter." Forms may include a section "for women only" with questions about menstruation or childbearing. Questions that assume anatomy based on gender may not be relevant to trans people and may force patients to choose between lying and coming out. This gendering of the cancer care continuum can exclude or render invisible the experiences of trans people or other people such as cis men with breast cancer. For trans people, in particular, this may lead to an overall feeling that one's gender is being misread or misunderstood by providers and the medical system. Thus, the potential exists for trans patients to experience significant distress when receiving cancer care. Providers and health care systems can help by renaming clinics and other health care spaces so that they are gender neutral, using gender-neutral language, avoiding gendered expectations, asking for and using correct pronouns and names for patients, and eliciting and using words patients prefer regarding their anatomy. These changes could make health care inclusive to people of all genders, particularly people who are nonbinary.

Ways to improve cancer care to be more inclusive of trans people include the following:

- Make gender-neutral bathrooms accessible.
- Take gender markers off identification bracelets.
- Ask for and use the correct pronoun and name for patients.
- Ensure that forms include options that are relevant to transgender and gender-diverse patients.
- Be informed.
- Share medical decisions with patients.

Because cancer therapy can often involve surgery, surgeons should ask whether trans patients, and all other patients, desire a particular form of surgery. Trans people may be interested in breast augmentation, mastectomy, or mastectomy with nipple reconstruction or tattoo, as may other patients. Trans people with prostate cancer may be interested in orchiectomy (removal of the testes) as part of their treatment. These surgeries could dovetail with transition-related care. Trans people may also be concerned about how surgery may affect their prior gender-affirming procedures. For trans individuals who may not have had the resources or opportunity to undergo gender-affirming procedures, surgical care in the context of cancer treatment can have a significant overlap in achieving a more gender-affirmed self. And although some data indicate that the risk of breast cancer may be increased for people on estrogen therapy, discontinuation of hormones can result in significant gender dysphoria and distress, including suicidality. Addressing the continued use of hormone therapy should prioritize patients' wishes in the context of a discussion of risks and benefits.

Follow-Up

Given the uncertainty of how hormone therapy affects occurrence of hormone-sensitive cancers, more frequent follow-up may be required until more definitive research is available to provide evidence-based care. Additionally, cancer care providers would benefit from reviewing the current literature regarding risks and benefits of hormone therapy so that they may provide balanced information to their trans patients, including

regarding how cancer treatment might affect gender-affirming care, particularly future options for gender-affirming surgery.

Not surprisingly, trans cancer survivors report lower satisfaction with care than do cis cancer survivors, even controlling for demographic and clinical variables associated with care. Furthermore, the lack of sexual and gender minority–specific survivorship support groups and networks for both cancer survivors and loved ones is a missed opportunity to provide complete and compassionate care. Nonbinary people may encounter particular roadblocks, including providers expecting them to fit male or female gender expectations and providers not using gender-neutral pronouns.

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See also Cancer Survivorship; Chronic Disease

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Cancer Survivorship

Cancer survivorship describes the experience of living with, through, and beyond cancer. It is unknown how many cancer survivors are trans or gender diverse, because cancer registries do not collect such data. LGBTQIA+ populations are described as an "invisible diversity" in cancer care. Cancer research and clinical practice are predominantly heterocentric and ciscentric, resulting in insufficient knowledge about the specific health care needs, outcomes, lived experiences, and effective interventions to improve outcomes for LGBTQIA+ populations. There is an emerging field of LGBTQ cancer survivorship research. However, this has focused on cisgender LGBQ women and men. Previous research on trans people and cancer has focused on epidemiology, etiology, and biomedical aspects of cancer treatment. There is a pressing need for research to examine the cancer survivorship experiences of the trans population, in order to inform practice and policy, as well as the development of culturally competent cancer information and care.

There are a number of areas where trans cancer survivors may have unique experiences or concerns. Cancer and cancer treatment can have an impact on gendered embodiment—a person's sense of self as a gendered being, located in the body. For trans people, embodied changes resulting from cancer may increase or decrease gender dysphoria. A bilateral mastectomy is medically similar to gender-affirming "top surgery," which may facilitate an alignment between masculine or nonbinary gender identity and embodiment. Some LGBTQIA+ individuals embrace the choice to forgo breast reconstruction after mastectomy, deciding to "go flat" (also known as "flattopping"). Conversely,

mastectomy may be perceived to erase self-perceived femininity or reverse embodied changes that have occurred as part of gender affirmation, and breast reconstruction may be welcomed.

Some cancers are treated using hormone therapies, while others are hormone sensitive, in both cases interacting with hormones used as part of gender affirmation. Cancer treatment decisions may thus have significant and enduring impacts on trans survivors' gender identity and expression. Other bodily changes, such as treatment-related hair loss, weight gain or weight loss, incontinence, and changes to sexual functioning, may affect embodied experiences of gender or sexuality. Changes in erectile functioning after cancer treatment are known to have a negative impact on the psychological well-being and identity of gay and bisexual men. This may also be the case for trans people with a penis; research is needed to investigate this issue. Cancer-related embodied changes may be complicated by gender-affirming procedures. Urinary incontinence following vaginoplasty can be exacerbated by cancer treatment and may also affect bowel incontinence. Dilation of the neovaginal canal to prevent stenosis (narrowing and shortening of the vagina) may also be affected by vaginal dryness or surgery.

Access to culturally competent cancer information and care has a significant influence on survivorship outcomes. Experience or fear of discrimination in general health care may continue into cancer care, contributing to trans people's feeling of distrust and anxiety when accessing cancer services. This can result in avoidance of cancer screening and delays in medical help seeking. Disclosure of one's trans identity can be associated with feelings of discomfort, embarrassment, and fear of treatment refusal, as well as privacy concerns. Trans patients are often invisible on intake forms and only disclose their trans status when asked. Hostility on the part of cancer care professionals toward LGBTQIA+ people is commonly reported, including misgendering or use of inappropriate language to describe trans people. Trans people report feeling unwelcome in oncology clinics and cancer support groups, sometimes being asked to leave due to gender nonconformity. Heterocentric assumptions held by health care providers can lead to same-gender partners being marginalized or excluded. The binary gendering of some cancers, such as breast cancer being seen as a "women's cancer," perpetuates the exclusion of trans people. In combination, this can lead to cancer care and information that is poorly tailored or inappropriate for trans people and their partners, as well as to trans people having limited access to cancer peer social support. This can contribute to distress in what is already a challenging time.

Many trans people experience health inequalities, which can adversely affect mental and physical health during cancer survivorship. Higher rates of poverty and lower rates of health insurance can affect ability to access health care, in the absence of universal free health care. The impact of trans discrimination in cancer care can exacerbate minority stress arising from familial rejection, social exclusion, discrimination in the workplace, and physical or sexual violence. This may be more acute for those who occupy multiple marginalized positions, such as racial and ethnic minorities, those who are sexuality diverse or have intersex variations, those who have disabilities, and those who are exploring or questioning their trans identities, including adolescents and young adults.

Many health professionals receive no training on the care of trans people, contributing to deficits in knowledge of the cancer-related needs of trans patients and their partners. There is a need for education and training to improve awareness of the intersection of cancer and gender-affirming health care, as well as a need for trans-specific resources and information to facilitate positive outcomes in cancer survivorship.

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See also Cancer; Chronic Disease; Gender-Affirming Surgeries: Men, Bottom; Gender-Affirming Surgeries: Men, Top; Gender-Affirming Surgeries: Women; Health Care, Discrimination

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Career Development and Trajectories

Career development is an overarching concept that describes the evolution of work and personal activities and commitments over time. It is a lifelong process with particular implications for trans individuals. *Career trajectories* are one element of overall career development, typically describing the sequence of an individual's education and work. Career development and trajectories are not limited to discussion of paid employment but rather the *processes* and *pathways* through which individuals explore and make decisions about their futures.

Career development and trajectories are specific to individuals, and there are professional fields whose goals include assisting individuals with career planning and decision making. Career or vocational psychologists focus on individual factors such as education, personality, opportunity, and agency in the processes of career development. Gender identity and systems of oppression based on gender—especially sexism, genderism, and transphobia—interact with career development to both afford and constrain aspirations, opportunities, agency, and trajectories of trans people.

Career Exploration and Job Search

There are several decisions that trans individuals make in relation to work and career that influence their trajectory, work satisfaction, and well-being. Before starting work, trans people may experience what researchers call a bottleneck in their overall development as psychological resources are taken up with gender identity exploration and coping with discrimination and harassment. This bottleneck draws personal resources away from vocational and career exploration, potentially creating a disadvantage for trans youth as they prepare to enter their working lives. Trans youth and adults who go to college may also experience a lack of support for career exploration and development from career services offices that are not well prepared to serve them. Similarly, high school guidance counselors and adult vocational counselors may lack knowledge and sensitivity to provide high-quality support for the specifics of trans people's lives. It is important to remember that factors other than gender have a substantial influence on career exploration and opportunity; on their own and in intersection with gender, factors such as race, age, socioeconomic status, and ability are also influential.

Workplaces reflect the gendered nature and assumptions of the wider society, sorting many jobs into a masculine–feminine binary. For example, teaching and nursing are typically considered "female" occupations in the United States, whereas construction and military are classed "male." Not all occupations are gendered to the same extent; clerical/administrative assistant and firefighting are more strongly associated with feminine and masculine, respectively, but fields like physical therapy and accounting are less so. Increasingly, life science and medicine are seen as inclusive of women, although having women join "male" fields has done little to change perceptions that the world of work is divided into binary categories. The assumption that there are only two gender options also excludes people whose identity is nonbinary or gender fluid.

Thinking about jobs in gendered ways can influence career aspirations and pathways. Trans youth may align their goals with these binary conceptions of feminine or masculine careers and face some resistance, or at least curiosity, from peers and adults who see the goals as incompatible with the young person's perceived gender. Conversely, awareness that gender is not binary may enable trans youth to see beyond the artificial categorization of jobs into feminine and masculine, opening opportunities for exploring careers without framing work in gendered terms. Nonbinary and gender-fluid youth may approach career selection and planning without the constraints of complying with gendered expectations.

Trans people may perceive some careers or workplaces as more open to them, potentially shaping career aspirations and job seeking. Working in a field that is less strongly gendered may attract trans people who do not want their jobs to reflect the masculine–feminine binary. The perception that gender does not matter as much for success in these fields could make them seem more open to gender diversity. Conversely, working in a strongly gendered field might appeal to some trans individuals who want their careers to reinforce their expression of their gender; for example, a trans man might choose a "male" field that aligns with his gender identity and expression, and a trans woman might elect a "female" field that aligns with hers. Some fields that are not strongly gendered in the masculine–feminine binary may still strongly enforce cisgenderism, however, making it difficult for nonbinary people to see themselves in these jobs; in essence, the message is "It's OK to be either a man or a woman in this field, but you have to be one or the other."

The job search process presents particular opportunities and challenges for trans people. Searching for and starting a new job represents a chance for a fresh start in which one can represent one's gender perhaps differently from how one did in school or previous jobs, reducing or eliminating the need to out oneself as trans. Trans job searchers must contend with a set of legal and policy considerations: Does the employer or its locale provide protection from discrimination and harassment based on gender identity? What options exist for redress if there are violations? If the employer provides health benefits, do they cover gender-affirming services? Career and vocational counselors should be aware of these issues and help trans job seekers learn how to find the answers.

If a trans person's name and/or pronouns have changed over time, they may feel the need to out themselves to prospective employers in the application process or to omit previous employment from their work history. Similarly, to avoid being outed, someone who has transitioned may not want to use job references from previous employers. School and university transcripts, professional licenses, recognition and awards, and resumes may carry different names over time. Changing a first name at some point in the career may seem confusing to potential employers or present obstacles to representing a continuous work trajectory.

Workplace Gender Climate and Its Influence on Careers of Trans People

Regardless of whether a field as a whole is highly gendered or less so, individual workplaces have their own climates for gender diversity. Gender climates have a direct influence on the people who work within them. Gender climate may be influenced by a number of factors, including the employer's policies and practices related to nondiscrimination, gender diversity education and training for employees, provision of gender-inclusive health care and other benefits, local climate for gender diversity, and local, state, and national employment laws. Day-to-day experiences in the workplace affect the performance, well-being, and job satisfaction of trans employees, as well as their long-term prospects for developing a successful career. Workplace climate is the responsibility of the employer, although the effects are seen on individual employees.

Policies and practices related to gender inclusion may strongly influence career trajectories of trans people. The opportunity to be hired, to work, and to be rewarded for job performance without discrimination and harassment is critical to career success. Trans people may be deterred from entering or advancing in preferred careers by repeated experiences with discrimination or harassment. Some trans people develop and enact second- and third-choice career plans as ways to deal with inequitable treatment in the workplace. Some find an equitable, supportive workplace at some point in

their career and stay in those positions rather than pursue others that might advance their careers.

How other people perceive and treat coworkers is one aspect of workplace climate. Regardless of gender identity, every employee makes decisions about dress, physical appearance (e.g., hairstyle, facial grooming), and communication (e.g., voice, inflection, vocabulary). Some careers and workplaces convey strong expectations, even requirements, for employees' gender presentation. Some dress codes or uniforms are based on binary gender assumptions (e.g., skirts for women and pants for men) that do not offer options for nonbinary individuals (e.g., wearing a shirt and necktie with heels).

For trans people, decisions related to gender presentation may carry weight in career choices because they signal alignment or misalignment with identity. Working in a field that supports gender diversity reduces the emotional and cognitive load of constant self-monitoring of one's gender presentation, which may have particular benefits for nonbinary people. Trans people with the option to do so may select jobs in fields that provide opportunities to align their gender presentation with their identities or provide flexibility to express gender differently at different times in a single workplace or across the career.

Workplaces and fields that offer positive and inclusive gender climate may be particularly attractive to trans people, allowing them to build successful, satisfying careers. Not all trans people have the socioeconomic, educational, racial, and/or citizenship privileges necessary to freely choose jobs in gender-inclusive workplaces. Workplace climate is one manifestation of the effects of intersecting systems of oppression that dampen trans people's access to the full array of potential jobs and to career progression.

Transitioning at Work and Career Development

Although not all trans people undergo gender transition, transitioning at work may have specific effects on career trajectories of trans people. In addition to the general influence of gender climate and matters of nondiscrimination, transitioning at work brings particular opportunities and challenges for careers. Posttransition can be a time of possibility and growth in career. Freed from some of the psychological stresses of pretransition and transition, a posttransition person may be able to more fully explore career interests and plan for job change or career advancement. Transition may facilitate acceptance within a gendered field; for example, a female-to-male computer scientist may find himself more accepted in a predominantly male work setting. For trans people who work in inclusive contexts, the affirmation of coworkers may reinforce a positive decision to transition, contribute to job satisfaction, and promote a sense of well-being in career settings.

Transitioning at work can also pose challenges to work and career trajectory. The transition process may result in heightened visibility and negative repercussions from coworkers and superiors. Transphobia that was not previously evident may surface when someone changes appearance, name, or pronouns. In highly gendered fields, transitioning may mean being seen as less knowledgeable, as when a male-to-female trans person encounters workplace sexism in a field that is predominantly male. Trans people report losing relationships and standing in professional communities due to transphobia. As previously noted, transitioning at work can interrupt careers that are built on continuity of name and reputation. Navigating these potential obstacles can draw energy away from contributing to work and career. For these reasons, transition at work can decrease career prospects.

Trans people may choose to stay in a job or seek a new job before or after transition. Access to health insurance is one factor, as is the financial stability of keeping a job throughout what can be a costly process that often is not covered by insurance. Staying with a supportive employer is another reason to keep a job, while finding a new workplace, if possible, may be important posttransition if the climate is or becomes unsupportive.

Career counselors in any setting can work with trans clients to anticipate and mediate some of the negative consequences while building on the possibilities presented by transition at work. Training for career counselors can include awareness of trans identities, the transition process, and the possible effects of transition on work. Accounting for career and work identity among the many considerations for transition can help prepare trans people in advance. To support trans career development,

human resources and other employer units can take responsibility for creating an inclusive, affirming workplace climate for trans people overall and proactively in advance if they become aware that someone will transition at work.

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See also Therapist Training; Workplace Climate; Workplace Policies; Workplace, Gender Transition

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Chest Feeding

This entry discusses lactation and infant feeding for transgender and gender nonbinary (trans) people. The term *chest feeding* refers to a person's ability to produce and express milk from mammary and ductal tissue in the chest to feed an infant. This term is preferred when discussing this practice among trans people, because it is gender neutral and more acceptable to people on the transmasculine spectrum who may be reluctant to use gendered language to refer to their body. It also accurately describes the practice in transfeminine people. The following sections address chest feeding for both transmasculine and transfeminine people, including special considerations with hormonal treatment.

Transmasculine Chest Feeding

The term *transmasculine* refers to those who were assigned female at birth and whose gender identity is on the masculine spectrum. Many trans people who are female assigned at birth may identify as nonbinary, meaning they do not identify as male or female. However, chest feeding is dependent on physiology rather than identity, and both transmasculine and nonbinary people with the necessary tissues are able to chest feed. Transmasculine and nonbinary individuals retain the ability to become pregnant and chest feed their infants as long as their uterus, mammary, and ductal tissues are intact. In a single study published in 2014 by Alexis Light et al., titled "Transgender Men Who Experienced Pregnancy After Female-to-Male Gender Transitioning," 51% of transmasculine participants chose to chest feed after delivering their child or children.

It may be possible to complete chest masculinization without compromising the ability to chest feed, but this may compromise aesthetic outcomes because mammary and ductal tissue will have to be left in the chest and remain attached to the nipple. In 2018, Christine Jaslar published the only available case study to date of one person's experience attempting to express milk after double-incision chest masculinization with free nipple grafts. He was able to express 15 mL of milk from one nipple and only droplets from the other while off testosterone treatment. While it is unexpected that he would have any milk production after a free nipple graft (a process during chest masculinization in which the nipple is completely removed from the body, thinned, and reattached), he was unable to produce enough milk to adequately feed an infant.

Staying on hormone therapy while chest feeding is a common desire for transmasculine people with

children. While the National Institutes of Health reports that testosterone is not significantly expressed in chest milk, it has only been studied in doses many times lower than those used in masculinizing hormone therapy for transgender people. Testosterone has also been used historically to suppress lactation, usually in combination with estrogen, and may interfere with milk production in mammary tissues.

Pregnancy alone after chest masculinization surgery is also associated with visible changes in the chest. These changes occur because chest masculinization is an aesthetic procedure meant to create a masculine-appearing chest and often involves leaving some mammary and ductal tissue behind to help create a masculinized contour to the chest. Hormonal changes during and after pregnancy cause those tissues to swell. In 2016, Trevor MacDonald asked several transmasculine parents about their experiences with pregnancy. Participants with less-invasive chest masculinization procedures (i.e., liposuction instead of double-incision techniques) reported greater swelling in their chest than did those with more invasive techniques. However, there were too few participants to suggest these differences would be universal.

It is worth noting that all studies referenced in this section involving transmasculine people found their participants via online convenience samples. All participants recruited in this way were white and identified as on the transmasculine spectrum. Trans people's experiences are diverse and highly varied, and these data do not represent the entire population of transgender people wishing to chest feed.

Transfeminine Chest Feeding

Transfeminine people, or those who are male assigned at birth and whose gender identity is on the feminine spectrum, can chest feed but require hormonal treatment in order to do so. Nonbinary people who are male assigned at birth also require hormonal treatment in order to chest feed, and it is important for clinicians to discuss with patients that mammary and ductal tissue development is the goal of this treatment, since nonbinary people may prefer to avoid developing a female-appearing chest.

A single case report published in 2018 by Tamar Reisman and Zil Goldstein describes a transgender woman who was able to chest feed an infant birthed by her cisgender female partner for 4 months without supplemental nutrition. She was treated with estradiol, progesterone, and domperidone paired with aggressive nipple stimulation. Estradiol and progesterone were used to mimic the hormonal state of a pregnant cisgender woman, and the patient ordered domperidone from Canada to initiate self-treatment because the substance is not approved for this use in the United States. It is also important to note that high estradiol levels can suppress lactation in postpartum cisgender women, so the patient was treated with a low-dose estradiol patch after delivery of her baby.

Although this treatment was effective for this patient, it is unclear what elements of therapy are necessary to effectively allow a transgender woman to chest feed. As noted earlier, it is necessary for mammary and ductal tissues to be present, which are best developed with the use of feminizing hormone therapy protocols. However, there have been no trials testing different medication and nipple stimulation regimens and their efficacy in supporting infant nutrition. The nutritional content of the milk transfeminine people produce has also not been evaluated. Taking estrogen while lactating may also inhibit milk production; however, the U.S. National Institutes of Health suggests that the use of transdermal estradiol patches does not result in significant estradiol concentrations in breast milk or infant blood samples.

No studies of lactation after breast augmentation have included transfeminine people. Some small studies among cisgender women report differences in lactation depending on the location of the incision and placement of the implant. Larger studies, however, have not validated these findings. One study in 2018 conducted by Lisa Bompy and her team followed cisgender women 5 years after implant placement and found no significant differences with incision location and implant placement; however, people who had undergone mastopexy (sometimes called the "internal bra" procedure whereby muscles are moved to help hold up the implants) were more likely to have inadequate milk production when attempting to chest feed.

Conclusion

Although understudied, trans people are capable of chest feeding infants regardless of birth anatomy. Chest feeding requires hormonal intervention for those who are male assigned at birth, and chest masculinization interferes with chest feeding for those who are female assigned at birth. However, chest feeding is possible for those who have an intact connection between the nipple and the mammary and ductal tissues in their chest.

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See also Medicine

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Child Welfare System

Trans youth are an often-ignored group in child welfare research and services. Yet, research has shown these youth are overrepresented and experience disparities in the child welfare system, warranting a specific focus on their needs, experiences, and outcomes. Facilitating and supporting transitions from out-of-home care (also known as foster care) to permanent safe and loving homes is the ultimate goal of child welfare agencies. Several factors affecting permanent placements into homes (i.e., "permanency") have been studied. A high proportion of youth in out-of-home care face various risks to achieving permanency, including mental health issues, trauma, homelessness, and involvement with state-level institutions such as the juvenile justice system. Many studies find sex/gender are not strong predictors in achieving permanency, although they also find that sex/gender affect day-to-day foster care experiences. Most research, however, is narrowly focused on sex and gender as synonymous constructs and do not attend to gender diversity beyond the cisgender female–male dichotomy. Trans and other gender minority youth (e.g., nonbinary, gender-nonconforming cis youth) are a group that warrant more attention in this field.

Gender Diversity of Youth in Foster Care

When trying to understand the characteristics and experiences of the trans and other gender minority youth population in foster care, only one representative study has measured gender identity in this population: the Los Angeles Foster Youth study (LAFYS). Research from that project shows that how youth experience foster care and risks to

permanency differ according to how gender is understood and defined. In their work, LAFYS researchers intentionally highlight the overlap of sex assigned at birth, gender expression, and gender identity. For example, compared to cis heterosexual youth, trans youth were two times more likely to be gender nonconforming (GNC), and a higher proportion of youth assigned female at birth were GNC or identified as LGBTQ compared to males. Youth defined as GNC were also more likely to identify as LGBTQ or female than youth defined as gender conforming. Researchers also found that youth who identified as sexual and gender minorities were more likely to present as GNC. Further, the differences between LGBTQ and non-LGBTQ youth experiences differed by sex assigned at birth. Female LGBTQ youth were more likely to experience some challenges compared to male LGBTQ youth, such as experiences with arrest or worse treatment in foster care systems. On the other hand, male LGBTQ youth were more likely than non-LGBTQ male youth to experience homelessness. Thus, sex assigned at birth, gender identity, gender expression, and sexual orientation represent distinct, yet highly interconnected, identities.

Overrepresentation of Trans Youth in Foster Care

Trans youth are overrepresented in the foster care system. Among the full LAFYS sample of youth in out-of-home care, 5.4% were categorized as transgender, meaning either they used the term *transgender* to identify themselves or their sex assigned at birth was different from their current gender identity (e.g., assigned female at birth and now identifies as male or as a boy). Given that estimates of trans youth in the general population range from 0.7% to 1.8%, this proportion of trans youth in foster care suggests they are overrepresented. Further, 11% of all youth, regardless of gender identity and sexual orientation, were highly gender nonconforming—meaning, they scored high on a measure of gender expression that in the dominant culture is seen as discordant with their birth sex (e.g., a youth assigned male at birth reports being seen as highly feminine). It is also notable that across all groups, trans youth, and youth who are not trans, youth of color represent a disproportionate majority of those in foster care. These data indicate a significant proportion of the foster care population that have unique needs and concerns in the context of the system's level of preparedness for finding them permanent homes.

Trans Youth Disparities in Foster Care

For decades, qualitative studies and clinical accounts that address trans youth in social services have shown that they tend to have negative experiences connected to people's responses to their gender identity. Rejection, abuse, and discrimination affect LGBTQ youth more broadly while they are in out-of-home care. At various points in time while in the child welfare system, these youth interact with case workers, foster parents, congregate care facility employees, and other foster youth. Prejudice has reportedly manifested in disturbingly common practices such as deeming these youth "unadoptable," blaming their being "out" for the harassment and abuse from others, housing them in isolation "for their own safety" or to avoid their "preying on other youth," repeated placement moves resulting from the discomfort of a caregiver, or disciplining LGBTQ youth for engaging in age-appropriate conduct that would not be punishable were it between youth of different "sexes." Research documenting rates of maltreatment of trans youth in foster care are rare, as mentioned above, because gender identity (in a way that is inclusive of trans identities) is often not measured in studies. However, the LAYFS research found that transgender youth experienced expulsion or suspension from school more times in the past year than their cisgender heterosexual peers. Also, they reported similar patterns to LGBQ youth who tended to be placed in groups homes more often, were hospitalized for emotional reasons, and reported not being treated very well by the child welfare system compared with heterosexual cisgender youth.

Conclusion

The growing interest in LGBTQ youth in foster care is promising, although there is much more work to be done. Currently, child welfare agencies are not collecting data that identify who their

sexual and gender minority youth are, making it difficult to understand whether conditions are improving or worsening for them across the country. Research to date indicates the usefulness of looking at distinct but related aspects of one's whole identity together—namely, gender identity, sex assigned at birth, gender expression, and sexual identity. Increasing the collection of data that measure all of these aspects is an important next step in understanding and improving the experiences of trans youth in the child welfare system.

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See also Adoption and Foster Care; Black Lives Matter; Family Therapy, Trans Youth; Indigenous People; Measurement/Assessment Issues in Research; Youth and Teens, Legal Issues

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Children With Trans Parents, Psychosocial Outcomes

On the basis of existing data, it is estimated that between 25% and 50% of trans adults have at least one child. In general, trans parents are likely to have transitioned later in life, after having children, but options are becoming increasingly available for trans people to become parents after transition. Although most studies with trans parents focus on the parent's experiences and their well-being specifically, few have addressed the experience of being a child with a trans parent. This entry discusses known psychosocial outcomes for children of trans parents, including how they may adjust to having a trans parent or dealing with stigma related to being in a family with a trans parent. It also addresses the unique challenges that trans parents face and factors that promote well-being in children of trans parents.

Unique Challenges Faced by Trans Parents

Trans people are more likely than their cis peers to experience oppression, discrimination, and various other stressors because of their trans identity. This minority stress, or stress specifically related to their trans identity, can lead to disparities in mental health concerns, substance use, or medical issues. Trans people also frequently experience social stigma and lack of acceptance related to their gender identity. Along with these stressors, trans parents may face unique challenges that can directly and indirectly affect their children. All parents face general stressors related to parenthood, but there are unique experiences for trans parents. For example, trans parents may experience discrimination or face social stigma within their child's school system due to lack of acceptance of trans identities. Additionally, trans people often have difficulty finding adequate health insurance or housing, both of which can directly affect their children. Trans people are also affected by the prevailing stereotype that children's well-being will be negatively affected by having a trans parent. Despite studies that show the contrary, many people who interact directly with trans parents and their children

still hold this belief, which exacerbates the stress experienced by trans parents and their children.

Parents Who Transition Prior to Having Children

For those who have come out or transitioned before having children, it can be challenging to decide when and how to disclose their trans identity to their children. Most of these parents are open about their trans identity from the time that their child is born or tell them at a young age. Children who know from an early age generally experience less distress about having a trans parent than those who find out when they are older. Some parents choose to wait to share information about their gender identity until their child is older, and reasons for waiting vary. Among those who wait, parents may believe that older children will understand the information better than younger children. In these situations, children can experience confusion or even feelings of distrust toward the parent. They may have a challenging time understanding why they were not told sooner or feel ambivalent about their parent's identity. Conversely, some children have a more neutral or positive reaction to learning about their parent's identity and approach the situation with curiosity and a desire to know. In some cases, parents choose to wait because they fear that their trans identity could affect the child's safety or lead to overt discrimination. This is generally more of a concern among parents who live in areas that are more oppressive and stigmatizing against trans people.

Parents Who Come Out as Trans After Having Children

Among parents who come out as trans after having children, the most common challenge is generally coming out to their children and family. This coming-out process directly affects their children and is usually not a neutral event, regardless of the children's ages when this occurs. A parent coming out is a unique experience that often leads to an array of emotional experiences, including grief, feelings of loss, anger, or confusion. There is often fear or concern about how the children will react to the parent's transition. Not all trans individuals go through a physical or medical transition, but many will socially transition (e.g., use different pronouns, use a new name, or dress in a way that feels more congruent with their identity). Such transitions can present a unique challenge because children may have a difficult time accepting these changes. Many children face an adjustment period during which they learn to use different pronouns or become used to seeing their parent dress differently. This experience is also unique, as many parents may have to discuss what title their children will use. For example, some trans mothers may still be called "dad" by their children, whereas some families may decide to use "parent" instead of "mother" or "father." Additionally, many trans parents are influenced by traditional genders roles, which can affect their parenting style. Fathers are generally seen as more of the disciplinary parent, for example, so trans men may feel the need to shift their roles to meet this expectation. Generally, trans parents and families who have a more open-minded or less restricted view of traditional general roles show better adjustment.

In a 2019 study by Jaclyn Tabor, titled "Mom, Dad, or Somewhere In Between: Role-Relational Ambiguity and Children of Transgender Parents," the author presented general themes on how children deal with a parent coming out and the ambiguity of their parents' roles. In dealing with this role ambiguity, the author found that children of trans parents generally deal with the transition in one of three ways. Some children choose to become emotionally or physically disconnected from their trans parent, although this was the least common outcome. Others attempt to resolve this ambiguity by redefining roles or expectations of their parent over time. Examples of this way of dealing with the ambiguity include understanding that a trans mother may still take on a more "traditional dad role" or having views like "that's still my dad, she just happens to be a woman." The final, and most common, way of dealing with this ambiguity is acknowledging the uncertainty and change within the trans parent–child relationship while also attempting to strengthen the relationship. Some children feel as if they are losing a parent after a transition and may try to focus on creating a new bond with their trans parent. Sometimes, this means moving toward a friendship or acquaintance-like relationship with that parent while they work on rebuilding the relationship. Overall, most

children of trans parents actively work toward restructuring and redefining these relationships with the hope of having a meaningful and positive parent–child relationship.

Although the extant research indicates that most families adjust well to a parent coming out as trans, occasionally these experiences can lead to divorce or separation. Fear that this could occur or that it could negatively affect the family in other ways may constitute one reason why a parent waits to, or chooses not to, come out as trans. Separation can occur for a variety of reasons, but chiefly when the trans person's partner is unsupportive or unwilling to stay in the relationship posttransition. Not only can the separation process be difficult for a child, but it is also possible for children to be directly affected by the lack of laws protecting trans parents. Although many states recognize that having a trans identity does not negatively affect a child, some trans parents face considerable bias in divorce proceedings and child custody cases. In some extreme cases, coming out as trans can be a legal basis for granting a divorce or annulment or even terminating their parental rights. Trans parents may lose custody of their children solely because of the belief that their being trans could be harmful toward the child. In evaluating children's adjustment, it can be difficult to determine whether any adverse psychological outcomes that they display are due to the parents' transition or to the overall impact of a divorce.

Psychosocial Outcomes for Children of Trans Parents

There has long been a societal myth that having an LGBTQIA+ parent, specifically a trans parent, could lead to adverse psychological experiences for children. One reason for this myth is fear that children of LGBTQIA+ people are more likely to be LGBTQIA+ identified themselves—a fear that is contradicted by empirical research. Some people also believe that having a trans parent can lead to poorer well-being, including mental health issues, and adjustment difficulties, such as acting out. Contrary to this stereotype, the existing research on children of trans parents shows that their functioning is largely similar to that of children of cis parents. Among children who do experience poor mental health or adjustment difficulties, it is generally due to factors other than their parent's trans identity itself—such as bullying associated with having a trans parent, familial discord, or general developmental challenges.

Indeed, the most common stressful experience reported by children of trans parents is fear of bullying or discrimination owing to their parents' identity. For example, research on trans parents highlights how, according to parents, children may be left out of social gatherings and not allowed to spend time with other children with disapproving parents. For some children with trans parents, these experiences of rejection and exclusion can provoke feelings of depression and anxiety. Although these experiences can be extremely challenging for children, not all children experience them in the same way. Some children of trans parents have also reported that the experience of having a trans parent helped them to become more open-minded, deal with prejudice and oppression, and learn how to enjoy positive aspects of life rather than focusing on the negative. In short, facing adversity because of having a trans parent often promotes the child's ability to cultivate resilience later in life.

Negative or challenging familial relationships can also negatively affect a child with a trans parent. Among parents who separate or divorce after a partner comes out as trans, the child generally faces more challenges. Again, it is often hard to determine if these negative psychosocial outcomes are related to the separation or the parent's identity, specifically. If the cis parent has transphobic attitudes, for example, this may lead to poorer outcomes for the child. Conversely, if the cis parent is accepting of the trans parent's identity and it is clear the separation was not due to their transition, the child may still have a difficult time adjusting to the divorce but may find it easier to cope with their trans parents' transition.

Factors That Promote Well-Being in Children of Trans Parents

Similar to the experience of trans adults, children of trans parents are more likely to face social stigma and discrimination than children whose parents are not in the LGBTQIA+ community. Many protective factors can help children cope with adversity related to having a trans parent or

having a parent come out as trans. Living with and being around people who are accepting and supportive of trans people is one of these most important factors in promoting well-being and resilience in children of trans parents. Having a cis partner or coparent who is unaccepting or stigmatizing often leads to more difficulties for the child. Having a supportive and accepting extended family and friends also enhances a child's ability to overcome adversity related to having a trans parent. In addition to acceptance, the family's sense of coherence and ability to adequately handle conflict is an important protective factor. As is true with all parent–child dynamics, more conflict between parents generally leads to more distress for the child. If the parents can model healthy interpersonal dynamics, the child is likely to benefit. This is especially true during the coming-out process and transition period if a parent comes out as trans after having children.

During the coming-out process, children generally find it beneficial when parents are accepting and understanding of the child's reaction, especially if the child is ambivalent or upset by the information. This allows for a supportive and open conversation between the parents and the child. Having a positive relationship with the trans parent before and during the transition is generally associated with better adjustment for children. Children whose parents undergo physical gender transition may struggle emotionally. Clear communication between the trans parent and the child before and during this process can help to alleviate distress. Among children whose parents transitioned prior to having children, parents tend to be more involved with the LGBTQIA+ community. Such involvement can positively affect the child because they grow up around other LGBTQIA+ people, who are generally more accepting of trans identities.

Having access to support groups and involvement in therapy or counseling can also act as protective factors for children. While therapy can generally be helpful, it is of the utmost importance that the clinician provides affirmative and accepting practices. A clinician should be understanding of the interpersonal family dynamics as well as the broader societal factors that can affect the child's well-being. Specifically, it is important to consider the likelihood of children encountering transphobia, discrimination, or bullying. Children of trans parents also report how helpful it is to work with a clinician who is informed about all aspects of transitioning, including the legal, medical, and financial aspects.

Conclusion

Although more research is needed to fully understand the psychosocial challenges and reliance factors of children with trans parents, the current research suggests that children have similar childhood experiences to those with cis parents. It is important to understand that each experience of children of trans parents will in some respects be unique and different. While many of these children face unique challenges, research suggests that knowing a parent's identity from an early age, having a strong sense of coherence and connection among the family, and possessing adequate social support lead to more positive psychosocial outcomes for these children. Among the few studies that address this topic, the participants included are predominantly white. Further research should focus on the specific experiences of children of color with trans parents from various regions of the world.

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See also Coming Out; Divorce, Psychological Issues; Parenting, Transition to; Relationships With Children; Reproductive Health; Transgender as a Term

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Chronic Disease

Chronic diseases are health conditions that persist over a prolonged period and can increase the likelihood of experiencing more, and often more severe, additional health problems. Six in 10 adults in the United States have a chronic disease, and 4 in 10 adults have two or more, according to the Centers for Disease Control and Prevention (CDC). Heart disease and stroke, diabetes, cancer, obesity, arthritis, and Alzheimer's disease are some of the most common chronic diseases. In 2017, over $3.5 trillion was spent on health care, of which 90% went to managing chronic conditions. For many people, having at least one chronic health condition increases their chances of having more, or more serious, comorbid conditions. Over 10% of the U.S. population have five or more chronic health conditions. People with limited access to health care are among the most susceptible to developing chronic conditions and are most likely to have the worst outcomes from such conditions. Trans people represent one group that often experiences challenges in accessing health care—due to lack of insurance coverage, fear of discrimination in the health care environment, and social stigma.

Data on health status are sparse for the trans population—although the data available for the U.S. trans population are better than the data available in most countries. Because gender identity data are not collected systematically in medical records, most national health surveys, or any other population-level research, information about the chronic disease burden must be drawn from narrowly defined research specific to the trans community. The primary metrics of defining a public health issue, incidence and prevalence, are difficult to establish owing to the lack of data to identify the total trans population. Although some research is available, it should be considered in light of the limitations of the data used in these studies. For example, analysis of Medicare claims data indicated that trans Medicare beneficiaries experience multiple chronic conditions more often than do cis Medicare beneficiaries and have more comorbid chronic conditions. However, this research is limited to individuals who sought health care services related to their transition. Significantly, however, the conclusions drawn from Medicare analysis are supported by several state-level surveys that documented similar associations.

Both the development and consequences of chronic diseases are heavily influenced by the ability of the individual to access health care. Having a regular place to go for care, having a regular health care provider, and feeling safe with a health care provider all influence health care access. Trans people's access issues are well documented and are largely attributable to systemic discrimination, stigma, having to teach providers about trans identities and health, and lack of health insurance. Systemic structural barriers, including challenges with identity documentation, also contribute to difficulties with health care access.

Many chronic diseases, like heart disease and diabetes, result from a complicated interaction of genetics and behaviors, although in most cases, it is unknown what specifically resulted in a condition in a given individual. Behavioral factors, like smoking or eating high-fat diets, can contribute to some chronic diseases but may also be unavoidable owing to other economic and social challenges that trans people are more likely to face. Data from the 2015 U.S. Transgender Survey suggested that a third of trans people did not see a doctor when they needed to because of cost, and another nearly 25% did not see a doctor because of fear of being

mistreated. If trans people are not getting or delaying health care when they need it, they may have chronic health conditions that are going unidentified and untreated. In some cases, like diabetes or cancer, delaying care can have significant and harmful impacts.

Once identified, chronic diseases require more frequent engagement with the health care system to manage the disease(s). However, owing to the more frequent and intense health care engagement that is required for managing and treating chronic conditions, health care disparities are likely to widen for trans people who are unable or reluctant to interact with the health care system.

Trans people face other unique challenges when diagnosed with chronic conditions. Although research is sparse, some literature suggests that prolonged hormone use, which is a common aspect of transitioning, may have long-term side effects that increase risk for chronic conditions and/or increase the likelihood of adverse outcomes for those with chronic conditions.

Of note is that infection by human immunodeficiency virus (HIV), one chronic condition, continues to disproportionately affect trans people, especially trans women of color. With advances in HIV treatment and prevention, notably PrEP (preexposure prophylaxis), those who do become HIV positive can still continue to live normally while they manage HIV, like any other chronic disease, with appropriate health care access and care coordination.

Chronic diseases can also lead to more severe health outcomes when combined with another disease generated by a contagion. In light of a global pandemic, it is increasingly important to look at the impact that prior chronic disease burden will have on trans people who then become infected with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes novel coronavirus disease (COVID-19). In the postpandemic world, chronic conditions will become a systemic vulnerability for all, but especially so for trans people who are already experiencing health care disparities.

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See also Cancer; HIV/STIs; Health Care, Discrimination

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Cisgender as a Term

The prefix *cis-* derives from the Latin term meaning "on this side of" or "on the same side as." Linguistically, its use in English-speaking contexts dates back to the 17th century, when it was first used as a prefix signaling relative location. In this and within the sciences, it developed in implicit relation to *trans-*, meaning "across," "through," "on the other side of," or "beyond." The term *cisgender* circulated vernacularly within some trans communities before finding its way into print by the 1990s. It gained popularity by 2010 with the increasing publication of transgender scholarship and with greater trans visibility generally. *Cisgender* was added to the *Oxford English Dictionary* in 2016 and in Merriam-Webster's dictionaries in 2017.

People began attaching *cis-* to the word *gender* in the latter 20th century to name people who are not trans. Many pointed out that normative subjects receive additional naturalization by virtue of

being unnamed, while only the marginal or deviant subject needs adjectives: *woman,* for example, was presumably white, straight, middle class, and able-bodied because if she was a person of color, disabled, poor, intersex, or transgender, she would have been named as such. Queer and feminist theory and critical race studies were among the leaders articulating the racializing processes that erase the race of whiteness and the gendering that erases the sex and sexuality of straightness, just as feminisms decades earlier drew attention to the erasures and mystifications behind the universalizing use of the term *man*.

Gender scholars explain that gender is a social organizing principle and that all persons are constituted within the hierarchies, violences, and pleasures of the requirement to "have" and "be" a single, unchanging gender. Some scholars have found it useful to name those who are not transgender. One purpose of the term *cisgender* was to denaturalize what otherwise goes unnamed as the *natural* gender, when in fact cisgender depends on labor, construct, coercion, and reward. Some people suggest that the term *cisgender* is useful for naming the privileges associated with being perceived to be aligned with the sex/gender one was assigned at birth. Use of the adjective *cisgender* can also call attention to the existence of gender diversity in contexts that otherwise erase trans presence when the differential treatment accorded to, for example, cis and trans women must be noted.

Critiques of *cisgender* abound. Decolonial, queer of color, Indigenous, trans feminist, and nonbinary perspectives point out that *cis-* circulates within compulsory binary logics and thus perpetuates the same discriminatory violences that trans communities sought to dismantle with adoption of the term *transgender* in the late 1980s. Binary logics obscure the complex personal, social, and physiological embodiments that all persons carry. In everyday parlance, *cisgender* reinforces assumptions that if someone does not appear to be trans, they are cisgender and enjoying the unearned privileges that accrue to cisgender people. To wit, everyone is cisgender unless we know they are trans. Scholars have noted that this assumption erases trans people and denies the complex embodiments and the fluidity of gender that are possible in all people's lives. More fruitfully, we might explore the ways cisgender privilege arises when anyone is passed as cisgender, regardless of their past, present, or future identification and embodiment.

Scholars and popular critics have objected to the narrowing effects of the cis–trans binary. Various trans and queer communities work to expand the parameters of trans, recognizing diversity around issues such as degree of "cross-gender" identification, lived gender expression, and desire for bodily modifications. In contrast, the term *cisgender* has received increasing clarification and reduction: Specifically, *cisgender* is used to name the condition in which one's gender identity and sense of self are congruent with the sex/gender one was assigned at birth. In common use, the term also implies that cisgender subjects conform to dominant norms and expectations associated with anatomically defined sex/gender. One trap of this binary logic is that *trans* then depends on positing cisgender as an unchanging subject that cannot also be trans and/or living with invisible body/mind variations such as intersex and disability.

Many people have argued that the notion of being "congruent" with sex assigned at birth grossly simplifies the vast range of ways that people experience gender identity and norms. Bodily morphologies vary infinitely, and many who do not identify as trans navigate chosen and unchosen gender nonconformities. Use of *cisgender* also receives critique by trans exclusionary radical feminists (TERFs), who insist that all persons *are* ontologically and socially exactly and only the sex/gender to which they were assigned at birth and that therefore trans women are not women; paradoxically, TERFs also claim that trans people and the institutions that support them have eliminated gender diversity for assigned-at-birth females, making it impossible for assigned-at-birth girls to know themselves as tomboys, lesbians, and butch women.

Analysis of gender diversity and complexity should recognize racialization, ableism, nationalism, and other forms of institutionalized violences that shape most people's lives. It is a fact that most trans people face seemingly endless barriers and violences within most social institutions. However, very few people have been seamlessly passed as normatively cis, and thus we might see cisgender not as a thing many people are but rather as a possibility to which few have access and all must labor to approximate.

Cis is not merely a *gendering* logic. Binary and normative gender structures arose and continue via white supremacist, capitalist, and ableist colonization, enslavement, and experimentation that have objectified, harassed, assaulted, misidentified, incarcerated, and murdered countless humans in North America and around the globe. These traumas are perpetuated in the reduction of humans to a cis–trans binary. Trans, feminist, nonbinary, intersex, crip, decolonial, and antiracist critiques suggest we resist the facile assertion that people who appear to be nontransgender have stable access to the privileges of normativity.

The separation wrought by the cis–trans binary has necessitated new vocabularies that reject binary opposition. The singular pronoun *they* circulates widely with many meanings and, at its most general, means *not* cisgender. Nonbinary and genderqueer, and (in Indigenous communities) elaborations of two-spirit and language-specific terms all resist the failures of cis–trans binaries.

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See also Transgender as a Term

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Cisgenderism

Cisgenderism is an umbrella term for systemic oppression that treats some people's understanding of themselves as invalid. Cisgenderism involves concepts, language, and behavior that problematize people's own definitions and classifications of their genders and bodies. While cisgenderism may manifest as individual instances of prejudice and discrimination, it is rooted in systemic practices and ideology. Cisgenderism can affect all people, regardless of gender identity or expression, although people are more likely to be targeted for cisgenderism in countries and regions where external authorities rather than people themselves make official classifications and where such authorities disagree with people's own classifications of their genders and bodies. Consequently, people who have a trans experience, identity, history, or expression are more likely to be targets for cisgenderism in many societies. This entry discusses the field of cisgenderism studies, which examines the effects of distinct forms of this oppression and aims to reduce it through critiquing and challenging systems, institutions, and societal norms.

The cisgenderism framework has been influenced by work in the fields of critical disability studies as well as critical racism and ethnocentrism studies. Both critical disability studies and the cisgenderism framework critique the external application of labels that the people to whom such labels are applied find stigmatizing or inaccurate. The cisgenderism framework also emphasizes the critique from critical racism and ethnocentrism studies that categories such as "trans," which are developed in one cultural context, cannot be presumed applicable to another without evidence to that effect. For example, many societies around the world recognize more than two traditional genders (e.g., five genders in Bugis society in Sulawesi, Indonesia); some societies assign gender categories based on nongenital physical attributes (e.g., a birthmark resembling that of a deceased ancestor's birthmark, as documented in a Thai family); some societies in Asia and the Americas recognize social gender status changes on the basis of self-reported dreams, public declarations, or community rituals; and some African and Asian societies treat shifts in gender category across the life span as normative and typical rather than "trans," "variant," or "nonconforming." Gender in some societies varies by the particular behavior or context, not by fixed attributes of the person. Some scholars have critiqued the concept of "gender" itself as ethnocentric and inaccurate when applied to these societies.

In contrast, the culturally specific notion of "trans" in contemporary settler-colonial U.S. and

European societies is based on culturally relative assumptions that there are only two valid genders, that gender is determined by external genital appearance at birth, and that "trans" people go from one to the other of two valid options. Such cultural assumptions can lead to forms of cisgenderism such as retroactive misgendering (in which people's pasts are described using language that invalidates their current gender self-identification or discloses their gender history) and coercive queering (in which self-identified heterosexual people who have "trans" life experiences or intersex characteristics are conflated with lesbian, gay, bisexual, or queer people).

Cisgenderism can take the form of pathologizing (treating a person's gender(s) or lack thereof as disordered), misgendering (disregarding the way a person understands and classifies their gender(s) or lack thereof), marginalizing (treating a person's gender(s) or lack thereof as strange or exceptional), coercive queering (assuming a person falls under an "LGBTQIA+" umbrella when they may not identify or live that way), and objectifying (describing a person by referring to some aspect of their presumed anatomical or physiological characteristics, especially in situations where other people are called simply "women" or "men").

Regardless of intentionality, these forms of cisgenderism function in ways that harm people. Pathologization can exacerbate depression and also create barriers to seeking mental health treatment. Marginalization, meanwhile, can cause strain on individuals and families. For example, the insistence on a gender binary leaves nonbinary people subject to ridicule, including hate crime victimization. For another example, a North American study found that when a person publicly describes themselves as trans, family members often perceived this classification as a loss, because it diminishes their access to privileges that are tied to belonging to the dominant group.

History

The term *cisgenderism* comes from the Latin prefix *cis,* meaning "on the same side as," and *gender,* from the Latin *genus,* meaning "kind" or "type." Y. Gavriel Ansara and Peter Hegarty introduced the concept of cisgenderism to the psychological and sociopolitical literature in 2012, and their subsequent pan-disciplinary research along with related research initiated the broader field of cisgenderism studies.

The term *cisgenderism* emerged after the term *cisgender* and was initially used by trans scholar Julia Serano as a synonym for a person who would be classified as cisgender. Subsequently, Ansara and Hegarty redefined the word as an "ism." Unlike prior use of this term, Ansara and Hegarty's model critiques rather than endorses the idea that all people can be classified as either transgender or cisgender (i.e., "not transgender"). In fact, the notion of a cisgender–transgender binary may itself be viewed as cisgenderist, as this binary assumes that people described as "cisgender" meet certain standards with regard to "matching" their assigned sex and that people described as "transgender" change from this initial status to another. Such a binary neglects the experiences of people whose experiences and bodies differ from these limited expectations.

Classifying cisgender and transgender is often complex, and the distinction is often ultimately unresolvable. Difficulties may present themselves on the basis of science (given, for example, the existence of intersex people), culture (given, for example, the existence of third-gender roles and people who deliberately assert themselves as living outside the roles specified by their culture), and each person's individual experience (given, for example, people whose felt or asserted identity is independent of a desired or completed transition to a new gender role or lack thereof). Those excluded by this binary may include, for example, people with intersex characteristics; women who would be classified as cisgender but who experience misgendering as a result of stereotypically "male" facial and body hair associated with polycystic ovarian syndrome or as a result of "boyish," less curvy figures; cisgender people who live in their assigned gender category in everyday life but who participate in drag or crossdressing; people with nonbinary genders in societies that recognize more than two valid genders; and people in societies that recognize changes of gender as culturally normative coming-of-age experiences. Critiques of cisgenderist ideologies must therefore also challenge the idea that every person can be classified as either cisgender or transgender.

Conceptual Distinctions

In discussions of harms caused to people with marginalized genders and bodies, especially trans and intersex people, it is common to see words like tran*sphobia, cissexism, genderism,* and *cisnormativity.* However, these terms are not identical to what is expressed by *cisgenderism.*

Transphobia describes prejudice against trans people. It presumes that target individuals or populations are classified, self-identified, or perceived as trans. Therefore, transphobia does not easily explain or describe effects (whether intentional or unintentional) on people who may not fit within "transgender." The inclusion of the word *phobia* suggests that the term primarily describes manifestations of personal prejudice or hostile acts rooted in emotion. Consequently, it cannot describe ideology adequately or explain how systems and institutions delegitimize people.

Cissexism refers to prejudice or discrimination against people who are perceived by others as trans, regardless of whether these perceptions are accurate. This term accounts for effects on people of cis experience or who do not neatly fit into a cisgender–transgender binary. However, it is limited insofar as it only applies to cases in which the person is *perceived* as trans. The term also implies that the perpetrator of the prejudice or discrimination has a personal attitude or ideology that is tied to a concept of what it means for someone to be "transgender."

Genderism describes an ideology behind anti-trans attitudes, including prejudice against those who change their gender category or who challenge gender categories altogether. Like *transphobia,* however, it does not easily account for the experiences of and effects on people who are not necessarily classified, self-identified, or perceived as "transgender."

Cisnormativity describes the presumption that most people fit, or want to fit, within the norms of their culture's gender binary and the assumption that most cultures have a gender binary. The notion that everyone is by default cisgender is one manifestation of cisnormativity, as is the idea that if someone is trans, they must attempt to fit into the gender binary. Cisnormativity involves ignoring or devaluing how people challenge gender norms and may dismiss the validity of trans experiences and identities. Cisnormativity is closely related to cisgenderism and can be classified as a type of cisgenderism.

By contrast, *cisgenderism* encompasses an overarching oppressive ideology across a range of intentions, classifications, and identities. Cisgenderism can describe systems, values, and actions that occur in varied cultural contexts, including hostile or benevolent acts and intentional or unintentional acts. Thus, transphobia, cissexism, and genderism could be conceptualized as forms of hostile cisgenderism. In contrast to approaches that treat "cisgender" and "transgender" people as distinct classes of people, the cisgenderism framework views the notion that all people fit into a transgender–cisgender binary as an essentializing form of cisgenderism. Such approaches exclude a variety of people's experiences of discrimination and delegitimization as discussed above.

Cisgenderism Research

Together with the minority stress model, the cisgenderism framework underpins a number of significant studies in trans health. Since 2012, researchers have addressed how cisgenderism operates in a variety of contexts. Whereas the transphobia paradigm focuses primarily on people's internal attitudes, motivations, and prejudices, the cisgenderism framework prioritizes systemic forms of injustice such as institutional support for inequities.

Ansara and colleagues have explored how cisgenderism affects the fields of child and adolescent mental health, medical services, general mental health, aged care, and family therapy.

Ansara and Hegarty's 2012 article, in particular, has led to substantive changes in the language about trans health, including within the World Professional Association for Transgender Health (WPATH), one of the most influential global professional bodies working in the field. By highlighting and articulating the role of language in health access barriers and health policy, Ansara and Hegarty's research is recognized as having made lasting improvements to how people with trans lived experience are conceptualized, described, and therefore treated by health professionals around the world.

Damien Riggs, Y. Gavriel Ansara, and Gareth Treharne (2015) examined the mental health experiences of trans Australians. They identified three factors that appear to be critical to determining

outcomes: discrimination, access to hormones and/or gender-affirming surgery, and community connectedness. They proposed a model identifying how cisgenderism and decompensation (the processes through which cumulative effects of stressors may lead to poor mental health) interact to negatively affect people's mental health.

Jama Shelton used the cisgenderism framework to interrogate and identify systemic oppression that hindered trans people's access to homeless shelters; Michaela Rogers explored the role of cisgenderism in the cases of domestic violence and abuse reported by trans and/or nonbinary people. Rogers documented how cisgenderism in the forms of identity abuse, misgendering, and pathologizing underpinned experiences of domestic violence, highlighting the importance of the cisgenderism framework for investigating the relationship between systemic and personal experiences of oppression.

The field of cisgenderism studies aims to identify and reduce cisgenderism across all dimensions of life. Ansara and Hegarty highlighted how common research practices can result in misgendering: assuming people's genders based on their given names, visual appearance, or culturally variable "clues"; conflating gender designations with assigned "sex" categories and bodily characteristics; assuming people's self-identified gender matches or should fit with a particular assigned sex category; failing to document how researchers determined participant gender; excluding nonbinary people by failing to include a nonbinary gender option in items intended to collect demographic gender; misgendering nonbinary people by using binary pronouns and descriptors to characterize them; and excluding nonbinary people as "outliers" when conducting statistical analyses. Professionals can reduce cisgenderism by avoiding these practices.

Y. Gavriel Ansara and Israel Berger

See also Cisgenderism; Cisnormativity; Discrimination; Genderism; Misgendering; Transphobia

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Cisnormativity

Cisnormativity is the presumption that most people do, or should, conform to the norms about gender assignment in their society. It may manifest as the assumption that everyone by default chooses to accept the gender that their parents or societal

authorities have assigned to them, or the assumption that all cultures by default have a gender binary that is similar to or based on U.S. or Western European cultural norms. This may include the use of marked language to describe people who do not fit a culture's gender binary. For example, cisnormative behavior could involve referring to people as "trans women" or "trans men," where other people are simply described as "women" or "men." It may also rest on the premise that, if someone is transgender, they must still fit into their society's gender binary; for instance, trans women should be especially "feminine" and not "butch" or "masculine," and trans men should be especially "masculine" and not "femme" or "feminine." Cisnormativity ignores or devalues the ways in which people individually express their gender or actively challenge gender norms, and it may dismiss the validity of trans experience and identity altogether.

The term comes from the Latin prefix *cis,* meaning "on the same side as," and the noun *gender,* from the Latin *genus,* meaning "kind" or "type," as opposed to *transgender,* which comes from the Latin prefix *trans,* meaning "on the opposite side," and Latin *genus.* The concept of cisnormativity relies on an underlying assumption that people can be divided neatly into a binary of cisgender versus transgender—a notion that has been critiqued in recent years. Cisnormativity is itself a form of cisgenderism, an ideology that treats some people's genders and bodies as less legitimate than others and challenges how people define and understand their own genders and bodies.

Development of Theories of Gender

Societies across Asia, Africa, and the Americas have long had more than two traditionally recognized genders, and each society has its own approach to gender. For example, there may be several genders like those of the Bugis people of Sulawesi, Indonesia, who have five distinct genders. Gender may not be a central organizing principle in other societies. For example, Oyèrónkẹ́ Oyěwùmí describes how a person's role, which has been classified as "gender" by colonial scholars, can change entirely depending on the context of a social interaction and explained that the concepts of "woman" and "man" were not fundamental categories of human difference in Yorùbá society prior to colonization. Oyèwùmí critiqued biological essentialism in Eurocentric feminist notions of gender.

Unfortunately, modern academic theories of gender have largely ignored thought from outside of English-speaking and European traditions. Within the Greco-Roman tradition that influenced European thinking, Galen's (b. 129 C.E.) theory of bodily humors determined people's views on what constituted a man or a woman. This approach differs from many contemporary views, as Galen held that when bodily humors changed, people would then metamorphose into having the physiological characteristics of another binary gender. It is important to note that Galen's ancient Hellenistic approach, which was dominant in Europe until the 1500s, did not differentiate clearly between gender and sex—the latter of which, in the English-speaking sense, is a 20th-century development. In many European languages, there are no traditional words that can be readily adapted to differentiate these two concepts. Outside of Greco-Roman thought, there were, and still are, many societies in which shifting between gender/sex categories could be achieved through self-declaration or public ritual. Such societies place varying degrees of importance on social and physical aspects of gender/sex.

From the 1800s to early 2000s among colonial Western European and U.S. thinkers, the term *gender* was often used synonymously with *sex* in a cisnormative manner, with people defined as having varying degrees of "masculinity" and "femininity" in their natures, mannerisms, preferences, and behaviors. These concepts were often constructed as universal truths but have in fact been locally and culturally defined. For example, colonial anthropologists initially regarded men of the Aka people of the western Congo (referred to today as the Nuer people of modern Ethiopia and Sudan) as "feminine" because of their more extensive childcare duties compared with colonial men's norms. However, this approach is ethnocentric and colonizing, as their own communities do not view these men or their childcare responsibilities as womanly or feminine. Such duties were, and are, simply part of their societal roles as fathers and grandfathers.

From the 1970s, some feminist scholars such as Sandra Bem conceptualized sex as biological

and gender as a separate social and psychological concept. Although Bem's research provided a framework for "masculinity" and "femininity" as independent, co-occurring variables, this approach also obscured the socially constructed and culturally variable foundations of "biological sex." In the 2000s, some researchers created more complex frameworks for understanding sex and gender. For example, David Perry and colleagues developed a multidimensional view of gender, while Charlotte Tate and colleagues made clear distinctions between facets of gender such as birth-assigned category, self-assigned category, gender role expectations, and presentation of self-assigned gender category. Y. Gavriel Ansara and colleagues later conceptualized self-designated gender (a person's self-concept) as distinct from gender assigned at birth (whether based on external characteristics or the surgically altered assignment of intersex people).

Sexuality, sexual orientation, and facets of gender have often been conflated; however, a person of any gender or gender history may experience a range of sexual orientations and sexualities. Associated with cisnormativity is the concept of heteronormativity (the presumption that individuals are, or should be, heterosexual), such that the unmarked category "people" is presumed to describe only people who are of both cisgender and heterosexual experience.

Cisnormativity is widespread and can negatively affect "cisgender" people who do not conform to their culture's expectations around gender roles. The field of gender studies has been attacked by socially conservative authorities, including the Vatican, and teaching or promoting gender studies curricula has been criminalized in former Soviet countries such as Russia, Hungary, Poland, and Romania as part of an "anti-gender movement." In recent years, a form of feminism known as trans exclusionary radical feminism (TERF) has contained cisnormative arguments similar to those of social conservatives, promoting the vilification of people with a trans lived experience in the guise of "gender-critical" feminism. This TERF approach has been used to promote discriminatory legislation, such as prohibiting equal access to public toilets and the right to be treated in accord with one's gender in workplaces, accommodation, and public venues.

Sources of Cisnormativity

While it appears that the majority of people who self-identify as women have vulvas/vaginas, and the majority of people who self-identify as men have scrotums/penises, available evidence documents that this is not a universal truth. This assumption relies on the erasure of people of trans experience and intersex people—that is, people born with bodily characteristics that are not considered stereotypically female or male according to contemporary medical norms. This unfounded expectation is thought by some scholars to be the source of cisnormativity.

Although the concept of cisnormativity may imply a universal set of binary gender norms, what constitutes "cisnormative" behavior varies depending on the gender norms in place within a given society. For example, in some societies, having only "woman" and "man" as gender categories would not be cisnormative; however, it is less clear in societies that offer more than two traditional gender options how cisnormativity would apply. Thus, the concept of cisnormativity may in itself contain ethnocentric assumptions.

Consequences of Cisnormativity

Most of the research in the area of transgender health has been based on the minority stress model and relies on cisnormative concepts, in contrast to research from 2010 onward that has relied on the cisgenderism framework to critique cisnormativity. The cisgenderism framework is a paradigm for identifying and challenging systemic oppression that treats some people's understanding of their genders and bodies as invalid or problematic. Cisnormativity has negative physical, mental, and socioeconomic effects, particularly on trans people, who are explicitly excluded from the supposed norm.

Cisnormative beliefs and practices devalue or ignore the diverse ways in which people navigate gender norms, which may include dismissing the legitimacy of transgender experience. Cisnormativity can thus make trans people vulnerable to exclusion or mistreatment. For example, trans people in some jurisdictions have been required to have a mental health diagnosis of gender dysphoria in order to access gender-affirming

medical services. From 1980 on in Germany, the Transsexuellengesetz (Transsexual Law) has required people to receive a mental diagnosis as a precondition for changing their gender on government-issued identity documents. In 2018, after previously requiring mandatory sterilization before permitting people to change their legal gender designation, Sweden became the first country to provide compensation for these coerced procedures.

While these medical requirements are in themselves a manifestation of cisnormativity, they have also forced people to interact with systems further steeped in cisnormativity. The 2015 U.S. Transgender Survey found that 13% of respondents had had at least one health professional or religious adviser attempt to stop them from being trans. This experience was correlated with higher rates of psychological distress, attempted suicide, running away from home, and homelessness. Pressure from professionals and family members as well as difficulties finding employment, rather than changes in their sense of self, were related to 8% of respondents (mainly trans women) having "detransitioned" at some point, usually temporarily. One-third of respondents reported at least one negative health care experience in the past 12 months, including one quarter having to educate health care providers about trans health, 15% being asked inappropriate questions, 8% being refused treatment related to trans health, and 3% being refused treatment unrelated to their trans status.

Combating Cisnormativity

Annalisa Anzani and colleagues (2019) explored how microaffirmations operate within psychotherapeutic contexts, finding four levels of increasing affirmation: the absence of microaggressions, acknowledging cisnormativity, disrupting cisnormativity, and seeing authentic gender. The first two levels represent more passive ways to reduce cisnormativity, whereas the latter two require a more active effort.

Awareness of cisnormativity and other forms of cisgenderism is a starting point. By recognizing the potential for microaggressions, one can abstain from committing them. Additionally, acknowledging the cisnormative context and identifying opportunities for performing microaffirmations can help the people who are experiencing the negative effects of cisnormativity to feel validated.

Examining systems for specific instances of cisnormativity can be an effective way to reduce cisnormativity and other forms of cisgenderism. For example, the widespread practice of limiting gender options on forms to "male" and "female" and imposing marked gender categories such as "trans man" or "transgender woman" on people are instances of cisnormativity, as they assume gender self-designation should be linked to sex assignment within a culturally specific binary. Such practices exclude people whose assigned sex at birth and self-designated gender are erased by cisnormative expectations, people whose gender and sex identities are not considered a "match" within cisnormative classification systems, and people who have no gender or who have nonbinary or plural genders. Recognizing a person's self-designated gender, regardless of their external appearance, is the final step in Anzani's model. It also requires the most effort and active cognitive negation of cisnormative expectations.

Regardless of the degree to which an individual is able to challenge their own cisnormativity, it is important to challenge systemic forms of cisnormativity whenever possible. Doing so may prevent or minimize harm that can occur as a result of cisnormative expectations and improve health and socioeconomic outcomes for these populations.

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See also Cisgenderism; Discrimination; Genderism; Harassment; Heteronormativity; Heterosexism; Transnormativity; Transphobia

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Citizenship

Trans citizenship concerns the rights and responsibilities that trans people have across a range of different social spheres, including the law, politics, health care, cultural representation, and the wider society. The concept of trans citizenship allows us to think about universal trans rights, such as the right for a trans person to determine their identity, to have choices about their body, and to live as an equal citizen to cisgender (cis) people. It also enables us to think about the issues facing specific groups of trans people, such as trans people of color, trans people who are nonbinary, and/or trans people living in a country where violence against trans people is particularly severe.

Ideas of trans citizenship were developed in the early 2000s in order to move away from approaches to trans that pathologized gender diversity, exoticized it, or framed it primarily in terms of activist struggles. That said, activist struggles and agendas were, and continue to be, central to trans citizenships. Activist interventions informing trans citizenship include everything from activist lobbying to gain or protect legal standards to media representation and challenges to hegemonic social movements that are prejudiced against trans people (such as anti-trans cis women who frame themselves as feminists). Overall, the issues raised by activists can be examined and addressed via the framework of citizenship.

Citizenship can be defined as a set of rights and duties that determine whether, and how, we are members of a particular society and what social benefits we can expect to have access to. It is a politically neutral term in the sense that it can be used to support trans rights agendas, moving debates away from problematic areas, such as the pathologization of trans identities, and toward approaches that support trans people as members of society and as having legal protection, access to welfare and health care, social visibility (if wished), and a variety of other privileges that many cis people take for granted. However, if someone is not a national of a particular society, then they may be unable to access the most basic of citizenship rights, such as the right to life. From an intersectional perspective, trans citizenship is shaped by other social forces that affect individual trans people, such as immigration policies.

Key Aspects of Trans Citizenship

The fundamentals of citizenship were developed in the 1950s and consist of legal citizenship, political citizenship, and social citizenship. Legal citizenship is crucial for trans people—and it is still lacking in many countries, including legislation to support gender recognition and to punish hate crimes

against trans people. Trans people have become much more visible politically over the past several decades, but their small overall numbers make electoral democratic representation a challenge, and not all trans people are able to (or wish to be) be out as trans. Social citizenship levels vary widely across different countries, but persecution and bigotry are still common; hence, there is a strong ongoing need for basic trans citizenship in general.

Feminist citizenship scholars provided an important challenge to mainstream citizenship (legal, political, and social), arguing that citizenship is not only about the public sphere (such as representation in electoral politics) but also about the private sphere, and women are often excluded from full citizenship. Trans people, including trans women, share this problem of exclusion from full citizenship, and private issues (such as access to gender reassignment surgery and to reproductive technologies) are of key importance to their citizenship claims. Feminist author Nancy Fraser provided the notions of recognition versus redistribution. Trans recognition concerns the acknowledgment and inclusion of trans people in, for example, equality and diversity statements, rainbow flags, and news coverage. However, it does not address the structural marginalizations that trans people can face—for example, employment discrimination and a lack of resourcing for trans-specific health care. These can only be addressed by redistribution—changes to the economic underpinnings of the labor market and the distribution of money within society (through, for example, welfare provision). Although the ideas developed by feminist citizenship scholars remain important, many cis feminists have to date been unable to move beyond gender binarism rooted in biological essentialism, making it especially important that trans citizenship is further developed. There is a need for cis feminists and others to apply basic tenets of feminism such as equality, bodily autonomy, self-determination, and antioppressive reflexive practice to "gender-critical" and anti-trans politics, as well as to the field of trans citizenship. Intersectionality theory amply demonstrates the many social forces that crosscut cis and trans women's lives, including sexism, racism, and socioeconomic inequalities, meaning that sex/gender-based biologically essentialist positions (such as "gender-critical" approaches) are ideologically and theoretically untenable. Right-wing persecution of trans people is on the rise internationally, and there are indications that anti-trans and gender-critical feminisms are lending support to media scapegoating and violence toward trans women (for example, in the United Kingdom).

Other approaches to citizenship can be used to support trans citizenship, including intimate citizenship, which emphasizes the importance of bodily autonomy and the right to relationships and sexual expressions with chosen people. For trans people, the right to decide what to do with one's body (whether to have surgery or not, for example) is very important. For some trans people, including nonbinary people, relationship forms may be other than the heteronormative form of male–female, and intimate citizenship is flexible enough to support and accommodate this variation. Coming from a different angle, health citizenship can be important for trans people, many of whom have ongoing health care needs (for example, access to hormone treatment). Health citizenship includes not only the right to health care but also related mechanisms for involvement in determining the type of health care provided (such as inclusion in consultations about health care policy). A further approach is children's citizenship; indeed, the rights of non-normatively gendered children is a particularly challenging area. Children in general lack full citizenship rights, and trans children (and indeed any children who challenge norms about gender) face increased levels of bullying, mental health difficulties due to discrimination and abuse, and sometimes familial rejection. The issue of bodily autonomy is especially pertinent here, as a child or young person may be pushed to decide what (binary) gender they want to be and undertake irreversible treatment before they are really ready to do so but, conversely, may be blocked from access to treatment that they really need.

Concluding Thoughts

Overall, citizenship provides a flexible way of thinking about trans people's rights and involvement in society. Importantly, it lets us think about the rights claims that trans people share, such as the right to personal safety and to recognition of the gender they identify as (universalist approaches).

However, it also allows us to focus on specific issues that some trans people might face and others might not (particularist approaches). For example, nonbinary people might be more likely to hide their identities owing to the lack of legal recognition for nonbinary identities. There is a need for the development of particularist approaches to trans citizenship, focusing on specific marginalized and overlooked groups. These include in particular those groups of trans people who are socially marginalized for reasons other than/in addition to being trans, for example, due to ethnicity, ability, socioeconomic class, sexual identity, nationality, or location. Some work is available; for example, there is some work on trans sex workers in Brazil and citizenship issues. However, there is space for a lot more work to be done about intersectional and international trans citizenships.

Surya Monro

See also Activism; Feminism

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Classroom Experiences, Higher Education

Classroom experiences have a major impact on trans students' academic and social well-being. A positive classroom environment is one in which students feel a sense of belonging, trust each other, and feel encouraged to take on challenges or take risks to ask questions. For trans students, a welcoming classroom experience is particularly important for them to feel safe, respected, and supported. Trans students are more likely to flourish and express themselves freely when they experience a classroom that explicitly uplifts them with emotional support, relevant content that demonstrates empathy, clear learning objectives with specific feedback, and opportunities to develop social skills and strategies to help them succeed. In fact, when trans students have affirming classroom experiences, they are more likely to pursue high-impact educational practices, which have positive relationships to retention and graduation.

Unfortunately, however, in many colleges, trans students commonly report feeling unsafe in the classroom as a result of discriminatory learning experiences. A negative classroom climate can feel hostile, chaotic, and unwelcoming for students. Negative classroom environments have a detrimental effect on trans students, limiting their ability to wholly express or recognize their full selves. For example, when trans students do not have their identity, names, and pronouns respected, it inherently discourages community, openness, and learning. A negative classroom environment may adversely influence students' sense of self-confidence, damage relationships with peers, and negatively shape their mental health, academic success, and socialization in college. Particularly in disciplines that are accredited (e.g., nursing, education) or have more positivistic curricula (e.g., science, technology, engineering, mathematics), trans students may feel particularly excluded, given the restrictive modes and content of teaching that do not fully recognize the fluidity and social construction of gender.

Changing the Paradigm

Faculty members, instructors, or anyone who is in the position of authority (including students) must create an affirming classroom characterized by mutual respect to foster positive classroom experiences. To promote better learning, instructors need to develop environments where students feel safe asking questions and contributing to discussions. Additionally, the work of creating a better classroom climate should not be based solely on good intentions. There are a number of preventive and protective measures that college administrators and faculty can take to promote positive learning experiences among trans students. For example,

faculty can organize dialogue groups to facilitate community and better understanding among students and assist them in supporting one another through their learning and development. Providing specific instructions on how to positively interact in the classroom can create a culture rooted in the inherent worth and dignity of all students while also promoting an enriching space for learning. Academic administrators and faculty may create inclusive language and communication policies to promote inclusion and equity. Such policies should clearly state classroom expectations for respecting names and pronouns that students use for themselves, avoiding unnecessarily gendered language, and procedures for reporting discrimination experienced in the classroom.

Administrators can offer training sessions for faculty and students on ways to affirm people across genders, foregrounding trans student experiences and narratives. Such trainings may proactively help reduce hostile classroom incidents toward trans students and prevent assumptions about how to best engage, communicate with, or help trans students. These trainings should center on the needs of trans students while also educating faculty and students about genderism and other systems of oppression that shape students' experiences in class. Providing advice and tools for promoting inclusivity and equity is important, as is helping instructors understand how their assumptions of gender and trans people shape their classroom.

Additionally, colleges can create an LGBTQIA+ campus center to support faculty in developing trans-inclusive classroom cultures. At many colleges, trans students do not have the opportunity or the access to administrators to advocate for themselves. An LGBTQIA+ center can support the needs and voices of trans students while also holding institutional entities responsible for promoting warm and inviting campus environments. Although a designated center to assist trans students is an important component to promoting positive campus experiences, the sole responsibility for educating faculty cannot rest on LGBTQIA+ centers. Institutions are encouraged to embrace a holistic approach to broadly promoting equity and inclusion across all functional areas, including college classes.

A number of structural changes can promote more inclusive classroom experiences for trans students. For example, administrators should develop a policy that enables students to change their name and gender marker on institutional records and to include their pronouns on class rosters. College administrations may consider designating a specific space or person for whom trans students can go to seek support, such as an LGBTQIA+ center or trans student advocate. If trans students know that there is a specific space or person on campus to provide guidance, they will feel more welcomed and affirmed in classrooms and beyond. In addition, all campus buildings should include gender-inclusive restrooms so that trans students do not have to compromise their safety, comfort, and health for the sake of learning. All students deserve to be in conditions that respect their identity and their dignity.

As numerous observers and activists have noted, creating a positive classroom experience for trans students is everyone's responsibility and requires a concerned commitment to gender equity among students, faculty, and administrators within and outside of the classroom. Affirming classroom spaces campus-wide will foster trans students' academic performance and promote overall success.

Abijah L. Manga, Jason C. Garvey, and Kate Jerman

See also Campus Residence Halls; Campus Policies/Campus Climate; College Graduate Students; College Undergraduate Students

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College Graduate Students

Graduate students face unique stresses, particularly those who are members of one or more marginalized groups (e.g., sexual minority graduate students; graduate students of color). For example, in addition to navigating the typical challenges of academic work and low wages, minority graduate students face challenges in terms of accessing mentors and support networks that share, or are at least sensitive to, their identities. Trans graduate students, in particular, face challenges with regard to mentorship and social support, given the paucity of out trans faculty members and mentors on most university campuses. They also face other challenges related to applying to graduate school, choosing a graduate program, determining appropriate career paths, and searching and applying for jobs.

In applying to graduate school, trans prospective graduate students consider not only the rigor, reputation, and cost of various academic programs but also the relative safety of the community and state in which each program is housed. That is, like all prospective graduate students, they consider the location of the program—but with additional considerations related to state laws and policies (e.g., related to nondiscrimination protections for trans people), as well as community climate and resources (e.g., Is there a visible LGBTQIA+ and specifically trans community? Are there clinics that provide hormone therapy and/or trans-competent mental and physical health professionals in the area?). Trans prospective graduate students also consider university-specific factors, including indications of trans-inclusiveness in application or university materials, presence of trans-inclusive or trans-competent curricular offerings and faculty research profiles, and LGBTQIA+ and specifically trans visibility in university and departmental resources and webpages (e.g., presence of an LGBTQIA+ resource center; explicit acknowledgment of trans people as members of the campus community). They may also consider access to trans-inclusive health care coverage. Trans prospective graduate students also consider whether and to what degree potential mentors in a given program or department are, or appear to be, informed and competent regarding trans or at least LGBTQIA+ issues and identities.

In graduate school, trans graduate students must navigate issues of visibility and outness. For example, they must decide, on an ongoing basis, whether to share their gender identity with others and/or correct others (e.g., faculty members, peers, staff members) if they are misgendered. Nonbinary graduate students, in particular, may face challenges in this regard, since their gender identities are generally even more poorly understood and less likely to be validated as compared to binary gender identities (e.g., trans man, trans woman). Speaking up and correcting a faculty member, or pointing out the pervasiveness and destructiveness of the gender binary in coursework, fieldwork, or university materials, carries significant risk for trans students. They recognize that by speaking up, they may be placing their future in jeopardy, insomuch as a faculty member may be less willing to write a (good) letter of recommendation if they are viewed as a troublemaker or "problem" student, for example. Likewise, they risk alienating a future resource for networking and job advice when they correct or confront a faculty member's ignorant or explicitly transphobic comments or actions.

There is evidence that trans graduate students who have affirming mentors tend to report better well-being and to progress more quickly and easily along in their intended career pathways. Additionally, trans graduate students who study in certain fields (e.g., the humanities, the social sciences) may struggle less than those studying in fields that are deeply rooted in the gender binary (e.g., STEM fields). Likewise, trans graduate students who are able to access trans-inclusive and trans-competent physical and mental health care tend to report that this is important to their academic, social, and emotional well-being. Additionally, trans graduate students who have access to LGBTQIA+ and trans resources/supports on campus that are graduate student specific (as opposed to being geared to the needs

and developmental stage of undergraduate students) tend to report greater satisfaction with such resources.

When considering various career paths and applying for specific jobs, trans graduate students often consider the relative trans-friendliness of each potential path. They may consider, for example, whether it will be possible to be out as trans in a job, whether they will be accepted as trans in a job, and whether the job offers trans-inclusive health insurance. Trans people may pursue some occupations over others because of the relative safety of those fields. For example, they may shy away from government jobs or jobs with young children because of fear that their trans identity will come under scrutiny in ways that could be dangerous or simply very uncomfortable. In applying for jobs, trans people navigate the possibility that "mismatches" between their names and gender markers on different documents and publications across the various stages of their academic journey may act as a tipoff for their gender identity. In turn, they must decide whether to address such inconsistencies directly or seek to resolve and eliminate discrepancies in advance of their job seeking.

Abbie E. Goldberg

See also Career Development and Trajectories; Classroom Experiences, Higher Education; College Undergraduate Students; Mentoring; Microaggressions

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College Undergraduate Students

Trans students in general have a more positive experience in college today than ever before. But this improvement is relative and remains uneven. The extent to which trans students continue to frequently encounter institutional and individual discrimination depends on a number of factors, including the type of college they attend, their academic major, the cocurricular activities in which they participate, and personal characteristics, such as how visible their transness is to others, their particular gender, and other aspects of their identities. Students who are known or perceived as trans, especially trans women and nonbinary individuals, often have a much more negative experience because colleges largely remain rooted in and continue to foster a binary understanding of gender and fail to challenge the anti-trans prejudice that is all too common among cis students, staff, and faculty. At the same time, trans students who also belong to other minoritized groups, such as trans students of color and trans students with disabilities, experience multiple marginalizations and often feel that at least one aspect of their identities is unacknowledged or unwelcomed in most spaces on campuses. In addition, some types of schools, such as community colleges, conservative religiously affiliated institutions, historically Black colleges and universities (HBCUs), and historically women's colleges, and some microclimates, such as athletics, fraternities and sororities, and residence halls, present unique challenges to trans students. Thus, even though trans Gen Z students (i.e., students born in the mid- to late 1990s through the early 2010s) receive greater support than previous generations of trans students, they cannot count on

feeling included and appreciated at all institutions and in all institutional environments.

How College Experiences Vary by Aspects of Identity

The experiences of trans students in higher education are greatly affected by a number of individual factors, including their academic interests, campus connections and involvements, personal identities, and level of outness. For example, research suggests that trans students generally have more positive experiences in smaller classes, as well as in courses and majors in the social sciences, arts, humanities, and education, rather than in courses and majors in science, technology, engineering, and math (STEM) fields. Trans students benefit as well when they receive support from faculty members in and outside of the classroom, when they connect with other trans students, and when they form romantic and social relationships with supportive peers.

Differences by Gender Identity

One of the main factors in how trans students experience college is their gender identity, with trans women and nonbinary trans individuals more likely than trans men and gender-nonconforming individuals to report instances of harassment and discrimination. For example, nonbinary trans students are more likely to be misgendered than binary trans students, as others fail to ask them how they identify and typically categorize them as female or male. Moreover, because their gender expression may not be stereotypically masculine or feminine, nonbinary trans students also report being more concerned than binary trans students about their safety on campus, and some decide to present themselves in more masculine or more feminine ways than they desire in order to lessen the risk of harassment.

At the same time, trans female students more often experience mistreatment in relation to gendered campus facilities. In analyzing data from the National Transgender Discrimination Survey (2011), social work scholar Kristie Seelman found that, compared with the gender-nonconforming participants who had attended college, the trans female participants were more than three times as likely to have been denied access to gender-appropriate campus housing and nearly three times as likely to have been denied access to campus restrooms. Because of the pervasiveness and severity of harassment and discrimination, trans women are more likely than members of other trans groups to drop out of college. Seelman suggests that the targeting of trans women relates to how they are often not seen by the larger society as "real" women and how "women-only" spaces are policed to exclude trans women. These experiences reflect what writer Julia Serano called "transmisogyny," the ways in which the hatred toward trans people and hatred toward women intersect in the oppression of trans women.

Differences by Race and Other Minoritized Identities

Similarly, the intersecting of racism and bias against trans people results in trans students of color experiencing campus discrimination more frequently and more harshly. Seelman found that trans people of color were nearly 1.4 times as likely as white trans people to be denied access to gendered college facilities because of their gender identity. Trans people of color, particularly American Indian, Latinx, African American, and multiracial individuals, are also more likely than white trans people to report having left college as a result of repeatedly encountering harassment and discrimination.

Little research has examined the experiences of trans students with other minoritized identities. A notable exception is a 2018 study by Ryan Miller and Sandra Dika on the experiences of more than 400 LGBTQ+ students with a psychological disability (e.g., anxiety, depression, posttraumatic stress disorder) at a southern research university. They found that less than 20% of the trans students indicated that they felt that their gender was respected on campus, compared with 85% of the cis male students, and nearly one third of the cis female students and less than 40% of the trans students felt a sense of belonging, compared with close to half of the cis students.

Differences by Level of Outness

Another factor that has a significant role in the college experiences of trans students is their level

of outness. If someone is not known as trans, they are unlikely to encounter harassment and discrimination based on their gender identity, and conversely, the more someone is thought or known to be trans, the more visible they become and the more likely they are to encounter anti-trans bias. For this reason, out trans students often view the climate on their campuses more negatively than students who are more closeted. Education researchers Jason Garvey and Susan Rankin found that trans students who indicated being more out about their gender identities also had more negative perceptions of the inclusivity of the curriculum, the classroom climate, and the overall campus climate than those who were less out.

Similarly, a 2019 national study of more than 500 trans undergraduate and graduate students by Abbie Goldberg, Genny Beemyn, and JuliAnna Smith found that the greater the participants were involved in campus activities, the more negatively they perceived the climate on their campuses. Given that trans students are among the most marginalized college groups, it could be that greater campus engagement more frequently exposes individuals from these groups to staff, faculty, and other students who are hostile to their identities, which leads them to view their institutions as more hostile. While this finding makes intuitive sense, it runs counter to decades of research on students in general, which shows that students who are more involved at college, including having more frequent interactions with faculty, socializing more with a diversity of people, and spending more time working with other students, express greater overall satisfaction with their college and a greater willingness to reenroll.

Given that out trans students more commonly experience harassment and discrimination, it is also not surprising that those who report feeling more at risk for mistreatment are more likely to try to avoid the disclosure of their gender identity. Obviously, not all trans students can or want to be closeted. If they are medically transitioning or identify and present as gender nonconforming, most students will be readily seen as trans. But other trans students, who can and want to keep others from knowing their gender identity, often do so in order to lessen the risk of negative consequences. For example, nearly half of the respondents in the 2015 U.S. Transgender Survey who indicated having attended college stated that none of their classmates knew that they were trans. Among the participants in the *2010 State of Higher Education for LGBT People*, 65% of the transmasculine students, 55% of the transfeminine students, and 18% of the gender-nonconforming students surveyed stated that they did not disclose their gender identity to avoid harassment and discrimination. The significantly lower percentage for the gender-nonconforming students in the study seemingly reflects the desire of many of these students to be open about their identities in order to avoid being placed within a gender binary, even if this means an increased likelihood of experiencing mistreatment.

How College Experiences Vary by Aspects of the Institution

Along with individual factors like identity differences and level of outness, trans students' college experiences are greatly influenced by both the type of institution and the specific institution they choose to attend. While all colleges remain rooted in a gender binary and none do enough to create a welcoming and inclusive campus environment for trans students, especially nonbinary students, some do much more than others to create a supportive climate. For example, the Campus Pride Trans Policy Clearinghouse lists more than 250 colleges that have a gender-inclusive housing option; a similar number that enable students to use a chosen name, instead of their deadname, on campus records and documents; and about 40 colleges that provide a means for students to indicate the pronouns they use for themselves on course rosters.

An examination of the colleges on these lists shows major differences between the types of institutions that have and do not have trans-inclusive policies. Not surprisingly, institutions with trans-inclusive policies tend to be large state universities and small liberal arts colleges, in urban areas, and in the Northeast, on the West Coast, and in parts of the Midwest. Relatively fewer campuses with trans-inclusive policies are religiously affiliated institutions and community colleges, in rural areas, and in the South, the Great Plains, and Mountain West. Similarly, the study by Goldberg, Beemyn, and Smith found that private, 4-year, nonreligious colleges and universities provided the largest

number of trans-inclusive services and supports, followed by public 4-year colleges and universities. The public and private 2-year colleges included in the survey had the fewest, even fewer than 4-year religiously affiliated institutions.

Community Colleges

Studies involving out trans students at community colleges indicate that they often experience particularly hostile climates and lack access to supportive campus resources. Community colleges can be especially unwelcoming because most are commuter campuses that provide limited services to students in general and do not sponsor any programs specifically for trans students. Campus life at these schools is almost exclusively focused on the classroom, yet most community colleges do little to address the classroom climate for trans students. Community college students surveyed in the *2010 State of Higher Education for LGBT People* felt that faculty members at their institutions were generally indifferent to or unsupportive of trans people and indicated that few lectures and readings were trans inclusive. Overall, many of the students were uncomfortable with the classroom climate and did not feel safe to be seen as trans at their community colleges.

Conservative Religiously Affiliated Institutions

Similar to their peers at community colleges, trans students at institutions affiliated with conservative religious traditions often receive little support, if not outright opposition, from other students and sometimes from faculty and staff members. But because cis students at conservative Christian and Jewish colleges generally hold more negative views of trans people than do their counterparts at secular and more liberal religious colleges, the environment at these institutions may be especially hostile.

The negative climate is fueled by institutional doctrines and codes of conduct that often condemn trans people and gender nonconformity. For example, Ozark Christian College (2019) in Joplin, Missouri, included in its "Community Guidelines" the following statement:

> Consistent with our commitment to God's design for gender identity, the public advocacy for or the act of altering one's birth-gender identity through medical transition or transgender expression is prohibited. This commitment to gender identity also applies to, but is not limited to, the use of bathrooms, locker rooms, student housing, and participating in gender-specific college groups, clubs, and organizations. (p. 3)

Because the Trump administration did not consider trans students to be protected from discrimination under federal law, schools like Ozark Christian College could openly deny them admission or expel them, and several religiously conservative colleges received media attention in the late 2010s for indicating to trans students that they were not welcome at their institutions.

On the positive side, because of the resiliency of trans students, which leads some to come out and push back against the oppression they experience on campus, the climate at a number of conservative religiously affiliated institutions is beginning to improve and will likely continue to do so. The growing acceptance of trans people in the dominant society, especially among members of Gen Z, is also contributing to more favorable campus environments. For example, in response to advocacy from students, staff, and alumni, three Mennonite colleges announced in 2015 that they would start to hire openly LGBTQ+ staff and end their membership in the Council of Christian Colleges and Universities, an association consisting primarily of white evangelical Protestant institutions that opposes employing and enrolling LGBTQ+ people.

Historically Black Colleges and Universities

Some of the religiously affiliated colleges that have sought to improve their climates for trans students in recent years are HBCUs. A majority of HBCUs were founded by churches, and about half of the slightly more than 100 HBCUs that exist today remain religiously affiliated. Being rooted in the Black church and other socially conservative religions, as well as having firmly entrenched race and class expectations about what constitutes the ideal for a "race man" or "race woman," has meant that HBCUs have traditionally been hostile toward trans people.

A prominent example of the historically negative climate for trans students at an HBCU was the decision by Morehouse College, a men's institution, to enact an "Appropriate Attire Policy" in 2009 that included a ban on traditionally women's clothing on campus. Students who repeatedly violated the dress code risked academic suspension. The prohibition received significant support among cis, heterosexual students and alumni but was challenged on campus by gay and gender-nonconforming students, which led to the provision being quietly removed from the policy in 2015.

Many contemporary trans students at HBCUs report having a more positive experience because many of the institutions have become more supportive in response to LGBTQ+ student activism. Prior to the 2010s, few HBCUs had taken even the basic step of adopting LGBTQ+-inclusive nondiscrimination statements, but since then, more than two thirds have added "sexual orientation" and more than one third have added "gender identity" to their policies. Although HBCUs still lag behind many predominantly white institutions in having LGBTQ+ student groups and resource centers, it is noteworthy that many of the leading HBCUs are now seeking to facilitate the inclusion of trans students, rather than ignoring them or trying to keep them marginalized. Reflective of these trans-positive changes, the two HBCUs that are women's colleges—Spelman and Bennett Colleges—have changed their admissions policies to accept applications from trans women, and Morehouse now considers trans male applicants.

Historically Women's Colleges

The inclusion of trans students at women's colleges became a contentious issue in the late 1990s and early 2000s, when trans students began to publicly self-identify in greater numbers at the leading women's colleges, as they did at many other colleges across the country. But the situation was different at women's colleges because the trans men and nonbinary individuals who had been assigned female at birth (AFAB) who came out did so in an environment in which all students were expected to identify as women. The result was that they experienced invisibility, hypervisibility, and oppression from administrators, faculty, and other students. They were frequently misgendered if people did not know or respect that they identified as trans and often had their right to be on campus questioned if they were known or thought to be trans. Transmasculine and nonbinary AFAB students at religiously affiliated and more conservative women's colleges have often had even more negative experiences, with students being expected to adhere to traditional feminine norms in their appearance.

Since the mid-2000s, support for trans men and nonbinary AFAB students has grown among their cis peers at women's colleges—at least at some of the more prominent, nonreligiously affiliated institutions—as more transmasculine and nonbinary individuals have come out and advocated for change. Because of this increasing visibility, many women's colleges have been forced to consider how having non-female-identified students aligns with their institutions' missions and values. As of 2020, 17 women's colleges, including such leading institutions as Barnard, Bryn Mawr, Mills, Mount Holyoke, Smith, Spelman, and Wellesley, had published policies that enable individuals assigned female at birth who begin to identify as trans men after matriculating to continue to earn a degree. Thirteen women's colleges have also explicitly stated that they consider nonbinary AFAB individuals for admission, but only Mount Holyoke, Simmons, and Agnes Scott unambiguously accept applications from openly trans men.

As controversial as the presence of trans men and nonbinary AFAB individuals at women's colleges has been at times, the inability of trans women to be considered for admission if their legal sex was still male became an even bigger concern. The issue gained national attention in 2013, when Smith College declined to consider a trans woman's application because her financial aid form indicated that she was male. In the wake of the rejection, students at Smith organized to change the college's admissions process, and other women's colleges began to adopt trans-inclusive policies without the need for students to protest. In 2014, Mills, Mount Holyoke, Simmons, and Scripps announced that they were expanding their admissions policies to consider any student who self-identifies as a woman and were joined by Bryn Mawr, Wellesley, Smith, and

Barnard the following year. As of 2020, 19 women's colleges have published policies indicating that they accept applications from trans women without requiring them to have transitioned or to have all of their legal documents reflect their gender identity. At least another five women's colleges reportedly do the same but do not provide this information publicly.

Given that trans women are women, denying them the chance to apply to women's colleges sends the message that their identities are fake and not to be believed. Thus, the institutions that have changed their policies are demonstrating their acceptance and support of trans women in a significant, tangible way. But, for some of these colleges, considering trans women for admittance seems to be the extent of the support they currently provide. They do not have a chosen name option for nonlegal campus records and documents, cover hormones and gender-affirming surgeries under student health insurance, or offer academic and personal assistance tailored to the needs of trans people. Hopefully, as more trans women attend women's colleges, the institutions will implement additional trans-supportive policies and practices.

Other Types of Institutions

Although 4-year public universities and private nonreligious and more liberal religious colleges may not present unique challenges to trans students, these types of institutions still have histories of trans exclusion and often negative campus environments. Research shows that trans students at such institutions indicate having higher levels of alcohol abuse, anxiety, depression, suicidal ideation and behavior, and other mental health issues than do their cis peers because of discrimination and harassment and, as a result, encounter greater obstacles to their social and academic well-being. For example, a meta-analysis of seven national college surveys from 2015 to 2017, which involved more than 900 institutions, found that the trans participants were three times more likely than their cis counterparts to report self-injury and having seriously considered suicide and two times more likely to report being so depressed that it was difficult for them to function in the previous 12 months.

Campus Microclimates

Along with ignoring differences between types of colleges, research on trans students generally fails to consider differences within individual college environments, treating a campus as a single entity. But trans students have often had more negative experiences in some college settings than others; in particular, they report a greater extent of discrimination and harassment and less support in athletics, fraternities and sororities, and residence halls than in other campus microclimates.

Athletics

Few studies have examined the experiences of trans student athletes, presumably because only a handful have been public about their trans identities while they were competing. Notable out trans male athletes have included Kye Allums and Keelin Godsey, who played on women's teams before medically transitioning (basketball at George Washington University and the hammer throw and other field events at Bates College, respectively), and Schuyler Bailar and Taylor Edelmann, who switched from women's to men's teams after they began identifying as trans men and taking testosterone (swimming at Harvard University and volleyball at Purchase College, respectively).

From media accounts, it seems that, of the four, Bailar and Edelmann had the most positive experiences as out trans athletes. They described their institutions' athletic administrators and coaches as supportive and felt embraced by both their former female teammates and their new male teammates. They also did not receive negative reactions in the media and from members of other teams. The fact that Bailar and Edelmann were playing on men's teams and were not leading the athletes on their teams undoubtedly contributed to their largely favorable reception. By seeking to become a part of the dominant gender group, they reinforced patriarchal values but, at the same time, were not seen as intimidating or emasculating because they were less successful in competing against other men.

In sharp contrast, Godsey, the first widely known trans college athlete, encountered a tremendous amount of hostility, seemingly because he remained on the women's team and was extremely successful, including being a 16-time All-American and holding the Division III record in the women's

hammer throw. Critics repeatedly accused him of cheating by taking testosterone, even though Godsey had announced that he was not planning to medically transition until ending his athletic career and, as evidence, regularly passed drug screenings. Characterizing his college athletic experience after graduating in 2006, Godsey indicated that he found it nearly impossible to be trans and an athlete, even though both were central parts of his identity.

Trans female college athletes have encountered even harsher opposition to their right to participate on women's teams than nonmedically transitioning trans men, because of the common misperception that they have an unfair competitive advantage due to being assigned male at birth or, worse, that they are actually still men. The National Collegiate Athletic Association (NCAA) requires trans women to complete 1 year of hormone therapy before playing on a women's team in order to address any possible physical edge, but even after they do so, they are not necessarily accepted as women. The first publicly out trans woman in women's college sports, Gabrielle Ludwig, a basketball player for a California community college in 2012 and 2013, received negative media coverage and regularly encountered anti-trans harassment from the fans of rival colleges. She was embraced by her coach and teammates, but that may not always be the case for trans female athletes when roster spots, playing time, and unwanted public attention are at issue or when they have not had bottom surgery, as Ludwig had done.

More recently, two college runners have come out publicly as trans women. Competing for Franklin Pierce University, CeCé Telfer won the 2019 Division II National Championship in the 400-meter hurdles, becoming the first out trans woman to win an NCAA title, and June Eastwood, a cross-country runner at the University of Montana, became the first out trans woman known to have competed on a NCAA Division I women's team in 2019. Both were strongly attacked by conservative media outlets for being "really men" who were racing against women because they could not be as successful on men's teams. Until the climate for trans female athletes significantly improves, few trans women will feel comfortable being out while they compete, and many will forgo competing altogether to avoid the possibility of disclosure and subsequent harassment.

Fraternities and Sororities

With the other two historically single-sex environments—women's colleges and collegiate athletics—taking significant steps in recent years to incorporate trans people, fraternities and sororities are the last major bastion of trans exclusion on college campuses. Not until the mid-2010s did some non-LGBTQ+-specific national fraternities and sororities issue formal policies enabling trans students to be eligible for membership. The first fraternity to admit trans men was Sigma Phi Epsilon in 2015; the first sorority to admit trans women was Alpha Chi Omega in 2017. Only a few other national fraternities and sororities have since followed suit. All have policies that allow any individual who identifies as either a man or woman to be considered for membership, but some require legal documentation that proves the person's gender identity, which is a difficult if not impossible hurdle for many traditionally college-aged trans men and women. Moreover, some of these policies are silent on whether a fraternity member who transitions to female or a sorority member who transitions to male can remain in the chapter, and none address the inclusion of nonbinary trans students.

With fraternities and sororities just beginning to accept openly trans women and men for membership, little has been written about their experiences. The students who are out as trans will presumably have a mostly positive experience because chapters will not be accepting them for membership if they are unsupportive. Less clear is the climate for trans students who come out after becoming members, especially for those who identify as a gender different from the sex designation of the chapter and begin to transition. And even more uncertain is the extent to which fraternities and sororities may continue to covertly discriminate against trans students by denying them membership based on their gender identity. Hopefully, as campuses in general become more supportive of trans students, so too will fraternities and sororities, as has been the case with cis LGBQ+ students.

Residence Halls

Living in a residence hall can add to the challenges that trans students face at college, because if other residents are hostile toward trans people, it can be difficult to avoid them; they literally know where you live. Trans women and men who are not out in their residence hall are often placed in an even more difficult situation by having to hide aspects of their bodies from roommates and other residents if they have not medically transitioned. For students in this predicament, their residence hall—their home at the institution—is far from a safe place.

It is understandable that trans students would not want to be out for fear of encountering harassment and discrimination or being treated differently, such as a trans man no longer being respected as male if he discloses that he was assigned female at birth. Unfortunately, most colleges exacerbate these fears and the likelihood of mistreatment for those who are out by failing to develop a means for incoming trans students to find other trans or trans-supportive roommates and by basing housing on sex assigned at birth rather than gender identity, so that many trans women and men are forced to live with roommates whose gender is antithetical to how they see themselves and nonbinary students are unlikely to be matched with another nonbinary person. Trans students also often have to contend with gendered bathrooms in residence halls and a lack of support from hall staff to be able to use the facility that best reflects their gender identity.

The extent to which trans students often face institutional and individual discrimination in residence halls is shown by a 2016 study conducted by Jonathan Pryor, David Ta, and Jeni Hart. Interviewing a dozen trans students from 11 different colleges, they found that most of the participants were either assigned a roommate of the "wrong" gender who was unsupportive of them as a trans person, which led them to feel unsafe, or forced to be housed away from their friends in a single room because of the lack of a trans-supportive housing option, which led them to feel lonely and marginalized. The absence of gender-inclusive bathroom facilities in their residence halls was also a tremendous problem for some of the students, who feared harassment or violence if their hall mates discovered that they were trans. One interviewee got up at 6 a.m. just to shower without being seen by other residents and then often went back to sleep before she awoke for classes. As a result of these experiences, almost all of the participants sought support and a sense of community away from their residence halls, and only a few developed significant relationships with the people with whom they lived.

Trans student activism in the 2000s led colleges to begin providing gender-inclusive housing, in which students are assigned roommates regardless of gender, starting with Wesleyan University in 2003. As of 2020, more than 270 institutions have established this type of housing option, with most limiting it to specific floors, buildings, or parts of campus. Some programs are targeted to LGBTQ+ students, whereas others are open to any student wanting to live with someone of a gender different from themselves. But gender-inclusive housing does not address the underlying problem—that most campus housing continues to normalize a gender binary and remains closed to trans students. Thus, although gender-inclusive housing is an important reform to traditional housing options, advocates argue that colleges need to do more. To be truly supportive of trans students, institutions must change their housing process to have all students indicate their gender identity and then use this information, rather than assigned sex, for residence hall placements. Such a system enables trans women and trans men to be treated as women and men, respectively, and gives nonbinary trans students the ability to live with other nonbinary people. At the same time, colleges should allow all students to have roommates of any gender, as there is no legitimate reason why students should not have the choice to live wherever they want with whomever they want on campus, just as they can do if they live off-campus.

Other Microclimates

While athletics, fraternities and sororities, and residence halls may be the three most hostile microclimates at times for trans students, they are by no means the only aspects of campus life in which trans students can feel marginalized or excluded. Other microclimates, including classrooms, campus workplaces, college offices and

centers, student activities, and student organizations, can also be discriminatory environments. Thus, trans students cannot be assured of having a positive experience in any campus setting, which is a stark indicator of the need for colleges to be doing much more to create trans-inclusive climates.

Genny Beemyn

See also Athletes, College Sports; Campus Policies/Campus Climate; Campus Residence Halls; Classroom Experiences, Higher Education; College Graduate Students; Sororities and Fraternities; Women's Colleges

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Coming Out

Coming out is the process by which individuals acknowledge their own sexual or gender identity to themselves (i.e., coming out to oneself) and then share this identity with others (coming out to others). Although typically thought of as a one-time event, coming out for trans people is a

developmental and lifelong process shaped by multiple aspects of an individual's life.

Coming Out as a Developmental Process

Generally, the first step of coming out for trans individuals involves a period of self-awareness. This process can begin very early for some trans people. Around the age of 2 to 3 years old, the majority of children develop the ability to label gender and are thus able to verbalize differences between boys and girls (conferred to them by societal conceptualization of male and female genders). Highly verbal children at this age may also begin to self-label as boys, girls, or another gender. Some children even use gender-creative names to describe themselves at this time (e.g., "I'm a boygirl" or "I'm a girlboy"). Gender stability, or the sense that one's own gender and the gender of others remains stable across time, develops around the age of 3 and a half to 4 and a half years of age. This task involves the understanding that one will grow up along the same gender trajectory (e.g., a girl will grow up to be a woman). Gender constancy develops a few years later around the age of 6 and describes the phenomenon by which children begin to understand that external features do not change someone's gender (e.g., a male child wearing a dress is still a male child). At this age, some trans children may begin to experience anxiety when they understand that their physical body is unlikely to change as they once might have imagined. At any point in the process described above, trans children may become aware of a difference between how others perceive and label their gender and how they understand their own gender.

Children as young as 3 thus may begin the coming-out process by sharing their gender identity verbally. Coming out for younger trans children may also include social transition. Children with affirming families and in safe environments may begin to present in their affirmed gender, which will involve a coming-out process as community members relearn the child's gender identity. Other families feel safer embarking on a social transition for their child in a new setting where the child's sex assigned at birth remains unknown to others in the community.

There are many trans children who recognize that they are different in some way but for a variety of reasons do not feel comfortable sharing this; those who do share their true gender identity with caregivers are often ignored or, worse, chastised and punished. For such children, the development of a "false gender self" may emerge, whereby the child begins to repress aspects of their known gender identity and instead attempt to fit into the gender role imposed on them by others. Unsurprisingly, this situation often leads to significant mental health sequelae for the child. Such children may not attempt to come out until later in development and even into adulthood.

The awareness of gender identity may also begin to consolidate during pubertal development. Many trans individuals do not become aware of their gender until physical changes lead to anatomical discomfort. For example, changes in breast development and the onset of menses can elicit significant discomfort and increased awareness or consolidation of gender identity in transmasculine individuals. For adolescents, the coming-out process may be complicated by several other developmental tasks. For example, adolescents are beginning to develop a sense of who they are and the kind of person they want to become. The psychosocial developmental task of adolescence is to begin differentiation from one's family and gain acceptance from one's peer group. Thus, dealing with feelings of gender dysphoria might feel especially overwhelming in the context of increased pressure to conform and solidify one's sense of self. Yet many trans adolescents do come out around this time and often confide first in their peers, teachers, or online community.

After adolescence, many trans young adults begin to feel increased self-acceptance and ability to come out as they continue the process of individuation from their parents and gain agency around self-identification and decision making. Indeed, recent increases in societal acceptance of gender diversity have allowed trans adolescents and young adults to feel more comfortable coming out in their communities and to their families. For example, many trans people cite the importance of visible trans people in the media, such as Laverne Cox or Chaz Bono, as positively influencing their own ability to come out. On the other hand, some trans adults do not develop the confidence to come out until a "trigger event." Many older trans individuals describe a significant event such as the

death of a loved one, diagnosis of a medical condition, or their children moving out as the impetus for coming out and finally beginning to live in their authentic gender identity.

The initial process of self-awareness and coming out is often followed by a period of exploration. Exploration may include connecting with other trans individuals and joining the trans community through various activities online and/or in person. Experimentation with gender identity and presentation also occurs at this stage. Adolescents and adults may begin to explore new forms of dating relationships or sexual intimacy in their affirmed gender role. The process of finding comfort in intimacy as a trans person may take time, especially if one undertakes gender-affirming interventions to change one's physical body. The development of intimate partners who one can trust and can communicate with openly is thus especially important during this phase. A "final" stage of the coming-out process may involve integration of one's trans identity with other aspects of identity, such as racial, ethnic, and/or religious identity. In this stage, the individual has developed pride and a strong sense of their gender and sexual identity, and these aspects are consolidated into who they are as a whole person. Trans individuals at this stage may be less concerned with labels or with "passing" (i.e., being perceived as cisgender) and instead experience deep self-acceptance of their own unique gender journey.

The coming-out process may vary vastly for different trans people. The stages above provide a model for understanding the common tasks many individuals experience in their coming-out process; however, in reality, individuals typically do not move through these stages in a stepwise fashion and instead move fluidly across stages and even revisit stages at later points in their life. Indeed, the assumption that all individuals reach a "final" stage should be cautioned against, given that the process of coming out for trans individuals may be renegotiated at various times throughout one's life. It is also important to consider that many Western models of coming out, such as the one described above, are based on stage theories of bereavement (e.g., grieving associated with death of a loved one). Thus, these models may be less relevant in cultures with revered or well-established roles for gender and sexual minorities (e.g., some indigenous or native cultures).

Coming Out in Context

The coming-out experience is shaped by interactions between psychological factors and the individual's social environment. Several individual and environmental factors influence the coming-out process, particularly the way in which trans individuals work through the process of coming out to others.

Family of Origin

Coming out to one's family members and parents can cause anxiety and may be risky if an individual is financially dependent on others. A trans person may face abandonment by the family, loss of financial support, or eviction from the family home. To avoid this, some trans individuals may avoid coming out and instead conform to their family members' gender expectations. Conforming to avoid negative repercussions of coming out to family members may contribute to mental health sequelae as the individual begins to feel disconnected from themselves and isolated from others. In some cases, family members may have an unfavorable reaction initially; however, many trans individuals find that they are later able to reestablish, and even strengthen, relationships with their family members.

Coming out is thought of as a personal experience, but it also affects family members regardless of the trans person's age. Family members of trans people experience their own process of coming out at work, to friends, and to other family members. Parents often report experiences of grieving the gender role they assumed their child would take in the future. In some cases, siblings can be strong allies during the coming-out process; in fact, research indicates that sibling support for trans youth can buffer negative reactions from other family members.

Trans people who come out in adulthood may already have their own family, including a spouse and/or children. Having a spouse or parent who comes out as trans requires an adjustment on the part of the family. These family members must find ways to negotiate coming out for themselves as a

family member of a trans person. Children may have trouble adapting to having a parent who is different from their peers' parents, particularly during adolescence, when conformity tends to be highly valued. Thus, support for the trans person's spouse or children is often beneficial during the coming-out process.

Relationships and Dating

Coming out in the context of intimate relationships or in a dating context can be a difficult experience for many trans individuals and varies depending on the nature of the intimate relationship. Coming out in the context of a casual dating relationship is distinct from coming out to one's intimate partner or spouse of several years. When a partner comes out as trans, it may affect the sexual identity of both people in the relationship. In dating and intimate relationship contexts, trans individuals often need to consider their own safety in coming out. Some trans individuals have reported significant sexual and domestic violence when coming out to a partner. Partners might feel angry, confused, or betrayed by the disclosure, which can precipitate physical, emotional, or financial abuse. Of course, many partners are immensely supportive and become strong allies for their partner and the trans community.

Coming Out Outside the Home: School and Work

Coming out at school or work can take significant preparation for many trans individuals and is highly dependent on culture of the school or work environment. During middle school or high school, the strong desire to "fit in" typical of adolescence may lead to attempts to conform to gender role expectations, rather than coming out. However, attending college in a new environment away from parents, family members, and friends can allow trans individuals to "start over" and experiment with gender expression in a new, possibly more accepting, environment. The school context is important with respect to the coming-out experience, and unfortunately, schools can vary drastically in their levels of acceptance and support for trans students. The presence of a lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) student organization; availability of gender-inclusive bathrooms; and use of students' chosen name and pronouns in the learning environment are all factors that can help to promote a safe and accepting environment for trans individuals.

Disclosing one's gender identity to coworkers and employers may be highly stressful since there are no federal laws protecting trans individuals from being terminated due to their gender identity. Thus, trans individuals may be faced with the choice of risking their career and financial stability or hiding their gender identity at work. Understandably, this dilemma often leads to avoidance of coming out. Some trans individuals solve this problem creatively by choosing to work in fields that typically employ members of the gender with which they identify. For example, a transmasculine person may seek work as a limousine driver, since the uniform for this job is typically a suit. This would allow them to express their gender identity by wearing traditionally masculine clothing without facing criticism for their gender presentation. Other trans individuals might seek out workplaces that are more likely to be accepting of gender diversity such as social service organizations that serve LGBTQIA+ people.

The Importance of Geographic Location

The geographic location of the individual is important since the level of acceptance of gender minorities differs by city and region. Coming out in a rural area or conservative city may be drastically different from coming out in an urban area or progressive city, especially with respect to potential violence. This is especially important for trans women of color, since Black trans women continue to be the target of the majority of severe anti-transgender violence, including homicide. Trans individuals may report the need to be highly aware of potential threats in unfamiliar surroundings. For example, a trans person may seek to use only gas stations with credit card payment capabilities in order to minimize interactions with local people in areas they perceive as unaccepting of trans people.

On the other hand, trans individuals in rural areas or conservative cities who have strong support systems are often able to manage the stressors of coming out in these communities positively.

Factors that influence the safety of a particular geographical location with respect to coming out and being seen as trans include community awareness and acceptance of gender minorities, the size of the trans community (including well-organized and accessible trans resources), knowledgeable health care providers, and the passage of laws protecting against gender-based discrimination.

Methods of Coming Out

Typically, the first disclosure is reported to be the most difficult; however, the results of this disclosure can often increase one's confidence in coming out to others. Many trans individuals first come out to people they feel most secure with (e.g., their best friends), leaving those whom they feel less secure with (e.g., their employer) until last. Many trans individuals now first come out online (e.g., under an alias to an online friend that one has not met and may be unlikely to meet in person) as a way to experiment before coming out to people they know in person. If these experiences go positively, they may begin to come out to more people and/or change their name, pronouns, or gender identity on their online profiles. Along with the Internet, mobile devices have allowed individuals to come out via text, which may be easier since text messaging does not necessitate a face-to-face interaction. Others might use an implicit form of coming out, for example, by adopting a new hairstyle or clothing as a way to indicate a change in their gender identity.

Benefits and Barriers to Coming Out

Trans people can experience enormous benefit but also substantial stress and threats to health and wellness from coming out. This section discusses some of the benefits and barriers to coming out that trans people may face.

Benefits to coming out include the opportunity for trans people to live authentically and express their gender in a way that matches their gender identity. Trans people may feel psychologically more free and able to connect meaningfully with others in their lives when they are living as their "true selves," so interpersonal relationships may improve. Coming out may allow trans people to find a community of supportive trans peers and others who accept them for who they are. They may take steps to change their physical appearance to align with their gender identity or to use a different name and pronouns. Coming out may also be a step toward pursuing gender-affirming medical or surgical interventions if they so desire, although not all trans people want these interventions.

Benefits to coming out include a reduction in risks associated with concealing one's gender identity. Stress from feeling the need to conceal an essential part of oneself, such as one's gender identity, is known to have detrimental mental health consequences. Some trans people experience substantial stress and isolation from concealing their gender identity. Reasons trans people may conceal their identity are various and can include fear of rejection by family and friends, loss of employment, or discrimination. These feelings can contribute to anxiety, depression, nonsuicidal self-injury, or suicidal thoughts or actions. Coming out may improve a trans person's mental health if it lifts the burden of concealing an essential part of themselves and allows them to live as their authentic selves.

On the other hand, coming out in an environment that is not supportive can expose trans people to multiple serious risks. These risks include abuse, harassment, discrimination, severe violence, loss of employment and housing, and isolation from family and peers. Youth in particular are vulnerable to family rejection since they usually are still living at home and are dependent on parents or guardians. This leads to higher rates of homelessness among trans youth compared with their cisgender peers.

After coming out, trans people may be called upon to explain their gender identity to family, friends, or peers. People close to the trans person may be well intentioned in trying to understand their experience, but repeatedly explaining one's gender identity can be experienced as burdensome and exhausting to some trans people. Lack of affirmation may occur if others refuse to accept or believe a trans person about their identity. Nonbinary identified people may be more vulnerable since their gender identities are less well understood and accepted in Western cultures. Therefore, in addition to lack of affirmation of their gender identity, nonbinary people may also face rejection from those who do not believe their gender identity is valid or real.

Many factors play a role in the societal level of acceptance of trans people. For example, many religions are not accepting of trans people, so communities that hold strong conservative religious beliefs may be less likely to accept and affirm trans after coming out. On the other hand, some trans people report their religious or faith community has welcomed them as a trans person and is a source of support and strength for them. Some trans individuals report that their faith or religious beliefs helped them to persevere through difficult times to finally be comfortable with who they are. In some cases, they were able to use their religious or spiritual beliefs as guiding principles and incorporate religion into their gender identity development to help facilitate rather than impede the process. The same may be true in certain cultural contexts or racial/ethnic communities since different cultures have diverse views about trans people. For example, in traditional Hawaiian native culture, *māhū* is a term used to describe someone who embodies male and female spirits and would be considered trans in Western cultures. Māhū have an important spiritual and cultural function in Hawaiian culture so trans people living in this setting may have a different experience from trans people living in Western cultures.

Another benefit of coming out for trans people may be an increased sense of belonging to the LGBTQIA+ community. However, although sexual minorities (i.e., lesbian, gay, bisexual, etc.) and gender minorities are often thought of as one community, they may have distinctly different experiences. In fact, trans individuals have reported discrimination from within the LGBTQIA+ community, so it cannot be assumed that increased contact with LGBTQIA+ peers will necessarily benefit trans people. Trans people of color have reported particularly high rates of exclusion and discrimination from within the LGBTQIA+ community.

Regardless of the context of coming out, all trans people need support in this process. Ideally, support should come from various sources depending on the needs and desires of the individual. Family, friends, and intimate partners can support the trans person on a personal level. Schools can support trans students by providing education about gender diversity to students, teachers, and staff. Workplaces can support trans employees by implementing trainings around gender diversity and respect for trans people. Schools and workplaces can institute strong antibullying and antidiscrimination policies and have in place a mission statement that includes protection on the basis of gender identity and gender expression. Psychological support can be very helpful as trans people navigate the coming-out process. This may include individual psychotherapy, group therapy, or community-based support groups. In remote settings or rural areas where there may not be many trans people, support groups or mental health services may be accessed online. Trans people who want to pursue gender-affirming medical or surgical interventions can be supported by their primary care provider or a specialist (e.g., endocrinologist) for gender-affirming hormone treatment and by surgeons experienced in working with trans people for gender-affirming surgical procedures.

The coming-out process for each trans individual is highly unique. Some common experiences in the coming-out process are detailed here; however, it is important to note that each person experiences their own journey in exploring and understanding their gender and sharing this identity with others. As noted earlier, several contextual factors influence how comfortable and safe trans people feel when coming out. These factors include geographical location, nature of close relationships, federal and state policies, and one's support system, to name a few. Support for trans people who are coming out can come from various sources, including family members, friends (online and offline), peers, colleagues, professional LGBTQIA+ organizations, the trans community, one's faith community, and health care providers. It is crucial that trans individuals be supported wherever they are in the coming-out process to optimize long-term mental health and psychosocial adjustment.

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See also Family Therapy, Trans Youth; Gender Affirmative Model; Gender Dysphoria; Identity Development

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Communication

While the communication field rarely addressed trans lives or experiences during the 20th century, trans studies began to emerge as a scholarly topic area during the first two decades of the 21st century. Research in various subdisciplines has addressed many nuanced aspects of trans experience with respect to verbal and nonverbal communication practices.

In its broadest sense, communication is the continual, interactive exchange of symbolic meanings. Words, gestures, and facial expressions are obvious symbols, but most human action can be symbolic in that others are influenced by it and provide various forms of feedback in response, both consciously and unconsciously. The topic of communication is quite broad, given that communication takes place within virtually all aspects of life. This means that scholars in most academic fields are studying communication to some degree. Theory specific to the communication discipline, however, has been developed and expanded since the early 20th century. This entry addresses the trans-related academic work of communication scholars in communication journals and texts, although it should be noted that the general topic of communication is sufficiently broad to allow for similar work to be done within other academic fields as well. Beginning with an outline of the study of human communication generally, the entry continues with a detailed description and explanation of the ways in which communications scholarship and its various subdisciplines are exploring the foundations of gender identity and societal expectations regarding expression of gender. Next, the entry presents an extended discussion that focuses on an array of issues relating to trans lives and experiences.

The Study of Human Communication

Human communication has been studied from empirical, interpretive, and critical perspectives using quantitative, qualitative, and rhetorical research methods. Communication scholars tend to work primarily within one research paradigm, and while some might adhere to one research method, others might use different methods for different projects.

While communication scholars have analyzed all forms of communication, the vast majority of this work has not considered the challenges faced or the strategies undertaken by trans people. As a result, those communication scholars who address trans subject matter will routinely cite work from other disciplines—primarily gender studies, sociology, and psychology—and many also publish their work in books and journals outside the communication field. Trans communication scholarship is therefore highly interdisciplinary, not only in terms of the humanities and social sciences but also including the fields of biology and medicine when physical transition practices, such as hormone treatments and surgeries, are discussed.

Types of Communication

For many, the concept of communication tends to be, predominantly, a verbal one—live conversation, phone calls, handwritten documents, print publications, and numerous computer-mediated methods that range from plain text to live video—but most people also realize that nonverbal elements, such as facial expression and gesture, play a role when the speaker can be seen. Both verbal and nonverbal communication are significant during all interpersonal encounters, but for trans individuals, the nonverbal aspects of communication are particularly salient. This section will elaborate on some of the verbal and nonverbal aspects of communication, suggesting how they might be relevant to the study of trans lives.

Verbal Communication

Verbal communication refers to the actual words used—that is, what is known as the lexical component of speech and, for the most part, one's word choice is not read as gendered. In the Western English-speaking world, we might not hear many heterosexual cisgender men using the word *cute* or *adorable* very often, but such word choice differences are insignificant compared to other aspects of verbal speech that have been found to occur more often in the speech of those identifying as one binary gender rather than the other. One example of this is a collection of verbal practices known as tentative speech, which, research has found, occurs more often in the speech of women. This includes qualifying statements such as, "I'm no expert on this, but . . ." (which undermines the statement to come), as well as tag questions such as, ". . . don't you think?" (which requests validation for one's previous statement). Tentativeness also includes verbal hedges that soften one's declarative statements, such as "maybe" and "sort of." Because many trans people take these kinds of details into account in their daily lives, particularly those who wish to be perceived within the binary as men or women, some trans women might make an effort to sound less assertive, while some trans men may attempt to avoid sounding tentative. Such deliberate efforts reflect a desire to unlearn the verbal practices they were raised to enact and that often become habitual and unconscious. Those who identify outside the gender binary, who are not attempting to be perceived as men or women, are less likely to be concerned with these types of details.

One's choice of conversational topic, another aspect of verbal communication, can also reflect gendered expectations and stereotypes, but the overt discussion of one's gender identity is a subject most cis people never feel compelled to address. Many trans individuals put a great deal of thought into their preparation for these "coming-out" conversations, considering how family members, friends, and coworkers might react and what negative repercussions might result. Communication scholars have examined not only the process of coming out as trans but also the ways in which family members interpret the trans identities of their relatives, sometimes perceiving transitioned family members as completely different people from those they used to know.

Another significant aspect of verbal communication for trans people concerns the personal pronouns that individuals use for themselves. Trans people must determine when and how to request particular pronoun use from family, friends, and

coworkers, but then they must also decide how to react when these chosen pronouns are not used. This would include unintentional instances of misgendering (such as when others say that they "forgot" to use the requested language), as well as deliberate refusals to use the chosen pronouns. For those transitioning individuals who achieve an outward appearance perceived as clearly "man" or "woman" by strangers, the need to clarify their pronoun choices might dissipate. However, for those who identify as nonbinary, the need to request particular pronoun use from others may become an ongoing communication chore throughout their lives as they continue to meet new people who are unsure how to address them based on appearance alone.

Nonverbal Communication

Research has found that nonverbal messages from a visible speaker may actually convey more meaning than the words being used. In addition, the nonverbal covers a lot more ground than simply facial expression and gesture. Since verbal communication only refers to the words themselves, the nonverbal includes everything else that conveys meaning. Even the font one chooses for an email or the type of paper on which a letter is written can have an impact on how one's message is perceived.

Paralanguage/Vocalics

Paralanguage, or *vocalics,* refers to nonverbal aspects of speech, such as the volume or pitch of one's voice, as well as the nonverbal sounds one makes (e.g., laughing, sobbing, sighing), to communicate both meaning and emotion. The study of paralanguage began in the mid-20th century, and research findings vary by culture. In the West, communication research has found gender differences in paralanguage. For example, what is known as "uptalk"—raising the pitch of one's voice at the end of a statement to make it sound like a question—is more common to women than to men. Another gender difference concerns the degree to which one responds to the communication of others. Research has found that women are more likely to engage in what is known as the backchannel—responding with facial expressions, sounds, and sometimes actual words without interrupting the other person's speech. These behaviors, such as nodding, smiling, making nonverbal sounds like "uh-huh" or "mm-hm," and speaking brief words like "yeah" or "that's interesting," make a connection with the speaker and serve as acknowledgments that the speaker is being heard. Research has suggested that women are often raised to display more concern for others in these ways, whereas men are often raised to express individualism and competitiveness. A trans person who had been raised to enact gender norms in accord with the sex designated at birth might later choose to revise these acculturated behaviors based on how this person wishes to be perceived. While the pitch of one's voice is biological, in that testosterone thickens the vocal cords, thereby producing a lower pitch, many trans people make careful choices about their manner of speech, with some hiring professional vocal coaches.

Corporeal/Body Rhetoric

The nonverbal meanings conveyed by one's body, in terms of both appearance and behavior, as well as one's presence or absence in a particular space at a particular time, have been described as corporeal rhetoric or body rhetoric. The word *rhetoric,* within the communication field, refers to persuasion. Some scholars restrict this to conscious, intentional persuasion, while others assume a broad definition, including unconscious influence on others as a form of persuasion.

One form of influence that can be conscious or unconscious is what the appearance and behavior of one's body communicates when no words are being spoken. How one looks, as well as how one carries oneself, is often called self-presentation (known within the sociology field as impression management). This is relevant to everyone but particularly important for trans individuals because it includes how one expresses one's gender to others. Thus, how one dresses, whether or not one wears jewelry (and, if so, what type of jewelry), how one styles one's hair, whether or not one wears makeup or tattoos (and in what forms), and what types of objects one carries (e.g., purses, briefcases) are all forms of self-presentation or nonverbal communication.

One also communicates nonverbally through the ways in which one positions or moves one's

body. For example, the degree to which one's hips shift outward when one walks, the manner in which one sits or carries objects, the fluidity or assertiveness of one's gestures or touch, and the frequency of one's smiles are frequently read as gendered by others. Many trans people take these nonverbal details into account in their daily lives, particularly those who wish to be perceived within the binary as men or women. For example, some trans men might deliberately avoid wearing floral patterns or the color pink, while some trans women might make a conscious effort to smile more often than they did before transitioning.

Also nonverbal, as well as nonvocal, is the concept of aural body rhetoric. This refers to the sounds made by the body, particularly when the body cannot be seen by others. Some of these sounds—such as sneezing, coughing, vomiting, or difficulty breathing—are involuntary, but at times they can also be intentionally suppressed or exaggerated. Communication scholars have considered how some trans individuals might attempt to control the bodily sounds associated with restroom use within the stalls of public facilities, given that some of these sounds might suggest particular genital structures, thus creating greater visual scrutiny of these individuals once they leave the privacy of the restroom stall.

Communication Scholarship

When considering communication research that has been done in the past, it is important to note that by far both the scholars and participants in this research have been white individuals, mostly in the United States, and the vast majority likely identified within the gender binary as men and women. The deliberate inclusion of nonbinary gender identities in communication research is very recent and still largely uncommon.

Lists of communication subdisciplines offered by various communication organizations and academic departments may differ. Generally, the field's primary subdisciplines, which often overlap, include interpersonal communication, organizational communication, intercultural communication, rhetoric and public discourse, health communication, mediated or technological communication, and performance studies, which is a research method examining the embodied performance of communication in daily life. This section addresses some of the specific scholarly work being done within the communication field and its subdisciplines on subjects relating to trans lives and experiences.

The Communication Field as a Whole

The 2015 collection, *Transgender Communication Studies: Histories, Trends, and Trajectories,* edited by Leland G. Spencer and Jamie C. Capuzza, is the first book to foreground the intersection of trans studies and the communication field, including essays from communication scholars working within multiple subdisciplines. In his introduction, Spencer reported that his own inspection of communication journals up to that time found roughly 40 articles focusing on trans lives, primarily since 2010. He also located a few book chapters as well as articles written by communication scholars for journals outside the communication field. This edited collection, then, represents trans studies as an emerging research focus within communication. The following overview, organized by subdiscipline, describes some of the trans studies work that has been done in the communication field.

Rhetoric

When the communication discipline began in the early 20th century, it was known as speech communication, with a focus on the study of public speaking. Rhetoric has since become known as only one of many communication subdisciplines, even as the concept of rhetoric has broadened beyond public speaking to include multiple forms of persuasion and influence, both public and private. Communication scholars studying trans lives from a rhetorical perspective have examined the origins and use of trans terminology, cultural constructs of gender in the United States, trans identity categories in public discourse, the act of coming out as trans in a religious context, rhetorical analysis of a 1973 speech by trans activist Sylvia Rivera, and, as noted earlier, the control of gendered bodily sounds made in public restrooms.

Performance Studies

Performance Studies is closely related to rhetoric, but with a greater focus on embodiment and

the public performance of identity. Scholarship in this area has included the conscious and unconscious performance of gender, as well as the examination of nonbinary identities using autoethnography, which is a research method combining autobiography, theory, and cultural situatedness.

Legal Communication

Legal communication includes public courtroom oratory and governmental law but also formal policies within organizations, thus overlapping with organizational communication. Scholars examining laws and policies affecting trans individuals have studied language choices for trans policies in the United States and the United Kingdom, U.S. capital punishment rhetoric, and U.S. asylum requests made by trans immigrants. A 2014 book by communication scholar Isaac West discussed various legal and political issues affecting trans citizens in the United States, including public restroom use and employment discrimination.

Organizational Communication

Much of the trans studies work within organizational communication concerns trans employees in the workplace, and there have been several academic publications on this subject. Organizational scholarship focused on personal interactions in the workplace can also be considered interpersonal communication but tends to be categorized as organizational when the specific structures of an organization affect that communication. Scholars from academic fields outside of communication, such as sociology, have contributed more research on trans experience in organizational contexts.

Interpersonal Communication

Outside the organizational context, interpersonal communication can include interactions among friends, family members, and even strangers. Interpersonal scholarship in trans studies has examined the formation and expression of gender identity, trans emotional and support needs, and the ways in which family members interpret the meaning of a relative's transition, including feelings of stress and/or grief. When interpersonal communication takes place in a medical context, it is generally categorized within the subdiscipline of health communication.

Health Communication

Most of the trans-related health communication research has focused on two areas: doctor–patient interactions and communication regarding safer sex practices. This work has included the trans individual's communication strategies when faced with medical gatekeeping practices, medical practitioners' patient-centered communication with trans adults, and the impact of various forms of stigma on communication among trans women and cis men who have sex with men in South India.

Intercultural Communication

Intercultural communication includes not only communication among nations and cultures around the globe but also communication between cocultures (previously known as subcultures) within one larger culture. Trans scholarship in this area has been largely theoretical, with scholars encouraging more discussion of intersectionality and seeking to combine intercultural communication studies with both trans studies and queer studies. In an essay from Leland Spencer and Jamie Capuzza's 2015 collection, communication scholars Gust A. Yep proposed a research model for "transing" communication within intercultural contexts.

Technological and Mediated Communication

Technological communication is a broad category referring to any form of technology. Radio, film, and television are forms of mass media that communicate messages (such as representations of trans individuals) to an audience who are generally not able to provide feedback through the same media, whereas computer-mediated communication allows for both synchronous and asynchronous communication that can be sent in multiple directions and distributed to multiple locations. Examples include email, text messaging, blogs, and discussion boards. Trans studies in these areas have examined a variety of topics.

Film

Communication scholars have analyzed representations of trans identities in comedic, dramatic, and documentary films depicting both fictional and real-life trans individuals. For example, scholars have suggested that successful film comedies featuring trans characters encourage audience members to see trans individuals as objects of ridicule while identifying with cisnormative identities on the screen. In some cases, scholars have also examined *paratexts,* which are additional materials related to the primary text. In the case of a film, these could include promotional posters, trailers, reviews, interviews with cast or crew members, press kits, soundtracks, DVD special features, and branded merchandise such as toys and clothing.

Television

Trans-related communication studies of television have discussed the depiction of fictional trans characters on scripted series, as well as critiqued the treatment of real-life trans individuals on reality and documentary series. In some cases, scholars have found that depictions of fictional characters have become less stereotypical and more nuanced over time, while particular identity categories, such as nonbinary individuals and trans men, have remained largely absent. Other scholars have found that the pronouns applied to trans individuals have sometimes been based on physical appearance or surgical status, ignoring the pronouns chosen by the trans individuals themselves.

Online

Communication scholars studying trans lives in an online context have analyzed webpages providing trans-related resources for both trans individuals and health care providers, including pages created or maintained by trans individuals and groups. Scholars have also considered how trans individuals seek and locate emotional support online, finding that one's virtual gender expression can have an encouraging effect on one's self-presentation in real life. One article also noted that cyberspace can function in several ways for trans individuals in Israel—as a place to practice experiences before they occur in real life, as a similar social world in addition to real life, and as an alternate world that is very different from real life. Articles examining how online communication can benefit medical transition goals have addressed the use of crowdfunding sites to pay for transition-related surgeries, noting that trans individuals were aware of their own privilege in having consistent online access. Scholars also found that some white transmasculine individuals were conscious of their own privilege with respect to racial appearance and gender expression. The subject of transition was also connected to studies of online images and photographs.

Trans individuals posting photos of themselves changing appearance throughout the transition process were examined, as contrasted with those who offered only pretransition and posttransition images, emphasizing the overall degree of change without revealing the gradual nature of the process. Scholars also analyzed reactions to digital photos of Thomas Beatie, a trans man who chose to become pregnant. It was found that when women viewed a photo of the pregnant Beatie alone in the photo, they found his appearance traditionally masculine but also strange, and they had difficulty believing he was pregnant. However, when they viewed a photo of the pregnant Beatie with his wife, they had a more positive reaction to them as a happy heterosexual couple. Pornographic photos and videos featuring trans performers are also viewed online. Scholars have examined how the consumption of this material has affected attitudes toward trans individuals, and it was found that those viewers who adhered to a conservative political ideology and felt high levels of shame about their own consumption of the materials were the most likely to hold prejudicial attitudes toward trans individuals.

Communication scholars have also examined how images of trans individuals can produce negative reactions in viewers while also strengthening cultural stereotypes. One scholar suggested that film, television, and web producers create trans images that evoke feelings of disgust in the audience for comedic or dramatic purposes, leading some viewers to see violence against trans persons as entertaining. Another scholar analyzed public social media reactions to promotional posters in Austria, finding that artwork depicting a feminine individual with breasts and male genitalia produced a variety of positive and negative responses,

including concern that children were being exposed to the image in a public space.

Some studies of online communication have examined content on the social media site Tumblr. One article considered how trans individuals used the practice of tagging, sometimes resulting in disagreements over the use of normative terms and definitions. Another article discussed the posting of suicide letters by two trans teenagers and the ways in which other Tumblr users engaged in a wide variety of mourning practices.

E. Tristan Booth

See also Coming Out; Gatekeeping in the Transition Process; Gender Expression; Gender Pronouns; Online Communities; Social Transition; Voice Training

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Community Building

Community building at its core is about people forming connections through practices, programs, and spaces aimed at enhancing the communal bonds of the people united under a commonality. The proliferation of ways to form community—both in person and virtually—have allowed networks of trans people across the world to form and build community through a variety of ways. This entry considers the complex history of community building within this group, along with highlights of community spaces, means to build community, and why community building is necessary for trans people.

A Brief History

Trans people have existed long before there were terms to describe the experience of gender. The term *transgender* can mean different things to different people, as not everyone who transgresses gender identifies as transgender. The term originated in 1971; prior to that, other terms such as *transvestite* and *transsexual* were commonly used to describe the experience of being gender different. *Transgender* as a widely used umbrella term began gaining traction in the 1990s. Trans people were often included under the homosexual/gay umbrella yet faced issues that were vastly different from those of their other queer counterparts.

Through intentional curation of these spaces with other trans individuals, they found a means to navigate systems that were not built with trans people in mind. They found comfort in the ability to empathize with others identified as trans and created support networks and spaces *by* trans people and *for* trans people. One example of this is the 1990 documentary *Paris Is Burning,* in which different drag houses acted as supports for one another while also creating community as a whole through drag balls. Often, individuals within these various houses would live together and support one another through the embodiment of living their true selves, even if that reality was one that society denied or misunderstood.

Community Spaces

Community building can exist within many spaces, but some forms have been particularly prevalent to create affirming and supportive space. Those include community building through in-person and virtual modalities.

In-Person Spaces

Person-to-person and person-to-group environments are what is often thought of as the primary means to build community. Meeting one-on-one, or within a group of whatever size, helps to prevent isolation and loneliness. Community is built in a variety of ways through in-person connections.

Organizations

Organizations play a large role in creating a means to coalesce around a trans identity. Their influence can be twofold: An organization can create in-person spaces for people to create shared information and connection through programs and services that they offer. Some organizations are attuned to specific facets of the trans experience, like the Transgender Law Center in its application to legal issues within trans populations. Depending on their size and role in the community, organizations can reach larger audiences and deal with structural issues that trans people face while also fighting for needs, as do large lobbying groups like the Human Rights Campaign. Organizations can also be small and serve the immediate needs of the direct, local community members, like the Cincinnati-based trans group, Heartland Trans Wellness.

Schools

Schools can also provide spaces and programs focused on connection. Primary, secondary, and postsecondary educational institutions may have a myriad of clubs and student organizations where trans people (i.e., students, staff, teachers/faculty, and administrators) can build connection. And if there is not an organization that supports the needs of queer and trans students, trans students may have the opportunity to start their own club or student organization and have it recognized inside or outside of the school (as an unrecognized club or organization). Such LGBTQIA+ groups and centers host events and groups to further develop bonds within the trans and queer communities that these groups and centers serve. Even within these spaces designed for queer and trans students, most often the individuals who use these spaces the most for community building tend to be from the majority (i.e., white, queer students using the space rather than trans people of color). Gay–Straight Alliances, or GSAs, began in elite, private boarding schools in the late 1980s as a way to help alleviate loneliness, depression, and suicidality that were so prevalent among gay adolescents during this period, and they have shifted to inclusion of trans individuals by renaming these groups Gay–Straight–Trans Alliances (GSTAs). These groups can have a positive impact of building community by providing opportunities for others to come together and feel less alone.

Groups

Groups can also build community. The more common types of groups range from a weekly support group for a small group of trans teens who may be transitioning to a group that is planning activism or a community organizing event. Groups can help disseminate information or solicit engagement and pride around some topic or hobby (e.g., trans gamers, trans people of color support groups). The effect of such groups is intricately woven into the process of community building, as groups provide the means to build rapport, establish empathetic connection with the purpose of the group, and encourage others to learn from one another's experience.

Programs and Events

Programs and events specifically focused on trans communities provide the means to coalesce around trans identities. One example is the annual Philadelphia Trans Wellness Conference, which boasts being the largest free trans conference in the world. Other programs and events can range from large scale (like the Philadelphia Trans Wellness Conference) to small scale (like a local meetup for the Heartland Trans Wellness group based in Cincinnati, Ohio). While the purpose and goals of these groups may vary, they fulfill varying needs of the communities that they serve, provide social spaces to catch up with trans friends and/or colleagues that live in different areas, and establish new connections and networks aimed at promoting community building at large.

Individuals

Individuals are the heart of community building. They provide the social component at the primary foundation of what community building aims to do—connect individuals under a commonality. Although community building is not exclusive to trans people, it is possible to create community within professional contexts (e.g., medicine, law, other professions and fields) and the individuals that one could meet in the process. For example, trans people can meet with a variety of professionals, such as therapists, social workers, educators, doctors, and lawyers, throughout their journey to be fully recognized in their personhood. These professionals could directly identify as trans themselves or can identify as cisgender while still empathizing with the trans communities they help to serve. Some organizations exist for the purpose of creating community around this identity, like the Sylvia Rivera Law Project (SRLP), which provides pro bono legal advice to trans people in New York City. SRLP was started by a trans law professor, Dean Spade, who also identifies as trans.

Online Spaces

In the new millennium, the world has become more closely connected by the Internet and the proliferation of social media. Social media and platforms such as YouTube have created easier access to information from innumerable places throughout the world, so that information and connection are increasingly accessible to most people to consume whenever and however they choose. Online spaces can be used for a variety of purposes—to find information but also to find community, partnership, and even romantic relationships.

Social Media

Commonly referred to as social media, websites and applications that enable users to create and share content or to participate in social networking provide unlimited access to content and community for any and every topic or identity imaginable. Social media have allowed trans communities to stay updated, informed, and connected to the people in their related spheres of influence. It can serve as an inspirational space for trans people to tell their stories, as well as inform them about important legislation and its potential impact on their livelihood. Virtual spaces can demystify and destigmatize the transition process and living as a trans person. Although these experiences are not representative of every individual's unique process, they do help to decrease the feelings that they are the "only one" within their immediate sphere and provide immediate access to other trans people across the globe.

YouTube

One platform that provides a wealth of information, as well as personal stories within the social media sphere, is YouTube. The same can be said for other social media platforms such as Facebook and Instagram; however, YouTube also provides a free platform for trans people to tell their stories however they choose through vlogging, or video blogging. Some trans people document their gender transitions openly for others to follow and learn from their experiences. YouTubers such as Gigi Gorgeous or Jazz Jennings have opened up new possibilities for people wanting to learn more about the process of transitioning—things that they have to deal with, parts of their process, who and how they date people, or even the ways that they navigate tough topics or subjects. Platforms like YouTube enable community building by destigmatizing and legitimizing ways to be trans, thereby creating virtual kinship networks (e.g., a close relationship with another over the Internet).

YouTube videos from all over the world and from all types of trans perspectives and identities are represented. One prominent YouTuber, NikkieTutorials, came out as a trans woman in January 2020, and the video in which she discloses her trans identity has over 34 million views at the time of this writing. Nikkie is able to build community with her followers, cis and trans, by engaging with comments and questions, doing follow-up vlogs, and being open and out about her experience as a trans influencer. YouTube represents a substantial means of connection and exposure to trans people and their lives.

Dating Apps

Another means of connection and community building, albeit not necessarily the focus of these applications, is online dating apps. Applications such as OkCupid, HER, Grindr, and a host of others recognize trans people on these dating and meetup platforms. Trans people who are interested in dating only other trans people can state that they are "T for T," or "trans for trans," to indicate that this is their choice. Although dating apps are not necessarily considered community-building tools, the ability to delineate "T" and "trans" allows others to find other trans people within these platforms and, potentially, find community as a result—like friendships and other types of nonromantic relationships. Individuals on these platforms are not restricted by how and where they can use these apps to build networks and/or community within them.

Importance of Building Trans Community

Trans people make up a small subculture within the total world population, and this population is difficult to measure with current data collection models. Within the United States, as of June 2016, the Williams Institute estimated the U.S. trans population at approximately 0.6% of adults, or 1.4 million individuals. The trans community is not monolithic in terms of lived experiences or identities claimed. Differences exist within local, regional, and national levels, as well as individually. Every trans identity is unique, and no two people will have the same history or other identities that can intersectionally affect their experiences and their access to power. This is precisely why forming bonds under the trans umbrella can be so important to provide people with support, community, love, and hope for the future. The same can be true with other minoritized aspects of identity, such as race or sexuality. People form community around places where they share something special, and trans people are no different from others in that respect. As with other minoritized identities, trans people require community building as a resilience strategy to deal with oppression and disproportionate power dynamics that exclude them from participation in certain aspects of everyday life. Likewise, some community-building efforts can create kinship networks for trans people who do not have access or support through family of origin bonds. Chosen kinship networks help support trans people through trusted trans friends, who are considered as valuable as family-of-origin relationships and, in some cases, more valuable. Overall, these bonds formed through community-building efforts (large and small) contribute to greater well-being, resilience, wisdom, and connection with other trans people. Community can literally be lifesaving.

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See also LGBTQ Movement, Trans Inclusion In/Exclusion From; Mentoring; Online Communities; Queer, Intersections With Trans; Resiliency; Youth and Teens, School Experiences; YouTube

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Compton's Cafeteria Riot

The Compton's Cafeteria Riot of August 1966 is one of the first known instances where trans and gay people collectively resisted arrest to protest police mistreatment. In the Tenderloin district of San Francisco, California, drag queens fought back against police officers attempting to remove them from Gene Compton's Cafeteria, a 24-hour restaurant, and place them under arrest. Although this event predates the Stonewall Riots by almost 3 years, it is not well known. The riot served as a catalyst for other organized protests in San Francisco, but it did not spark the ongoing protests and later national marches that occurred after Stonewall.

Drag Queens Fought Back Against Police

The riot took place in August 1966; the exact date is not known because the event received no news coverage, and police records of the event no longer exist. The riot began in the early morning hours, when the police arrived at Compton's to remove the drag queens and sex workers who gathered there. Some accounts say that the riot began when a police officer grabbed someone, who then threw coffee. Patrons began to fight back against the police by overturning tables, throwing dishes through the large windows, and striking officers. First-person accounts recall the patrons using handbags and high heels against the police with their batons. The police retreated to the street and the patrons followed, continuing to fight back. Those arrested were placed in paddy wagons, while others damaged at least one police car and some nearby businesses.

Under the excuse of laws against "female impersonators," the police of this era had free rein to target, beat, arrest, and detain individuals who were perceived as men dressing in traditionally women's clothes. Trans women were taken out of bars and restaurants or off the streets of the Tenderloin, put in police vans, and driven around. Some were taken to jail, subjected to strip search, and forced to have long hair cut or be imprisoned. In 1962, the police had appointed Elliot Blackstone, a sergeant in the San Francisco police department, as a liaison to the then-called homophile community, and he worked to abolish laws such as those forbidding "female impersonation" but with little success.

Tenderloin District in the Late 1960s

Compton's Cafeteria was located at the intersection of Taylor and Turk streets, in the Tenderloin neighborhood of San Francisco—part of a small chain of diner-type restaurants that served affordable food 24 hours a day. Situated on a busy corner, Compton's had large windows and room for about 60 customers. It was next door to a gay bath house and near a bar and a discount store. Compton's served as an informal gathering place and community center for the neighborhood as well as the main dining option for the residents of nearby hotels and boarding houses. The Tenderloin was San Francisco's "red light district"—with its many bars and clubs, as well as hotels for rent by the hour. In the 1960s, it was home for trans women, drag queens, and gay men (often called gay hustlers at the time) with ethnic diversity—many supported themselves as sex workers. In the mid-1960s, the Tenderloin district was one of the most affordable areas of San Francisco, which was being gentrified—consigning poor people into smaller areas.

The Compton's Cafeteria Riot occurred in the societal context of San Francisco in the mid-1960s, which included anti–Vietnam War protests and "free love" social movements, which included a rejection of stereotypical, rigid gender roles and expectations of male dress and grooming. Many military personnel, passing through San Francisco on their way to Asia, came to the Tenderloin for entertainment. The publication in early 1966 of *The Transsexual Phenomenon* by Harry Benjamin, a physician who provided medical transition treatment in San Francisco, had begun to exert an influence on conventional views about gender identity. The vision of transitioning was part of the atmosphere in the time that led up to the riot. Also a factor in the Tenderloin was the Glide Memorial Methodist Church, with leaders who had worked on Black civil rights. Glide's street ministry reached out to the neighborhood, focusing on support for poor people and building connections with the trans, gay, and drag communities—providing a foundation for community organizing.

Vanguard was a trans/drag/gay organization that was initially formed through the Glide Church and held meetings at Compton's Cafeteria. Compton's charged LGBT people fees for sitting and tried other methods to forestall the restaurant from becoming an informal community center. Management at Compton's Cafeteria began trying to remove customers, including Vanguard members who were meeting, and sometimes called the police. On July 18, 1966, and subsequent nights, Vanguard members picketed Compton's, protesting about being removed. After the protests, Compton's increased calls to the police. The growing tensions boiled over on the night of the riot.

After the riot, Compton's shut at midnight and closed entirely in 1972. Some reported that police harassment and arrests for "female impersonation" decreased after the riot, and organizing for LGBT rights continued. The San Francisco Health Department began to provide services to trans people, including identification cards with their gender at a time when official documents could not be changed. This opened educational and professional opportunities to some who had been present during the riot. Access to medical alignment increased.

Remembering the Compton's Cafeteria Riot

Based on the work of historian Susan Stryker, the documentary *Screaming Queens: The Riot at Compton's Cafeteria* (2005) is credited with bringing these nearly forgotten events into LGBT history. In 2006, a historical marker was placed at the site of Compton's Cafeteria on the 40th anniversary. In 2016, one block of Taylor Street was renamed Gene Compton's Cafeteria Way, and other events celebrating the 50th anniversary of the riot were held. San Francisco designated the neighborhood as Compton's Transgender Cultural District in 2017, the world's first such district to be recognized.

The Compton's Cafeteria Riot was incorporated into the fictional TV show *Tales of the City* (2019). Photos of the character Anna Madrigal in front of Compton's Cafeteria are part of the story, and two other characters are filmed with the historical plaque. One episode of the show re-creates parts of the riot, with influences from the real event mixed with fictional characters.

Monica Keller and Jessica Morris

See also Benjamin, Harry; Cooper Do-nuts Riot; Drag Queens; Sex Workers; Stonewall Riots

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Consensual Nonmonogamy

Consensual nonmonogamy is an umbrella term that includes a broad range of relational structures that are not monogamous and that are practiced with the knowledge and consent of all parties involved. Trans and/or nonbinary people, like cis people, engage in a variety of relationship structures, including those grouped under this term. Consensual nonmonogamy is a vast umbrella that ranges from traditional nonmonogamous practices, such as polygamous religious marriages to more recent relational structures such as polyamory and relationship anarchy. As long as all parties involved are capable of, and consent to being in, a nonmonogamous relationship, their relationship(s) can be described as falling under consensual nonmonogamy.

Consensual nonmonogamy is not a new concept. In fact, on a global level, nonmonogamy is widespread across cultures, classes, and religious traditions. Even though polygamy, or the practice of having more than one wife, is more common, polyandry, which is the practice of having more than one husband, also exists in countries such as Tibet and Nepal. Polygamy and polyandry are usually, and often, illegal in current geopolitical states, but many people have never stopped practicing these customs. These relational structures can be found across religious traditions, from Islam to Christianity to Indigenous spiritual practices. Some might argue that some of these relationship structures, especially within polygamy, are not consensual because of the inherent power differentials, especially with regard to gender, and the cultural pressures that people with less power—usually, but not exclusively, women—are subject to. However,

the same could be said of almost any relationship structures across the globe, including cis heterosexual marriages.

Some people involved in more recent and Western-based relationship structures, such as polyamory, have distanced themselves from forms of traditional consensual nonmonogamy, such as polyamory and polyandry, both because of the critiques mentioned previously but also because of the religious and/or culturally specific aspect of these practices. Many people engaging in more recent and Western-based relationship structures use the umbrella of ethical nonmonogamy to distinguish their practices and to indicate the intention of being both consensual and ethical in their practices. Others find adding "ethical" to be unnecessary and even to come across as judgmental, as it seems to imply that the forms practiced by the people using this adjective are inherently superior to other forms of nonmonogamy.

The most well-known forms of consensual nonmonogamy in Western dominant culture are swinging and polyamory. Swinging is seen by most people who participate in it as a leisure activity. People can engage in swinging by themselves or as a couple. Usually swinging is focused on sexual behaviors, such as group sex or exchanging partners between couples, and any romantic involvement outside of established couples is frowned upon. However, sometimes swingers engage with the same group over a long period of time and long-term friendships do arise within swinging communities. Polyamory, meaning many loves, on the other hand, is the practice of having multiple romantic, and at times sexual, relationships. *Polyamory* can also be considered an umbrella term since people who practice it engage in a range of relationship structures. For example, people might define their relationships as an open marriage or an open relationship, and they might use various models for these, from hierarchical polyamory to relationship anarchy. Swinging is most commonly practiced by cis heterosexual people, whereas polyamorous communities often include a broader ranges of gender identities and sexualities.

Relationship anarchy is based on applying anarchist principles to romantic and/or intimate relationships. In fact, relationship anarchy questions the way in which dominant culture views relationships by challenging the supremacy of romantic and/or sexual relationships over other forms of intimacy. People engaging in relationship anarchy usually value nonhierarchical relationship structures, autonomy, and interdependence and do not believe the state should control or oversee relationships through practices such as marriage. This and similar frameworks have informed the rise of new umbrella terms such as *contemporary intimacies* along with *consensual nonmonogamy*. The difference between those terms is that contemporary intimacies encompass relationships that are not just romantic and/or sexual, such as relationships based on kinship or concepts such as queer families and families of choice.

As stated initially, trans and/or nonbinary people can engage in any relationship structures, as do their cis counterparts. However, many trans and/or nonbinary people who are also deeply steeped in queer communities and culture might be more familiar with consensual nonmonogamous relational structures than are their cis counterparts. Given the historical lack of recognition of queer relationships by geopolitical states, queer communities have, in fact, often practiced less normative relationship structures in Western dominant cultures. This means that, even though they might be monogamous themselves, many trans and/or nonbinary people are likely to know people in broader LGBTQIA+ communities who do practice, or have practiced, some form of consensual nonmonogamy. Some authors have also written about the intersection of trans identities and nonmonogamous relationships. In fact, Dossie Easton and Catherine Liszt (1997), in their influential book on nonmonogamy, discuss transgender identities as an antecedent to nonmonogamy. Even though there is little to no research about trans people and nonmonogamous relationships, some authors have found that there is a higher prevalence of this relational structure within trans and/or nonbinary communities.

Whether we consider more recent and Western-based forms of consensual nonmonogamy or more traditional and/or religion-based ones, this umbrella term clearly indicates that monogamy is not the only relational structure available both historically and in present times. It is also important to remember that *consensual nonmonogamy* is a vast umbrella term that encompasses a range of relationships that might be based on similar

practices yet highly different values. *Contemporary intimacies* might also be a more apt umbrella term to encompass those forms of consensual nonmonogamy that invite us to think of relationships outside of a framework that privileges romantic and/or sexual relationships as inherently primary. Regardless of the terminology used, people engaging in consensual nonmonogamy might also parent within these relationship structures in ways that might be more or less open depending on whether they find it safe to do so within the geopolitical areas where they live. Parenting within consensual nonmonogamous relationships does not differ greatly from parenting within monogamous relationships except that there may be more adults involved. The latter might, of course, also occur within monogamous relationship structures in the case of blended families.

Alex Iantaffi

See also Dating; Families: Transnational and Global Perspectives; Heteronormativity; Marriage; Parenthood, Transition to; Relationships With Romantic/Sexual Partners

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Cooper Do-nuts Riot

The Cooper Do-nuts Riot was a May 1959 trans protest against police harassment that took place at the Cooper Do-nuts in downtown Los Angeles. Like the uprisings at Dewey's restaurant in Philadelphia in April and May 1965, Compton's Cafeteria in San Francisco in August 1966, and the Black Cat Tavern in Los Angeles in January 1967, the Cooper Do-nuts Riot is considered significant to LGBT history as one of a number of trans protests against police harassment that predated the Stonewall Riots in New York City in 1969. Like these other actions, limited evidence has meant that the riot at Cooper's has been subject to historical debates about who was involved (trans women, racial minorities) and how that involvement shapes our interpretations of the modern LGBT rights movement. Beyond its role in LGBT social movement history, the Cooper's riot reveals how gender and sexual nonconformity has been linked to patterns of social stratification and policing of urban social space, as well as how after-hours spaces of cross-gender intimacy and sexual commerce have operated as sites of rebellion against these racialized, gendered, sexualized, and capitalist modes of policing and segregation.

Despite its importance to historical understandings of the modern LGBT rights movement, the Cooper's riot was not documented in the historical record. In 2005, gay Latino writer John Rechy, who was present at the riot, recounted the events of the night to journalist and historian Stuart Timmons. Rechy recalled how two police officers from the Los Angeles Police Department (LAPD) raided Cooper Do-nuts, an all-night coffeehouse in downtown Los Angeles. On the

night of the riot, the officers circled the block a few times, parked, and entered Cooper's, demanding to see identification and stating no reason for their harassment. Patrons began throwing doughnuts at the cops, then paper cups, coffee-stirring sticks, and anything else they could get their hands on. The officers retreated, returning to their cars to summon backup. The police cordoned off the block and arrested and jailed many of the rioters.

The LAPD honed these tactics of violence, harassment, and abuse by policing Black migrants who arrived in Los Angeles in large numbers in the late 1930s and 1940s. LAPD's shift toward statistical policing and crime prevention in the 1950s also meant that police enforcement was often heaviest in racial minority communities, especially Latinx neighborhoods. LAPD's vice squad increasingly targeted gay and lesbian people through these racialized structures of policing. In the Cold War context of the 1950s, LAPD targeted Cooper's as a place patronized by known and suspected homosexuals. Because it was located in downtown Los Angeles on a "seedy" stretch of Main Street between two of L.A.'s older gay bars, police cars regularly patrolled the area. Officers often made arrests based on the penal codes for lewd vagrancy, sex perversion, and prostitution-related offenses. Its location at the converging sites of outlaw genders and sexualities and racialized poverty doubly marked Cooper Do-nuts for policing and surveillance.

The police also surveilled Cooper Do-nuts because it was frequented by an ethnically mixed crowd of drag queens and male hustlers, many of them Latinx or African American, along with the people who enjoyed their company or bought their sexual services. The night of the riot, police officers demanded identification from coffeehouse patrons, targeting those whose appearance might not match the name or gender designation on their IDs. While drag queens may have been the most conspicuous in this regard, the illicit activities of other patrons meant their identification may not have aligned with their documentation. Producing documentation also could have increased already criminalized patrons' risk of policing and incarceration. According to Rechy, after the police began rounding up targeted patrons, others in the restaurant began to resist the police. While the immediate cause of their resistance might have stemmed from police's harassment and arrest of drag queens, the collective resistance of other patrons suggests that their doughnuts were aimed at broader structures of carceral state power.

While the clientele of Cooper Do-nuts and the neighboring gay bars were not mutually exclusive, the discriminatory admission policies of some gay bars based on appearance and identification rendered the mixed crowd at Cooper's available for further police scrutiny. Indeed, gay bars often discriminated against criminalized patrons like drag queens, hustlers, and vagrants because they brought with them increased police surveillance. The illicit sexual economies and cross-racial, class, gender, sexual affiliations at the coffeehouse marked it as what Shane Vogel calls a scene of "criminal intimacies" that "thrive[d] beyond the threshold of closing time and exist[ed] within the temporality of after-hours."

It is as an earlier scene of criminal intimacies that the riot at Cooper's precedes the Stonewall Riots in New York City in 1969. In her only public interview on record, Black trans sex worker Marsha P. Johnson discusses the shift in the Stonewall Inn's clientele in the years before the riots. The bar first admitted women, then drag queens, and developed a reputation as a space where drag queens could work without the fear of arrest. As one of the first drag queens to frequent the Stonewall Inn, Johnson recalled how its changing reputation as an after-hours space of cross-gender intimacy and sexual commerce subjected patrons to increasingly violent and invasive forms of policing. Previously, patrons were lined up and asked to leave, but according to Johnson, the night before the riots, "every single body" was searched by the police because the place "was supposed to be closed, and they opened anyway." The Cooper Do-nuts Riot predates the Stonewall Riots not so much as an earlier moment of identity-based rebellion but as another after-hours space of criminal intimacies with the potential to resist intersecting forms of carceral state power.

Darius Bost

See also Compton's Cafeteria Riot; LGBTQ Movement, Trans Inclusion In/Exclusion From; Policing of Trans Bodies; Stonewall Riots

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Cox, Laverne

Laverne Cox is an African American trans actor, model, dancer, and trans rights activist who is one of the most prominent voices within the trans community, especially among trans women of color. This entry briefly chronicles Cox's early life before discussing her acting career, history of activism, and honors and achievements.

Early Life and Education

Cox was born on May 29, 1972, in Mobile, Alabama, where she and her twin brother (musician and performance artist M Lamar) were raised by their mother and grandmother. From a young age, she was regularly bullied by her peers for being feminine and not fitting into the gender expectations for someone assigned male at birth. When she started having feelings for boys in sixth grade, she did not know how to deal with the situation and attempted suicide. Cox survived through finding a home in the arts and studied creative writing and dance at the Alabama School of Fine Arts, a residential high school. Cox attended Indiana University before transferring to Marymount Manhattan College, where she graduated with a bachelor's degree in dance. While at Marymount, she became involved in acting, appearing in numerous plays produced by the school's theater department and performing in drag shows in New York City nightclubs. Cox never identified as a drag queen, but the performances gave her a chance to act and present publicly as female while she began to medically transition. Through performing, Cox met and formed a community with other trans women of color, which helped her to live her life as a Black trans woman.

Acting Career

Cox made her television debut in 2008 on *Law & Order: Special Victims Unit* and VH1's *I Want to Work for Diddy,* a reality show in which contestants competed for employment as an executive assistant to music mogul Sean "Diddy" Combs. Cox was the first out African American trans woman to appear on a reality TV show. Cox's popularity prompted VH1 to offer her an opportunity to launch her own show, which became *TRANSform Me,* a makeover series in which Cox and two other trans women, Nina Poon and Jamie Clayton, responded to "fashion emergencies." In 2013, Cox began playing the character of Sophia Burset on the hit Netflix series *Orange Is the New Black (OITNB),* a comedy-drama about the various interpersonal relationships, alliances, conflicts, and power struggles between women serving time in prison. Cox's portrayal of Burset earned her numerous honors, including three Primetime Emmy Award nominations, a Critics' Choice Television Award nomination, and two Screen Actors Guild Awards for "Outstanding Performance by an Ensemble in a Comedy Series." Other notable roles have included portraying Dr. Frank-N-Furter in the 2016 tribute to the 1975 cult classic *Rocky Horror Picture Show* and appearing on *Doubt, The Mindy Project, Curb Your Enthusiasm,* and *A Black Lady Sketch Show.*

Activism and Education

Cox's advocacy for the rights of trans people is also notable. In 2014, she produced *Laverne Cox Presents: The T Word,* an MTV documentary about the experiences of seven trans youth from across the United States. The film won a Daytime Emmy for "Outstanding Special," making it the first trans show and Cox the first out trans woman producer to win an Emmy. Cox's advocacy also brought significant attention to the case of CeCe McDonald, a Black trans woman who was imprisoned for defending herself against a physical attack by a white supremacist. Cox produced a documentary, *Free CeCe!,* which chronicled

McDonald's journey through the criminal justice system and raised awareness of the high rate of violence perpetuated against trans women of color. Beyond producing documentaries, Cox has also used her celebrity status to speak out in support of the trans community and on trans rights issues. One notable instance occurred when Cox and another trans woman, actor and model Carmen Carrera, were asked invasive questions about gender-affirming surgeries by veteran television journalist Katie Couric while the women were guests on Couric's show. Cox responded by saying,

> I do feel there is a preoccupation with that. The preoccupation with transition and surgery objectifies trans people. And then we don't get to really deal with the real lived experiences. The reality of trans people's lives is that so often we are targets of violence. We experience discrimination disproportionately to the rest of the community. Our unemployment rate is twice the national average; if you are a trans person of color, that rate is four times the national average. The homicide rate is highest among trans women. If we focus on transition, we don't actually get to talk about those things. (McDonough, 2014, n.p.)

Cox's refusal to answer the question and redirection of the interview's focus demonstrate how other trans people who are asked invasive questions can respond without shutting down the conversation altogether. Furthermore, Cox's response reveals why it remains critically important to interrogate the structural manifestations of oppression that collude to expose LGBTQIA+ people to relentless socioeconomic, political, cultural, emotional, spiritual, and physical violence. Cox was honored as a "Woman of the Year" by *Glamour* magazine in 2014, and the accompanying article included a quote about Cox's influence by Couric, who was a previous "Woman of the Year" recipient.

Honors and Achievements

Cox's visibility in the media has made her a trailblazer and brought much greater attention to the experiences of trans people. Among her many achievements, she was featured on the cover of *Time* in 2014, making her the first openly trans person on the magazine's cover. That same year, she appeared on the cover of *Essence* magazine, alongside Black female actors Alfre Woodard, Nicole Beharie, and Danai Gurira, and in 2018, she became the first openly trans person to be featured on the cover of *Cosmopolitan* magazine. She was also included in *Essence*'s 100 Most Influential People in 2015 and on the "Power Lists" of *Ebony* and *Out* magazines in 2014 and 2017, respectively. Due to her creative prowess and relentless advocacy, Laverne Cox remains one of the most recognizable and influential Black trans women in the United States.

Julian Kevon Glover

See also Activism; Gender-Affirming Surgeries, Women; Jennings, Jazz; Mock, Janet; News Media Representations; Social Media; Trans Women; Transnormativity

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Criminal Justice System

Criminal justice systems have fundamentally affected the lived experiences of trans people. Since the beginning of the LGBTQ+ rights movement, advocates have sought to prevent violence against trans people, including by seeking to decriminalize nonconforming gender identities and expressions, eradicate police mistreatment of trans people, abolish prisons, and reduce the array of harms trans people experience at the hands of criminal justice systems. Today, while trans people are increasingly recognized for contributing to political change benefiting both trans and cis people, scholarship has aimed to reposition the

criminal justice experiences of trans people from the margins to the centers of important criminological conservations and related social action.

Since before the 20th century, criminalization of trans people has influenced scholars and activists to address laws and norms that have led to widespread violence against trans people. Trans criminalization has taken the forms of prohibiting clothes other than the ones typically worn by the gender one was assigned at birth, punishment for certain kinds of relationships based on a person's gender, and other laws targeting the lives and livelihoods of trans people. Throughout Europe and the United States, doctors, lawyers, social scientists, and scholars sought to reform these laws by arguing that transgender identities and expression are normal and unharmful. The work of these early advocates for trans rights was influential in catalyzing a worldwide movement to improve the lives of trans and other gender-nonconforming people.

"The first pride was a protest"—a statement that acknowledges the collective demonstrations protesting police targeting and criminalization of trans and queer people in the 1960s—has increasingly gained traction in contemporary discussions on the origins of the LGBTQ+ movement. Before and after the Stonewall Riots, led in part by trans activists who resisted police targeting and arrest, groups of activists seeking to improve the lives of trans people in the United States set decriminalization of gender-nonconforming identities and expressions as a principal goal for the movement. Over the course of the 20th century, the United States began to abandon these laws as a direct result of these trans activists and their legacies.

In the 21st century, however, criminalization imposed on countries through colonization continues to affect trans people. On the African continent, as well as throughout Eastern Europe, a resurgence of punishment for gender- and sex-related crimes threatens the safety of people who transgress gender norms. A worldwide uptick in trans-related hate violence and increased enforcement of anti-trans laws underscore the relationship between criminal justice–related action and lived experiences of trans and other gender-nonconforming people.

To respond to widespread violence directed toward trans communities, lawmakers internationally have instituted trans-related hate crime laws aiming to reduce bias-motivated violence. These laws punish perpetrators of anti-trans violence by increasing their prison sentences and other sanctions. Despite the proliferation of these laws, statistics of violence against trans people continue to be troubling. For example, trans women in the United States are more than four times more likely to be murdered than other women, and among all known trans homicide victims from 2013 to 2016, 93% were trans women of color. Relatedly, police mistreatment of trans people makes reporting of trans-related violence to police problematic—an issue that is compounded by risk factors for becoming a target for anti-trans abuse, such as sex work. As a result, hate crime legislation has been an insufficient solution for some of the world's most vulnerable trans victims of violence, many of whom fear being arrested alongside their perpetrators.

Additionally, scholars and activists observe that the spread of hate crime laws contributes to the expansion of prison systems, which disproportionately affect trans people, particularly trans people of color. Empirically speaking, hate crime laws lengthen the prison sentences of convicted offenders, increase criminal sanctions, and expand police and prosecutorial powers to enforce the law. These measures unequally affect communities of color, including trans people of color, who are incarcerated at higher rates than the rest of the population. In a large sample of transgender women in the United States, nearly one fifth of respondents reported having been imprisoned at some points in their lives. While in prison, many trans people are at a greater risk of harm than the rest of the prison population, with 47% of previously incarcerated transgender women having experienced violence, and among trans women, trans women of color were the most likely to be victimized.

In 2016, these realities resulted in a statement by the United Nations Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, which in an official report criticized the conditions of confinement for trans prisoners. The report noted that violence against trans people "is exacerbated in situations of deprivation of liberty" and

> with very few exceptions, State officers are not trained to understand the needs

> of . . . transgender [people . . .] and there are no institutional policies and methods to adequately address self-identification, classification, risk assessment and placement. (United Nations Committee Against Torture, 2016, p. 13)

These issues have spurred calls for prison reform, as well as prison abolition, in light of the immediate dangers of imprisonment for trans people.

Historically and throughout the world, criminal justice systems have targeted and unfairly treated trans people. Since trans people first began speaking up about the societal conditions that put them at significant risks of violence, criminalization has been considered a central obstacle for trans lives. Today, the plight of trans people who interact with criminal justice systems has fueled a resurgence in awareness of the negative impacts of these systems on trans people worldwide. While many countries have decriminalized trans identities and expressions, as well as instituted hate crime legislation punishing anti-trans violence, these measures have proven insufficient in eradicating the oppression trans people experience at the hands of state actors. These failures pose present and future challenges for criminal justice systems in the United States and around the world, making trans issues a significant topic of discussion—and action—for criminologists, advocates, and criminal justice officials.

Jason A. Brown

See also American Civil Liberties Union; Black Lives Matter; Inmates and Incarceration; Juvenile Justice System; LGBTQ Movement, Trans Inclusion In/Exclusion From; Policing of Trans Bodies; Qualitative Research; Sex Workers; Sexual Violence; Stonewall Riots; Transphobia; Youth and Teens, Legal Issues

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Crossdressers as Part of the Trans Community

Individuals who crossdress have always been a part of the trans community and, in fact, were instrumental in the formation of the trans and the larger LGBTQIA+ rights movements. Although some crossdressers do not align themselves with the larger trans community, most do, and they have historically been among the most prominent members of the community. The crossdressing population may be less visible today, but they remain important contributors to many trans social and political groups.

The First "Trans" People

Individuals who presented as a gender different from what they were assigned at birth first began to be described as "trans" by the pioneering sexologist Magnus Hirschfeld, who coined the word *transvestites*—from the Latin *trans* or "across" and *vestis* or "clothing"—in his 1910 book with that title. Unlike many of his contemporaries, Hirschfeld recognized that transvestism was not a form of psychopathology, nor were most of those who engaged in crossdressing attracted to others of the same sex or doing so for erotic pleasure. These men and sometimes women were simply more comfortable, and experienced a greater sense of well-being, when dressed and expressing themselves as a member of the "opposite" sex. They did not desire to change their assigned sex (which distinguished them from trans women and men) but wanted to exhibit traits and mannerisms not traditionally associated with individuals of their sex.

While Hirschfeld saw *transvestite* as simply a descriptive term for a minoritized gender group, it began to become a derogatory word in the 1970s

and 1980s. Individuals with no understanding of the crossdressing community redefined "transvestites" as men who were turned on by wearing traditionally women's clothing. In response, members of the community started to refer to themselves as "crossdressers," and this remains the appropriate term today.

Early Crossdresser Activism

Some of the earliest trans activists were crossdressers. Because crossdressing was against the law in many U.S. cities, individuals who were thought to be crossdressers were often harassed and arrested by the police, which was a contributing factor to the Stonewall Riots in New York City in 1969. Some of the participants in the riots were self-identified transvestites, including Sylvia Rivera and Marsha P. Johnson. Soon after Stonewall, they established Street Transvestite Action Revolutionaries (STAR), a grassroots group that supported and fought for the rights of the many young trans people who were living on the city's streets. At the same time, two other New York City crossdresser activists, Lee Brewster and Bunny Eisenhower, founded the Queens Liberation Front and led a campaign that decriminalized crossdressing in the city. Brewster also began *Drag*, one of the first politically oriented trans publications, in 1970.

Despite helping to start the LGBTQIA+ rights movement, crossdressers, as well as drag queens, were largely exiled from the movement by the mid-1970s because many radical lesbian feminist leaders considered female-presenting crossdressers to be demeaning to women, and many moderate gay male leaders saw crossdressers as taking away from the mainstream respectability that they sought for themselves. Nevertheless, crossdressers continued to engage in activism and organized within the trans community. Two groups for heterosexual crossdressers and their wives and partners merged in 1976 to form the first national trans organization in the United States, the Society for the Second Self or Tri-Ess. While Tri-Ess's membership was primarily crossdressers, it welcomed all trans people, and its leaders were involved in many trans rights events and initiatives. For example, Tri-Ess representatives served on the board of directors of the International Foundation for Gender Education (IFGE) and helped found the Southern Comfort Conference, one of the largest annual gatherings of trans people, in 1991.

Contemporary Crossdresser Activism

In recent decades, crossdresser activists have had significant involvements in both the LGBTQIA+ and trans rights movements. Crossdressers participated in the 1987 National March on Washington for Lesbian and Gay Rights and the 1993 March on Washington for Lesbian, Gay, and Bi Equal Rights and Liberation, despite the latter denying a motion by trans activists and supporters to have "transgender" included in the name of the march. Many crossdressers also attended the annual International Conference on Transgender Law and Employment Policy (ICTLEP) in the 1990s and were among those who founded the annual National Gender Lobbying Day in 1995 and continued to participate each year.

WPATH Recognition

The Standards of Care developed by the World Professional Association for Transgender Health (WPATH) beginning in 1979 have historically focused on trans women and men and not included crossdressers and other trans people, because transitioning individuals were seen as needing a consistent means to access hormones and surgeries. But the attention given to the medical care of trans women and men was largely the result of the work of Louise Lawrence, a full-time crossdresser who educated Alfred Kinsey, Harry Benjamin, and many other medical professionals and scientists about the experiences of trans people. She also introduced many trans people to sympathetic doctors and to each other.

Not until 2019 did crossdressers receive official recognition from medical professionals. In that year, at the conference of USPATH, the U.S. chapter of WPATH, crossdresser activists met with association leaders, which led WPATH to agree to use terminology that was inclusive of crossdressers, to expand its trainings of providers to include crossdressing information, and to appoint a non-transitioning trans individual to the USPATH board to ensure that the concerns of crossdressers were being included in the group's work in the

future. After years of being overlooked as members of the trans community, crossdressers had finally received some of the acknowledgment that they desired and deserved.

Genny Beemyn and Jane Ellen Fairfax

See also Activism; Crossdressing, History of; History; International Conference on Transgender Law and Employment Policy; Johnson, Marsha P.; Rivera, Sylvia; STAR; Tri-Ess; WPATH

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Crossdressing, History of

Crossdressing has a long and rich history with clear relevance for trans studies. Across centuries and over continents, countless individuals have engaged in crossdressing to communicate desires, identities, and ways of being that challenge fixed binary gender. Crossdressing practices are diverse, however, with multiple cultural meanings that historians need to carefully explore. This entry examines the complexity of crossdressing as a concept, the range of crossdressing practices in history, and efforts to police crossdressing in the 19th- and 20th-century United States through crossdressing laws.

Conceptualizing Crossdressing in History

Histories of crossdressing occupy an important but fraught place within trans studies. In part, this is due to the complexity of crossdressing as a concept. On one hand, crossdressing describes a set of clothing practices that can be central to trans experiences—that is, wearing clothing to communicate a gender identity that diverges from the one assigned at birth. On the other hand, the concept rests upon a problematic set of assumptions that historians need to interrogate and not reproduce.

First, the term *crossdressing* assumes that the gendered meanings of clothing are relatively stable and rooted in cultural consensus. In reality, such meanings are the products of social struggles and shift significantly over time. In 18th-century Europe, for example, upper-class men typically wore makeup and wigs, engaging in dress practices that would strike contemporary observers as feminine; these practices, however, did not accrue such meanings until the 19th century. Moreover, the changing meaning of clothing often involved significant social struggle and conflict. For example, in the United States during the second half of the 19th century, the question of whether women should be permitted to wear pants was hotly debated in city courtrooms and newspapers, as women asserted their legal right to wear men's clothing following arrests under local crossdressing laws (discussed in more detail below). Even present-day associations of blue clothing with boys and pink clothing with girls used to be the other way around in the early 20th century. The shifting meanings of gendered clothing demonstrate that crossdressing practices can only be analyzed through close attention to their specific historical context.

Second, the concept of crossdressing rests on the assumption that gender identities are fixed and immutable, permanently tied to the sex assigned at birth. Trans identifications, past and present, negate this assumption. In doing so, they undermine the conceptual logic of crossdressing, as clothing and identity can be aligned even when identity and the sex assigned at birth are not.

Finally, crossdressing as a concept naturalizes the binary model of sex and gender, assuming that all people, regardless of historical or cultural context, can be accurately classified as one of two discrete sexes or gender. Binary sex and gender, however, are Western cultural products, and multiple societies have organized sex and gender differently. Most notably, in the U.S. context,

Indigenous peoples have recognized multiple gender categories beyond the man–woman binary. When European explorers first encountered these practices in the 16th century, they refused to acknowledge their specific meanings, reducing them instead to crossdressing and responding with violence. In 1513, for example, Spanish conquistadors executed 40 native people in Panama for wearing women's clothing on bodies they deemed male and for engaging in sodomy. Gendered violence remained integral to settler colonialism over time, even as the forms of its expression changed. During the 19th century on the northern continent, for example, the federal Bureau of Indian Affairs pressured people who lived on reservations to abandon their native gender presentations and adopt clothing and hairstyles that conformed to white binary gender norms. As these examples suggests, crossdressing histories need to move beyond acknowledging the cultural specificity of binary sex and gender to foreground the ways that its development was inextricably linked to colonial terror and violence.

Even within binary sex–gender systems, the term *crossdressing* operates as a fluid signifier with numerous cultural meanings. Crossdressing does not refer to one specific style of dress but to a wide range of clothing worn by multiple people for varying reasons. Additionally, these meanings shift significantly across historical contexts, and competing meanings emerge even within specified time periods. Consequently, scholars need to take care not to assume symmetry between past crossdressing practices and contemporary meanings. In particular, modern sexual identity categories, such as lesbian, homosexual, and heterosexual, did not arise until the late 19th century, while contemporary gender identities, including transsexual and transgender, emerged even later in the second half of the 20th century. Imposing contemporary sexual and gender identities onto past crossdressing practices exemplifies the methodological problem of presentism: the historical inaccuracy of squeezing past experiences into contemporary categories. Histories of crossdressing need to pay close attention to the social and subjective meanings of these practices, both to shed light on the past and to gain insight into the ways that contemporary understandings of gender normativity and difference emerged.

Crossdressing Practices in History

Scholars have documented a long and rich history of crossdressing practices. Most evidence of these practices can be found in legal records, newspapers, antivice investigative reports, and sexology texts. There are far fewer first-person accounts of crossdressing in the historical record, and consequently, it is difficult to pinpoint how people understood their own dress practices in their own terms. Nonetheless, several sets of motivations can be identified, which could exist independently or overlap.

Historians have uncovered many cases of people who lived and dressed in a gender that diverged from the one assigned at birth, in ways that resemble present-day trans experiences. Some of these people entered the historical record upon their death. In mid-19th-century California, for example, a stagecoach driver named Charley Parkhurst identified and lived as a man for 30 years until a coroner classified his body as female after his death. Similarly, in the 1870s, a Mexican woman named Mrs. Nash worked as a laundress for General Custer's Seventh Cavalry at Fort Lincoln in Dakota; when she died in 1878, the medical examiner observed her body and announced that she was male. Sexology texts also include multiple case histories of people who expressed gender identities that may be comparable to today's trans identities, particularly Magnus Hirschfeld's classic text, *The Transvestites,* published in 1910.

Historians have also documented thousands of cases of women who dressed as men during the 18th and 19th centuries for practical reasons. Some did so as a temporary measure to escape or evade state-sponsored institutional violence. During slavery in the American South, for example, some enslaved Black women wore men's clothing as a disguise when fleeing captivity as part of the underground railroad. Decades later, in the early years of anti-Chinese immigration laws that targeted women over men, some Chinese women wore men's clothing to stow away aboard ships and evade immigration inspectors when they entered the United States.

Many other women donned men's clothing to access economic resources and employment opportunities that would otherwise have been unattainable. Some worked as sailors, others enlisted in the

military, and more still worked as farmers, drivers, or stable-hands or tramped across the country in search of work during economic downturns. In the United States, crossdressing enabled women to participate in major historical events that were the province of men, fighting in the Civil War, for example, and seeking their riches during the predominantly male California gold rush.

Dressing as men also gave women access to recreational spaces, such as bars and nightclubs, that they could not access otherwise, and in the late 19th century, these dress practices became a recognized cultural trend in major urban areas. During the same period, some feminists also took up dress reform as a political issue, arguing for women's right to wear clothing traditionally reserved for men.

Historians have also documented long associations between crossdressing and nonnormative sexual practices. In 18th-century London, for example, some people assigned male at birth congregated at taverns or coffeehouses called Molly Houses; many of these patrons wore women's clothing, used women's names, and sought the social and sexual companionship of men. In the United States, urban sexual subcultures developed slightly later, but by the 1890s, several major cities were home to vibrant vice districts that included bars and clubs catering to a nascent queer and trans community. These included The Dash bar in San Francisco, which featured female impersonators who had sex with men for money on the premises, and Paresis Hall in New York City, which catered to people assigned male at birth who dressed as women and desired sex with men. Paresis Hall was also the meeting place for the Cercle Hermaphroditos, an organization that advocated for the rights of "androgyne" people who identified as a sex different from that assigned at birth. These commercial spaces were joined by private parties and balls, including risqué drag balls in Washington, D.C., attended by African American men in women's clothing, as well as an infamous drag party in Mexico City, in 1901, which ended in a police raid and legal case that captured the nation's attention.

Nonnormative gender and sexuality also came together in 19th-century street-based sex work. In 1850s San Francisco, for example, some female sex workers wore men's clothes to advertise their availability for commercial sex, while in New Orleans, some women prostitutes adopted men's names. Other sex workers, assigned male at birth, dressed and identified as women. Historians, for example, have documented the case of Mary Jones, an African American woman in 1830s New York City, who was arrested by police on charges related to prostitution and subsequently classified as legally male.

Crossdressing practices also have deep roots in theater. In mid-16th-century Japan, for example, Kabuki theater first emerged as a women-only show, with some actors performing in men's clothing. When women were banned from the stage in the 17th century, these gender dynamics flipped and men-only casts took hold, with some men wearing women's clothing. During the same period, in European Elizabethan theater, young male actors regularly crossdressed to perform as women characters, while in the 18th century, women actors wore men's clothing to perform in breeches roles. In China, male and female actors shared the stage through much of theater history, but male casts dominated Cantonese opera during the 19th century and crossdressed to play women's roles. In the 19th century, migration brought some of these cultural practices to the United States. In 1870s San Francisco, for example, theaters in Chinatown predominantly staged regional Cantonese operas that featured male actors performing in women's roles and clothing.

In the United States, theatrical crossdressing achieved widespread popularity in the mid-to-late nineteenth century through minstrel shows and vaudeville. Minstrel shows gained popularity during the 1840s, as all-white male performance troupes parodied African American music and dance, frequently appearing on stage in stereotypical blackface makeup. In these spaces, cross-gender performances dovetailed with racial mockery, as white men impersonated African American women for comedic effect.

Toward the end of the 19th century, vaudeville supplanted minstrel shows as the nation's most popular theatrical form. From the vaudeville stage, gender impersonators became household names, receiving top billing and national acclaim. The biggest celebrities were female impersonators, such as Julian Eltinge and Bothwell Browne, but male impersonators like Vesta Tilley and Kitty Doner

were also stars. Vaudeville gender impersonation differed from earlier crossdressing roles in American theater, in that it intended to convincingly portray the impersonated sex, rather than function as a comic device. At the turn of the century, vaudeville was viewed as wholesome family entertainment, but by the 1920s, it was stigmatized as immoral theater as gender impersonation became increasingly associated with homosexuality. Historical documents also reveal that crossdressing took place in amateur theatrical productions, sometimes in unlikely locations. These included German detention camps at the end of World War I and U.S. prisons, as well as within elite organizations that catered to wealthy white men, such as Harvard University's Hasty Pudding Club and San Francisco's Bohemian Club.

Beyond the stage, crossdressing was also a regular feature of more participatory entertainments, such as the festivals and carnivals of early modern Europe that temporarily inverted the social order. At these events, the poor dressed as the wealthy, the powerless as royalty, and men and women as each other. Similar crossdressing practices also took place at masquerade balls in 18th-century Europe and 19th-century United States, allowing participants the temporary thrill of disguise without seriously undermining gender hierarchies.

As this review suggests, a wide range of crossdressing practices took place in the past with competing and sometimes contradictory meanings. Some of these practices reinforced binary gender norms, particularly those associated with mainstream entertainment and theatrical performance. In contrast, crossdressing practices that communicated nonnormative gender identities or sexual desires posed a fundamental challenge to dominant norms and often triggered harsh punishments. In the United States, these punishments primarily occurred via crossdressing laws.

Crossdressing Laws in History

As a set of practices that frequently challenged dominant gender norms, crossdressing was subjected to intense regulation through law. In the United States, local crossdressing laws operated as a popular tool for policing gender and sexual transgressions from the 1840s to the 1970s. At least 34 cities adopted crossdressing laws in the mid-19th century, beginning with Columbus, Ohio, in 1848. Another 11 cities followed suit in the early 20th century, as did several other cities in the 1950s, including Detroit, Michigan, and Miami, Florida.

Crossdressing laws varied in their approach to criminalization. The majority banned men or women from appearing in public when "wearing a dress not belonging to his or her sex" or "wearing the apparel of the other sex." Some city laws also targeted crossdressing in private places, and some exclusively focused on the clothing of those assigned male at birth. Other cities and a handful of states also criminalized "indecent dress" or the wearing of "disguises." In 1845, for example, New York State passed an antidisguise law, in response to rural workers who disguised themselves as women and/or Native Americans when engaging in political protests. In 1874, a similar law in California criminalized "masquerades" in response to gambling saloon dealers who wore wigs and masks to avoid identification by undercover police. These laws were not explicitly concerned with crossdressing, but they were nonetheless used to arrest people who wore clothing that diverged from their legal sex.

During the 19th and 20th centuries, crossdressing laws were used to harass, arrest, and incarcerate people for a wide range of crossdressing practices. These included women who wore men's clothing for practical and/or political reasons, people who crossdressed to signal their same-sex desires, and people who used clothing to communicate an identity that diverged from their assigned sex. Thousands of people were arrested for the crime of crossdressing. Those apprehended faced police harassment, public exposure, and legal punishments ranging from minimal fines to lengthy jail sentences.

At the turn of the 20th century, some crossdressing practices accrued new social meanings as markers of psychopathology, particularly when used to communicate cross-gender identifications. As a result, many people who were arrested under crossdressing law during this period were sent to psychiatric institutions instead of jails. In 1895, for example, police arrested a person in New York City's Central Park for wearing women's clothing on a body that the law classified as male, sending her to the psychiatric wing of Bellevue Hospital for

sexual abnormality. Similarly, in 1917, Los Angeles police arrested a man named Jack Bee Garland, classified him as female, and locked him up in a state psychiatric institution, where he refused to wear women's clothing as required by law. For some people, psychiatric institutionalization was a life sentence. In 1890s San Francisco, for example, a person named Dick/Mamie Ruble was sent to the state insane asylum after insisting that they were neither male or female, following their arrest under crossdressing law. Ruble remained there for 18 years, before dying in 1908 of tuberculosis.

By the early 20th century, crossdressing law operated in tandem with federal immigration law to punish crossdressing offenders. Several policy initiatives facilitated this development. First, from 1891 onward, federal immigration law permitted the deportation of any noncitizen found guilty of a range of "morals" offenses, and some people were deported following a crossdressing arrest. In San Francisco, for example, a young woman named Geraldine Portica fell afoul of this policy in 1917 and was deported to Mexico, following her arrest for wearing women's clothing on a body the law classified as male. Second, beginning in the early 20th century, states began to routinely deport noncitizens who were held in psychiatric institutions, including those institutionalized for their crossdressing practices. Finally, federal immigration law also banned people with nonnormative gender presentations from entering the United States. In the early 20th century, for example, immigration officials at New York's Ellis Island denied entry to Otillie Castnaugle in 1902 and Alejandra Velas in the 1910s for wearing clothing that did not match the sex assigned at birth.

By the mid-20th century, crossdressing law had become a key tool for policing lesbian, gay, and transgender communities. Crossdressing practices were far more visible than same-sex intimacies and hence easier to target during street policing and bar raids. For example, when police raided queer bars in the 1950s and 1960s, they routinely used crossdressing laws to harass and arrest butch lesbians and gay men in drag. Police also used crossdressing laws to harass trans people. Firsthand accounts of this period describe police using a "three items of clothing" rule to guide enforcement, requiring people to wear three items of clothing of the "correct sex" or face arrest. Police photographs document arrests and raids in multiple cities, including Chicago, San Francisco, Los Angeles, and New York City, while police statistics reveal that hundreds of people were arrested in major cities each year.

By the 1970s, however, the days of crossdressing law were numbered, triggered by persistent community resistance, in combination with broader legal, cultural, and political trends. In particular, three developments came together in the mid-1960s to undermine the viability of crossdressing law.

First, the emergence of grassroots resistance in queer and trans communities highlighted an increasingly collective refusal to tolerate harassment. This activism did not occur in a vacuum, but it emerged in the context of broader political upheavals and widespread social movements, including the Black Power movement, Chicano movement, second-wave feminism, gay liberation, and a radical antiwar movement. During the 1960s, in major American cities, police harassment under crossdressing law helped sparked collective resistance and a new militant phase of trans and queer activism, including the 1966 Compton's Cafeteria Riot in San Francisco and the 1969 Stonewall Riots in New York City.

Second, the 1960s witnessed the development and popularization of gender-ambiguous fashions, as the hippie youth counterculture linked a politics of nonconformity to androgyny, with men wearing long hair and frilly shirts and women wearing men's jeans and tapered shirts. These fashions challenged a foundational assumption of crossdressing law—that clothing clearly belonged to one of two sexes—and undermined its viability. Indeed, in some cities, such as Cincinnati, Ohio, and Columbus, Ohio, the popularity of gender-ambiguous clothing prompted judges to overturn crossdressing law as unconstitutionally vague, since men's and women's clothing could no longer be meaningfully distinguished.

The emergence and institutionalization of the new identity category of "transsexual," in the mid-1960s, troubled the logic of crossdressing law in an even deeper way. After all, crossdressing law not only rested on the assumption that clothing could be easily identified as belonging to one of two discrete sexes but also on the more fundamental assumption that people could be similarly neatly classified. In the 1960s, the insistence that

gender identity could diverge from the sex assigned at birth began to gain legal credibility, as protests against crossdressing law attracted new levels of support from some medical experts, such as Harry Benjamin. Benjamin's standards of care for the medical treatment of transsexuals required individuals seeking surgery to first live as the "opposite" sex. This set the stage for courtroom battles in which doctors accused the state of interfering with their treatment protocols and demanded the repeal of crossdressing laws. At least some state courts accepted doctors' claims, and local crossdressing laws were repealed on these grounds in Columbus, Ohio; Chicago, Illinois; and Houston, Texas.

Clare Sears

See also Archives; Benjamin, Harry; Compton's Cafeteria Riot; Crossdressers as Part of the Trans Community; Garland, Jack Bee; Hirschfeld, Magnus; Policing of Trans Bodies; Stonewall Riots

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D

Dating

Dating refers to the process through which individuals meet and spend time with each other for the purpose of assessing compatibility for pursuing a romantic relationship. Also referred to as courtship, specific dating rituals and traditions vary considerably as a function of historical time period and culture. In general, dating often involves social activities that help two (or more) people to get to know each other, often with the degree of intimacy increasing as the duration of the dating relationship progresses.

Since the advent of the Internet, some forms of dating now take place online, where individuals can sign up for online dating websites that serve a "match-maker" role in helping people to find other individuals with similar interests who are seeking various forms of romantic relationships. LGBTQIA+ individuals were early adopters of online dating, as it provided a greater sense of safety by providing the opportunity to learn more about a prospective partner before meeting them in person. This extra layer of security has been particularly important to trans individuals, as it allows for technology-mediated disclosures of identity. Disclosure of a trans identity within the context of dating can be dangerous given the pervasive cisgenderism and transphobia that remain within society. Research on trans dating is sparse and has primarily explored the ways trans individuals navigate their dating worlds with respect to disclosing their trans identity at various time points within the dating process. Additionally, research has also examined the availability of prospective partners for trans individuals. This entry reviews key themes in this research, namely, the process of disclosing one's gender identity to prospective dating partners, the exclusion of trans people from the dating world, experiences of dating violence, and suggestions for future areas of focus.

Disclosing Trans Identities While Dating

Heteronormative cultural biases and a strong investment in the gender binary result in trans individuals having to navigate an additional layer of identity disclosure when entering the dating world. All individuals seeking romantic partners must navigate a plethora of choices concerning which aspects of their identity to share and at what stage. For example, single parents may give thought as to when to let prospective or current dating partners know about their children. Some parents may opt to make this information available upfront in order to avoid investing time in partners who are not open to dating single parents, while others may wish to delay disclosure of parental status until further into the dating relationship in order to allow them the opportunity to be seen as who they are first and a parent second. Similar considerations are made for a variety of issues, including divorced status, personal habits such as smoking or skydiving, or even musical preferences. There are few aspects of an individual's identity, however, that upon disclosing could result in a significant threat of harm. Due to high societal levels of

transphobia and cissexism, the disclosure of a trans or nonbinary identity can serve as a potential catalyst for social rejection and violence, including lethal violence. Thus, decisions concerning when, to whom, and how to disclose a trans identity within the context of dating are important and carefully considered by many trans individuals.

To help mitigate the potential for negative reactions to in-person disclosure, many transgender individuals make use of online dating sites and apps. Yet, even online, individuals must consider how they will disclose their identity. Some choose to proactively disclose by including their identity in the written portion of their dating profile. On the dating app Grindr, it is possible to list oneself within the transgender "tribe" as a means of disclosing identity. Others have discussed how they use their profile pictures to provide information about their gender identity, with some nonbinary or genderqueer individuals being sure to provide photos that represent the spectrum of their gender presentations. Research on proactive disclosure of gender-diverse identities indicates that such disclosures meets multiple goals. Doing so provides a sense of certainty that the individuals who contact them will already be aware of their identity, thereby allowing trans individuals to avoid spending time communicating with individuals who would otherwise not be interested in dating a trans or nonbinary individual.

While some trans dating app users indicate that proactive disclosure helps to create a sense of authenticity within their online profile, others prefer to disclose their identity after already contacting prospective partners. Delaying disclosure can serve to help frame the aspects of their identity that they feel are more salient to their sense of self, such as their personality or interests. Choosing to disclose after contact can also serve a more practical purpose: avoiding online harassment. Even within an online environment, many have reported that disclosing a trans identity on a dating profile often results in targeted online harassment. For example, many trans women have been told to leave Grindr by gay men who see the app as being exclusively for cis gay men.

Public disclosure of a trans identity can also result in being fetishized. Trans-sexualization or fetishization refers to viewing trans individuals purely as sexual objects to serve the fulfillment of others' sexual fantasies. Understandably, such views can hinder the development of genuine romantic relationships, and thus many trans individuals opt to disclose their identity in private conversations. Notably, however, it is often still seen as important to disclose such an identity prior to meeting someone in person in order to avoid the potential for in-person rejection or even violence.

In cases where individuals meet in person, such as at an event or a bar, other strategies must be employed concerning disclosure of one's gender identity. The extent of such considerations may vary by context and goals; for example, the difference between seeking casual encounters versus enduring relationships may alter an individual's perceived need to disclose their gender identity. Decisions about whether and when to disclose may also be shaped by an individual's body. For example, trans individuals often report wanting to be confident that a prospective sexual partner is aware of what genitals to expect and may thus time an in-person disclosure accordingly when they have not been able to disclose to someone prior to meeting them. It should be noted that the perceived imperative that trans individuals disclose their identity to prospective dating partners is symptomatic of the heteronormative and cisnormative society in which we currently live.

Dating Partners

One of the reasons that this disclosure can be so daunting is that very few cisgender (cis) people report a willingness to date trans individuals. Indeed, a 2019 study found that 87.5% of cis individuals surveyed would not consider *hypothetically* dating a trans individual. Heterosexual cis individuals surveyed were the least likely to report a willingness to consider trans partners (3.1%). Within LGBTQIA+ communities, the percentage of individuals willing to consider dating a trans person was reportedly higher, with 23.9% of cis gay and lesbian men and women reporting a willingness and 55.2% of queer, two-spirit, and bisexual individuals reporting being open to dating trans partners. Thus, trans individuals are faced with the decision of disclosing upfront and significantly narrowing their field of potential partners

or take the risk of disclosing after already meeting someone.

Indeed, research has found that simply being told that someone is trans influences how cis individuals rate that person in terms of attractiveness. One novel study showed a sample of 319 cis men and women a series of 48 photos that had been *randomly* labeled with respect to trans, nonbinary, or cis status. The results were striking, in that the photos labeled as trans were rated significantly less attractive than the cis-labeled photos, with nonbinary photos falling in between. The photos used were of cis men previously rated as highly masculine and cis women previously rated as highly feminine, yet the mere label of trans or nonbinary altered perceptions of attractiveness.

But who do trans people find attractive? An area of interest to relationships researchers who study dating processes is the question of mate selection—or, more colloquially, to whom are people attracted? Traditionally, this research has focused on the patterns of attraction typical to cis men and women and is often rooted in an evolutionary perspective, which seeks to understand how evolution and the need to procreate may have shaped dating behaviors and preferences. One study has explored mate selection in a trans sample by asking trans men and women about the characteristics they value most in prospective dating partners. The study was also interested in determining whether an individual's sex assigned at birth or their current gender identity proved to be a stronger predictor of their mate preferences, based on previous research that has categorized preferences by biological sex in cis samples. Among trans men and women, the researchers found that the most valued characteristics were mutual attraction/love, satisfying sexual relationship, dependable character, pleasant disposition, and sociability. The least valued characteristics were chastity, similar religious background, similar political background, and similar education. When comparing the characteristics valued by trans men versus trans women, trans women placed more value on satisfying sexual relationships, good looks, good health, favorable social status, greater financial prospects, and being ambitious and industrious. In other words, trans women displayed mate selection preferences typically found in both cis men (satisfactory sexual relationship, good looks) and cis women (financial prospects, social status, ambition).

Dating Violence

Although there is a tendency to think of dating as an exciting experience that opens the door to the potential for future romantic relationships, many aspects of dating can be risky. It is important to take precautions when meeting strangers, even if they are known by mutual friends, and this may be even more important for trans individuals. Dating violence is any form of interpersonal violence, including physical, psychological, and sexual, that occurs within the context of a dating relationship. Trans individuals are at an increased risk of experiencing dating violence. One study reported that 45% of a sample of trans youth between the ages of 16 and 24 had experienced some form of intimate partner violence in their lifetime. Trans individuals who have experienced more transphobic victimization in their lives are at an increased risk of experiencing intimate partner violence, as are individuals who have sex work experience. In a broader study of dating violence within the LGBTQ+ youth community, trans youth were more than twice as likely to experience violence from an intimate partner compared with cis sexual minority youth.

Conclusion and Future Directions

Most of the academic literature on romantic relationships has excluded the experiences of trans individuals. The research that does exist tends to focus on the negative aspects of trans dating experiences, such as the lack of available partners, safety concerns related to disclosure of identity, and the risk of intimate partner violence. Even among these topics, more knowledge is needed, such as how trans individuals navigate in-person disclosures when dating and the varied risks associated with differing strategies. Moving forward, research should also examine the extent to which disclosure remains an issue in decades to come, as greater inclusion and acceptance of trans individuals may render such disclosures either unnecessary or less dangerous. The existing research focus on more negative aspects of trans dating experiences is symptomatic of the

current state of trans experiences within a cissexist and transphobic society. Future research should explore the opportunities that trans relationships and dating experiences provide for developing more nuanced understandings of gender and the role that gender plays in romantic relationships. Research that explores sources of resilience within the context of trans dating experiences as well as research on prejudice reduction within the context of dating apps and websites should also be prioritized.

Karen L. Blair and Rhea Ashley Hoskin

See also Coming Out; Discrimination; Gender Minority Stress; Intimate Partner Violence; Relationships With Romantic/Sexual Partners; Sex Workers; TERFs; Transphobia

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Death and Dying

Death typically refers to the end of life of a person or organism. The medical definition of death is when an individual has sustained either (1) irreversible cessation of circulatory and respiratory functions or (2) irreversible cessation of all functions of the entire brain, including when the brainstem is dead. Dying, then, is the gradual cessation of existence or function in an individual. There is a large literature on death and dying in cisgender people. There is much less research on trans people’s experience of dying. For trans people, dying and death can take on more complex definitions and meanings. This entry explores some of the facets of death and dying in the trans community.

For cisgender individuals, the traditional challenges of end of life (EOL) are well documented. Among these challenges are organizing legal papers, last wishes, religious/spiritual needs, death certificates, final funeral needs, and postdeath support for the family. For gender-nonconforming persons, these EOL challenges can be significantly difficult and may come with some significant risk to the dying trans person. In addition, there are aspects of a trans person’s life that have no analogy in the cisgender population.

Dying and Death in the United States

For patients and their loved ones, no care decisions are more profound than those made near the end of life. For the millions of U.S. Americans who

work in or with the health care sector—including clinicians, clergy, caregivers, and support staff—providing high-quality care for people who are nearing the end of life is a matter of professional commitment and responsibility. These individuals have a responsibility to ensure that end-of-life care is compassionate, affordable, sustainable, and the best quality possible. In *Dying in America,* a 2015 consensus report from the Institute of Medicine (known today as the National Academy of Medicine), a committee of experts found that improving the quality and availability of medical and social services for patients and their families could not only enhance quality of life through the end of life but may also contribute to a more sustainable care system. The challenge here is that these reports are based upon what might be called traditional family structures and binary sexed/cisgender identities. For trans persons, even the cisgender end-of-life challenges can be extremely difficult. For trans individuals, one of the most difficult things to confront is dementia.

Estimates of Prevalence and Incidence of Dementia

To understand the prevalence and incidence of dementia in the trans-identified population, we first briefly review the literature on Alzheimer's disease (AD) and general dementia presence both in the United States and in the global population. In 2013, as many as 44.4 million people were estimated to be living with dementia, increasing to 75.6 million by 2030. A threefold rise in the number of people with Alzheimer's disease is expected to occur between 2000 and 2050. AD is the most common cause of dementia, accounting for two thirds of the cases of dementia. AD is the sixth leading cause of death in the United States, with estimates that one in three seniors die of AD or another type of dementia. For people over the age of 65, AD is the fifth leading cause of death.

Estimating the Prevalence of Trans Dementia

We can make only best-guess estimates of population sizes to assist us in estimating the current and future prevalence of dementia in these populations. Given this diversity of elders in the general population, the same might be expected for the general trans-identified population. Tarynn Witten, a scholar of trans aging, estimates that there are over 20 million trans-identified people worldwide, with trans adults aged 65 years and older estimated at between 4.1 million and 12.3 million. Using Witten's estimates on the prevalence of trans/gender-nonconforming identities in the United States, we estimate that as of 2025, there will be between 19,788 and 126,566 trans persons with AD. By 2050, the number of trans-identified persons with AD is estimated to be between 26,399 and 170,010. It is important to remember that trans population estimates are likely an underestimate and that with the appearance of younger and younger cohorts, the number of trans elders is likely to increase by 2050. (These estimates do not include estimates for other forms of dementia such as vascular dementia or Pick's disease.)

Reasons for Concern Over Trans Dementia and AD

Surveys of trans people point to the importance of the trans identity and the fear that trans persons have of dementia in general and of AD in particular. The struggle to attain one's true gender identity is rife with difficulties, among them social isolation, decreased independence and capacity for decision making, increased vulnerability to LGBTQ-related stigma, and exposure to unsafe social and physical environments.

Because Alzheimer's disease is a terminal and a progressively worsening disease, individuals will eventually need some caregiving followed by eventual 24-hour caregiving. This caregiving can occur in the home or in assisted-living facilities but will eventually likely be in some form of nursing home or other 24-hour nursing facility. Fear of how they will be treated by caregivers, particularly as AD takes away their trans identities, is a fear so great that many of Witten's respondents indicated that they had plans to commit suicide before they would progress into dementia. Work by a number of other research groups, among them Karen Fredriksen-Goldsen's group (scholars in LGBTQ aging) and Katherine Kortes-Miller's group (scholars in EOL issues among LGBTQ people), has also provided insights into the fears and experiences of trans people as they age and approach the end of life.

Other Factors Surrounding the End of Life

Many factors affect the end-of-life experiences of trans people. Major challenges exist around respect for the identity of the trans person, as well as quality of care and respect for the postdeath wishes of the trans person. Prior to death, trans people may worry about how they and their families will be treated after their death.

Closing Thoughts

Up to this point, the discussion has focused on the death and dying of an individual. However, for trans persons, other forms of death have no analogy in the cis population: deadnaming and dead-to-me.

Deadnaming

When trans persons transition, they change their names to match their new identity. Many of them no longer want to recognize their birth name. If someone uses this birth name, instead of the new name of the individual, it is called *deadnaming*. *Deadnaming* occurs when someone, intentionally or not, refers to a person who is transgender or gender nonconforming by the name they used before they transitioned. You may also hear it described as referring to someone by their "birth name" or their "given name." Deadnaming is one of the many microaggressions that nonbinary individuals must address. Deadnaming can also occur when the birth name is used on the death certificate, on a grave marker, or during any religious/spiritual ceremonies.

Dead-to-Me

There are two major ways in which the "dead-to-me" phenomenon can occur. The first happens when the trans person's family expels the trans person from the home or the family. This is a particular problem for many young trans, including nonbinary, persons. When older individuals transition, however, their family members can simply no longer consider them part of the family. This leads to a dead-to-me scenario. This is not uncommon in today's elder trans people's lives. An alternative dead-to-me scenario is when a transitioned trans individual simply shuts off all aspects of their former life, friends, family, and job. They will not acknowledge old friends or family, and they often quit their job and go job hunting in their new identity so that nobody knows about their past.

Tarynn M. Witten

See also Aging; Cancer; Cancer Survivorship; Religion/Spirituality of Trans People; Relationships With Family as Trans Adults; Veterans

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Decisions to Parent

Parenthood is an important developmental milestone. Although some trans people decide to remain childfree, the majority of trans people want to become parents—although the if, how, and when can be complex. It is estimated that between 25% and 75% of trans people want to become parents. Biological or genetic parenthood can occur through sexual intercourse or with the use of assistive reproductive technologies, such as being or using a sperm or egg donor. In addition, trans people can become parents through adoption, foster care, or blending/stepfamilies. Each of these options comes with unique challenges and barriers for trans people, which play a role in the decision-making process and the attainment of future parenthood.

Many trans people describe a strong desire for biological parenthood—yet biological parenthood is not always possible or preferred. The majority of young trans people describe adoption or foster care as the way they will attain parenthood in the future, although this varies across gender identity. Trans women are more likely to want to become parents through adoption, while gender-nonconforming people, nonbinary people, and trans men are more likely to desire biological parenthood. While there are a number of ways that trans people can become parents, decisions regarding future parenthood are driven by a number of factors, including reproductive accessibility (availability and functionality of sperm, eggs, and/or uterus), personal preferences, and financial resources.

For biological parenthood, accessibility depends on an individual's or couple's availability and functionality of sperm, eggs, and/or uterus. In many countries, such as in Europe and Asia, trans people are subjected to laws and policies that require forced sterilization, resulting in the loss of the possibility of biological parenthood. These policies and practices are no longer standard in the United States. With advancements in reproductive technologies, multiple avenues for biological parenthood are now available. The use of hormone therapy and gender affirmation surgeries, which are unique to trans people, adds complexities to biological family creation. For example, hormonal therapy for those assigned male at birth can decrease the quality and quantity of sperm, with long-term impacts on future fertility being largely unknown. For those assigned female at birth, hormone therapy often results in an absence of menstruation, making conception difficult or impossible. If an individual is taking hormones, these medications need to be discontinued for 2 to 6 months, in order to attempt conception. Often trans people are unaware or uninformed regarding these potentially negative impacts on future fertility. Even when well informed regarding the possible risks of these medications or surgeries on fertility, many prefer the positive gains of these therapies on their physical and mental health.

With advancements in reproductive technology, trans people have the option of fertility preservation, such as controlled freezing of sex cells (sperm or eggs) or reproductive tissue, which could provide the option of biological parenthood in the future. Ideally, fertility preservation would occur prior to beginning hormonal therapy, although this is not always possible. As discussed earlier, if an individual were already taking hormones, medications would need to be discontinued during the fertility preservation process. Many trans people are uninformed regarding fertility preservation options, although among those who are aware, the majority decline. The most common reasons for declining fertility preservation are not being able to afford the process for extracting and/or storing sex cells, lack of insurance coverage for these procedures, not wanting to delay or stop gender-related therapies, and the reproductive capabilities of their future partner.

For those who choose to preserve sex cells or stop hormonal medications, becoming a parent biologically is still dependent on several factors. For trans people, stopping hormonal therapy may not fully restore reproductive capabilities and often results in undesired body changes. For the individual with a uterus, becoming pregnant creates physical and psychological discomfort, such as the feminization of the body, making this method undesirable. For those with partners assigned female at birth, the use of donor sperm and the partner's uterus in order to conceive is a preferred method for becoming a parent. If a uterus is needed to conceive biologically, surrogacy could be used. Surrogacy is a less common method owing to its being extremely expensive and, for many, financially impossible. It is important to note that many of these family planning options are expensive, not typically covered by health insurance, and complex legally and psychologically.

Although some prefer biological parenthood, most envision this pathway as undesirable or impossible, with most describing adoption or foster care as their ideal way to become a parent. Many trans people describe becoming parents through adoption or foster care as a way to give back to the wider community and to help children in need of a loving home. In addition, trans people discuss being more open to adopting "higher risk" children, such as older children, children with special needs, or those who identify as LGBTQ, which are all groups disproportionately represented in the child welfare system. Even with this great need for adoptive and foster parents, especially for "high-risk" children, trans people lack basic legal protections against gender-based discrimination by child welfare agencies. This lack of legal protection allows agencies to refuse to work with, deny potential placements, or deprioritize these potential parents on the basis of gender identity. Even with these barriers, adoption or foster care is the preferred method of becoming a parent among trans people, but owing to discrimination, misinformation, and lack of basic legal protections, this pathway is not always possible.

Many trans people want to become parents, but there are a number of barriers and challenges associated with if and how they will do so. Because of unethical forced sterilization policies, negative impacts of gender-related therapy on fertility, and a lack of accessibility to fertility preservation, biological parenthood can be impossible or unattainable. The majority of trans people see adoption or foster care as their ideal pathway to parenthood. Owing to a lack of antidiscrimination policies, however, there are a number of challenges that trans people are faced with and need to navigate when deciding to become parents through adoption or foster care. The eradication of discriminatory practices and policies, more public education regarding fertility, and the establishment of gender-related nondiscrimination policies would ensure that trans people can make informed decisions regarding future parenthood.

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See also Adoption and Foster Care; Fertility Preservation; Reproductive Health

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Demographics of the Trans Community

In 2011, the Institute of Medicine (IOM) issued a report calling for additional demographic

information on gender minorities, noting that basic demographic data, "which are critical to understanding and meeting the needs of populations, are lacking for LGBTQ populations. From the data that are available, much more is known about lesbians and gay men than about bisexual and transgender people." As detailed in the IOM's report, a number of barriers have led to a relative absence of demographic research on trans people. This can be attributed to the limited academic and public attention paid to trans (i.e., not cis) people, as well as the related lack of representative data on trans people.

In recent years, however, demographers have begun to challenge gender-normative and heteronormative assumptions that are inherent in the ways that we collect data about populations, as well as the type of questions that we ask. This shift has paved the way for demographic research on LGBTQ people as a whole. The past 10 years, for example, have produced greater insight into the demographic characteristics of LGBTQ people. This research has been important to gain better understanding of questions such as health, income, families, and spatial distribution of non-heterosexual populations. In addition, however, this research has brought attention to the ways that many of our survey questions or demographic models are framed by normative assumptions surrounding gender. As discussed in this entry, this body of work has the potential to push demographers to rethink our approaches to fundamental questions, such as the relationship between gender and migration, morbidity, and labor market outcomes.

Although research on the demography of gender, as well as the demography of sexual orientation, has made demographers more cognizant of how gender plays an important role in demographic outcomes, most scholars continue to primarily use a binary understanding of gender. Several factors contribute to this narrower interpretation of gender. First and foremost, nonbinary understandings of gender—that is, understandings of gender that acknowledge and interrogate gender identities outside of and beyond "male" and "female"—have escaped public attention prior to recent years. As a result, the public has not demanded information that would drive both research and funding on trans, including nonbinary, people. In addition, on the majority of representative surveys, gender is captured through a binary "sex" variable. Given that demographers primarily rely on such surveys, they have been without data to examine many demographic outcomes.

With shifting public and academic attention, there has been a greater demand for research on the trans population, and in some cases, researchers have made changes to survey questions in order to allow for more inclusive research. These changes have resulted in demographers engaging with many population-based questions about trans individuals for the first time. And, in 2019, the Population Association of America included the first session focused on trans people.

This growing body of research is exciting but in many respects has been fairly limited in focus. A great deal of the scholarship to date has examined the best way to capture gender on surveys and how results might vary dependent on the measurement used. Outside of this work, there has been some research, drawing on representative and/or large sample size surveys, that has described some of the demographic characteristics of trans individuals. Questions about gender that go beyond the male–female binary have been included most extensively in surveys about health. This has resulted in much of the demographic literature on trans people being focused on health outcomes.

This entry summarizes some of the key findings across three major areas: measurement of gender on surveys, demographic characteristics of trans people, and health outcomes. The entry focuses primarily on data collected within the United States but incorporates findings from other countries as well as regional variation within the United States. The entry also takes a broad approach toward demographic research and includes some studies that draw on qualitative data and/or nonrepresentative surveys. These decisions were made in order to include population research in an emerging field with more limited data availability.

Measuring Gender

Given that gender has been conflated with biological sex (itself problematically viewed as binary), researchers have typically relied on survey questions asking respondents whether they are male or female in order to analyze the effects of gender on

demographic outcomes (e.g., the U.S. Census surveys, the General Social Survey). As potential respondents are increasingly requesting options that go beyond male and female, as well as willing to provide such responses, researchers have weighed options of the best way to assess trans identities. Questions about how to measure gender in a nonbinary fashion have been given the greatest attention in the population-based literature because if researchers agreed to consistently use a single measure of gender, this would allow for across-survey comparisons on outcomes, including, for example, how geographic region shapes the way that gender identity interacts with questions such as fertility or relationship formation. For example, research has shown that same-sex couples living in the U.S. South are more likely to have children than those living in other regions of the country. The presence of better data on trans identity might enable us to find similar (or perhaps quite different) geographic patterns in parenthood. Relatedly, there is a great deal of variation in what states require to change gender identity on birth certificates. This has implications on many levels, but prior to the Supreme Court's 2015 decision legalizing same-sex marriage, birth certificate variation generated regional differences in marriage for some couples.

The Williams Institute at the University of California–Los Angeles (UCLA) Law School has been one of the leading voices in identifying the best practices for measurement of sexual orientation and gender identity. In 2013, in collaboration with a group of scholars, policymakers, and transgender leaders, the institute published a best-practices guide on measurement to promulgate the addition of these questions to a greater number of nationally representative surveys. In their report, they discussed four popular approaches that have been used to measure gender identity.

The first approach entails a two-step process whereby survey respondents are asked the sex that they were assigned at birth on their birth certificate and also asked their current gender identity. The current gender identity question provides options beyond the binary, adding choices such as trans male/man, trans female/woman, genderqueer, and a fill-in "other" category. This two-step approach allows researchers to identify whether someone who answers that their current identity is male was once female, given that many individuals choose to identify with one of the binary choices rather than a transgender or genderqueer option. Thus, without the birth certificate question, these individuals would be classified as cisgender male and not included in analyses that seek to examine outcomes for individuals who no longer identify with their sex assigned at birth. This two-step approach is used on some instruments by the U.S. Centers for Disease Control and Prevention (CDC) and has been shown in studies to produce the most accurate information regarding gender identity and to increase the identification of transgender individuals.

The second approach for measuring gender is a single-item question. In 2007, Massachusetts added a single-item question to its Behavioral Risk Factor Surveillance System (BRFSS) survey, which is a CDC and state department of health collaborative survey covering key health issues. The survey covers specific diseases or ailments, such as diabetes, cancer, HIV/AIDS, and others; preventive behaviors such as exercise, nutrition, and health care visits; and risk behaviors such as smoking, sun exposure, alcohol and drug use, and number of sex partners. The proposed question on trans identity provided a definition of transgender identity and then asked the respondent whether they considered themselves to be transgender and provided the options of male to female, female to male, gender nonconforming, and no. Initially, the included question asked only whether an individual considered themselves to be transgender (yes/no), but the full question was later incorporated that added a variety of choices. This single-item question produced relatively consistent results across states but does not have the added validity of sex assigned at birth. Without information on sex assigned at birth, it becomes difficult to validate whether an individual who identifies as male is cisgender or now identifies as male but was assigned female at birth. As noted before, not including this pairing of questions can result in missing some individuals who do not choose the trans identity but are also not cisgender.

The third measure focuses less on self-identity and more on perceived gender. This measure assesses how gender is perceived by others given that socially assigned gender can shape interactions and, arguably, could be more relevant than

self-identity for measuring some outcomes. These questions might focus separately on appearance and mannerisms, asking whether others would perceive them on a scale of very feminine to very masculine. These questions are, of course, most useful if paired with questions such as the two-step measure of gender identity in order to assess whether perceived gender poses greater negative outcomes for transgender or gender-nonconforming individuals. In addition, the focus is on current presentation and cannot account for how any prior different gender presentation contributed to present-day outcomes. Furthermore, the survey focus necessarily asks the respondent how they believe others perceive them; there is no way to ascertain if they are correct in their assumptions.

Finally, gender identity has been asked in questions that combine sexual orientation and identity. This can be done in a number of ways, some of which are problematic and ineffective by conflating two separate questions (sexual and gender identity) into a single question that could force a respondent to choose only one. Given that trans and gender-nonconforming people have varying sexual orientations, combining these into a single item could force individuals to choose their most salient identity and omit other information. The best-practice approach for combining these measures is essentially to treat each as a dichotomous response, where individuals can check yes to all that apply (bisexual, gay or lesbian, straight, and/or transgender). If an individual checks transgender, the Williams Institute report recommends a follow-up probe of male to female or female to male. One benefit of this question format is assessing whether individuals who check transgender also identify a sexual orientation; question testing has found that when sexual orientation is asked separately, transgender individuals often skip the question or write in transgender. By combining the question, responses to sexual orientation were prompted for some individuals. This question format also allows for a conflation of LGBTQ responses when desirable for the research question, such as when assessing employment discrimination or poverty levels that could result in a policy action targeted at aiding both sexual and gender minorities. This could be particularly strategic to conflate LGBTQ individuals given that laws protecting sexual minorities have passed in greater numbers than those narrowly focused on gender minorities. In addition, conflating groups within the LGBTQ umbrella could occur when sample size necessitates doing so because there are too few respondents in any one category to compare groups separately.

In assessing which of these four approaches to use, it is important to examine the research question or possible array of research questions that could result from the survey. Thus, while the two-step approach described initially is often touted as the best approach, when assessing effects of social perception on health outcomes (e.g., whether an individual is perceived as trans or as more or less masculine or feminine), it might be most beneficial to instead (or in addition) incorporate perception questions. This would better allow an examination as to whether perception and resulting treatment could be having an effect on trans individuals' health, as opposed to whether poor health outcomes are attributable to other factors (failure to seek medical care, hormone effects, etc.). In addition, some researchers have noted that questions that have primarily been tested with adults do not always translate to adolescents; furthermore, legal and policy limitations can curtail the collection of gender identity data for children. Thus, the question of measurement continues to complicate demographic research on trans individuals, contributing to the high volume of research examining best practices in measurement.

Demographic Characteristics

Using the available data sets containing varying measures of gender identity, researchers have attempted to answer questions such as the prevalence of trans populations; demographic characteristics such as race, age, sex, and geographic location; and outcome variables like income, employment, relationship status, and parenthood. Some of this information has been drawn from nonrepresentative surveys or qualitative interviews, given the primary focus on health outcomes in representative surveys (discussed in the next section).

In 2016, scholars affiliated with the Williams Institute compiled data from states' CDC BRFSS surveys to estimate that approximately 0.6% of the U.S. population, or about 1.4 million people,

identify as transgender. There was notable geographic variation in transgender identification, with approximately 0.3% in North Dakota compared to 0.8% in Hawaii. Falling in between these extremes were states such as Texas at 0.66%, Massachusetts at 0.57%, and Ohio at 0.45%. Although they found higher proportions of younger populations identifying as transgender, the variation was not as great as might be expected: approximately 0.7% of 18- to 24-year-olds identified as transgender, compared with 0.6% of 25- to 64-year-olds and 0.5% of 65+-year-olds. This suggests that, at least on survey responses, there is relative consistency in trans identity across cohorts. Of course, there could be much more variation in those who choose not to identify as trans on a survey.

In addition, as noted in the measurement section, there is variation in how trans individuals identify on surveys. For example, on the California Health Interview Survey (CHIS), 7% identified as male, 32% as female, 46% as transgender, and 15% as another gender identity. This is notable in that when demographers are estimating population size, they might undercount the trans population if the survey does not provide a means to identify that an individual who selects male or female is not cisgender. The inability to identify individuals who are male or female but not cisgender is particularly problematic if individuals who identify as male or female, rather than transgender or another gender identity, vary on important demographic outcomes. Their omission from the "transgender/nonbinary" sample would thus skew the demographic picture of this population. For example, the presence of those who identify as male but are not cis could result in lowering the income of the trans male population if those who choose to identify as male more readily pass and experience a resulting wage benefit.

Scholars have drawn on other survey data to analyze demographic characteristics of the trans population. According to a study using data from the 2018 General Social Survey (GSS) data, the only demographic characteristic on which trans and cis people differed was on the distribution of sexual orientations. This is likely attributable in part to the aforementioned greater likelihood of trans individuals to select the trans identity rather than to select a sexual orientation on surveys. Similarly, data from the CHIS have shown no statistically significant difference between trans and cis adults on demographic characteristics like education, citizenship, or residing in an urban or rural environment. But the CHIS data do mirror that from the GSS in showing notable variation in sexual orientation: While cis respondents overwhelmingly identified as heterosexual or straight at over 90%, there was greater variation for trans respondents, with the largest category as bisexual at 45%. In addition, trans respondents were far less likely to report being in a relationship, with three quarters indicating they were single compared to only 45% of cis respondents. The CHIS data also reflected almost two thirds of trans respondents were non-Hispanic white, compared to approximately 40% of cis respondents. This could reflect a real racial and ethnic difference between trans and cis individuals, or it could mean that individuals with greater privilege are more likely to identify as trans on a survey. With respect to income, there have been mixed findings regarding the trans population and poverty status, with some survey data reflecting a greater likelihood of falling below the poverty line for trans people and other survey data showing no difference between trans and cis populations.

Fear of discrimination could arise from negative experiences in the workplace, as well as additional settings. The Pew Research Center reported that about one in five LGBT individuals experience discrimination in the workplace. Some of these individuals go on to file charges of discrimination with the Equal Employment Opportunity Commission (EEOC) or state fair employment practice agencies. Between 2012 and 2016, the majority of gender identity charges were filed by those whose expressed gender identity is female, or male-to-female (MTF; 61%). This could suggest that perceived female gender expression is viewed more negatively than male gender expression, rendering this group more susceptible to discrimination and worse employment outcomes. Charges of discrimination covered an array of topics, with termination and harassment being the most common.

There are, however, some notable standouts unique to gender identity charges. Benefits-related charges were more common for gender identity charges than for those alleging discrimination based on sexual orientation, with about 7% of

gender identity charges involving benefits. This was driven by medical benefits charges, which are about 6% of all of the gender identity benefits charges. These claims were related to requests for coverage for surgery or medication related to gender identity. Finally, other charges unique to gender identity involved terms and conditions related to facilities and dress code. For example, approximately 12% of gender identity charges contained restroom or locker room issues, compared to only 1% of sexual orientation charges, and about 9% of gender identity charges dealt with dress code issues as compared to 2% for sexual orientation. These findings emphasize that gender-restrictive policies are relatively common issues in gender identity charges compared with sexual orientation charges. Furthermore, almost a third of trans respondents reported on the CHIS survey that their emotions (e.g., depression, anxiety) had interfered with their work performance within the past year compared with only 10% of cisgender respondents. These experiences with discrimination and navigating gender identity in the workplace shape labor demographic outcomes, including employment, occupation, and income.

These findings indicate that on many traditional demographic characteristics, trans and cis people are quite similar. On factors related to sexuality and relationships, however, there are notable differences that likely influence outcomes such as parenthood, experiences with discrimination, and health. In addition, differences in workplace discrimination can shape fundamental labor market outcomes for trans individuals. Finally, demographers should be cognizant when evaluating demographic characteristics that trans individuals might not choose to identify as trans (and might elect male or female) and might also abstain if they feel intimidated in doing so.

Health Outcomes

The addition of questions about trans identity to nationally representative surveys has been most common on public health surveys. As a result, we know more about trans and gender-nonconforming population health than we do about many other outcomes. With few exceptions, however, what we do know about health is limited to the broader focus of the particular health survey rather than what scholars might wish to ask specifically about trans individuals.

In terms of mental health, numerous studies have indicated that trans individuals experience a higher risk of suicide than the rest of the U.S. population. For adults, trans ideation in the past year is nearly 12 times higher than that of the general population, and it is nearly 18 times higher for suicide attempts. In a study drawing on the U.S. Transgender Survey (USTS), approximately 40% of adults had attempted suicide during their lifetime. Suicide attempts across one's lifetime were higher among adolescents and young adults, at about 42% for those aged between 18 and 44 years compared to only 28% for those aged 55 to 64 years and 18% for those over 65 years. Trans people reported similar risk factors for suicide as non-trans people (e.g., lower education, lower income) but also had unique risk factors. Several studies have found that harassment in public spaces, discrimination, lack of familial support, rejection from religious communities, and intimate partner violence also increased suicidal thoughts or attempts. Furthermore, some research has indicated that Black and Hispanic youth are more likely to report depression and less likely to seek care, placing them at greater risk for adverse health outcomes.

Research examining physical health outcomes has shown mixed results. For example, the CHIS data indicate no difference between trans and cis adults on health outcomes like asthma or diabetes or smoking, but trans people had a higher risk of HIV/AIDS and were more likely to report a physical or mental disability. With regard to HIV/AIDS, some studies have suggested a higher rate of infection due to a greater involvement in sex work or the use of social media to identify potential sexual partners. The most publicized health differential for transgender and nonbinary populations involves a higher rate of homicide, with Black male-to-female individuals being the most likely among trans individuals to die as the result of a hate crime.

Health outcomes for trans adults and adolescents are greatly influenced by their willingness to seek out medical care. In one study using the CHIS, trans adults were nearly three times more likely than cis adults to either delay or avoid seeking a prescription from a doctor. Health care utilization

varies across race and class for trans individuals, as well. Black and Hispanic trans and gender-nonconforming youth are more likely to report poor health outcomes but less likely to seek health care. In one study focused on transgender health in the South, white trans individuals reported positive health care experiences in general, but racial and ethnic minorities and those from lower social classes were more likely to report negative health care interactions. Health care has a high rate of discrimination toward trans individuals and a lack of informed health care providers, discouraging individuals from seeking the care they need. But these findings indicate that racial and ethnic minorities and low-income transgender individuals are less able to field potential discrimination or health care obstacles due to a relative lack of resources and privilege.

Some studies have, accordingly, examined factors that improve access to health care or reduce poor health care experiences. These measures are not just within the health care environment but can be shaped by broader laws and policies. For example, living in a state with protective policies—such as nondiscrimination laws, nondiscrimination protection in private health insurance policies, or the ability to change gender markers—has been found to be positively related to mental and physical health for trans individuals. Research reflecting the effects of these policies on the health outcomes of trans individuals is vital to making informed decisions about rules and policies.

Further Research

There has been increasing knowledge of gender variation at the population level, owing in part to the addition of questions to existing surveys, new surveys, and a growing interest in demographic outcomes for transgender and nonbinary populations. At the same time, it is clear there is a need for better survey questions and careful consideration of which measurement approach is best suited for particular demographic inquiry. Demographers must also exercise caution in interpreting data on gender given that surveys have demonstrated that trans people often identify in a binary fashion (i.e., male or female, rather than trans) that might obscure that they are not cisgender.

Data on traditional demographic characteristics are increasingly available, and much of it demonstrates little to no difference between trans and cis individuals. The differences that are appearing across surveys, however, suggest that more knowledge is needed about relationships, family, and sexual orientation for trans individuals. In addition, we continue to have little understanding of fundamental demographic questions, including migration or spatial distribution of transgender populations, fertility and household structure, labor market outcomes, or broader patterns of morbidity and mortality.

Developing research in these areas is essential to aid in developing best practices for health care, employment nondiscrimination, protection from violence inside and outside of relationships, and where resources should be concentrated geographically. A population perspective is an important component to answering these and other questions. Demographers should continue to turn an eye toward broadening our understanding of the transgender or nonbinary populations, as well as critically examining assumptions made about gender across demographic research.

Amanda K. Baumle

See also Death and Dying; Discrimination; Epidemiology; Health Determinants; Measurement/Assessment Issues in Research; Mental Health; Sexualities/Sexual Identities; Suicidality and Self-Harm; Workplace Climate

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Desistance

Desistance is a concept that has been borrowed from criminology and other psychiatric literature to describe the behavior of appearing to abandon an expressed transgender identity, particularly in children or adolescents. The term was first applied by a few researchers and then leveraged by various individuals or groups seeking to reduce or eliminate the incidence of trans identities and to curtail treatment options for young trans people. Some of the researchers who have used the term have since realized that doing so has led to stigmatization and psychological and physical harm for many young trans people, and they have acknowledged that more constructive and technically accurate terminology must be developed as scientists continue to study and learn about trans-identified children.

History of the Term

Desistance means to cease, as from an action; to stop or to abstain. In criminology, the term refers to the cessation of offending or other antisocial behavior. The term began appearing in child and adolescent psychiatric literature in the late 1980s in relation to emotional/behavioral problems such as oppositional defiant disorder (ODD) and problems associated with attention-deficit/hyperactivity disorder (ADHD), conditions in children that can cause adults to feel significantly "out of control" over the children in their care.

As applied to trans people, the concept of desistance was adopted in 2003 by an influential researcher for a presentation titled "Persistence and Desistance of Gender Identity Disorder in Children." This presentation was delivered at the Harry Benjamin International Gender Dysphoria Association's (HBIGDA, now known as the World Professional Association for Transgender Health, or WPATH) 2003 Scientific Symposium in Gent, Belgium. The term *persistence* had been a feature of the *DSM-III* diagnostic criteria for Gender Identity Disorder of Childhood (1980), but only

since 2003 has *desistance* as an oppositional term been applied to mean a child's or adolescent's relinquishment of a trans identity.

Beginning around 2013, when the publication of the American Psychiatric Association's fifth edition of the *Diagnostic and Statistical Manal of Mental Disorders* (*DSM-5*) redefined Gender Identity Disorder to Gender Dysphoria and seemed more validating of trans experience, frightened parents, nervous mental health providers, religious people who viewed trans people as violating the natural order, anti-trans feminists, and even a few people who had detransitioned began to develop arguments against social transition for trans children and medical treatment for trans adolescents. Citing an "80% desistance" axiom asserting that at least 80% of children ultimately reject a transgender identity, these groups campaigned to influence U.S. legislators at state and federal levels to draft laws and policies that would discourage social transition among prepubertal youth. By 2020, these efforts had escalated to legislative proposals in several U.S. states aimed at prohibiting social and medical transition for persons under 18 years of age and criminalizing health care providers, including therapists, social workers, and educators who deliver supportive care for trans youth. At the federal level, regulatory changes to the Affordable Care Act and to the interpretation of nondiscrimination provisions in the Civil Rights Act's Title VII (employment) and Title IX (education), as well as changes to military enlistment policies, were all weaponized against trans people during the Trump administration to deny them hard-won civil rights law and policy protections.

Problems With the Research on Desistance

The term *desistance,* used as a descriptor, was incorporated into reports of research done in the Netherlands, where some of the most progressive work with trans youth originated, including the introduction of puberty suppression. Published papers from a Dutch research team in 2011 and 2013 incorporated the concept of desistance as a phenomenon when they presented study data showing 16% to 27% of children whose parents brought them to clinics for gender dysphoria persisted in claiming a trans identity. Of the remaining 73% to 84%, the researchers reported they assumed that these children desisted from their trans identities when, in fact, some were lost to follow-up, while others stopped participating in the program without giving a reason. This mischaracterization of the data was then represented in various summaries discussing childhood gender identity development as 80% (an average from the data) of children who explore gender identity desist from those explorations when, in fact, the only conclusion that can be drawn was that approximately 20% persisted during the timeframe of the study.

Around the same period in the United States, increasing numbers of trans youth articulating their experiences, along with a rise in institutional recognition of trans rights throughout society, contributed to anxiety among some parents and religious groups who were seeking to put a stop to the proliferation of trans identities and expressions. These groups found justification for their cause in the concept of desistance and used the Dutch research to support their claims that trans care should be curtailed and trans rights rescinded to spare the 80% of children who questioned their gender from being encouraged to socially or medically transition. These characterizations of researchers' work and trans care in general represented a gross exaggeration of both the research and trans experience.

To date, there has been no specific research on desistance as a phenomenon. When researchers say, for example, "Five years after their first visit to our clinic, 20% of the 100 people in our study persisted in expressing a gender identity different from their sex assigned at birth," that does not provide concrete evidence that 80% of the people desisted or permanently abandoned a previously claimed gender identity, although this is precisely what groups such as Alliance Defending Freedom (www.adflegal.org) claim when they draft legislation or litigation aiming to prevent trans-identified children and youth and their families from accessing, and their care providers from delivering, such care. Thus, by using a controversial term, researchers opened the door to oppositional positions even when the data did not support such a position. For example, numerous studies of trans adults who were not diagnosed with gender dysphoria until age 30 or later indicate that most of these individuals were aware of their gender dysphoria when they were

quite young. They did not have the language to express their feelings to the adults around them, or they intuitively knew they should not express these feelings, or they were expressly instructed that they should behave in certain ways that conformed to the social roles expected of their assigned sex at birth. It is reasonable to think that at least some of the studied children who were assumed to be "desisters" might reveal their trans identities at some later time in their lives when they were more ready or able to manage the perceived social complications that can accompany such an identity.

Some researchers who take the position that desistance is widespread tend to believe that identity formation that flouts social role norms is aberrant and should be avoided. But there is no scientific proof that "desisters"—at any given point in time—have permanently abandoned a trans identity, nor is there any way to predict that a person who has not heretofore expressed a trans identity will not choose to express a trans identity in the future.

Exploring the Policy Debate

The subject of trans-identified young people seeking gender-affirming treatment is controversial, and the concept of desistance has provided ammunition for those who oppose the existence of trans people. Opponents of trans rights and access to trans-affirming health care seek to eliminate trans people from the social landscape by advancing legislation that will prohibit trans people from changing the sex or gender marker on their birth certificate or other official documents. These opponents insist that all people use bathrooms that correspond to their assigned sex at birth, seek to ensure that the term *sex* in federal or state civil rights laws is not inclusive of "gender" or "gender identity" but refers only to biologically determined sex, and strive to eliminate institutional support for gender-affirmative health care for both children and adults through insurance policy exclusions and hospital rules. They also support parents' rights to refuse to respect their children's expressions of gender exploration by restricting the availability of information that does not frame trans identity as problematic and avoidable. The "80% desistance" axiom is a weapon in this armory because it appeals to parents' understandable fears about harms that might befall their children. This axiom poses the question, "Why should we condone treatments that will have to be undone when your child changes his or her mind, since 80% of all children will ultimately accept that they are the sex they were assigned at birth?" This axiom proposes that by discouraging social transition, parents are saving their children the pain and embarrassment of confessing their natal sex when they change their mind, since that is what they are most likely to do. Desistance advocates frame preadolescent gender-affirming treatment as "sterilization" and "mutilation" (when these elements distinctly are not part of the protocol), which serves to frighten parents. Desistance advocates also draw on religious beliefs such as "God doesn't make mistakes," "God made your body and it is your responsibility to care for it and live in it the way God intended," and "You can't go against God's design." Desistance advocates also draw on the popular doctrine "You can't change your chromosomes," despite scientific evidence that chromosomes are not the only factor in determining sex, and it is presently unknown whether chromosomes have any influence over gender identity or expression.

Resistance to the concept of desistance has come from trans people and clinicians who support and practice the affirmative care model, which allows for children to explore and experiment with a wide range of gender expressions with no enforced "opposite-sex" trajectory or investment in outcome for the children other than their health and social safety.

Evolution in Terminology

While the choice to employ desistance as the inverse of persistence may have seemed linguistically appealing or even logical in 2003, the term's association with undesirable behavior has clearly led to serious problems for trans people, both in clinics and in legislatures, and, for young trans people, even in their families, as parents react to their children's revelations about their gender questions. Dutch researchers Thomas Steensma and Peggy Cohen-Kettenis concur with critics that the use of these oppositional terms, *persistence* and *desistence,* promotes a false binary and have acknowledged that they need to find better language for exploring the various possible outcomes and the fluidity that children's futures might hold. Terminology that is less stigmatizing, less polarizing,

and more descriptive of the explorations and modulations of identity that all young people are capable of experiencing can make these processes much less threatening for both trans people and their families. Such descriptive refinements may also help to diffuse the religious objections and even could elevate the science as researchers continue to seek information about the development of gender-diverse children and adults.

Jamison Green

See also Anti-Trans Theories; Detransition; *DSM;* Family Therapy, Trans Youth; Gender Affirmative Model; Gender Clinics Outside of the United States; K–12 Policies/Climate; Parent Advocacy Groups for Trans Children; Parenting of Trans Children; Religion/Spirituality, Support of/Opposition to Trans Rights

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Detransition

To "detransition" is to reverse a prior transition from one gender or sex to another, typically returning to one's sex assigned at birth. The topic is controversial within trans communities, and the fact that some people do detransition is often cited by parents and policymakers as a reason to forbid transition to anyone. This entry begins by describing the process of detransition from medical and social forms of transition. Next, the entry discusses the various reasons why some people choose to reverse a prior transition. The section that follows presents the challenges faced by individuals undergoing detransition, and the entry concludes with a discussion of the responses of social networks and health care organizations to a person's choice to detransition.

The Detransition Process

For detransition to occur, a transition must happen first. Transition itself is often a complex process involving hormone replacement therapy over the life span and often multiple surgical procedures conducted over 2 or more years, often costing tens of thousands of dollars. A social transition (one without medical treatment) can also be complex. Both social and medical transitions involve explaining oneself to other people in ways that are often embarrassing and may be emotionally or physically threatening because of others' opinions or beliefs about trans people.

Medical Transition

A medical transition involves ongoing hormone therapy and one or more complex surgical procedures

usually conducted over a period of years; virtually every aspect of one's life is affected. Transitioners often go through the process of changing their names, pronouns, and legal documents, including driver's licenses, diplomas, and birth certificates. They must also tell their family members, friends, employers, and coworkers about their transition, except in cases where the transitioning individual severs all ties and starts a completely new life, which is difficult to do in the current age of connectivity. Detransition would be a reversal of these processes.

Detransition From a Medical Transition

Detransition can involve a number of steps. Some people begin detransition by stopping cross-sex hormone use. If the gonads have been removed, the hormones of the natal sex will have to be prescribed by a physician because the body will not produce them. If the gonads have not been removed, it is possible that the body can resume production of the natal hormones, but the endocrine function should be monitored by a physician to ensure that sufficient hormones are present for good health. Some effects of cross-sex hormone use are not reversable, depending on the length of time the hormones have been in use.

If surgery has been performed, it is not possible to restore one's original body. If the gonads have been removed, functioning gonads of the natal sex cannot be re-created. Any silicone implants such as breasts in trans women or testicles in trans men can be removed by a surgeon. A surgeon would be able to implant breasts for a trans man who was returning to living as a woman or to implant testicular prostheses for a trans woman who was returning to living as a man. A man who had had his penis removed and female external genitalia created could have a penis created through phalloplasty surgery (a complex medical process). A woman who had had phalloplasty in an initial transition could have the phallus removed, and depending on the original phalloplasty technique, some or most of the original female external genitalia may remain or may have to be reconstructed, although the clitoris may be lost. A woman who had had a metoidioplasty would likely retain a larger clitoris, although reduction surgeries may be attempted, which may damage sensation. It is necessary to have a surgeon assess an individual's situation to determine what modifications are possible or feasible to attempt and what are the likely outcomes.

Detransition From a Social Transition

Individuals who have undertaken a medical transition and choose to detransition will have to undergo a social transition as well. Individuals who have undertaken a social transition only (one without medical intervention) and who choose to detransition will have to effectively repeat the process by declaring their new name and pronoun, if necessary; changing all legal and other relevant documents (such as bank accounts, credit cards, commercial accounts, etc.); and informing all family, friends, employer, coworkers, and so on to advise them of any changes that might affect them.

It is possible for some individuals to undertake these processes without discussing them with anyone, depending on their circumstances.

Why Detransition Happens

Detransition occurs when a person comes to regret the previous transition. Feelings of regret can be motivated by many factors in an individual's life. A detransition may be the result of regret, pain, frustration, or other personal reasons that compel the individual to act. It may stem from the person's desire to alleviate something physically or emotionally painful, or it may arise from a choice to live in a way that they feel is better for them. According to empirical research, regrets are most likely to occur when an individual experiences a lack of social support following their transition or poor surgical outcomes.

It is important to note that not everyone who experiences some level of regret about a transition will actually detransition in response to such feelings. Rates of regret and rates of detransition, and even the occurrence of retransition, are not correlated and very much depend on individual circumstances.

The incidence of detransition is thought to be very low. According to the available research published in English, the regret rate following transition ranges from 0.3% to 3.8%. As a comparison, the regret rate documented in English-language research studies for patients who undergo total knee replacement (a much more common procedure than gender-affirming surgical treatment) stands at 20%, while an estimated 33% still experience knee pain following this surgery.

Detransition as Personal Evolution

It is possible for a person to detransition after their life circumstances change in ways that make them feel better able to accept their sex assigned at birth and its associated social role. In some cases, people who reach this kind of conclusion about themselves feel that their therapist did not do enough to help them find alternative approaches for managing their gender dysphoria or that their surgeons either did not do enough to help them understand what the consequences of the procedures would be or did not deliver the surgical results the patient expected.

Detransition for Medical Reasons

Some people may detransition due to a medical condition or a surgical failure. Some people's bodies have negative reactions to hormonal treatment, and some may feel that without hormones to support their gender expression, they cannot function successfully in their affirmed gender, so they may choose to detransition. Medical reasons for curtailing the use of estrogens in trans women may include estrogen-sensitive cancer, thromboembolic disease, or uncontrolled significant mental health issues. Medical reasons for curtailing the use of testosterone in trans men may include development of polycythemia (excessive red blood cells), extreme mood swings, extremely high blood pressure, and other cardiovascular risks. It is recommended that individuals considering using or discontinuing hormones consult a physician before starting or stopping hormone administration.

Detransition for Other Sociopsychological or Political Reasons

Some individuals are influenced by religion or political doctrine to renounce a prior transition. Younger transitioners who have not yet "found themselves" and who may be more susceptible to external influences are thought to be particularly subject to pressure to detransition for social acceptance, but people of any age may experience this. Discovering an affinity for the transgender exclusionary radical feminist (TERF) branch of radical feminism or experiencing a strong religious conversion, family pressures, or even a new love affair with someone who encourages detransition can influence a person to reconsider their previous thoughts, beliefs, or actions. A detransition also can be partial or temporary.

The purpose of counseling as recommended by the WPATH Standards of Care prior to transition is to help the individual be certain that their motivations for undergoing a medical transition are clear and rational and that they have the information needed to make fully informed decisions about their care, including the potential for detransition and the consequences for their body as well as their social context.

Detransition Challenges

Those who detransition may face challenging responses from several different camps: those who supported the initial transition and those who did not. Those who had originally supported the transition may feel uncomfortable with the decision to detransition and be unable to support that new decision. Those who did not support the initial transition may feel "vindicated" in their original lack of support and express an "I told you so" attitude in a way that communicates lack of support for the individual themselves, not just their actions.

Social Support Network Response

Many detransitioners note that their trans communities are not supportive of their decisions to detransition. Trans people often feel that detransitioners invalidate them and that detransitioners are contributing—wittingly or unwittingly—to efforts to remove trans people's access to social, legal, and medical transition. As a result, trans people and their allies may treat a detransitioner as a threat to their own social acceptance.

Conversely, groups like the Detransition Advocacy Network in the United Kingdom, evangelical Christian anti-LGBT campaigners in the United States, and TERFs everywhere claim that many clinicians who assist people who are questioning gender are forcing everyone down the same trans path (i.e., toward medical transition) without proper diagnoses or offering sufficient exploration to assist people in finding alternative ways to deal with gender issues.

Both of these positions create friction, harm, and antagonism.

The Politics of Detransition

The existence of detransition has been regarded as an undesirable outcome of a transition, and some anti-trans advocates regard even the possibility of detransition as a reason to prohibit a transition in the first place. In this regard, detransition functions much like the concept of desistance, which gives impetus to positions opposing access to transition for anyone. One rationale is expressed thusly: If there is a chance one would change their mind, then the transition is wrong in the first place, and therefore transition itself should be forbidden. This argument completely discounts the medical necessity of treatment for gender dysphoria as well as individual autonomy, and it indicates little to no empathy for the individual struggling with gender who should be allowed to make their own informed decisions at any time in their life, including decisions that involve weighing new information and coming to a different conclusion than one had reached previously.

Health Care Coverage

In the United States, many health insurance policies, if they covered transition-related health care expenses at all, have contained exclusions for detransition or reversals of transition-related medical procedures. This reflects a belief that if a trans person is to be taken seriously, then they should only assert the truth about themselves once, and if they were wrong, then they should have to live with their mistake. This rationale also discounts the medical necessity of treatment for gender dysphoria and supports an unrealistic approach to the circumstances facing trans and gender-diverse people.

Jamison Green

See also Anti-Trans Theories; Desistance; Hormones, Adults; Hormones, Youth; Medicine; Religion/Spirituality, Support of/Opposition to Trans Rights; Reparative Therapy; TERFs; WPATH

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Diagnostic and Statistical Manual

See DSM.

Dillon, Michael

Dr. Laurence Michael Dillon (1915–1962) was an ordained Tibetan Buddhist monk (*getsul*), a

surgeon in the British Merchant Navy, and the first man assigned female at birth to transition with hormones, top surgery, and a phalloplasty. Dillon, who was also known by his Theravadan and Tibetan names, Sramanera/Lobzang Jivaka, wrote the first text that advocated for clinicians to allow trans people to medically transition, *Self: A Study in Ethics and Endocrinology* (1946). Dillon's life and work are significant to the field of trans studies not only for his historically significant medical and social transition and his writings on the subject but also for his standing as a transnational religious figure. Dillon published prolifically on Buddhist topics, and his memoir *Out of the Ordinary: A Life of Gender and Spiritual Transitions* (2016) was heavily influenced by Buddhist concepts. This entry traces Dillon's life and work, conveying the significance of his complex positionality to the emergence of a medical and legal trans subjectivity, legacies of British imperialism, and the role of religion in trans identity.

Early Life and Transition

Born in Ladbroke Grove in London, England, in 1915, Michael Dillon was assigned female at birth and, along with his older brother Robert (Bobby), was raised by his maiden aunts. The Dillon family held a patrilineal aristocratic title, the baronetcy of Lismullen, and after his father Robert Dillon passed away when Michael was 10, Bobby became the new heir. During his formative years, Dillon also struck up a lifelong friendship with the town vicar, who encouraged him to pursue theology at Oxford, which he did initially but later switched to classics.

Dillon's college years were marked by increasing uneasiness with his gender and sexuality. Rowing on the women's team at St. Anne's College, Dillon managed to change the dress policy to allow for the crew to wear pants, but he refused to respond to friends who thought he was "probably homosexual." Following his time at Oxford, Dillon went to work as an auto mechanic in the town of Bristol and, in 1939, began taking testosterone tablets, which he obtained from a local psychiatrist to alleviate his gender discomfort.

Self, Surgery, and Surgeon

Dillon registered as male after undergoing top surgery from a sympathetic plastic surgeon in 1942. During this time, he also began studying at Trinity College, Dublin, to become a surgeon himself and wrote *Self: A Study in Ethics and Endocrinology*, the first text to advocate for the medical community to allow for people to transition. *Self* reflects themes that would return in Dillon's later writing: urging society to accept trans people, while not disclosing autobiographical details of his own transition and gender history. The 1946 text also argued for the innate naturalness of transsexuality and homosexuality, making it one of the first works to do so. While he was a medical student, Dillon completed his own medical transition, obtaining a phalloplasty from Harold Gillies in London, which made him the first man assigned female at birth to undergo the procedure. Gillies had developed the "suitcase handle" pedicle flap technique that he used on Dillon for male veterans with disfigured genitals from World War I and II injuries.

Dillon had an unrequited romance with race-car driver and World War II fighter pilot Roberta Cowell, who had read *Self* and was eager to meet its author. Dillon connected Cowell to Gillies and aided in her transition from male to female. Cowell does not appear in Dillon's memoir *Out of the Ordinary,* which may be due to her refusal to accept his marriage proposal in 1951. After graduating from medical school that same year, Dillon became a surgeon in the British Merchant Navy and began extensively studying esoteric theosophy.

Buddhist Ordination and *Out of the Ordinary*

The last decade of Dillon's life reflects both his increased discontentment with the values of European capitalism and materialism and his turn to Buddhism from esoteric philosophy. These changes are reflected in his prolific writings, including his self-published *Poems of Truth* (1957), which explores the theosophical themes of self, karma, and not-self. Dillon was heavily influenced by the works of George Ivanovich Gurdjieff, Pyotr Ouspensky, and especially Cyril Hoskin, who became a father-like spiritual figure for Dillon.

Dillon's gender history was discovered in 1958, because his name was still listed as his birth name in a peerage guide. The news was seen as

scandalous, and reporters from several sensationalist newspapers and magazines descended on the ship where Dillon was the surgeon. Heeding the advice of Hoskin, Dillon sought to avoid the publicity by leaving the Merchant Navy in Bombay and entering a Buddhist monastery to study meditation. But fearing that his gender history would become public in India, Dillon decided to come out to Urgyen Sangharakshita, the head of the monastery, who attempted to use the information to block Dillon's ordination into Tibetan Buddhist monkhood. Renouncing his possessions and wealth, Dillon became a postulate monk and depended on the generosity of the rural Indian communities where he lived for food and shelter.

To provide for his livelihood, Dillon wrote pieces in British Buddhist journals and four books: a social commentary on the Buddhist scriptures, *A Critical Study of the Vinaya* (1960); the children's primer *Growing Up Into Buddhism* (1960); the loosely autobiographical *Imji Getsul: An English Buddhist in a Tibetan Monastery* (1962); and a hagiography, *The Life of Milarepa: Tibet's Great Yogi* (1962). The final book Dillon would complete, his memoir *Out of the Ordinary,* was not published until 54 years after his sudden death in Dalhousie, India, of unknown causes in 1962.

Jacob Lau

See also Autobiographies; Gender-Affirming Surgeries: Men, Bottom; Gender-Affirming Surgeries: Men, Top; History; Religion/Spirituality of Trans People; Trans Men

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Discrimination

Discrimination is defined as the unjust mistreatment of a person or group of persons on the basis of perceived differences such as race, gender, sex, class, ability, and/or sexual orientation. This entry addresses the social, political, and legal domains of discrimination that trans people face in the United States. It also addresses the ways in which social, political, and legal discrimination are entangled. Further complicating the matter is the fact that trans people belong to many other relational classifications such as race. Racism and transphobia can often overlap. As a consequence, trans Black women and trans youth of color are disproportionately affected by discrimination. Thus, discrimination against trans people takes many forms, from the highest levels of representative government to everyday encounters in the public sphere.

Alienation and Social Belonging

Discrimination against trans people is based on a number of persistent social biases. These biases are based on assumptions about the linkages between biological and cultural norms governing sex, gender, and gender identity. These are in part due to the prominent role that the medical sciences have played in establishing the notion that sex and gender are complementary binaries, and male and female correspond to man and woman. This two-sex model is often used as "evidence" for institutional and individual convictions that biology is the body's destiny. In other words, the medical "norm" has long held that the sex assigned at birth should govern the gender and gender identity of any given individual into adulthood. Many activists call this set of beliefs cisnormativity (from *cisgender,* or non-trans). Transphobia is an outgrowth of cisnormative values that organize beliefs about the body. This often questioned and problematized view, in turn, has contributed to the persistence and pervasiveness of transphobia, which in turn has severe and negative effects on trans people themselves.

Transphobia, which can take the form of alienation and ostracism, contribute to shame on the part of trans people, which can have traumatic consequences. For example, bullied trans youth are

at elevated risk for suicide as compared with their cis peers. Trans of color communities feel the effects of this ostracism even more. Racism has had a profound impact on American history and continues to do so. Trans women of color are subject to disproportionately higher rates of sexual abuse, relational violence, and homicide. Many reports have indicated that nearly 30 Black trans women have been killed every year since 2016. Consider the following narrative as an example of how social discrimination alters perceptions of self-worth:

> A gender nonnormative teen lives in Albuquerque, NM. Attending high school and identifying as a boy, ze identifies with girls. Ze's best friend is a lesbian activist on campus. Ze's gender *as* a boy had rarely been raised in terms of identity talk. Ze wasn't aware of the activism around trans issues. Ze wears blouses, makeup, nail polish, glitter, and has a hairdo others insist is for girls. These practices lent themselves to a sense of reliable self-knowledge and a material aesthetic that enhanced well-being. But they also attracted violent retaliation. Ze was bullied in and out of class. In one dramatic scene ze had a free weight thrown at them during lunch in the quad—the weight missed by a few inches. Then there are the words like "faggot" and "he-she" that injured—but more as a result of signaling the threat of violence than the sting of the words themselves. Teachers rarely intervened and, at one point, even told the teen to leave the classroom because ze was dressed in a long gown. The gown was disruptive. Through all this the teen did not complain to their family. With few outlets ze decided to repress these desires about expression and used cutting, burning, and other forms of self-harm to establish a sense of durability.

The effects of this kind of stress in social life can threaten to disrupt a trans person's connection to the world. Discrimination in social (or everyday) life causes persistent distress. Support and acceptance are necessary antidotes to these effects. Local advocacy groups, school organizations, and proactive allies can help mitigate the harmful consequences of persistent social ostracism. Many trans people, for example, find solace and emotional support through online forums and groups. These near-instantaneous connections have dramatically altered how trans survivors of discriminatory trauma communicate and manage their feelings.

Representation in Politics

Political discrimination is defined in two ways. The first is structural: a long-term lack of material and adequate representation within local, state, and federal government. Lack of adequate representation can have sweeping effects for a group or population. For example, in 2016, North Carolina enacted a "bathroom bill" (HB2) that required trans people to use the restrooms and locker rooms in government buildings and schools on the basis of the gender marker on their birth certificates, rather than their gender identity. Nationwide pressure, including boycotts of the state by conventions, performers, and sporting events, led to this provision of the law being repealed in 2017. Adequate political representation can positively alter the public perception of transness, trans communities, and individual trans life. Justice and democratic freedoms, such as voting and representation, are among the founding principles of American political life.

The second form of political discrimination is the erasure of pivotal trans actors in the histories of political protest in lesbian, gay, and bisexual liberation struggles. Archival scholarship has shown that the 1966 Compton's Cafeteria Riot in San Francisco was one of the first documented instances where the political energies and frustrations of trans people led to protest. Stories of Compton's remain relatively silent compared with the importance given to the Stonewall Riots of 1969 in New York. Stonewall has long been considered the birthplace of the queer rights movement. Trans groups, however, have pointed out how mainstream narratives that celebrate Stonewall routinely leave out trans rioters from their stories. Puerto Rican and Venezuelan trans activist Sylvia Rivera and Black trans activist Marsha P. Johnson were both integral in uniting and sustaining the pushback against the police leading up to and after the riots. Their stories are only belatedly being recognized. Choices about

which narratives in political struggles are retold and which are not can have profound effects on the perceived inclusivity of any social justice movement. Lesbian, gay, and bisexual (LGB) interest groups and other advocacy firms (organized in the 1970s) took decades to finally include trans and queer issues by name (LGBTQ). Including the voices of trans activists in the narrative origins of LGBTQ protest continues to reaffirm the inclusivity that defines the missions of these organizations for social justice.

Equality Before the Law

Legal recognition of rights contributes to civic belonging, protection, and well-being. By extension, legal discrimination may manifest as an *absence* of explicit statutory or constitutional protections (civil rights) and thus a total failure to protect trans people's legal claims in civil and criminal trials. Or, it may manifest as the *presence* of explicit statutory impediments to civic personhood. These forms of discrimination obscure or totally eliminate trans people's eligibility as rights bearers. North Carolina's HB2, for example, effectively eliminated the right of trans women to use the women's bathroom. The qualifying condition was whether trans women could verify that they had "transitioned"by having gender-affirming bottom surgery (vaginoplasty) in order to change the gender marker on their birth certificates. Despite its brief existence, the law had a number of effects. It consolidated notions that had historically and loosely circulated around trans people as perverts, deviant, and/or psychologically ill people. The law was passed in large part because of the rhetorical strategies that played on the perceived vulnerability of women and children. The bitter irony of the debate is that trans women (as women) and trans youth were constituent parts of those groups lawmakers referenced. Debates relied on little to no empirical evidence indicating the prevalence of sexual assaults in public restrooms. Anecdotal data and references to "common sense" were part of the House debate. A lack of political representation and transphobic norms made the already vulnerable group of trans women more socially precarious. North Carolina was not alone in that movement: Fifteen other states began considering similar legislation after HB2's media coverage.

Economic Inequalities

Economic discrimination directly impedes a trans person's ability to find work and limits trans people's general class mobility in a free-market system. Many employers continue to be unwilling to hire someone they perceive as trans. Trans workers often continue to feel discrimination at the hands of their coworkers and the customers they serve. Employment practices affecting trans people may or may not be regulated by legal protections. Over the course of time, these norms of economic behavior affect certain distributions of life chances. When solidified to the point of affecting entire generations, these norms become structural, or built into a given system. Left unchecked, such discrimination has populational effects. Scholars have found that upward of 97% of trans people surveyed have experienced workplace bias as a result of their non-normative identities. Furthermore, over half of the respondents in some large national surveys disclosed that they were denied promotion or being hired outright. There are many examples of individuals being terminated upon informing superiors that they were about to medically transition. The termination often ends with long-term under- or unemployment. In turn, trans people often find themselves in the paradoxical condition of being unable to afford gender-affirming surgeries so as to appear (by standards explained previously as denoting passing) more hirable.

In the United States, legal protections for trans workers have historically varied from state to state. Title VII of the federal Civil Rights Act of 1964 prohibited sex discrimination. This provision has been construed by a number of appellate courts in recent years to include trans people, but most trans workers remained unprotected. This situation changed in 2020, when the Supreme Court ruled that Title VII applied to trans (as well as cis LGBQ) employees, thereby offering nationwide workplace protection to trans people.

Most popular discussions of employment continue to discount sex work, and court cases do not include sex work as a "valid" form of employment. Yet sex work may offer many economically precarious trans people—more often than not women—a

means of economic security—although trans women face higher risks because both in and outside of the economy of sex work, they are fetishized. Because sex work is criminalized in most parts of the nation, it remains a para-economy whose participants face higher levels of physical threat from their paying customers. Statistics on assault and abuse may go unreported for fear of arrest or reprisal from the mostly male clientele. Given the continued precarity of sex workers, the risks against one's life are continuously high.

Conclusion

Discrimination is not a permanent feature of human life. Official institutions such as legislatures are charged with the responsibility of representing their constituents. Under the banner of constitutional equality, advocacy groups continue to litigate on behalf of trans communities to ensure adequate representation and equal treatment under the law. Public discussion and dialogue have been on the rise to ensure a greater number of everyday people learn about trans communities. Trans advocates and activists continue their efforts to broaden protections for (and thereby tell the stories of) trans people who are currently facing the layered forms of discrimination in everyday American life.

B. Lee Aultman

See also Activism; Cisgenderism; Heteronormativity; Intersectionality in Research; Nonbinary Genders

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Divorce, Psychological Issues

Divorce (or relationship dissolution) represents a discontinuous, unexpected, and often dramatic change for couples and the individuals involved. It can bring with it a number of different, and potentially conflicting, emotions, such as anger, guilt, sadness, and relief. Such feelings can be exacerbated for trans individuals, who may be simultaneously facing personal challenges related to their gender identity or who may face stigma and discrimination from partners, legal systems, and mental health providers who would otherwise serve as a support for couples experiencing relationship distress or dissolution. Trans individuals may experience relationship dissolution at many points in their relationships. Their dissolution may also occur at various points during their own coming-out and transition process. Thus, experiences of divorce or relationship dissolution may vary widely for transgender individuals. This entry provides an overview of some of the psychological issues trans individuals may experience as a result of divorce or relationship dissolution. It also addresses some of the structural or external factors, such as legal concerns and access to mental health services, that can affect trans people's mental health during and following the end of a marriage or other significant partnership.

Common Psychological Issues Related to Divorce

Trans individuals, like all people, enter into romantic relationships in variety of ways and at various points in their lives. They may be in marriages or long-term partnerships, with someone of the same or another gender—or in one of a number of types of relationship configurations. Regarding relationship dissolution, some trans individuals divorce prior to coming out to their spouse, some divorce during the process of their transition, and some divorce after completing whatever transition process they choose to undergo. The cause of the

divorce may or may not be related to their gender identity or expression. Regardless of the reasons for divorce, trans individuals are likely to experience many of the same psychological affects as cis people who experience divorce.

A common effect of divorce is a change in overall life satisfaction, which research suggests is especially strong for women and also especially dramatic if the quality of the marriage was high (and, in turn, the revelation of the trans partner's gender identity led the cis partner to ask for a divorce). Alternatively, if the quality of the marriage was poor before the divorce (e.g., the cis spouse was rejecting of the trans partner based on gender identity or expression), there may be improved life satisfaction following divorce.

Like cis people, trans individuals may experience a loss of familial connections and social supports when their marriages end. Mutual friends may choose one partner over the other or may step back from the friendship in order to minimize their discomfort. In-laws are apt to cease (or at least greatly reduce) connection with the trans individual. Trans people's relationships with children can also become strained during and following a divorce or relationship dissolution. Adult children may create distance with their trans parent, either physically through lessened contact or emotionally by decreasing engagement during contact. Minor children may be kept from seeing their trans parent or discouraged from having a relationship with them by their other parent or family members. This rejection (actual or perceived) from their children may have a particularly negative impact on parents' mental health. Although not a great deal is known about the impact of a child's rejection, family rejection in general is associated with poorer mental health, and the rejection by a child can create boundary ambiguity (or confusion about the parent's role in the family system), which is likely to lead to poorer family functioning. This, in turn, can increase stress and decrease mental health.

This loss of social support from friends and family can cause isolation and may lead to depression. Loss of social support and relationships can be especially difficult for trans individuals who are unsure of some aspect of their gender identity or expression or who harbor internalized transphobia. They may feel that they do not have the right to be themselves or that nothing in their lives makes sense. Feeling that it is not okay to be themselves and that their lives are out of control can lead to worsening relationships with family and friends and further increase isolation. Moreover, holding negative views of trans people or what it means to be trans can lead trans individuals to view coming out to their spouse or families as selfish or lead them to take on all the blame for the marriage or relationship ending. Support groups and connection to others in the transgender community can help mitigate these effects but are unlikely to completely eliminate them.

Psychological Issues Unique to Trans Individuals in Divorce

As noted earlier, some trans individuals may experience divorce during their transition process, which may or may not be related to their transition. Regardless of the causes of divorce or relationship dissolution, it can have a deep psychological impact on the trans individual.

If divorce occurs as a result of one's transition (i.e., one's partner does not want to stay married during or beyond transition), this can lead to self-doubt, internalized transphobia, and decreased self-esteem on the part of the trans person. The trans individual may tell themselves that they were not good enough or that they are bad or selfish for transitioning or wanting to transition. These feelings of self-doubt and hurt can also lead some trans people to stop transitioning or try to detransition and live according to their "old gender" in order to try to maintain their relationship. This can increase feelings of shame and grief and lead to isolation from the transgender community and others who could serve as social supports during this time. As a result, the trans person may experience worsening mental health and diminished self-esteem.

Even if the relationship dissolves, the trans individual may still feel pressure to conform to their sex assigned at birth due to the value society places on being cis and the negative bias toward trans individuals. Because of these societal pressures, trans people may believe that in order to be wanted by someone else in the future, they need to present in gender-conforming ways. This can result in a variety of negative psychological effects, including increases in anxiety and depression, as well as low

self-esteem. It may also increase the risk of suicidality, as the trans person may feel that they are worthless, are bad, or will never be able to have a "normal" relationship or life.

Legal and Custody Issues in Divorce

Being involved in family court, whether for divorce or custody issues, can be a stressful and upsetting experience regardless of gender identity. However, trans people involved in the court system face some additional challenges. Perhaps most important is that judges—like members of society at large—are apt to be uninformed about trans people and hold negative biases and misunderstandings about them.

This negative bias can lead to custody issues and loss of contact with children, which can create additional psychological stress for the trans parent, above and beyond that of the divorce itself. Negative interactions with the court system may be particularly common for trans women, who are more likely to be subjected to minority stress and who may be viewed as "deviant men" by uninformed and biased judges. Because courts already tend to favor mothers in custody situations, trans women involved in custody cases may be particularly harmed by negative bias. If these women do lose access to their children (or have it severely limited), the reason given (whether directly or indirectly) is likely to be their gender identity. This can escalate feelings of shame and guilt regarding their identity and transition, as well as increase the likelihood of internalizing the negative messages they are receiving. All of this can increase the likelihood of developing or worsening depression. This stress may also be a trigger for suicidal ideation or suicide attempts.

It is important to note that there are some unique legal challenges for people who are nonbinary. Although nonbinary people have always existed, the legal system has been slow to catch up to this fact. As a result, the law is not written with them in mind, and lawyers may not know how to argue for their nonbinary clients' rights effectively, particularly if the client does not adhere to traditional parental labels, such as "mom" or "dad." Moreover, in a society and legal system that often seeks to categorize people into a binary, nonbinary people may experience more prejudice and be viewed by judges as less stable. This can make it less likely for them to be awarded custody of their children.

Access and Barriers to Mental Health Services

Despite the clear need for mental health services to help trans individuals navigate relationships and maintain their mental health throughout their transitions, many trans individuals have difficulty accessing competent care. They may have trouble finding a therapist who is versed in transgender issues, and they may even experience discrimination or bias from mental health professionals. Discrimination can take the form of counselors referring them out because the counselor is not comfortable or does not feel competent to work with transgender clients. Trans individuals may also experience biases from their therapist during sessions. This can happen in many ways, including microaggressions, such as misgendering or assumptions that transition must include hormones and/or surgery. Encountering bias, stigma, or lack of competency can lead trans individuals to withdraw from mental health services. This means that they will not be receiving appropriate services to assist them with the psychological issues related to divorce, leaving them at greater risk for mental health issues and suicidality. This may be even worse for individuals who live in areas where services are generally less available and attitudes towards trans individuals are generally more negative.

Trans clients who are seeking couples counseling during transition may encounter even more barriers. In particular, they may find that their therapist encourages (either actively or passively) them to dissolve their relationship. Many therapists are not appropriately educated to help a couple navigate gender transition together and can end up creating more damage to their relationship. For example, therapists may assume that the transition is the key problem in the relationship. They may incorrectly assume the sexuality of the couple based on heteronormative bias and suggest that one or both of the partners may no longer want to stay together due to perceived mismatch in sexual orientation. Couples seeking therapy should look for trans-affirmative couples therapists who are well versed in both couples therapy as well as transgender issues. A number of listservs and websites

maintain lists by region or state of gender-affirming therapists (e.g., www.thetransitionalmale.com, www.susans.org, www.wpath.org). There are also online forums and community groups that can help connect transgender individuals to supports and the larger community in order to help provide needed help for all trans individuals, including those who are experiencing relationship distress or relationship dissolution.

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See also Marriage, Divorce, and Parenting, Legal Issues; Mental Health; Microaggressions; Parents of Trans Children and Youth, Custodial Issues

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DIY

Do-it-yourself, often abbreviated as *DIY,* is a vernacular term used by many trans people to refer to practices of transition outside of the context of institutional and professional medicine. In the 21st century, in which the Internet hosts substantial forums and communities under this umbrella, the most commonly imagined trans DIY practice is the self-administration of hormone replacement therapy (HRT) with medications obtained without a doctor's prescription. This kind of trans DIY is subject to varying degrees of legality, depending on the location. However, the concept of DIY can be extended to encompass a wide repertoire of knowledge and practice by which trans people, either individually or in community and collectives, create access to, distribute, and make use of methods to affirm gender, whether or not these involve medical technologies. While the expert status of medicine typically casts DIY as dangerous or a tragic mistake born of a precarious life, it could be objected that the vast majority of trans people around the world today do not have access to safe, competent, and affordable health care. Although the history of trans medicalization might appear to imply that DIY transition is a series of amateur attempts to re-create clinical practices and scientific bodies of knowledge, a historical account of trans people's experimental and systematic practices to affirm gender and transform their bodies would question the priority of medical over DIY expertise. Rather than a derivative form, DIY is likely the most widespread form of transition in the world.

The Rise of DIY

The broader concept and the specific phrase "DIY" are both 20th-century U.S. inventions. Referring to the realms of "popular science" or at-home mechanics, as well as furniture assembly and home décor, DIY came into widespread usage in the context of post–World War II consumer culture. White, middle-class, suburban ideals of conspicuous consumption and enterprising individualism in a technoscientific era of manufacturing, technology, and domestic luxury popularized do-it-yourself kits, magazines, clubs, and societies for all sorts of projects that might be completed in one's garage, home, or backyard. By the 1950s, the term also began to take on a second meaning as the amateur practice of a craft, science, or other professional technique by a nonspecialist, or layperson.

The 1950s, not coincidentally, was also the decade that witnessed the emergence of the scientific and medical field of transsexuality, a new medical model that reclassified trans life by subjecting it to diagnosis and that produced the contemporary meaning of the word *transition:* the social, hormonal, surgical, and legal practices that trans people make use of in order to affirm their gender identities. While there were many vernacular traditions of what might be called transition prior to this decade, the social and medical senses of transition "from one sex to another" began to carry their contemporary meaning in a much more widespread way through the new field of transsexuality.

The coincidence of the popularization of DIY science and home projects with the worldwide celebrity of the U.S. trans woman Christine Jorgensen, whose story of traveling to Denmark for gender-affirming surgery broke in 1952, is illustrative of the twinned Cold War American projects of scientism and individualism. The country's new geopolitical, economic, and cultural hegemony, as well as its ideological contrast from the Soviet Union and other communist states, relied upon a vision of a new scientific malleability to the American body in the atomic age, one for which the idea of transsexuality was well suited.

While a few rare trans people like Jorgensen became visible through the narrow parameters of a medical model that celebrated the spectacular scientific possibility of "changing sex," many trans people who did not match her life as told in media coverage pursued DIY forms of transition out of a variety of motivations. For many, if not most, of these trans people, the primary motivation was a complete lack of access to institutional medicine, or the real fear of being given a risky psychiatric diagnosis, being institutionalized, and being subject to dangerous corrective therapies. Until well into the 1970s in the United States, for instance, it was practically impossible to obtain hormones or surgeries at legitimate medical clinics outside of a few places in major cities like San Francisco, New York City, and Chicago. The emergent university-based gender clinic model that began at the Johns Hopkins Hospital and Stanford University in the late 1960s imposed severe barriers on access, emphasizing the need for gender-normative comportment, heterosexuality, and the goal of erasing one's trans visibility by "passing." Many trans people who were able to find their way into these few existing clinics were rejected on those bases. Still more found that any other doctors willing to prescribe hormones often did so with little regard for medical ethics and patient safety and had no motivation other than profit. The exorbitant cost of transitioning through the route of institutional medicine made it an even more remote possibility for most trans women and men, despite its growing visibility in the postwar era.

DIY Hormones and Surgery

In this broader context, DIY formed a trans field of systematized lay knowledge and practice, as well as a repertoire of transition that transpired largely outside of the scrutiny of the state, the law, and medical expertise, although it has been subject to policing and attempted regulation. Modern trans DIY combined the two original meanings of the term from the 1950s. In the technological sense that was originally meant for popular mechanics and home furniture or construction projects, trans DIY took the sexed and gendered body as itself a kind of technology to be worked on or worked with. As such, DIY comprised any number of technologies for transitioning in daily life, including ways to dress, alter appearance, do makeup, bind the chest, modulate the voice, walk down the street unharassed, and participate in public and private social life. In the second sense of DIY as a layperson's participation in specialized practices, trans DIY also constituted a series of methods by which trans people acquired and practiced specifically medical techniques of transition, often illegally. Substantial underground markets for hormones formed in the late 1960s and early 1970s in the United States. In California, for instance, an underground network led primarily by poor trans women of color ensured a steady flow of estrogen purchased from Tijuana pharmacies in Mexico and smuggled by bus and car to major cities from San Diego to San Francisco, where the same women would resell and administer them. In the 1970s, a number of trans liberation groups attempted to set up DIY clinics that would serve as free alternatives to university gender clinics and might provide a holistic array of transition-related

care, including psychotherapy, support groups, and employment and welfare assistance. Some of these ventures even tried to hire their own surgeons. Rumors of DIY surgeries done under risky circumstances circulated through many trans communities in this era, although it is difficult to ascertain how common such practices actually were.

Connections to Trans Movements

DIY also played a role in some activist groups that emerged in the 1970s under the broader banner of trans liberation. This strand of trans politics largely affirmed the value of DIY, which stood in contrast to the ways that other, more reformist efforts to work *with* institutional science, medicine, the police, and the law generally held the goal of making DIY obsolete one day. While the reformist camp has received the most attention, trans liberationist demands for free health care and surgery on demand, along with local histories of DIY transition, can be seen as countermovements to depathologize and decriminalize transness and sex work, which many activists around the world pursued in the 1970s. As the 1980s witnessed the global emergence of the HIV/AIDS pandemic, many trans people participated in activism and DIY medical care work. Trans DIY knowledge contributed longstanding experience to AIDS activist critiques of state neglect and pharmaceutical profits from widespread death. Yet DIY was also the primary mode of innovative harm reduction models for safe sex and drug use, as well as underground or black market efforts to redistribute life-saving health care. Trans people were and remain disproportionately affected by HIV/AIDS because of transphobia, racism, poverty, and planned neglect.

In the 1990s, as the term *transgender* came into more widespread usage as an umbrella term for political recognition and organizing, the landscape of access to one hormone shifted significantly. The United States reclassified testosterone as a controlled substance in 1990, ostensibly because of concerns about organized sports and doping. Other countries and international bodies followed suit, significantly constricting the availability of this vital hormone for transmasculine people. In many cases, this resulted in criminalizing access to testosterone while simultaneously expanding the necessity of its DIY economy.

DIY in the 21st Century

In the 21st century, DIY remains central in most trans people's lives, although problems of access and legality operate quite differently in an age of global flows of capital and digital flows of information. The ongoing lack of insurance coverage for trans health care for those lucky enough to have health insurance in countries with private health care regimes, like the United States, continues to be an insurmountable barrier for many. In countries with public health care systems that are ostensibly trans inclusive, like the United Kingdom, severe wait times and outdated regimes of scrutiny and gatekeeping mean that services are similarly inaccessible. At the same time, many countries with state health care systems impose draconian caveats on medical care and legal recognition of transition, such as sterilization requirements in many parts of Europe. Despite the longstanding existence of worldwide standards of medical care and best practices, as well as a global economy in trans health tourism, there remains no identifiable access to transition-related care from institutional medicine in many places around the world. Or, in countries like Thailand, where the trans medical tourism industry caters to wealthy foreigners, transition-related care may remain out of reach for the local population, who are often employed to do care work and affective labor for Western clients. Each of these prevailing situations suggests that DIY would constitute by default the major market and practice for transition.

This overview, of course, still centers the United States and Europe as reference points. A more complex account of DIY would problematize both the umbrella concept of "trans" and the medical connotations of "transition" as artifacts of Western epistemologies. It is important to look to a wide array of different social, cultural, spiritual, medical, and technical practices around the world by which people affirm and express their gendered selves, including without the Western concept of "gender" altogether. At the same time, the heterogeneity and diversity of such practices and experiences cannot be flattened or rendered interchangeable, even if they all conceptually have DIY in common.

Perhaps the most historically significant shift in trans DIY, however, has come through the Internet.

The first generation of forums, listservs, and other online platforms for communication in the early 1990s was rapidly populated by trans people looking for social connection but also sharing embodied repertoires of knowledge and practice. The emergence of social media and the global diffusion of the Internet and smartphone connectivity in the 21st century have constituted another paradigm shift. Not only is the Internet a source of many detailed, comprehensive, and responsive forums for trans people "doing DIY," as the vernacular goes, but also hormones and other transition-related products can be sold and shipped around the world through the Internet, with varying degrees of legality, at a scale that eclipses anything that came before it.

Although DIY transition is a field of trans knowledge and practice that exists in relation to institutional science and medicine, it has not been recognized in its own right as a source of expert knowledge. Considering its persistence since the 1950s and its new reach in the digital age, DIY transition could play a more referential role in the field of trans studies and in the growing public interest in trans people and trans issues. Perhaps most significantly, trans DIY could be recognized by the medical profession as a robust and meaningful way that trans people have endeavored to survive and affirm their gender, often with great success and despite innumerable obstacles. In many instances, medical science has directly relied upon DIY knowledge to build its own protocols for transition, without giving credit to the many trans people who have shared their expertise with researchers and clinicians. Rather than an amateur derivative or a dangerous and unregulated last resort, trans DIY is more plausibly the single largest, most comprehensive, and insightful body of knowledge about sex and gender to emerge since the 20th century. To recognize it as such would substantially alter the power imbalance between sanctioned and unsanctioned knowledge and practice that the history of DIY catalogs.

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See also Activism; Health Care Access, Legal Issues; Health Care, Discrimination; History; Online Communities; WPATH

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Drag Kings

Drag is a form of entertainment that is usually performed by dressing up and lip synching and dancing to music in a show or contest. Drag kings are people—regardless of sex or gender identity—who perform masculinities in the context of a drag show or contest. While women have performed as men in various settings throughout history, drag kinging did not become common in the United States until the 1990s. In the 2020s, drag kinging is performed by cis women, trans men, nonbinary trans people, and sometimes cis men and trans women. The easiest way to describe drag kinging to people without cultural references is that drag kings are the opposite of drag queens; however, this description leaves a lot to be desired, because there are critical differences between the histories of drag kinging and drag queening. This entry discusses the history of drag kinging in the United States, who drag kings are and what they do, the importance of drag as a form of entertainment and as a challenge to the gender binary, and the benefits of drag kinging for performers.

A Brief History of Drag Kinging in the United States

Drag kinging history differs in its origins from the history of drag queening. The term *drag* comes from 19th-century British theater slang. Originally,

this term was used to describe cis men who performed in traditionally women's clothing. By the end of the 20th century, the term was also used to describe cis women who performed in traditionally men's clothing. However, before drag kings used this label, their predecessors were referred to as male impersonators. Due to the lack of research on drag kings and their relative invisibility in mainstream culture, it is difficult to precisely trace the beginnings of the term *drag king* and when this form of entertainment officially split from its predecessor, *male impersonator.*

In her 2018 book, *Just One of the Boys: Female-to-Male Cross-Dressing on the American Variety Stage,* Gillian Rodger explains that the first recognized male impersonator—a woman known for wearing men's clothing for the sake of performance—was Annie Hindle, who began performing in variety shows in the United States in 1868 after emigrating from England. In 1870, the term *male impersonator* began to be used when a second male impersonator, Ella Wesner, created competition for Hindle's act. Hindle's performances consisted of her dressing in costumes that mimicked realistic men's clothing and singing in a low voice. Hindle often interrupted the songs with funny monologues and jokes and developed a believable male character on stage. Hindle's and Wesner's popularity and notoriety on the variety circuits among both men and women opened the door for women to perform on stage as men in the United States, which was unheard of at the time. Before male impersonators, variety shows and comedy were both considered the domains of men, and a woman performer was seen as threatening to masculine privilege.

Jack Halberstam indicates in his 1998 book *Female Masculinity* that while male impersonators were the forerunners of drag kings, there are clear distinctions between these two types of performance. Male impersonation is theatrical, and the performer's goal is to appear as a realistic man. In contrast, drag kings do not necessarily seek to make audiences believe that they are men; rather, they often exaggerate or mock traditionally male behavior and mannerisms in order to expose the performativity of masculinities. However, both male impersonators and drag kings have been largely defined by the incongruence between their assigned sex and the gender they performed on stage. For instance, drag kings were still being characterized solely as female-bodied people performing masculinities in academic research at least until the late 2000s.

A number of drag kings claim to have started the usage of the term and/or to have been the first king to perform in the United States. Aside from when the term first began to be used, most scholars agree that drag kinging did not gain much attention in mainstream culture in the United States until the 1990s, given the marginalization of lesbians and the conflation of masculinity with men, especially white males. From at least the 1990s until the 2010s, drag kinging was the domain of lesbians and largely relegated to lesbian subcultures. One of the most prominent early drag kings was Mo B. Dick, who has been referred to as a founding father of modern-day drag kinging. Mo B. Dick started Club Casanova, which was billed as the world's first weekly drag king party, in New York City in 1996. When the show was shut down 2 years later, Mo B. Dick took the Men of Club Casanova on the road for the first drag king tour in the United States and Canada. In 1999, the first large-scale conference on kinging, the International Drag King Extravaganza (IDKE), was held in Columbus, Ohio, and the event continued annually until 2012. The first decade of IDKE is chronicled in the documentary *A Drag King Extravaganza.*

Since the 2010s, kinging has moved beyond lesbian spaces, as the sexual and gender identities of the performers have changed. Drag kings today are no longer primarily cis, lesbian women, as more and more binary and nonbinary kings have begun performing across the country. Drag, both kinging and queening, has also witnessed a growing number of cis people performing drag as the gender that aligns with the sex they were assigned at birth—that is, a cis man performing masculinity as a drag king (sometimes referred to as bio kings or faux kings) or a cis woman performing femininity as a drag queen (sometimes referred to as bio queens, faux queens, diva queens, or hyper queens).

The greater diversity of performers' sexual and gender identities today has led to changes in terminology and presentation. For instance, some trans men refer to their performances as male impersonation, rather than drag kinging, to avoid the historical association of kinging with cis lesbians. Another new aspect is that many performers

layer different gendered features to confuse the audience and demonstrate the performative nature of gender.

Who Are Drag Kings and What Do They Do?

Since the 1990s, most drag king performances and shows have taken place in queer bars and at Pride events. Performing as a king usually involves presenting one's body and attire as masculine, often exaggeratedly so, and lip syncing to songs. To get ready for a drag show, kings often spend weeks or months picking songs, preparing costumes, and practicing their performances. The initial step for getting ready for many kings is taping down, or binding, their breasts, if they have them. Some kings wear binders (tight undergarment used to flatten the chest), while others use elastic bandage rolls or even duct tape to bind. After taping down their breasts, some kings then "pack" their underwear. For kings without a penis, this is usually done by inserting stuffed socks, a dildo, or a specific packing device into their underwear. Then comes facial hair and makeup. For kings who do not have facial hair already, facial hair is usually an important piece to pulling off the illusion of drag. Some kings use makeup to draw on a mustache and/or beard, while others glue on actual hair. Some kings also use makeup on other parts of their faces and bodies to give themselves a more masculine appearance, such as darkening and extending their eyebrows and shadowing their chests and abs to look more muscular.

Next comes the costume. Drag king costumes vary widely and can be a contentious subject among performers. Some kings spend a lot of money and time preparing specific outfits for each performance; others wear traditionally masculine clothing that they had on hand. More experienced kings often complain about casually dressed kings, but less experienced kings are often using drag as an avenue to explore their masculinities, rather than to impress audiences. Many kings are more interested in "everyday" masculinities that would translate to their offstage identities. Especially for trans men and nonbinary people assigned female at birth, drag kinging serves as a resource to play with and explore gender in order to find what type of gender expression best fits them.

Once the king is taped, packed, made up, and dressed, it is time to go on stage for the performance. Most drag kings choose songs that are viewed as masculine and predominantly performed by men. Kings usually select upbeat, fast-paced songs for their performances, and as drag is a form of entertainment, they try to pick songs and attire that will please their audiences. Kings report that the attendees of shows are primarily women, and "sexier" songs bring better tips from audience members. Some kings model their drag persona after another man, usually a famous performer. Others base their drag king image on a more masculine version of themselves or on the more exuberant parts of their personality. Outfits may be designed to mimic the artist who originally sang the song or in the style of the type of music they are performing. Some kings' personas are the same regardless of song choices, while others alter their drag personas for each song.

In addition to performing gender on stage, kings usually also perform sexuality. Some kings perform as gay men, while others perform as heterosexual men, but the sexual identity of the performer does not necessarily match how they act on stage. Like the rest of their persona, the sexuality of the king could stay static across performances or may change depending on the song or role they are performing. Individuals interested in doing or learning about drag are now able to turn to tutorials on social media outlets like YouTube and to watch performances online and in films like *The Making of a King: A Drag King Documentary* and *Kings, Queens, and In-Betweens*.

Drag Kinging and Intersectionality

Drag queens tend to be more visible and well known in the drag community and in society more broadly than drag kings because of how women and men and their associated gender characteristics are valued differently. Whereas femininity is typically seen as a performance and often lends itself to humor, masculinity is taken seriously and viewed as something that just is—something that is embodied, yet not performed. So, while drag queens can play with femininity and make fun of it by taking it to extremes, drag kings are doing what Halberstam (1998, p. 259) calls "performing nonperformativity." Recognizing this difference,

more established drag kings often critique kings who are not extravagant and flamboyant, because masculinity in its "everyday" form is considered boring and nonperformative.

Another social distinction between kinging and queening is that kinging began in some places as an overt challenge to the gender binary system. This was particularly the case in a number of U.S. college communities, where lesbian feminists began to do kinging as a form of activism. But whether or not drag kings are more political and more critical of gender norms than drag queens, both types of performance can make audiences question the innateness of gender and help to disconnect gender performativity from specific types of bodies.

Along with difference in gendered performance, race is also a key intersectional factor within drag kinging. In "Mackdaddy, Superfly, Rapper: Gender, Race, and Masculinity in the Drag King Scene," Judith (Jack) Halberstam (1997) explains that kinging has different histories and meanings for white people than for people of color. Because white and Black lesbian communities developed separately in the United States, so too did the ways in which female masculinities took shape within these communities. Specifically, Halberstam suggests that Black female masculinities, and Black drag kings in particular, can be linked to the cross-dressing performances of women blues singers like Gladys Bentley in the early 1900s.

Another aspect that makes race a key intersectional characteristic for understanding drag is that, like femininities, masculinities of color are more visible and performative than white masculinities, which are assumed to be nonperformative. For example, people see rapping and dancing as performative, and these styles are linked to masculinities of color but not to white masculinities. In fact, many white kings initially found it challenging to make white masculinities engaging and exciting because they were seen as so normative. This situation has changed somewhat today, as more white kings are parodying masculinities in ways that may have been more difficult for them to do in the early 1990s.

Because lesbian subcultures were largely invisible in the broader U.S. society, lesbian communities developed relatively apart from each other, and this separation was still present in the 1990s when drag kinging began to become popular. As a result, kinging developed differently in different places, and some of these regional variations became quite pronounced. For example, Baker Rogers and Kimberly Kelly found that drag kings in the southeastern United States were more likely to say that they performed drag only for fun, and most kings did not identify with feminist goals. In contrast, kings in other regions of the country, such as on the West Coast, have stated that gender equality is a key reason why they perform drag. These regional variations point to the importance of studying drag in different communities and not just in big cities and not just on the East and West Coasts, where queer cultures, including drag king cultures, are thought to thrive. Drag also flourishes in small cities and rural areas, as well as in the Southeast, the Midwest, and other regions of the country where queer life is assumed to be absent or repressed.

The Social Importance of Drag

One important impact of drag kinging is its ability to expose how masculinities and gender performances more generally are social constructions with no basis in biology. That is, anyone can perform any gender. In line with this idea, scholars like Judith Butler and Esther Newton argue that drag is not a performance of some real gender, because no such gender exists. According to Butler, all gender is performance, and therefore, all gender is drag. There is nothing essential or natural about gender, and no gender can belong to a group (e.g., men, women, trans) based on the sex they were assigned at birth. Drag demonstrates the arbitrariness of gender as a category and challenges the assumed meanings of the concept.

Benefits of Drag Kinging for Performers

Drag has many benefits for those who perform. For one, drag is fun. A person gets on stage, lip syncs and dances, and entertains a group of people who are there to see them. Many of the more popular kings have booking agents who arrange shows and tours for them, and they receive performance fees in addition to tips from audience members. A few kings, such as Spikey Van Dykey and Gage Gatlyn, have become well known and established successful careers just doing drag. However, it is very rare for kings to earn a living on drag alone.

In addition to being fun and, for some, a source of income, drag is liberating and therapeutic for many kings. It is a way to understand gender and enact different gender expressions in a supportive environment, which is especially valuable when other sources of support are lacking. Trans drag kings in particular often use drag as a resource to examine their "felt" gender identity and begin to live comfortably in that identity. Drag has been especially important to trans individuals in the Southeast, because the political and religious conservatism of the area means that there are fewer trans-supportive resources available than in other regions of the United States.

Drag also serves as an outlet to escape the unreceptive environment that many binary and nonbinary trans people must navigate in their everyday lives. Trans people continue to face tremendous prejudice and discrimination in the United States, which can make them feel invisible, marginalized, and devalued. Performing to appreciative audiences can serve as a countermeasure, helping them to feel seen and admired. The communal nature of drag also provides kings with a support network, which can be especially important in more conservative areas of the country.

Societal Implications of Drag Kinging

Drag kinging is an amusing and enjoyable way for people to play and experiment with gender, but it also has serious implications in that it demonstrates that gender is a social construction. Male impersonation and drag kinging provide outlets to show the performativity of masculinities and that masculinities can exist outside of male bodies. These forms of entertainment allow people who do not identify as cis, heterosexual men to gain power and privilege. This could be a cis woman performing as a man in order to have her humor accepted in the 1860s; a cis, lesbian woman performing masculinities as a drag king in the lesbian bar culture in the 1990s and early 2000s; or, as is often the case today, a trans man doing drag in order to try on various types of masculinities that may not be accepted in his social circle in 2020. Whatever the circumstances, male impersonation and drag kinging permit those outside of the hegemonic position to claim the privileges of manhood, at least for the duration of the show. While many drag kings say they perform only for entertainment and fun, this does not negate the revolutionary potential of claiming and demonstrating that masculinities do not only belong to male-assigned individuals in our society.

Baker A. Rogers

See also Crossdressing, History of; Drag Performativity; Drag Queens; Masculinities; Stonewall Riots; Trans Men

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Drag Performativity

Drag is a theatrical entertainment wherein a performer expresses readable identity attributes, most often those associated with gender. Drag performance is grounded in identity manipulation: Its primary purpose is to illustrate that identities such as gender are performative and achievable by various persons. Most often, drag is defined as a fictive, theatrical act that juxtaposes the actor's lived reality. Traditionally, this is articulated as the fundamental difference between the binary gender expressed onstage (i.e., masculinity or femininity) and the drag artist's offstage cisgender self (i.e., is "really" a woman or a man). This definition likely stems from drag's historicized connection to theatrical cross-gender casting. However, any person can perform drag, including people who do not identify as cisgender. In addition, drag performance is not limited to expressions of cismasculinity or cisfemininity. Drag actors often create gendered aesthetics that are fluid, fantastical, multitudinous, or unintelligible or that highlight relationships among gender, race, sexuality, and the body. Many believe that drag can be an effective tool for illustrating gender performativity, as well as visually representing queer culture.

Contested Definition

Some scholars and practitioners assert that the canonical definition of drag, while partially accurate, fails to fully encompass the scope of the genre. A common way of describing drag is to characterize how the actor's stage gender contrasts with their "real" gender and connected sex assignment. Under this definition, an artist who performs a recognizable version of femininity is a drag queen only if this theatrical look opposes his "real" cis male identity. Relatedly, drag kings are often described as women who replicate masculine stereotypes so to be perceived as "like men" onstage. Some suggest that this definitional framing is connected to a popular characterization of drag as the contemporary manifestation of cross-gender casting and male and female impersonation traditions. Drag is also interchangeably referred to as gender bending and crossdressing for these same reasons. While this definition accurately describes some forms of queening and kinging, it is controversial because it reduces drag to only those acts that produce binary gender, which are done only by people inhabiting the "opposing" gender identity.

In addition to emulating ideas that people are "normally" cis and "naturally" embody certain gender qualities, some also feel this definition excludes some very popular forms of drag. For example, trans women such as Peppermint work as feminine drag queens, and trans men like Lucky Johnson perform as drag kings. People assigned female at birth express a range of queer femininities through faux queening, bio queening, or female femme-ing acts. Some drag artists target oppressive gender norms by creating disjoined or

unintelligible identities or presenting gendered aesthetics in tandem with ideologically contradictory body parts, sexualities, or markers of race. For example, Conchita Wurst is a "bearded queen" who cultivates a highly feminine look with a full beard, and drag king Delicio Del Toro performs as a macho Mexican wrestler while exposing breasts. These types of acts, which are often explicitly referred to as drag and are integral to drag events, produce theatrical versions of identity and illustrate various ways identities can be done. In light of these examples, scholars such as Meredith Heller have argued that drag should be defined according to the intentions of its performers and the methods used to bend or otherwise disrupt dominant notions of identity.

Performance, Performative, Performativity

Drag is composed of a series of intent-laden actions that communicate particular messages to an audience. Drag actors cultivate their messages through meticulous and skilled engagement with makeup, body manipulation (e.g., binding, padding, tucking, packing), costuming, movement, voice, and dialogue. These elements are not intended to exemplify the artist's personal identity but rather to theatrically cultivate recognizable identity attributes. Because drag is a conscious and intentional act of identity manipulation, most scholars and practitioners agree that drag can effectively demonstrate how identities such as gender are performative or accomplished though readable aesthetics. Likewise, many also argue that drag illustrates how people not assigned these identities can do them as effectively as those for whom these identities are considered natural or normal. To encourage this interpretation, some drag performers use a reveal: an action such as a wig or clothing removal that visually marks divergence between the staged identity and the actor's offstage self. Whether or not a reveal is employed, drag is always a fictive, entertainment-based performance and therefore can never fully exemplify the actor's offstage or quotidian self. For this reason, scholars such as Marlon M. Bailey and drag artists such as Gia Gunn refer to drag as a profession—something people do—rather than a self-identity, or who people are.

Some propose that drag not only demonstrates how identities are performative but can also illustrate the theory of gender performativity. Judith Butler contends that gender is not a product of a person's nature but rather is embedded into a person's reality through institutionalization and participatory repetition. Performativity thus describes how social ideologies, when continually done through meaningful words and gestures, have real consequences and can make people into "who they are." Butler actually argues against drag's capacity to illustrate gender performativity because of how it is a fundamentally fictive performance genre; performativity characterizes a form of performative production that is neither fake nor temporary. Therefore, drag should never be used to describe the lives or identities of trans people. Relatedly, drag should not be used to contextualize "passing" actions, such as when women in Western history posed as men for the express purpose of obtaining "men's" jobs. Although these actions are performance based, they are not drag because they are primarily a method of blending with dominant realities, rather than using an entertainment forum to highlight how identities are performative.

Origin and History

There is no consensus about the origin or etymology of drag, but scholars often connect its contemporary practice to global histories of theatrical cross-gender casting. For example, early Kabuki performance was enacted by all-women troupes. After 1629 C.E., Kabuki became an exclusively men's practice, and male *onnagata* played woman parts. Ancient Greek play festivals barred women from public participation, so men performed all scripted characters. Male *dan* originally played women in Beijing opera because of gender prohibitions, but even after women were allowed to act, the practice continued on the basis of beliefs that men were better at developing idealized and artistic versions of femininity. In these historical contexts, cross-casting was an institutionalized means of upholding, rather than questioning or demonstrating, the flexibility of time- and place-specific gender ideologies.

A type of performance that became highly visible in the 19th and 20th centuries used cross-casting techniques to convey grotesque or titillating

characterizations. For instance, Ghanaian concert party, a form of traveling popular theater, included an upper-class snob character called "the lady," played for deprecating humor by a man. British pantomime and music hall performers like Dan Leno leaned on their masculine features to portray "dame" characters as ugly and overbearing. In U.S. and British burlesque, melodrama, and pantomime, women actors played youthful men like Peter Pan, ostensibly to increase verisimilitude. But, as exemplified by Adah Isaacs Menken's turn in *Mazeppa,* this convention was often a vehicle for publicly presenting women's bodies in tight, revealing costumes.

During this era, male and female impersonation emerged as a form of theatrical gender bending that was the result of neither social convention nor scripted cross-casting. Impersonators performed songs, dances, or comedy numbers, but their acts were primarily designed to showcase a detailed gender illusion that supposedly contrasted with their own natural selves. For instance, Annie Hindle became a variety star by performing her song-and-dance set as a boozy, upper-class playboy. Less commercial, public, or reputable settings fostered yet other kinds of gender-bending performance. Acts in these spaces were not always designed to emphasize rigid binaries between performed and lived gender, and they also tended to emphasize the relationship between gender and sexual desire. Superlative examples are blues and jazz performers such as Ma Rainey and Gladys Bentley, who sang and played instruments while wearing top hats, bow ties, and even full tuxedos. These women were not impersonating or playing men characters but rather performing in a masculine aesthetic that complemented and amplified their expressed sexual interest in women. While many formal conventions of drag practice reflect the theatrical structure of cross-casting and impersonation, it is also possible that contemporary drag emerged from these types of queer cultural entertainment practices.

Queer Culture

Some historical gender-bending performers had public same-sex relationships and sometimes lived in the gender they portrayed onstage, but the practice itself was seldom framed as sexually deviant or socially queer. In a Western context, this shifted when late 19th-century public discourse increasingly began tying people who crossed social or physical gender boundaries to same-sex sexual pathologies. For example, Richard von Krafft-Ebing's 1886 book *Pyschopathia Sexualis* makes reference to the possibility of "inversion" tendencies in actresses who perform in menswear. Turn-of-the-century commercial impersonators such as Vesta Tilley and Julian Eltinge took great pains to publicly identify themselves as having "normal" "opposite"-sex attractions.

At the same time, gender-bending performance was becoming an entertainment staple in queer community spaces such as gay bars. Scholars argue that these acts were alternately seen as queer forms of erotic gender play and campy methods of parodying heterosexual culture. Esther Newton's (1972) ethnography *Mother Camp: Female Impersonators in America* documents how, by the 1960s, conventionally feminine drag acts performed by men were perceived as a gay cultural product. As exemplified by the Jewel Box Revue's national traveling show, these acts could sometimes be performed widely and to heterogeneous audiences. Other acts were more tightly tailored to LGBTQIA+ communities and politics. For instance, in reaction to racist and colorist judging standards in the Miss All-America Camp Beauty Contest, Crystal LaBeija formed the House system, driving the development of ballroom into a space for queer Black and Latinx competitors. Stormé DeLarverie, the master of ceremonies for the Jewel Box Revue and rumored instigator of the Stonewall rebellion, performed in a butch aesthetic similar to Bentley's and Rainey's. It was not until the 1980s that the term *drag king* began to describe masculine acts produced by lesbians such as Diane Torr.

Contemporary drag is inextricably connected to the LGBTQIA+ community—although not all drag performers have same-sex desires or identify as queer. Nevertheless, drag is omnipresent at Pride events and, as exemplified by drag queen story hour, often used to introduce children to gender and sexual diversity. Drag scenes develop specific phrasings and vocabularies that are then generally circulated as queer community vernacular. As LGBTQIA+ people are more and more accepted by the dominant culture, drag has likewise mainstreamed, as evidenced by the critical and

commercial success of the television program *RuPaul's Drag Race*. Even in this highly commercialized format, drag actors incorporate fantasy, camp, showmanship, high art, eroticism, and cosplay into their staged expressions of identity. Many performers also use drag to communicate political messages about anti-LGBTQIA+ institutions and policies. Artists such as Vaginal Davis have incorporated drag into countercultural products such as punk and queercore music. The Boulet Brothers' *Dragula,* a show that features the subgenre of monster and horror drag, illustrates a range of artists that do drag in interesting and revolutionary ways.

Meredith Heller

See also Ballroom; Drag Kings; Drag Queens; Femininities and Femme; Gender Expression; Masculinities; Queering Femininities

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Drag Queens

A drag queen is an actor (traditionally, although not always, a cis gay man) who performs theatrically as a woman in order to entertain and/or to parody, (re)produce, or critique binary gender norms. Aesthetically, most drag queens cultivate a hyperfeminine appearance by painting on heavily contoured makeup, tucking external genitalia, and donning wigs, high heels, and elaborately bedazzling costumes over bust and hip pads that create the illusion of an hourglass figure. In a typical act, a queen will dance and interact with audience members for tips while lip synching to a popular song. Queening emerged as a primarily Euro-American phenomenon in the late 19th century, and the practice spread across the globe in the late 20th and early 21st centuries, spurred by increasing access to social media and streaming video services. *Drag queen* in its contemporary usage differs from Western trans identities and from other culturally specific non-cis identities, like *hijra* (India), *khwaja sira* (Pakistan), *fa'afafine* (Samoa), *kathoey* (Thailand), and *travesti* (Brazil), inasmuch as it generally denotes a gender performance confined to the stage, rather than an everyday embodied sense of self. Nevertheless, recent scholarship and artistic practice have challenged the hard-and-fast distinction between drag and trans.

This entry reviews the history of drag from its 18th-century theatrical origins to its growth and flourishing in the United States from the 1880s through the Prohibition era and, later, the Stonewall Riots in New York City in 1969 and its subsequent emergence in contemporary mainstream media. The various subgenres of drag performance are described, together with their cultural scenes and settings. Next, the relationship between drag queens and gender identities is discussed. The entry concludes with a discussion of the critiques of queening on the basis of its depictions of femininity and the significance of its mainstreaming in the context of neoliberal consumerism.

Although there is no definitive account of its origins, the term *drag* is most commonly thought to have derived from mid-18th-century British theater, wherein the long gowns male actors wore when portraying female roles would drag on the floor. To put on drag thus came to signify crossdressing for the stage. Although men have been crossdressing for theatrical roles for millennia in various Anglo-European and Asian cultures, the "drag queen" is a distinctly modern invention. Whereas ancient Greek thespians and Japanese *onnagata* performed women's roles as part of a larger stage narrative, drag queens looked at crossdressing as both the defining convention and central purpose of the genre. Rather than telling a linear story, drag shows generally take the form of a competition or a series of unrelated individual

acts. In this sense, drag queens have something in common with turn-of-the-20th-century female impersonators of the music hall and vaudeville stages. But queening is distinguished from these predecessors by its explicit connection with homosexuality—an identity category that emerged contemporaneously with drag—and its pointed critique of the naturalness of gender.

History

Most scholarship has dated the birth of drag to the Prohibition-era United States and interwar Western Europe. New research, however, has uncovered evidence of a much earlier emergence in the 1880s via the figure of William Dorsey Swann, a formerly enslaved Black man believed to have coined the term *queen of drag*. Swann's Washington, D.C. drag parties were the precursor to the ball scene that emerged during the Harlem Renaissance. Perhaps more important, the juridical and journalistic response that these parties provoked produced drag as both a political performance and a marker of gender and sexual deviance. U.S. courts treated the parties analogously to brothels, echoing England's widely publicized Boulton and Park case a few years prior, in which two crossdressed men were arrested for solicitation and prosecuted under the statute for buggery, a catch-all for male homosexual sex acts, both public and private. Swann's biographer, Channing Gerard Joseph, notes that Swann is the first known person in the United States to defend queer people's right to gather via both explicit political action—an unsuccessful petition for pardon—and violent confrontation with law enforcement—a brawl following a police raid on one of his parties. Thus, Swann's practice established drag as an inherently political performance genre and as an identity category for assigned-male-at-birth (AMAB) people whose sexual proclivities or self-presentation defied traditional masculine norms.

Drag's illicit status persisted in the United States through the era of Prohibition (1920–1933), during which time organized crime–controlled speakeasies offered entertainment like drag and burlesque that flouted anti-crossdressing statutes. Drag queens of this era also performed at house parties, most commonly in Black neighborhoods, where the police were less concerned about protecting public morals. Around the same time, drag performance emerged in Black and Coloured South African townships and remained both an important symbol of defiant autonomy among its practitioners and a sign of their depravity to white government officials throughout the apartheid era. In the 1930s and 1940s, drag queens found a home on nightclub stages, giving rise to the phenomenon of drag bars in U.S. and Western European urban centers. It was during this time that "drag queen" became synonymous with male homosexuality. Whereas earlier crossdressers of stage and screen could carefully cultivate a straight masculine image for the press, such a curated persona was harder to maintain for performers who regularly interacted with their audiences in the space of the bars.

By the 1950s, drag had cemented its status as a LGBTQIA+ subcultural entertainment and, within a decade, as a political tactic too. Drag queens famously incited the 1969 Stonewall Riots in New York City that precipitated the gay liberation movement, and beginning in the early 1970s, *Tunten* ("trash queens") marched in gay rights demonstrations in West Berlin, prompting debate over respectability politics within West Germany's LGBTQIA+ community. Since then, drag queens across the world have been garnering celebrity status in their local queer communities.

Anthropologist Esther Newton famously referred to drag queens as heroes of gay male culture, both because they represent unashamed, loud, and defiant queerness in the face of violent suppression and because, for over a half century, queens have provided various forms of service and support to the LGBTQIA+ community. Since the mid-1960s, the International Court System, a nonprofit organization led by drag queens with chapters throughout the United States, Canada, and Mexico, has fundraised for and provided direct services to LGBTQIA+ community members, particularly the elderly, students, and houseless people. At the height of the U.S. AIDS crisis, free safer sex education targeted toward gay men was provided by the Sisters of Perpetual Indulgence, a satirical San Francisco–based order of drag queen nuns that has spread throughout North and South America, Europe, and Australia.

The turn of the millennium marked a new era in the evolution of drag. Although queens had long performed for pay in bars and clubs, the runaway

success of one drag queen in particular shifted the genre toward more distinctly consumerist ends. In 1993, RuPaul's surprise hit single "Supermodel (You Better Work)" brought drag to the widespread attention of straight, cis society and launched the artist's career in television, radio, and film. *RuPaul's Drag Race,* the competition reality show, premiered in 2009 and spawned numerous spinoffs, international versions, and a convention that attracts tens of thousands of fans annually. The show also produced the phenomenon of the celebrity drag queen, with top contestants winning modeling, television, and recording contracts and invitations to perform around the globe. The 2010s thus saw the transformation of drag queens from queer and trans community idols into mainstream commodities.

Genres and Scenes

Queening is not a uniform practice, but one nearly universal attribute of drag queen performance is its reliance on camp. Camp is an aesthetic and discursive mode that undercuts high art and heteronormative upper-class seriousness through bad taste, excess, and irony. Some scholars have identified usage versus disavowal of camp as the dividing line between drag queens and their performative kin, drag kings, who embrace an aesthetic of earnestness and restraint. The subgenres of drag queen performance are too many to name in a limited space, but this section will focus on several of the most recognizable categories.

House/Ball Scene

The house/ball scene originated in the United States in the 1920s as a response to racism, classism, homophobia, and transphobia. Drag houses are chosen families of predominantly Black and Latinx LGBTQIA+ people who adopt the surname of the house mother and/or father. Houses are complex kinship systems that provide care and safety to their members and, since the 1980s, have been especially critical sources of support and thriving for community members living with HIV/AIDS. Houses compete as a unit at drag balls, where contestants participate in a variety of categories, most of which involve walking a runway in costume. Judges assess contestants' skill at voguing (a dance form invented within the Harlem scene in the 1960s) and/or realness (the ability to pass as a straight, cis man or woman). In the early 1990s, the ball scene received international attention via Madonna's music video for "Vogue" and Jennie Livingston's documentary, *Paris Is Burning,* both of which were criticized by some feminists and queer and trans people of color as products of the white gaze and as exploitative of Black and Latinx performers, despite widespread praise in the mainstream press. More recently, the critically acclaimed television drama *Pose* has provided a glimpse into the New York City scene of the 1980s. Although house/ball culture remains a primarily U.S. phenomenon, in recent years, houses have formed in Japan, Taiwan, France, Mexico, Italy, Norway, and elsewhere.

Drag Bar Scene

Bar drag describes the category of performance that likely comes to mind when most people think of drag queens. Unlike members of the house/ball scene, bar queens generally operate as independent contractors, performing in pubs and nightclubs for tips and often a percentage of the bar's profits on the night. Most bar queens perform regularly at only one or two bars, particularly in smaller cities and rural areas that have a limited number of queer bars. In larger cities, queens may perform at a larger number of clubs and events, but the market for performance slots is also far more competitive.

In her landmark ethnography of U.S. drag queen culture in the 1960s, Esther Newton distinguished two types of bar queen: the street queens who lip synched to recorded music and the higher-status stage queens who did live singing and comedy acts. Over the half century that followed, this hierarchy flipped, with lip synch becoming the dominant performance medium. Although a quick, acid wit remains a hallmark of excellence in queening, live talk is now generally reserved for the brief interludes between acts at drag shows. Bar queens of the early 21st century are typically valued for the intensity of their performances, their dance skills, the outrageousness and quality of their costumes, and the artistry of their makeup, rather than their vocal talent.

Within the drag bar scene, there are several subsets of performance. Individual queens may move between these over the course of a career or even

within a single night. "Female impersonators" mimic a specific celebrity in physical appearance, voice, and mannerism. "Pageant queens" participate in contests for local, regional, national, and international titles that increase their prestige within the community and, in turn, make them more valuable commodities on the bar circuit. "Fish," a term derived from the supposed scent of the vagina, strive for verisimilitude—that is, to pass as a cis woman. Fish drag therefore tends to be subtler than most other types of queening, especially "high" or "glamour drag," which is hyperbolic in its performance of femininity. High queens often call upon garish makeup and enormous, complicated costumes to emphasize the performed quality of their drag. At times, high drag can overlap with "grotesque," which is described in the next section.

Genderfuck and Political Drag

Some scholars of drag have argued that all drag performance is political, given its constitutive assault on gender and sexual norms. As discussed above, the house/ball scene has inarguably always-already been political; in other drag scenes, claims to the inherent politicism of drag are more contested. While individual bar drag performances may be more or less overtly political, genderfuck artists always have politics out front.

Genderfuck is an umbrella term for gender performance that intentionally obscures or resists binary gender presentation and is a subgenre of both drag queen and drag king performance. The term is not exclusive to drag; indeed, some trans people use *genderfuck* to describe their everyday gender expression. Genderfuck artistry might be understood as the opposite of androgyny: Whereas the latter term typically connotes an indecipherable blend of masculine and feminine characteristics, the former is an intentionally unassimilable pastiche of them. Genderfuck performers thus frequently combine (the illusion of) traditionally masculine and feminine secondary sex traits in ways that highlight the clash of seemingly opposed gender signifiers, such as a drag queen with breasts and a beard. Two subsets of genderfuck are "skag drag," in which queens wear makeup and dresses but do not shave their facial hair or attempt to conceal a masculine body shape, and "grotesque"—popularized by the web series *Dragula*—in which performers reclaim the stigmatization of queerness by playing with bodily fluids or executing dangerous stunts.

Faux Queens

Faux queens—also called bio queens, although this term has received pushback within the community for implying a biological basis for gender—are cis women, usually queer femmes, who perform as drag queens. They adopt all the tropes of drag queen style, from heavily contoured makeup to padding to outrageous wigs and hairdos, and lip synch to popular songs for tips. This genre highlights the constructedness of gender by appropriating a gender expression (drag queen femininity) that is an appropriation of another gender expression (cis female femininity) that is itself variant across time and culture and constantly under revision. Faux queens have historically struggled for acceptance among drag queens, who argue that, by definition, drag requires the performer to cross gender. But the increasing outspokenness and popularity of both drag kings and trans queens since the turn of the millennium has helped to create more space for faux queens and other nontraditional drag performers.

Drag Queens and (Trans) Identities

Beginning in the 1950s and continuing into the 1990s, the term *drag queen* developed a rather nebulous relationship to gender and sexual identity. In the United States, following a period of increased gender and sexual freedom during the 1940s, when the exigencies of World War II demanded that middle-class white women work traditionally masculine jobs on the home front for the first time in history and soldiers confined to homosocial settings on the war front experimented with each other sexually, the 1950s saw a retrenchment of gender and sexual norms. The idealization of the implicitly white nuclear family with a male breadwinner and a female homemaker tightly lashed proper manhood and womanhood to heterosexuality. Within this context, "drag queen" became a repository for all things gender nonconforming and sexually rebellious.

Almost without exception, drag queens of this period were AMAB and identified as gay. Drag not

only provided a source of income for people whose flamboyance barred them from more traditional employment but also served as a vehicle for AMAB people to express femininity. In the decades before the word *transgender* gained currency, and in contradistinction to *transvestism,* which was closely aligned with heterosexuality through its most prominent spokesperson, Virginia Prince, *drag queen* was a term that applied equally to those who crossdressed exclusively for the stage, those who presented as women in everyday life, and those who engaged in both. Gay liberationists and cofounders of STAR House, Marsha P. Johnson and Sylvia Rivera, are perhaps the most famous examples of individuals who identified as drag queens, among other labels, and who later were claimed as (in Johnson's case) or came to identify as (in Rivera's) transgender.

Beginning in the early 1990s, three shifts led the category "drag queen" to be wrested from its denotation of gender nonconformity in everyday life. First, the term *transgender* began to circulate more broadly among the general public, offering the linguistic possibility of separating onstage and offstage gender performances. Second, the advent of RuPaul and a string of popular films featuring drag queens, most notably *To Wong Foo, Thanks for Everything! Julie Newmar* (1995), brought what had historically been a practice confined to the LGBTQIA+ community into the mainstream. These representations powerfully shaped the public perception that drag queens were effeminate gay men who performed theatrically as women. Finally, Judith Butler's pathbreaking book *Gender Trouble* (1990) framed drag queens as the archetype of gender performativity. For Butler, drag demonstrates that gender is appropriable and thus not real, in the sense of being inborn or originary. Her work also painted queening as a relatively socially acceptable form of gender subversion because the transgression is confined to the stage; by contrast, to present as trans in everyday life constitutes a much more substantial threat to the binary gender order. In later work, Butler softened the line drawn between drag and trans, and indeed, the increasingly vocal presence of trans-identified drag queens in local drag scenes and on the *RuPaul's Drag Race* circuit belies this hard-and-fast distinction.

Nevertheless, the relationship between drag and trans vis-à-vis identity remains fraught and culturally contingent. Some artists and theorists insist that "drag queen" describes a performance genre, not an identity category, while others claim that the link between drag and identity is more complicated. The latter argue that queening is at once a way to perform binary and nonbinary trans and male femininities and, for some performers, a step on the way to discovering one's trans identity. That is, although some performers come to drag having already come out as gay, femme, and/or trans, others come to identify as trans through the practice of performing in drag. While the general consensus in the United States is that *drag queen* should no longer be used synonymously with *transgender,* there remains some debate about whether it should be included within the trans umbrella, particularly given that the former's use as an identity category is racialized and seems to be most common among Black and Latinx people.

Critiques

Despite the fact that drag queens are generally lionized as celebrities within their local LGBTQIA+ communities, queening has been critiqued as a genre for what some see as its limited and limiting representation of femininity. Some critics argue that drag queens bolster the very stereotypes of women, femmes, and femininity that they purport to poke fun at. According to these critics, since drag queens often exaggerate feminine attributes to the point of absurdity for the sake of camp, drag appropriations of femininity run the risk of trivializing femininity. In other words, by treating femininity as a mere aesthetic or costume, and an over-the-top one at that, drag queens reinforce the notion that femininity is inherently superficial. Furthermore, since the kind of feminine gender expression performed in U.S. drag bars had been fairly monolithic until the 2000s (i.e., queens typically presented as hyperbolically feminine women rather than, say, nonbinary femmes), detractors accused drag queens of conflating femininity with womanhood and essentializing both. Often, such critiques also frame queening as an example of gay male misogyny.

These criticisms tend to target bar drag, rather than skag/grotesque or house/ball, and have been challenged primarily in two ways. The first is a philosophical argument: Femininity is not the sole property of women, and to assume that drag

queens are pantomiming womanhood when they perform femininity is in itself essentializing. The second is a historical argument: Defenders of the genre note that over the course of the 2010s, bar drag has become more diverse in its portrayal of femininities, with the lines between bar, grotesque, and genderfuck growing increasingly porous. The boundaries of what can be considered mainstream within the drag bar circuit have been pushed by internationally prominent and commercially successful queens like Sasha Velour, with her genderfluid, multimedia performances; Yvie Oddly, with her extraterrestrial, posthumanist costume design; and Conchita Wurst, a pop singer/songwriter who earns her nickname “The Bearded Lady.”

A final critique leveled against the genre is that white drag queens, particularly since the dawn of the *RuPaul’s Drag Race* era, have uncritically adopted the verbal and gestural lexicon of Black and Latinx house/ball performers. This includes both the circulation of slang like “henny,” “shade,” “read,” and “slay” and of movement vocabularies like voguing and waacking. These claims of cultural appropriation have largely gone without rejoinder. Since the mid-2010s, these claims have been subsumed by a larger critical dialogue about the mainstreaming of drag and its cooptation by neoliberal consumerist forces.

Katie Horowitz

See also Ballroom; Crossdressers as Part of the Trans Community; Crossdressing, History of; Drag Kings; Drag Performativity; Gender Labels; *Pose* (TV show); Representations in Popular Culture

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DSM

DSM is an abbreviation for the *Diagnostic and Statistical Manual of Mental Disorders* and is the classification system of mental disorders published by the American Psychiatric Association. The *DSM* contains descriptions and symptoms of disorders and criteria for diagnosing mental health disorders. The *DSM* is widely used by psychologists and psychiatrists in the United States and internationally to diagnose mental disorders and implement appropriate treatments. The *DSM* is also used by medical professionals, insurance companies, and the court system to define and diagnose mental disorders. The *DSM* is reviewed and revised periodically by researchers and clinicians on special task forces and work groups to integrate new knowledge based on the scientific literature. Since the first edition of the *DSM* in 1952 (*DSM-I*), there have been five major revisions, with the most

recent edition (*DSM-5*) being published in 2013. It is important to note that the *DSM* is influenced by, and influences, the World Health Organization's (WHO) *International Classification of Diseases and Health Related Problems* (*ICD*), and gender identity–related diagnoses are intertwined with the medical model of treating gender dysphoria. The *DSM* plays a significant role in the lives of trans people: It has previously defined the experience of being trans as a mental illness, which has had significant negative impacts by stigmatizing trans individuals. Currently, the fifth version of the *DSM* (*DSM-5*) includes the diagnosis of Gender Dysphoria, defined broadly as distress related to the incongruence between one's sex assigned at birth and current gender identity. Many medical providers require that an individual be diagnosed with gender dysphoria by a licensed mental health clinician in order to be eligible for gender-affirming surgeries or hormone treatment, and insurance companies often require this diagnosis to qualify for coverage of such procedures. This entry first describes the history of gender identity–related diagnoses within the *DSM* and then discusses current perspectives on the current gender identity–related diagnoses.

DSM-III—Transsexualism

The pathologizing of trans individuals by medical providers and psychiatrists began in the 19th century, with many psychiatrists writing about trans experiences as "pathological" well before the first edition of the *DSM* (*DSM-I*) in 1952. Additionally, trans experiences were often misunderstood as being related to sexual orientation and sexual desires. For example, in the 1892 influential text *Psychopathia Sexualis,* Richard von Krafft-Ebing described trans feminine gender expressions as sexual perversions and fetishes. The first appearance of symptom-based diagnoses related to trans experiences within the *DSM* occurred in 1980 with the publication of the *DSM-III;* this version contained the diagnoses Transsexualism, Gender Identity Disorder of Childhood (GIDC), and Atypical Gender Identity Disorder. These three diagnoses were classified as "psychosexual disorders" and relied on the essential feature of incongruence between anatomic sex and gender identity. The revised version of the *DSM-III* (*DSM-III-R*) included a few changes to the gender identity–related diagnoses. First, gender identity diagnoses were placed in a subclass of disorders first evident in infancy, childhood, or adolescence. Second, an additional diagnosis was included, termed *Gender Identity Disorder of Adolescence and Adulthood, Nontranssexual Type* (GIDAANT). GIDAANT was diagnosed among those who did not have a strong desire to receive gender-affirming medical interventions, whereas transsexualism was used for those who did desire such interventions. Interestingly, in the *DSM-III-R,* there were notable differences between the diagnostic criteria for "boys" and "girls" to receive GIDC. In addition to "persistent and intense distress about being a girl," children assigned female at birth (AFAB) were required to have a "*stated* desire to be a boy," whereas this criterion was not included for children assigned male at birth (AMAB), indicating to some that AMAB children had a "lower threshold" for being diagnosed with GIDC.

DSM-IV—Gender Identity Disorder

The main change in the *DSM-IV* (1994) was that GIDC and Transsexualism were collapsed into one overarching diagnosis called Gender Identity Disorder (GID) that included different criteria sets for children versus adolescents and adults, rather than having separate diagnoses. Additionally, the diagnosis GIDAANT was removed, owing to the lack of clarity of the differences between GIDAANT and transsexualism. Other notable changes between the *DSM-III-R* and *DSM-IV* were that criteria for GID focused on "cross-gender behavior" rather than "cross-gender" identity and added that disturbance in gender identity must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. One criticism of the criteria for GID was the use of gender binary language such as "boys" and "girls" and "opposite sex," which some argued excluded the experiences of nonbinary people who may have been distressed about their assigned sex but did not desire to be the "opposite sex." There were no revisions to the GID diagnoses from the *DSM-IV* to the *DSM-IV-TR,* an intermediary revision of the *DSM* between the *DSM-IV* and the *DSM-5,* and therefore, GID remained as a diagnosis until the publication of the *DSM-5* in 2013.

DSM-5

Gender Dysphoria

There were several changes to the gender identity–related diagnoses with the publication of the *DSM-5* in 2013, many of which were a result of trans activists who argued that the GID diagnosis legitimized stigma toward trans people. The changes made were decided on by the Workgroup on Sexual and Gender Identity Disorders, which consisted of a group of psychiatrists and trans health specialists. In an effort to destigmatize trans people while also retaining a clinical diagnosis to show "medical necessity" to enable access to insurance coverage for gender-affirming medical care, GID was changed to a less stigmatizing name of Gender Dysphoria (GD) and moved to its own section of the *DSM,* rather than being included with the paraphilias and sexual dysfunctions. One goal of the *DSM-5* was to diagnose the "distress" rather than the "identity" as the problem. The main diagnostic criterion for GD is having a "marked incongruence" between one's assigned gender and one's experienced/expressed gender and that this incongruence creates distress. The criteria must be met for at least 6 months. This time period was to be established on the basis of "clinical consensus," and the stated intention is to differentiate "transient" GD from "persistent" GD. Notably, in the *DSM-5,* there are separate criteria for GD in children versus GD in adolescents and adults, with the criteria for children being more stringent and including more behavioral criteria. For example, children must meet six of eight criteria to be diagnosed with GD, whereas adolescents and adults only need to meet two of six criteria. Examples of behavioral criteria include "a strong preference for toys, games, and activities stereotypically used or engaged in by the other gender" and "a strong preference for playmates of the other gender."

Transvestic Disorder

In addition to the gender identity–related disorders, the current version of the *DSM* (*DSM-5*) includes Transvestic Disorder among the paraphilic disorders. The disorder includes two main criteria: (1) experiences of recurrent, intense sexual arousal from fantasies, sexual urges, or behaviors from crossdressing for at least 6 months and (2) the fantasies, sexual urges, and behaviors are causing clinically significant distress or impairment in social, occupational, or other important areas of functioning. This diagnosis can be traced back to the first *DSM* in 1952 and was termed *Transvestic Fetishism,* a subcategory of Sexual Deviation classified under personality disorders. In the *DSM-III,* the diagnosis was moved to the paraphilias and was only diagnosed in heterosexual men. In the *DSM-5,* the diagnosis includes four specifiers: (1) with fetishism—the individual is also aroused by fabrics and materials; (2) with autogynephilia—when a man is sexually aroused by thoughts or images of himself as female; (3) in a controlled environment—the individual lives in an institution or controlled setting where crossdressing is not possible or is restricted; and (4) in full remission—there has been no impairment in functioning for 5 years. The term *autogynephilia* was coined in the 1980s by Ray Blanchard, who theorized that the motivation for gender-affirming medical interventions was related to either sexual orientation (e.g., trans women would desire medical intervention because of their attraction to men) or due to their own sexual arousal. Many in the trans community find the term *autogynephilia* deeply offensive and have criticized Blanchard's work for its lack of scientific validity.

Varying Perspectives of *DSM* Gender Identity–Related Diagnoses

Within trans communities, there are varying opinions about the usefulness of the diagnoses in the *DSM*. Some trans clients relate to the concept of gender dysphoria and, as with other mental health diagnoses, benefit from learning that their experience has a name and is experienced by others. Other trans community members do not relate to the concept and may resent needing to be diagnosed with a disorder in order to receive gender-affirming medical care. Many in the trans health community see the changes in the *DSM* diagnoses as steps forward in destigmatizing trans individuals by shifting the focus to treating distress rather than treating the individual's identity. Additionally, many believe that at diagnosis within the *DSM* is necessary in order to justify the medical necessity of gender-affirming medical interventions. Most insurance companies require proof of medical

necessity to provide coverage in order to differentiate procedures that are for cosmetic purposes versus health purposes.

Others argue that the very existence of gender dysphoria and transvestic disorder continues to perpetuate harm to trans communities. The continued requirement of needing a mental health diagnosis in order to receive gender-affirming medical care continues the gatekeeping practices that have existed since the inception of trans medicine in the 1960s. *Gatekeeping* refers to the requirements that trans people must meet in order to gain access to hormone therapy and gender-affirming surgeries. Currently, most medical facilities and health insurance companies require that trans individuals acquire one or more letters of support from a psychologist that state the client has a diagnosis of gender dysphoria. In the 1960s and 1970s, clinicians evaluated whether clients were "true transsexuals," defined as having cross-gender identification consistently expressed since childhood; no sexual arousal to crossdressing; the ability to successfully "pass" as their desired gender; and heterosexual interest based on their sex assigned at birth. In the 1980s through the 2000s, many clinicians followed guidelines published by the World Professional Association for Transgender Health's Standards of Care (WPATH's SOC), which stated that clinicians should evaluate the client's "readiness" for surgery by documenting that the client had had at least 12 months of "real-life experience" living as their expressed/desired gender and had required psychotherapy for varying amounts of time.

Since 2012, WPATH guidelines and many trans health experts have shifted toward an informed consent model in which the clinician, when writing letters of support, evaluates the client's ability to provide informed consent rather than the validity and stability of the client's trans identity. There is not a clear consensus among psychologists and psychiatrists on whether the letter requirement should remain; however, many trans health advocates believe the letter requirement takes away the power from trans individuals to make their own health care decisions and may be rooted in trans prejudice.

Last, many have critiqued the diagnoses of gender dysphoria and transvestic disorder because of these diagnoses' potential to perpetuate negative stereotypes about trans people, which may increase their risk of experiencing discrimination, harassment, and violence. Although the American Psychological Association and WPATH have made public statements that being trans is not itself a mental disorder and should not be viewed as pathological, others may still use the American Psychiatric Association's *DSM* diagnoses as justification for perpetuating these messages. A pathological view of trans identities may be used to justify "reparative therapies" that aim to prevent individuals from embracing a trans identity or transitioning. Such treatments have been shown to be ineffective and psychologically harmful. Some trans activist groups claim that transvestic disorder perpetuates the stereotype that being trans is related to a "sexual perversion" and that trans people are sexual predators. This specific negative stereotype has been said to fuel anti-trans legislation such as the "bathroom bills" banning trans people from using public restrooms that match their affirmed gender.

Em Matsuno

See also Gatekeeping in the Transition Process; Gender Affirmative Model; Gender Dysphoria; *ICD;* Informed Consent Model; Reparative Therapy; WPATH

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Elbe, Lili

Lili Ilse Evenes, known as Lili Elbe, was as an early recipient of gender-affirming surgery. Born in Vejle, Denmark, in 1882, Elbe was assigned male at birth and christened Einar Magnus Andreas Wegener. Under the name Einar Wegener, she established a solid career as a landscape painter. In 1930, Elbe successfully petitioned the Danish state for a change of name and gender. From 1930 to 1931, she undertook a series of surgeries in Germany, the last of which resulted in her untimely death. Her life story, *Fra Mand til Kvinde* [*Man Into Woman*], was posthumously published in Danish in 1931, with a German version appearing in 1932, an English one in 1933, and an abridged French serialization in 1934. This entry looks beyond the well-known narrative of *Man Into Woman* to examine how Elbe's own art aided her self-expression as a trans woman and also to consider why her experiences are remembered, whereas other men and women who sought gender-affirming surgery in Germany in the 1930s have almost faded from history.

Art and Affirmation

In 1902, Elbe began studying art at the Royal Danish Academy of Fine Arts in Copenhagen, where she met Gerda Gottlieb, who became her wife in 1904. Both artists had some success in Denmark, but in 1912 they left for Paris, the center of the European artistic avant-garde. Gerda Wegener was a figure painter and often used Elbe as her model. In her memoirs, *Mosaïques,* Hélène Allatini records that Elbe first posed for Gerda before the couple moved to France. One day an actor cancelled a sitting at the last moment and Elbe stepped in. That evening, she was baptized with champagne as "Lili." The anecdote reveals the strong association between art and self-fashioning, one that continues to resonate today in debates about trans cultural production and the politics of visibility. In his 2015 essay, "The Trans Woman as Model and Co-Creator," Tobias Raun argues that Gerda's many portraits of Elbe provided her with a crucial space for self-recognition and realization. The various guises in which Gerda portrayed her—companion, coquette, seductress, studio nude—form potentialities to be explored in the safe virtual space of canvas or paper.

Focusing solely on Gerda's artworks, however, risks ignoring ways in which Elbe's own landscapes and interiors sometimes enabled her to articulate her experiences as a trans woman living within a culture and society lacking an adequate or appropriate language for trans experience. Her 1916 self-portrait, *Fra et boudoir* [*Woman in Her Boudoir*], can be read as a determined affirmation of self that refuses a fetishizing or objectifying iconography. The painting does not directly portray Elbe, yet signs of recent dishabille—a shed slip and a pair of discarded elegant button-boots—imply her presence. We can be certain that the interior is Elbe's because in her account of first meeting Gerda and Lili in Paris in 1916 (the same year the

painting was made), Allatini remembers seeing two parakeets in their studio, and such birds are in *Fra et boudoir.* A 1917 photograph of the studio also includes furniture and fittings reproduced in the painting.

In *Fra et boudoir,* Elbe seems to simultaneously offer and withhold herself, fostering reflection regarding trans visibility and invisibility. She knew the violence of visual misrecognition and incomprehension firsthand, having been laughed at on a bus journey for her appearance. On another occasion, a photograph of her posing was torn up by a man who had found the model alluring, unaware it was Elbe. On discovering her identity, he felt “deceived” and attacked her image. In the context of such phobic responses, Elbe’s recourse to allusion rather than direct representation in *Fra et boudoir* can be read both as a guarded rejoinder to the hostility trans people were subject to in the early 20th century and to the iconographic limitations of her time.

Lost to History

Elbe is often wrongly identified as the first person to receive gender-affirming surgery. From 1930 to 1931, she agreed to at least four operations: an orchiectomy, the transplantation of an ovary, a penectomy, and a vaginoplasty. She may also have had a uterus transplant. Many of Elbe’s medical records were subsequently destroyed by the Nazis and by the Allied firebombing of Dresden. Despite this, Elbe’s experiences remain well known because of her bestselling life story. In the early 1930s, another relatively successful artist, the German painter Toni Ebel, was also undertaking gender-affirming surgery, yet she is rarely mentioned in histories of trans health care. Other contemporaries, such as Charlotte Charlaques and Dora “Dorchen” Richter, are also sidelined.

An intersectional approach helps to nuance our understanding of Elbe’s medical experiences. She came from a middle-class background; her father owned a small retail business. As an artist, she was bohemian but bourgeois, wealthy enough to pay for multiple surgeries in a short time span. Dora Richter, by contrast, came from a rural working-class family and had to take a job at the Institute for Sexual Research in Berlin to pay for her operations (as did the avowed socialist Ebel). All these women courageously submitted to experimental, painful surgeries. Elbe, however, had recourse to a social network and economic resources, which most of her contemporaries did not. In that sense, her ability to access and afford trans health care was atypical.

Afterimages

The surgical procedures Elbe undertook need to be understood as on a continuum with the artworks that affirmed her gender. Three of her surgeries were performed by the surgeon Kurt Warnekros, who she regarded as an artist. After her surgeries, she ceased painting but turned to literature as a creative outlet. While *Man Into Woman* uses multiple sources, Elbe clearly had significant input, reading and commenting on drafts. The glimmerings of a new career as a writer, however, were curtailed by her tragic death from surgical complications. In this century, Elbe’s life story inspired David Ebershoff’s popular 2000 novel *The Danish Girl,* which was adapted into a 2015 film that starred cis actor Eddie Redmayne as Elbe.

Nicholas Chare

See also Archives; Gender-Affirming Surgeries: Women; Violence

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Elected Officials

Since at least the 1990s, openly trans people have sought, although rarely won, political office in the United States. In recent years, however, an increasing number of trans people have run for elected office and increasingly have been successful in doing so, both reflecting the growth in trans visibility and contributing to that growth. This entry focuses on trans elected officials and candidates for office in the United States and discusses the importance of political representation, different types of representation, notable firsts for U.S. trans candidates, and patterns in these elections thus far.

The Importance of Representation

Representation in governance is one of many potential ways to assess minority experiences in a given country. Elected officials craft laws and policies, and they can shape public opinion about many issues. If minority group members hold elected office, it is more likely that their interests will be protected or pursued in policy. In 1967, noted scholar Hanna Pitkin described symbolic, substantive, and descriptive forms of representation, which each help explain the importance of representation.

Symbolic representation occurs when an elected official, of any identity, does something that might be meaningful to a constituency, even if only superficially. For example, a heterosexual and cisgender official might attend an LGBTQIA+ Pride parade or propose naming a post office in honor of a Black or Latinx community member. Symbolic representation can also refer to intangible benefits or effects created by that elected official, such as the impact of being the first member of a minority group to be elected to office.

Substantive representation occurs when an official actually advocates for the material needs and concerns of a community, above and beyond symbolism. For example, an elected official could provide substantive representation for the LGBTQIA+ community by securing funding and support for a shelter for LGBTQIA+ homeless youth.

Descriptive representation occurs when elected officials share identities with their constituents, as is the focus of this entry. This is important because descriptive representation makes it more likely that both symbolic and substantive representation will occur. Research has shown that elected officials are far more likely to represent the interests of a group when they themselves are a member of that group and further that these efforts lead to important outcomes for their group. Descriptive representation can also be important in other ways. Having a member of a minority group in a legislature can influence the attitudes and behaviors of other legislators, and it can also improve the attitudes of the general public toward that minority group. In some cases, minority group members who live in districts where they are descriptively represented are more likely to be active and interested in politics themselves.

Importantly, descriptive representation can occur across geographic bounds of a district. In 2017, Danica Roem became the first openly trans person to serve in a state legislature. She was elected to a relatively small district in Virginia, but her election is widely referred to as a momentous turning point in trans political representation in the United States.

In sum, the presence of a minority group in the halls of government has the potential—although not necessarily the guarantee—to greatly influence laws and policies that affect that group, as well as public opinion about that group. As a result, many people use representation in government as one measure of the sociopolitical progress of a minority group.

Historic U.S. Firsts

When studying historic or first achievements of LGBTQIA+ people, it is important to remember that many LGBTQIA+ people, both in the past and currently, have chosen or been forced to keep their sexual and gender identities private. An individual may not speak publicly about being LGBTQIA+ for many reasons, including social prejudice and systemic pressures, but also because of personal preferences. Therefore, we cannot know with certainty who the first LGBTQIA+ person was for any achievement, and the list below of first known trans elected officials in the Unites States does not include earlier officials who might have been trans

but who were not out in their public lives, including their political careers.

However, we often think about "firsts" or historic achievements as one potential way to measure progress: If a member of a stigmatized minority group can publicly claim that identity and still be elected to public office, it suggests some degree of acceptance among a significant part of the public. As more members of that group successfully run for office, it implies growing acceptance for that group. Thus, focusing on historic achievements of people who publicly identify as trans is an important way to assess attitudes toward trans people overall. Following is a list of such noted firsts:

- In 1974, Kathy Kozachenko became the first openly LGBTQIA+ person to be elected to political office in the United States. Kozachenko, who identified as lesbian, was elected to the City Council of Ann Arbor, Michigan. Although she was not trans, her election provides important context for trans representation, as the first openly trans person was not elected for another nearly 30 years.
- Joanne Marie Conte was the first known trans office holder in the United States, but she was not out as trans when she was elected to the City Council of Arvada, Colorado, in 1991. Rather, she disclosed in 1993, after learning that she was about to be outed by a Denver newspaper. She lost a subsequent campaign for the Colorado State House in 1994.
- Similarly, Althea Garrison, who was elected to the Massachusetts State House for one term in 1992, is sometimes considered the first trans state-elected official, as well as the first Black trans state-elected official, in the United States. Garrison, however, has never acknowledged or confirmed whether she is trans in any of her more than 30 campaigns for political office (all but one of which was unsuccessful) since 1982.
- In 2003, Michelle Bruce, a trans woman, became the first openly trans person elected in the United States. She ran unopposed and was elected to the City Council of Riverdale, Georgia. During her 2007 reelection campaign, however, she was sued by political opponents who claimed that, by identifying as a woman, Bruce had committed electoral fraud. She did not win reelection.
- In 2006, Kim Coco Iwamoto, a trans woman and Japanese American, was elected to the Hawai'i State Board of Education. In doing so, she became the first openly trans person of color elected in the United States and the first openly trans person elected to statewide office.
- In 2014, Vered Meltzer became the first openly trans man to be elected in the United States. He was elected to the City Council of Appleton, Wisconsin, and has been reelected since.
- In 2017, Danica Roem, a trans woman, became the first openly trans person to be elected to and seated in a state legislature, after she defeated a 13-term Republican incumbent who was strongly opposed to trans rights. Before Roem, Stacie Laughton—also a trans woman—was elected to the New Hampshire state legislature in 2012, but she resigned before taking office.
- In 2017, Andrea Jenkins became the first openly trans Black woman to be elected to U.S. office, and Phillipe Cunningham became the first openly trans Black man. Both were elected to the Minneapolis City Council on the same night.
- In 2018, Christine Hallquist became the first openly trans person to be a major party candidate for state governor. She was the Democratic nominee in Vermont but lost the general election.
- In 2020, Sarah McBride became the first openly trans person to be elected to a state senate when she won her race for the Delaware Senate. That same night, Stephanie Byers became the first openly trans person elected to the Kansas House, and as Byers is also a member of the Chickasaw Nation, she became the first openly trans Indigenous person elected to any state legislature. Other trans firsts in 2020 included the first openly trans person elected in Illinois (Jill Rose Quinn), Louisiana (Peyton Rose Michelle), Maine (Geo Neptune), Vermont (Taylor Small), and West Virginia (Rosemary Ketchum). Additionally, Mauree Turner, a Black nonbinary person, was elected to the Oklahoma House, becoming the first known nonbinary person elected to a state legislature.

- As of 2020, no openly trans man has been elected to a statewide office, and no openly trans person has been elected governor or to any federal office in the United States.

Patterns

The number of trans elected officials in the United States remains disproportionately low. Prior to the November 2020 election, the Victory Institute reported that there were 25 openly trans elected officials across the country, out of roughly 520,000 potential offices. This means that less than 0.00005% of all elected officials in the United States are trans, despite making up at least 0.6% of the adult population, according to the Williams Institute. Put another way, greater than 3,000 more trans people would need to be elected to be commensurate with the U.S. trans population. While the November 2020 elections brought multiple trans wins, there remains a long way to go before parity is reached.

While the number of trans elected officials remains relatively low, available data and existing research show some clear patterns about LGBT candidates generally, as well as trans candidates specifically. As candidates for office, LGBT people are rated more negatively than candidates from other minority groups. They are often assumed to be more politically liberal than they may actually be, which may artificially reduce their appeal to moderate or conservative voters. Additionally, Americans are more likely to hold negative beliefs about trans people than about LGB people, and research shows that more Americans say they would oppose a trans candidate for office than say they would oppose a LGB candidate—although in both cases, a majority of people say they would "probably vote" for such a person if they shared their political views.

Research also shows that, as with women and racial and ethnic minority candidates, LGB candidates are less likely to be recruited by political parties to run for office. Trans candidates are even less likely to be recruited or viewed as electable, and this may be especially true given that elected officials and party leaders generally overestimate the conservativeness of their constituencies. Indeed, from 1977 to 2016—nearly 40 years—only 12 openly trans Americans were successfully elected to office. Only two were elected to a statewide office, and one of them resigned before taking their seat. The remaining 10 were all elected to a local office. This demonstrates the remarkably low incidence of trans elected officials in the United States, but it also shows the importance of studying local representation, as the vast majority of trans elected officials in the country to date have served at the local level.

However, those who are elected have the power to make a difference. Research shows that state legislatures with a greater number of LGBT elected officials are more likely to introduce and adopt LGBT-supportive bills, even controlling for other factors, and having openly LGBT legislators has a positive influence on the beliefs and behaviors of non-LGBT legislators. Given that significantly fewer Americans report knowing a trans person than knowing an LGB person, this effect may be even stronger when a trans person is elected to office.

Demographically, trans candidates (both those who win and lose elections) are far more likely to be white than people of color, as is the case with U.S. candidates for office more generally. However, in contrast to the demographics of U.S. candidates overall, trans candidates and elected officials are more likely to be women: In 2020, 20 of the 25 trans elected officials in office were trans women. Additionally, whereas research shows that LGB candidates for office are generally more likely to run and be elected in urban areas, many trans candidates have run—and some were elected—in smaller, sometimes suburban or rural districts, such as Ralston, Nebraska; Hiawatha, Iowa; and Doraville, Georgia.

As the acceptance of trans people grows, trans candidates may become both more numerous and more successful in their bids for office. And as trans candidates become increasingly successful, more trans candidates are likely to emerge in turn, encouraged by the success of their peers. After Danica Roem, Phillipe Cunningham, and Andrea Jenkins—as well as five other trans people—won their elections in November 2017, a wave of trans people announced their candidacies for various local, state, and even national offices. In 2018, at

least 9 more trans people were elected to office, with at least 13 more elected (or reelected) in 2019 and another at least 12 more elected (or reelected) in 2020.

Representation in government is only one way to gauge progress or political power, but it is a way that gives insights into who is, or is not, involved in the many decisions about the laws and policies that shape our day-to-day lives.

Logan S. Casey

See also Electoral Politics; History; Identity Politics; LGBTQ Movement, Trans Inclusion In/Exclusion From

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Electoral Politics

Trans rights issues are sometimes raised in electoral politics. Electoral politics encompasses political representation through the election of legislators and executives. It also includes forms of direct democracy, such as ballot initiatives and referendums. In democratic systems, it is important to understand how elected officials and voters view trans rights, as these actors are vital in securing many types of policy changes desired by trans communities or by their opponents. This entry discusses three aspects of trans rights and electoral politics: trans candidates, trans issues in election campaigns, and ballot measures directly addressing trans issues.

Trans Candidates

The trans community in the United States is numerically very small (less than 1% of the population) and remains socially marginalized. As such, relatively few openly trans candidates have entered the electoral arena. Indeed, the world's first openly trans candidate to win a seat in a national legislature, Georgina Beyer, was elected to New Zealand's parliament in 1999. Yet, an increasing number of openly trans people are running for office at different levels of government. For instance, in 2017, two openly trans candidates, Andrea Jenkins and Phillipe Cunningham, won local races for city council in Minneapolis, Minnesota. That same year, Danica Roem defeated archconservative Bob Marshall for a seat in the Virginia House of Delegates, becoming the first openly trans person elected and seated as a state legislator in the United States. Finally, in November 2020, Delaware elected the country's first openly trans state senator, Sarah McBride. These victories are advances for the trans movement because they not only highlight increasing levels of social and political acceptance for trans people but also increase descriptive representation in government (that is, having elected officials who share identities with their constituents). This potentially bodes well for trans people, since increases in descriptive representation for other political minority groups, including women and racial and sexual minorities, tend to correspond with increased responsiveness to their policy demands.

Research suggests that trans candidates face hurdles similar to those of lesbian, gay, and bisexual (LGB) candidates. Older, conservative, religious, less-educated, male, and Republican voters are less likely to support LGBTQ+ candidates. However, voters are more likely to oppose trans candidates relative to lesbian, gay, or bisexual candidates. Psychological and emotional factors that shape general attitudes toward trans people, such as disgust sensitivity, authoritarianism, and the relative need for cognitive closure (i.e., aversion to ambiguity), may also reduce voters' willingness to support trans candidates.

Thus, like LGB candidates, potential trans candidates need to strategically select their districts to maximize their chances, prioritizing highly

educated, Democratic-leaning areas and places where there are open seats or unpopular incumbents. Trans candidates might also be more successful by raising their profile with Democratic-leaning groups and with community organizations to increase name recognition and create allies. In addition, they should expect their trans status to be a potential vulnerability that primary or general election opponents may attempt to exploit.

Trans Issues in Election Campaigns

Apart from the candidates' gender identities themselves, trans issues can also be featured in election campaigns, both prospectively and retrospectively. In prospective voting models, voters choose candidates based on expectations about their future actions. Conversely, retrospective voting looks at past performance of the candidate. Candidates that have taken actions to oppose or restrict trans rights, like North Carolina Governor Pat McCrory, are sometimes retrospectively punished by voters for their stances. Such directly attributable punishments related to trans issues, for or against, have been rare in general elections. Still, McCrory's loss in 2016, following his role in passing a law that based public bathroom access on the sex listed on a person's birth certificate (HB2), put opponents of trans rights on notice that such explicit and high-profile opposition to trans rights may not be cost free. Conversely, given the small size of the trans community, there are few prospective rewards, on average, for making pro-trans stances central to a general election campaign. Candidates must speak to the wants and desires of a greater number of voters.

The utility of trans rights as a campaign issue is subject to locally relevant forces and public attitudes on LGBTQ+ rights, which vary by jurisdiction and by issue. Nevertheless, Republican candidates for office may feel pressure to oppose trans rights, while Democrats may be compelled to be supportive. Republicans rely heavily on religious conservatives who commonly oppose LGBTQ+ rights, whereas LGBTQ+ voters are an important Democratic constituency. Indeed, it was criticism from LGBTQ+ activists and donors that pressured President Obama to become more supportive of same-sex marriage (an issue that affects many trans people in relationships) during his 2012 reelection bid.

In certain instances, candidates and parties may attempt to use trans-related policy as a wedge issue in campaigns. This was likely part of the intent of North Carolina Republicans in advancing HB2. They believed it would put the state's Democratic attorney general (and gubernatorial candidate) in a political bind following his refusal to sign an amicus brief that opposed trans students using gender-aligned restrooms in *Grimm v. Gloucester County School Board*. In addition to policies around trans bathroom access, other potential wedge issues are public funding of medical treatments for trans people who are transitioning and trans participation in athletics. Surveys show that there is less public support for these issues than for employment or housing nondiscrimination protections and allowing trans military service.

At the same time, actions by presidential administrations signal stances to their constituencies and to other elected officials, exacerbating the partisan divide. For example, the Obama administration issued guidance on Title IX in order to make school facilities and athletics more trans inclusive and changed Department of Defense policy to allow trans people to serve openly in the military. The Trump administration, however, moved policy in the other direction, reinstating the trans military ban, withdrawing the Title IX guidance, and asserting in court that Title VII sex discrimination protections do not apply to gender identity. The Biden administration subsequently reversed the Trump era changes. As these contrasting positions on trans rights issues become more crystallized within parties, elected officials who deviate from party orthodoxy may become ripe for primary challengers, particularly among Democrats. For Republicans, there is likely a greater risk in adhering to the demands of party activists, given the long-term trend for increasing public acceptance of sexual and gender minorities.

Direct Democracy

Direct democracy institutions give voters the ability to vote directly on public policy, rather than indirectly through the election of officials. These institutions include ballot initiatives, where policy proposals are generated and voted on by the public; referendums, statutes, and amendments passed by a legislature that are referred to the voters; and recall elections. Not all states have an initiative or referendum process, and there is considerable

variation in the rules for qualifying and passing a ballot measure at the local level. In the United States, there is no process for initiatives or referenda at the national level.

Since these institutions empower voting majorities, direct democracy has long been the bane of historically marginalized LGBTQ+ communities. For instance, Anita Bryant successfully worked to overturn a local gay rights ordinance in Dade County, Florida, in 1977 via the referendum process. In 1992, voters in Colorado approved a measure, Amendment 2, which banned any legislative, executive, or judicial action in the state that would make sexual orientation a protected class under laws banning discrimination. Similarly, during the 2000s, voters in a majority of states passed constitutional amendments banning same-sex marriage. Perhaps the most high-profile of these measures was Proposition 8 in California (2008), which reversed existing state policy. Although Amendment 2 in Colorado and the state constitutional bans on same-sex marriage were later overturned by decisions of the U.S. Supreme Court—in *Romer v. Evans* (1996) and *Obergefell v. Hodges* (2015), respectively—opponents of LGBTQ+ rights commonly try to expand the scope of conflict to the electorate when engaged in fights over LGB and trans rights. Ballot issues, such as marriage bans during the 2004 presidential election, have been tactically employed in an effort to increase election turnout by conservatives.

Despite how ballot measures have historically been used to restrict LGB rights, the track record for trans rights when facing direct democracy is more mixed. At the local level, opponents of trans rights have had some success in reducing trans rights to the issue of bathroom access, which they then frame as a safety concern for women and children. Such bathroom-focused tactics were successfully deployed in Houston, Texas, during a 2015 referendum on an ordinance that included antidiscrimination protections for LGB and trans people. Voters overwhelmingly rejected the ordinance. However, this safety framing around bathrooms is not guaranteed to produce success. In 2018, voters in Anchorage, Alaska, narrowly rejected a ballot initiative that defined sex as an immutable condition defined by anatomy and genetics at the time of birth and that would have allowed employers to create and enforce sex-specific policies related to restrooms and locker rooms. Furthermore, in a 2018 referendum in Massachusetts that challenged the state's expansion of public accommodations protections to trans people, voters overwhelmingly upheld the trans-inclusive law by a vote of 67.82% to 32.18%. Had trans rights supporters lost this vote in a liberal state like Massachusetts, the prospects for future legislative advances would have been dimmed and opponents to trans rights would have been encouraged to attack other trans rights gains using the ballot box. On the other side of the issue, trans rights activists have not used the initiative process to pursue policy goals at the state level. This may be driven by the tendency of direct democracy institutions to increase the responsiveness of elected officials to citizen preferences. Therefore, in states where the public supports trans rights and ballot initiatives are available, the legislature has likely already moved policy toward trans rights, negating the need for proponents to pursue these policies directly at the ballot.

Future Directions

Trans rights will likely remain an issue in electoral politics for the foreseeable future. Depending on the local or state context, trans issues may be a salient topic that can be deployed as a wedge issue. Restroom access policies and public funding for trans-related medical treatments remain controversial, and support for trans people and trans-friendly policies will vary by jurisdiction. Trans candidates can win elections, but they face many of the same hurdles that LGB candidates face but with even lower levels of public acceptance. However, pressure from LGBTQ+ groups has increasingly forced Democrats to be more inclusive of trans rights, and trans advocates are winning an increasing number of challenges in the referendum process. While the road to progress on trans rights through electoral politics is far from clear, it is not blocked either.

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See also Activism; Bathroom Discrimination; Elected Officials; Nondiscrimination Laws, Federal, State, and Local

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Embodiment

All living things have a body, a container that consists of muscles, sinew, blood, water, skin, microbes, and more. Awareness of this body and history of this awareness alert to all its meanings and changes is what becomes one's sense of embodiment: to become a self through knowledge of a bodily being encountering other embodied beings. This sedimented bodily sense for humans is an ordinary, banal, mundane accompaniment as much as an accomplishment. However, the gritty, layered meaning of morphology and built-up proprioception can become pushed forward into agreement or conflict with other "social facts" like gender, race, (dis)abilities, and age that hook into or zip up one's embodiment. This entry considers how Trans Studies scholarship, some anchored in the embodied knowledge of trans persons, has developed important theories of time, space, difference, subjectivity, and more according to lived experiences. It does so while examining how this scholarship builds on diverse traditions in critical race theory, media studies, queer sexuality, and feminist theory that center the body.

What Is a Body?

What is it to be a bodily being, sentient, woven into the world? This is a philosophical question but also a practical one. Freudian theories look at bodies as vectors of drives—for pleasure but also for death—in which a body is organized through desire lines that cathect it with other bodies and objects. The poststructuralist development of linguistic theories for subjectivity has an elaborate framework for understanding "bodily inscription" in which the matter of bodies cannot be thought separately from the discursive impressions, self-carvings, and the intelligibility of the ruling episteme. Philosophies of perception such as phenomenology, cognitive sciences, and their elaboration in dance and choreography know-how would say that spatial orientation, rhythm, and kinesthetic sense ground subjects in their bodily flesh. These fields attempt to reconcile how to weight combinations of psychic–corporeal, matter–language, affective thrumming, and felt sensibility. The ontological question of trans bodily knowledge can never be settled, for there is no one way to experience being "trans"; however, the combined attempts at working from the subjective sense of self offer important inroads to grasping what a body is through the trans prism of

experience. Trans bodily knowledge is an optic for analysis: the intersectional analysis of sex, gender, race, age, (dis)abilities, linked to analyses of health, vulnerability, care; of sexuality, desire, erotics; of language, discourse, and *dispositifs*.

Body Politics and Identity Politics

The question of what makes a body "trans"—in the widest possible sense—has echoes in other discussions: What is a woman, what is it to be Black, and how do we think about bodies before colonialization, before modernity, or according to religion? The ways in which embodiment differs, therefore, is not only about considering the single person's body but how sociality tethers one to their body in shared, collective, but also forceful ways. The measure of difference between embodiments therefore has critical importance.

Since the dawn of Eurocentric Enlightenment thinking, sexo-psychic medical discourses have had a hegemonic grip on trans embodiment. Their ascension into being a proper "science" has been assisted by the creation of taxonomized categorizations that separate the normal from the abnormal. The legacy of proper naming and recognition for sex/gender/sexuality differences—invert, psychic hermaphrodite, transvestite, transsexual, gender identity disorder, homosexual, or autogynephilia—is being actively challenged by the depathology movement, which places value on the wide variety and diversity of sexed and gendered embodiment. These movements for self-determination push back on the presumed authority of "scientific expertise" while challenging its legacy of misnaming, misrecognizing, and misusing differences of sex, gender, and sexuality that so often coincides with racialization/racist epistemological paradigms.

Discussions within the field of Trans Studies differentiate embodiment according to how the optic of gender might operate differently from that of sexuality, namely, via queer theory with its roots in gay and lesbian studies. The so-called border wars, as a key publication dossier in a 1998 issue of *GLQ: Gay and Lesbian Quarterly* called them, examined the fraught understanding of the difference between masculine embodiment understood as lesbian butch and as female-to-male transsexual (FTM or F2M) in the language of 1990s discourses. This discussion often referred to the historical figure of Brandon Teena, who was murdered for daring to take liberties and pleasure in their masculine embodiment as an assigned-female-at-birth (AFAB) person. The violence of Brandon's death was reenacted in the fight over claiming their body for different communities. The proffered notion of a *continuum* of masculinity brought about more debate regarding the self-assessment of one's trans status and respect for gender expression, identity, and in one's gender attribution, for instance, through pronouns and use of a chosen name. The prefixal expansion of trans* with the asterisk multiplier that became popularized in the mid-2000s challenged the legacy of being perceived as "trans enough" to claim the identity within various social circles.

Impact on Theories of Time, Space, and Media

Employing a trans optic on questions of embodiment allows the researcher to consider how to extrapolate from common experiences to comment on a generalized condition and even overturn previously held assumptions. For instance, the experience of "gender transition" can be parsed in multiple discipline-specific ways: as a period of time, a technological feat, a medical hurdle, a legal fix, a personal psychological trajectory that remains in play. At its core, examining accounts of gender transition raises questions of what is the duration of transition, for whom is the transition sudden or continuous, and which authorities and acts are involved in a transition? The quality of one's "transition time" might operate according to different temporalities than, say, the typical transitions of life as one ages, because of markers like the change of name or reintroduction to kin, the start of hormone treatment, and physical changes that induce a second puberty. Although specific rules apply to trans persons, similar transitions occur when someone marries or undergoes menopause. The embodiment of trans time then might be fractured, discontinuous, and layered: At any rate, it goes against the presumption of a linear, enduring sense of self-sameness associated with a cis identity.

Related to the axis of time, the spatial orientation of transness both locally and in terms of a geopolitics of location has shifted scholarship in sociology, anthropology, political science, and more. In the early period of writing on trans embodiment, researchers turned to non-Western

contexts to confirm the sameness of trans experience or show the potential for locating "third gender" options that may be imported back to the West/global North. The critiques of these attempts, such as pointing out how they "romanticize the Native" or form a colonial mentality within the transgender imaginary, have been essential to making Trans Studies sensitive to how space interacts with identity formation: appropriation in assumed proximity or exotification through distancing or denial of coeval-ness. The erasure or misuse of specific local nonwhite or non-American/European terms such as *queen, tranny, aggressive,* or *hijra, waria,* or *fa'afafine* also requires thinking through the spatial axis in embodiment practices as transmitted through the use of dialect and vernacular language.

A third issue is the coalescing of trans identities alongside modernization, with the threat of temporally and spatially distancing those in premodernity versus postmodernity. As electronic, digital, and computational technologies have driven many instances of modernization, scholars have been interested in parsing the ways in which embodiment has been affected by newfound experiences of these media (also in relation to older forms). Feminist film theorists have long argued for the key role that bodies play in interpreting images, centering a corporeal rather than a cognitive engagement. The launch of the Internet 1.0 and 2.0 has also made for new means to engage an immersive bodily experience. While "cyberspace" was hailed as a meat-free space of freedoms in which identity might be adopted at will, these dreams have been tempered by a turn to acknowledge the extractive process of user tracking, data mining, and how algorithms direct online behavior. Sandy Stone's "The Empire Strikes Back: A Posttranssexual Manifesto" in 1987 described the programmable grammar of gender and presaged many theories about digital embodiment, such as its updateability and modulation.

Bodying Forth?

The field of cultural studies and cultural critique has also been a rich site for thinking through the optic of trans embodiment, particularly by examining the values placed on bodily change. Transness has most often been exploited for its spectacular features, so as a spectacle that might induce horror or arousal. Rarely has trans embodiment been allowed to remain background noise, the mundane experience of one's gendered body. In trans cultural production, as in popular and mainstream venues, the increasing visibility of (some) trans bodies in narrative and documentary media has transformed the media landscape. What do (some) trans people gain from shifting from being relegated to the laughingstock on talk shows to playing the protagonist of a dramatic feature? Historians, such as Joanne Meyerowitz in 2001, show that media representation can produce a "shock of recognition" that assuages isolation and fosters community formation. As an actress and leading voice in cultural politics, Laverne Cox has called media presence a significant mode to present "possibility models" for being trans. How might producers, creatives, and viewers each and collectively "body forth" the horizon for actualizing trans embodiment?

The language of the human right to self-determination, as used in parts of the transgender movement, overlaps with the struggle of decolonial, feminist, and race equality social movements. Within a neoliberal framework, the notion of self-determination might be reduced to being able to privately access surgical procedures (modifications and enhancements), which tends to mistake the self in "self-determination" to be a wholly autonomous private citizen. The body's vulnerability to others requires scholarship in Trans Studies to think more expansively about accomplishing self-determination as a collective act. Thus, acts of bodily liberation link up prison abolition with gender abolition; the continuous accomplishment of that bodily freedom in use and mobility requires others to be accomplished. Embodiment is a collective feat. Hence, Trans Studies has often advocated the refusal to be just a body—to the law, to medicine, to a disciplinary study, or on display in media—and to instead foster awareness of *this* unique body situated within a wider context. Embodiment is a powerful concept because it facilitates attentiveness to the history of embodiment, alert to all its meanings and changes wrought through and with our encountering other embodied beings.

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See also Body Image Disturbance and Eating Disorders; Gender Dysphoria; Identity Politics; Misgendering; Phenomenology; Resiliency; Sexualities/Sexual Identities

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EPIDEMIOLOGY

Epidemiology is the study of the distribution and determinants of health and disease in populations. Epidemiologists ask, Who gets sick, where, when, and why? Trans individuals and populations were largely invisible in published epidemiologic studies until the 2010s. Trans status was not ascertained in most of the data sources used in epidemiology—and still is not, in most places and cases. Furthermore, early epidemiologic research often focused on the prevalence of transness (classified as a psychiatric condition) rather than on the health of trans populations. The rapid growth in epidemiologic research on trans people may be attributed to two interrelated processes: the depathologization of trans identity and the increased recognition of gender identity as a dimension of human diversity that is associated with health because of societal stigma and oppression. For example, in 2016, the U.S. National Institutes of Health formally recognized gender minorities as a "health disparity population."

Descriptive Epidemiology of Trans Health

Descriptive epidemiology aims to accurately estimate the prevalence (proportion of the population with a condition) and incidence (number of new cases over time) of health conditions and their distribution across the attributes of person, place, and time. Descriptive data are used to identify health inequalities, allocate resources, and generate causal hypotheses. Accurate descriptive epidemiology requires data from representative samples of the population or from the entire population. In a few countries, population-based surveys (which use probability sampling to obtain representative samples) and public health surveillance systems have started to add questions to identify trans respondents. For example, in 2014, the U.S. Behavioral Risk Factor Surveillance System (BRFSS) introduced an optional (at the state level) module on Sexual Orientation and Gender Identity (SOGI). These data have been used to identify inequalities in mental health, chronic illness, and health behaviors between trans and cis people. They were also used by the Williams Institute in 2016 to estimate the proportion of adults in the United States who identify as trans (0.6%).

Defining and Measuring Trans Status

Describing the health of subpopulations such as trans people also requires that membership be defined and operationalized in a consistent and valid way. Continuing with the example of the BRFSS, trans status is measured with a question that reads, "Do you consider yourself to be transgender?" Such a question may not capture individuals who have a gender that differs from their assigned sex at birth but do not identify with the term *transgender*. Furthermore, the survey logic assigns questions about sex-linked health issues (e.g., cancer screening) based on the interviewer's initial assessment of the respondent's sex, potentially leading to misclassification bias. Epidemiologists have evaluated various approaches to ascertaining trans status in population health research and generally recommend the "two-step" approach in which sex assigned at birth and gender identity are queried separately and then cross-classified to identify cis men and women, trans men and women, nonbinary people assigned male at birth, and nonbinary people assigned female at birth. Population-based surveys have been slow to adopt this recommendation, but Statistics Canada began testing a "two-step" question format in their surveys in 2018.

Community Surveys

It is important to note that while population-based surveys and surveillance data are the gold standard for descriptive epidemiology, nonrandom "convenience" samples of trans communities have generated critical insights about trans health. For example, the 2015 United States Transgender Survey (which surveyed more than 27,000 trans people) found, consistent with previous convenience samples, that 40% of respondents had ever attempted suicide, compared with less than 5% in the U.S. population overall. Although the precise magnitude of the disparity might differ with population-based data, a large disparity would undoubtedly persist, and thus these data are crucial for motivating public health action. To increase the representativeness of community-based surveys, researchers have also used approaches that could be considered "quasi-probability" sampling, including time-location and respondent-driven sampling, which involve systematic recruitment through venues and social networks, respectively.

Health Systems Data

Health system data represent another important source of epidemiologic data on trans health. These studies use electronic health records within community health centers, health insurance systems, and integrated health care systems. At present, electronic health records rarely capture consistent data on sex assigned at birth and gender identity; however, diagnostic codes and keywords can be used to ascertain likely trans individuals. Such studies have the advantage of being able to compare health outcomes and care utilization between trans and cis people, although findings are only applicable to trans people who have access to health care.

Analytic Epidemiology of Trans Health

Analytic epidemiology is concerned with estimating the causal effect of exposures—be they medical treatments, social factors, or policies—on health outcomes. Internal validity is key to analytic studies and depends in large part on the comparability of the groups being compared according to measured and unmeasured characteristics; for this reason, randomized controlled trials sit atop the epidemiologic "hierarchy of evidence." Nevertheless, randomized trials have been rare in trans health research. While many questions in trans health cannot ethically or feasibly be evaluated through trials (e.g., whether providing hormone therapy improves mental health), some important clinical questions could be evaluated (e.g., comparing hormone regimens). Among observational (i.e., noninterventional) study designs, strictly speaking, only longitudinal studies allow for causal inference because the order of cause and effect can be determined, whereas in cross-sectional studies, exposure and outcome are measured simultaneously. As trans health research has historically received limited funding and trans people have not been substantively included in non-trans-specific longitudinal studies, most trans health research to date has been cross-sectional.

The Future of Epidemiologic Research on Trans Health

There has been remarkable growth in quantitative trans health research in the second decade of the 21st century. The overwhelming majority of data, however, comes from a handful of high-income countries. Although trans people experience the same range of health concerns as cis people, trans-specific epidemiologic research has concentrated on mental health, HIV, and substance use. In addition to addressing methodologic challenges related to measurement, sampling, and study designs, the future of epidemiologic research on trans health will involve expanding the range of questions investigated and the geographic diversity of trans populations included in research.

Ayden I. Scheim

See also Demographics of the Trans Community; Measurement/Assessment Issues in Research; Quantitative Research; Research, Questions About Gender Identity; Research, Recruitment and Sampling

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Epistemologies

Epistemology is the philosophy of knowledge and its production, sources, scope, structure, methods, and conditions. There are different, often contested ways of knowing and accounting for that multiplicity necessitates the plural: *epistemologies*. Epistemologies examine the how, what, why, where, and who of knowledge. In challenging the ways of naming, describing, and knowing gender and its relationship to embodiment, Trans Studies has been concerned with epistemologies since its inception. Some even argue that trans existence—that is, the assertion of one's gender as different in some way from that assigned—is inherently an exercise in confronting the epistemological limits of cisnormative gender and thus always a practice of critique. Trans engagement with epistemic questions, on one hand, formulates correctives to established, often disciplinary bodies of knowledge and, on the other hand, is generative of trans epistemologies. In their critical mode, trans epistemologies question the knowledge production *about* trans people and phenomena that takes them only as the objects of knowledge. Such critiques often focus on the pathologization and marginalization of trans ways of being, the extraction and appropriation of knowledge for research, the scapegoating of trans examples for failing to more fully resist gender norms or for failing to adhere to them, and the objectification of trans subjects. Other critiques target cisnormative knowledge production that erases trans existence and discredits or outright excludes trans knowers—knowledge not about but *without* trans. Both of these critiques can be framed in terms of epistemic injustice. While in the mode of critique they address epistemic injustices, trans epistemologies redress them by theorizing trans ways of knowing, knowers, methods, and the production of trans knowledge as epistemologies in their own right, often paying particular attention to embodiment, positionality, and experience.

Epistemic Injustice

Epistemic injustice, a concept that names injustices related to knowledge and knowledge production caused by the effects of social power, is often used to describe the work of trans epistemologies as critique. Epistemic injustice can affect the knower, when knowledge claims are dismissed based on prejudice against the identity or status of the knower (testimonial injustice). The dismissal of trans self-knowledge by others and the valuation of expert gatekeepers over trans voices in granting access to transition-related medical care or gender marker changes are examples of testimonial injustice. While cisgender assumptions and experiences are often granted the status of the seemingly obvious or privileged as commonsense for which no justification is necessary, trans knowers are held to standards of justification that are designed to dismiss their claims and exclude their knowledge from even being considered as such. Epistemic injustice also affects the knower when people are denied the interpretive and conceptual resources of becoming a knower, of making sense of their experience to themselves and others (hermeneutical injustice). Criticizing the exclusion of trans knowers from academic or activist institutions of knowledge production, distribution, and authority is an example of how trans epistemologies address hermeneutical injustice. Epistemic injustice can also be content focused, when claims are denied because their content relates to trans issues, even when articulated by knowers otherwise privileged. This affects what can be known, is known, and is counted as knowledge in ways that lead to a distortion of trans as an object of knowledge. Whereas objectification—being known and studied in terms of a mere object of curiosity, pathologization,

and/or appropriation—is one of the injustices criticized by trans epistemologies, there is also injustice to being an object of willful ignorance or deemed unworthy of knowledge production or irrelevant to its scope. Being reduced to a mere object of knowledge is dehumanizing, but being the object of too little or no research or being excluded from existing research, and thus facing widespread medical ignorance of the specificities of some trans bodies, surgeries, or therapies, is also a form of epistemic injustice.

Trans Epistemologies

In their concern with experience, oppression, and situated knowledge, trans epistemologies intersect with other critical epistemologies such as feminist, indigenous, queer, disability, and critical race ones. Such epistemologies consider marginalized forms and ways of knowing—knowing otherwise or differently, the knowledge emerging from oppression and survival—the effects of epistemic injustice, and they theorize the epistemic consequences of privilege, as in the epistemology of ignorance. The epistemic consequences of the status of ally have attracted particular attention in trans epistemologies, too. Some critics are concerned that it can be used as a position of unearned epistemic privilege that can disguise epistemic violence, including the discounting and gaslighting of trans knowers. Others emphasize that ally privilege can be used to challenge epistemic injustice, and allies can face content-focused epistemic injustice when speaking on trans issues, even if the epistemic harm of misrecognition falls squarely on trans people.

Focusing on trans knowers, some scholars formulate identity-based epistemologies, in a "for us and by us" approach, whereby trans knowledge is related to being trans. Others suggest that trans epistemologies go beyond experiential knowledge, beyond trans subjects, and are rooted in thinking trans, in using *trans* as a verb for a conceptual move, or in tracking historically, regionally, and culturally variable and specific ranges of gender, sexuality, and embodiment. Many hold the two approaches to be complexly related, so that trans epistemologies take lived embodiment and positionality as the active locations of the social, relational, and affective emergence of trans identities and knowledges that dominant epistemologies often render unnameable and unintelligible. What they all have in common is an interest in looking beyond cisnormative rules of legitimate knowledge (both in the form of common sense and of expert discourse) and toward the epistemological potential of taking trans voices as well as trans knowledge production—in the broadest sense—seriously.

Trans Epistemologies Across the Disciplines

Whereas *epistemology* as a term originates in philosophy and travels along the route of theory into humanities and social sciences, trans epistemologies are relevant to many different areas of knowledge production and across disciplines. Trans Studies scholars have taken this perspective to an ever-growing list of fields and disciplines, including anthropology, history, legal studies, medicine, public health, social science, film studies, literary studies, higher education, and many others. Wherever they appear, trans epistemologies tend to suggest different priorities, sites of inquiry, and questions.

Based on their epistemological critique of existing research, some scholars offer specific guidelines for human subjects research with trans participants, engaging with the ethical and practical processes of a certain kind of disciplinary knowledge production. Others argue that, since academia has long excluded trans and other knowers, the knowledge production process itself must be transformed: Activist and experiential knowledge need to be taken seriously in their epistemological value, need to inform research design, and need to shape how research is held accountable to communities.

Human subjects research is not the only kind of knowledge production analyzed with trans epistemological tools in various disciplines. In legal studies, for example, trans epistemologies question the cisnormative framework of how law constructs gendered legal subjects and challenge the epistemically unjust effects of legal discourse on trans litigants and trans rights. In sociology, some trans epistemologies foreground how subjects position themselves in relation to culture, institutions, and communities in often contingent, iterative, and relational ways that do not signal a lack of self-knowledge but are instead understood as carefully crafted negotiations of meaning. In anthropology, epistemological questions are raised about how *transgender* as a term travels globally through

U.S.-dominated economics of knowledge production, is exported, and is both taken up and resisted in locally specific ways as it encounters other local and/or historical epistemologies.

In the field of higher education studies, Z Nicolazzo in 2017 posited six tenets for imagining a trans epistemology, including attention to oppression as a shaping force of trans epistemology, to varied experiences and intersectional identities, to the role of trans community, to material and virtual environments, to activism and grassroots organizing, and to the problem of in/visibility. Nicolazzo specifies that the first tenet means that trans people may be from oppression but not of oppression, characterizing an epistemology that is shaped by both experiences and histories of oppression but not limited to them. This echoes Leslie Feinberg's insistence that being oppressed does not make trans people the product of oppression. It is worth noting that in relation to oppression and to gender dysphoria, some trans epistemologies foreground negative experiences and negative affect in particular as important ways of knowing. While the term itself is highly contested in trans studies, that very debate marks its continuing influence on many trans epistemologies: Gender dysphoria here is at times affirmed as a source of knowledge deeply and negatively felt, at times denied as a pathologizing label of medical knowledge, at times rejected as a divisive tool of boundary drawing between a range of trans experiences, and at times redefined to reclaim the role of the trans voices that were involved in the sexological shaping of the diagnostic language.

In the humanities and cultural studies, scholars tend to formulate trans epistemological ideas by tracing trans knowledges through interpretations of artistic expression, survival tactics, contested metaphors (from the wrong body to the monster), aesthetic form, questions of representation, and cultural meaning making. These approaches argue that while trans knowledges are subjugated and have been excluded from dominant discourse, these epistemologies are productive of, and can be gleaned everywhere from acts of, trans worldmaking, interpretation, and imagination.

In all fields and disciplines, even those most removed from any discussion of explicitly trans issues or topics of knowledge, concerns over institutional exclusion of trans knowers, its highly intersectional effects, and the rarefied privilege of access to the time, resources, and authority of academic knowledge production remain important material issues of epistemic justice.

Anson Koch-Rein

See also Academia; Cisnormativity; Feinberg, Leslie; Gender Dysphoria; Medicine; Phenomenology; Trans Studies

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Erasure

Trans erasure refers to an ongoing sociohistorical process whereby cis people, individually and collectively, deny, ignore, dismiss, minimize, or otherwise render invisible the existence and experiences of trans people. Even though trans people have existed in every documented historical and

cultural moment, although named in various ways over time, trans erasure allows cis people to experience social life unaware of trans experience while also referring to any observation of trans life as something "new," "unusual," or otherwise "unexpected" whenever such examples slip into mainstream social and political discussions (e.g., media, religious, scientific) over time. In this way, cis people are allowed to inhabit a "cisgender reality" predicated upon the marginalization of trans lives, knowledges, and experiences.

Importantly, this is not an uncommon process in social systems. Nor is it a process limited to trans populations, experiences, and histories. Rather, social authorities generally design and disseminate selective versions of science, religion, and media that emphasize some elements of social life (e.g., cis experience, hetero- and monosexuality, upper-class experience, endosex [i.e., non-intersex] categorization) and downplay or otherwise erase other aspects of social life (e.g., Blackness or other non-white racial experience, trans experience, bi-pan-queer-asexual-lesbian-gay sexuality, lower- and working-class experience, intersex categorization). This is generally accomplished through the limitation of marginalized voices in mainstream media, science, and religious narratives as well as the creation of white, cis, hetero- and monosexual, upper-class, and endosex-based (i.e., male or female only, non-intersex) scientific, religious, and media representations of "reality," or what a given social world is and how it works.

For example, the vast majority of religious traditions are predicated upon a cis reality wherein a higher power created two and only two sexes—that is, endosex categorization as only male or female in the eyes of the higher power—which are required by that higher power to become the two and only two genders associated with those sexes (i.e., cis socialization wherein males must become men and females must become women). From this original erasure of intersex and trans existence, such religious traditions then often demarcate every aspect of reality and the practice of their religion along cis and endosex lines. Furthermore, they punish and otherwise marginalize any example wherein a member of their religion rebels against their assigned sex and gender at times and/or over time. In this way, religions erase trans existence from their creation of reality and maintain said erasure through their ongoing activities.

At the same time, trans people experience a similar pattern of erasure and punishment in scientific traditions. When establishing and creating surveys for understanding the broader social world, for example, scientific disciplines generally mirror religious traditions by assigning all participants as only male or female (endosex categorization) and extrapolating cis gender construction (i.e., the males are coded as men, the females are coded as women) from these assignments. Although some exceptions to this pattern have begun to emerge, most social scientific surveys create and disseminate a cis version of what the world looks like within their scientific disciplines. In fact, one may see a similar erection of cis- and endosex-based notions of the empirical world in the norms used throughout the sciences to identify everything from animals and plants to social structures and neural networks within the human brain. In all such cases, mainstream scientific practices erase trans (and intersex) existence to establish a version of the natural world that both matches dominant religious stories and promotes cis-only worldviews.

The combination of these processes of trans erasure can be seen by all members of the social world, regardless of religious tradition or scientific access, through media representations. In fact, an example of such patterns can be found in recent increased media attention to trans experience that almost entirely defines such experience as "new" despite the plethora of evidence, sometimes even from past content delivered by the same media outlets, to the contrary. In the case of trans reproduction, for example, some of the same news organizations that covered trans pregnancies in the late 1990s and early 2000s then defined these same types of stories as "new" phenomena when covering trans pregnancies in the 2010s. As has been common in relation to cis women, as well as racial, sexual, class, and religious minorities, news media typically reflect and reproduce existing scientific and religious norms in a given society and across the world. Rather than capturing the actual social world that cis, trans, and otherwise gendered people inhabit, the media have thus typically limited their representation of society to cis-only phenomena. As such, even the greater representation of recent years typically contains false assertions that

trans people are a "new" part of society and only provides limited portrayals (in terms of race, class, sex, gender identity, sexualities, religion, and other aspects of social identity) of trans populations.

In each of these examples and in many other cases, contemporary social norms rely upon and generally reproduce longstanding patterns of trans erasure. In so doing, these social authorities make it both more difficult for trans people to see and understand themselves through media, religion, or science and easier for cis people to minimize, ignore, marginalize, or otherwise deny trans existence in their own individual and collective lives. Rather than maintaining narratives reliant upon trans erasure and the maintenance of cis privilege, understanding ourselves, gender itself, and even society more broadly requires recognizing and representing the existence and multitude of experiences of trans people throughout the world. It requires combatting and otherwise undoing trans erasure.

J. E. Sumerau

See also Cisgenderism; Cisnormativity; News Media Representations; Religion/Spirituality, Support of/Opposition to Trans Rights; Representations in Popular Culture; Transphobia

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Erickson, Reed

By way of the Erickson Educational Foundation (EEF), Reed Erickson (1917–1992) directly or indirectly supported almost all public education, research, peer support, and activism about trans people during the years the EEF was active in that area (1964–1976). He also made major contributions to the early homophile organization ONE Inc. and to "New Age" spiritual groups.

Reed Erickson grew up in Philadelphia in a white middle-class family. After secretarial training and a number of short-term jobs, Erickson moved to Baton Rouge, Louisiana, to work in the family lead smelting business there and, in 1946, earned the first mechanical engineering degree awarded to a woman at Louisiana State University. Unable to get work as a woman engineer, Erickson passed the next 10 years traveling and doing a variety of jobs, finally taking on a leadership position in the family business. Erickson proved to be a savvy businessperson who also inherited wealth and made some lucky land purchases that yielded significant wealth after oil was discovered on them.

Over the second half of the 1950s, Erickson began his transition by taking testosterone. By 1963, he had become a patient of Harry Benjamin, now widely considered to be the "father of transsexualism," and had his birth certificate, passport, and driver's license changed to male. Surgeries followed 2 years later. During his lifetime, he married several times, two of which were fully legal, three of which happened under unclear circumstances. With his wife Aileen, he became father to two children. Over the years, he lived with his family and his pet leopard, Henry, in Baton Rouge; later, in an opulent custom-built home in Mazatlán, Mexico, which he dubbed the Love Joy Palace; and, still later, in Southern California. Sadly, by the time of his death in 1992 at the age of 74, he had become addicted to ketamine and cocaine and died in Mexico as a fugitive from U.S. drug indictments.

During his lifetime, Erickson made huge contributions through the work of the Erickson Educational Foundation (EEF), started in June 1964. The EEF's goals, stated in a promotional brochure, were "to provide assistance and support in areas where human potential was limited by adverse physical, mental or social conditions, or where the scope of research was too new, controversial or imaginative to receive traditionally oriented support." The EEF funded in three major areas, starting with almost 20 years of core funding to the early homophile organization ONE Inc., which, in 1984 and 1985, granted the first

graduate degrees in Homophile Studies in the United States. ONE has since evolved into the ONE Archives, the world's largest LGBTQ archives. The EEF's final phase of funding went to New Age projects concerning dolphin communications, dream research, altered states of consciousness, and the 1976 first edition of *A Course in Miracles,* among others.

The main focus of the EEF was transsexualism, at a time when little was known about trans people either among professionals or the public. The EEF granted hundreds of thousands of dollars in funding to most of the early researchers in the field, including the meetings of the Harry Benjamin Foundation, which, in turn, led to the EEF funding the June 20, 1966, opening of the first U.S. university-based gender clinic at Johns Hopkins and the second book ever written about transsexualism, Richard Green and John Money's (1969) *Transsexualism and Sex Reassignment,* as well as numerous other important research projects.

The EEF had offices open to the public in Baton Rouge, New York City, and Ojai, California. They maintained an extensive list of service providers throughout the United States and in several other locales, as well as took phone calls and office visits from trans people needing support and referrals. Funding was also provided to a number of the earliest trans peer support groups throughout the United States. At a time when information about trans people was almost nonexistent and nearly impossible to access, the EEF sponsored innumerable public addresses, educational films, radio and television appearances, and newspaper articles on trans topics directed at medical personnel, clergy, law enforcement, university and college students, and the general public. The EEF's projects also included an invaluable quarterly newsletter and a set of educational pamphlets that brought together information unavailable in any other way at that time. The value of these efforts for trans people and researchers alike would be hard to overstate.

One of the legacies of the EEF was its role in the origins of the World Professional Association for Transgender Health (WPATH). In July 1969, the EEF cosponsored the First International Symposium on Gender Identity with the Albany Trust in London, England. A second symposium in the series took place in Elsinore, Denmark, in September 1971, and the third was in Dubrovnik, Yugoslavia, in September 1973, both sponsored solely by the EEF. The 1975 and 1977 symposia were run by others and assisted by contributions from the EEF. When the EEF announced that it was closing, an emergency session to chart a way forward without the EEF was called at the February 1977 symposium. The formation of the Harry Benjamin International Gender Dysphoria Association, later renamed as WPATH, was approved at the February 1979 symposium in San Diego and officially incorporated in September of that year. WPATH counts these six conferences as their first.

The EEF's three main areas of work in the service of trans people—support and referral, advocacy and education, and research and professional development—led to significant and far-reaching improvements in the lives of trans people.

Aaron H. Devor

See also Benjamin, Harry; Community Building; Gender Clinics in the United States; History; LGBTQ Movement, Trans Inclusion In/Exclusion From; Trans Men; WPATH

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Ethnographies

As a research method invested in critically understanding social relationships in a range of geographic contexts, *ethnographies* provide one

productive avenue into the nuances of trans and other gender-diverse experiences around the world. The term *ethnographies* describes not only the qualitative research methodology, which involves semistructured interviews and participant observation, but also the written products that result from said research. As texts, trans ethnographies have proven foundational to the development of trans studies as a field. This entry provides context for the significance of trans ethnographies, including a brief historical overview, and reflects on the primary concerns, questions, and future directions of trans ethnographies.

Gender and Ethnography: A Brief History

Although ethnography was formally named a research method in the early 20th century as part of the development of the field of anthropology, the tenets central to ethnographies have been present in various historical writings. From travel writings to community-based oral histories, the practices of participating in community, observing and recording said observations, and interviewing community members have endured in a range of geographic areas and in many different populations, even though the products of such practices were not named "ethnographies." The emergence of ethnography as a formalized research practice is tied to a number of colonial projects. For example, scholars now considered foundational to the field of anthropology were enlisted by colonial governments to get to know, study, and draw conclusions about so-called primitive populations and their day-to-day lives. These early anthropologists (primarily white men) took detailed notes about everything about a given population: where and how they lived, what they cooked and ate, and who did the cooking, hunting, gathering, and other essential tasks to keep their community running. These divisions of labor were, in many cases, gendered, that is, determined along the lines of perceived bodily capacity based on a binary model of biological sex ("male" or "female"). Given the coloniality of these early ethnographies, such sex-based assumptions of "gender"—along with gender roles and gendered divisions of labor—were based on a Western, white, Euro-American model of gender that relied on a binary between femininity and masculinity.

As early as the 1930s, feminist anthropologists, quickly followed by lesbian, gay, and queer anthropologists, challenged the gendered assumptions of these early ethnographies by drawing attention to gender roles culturally constructed in ways that differed from this binary model. One oft-used example of such gender difference is the population now known as *two-spirit* in Native American communities. Initially called *berdaches* by European colonial officials and anthropologists who studied Mojave populations, anthropologists and other social scientists have long drawn on this third-gender (i.e., neither "male" nor "female," neither "man" nor "woman") population to exemplify the social construction of gender, gender roles, and sexuality. For anthropologists, two-spirit populations demonstrated the ways that "gender" can be defined not by biological sex but rather by occupation, social roles, and individual preference. For trans studies, as well as other studies of LGBTQIA+ communities, the existence and study of two-spirit populations have exemplified the transhistorical persistence of gender diversity. Some scholars, however, have cautioned against romanticizing the presence of two-spirit populations, noting the very real forms of violence and discrimination that these populations can face. Ethnographic methods, by attending to the on-the-ground realities for trans and gender-diverse populations around the world, can address these forms of violence as well as resistance and community building.

Contextualizing Trans Ethnographies

Along with ethnographies of two-spirit communities, ethnographies of other gender-diverse communities around the world—including *hijras* in India; *travestis, viado,* and *bicha* in Brazil; *māhū* in Polynesian cultures; *kathoey* in Thailand; *bissu, waria,* and *lesbi* in Indonesia; and trans communities in the United States—have come to perform symbolic work for Trans Studies. Ethnographies that situate these gender-diverse populations within their particular geographic, cultural, historical, and political contexts reveal the social construction of gender, as well as the existence and persistence of gender diversity. The social construction of gender, a tenet central not only to (trans)gender and sexuality studies but also to

notions of cultural relativism in anthropology, refers to the ways that gender, as a construct, is specific to the time and place within which it emerges. We can see this social construction quite clearly in the example of hijra communities in India: While hijras are culturally defined as neither men nor women, the gender system through which these communities define themselves is much more complex. Indeed, hijra identity—the subject of a great deal of ethnographic scholarship based in the South Asian subcontinent—is defined not only in relationship to sex and sexuality but also in terms of bodily practices, religious rituals, and caste status. Ethnographies of hijra communities take into account the particularity of each of these aspects in order to ascertain a robust picture of what hijra means to people on the ground. In so doing, these studies push scholarship from such fields as anthropology, sociology, and gender studies to attend to the nuances and specificities of gendered categories in any given cultural, geographic, and political context.

Trans ethnographies, then, can encompass not only those communities that may identify as trans or under a trans umbrella but also communities and populations that fall outside of binaristic, biological sex-based understandings of gender. While scholars disagree on whether or not "transgender" or "trans" can describe and hold the vast range of possibilities for gender difference, particularly outside of a U.S. or Western context, ethnographies play a productive role within Trans Studies. That is, ethnographies—texts that explore how gender has been constructed and understood within a given community, geographic context, institution, or population—allow Trans Studies scholars to see the expansiveness of gender difference on a global scale. Furthermore, these ethnographies help to underscore the transhistorical existence and persistence of communities who disrupt gender norms that rely on a white, Western binary between masculinity and femininity. By attending to such practices and characteristics as sexual acts, sexual labor, dress, roles in religious rituals, bodily modifications, and roles in community, these ethnographies reveal the variety of ways that gender can be experienced and defined.

Trans ethnographies may also include studies of communities inside the United States whose expression or experience of gender falls outside of a strict male–female binary, even if those communities do not identify as trans. Ethnographies tracing the work experiences, relationships, and identities of drag queens in New York City in the late 1960s and early 1970s, for example, are considered by some anthropologists to have set a precedent for trans (and queer) ethnographies. This ethnographic scholarship challenged normative assumptions of gender, sexuality, and labor by observing drag performances and interviewing drag performers (some deemed "street fairies" at the time) about how they made sense of the often-contradictory communities they built and traversed. Because many of these performers would have identified as cisgender, heterosexual men outside of the drag context, their presence within a trans ethnographies lineage is necessarily fraught. Indeed, the complexities and contentions of language use—more specifically, the use, circulation, and applicability of the category "transgender"—serve as a significant thread in trans ethnographies.

Language and Categories

Because the category "transgender," as numerous trans studies scholars have argued, emerged out of medical, academic, and social service institutions more so than out of communities on the ground, applying the language of "transgender" ethnographically—both within and outside of the United States—can be challenging for ethnographers. For many people of color, working-class people, and people without access to institutionalized language in the United States, and for many people outside the United States, the category "transgender" is unfamiliar or inaccessible. For this reason, language complicates trans ethnographies, methodologically and theoretically: Some anthropologists, for example, have described their difficulty approaching communities that social service agencies may call "transgender" but who may not identify as such themselves. Methodologically, ethnographers may find it difficult to recruit and determine research subjects, who may use such terms as *gay* or *woman,* but not *transgender,* to describe themselves.

By attending to such complexities of gender categories and language use, trans ethnographies can work to unsettle gendered assumptions in a

structural way. These questions of translation, circulation, and identification in language use—that is, how different gendered categories translate across linguistic barriers, circulate in a variety of institutional and community contexts, and become taken up as identity categories by a range of people—are central to trans ethnographies at both the research and writing stages. When ethnographers build relationships with, interview, and observe their interlocutors, for example, they may consider including a range of subjects, who may or may not identify as "trans" but who may have a critical or nonnormative relationship to their gender expression. Finding and developing a rapport with these subjects—a crucial stage in the process of conducting ethnographic research, which for many occurs prior to the actual collection of ethnographic data—often means adding an extra step of learning the gender system(s) embedded in different communities. This is as true in transnational research that works across linguistic barriers and geographical distance as it is in research on various communities in the United States with distinct and complex gender systems. One prominent example is ball culture, which has persisted in Black LGBTQIA+ communities from at least the 1920s to the present in many cities in the United States: A range of categories, including "butch queen," "femme queen," and "butch" (each with its own set of rules and expectations that sit outside of a white, hetero- and gender-normative gender system), structure the competitions and communities for ball participants.

The (linguistic) complexity of culturally specific and community-based sex/gender systems is thus one prominent thread in trans ethnographies. By beginning with the presumption that the construction of gender coheres differently depending upon the context, trans ethnographies unsettle assumptions about gendered categories *and* expand the possibilities for research topics and subjects. When taken to include a range of gendered categories, experiences, and roles that extend beyond the category "transgender," trans ethnographies open these possibilities for Trans Studies as a field. Furthermore, by taking this capacious approach to gender and gendered language, trans ethnographies require that Trans Studies as a field remain critical of the ways in which the category "transgender" persists primarily in Western or U.S.-based institutions. This institutionalization necessarily limits the kinds of access that different communities (within and outside of the United States) have to the category itself and the language that surrounds it: Trans ethnographies, then, place important pressure on Trans Studies as a field to remain accountable to communities on the ground.

One recent trend in Trans Studies has been for scholars to include personal reflections. Along with trans memoirs, which trans communities have long used as a platform to share and analyze personal experiences, such scholarship might be considered autoethnographic. Autoethnography, considered a subset of ethnographies, describes participant observation of and critical reflection on personal experiences. In Trans Studies, these critical reflections help to buttress scholarly claims about the complexities of navigating everyday life as a trans person. From meeting with doctors to discuss options for surgery and hormones to navigating a range of security and surveillance systems in the United States, trans scholars have included their personal experiences in their scholarship in generative ways. As with trans ethnographies more broadly, the inclusion of autoethnographic writing has pushed the field of Trans Studies to attend to on-the-ground, everyday realities for trans people.

Future Directions

Further research in Trans Studies that uses ethnographic methodologies should continue to take care in attending to the specificities of different geographic and cultural contexts to address the issues outlined in this entry. Ensuring the participation of diverse communities in ethnographic studies and recognizing the complexities of language will continue to be crucial for all ethnographic research, specifically trans ethnographies, which grapple with gender and sexual diversity in numerous geographic and cultural contexts. Furthermore, given the colonial histories of ethnography, the position of ethnographer is very often one of (even relative) privilege, and ethnographers—of any gender identity—should continue to attend to the specificity of their subject position. By

critically centralizing the diversity within trans communities, including the forms of power *and* privilege, trans ethnographies will continue to shape the ways Trans Studies speaks to and with communities on the ground.

V. Varun Chaudhry

See also Autobiographies; Ballroom; Cross-Dressers as Part of the Trans Community; Hijras; Qualitative Research; Two-Spirit People

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F

Fa'afafines

Fa'afafine (pronounced fa-a-fafee-nay) is a culturally specific term in Samoan, a language spoken by the indigenous Polynesian people of the Samoan islands, referring to those with a specific nonbinary gender identity. The term *fa'afafine* is composed of *fa'a,* meaning "in the manner of," and *fafine,* meaning "woman." Fa'afafine refers to people whose sex assigned at birth is male and whose gendered behaviors are feminine or women-like. The majority of fa'afafines present with a feminine gender expression and behave in ways that are consistent with traditionally female social roles. However, there is variation among how each fa'afafine understands and expresses their gender identity. Some fa'afafines understand their gender identity as being not just feminine but of being both masculine and feminine. This entry explores the experiences of fa'afafines in Samoa, including their role within Samoan society, embodiment of gender expressions within this identity, and the recognition of the fa'afafines' identity.

Social Roles

According to research with this population, fa'afafines become aware of their preferential interest toward femininity at a young age. Because this gender identity has a degree of social acceptance in Samoan culture, many families will support and raise their children as fa'afafine. In comparison to the emphasis on individualism in Western societies, social roles in Samoan culture are based in collectivism and thus are associated with how members of the community can benefit those around them and the communities they belong to. The social roles for Samoan children are focused on assisting the family unit with household-related chores. In general, within this culture, young men tend to take on more physically labor-intensive tasks that occur outside the home (e.g., providing food and shelter), whereas young women take on tasks inside the home, which are related to caretaking and nurturing (e.g., washing, cleaning, cooking, childrearing). Fa'afafines are likely to engage more in stereotypically female social tasks and behaviors from childhood, which is often encouraged by families. In adulthood, many fa'afafines extend their caretaking roles by taking care of their elderly parents or assisting in childrearing, either for their own children or children of siblings and other family members.

Embodiment

While fa'afafine is an accepted identity within Samoan culture, individuals with this identity embody it in a variety of ways. In terms of social forms of gender expression such as dress and makeup, some fa'afafines may wear a *puletasi,* the traditional Samoan two-piece women's outfit, and may assume the women's roles during the *taualuga,* a Samoan traditional dance form. Some fa'afafines present themselves in a remarkably

feminine manner, including makeup, jewelry, feminine hairstyle and attire, and feminine-pitched voice. These efforts may result in being able to publicly "pass" as female. Other fa'afafines may choose to present themselves with a milder feminine presentation such as occasionally wearing nail polish and using feminine hand gestures. Embodiment of the identity may change over time; for example, some fa'afafines may choose to present themselves in a feminine way daily, only on few occasions, or in between these two limits. Some fa'afafines may also prefer to present with an androgynous or masculine gender presentation.

In addition to clothing and makeup, some fa'afafines may elect to undergo gender affirmation surgeries and hormone treatments to express their gender. However, it is rarer than it is in the United States for fa'afafines to elect such surgeries and treatments. For individuals who undergo gender affirmation surgeries, they often continue to identify as fa'afafine and not as a woman due to connection they have developed with the fa'afafine community. Alternatively, not all fa'afafines choose to reduce the physical characteristics that are part and parcel of male biological processes (e.g., shaving facial hair).

While fa'afafine is a gender identity, not a sexual identity, the majority of fa'afafines self-identify as being attracted to masculine-presenting, cisgender, heterosexual-identified men. Within Samoan culture, it is not uncommon for cisgender, heterosexual men to have intimate relationships with fa'afafine partners. However, more research needs to be conducted to explore whether these practices are accepted by the society generally. These relationships are facilitated by the cultural and social awareness of fa'afafines and the recognition that, unlike in heterosexual pairings, sexual exploration with fa'afafines does not result in unwanted pregnancies. Overall, it is important that the conceptualization of sexual orientation and gender identity categories in Western societies not be generalized to Samoan culture.

Identity Recognition

The fa'afafine identity is widely recognized in Samoa. A popular form of entertainment and cultural celebration are fa'afafine pageants, which are held in Samoa multiple times a year and are attended by local Samoans and tourists. Pageants are a place for fa'afafines to publicly display their femininity and allow fa'afafines to continue to hold awareness of their role in Samoan society and culture. Yearly pageants are organized by the Samoa Fa'fafine Association (SFA), a nonprofit organization that promotes fa'afafine rights and interests in Samoa. The pageant-generated funds are used to help support them in their advocacy work.

The fa'afafine community is tolerated and mildly accepted by the Samoan society. Even though the community is recognized, fa'afafines still experience different forms of institutional and interpersonal discrimination. Organizations such as the SFA work to advocate for equal legal rights (i.e., recognition of same-sex marriage) and laws that protect the fa'afafine community from discrimination in Samoa. There is additional need for further research on the experiences of fa'afafines who also hold other marginalized identities (e.g., low socioeconomic status) to better understand the variance in how they are perceived and treated within Samoa.

Vinisha Rana and Kimberly F. Balsam

See also Asian American People; Māhū; Muxes; Nonbinary Genders; Third and Fourth Gender Roles; Two-Spirit People

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Families: Transnational and Global Perspectives

This entry explores ways that trans and gender-diverse people create and sustain families and navigate family pressures, with a focus on transnational and global contexts that are underrepresented in transgender family studies. Definitions of family, like definitions and expressions of gender, are numerous and fluid. Scholars have long recognized the importance of chosen family and fictive kin—family relations that are not based on blood or marriage—among LGBTQ+ communities, Black American communities, recent immigrants to the United States, and other groups. More heteronormative models of family are also culture and context specific. For example, in some cultures, grandparents, aunts, uncles, and cousins are a part of the core family, while in other cultures and contexts, these relationships are considered more distant or "extended." Some societies distinguish legally and/or culturally between paternal and maternal relatives and in-laws, while others do not. Thus, the very definition of family in a study of trans family relationships may harbor cultural (usually white North American) biases. This entry uses a subjective definition of family, inclusive of the relationships that trans and gender-diverse people themselves consider to be family within transnational and global research on this topic. It is certainly possible that researchers have missed aspects of trans family life because of their/our cultural and personal definitions and lenses. This is an area for continued exploration and critical reflection as scholars expand the scope of transgender family studies.

Strengths of Trans Family Ties

There are many examples, drawn from nearly every continent, of ways that trans people create and sustain kinship and family ties. Often these ties are with other trans and gender-diverse individuals, as in *khwajasara/hijra* households in Pakistan and India, coresidence with trans siblings and mother/father figures in Peru, "families of choice" among trans Latinx immigrants to the United States, and other transnational and global contexts. In some South Asian and indigenous communities, gender-diverse people have specific community roles that involve caring for children and performing other family labor.

These families of choice and communities of care may stand in for families of origin that have abused and/or expelled their trans members. As such, they serve crucial and lifesaving roles, particularly as many societies allocate the burden of social security to families. However, families of origin are not uniformly rejecting. The global body of research on transgender people and their families points to high levels of family cohesion as well. For example, trans people having origins in the Pacific Islands report very close family ties compared with nonnative groups in the region. The assumption that families of origin are inherently hostile to gender diversity obscures the tenderness and resilience that is also present for many.

Family Pressures

Family pressures on trans and gender-diverse people vary socially and culturally. The reasons why a parent or grandparent may embrace or reject a transgender child, for instance, reflect the social and cultural resources available to them. Some may be religiously motivated, while others are more concerned about posterity or other core values. Pressures around heterosexual marriage and reproduction are widely reported. Studies conducted in China, Hungary, India, Indonesia, Iran, Japan, Pakistan, Taiwan, and Turkey, among many other places, show marriage compliance to be among the primary concerns for families of origin. That is to say, trans people are under enormous pressure to marry, have children, and care for the younger and elder generations in a "traditional" family arrangement (and, of course, what is traditional will also vary from place to place). Trans

people have found creative ways to manage such pressure. Some enter marriages that appear to be traditionally gendered and heterosexual (in accordance with sex assigned at birth) to appease their families and/or as a protective cover. Many people maintain close relationships with kin through strategic silences. Others choose to disclose that they are trans in order to resist marriage or, conversely, to access heterosexual marriage through social and legal gender transition.

A common thread in accounts of trans kinship and family is the inability, or refusal, to break away from the family of origin. In many places, leaving one's family is simply not socially or economically feasible, nor is it desirable to significant numbers of trans people who remain deeply embedded in kinship and family networks. Thus, family-of-origin relationships continue to be worked out in intimate daily living and often in coresidence. Support for trans people must take these family arrangements into account. Similarly, support for family members of trans people—such as parents, grandparents, siblings, cousins, spouses, and children—must consider the contexts in which they live and structure their relationships.

A third theme arising in numerous studies is the gendered division of family labor, encompassing housework, childcare, eldercare, care for ancestors, emotional labor, and other paid and unpaid work. Family work is used both to suppress trans people, ascribing roles and responsibilities rigidly based on sex assigned at birth, and to affirm trans people by allowing them the flexibility to reconstitute roles and responsibilities according to their genders and in ways that signal their genders to others. As a majority of societies remain highly gendered and patriarchal in family organization, these are aspects of transgender family life that must be considered.

Transnational Family Relationships

Family relationships often spread across countries and continents, and this, too, shapes the family experiences of trans and gender-diverse people. Family can serve as both a push-and-pull factor in transgender migration trajectories. Some trans people migrate to create families, to provide for their families, and/or to reunite with loved ones. Others migrate to put distance between themselves and a family that is hostile to their trans personhood. Family issues intersect with other reasons for migration, such as departure from violence and poverty. For significant numbers of trans migrants and asylum seekers, this includes violence inflicted by family members and poverty exacerbated by the withdrawal of family support.

Migration processes bring people into contact with the power and surveillance apparatuses of multiple nation-states. Possibilities for mistreatment and abuse are compounded by the variety of ways that states determine a person's legal gender and enforce binary gender categories, often under the guise of national security. This holds implications for family life as well. For example, trans people face barriers to common pathways to immigration and naturalization through spousal and family relationships. The validity of a marriage for the purpose of immigration relies upon sex assigned at birth in most of the world. Even as some countries provisionally open a door to trans recognition and/or to same-sex marriage migrants, discrepancies among legal documents—such as a change in one's sex marker—can result in more scrutiny and even denial of one's application under xenophobic immigration systems like the one currently in place in the United States.

Family is a crucial site of struggle in movements for trans liberation and immigration justice. Immigrants and LGBTQ+ people are co-constructed as threats to "the family" in nationalist and nativist rhetoric worldwide. Trans migrants and their loved ones are among those exposing the flaws and violence of this rhetoric. Some trans and queer groups have called for a radical restructuring of the U.S. family immigration system. These groups reject trans and queer assimilation into the existing system and advocate instead for state recognition of the much broader definitions of family that exist in people's lives. As some scholars have pointed out, more expansive and thus more accurate understandings of "gender" and "family" are urgently needed in immigration politics as in other social institutions.

Knowledge and Power in Transgender Family Studies

Transgender family relationships—and theories about these relationships—reflect the ways that knowledge and power operate on a global scale.

Colonialism and settler colonialism, such as the ongoing occupation of Indigenous lands in the Americas, have ravaged Indigenous kinship and family structures in ways that have deep and enduring effects on trans and gender-diverse people. For example, Europeans violently suppressed nonbinary genders and more flexible sexual and social roles in parts of the world that they took by force. Norms and laws put in place by colonial regimes pathologized and criminalized people who did not conform to European, Judeo-Christian understandings of gender and family. These are not only historical legacies but also ongoing acts of violence and erasure, as Indigenous communities around the world continue to experience occupation of unceded lands.

At the same time, funding for research and organizing, journal article and book publishing, and other resources for trans communities continue to be dominated by more affluent, English-speaking countries. Organizations and individuals who need these resources are often pushed to frame their stories in ways that the dominant groups recognize and value. Eurocentric models of transgender identity and family are used as the reference point for discourses, policies, services, and other resources that circulate globally, having real, material impacts on gender-diverse people and their loved ones. Going forward, it is imperative that scholars and students ground their work in anticolonial, decolonial, Indigenous, transnational, and global perspectives. Such grounding will enable advocacy and other work stemming from this knowledge to meet the needs of greater numbers of trans and gender-diverse people, as well as to inform more inclusive and thus stronger theories of gender and family ties.

Amy Brainer

See also Immigrants and Immigration; Marriage; Partners of Trans People; Relationships With Family as Trans Adults; Relationships With Romantic/Sexual Partners; Relationships With Siblings

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Family Therapy, Trans Youth

Trans youth enter counseling for a variety of reasons, including their need to sort out and clarify their own understanding of their gender, manage and reduce distress that arises internally or as a result of harassment or rejection by others, improve their communication to significant others about their gender, and/or gain access to medical

transition steps. Therapy may be initiated at the youth's request or by their parents or guardians. This entry explains why family therapy is an essential component of mental health care and advocacy for trans youth and describes some of the components of family therapy specifically for trans youth.

Family therapy is essential for trans youth for a number of reasons. Trans youth often lack support from their parents. Most parents are unprepared to guide their youth in gender exploration. Some families are openly hostile to their child's assertion of a trans identity. Family therapy reduces or eliminates rejection and helps parents appropriately support their youth, leading to the most favorable outcome for the young person.

Children who suffer harassment or discrimination based on race, religion, or socioeconomic status generally have parents who have experienced the same challenges. They get validation from their family for who they are despite the negative views that may exist in their community. They receive guidance about how to respond safely to harassment and support to counter anguish and rage when not feeling safe to respond. This helps them develop self-esteem even in the face of disrespect from others.

Most trans youth do not have parents or any extended family members who are trans. As with other youth whose stigmatized status is not shared by their family, their parents are not able to offer an insider's view on how to cope with these challenges. Parents, in fact, often feel completely unprepared to offer the support and guidance these children need. And many families are initially quite rejecting of their trans young people.

Research has demonstrated that family rejection of trans youth leads to a higher risk of low self-esteem, mental health problems, and suicide attempts. In addition, success in social and medical transition is highly dependent on parental support. For these reasons, family therapy has an extremely important role in the assistance offered to trans youth. Family therapy is a vehicle for altering rejecting behaviors as well as a way to help parents understand and advocate for their children. Many of the steps that trans or questioning teens need to take require parental agreement. Other steps for teens, as well as those for young adults, may be accessed without parental support but require greater effort and forbearance in the absence of family support. Some trans youth not only lack active parental involvement but have also been rejected subtly or directly by their family for being gender nonconforming or trans. They carry a heavy burden that weighs them down in the process of self-actualization and impedes their progress. For these young people, family therapy is key if it is at all possible.

Family therapy begins with the young person's drive to embrace and express their authentic self and the parents' determination to proceed safely. Many youth arrive to therapy feeling they already know exactly who they are and what they need. They are often well informed about trans identities and the relevant medical interventions. They are impatient to proceed. Parents are often shocked and confused. They have generally had little time to process this new information, while their child has been mulling it over for months or years before telling them. Parents may have trouble believing that what their child is saying could be true. They fear for their child's safety. The family therapist needs to understand and validate both the youth's urge for authenticity and the parents' fears for their child's safety.

The goals of family therapy are to improve communication and understanding, as well as to examine the urge for an authentic life and the safety concerns that arise with gender transition, while keeping in mind any risks from not transitioning. Family therapy is likely to include the following:

- Individual sessions for the young person to establish rapport and gain a full understanding of the youth's gender identity, any related harassment or distress, any mental health or substance abuse concerns, and any transition goals
- Sessions for the parents or guardians to establish rapport, provide a general education about gender identity, and examine and address parents' fears and concerns about their youth's trans identity and desired transition steps, with attention to relevant cultural, racial, ethnic, religious, or socioeconomic factors affecting the parents' concerns
- Referral for ancillary mental health or substance abuse treatment, if needed
- Conjoint sessions with the youth and parents or guardians together to provide an opportunity for the youth to share their gender history, any related harassment or distress, their current understanding of their gender identity, and desired transition steps

- Inclusion of other significant family members as indicated
- Contact with school or other care providers as warranted
- Identifying additional supports for the youth and family, such as support groups and conferences, as well as books and information or support available online

By paying attention to both authenticity and safety, it is usually possible to reach a shared understanding between the youth, the parents, and the therapist that guides any decisions moving forward. Family therapy continues through the process of the youth and family implementing social and medical transition steps, often shifting to less frequent sessions over time. As families gain confidence and make connections to supports in their community, ideally including other families going through this process, their need for help from a mental health clinician diminishes. Family therapy remains a resource they can call on as needed.

Irwin Krieger

See also Hormones, Youth; Parenting of Trans Children; Relationships With Siblings; Social Transition; Suicidality and Self-Harm; Youth and Teens of Color; Youth and Teens, Legal Issues; Youth and Teens, School Experiences

Editor's note: Portions of this entry have been adapted from Krieger, I. (2017), *Counseling Transgender and Non-Binary Youth: The Essential Guide,* pp. 146–148, by courtesy of Jessica Kingsley Publishers.

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Feinberg, Leslie

Leslie Feinberg (1949–2014) was a revolutionary communist, pioneering trans warrior, social justice activist, and trailblazing author, historian, theorist, and intellectual. Feinberg self-identified as an antiracist, white, secular Jewish, working-class, transgender, butch lesbian female. Feinberg was the first to advance a Marxist theory of "transgender liberation" in a pamphlet of the same name and subtitled *A Movement Whose Time Has Come*. Feinberg authored a world-renowned novel, *Stone Butch Blues,* and the first history book about trans people, *Transgender Warriors,* in which ze popularized "transgender" as an umbrella term for all individuals who were gender nonconforming.

Early Years

Born in Kansas City, Missouri, on September 1, 1949, Feinberg grew up in Buffalo, New York, in a working-class, Jewish family. Assigned female at birth, Feinberg said that people saw hir gender expression as male. Hir parents were hostile to hir gender identity, which led hir to move out at age 14 and start working in a local department store. Eventually, ze stopped attending high school and began to explore the queer social scene in Buffalo gay bars. Bennett High School still awarded Feinberg a diploma.

Feinberg went on, through self-education, to gain extensive knowledge about international history, sexes, gender identities, and sexualities within the context of nationalities and class. Starr King School for the Ministry awarded Feinberg an honorary doctorate for hir transgender and social justice work.

Career and Activism

Discrimination against hir as a trans person made it impossible for Feinberg to get steady work in the

late 1960s and 1970s, so ze moved from one low-wage temp job to another. When Feinberg was in hir early 20s, ze joined the Workers World Party (WWP). After moving to New York City, ze helped organize numerous antiracist, antiwar, and prolabor protests for the WWP. Feinberg served as editor of the Political Prisoners page of *Workers World* newspaper for 15 years, and in 1995, ze became managing editor. Feinberg was a member of the National Committee of the Party, the National Writers Union, United Auto Workers Local 1981, and Pride at Work, an AFL-CIO constituency group.

Feinberg developed hir writing skills and wrote prolifically on socialism and LGBTQ history in a column, "Lavender & Red," featured in 120 issues of *Workers World,* from 2004 to 2008. A selection from the series became Feinberg's final book. Published in 2009, *Rainbow Solidarity in Defense of Cuba* documents revolutionary Cuba's liberation of sexualities, genders, and sexes.

Feinberg wrote in multiple genres: fiction, history, theory, and journalism. Feinberg was the first theorist to advance a Marxist concept of "transgender liberation," and hir work affected popular culture, academic research, and political organizing. Feinberg authored the first comprehensive book on trans history, *Transgender Warriors: Making History From Joan of Arc to Dennis Rodman.* In *Transgender Warriors,* Feinberg (1996) defines *transgender* as a broad umbrella term, including "everyone who challenges the boundaries of sex and gender" (p. x). Feinberg's writing has been widely anthologized and taught in U.S. colleges and internationally. Hir biggest impact on popular culture was through hir 1993 first novel, *Stone Butch Blues,* which enabled readers to identify with the experiences of a trans person who faced brutal oppression from society but who found solidarity with others to emerge whole. Sold in hundreds of thousands of copies and eventually placed online as a free download, *Stone Butch Blues* has been translated into Chinese, Dutch, German, Italian, Turkish, Slovenian, and Hebrew.

Personal Life

Feinberg met poet and activist Minnie Bruce Pratt in 1992 in Washington, D.C. when Feinberg presented hir research on figures in trans history. After a long-distance courtship, the couple made their home for many years in Jersey City, New Jersey. They became domestic partners in 2004 and had a civil union ceremony in 2006. They were married in 2011, after same-sex marriage became legal in parts of the United States.

Awards and Recognitions

Feinberg received many awards and recognitions. *Curve* magazine named hir among the 15 most influential people in the battle for LGBTQ rights. Feinberg also won the American Library Association's Stonewall Book Award for Literature and the Lambda Literary Award for a Small Press Book in 1994 for *Stone Butch Blues* and the Firecracker Alternative Book Award for nonfiction in 1997 for *Transgender Warriors*. In 2015, The Trans 100 list honored Feinberg posthumously as one of the most influential trans people in the United States. In 2019, ze was among the inaugural 50 American "pioneers, trailblazers, and heroes" named on the National LGBTQ Wall of Honor within the Stonewall National Monument in New York City.

Illness and Death

Feinberg died at home in Syracuse, New York, on November 15, 2014, at age 65. Diagnosed in 2008 with Lyme disease and multiple tick-borne coinfections, Feinberg had first been infected in the early 1970s when little was known about the disease. Ze received treatment only within the last 6 years of hir life. Feinberg attributed hir catastrophic health crisis to bigotry and prejudice, as well as discrimination against trans people that made access to quality health care difficult.

In hir final days, Feinberg worked on a free, online version of *Stone Butch Blues*. This edition includes a slideshow Feinberg created, "This Is What Solidarity Looks Like," which documents the struggle to free CeCe McDonald, a young Black trans woman who was imprisoned for defending herself against a white, neo-Nazi attacker. Feinberg dedicated the online edition to McDonald and was arrested for painting "Free CeCe!" on the wall of the prison that held McDonald. Feinberg's last words were, "Remember me as a revolutionary communist."

Lasting Legacy

Feinberg's writings and activism significantly contributed to the growth of the trans community and the trans equality movement. Ze repeatedly pointed out that trans people were leaders and at the forefront of the Stonewall Riots and other acts of resistance that led to the modern LGBTQ+ movement. Feinberg's personal research library, including more than 1,500 books, periodicals, political pamphlets, and academic papers, is housed at the Sexual Minorities Archives in Holyoke, Massachusetts.

Ben Power Alwin

See also Activism; Fiction; Gender Pronouns; History; Intersectionality in Research; Queer, Intersections With Trans; Queer Theory and Trans People

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Femininities and Femme

Feminine multiplicities have always existed. Within recent years in particular, LGBTQIA+ communities have witnessed the proliferation of queer femininities. Yet, there is a gap in academic attention such that far less attention has been paid to the diversity of feminine embodiments. This entry explores some of these queer femininities and feminine identities, particularly the concept and history of *femme*. As will be discussed, femme challenges the norms of femininity and womanhood, making it particularly relevant for trans and queer communities alike. Importantly, this entry explores identities specifically related to femininity (gender) and distinct from woman (gender/sex) or sex (female).

Femme History

The origin of femme can be placed within 1950s North American lesbian communities. Here, femme referred to feminine lesbians within a butch–femme relationship. Many femme scholars have since critiqued the way this operationalization of femme hinges on the definition of femme exclusively in relation to butch. Within this context, *butch* referred to the masculine partner who was often designated as gender nonconforming and thus seen as more "authentically" lesbian. Fore-femmes and contemporary femmes alike have taken issue with notions of sexual authenticity and can be critical of the idea of gender nonconforming altogether, given how this concept does not capture the multiple ways that gender can be transgressed. Although, historically, femmes were often invisible, and their queerness subsumed under an ostensible normality, femmes have always been and continue to be a radical form of femininity. In fact, femme and butch lesbians were both included among the trans umbrella within foundational trans scholarship, such as Leslie Feinberg's 1996 text *Transgender Warriors*. With an increasingly nuanced understanding of gender, sex, and gender/sex, femme and butch are no longer seen as inherently existing exclusively under a trans umbrella. Rather, femme, like butch, can be cis or trans.

Femme Today

Today, femme has come to mean many things to many people, and at times, this multiplicity can cause some discord among those for whom femme resonates. Branching in some ways from the original meaning of femme, contemporary scholarship highlights the multiplicities of femme that expand beyond cis feminine lesbians, including, but not limited to, women and men, whether trans or cis, and nonbinary folks of all sexual orientations. Theorizing the multiple invocations, Rhea Ashley

Hoskin's (2017) "Femme Theory" postulates femme as deviations from patriarchal norms of femininity, norms that dictate "who" can be feminine and "how." For instance, patriarchal femininity normalizes whiteness as feminine, alongside being assigned female at birth, heterosexual, able-bodied, thin, and walking the tightrope of feminine sexuality (i.e., appearing sexually available but not sexually desiring). Femme bares particular relevance for trans and queer communities because the term is often adopted as an identity that subverts expectations about how women should look, behave, or identify. Thus, according to femme theory, *femme* refers to challenging or doing away with the prescribed norms of femininity. In essence, femme questions the assumptions made about femininity, as well as who is "allowed" to be femme and "how." In this questioning, femme highlights the tendency for femininity to be more heavily policed than masculinity (e.g., femmephobia) and how masculinity tends to masquerade as "gender neutral" or androgynous.

Queer Femininities

Many queer femininities could be considered as falling under the umbrella of *femme* as it is defined by femme theory. Included among these multiple femme identities is trans femme and nonbinary femme. Perhaps as a result of the insufficient academic attention paid to femme and femininities, many identity labels are used functionally within the context of LGBTQIA+ communities but do not fully coalesce into a universal meaning or definition, or the meanings attached are fluid and contextually different. For example, terms such as *transfemme, trans femme, trans feminine, trans fem, femme-of-center, feminine-of-center, high femme, soft femme, low femme, futch, butchy femme, tomboy femme,* or *twink* carry meanings that can shift depending on the person, the context, or the subculture.

While meanings can and do shift, some of these terms carry central tenets of meaning. For example, *transfeminine* or *trans-feminine* are umbrella terms but can also refer to an identity or gender expression held by trans people, typically assigned male at birth, who identify with femininity to a greater extent than masculinity. This can include trans women, nonbinary people, or gender-fluid people. To some people, the term *nonbinary femme* may seem contradictory or confusing. While some nonbinary individuals, such as neutrois, identify as neither female/male or feminine/masculine, others identify themselves as leaning more toward one side of the gender binary or moving across. Transfeminine people and nonbinary femmes can be examples of a nonbinary identity that leans toward the feminine side of the spectrum. *Transfeminine spectrum* typically refers to those assigned male who move either in the direction of feminine (note: female and feminine are not the same thing). This term is a way of making feminine gender expression salient, independent of being a woman, while also leaving space and acknowledging the capacity for trans women to express in a multitude of ways, such as masculine, androgynous, or agender.

Rhea Ashley Hoskin

See also Gender Binaries; Gender Expression; Gender Labels; Femmephobia; Nonbinary Genders; Queering Femininities; Racialized Femininities; Sissy Boy Experience

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Feminism

In the United States, feminist history is usually categorized in "waves" (first, second, and third), each characterized by its own goals and priorities. The wave metaphor, however, obscures the diversity of feminist thought and politics, as well

as the range of competing feminist perspectives on many topics, including trans people. While feminism and trans liberation may seem like natural allies, sharing a commitment to gender equality, their relationship is somewhat fraught. Since the 1970s, feminists have asked various versions of the "transgender question," positing whether trans people are "good" for feminism or advance its goals. These debates have major consequences for trans people within and outside of the feminist movement. Trans people, in part through the development of transfeminism, assert their own theories of gender and inequality, carving out multiple visions of trans liberation that both converge with and depart from other feminists.

Constructing the "Transgender Question"

In the 1960s and early 1970s, before the rise of trans exclusionary radical feminism, trans people participated in feminist organizing without much fanfare. A small group of radical feminists and lesbian separatists believed that trans women were "really men" and inherently antifeminist. Several altercations in 1973, however, amplified these perspectives in the broader community. During Christopher Street Liberation Day (a precursor to gay pride), lesbian activist Jean O'Leary accused drag queens and trans performers of exploiting women through their art—trans activists Sylvia Rivera and Lee Brewster interrupted her mid-speech. That same year, at the West Coast Lesbian Conference, musician, lesbian organizer, and trans woman Beth Elliott was set to perform when a keynote speaker denounced her as a male infiltrator and likely rapist. Later, in 1979, Janice Raymond published *The Transsexual Empire: The Making of the She-Male,* a feminist anti-transgender manifesto influential within and outside feminist movements. It has been used to mobilize and legitimize much violence against trans women.

For Raymond and her peers, feminism must center women's experiences. But this premise fails to account for the fact that women—even cisgender (cis), or non-trans women—do not share a singular experience. Black feminists and trans feminists, among others, argue that the notion of universal womanhood only centers more privileged women. Some groups even align under the identity "womxn," which aims to reclaim womanhood from its associations with both whiteness and cis-ness. Moreover, although trans exclusion has come to characterize "second-wave" 1970s feminism, there have always been acts of resistance and support for trans people.

This ambiguity around gender categories also characterizes the butch/FTM (female-to-male) border wars, which erupted in the 1990s, resulting in various forms of intercommunity conflict. Although many trans men once belonged to feminist communities and identified as lesbians, some felt the need to denounce these connections to be taken seriously as men. Meanwhile, many butch lesbians struggled to defend their masculinity as a legitimate expression of womanhood—and to distinguish themselves from trans men. The butch/FTM border wars were fundamentally about the question of who could be involved in lesbian feminist community/politics, which is another way of asking the transgender question. Tensions led some radical feminists to dismiss trans men as self-hating lesbians and to harass their former peers, posttransition. Other feminists, however, want to destigmatize the overlap between these two gender categories and to create more room for exploration without judgment.

Another important shift in the 1990s involves the rise of poststructural feminism and queer theory, particularly the work of Judith Butler. Literatures grounded in these theories discuss trans people and trans bodies in order to argue that neither gender nor "biological sex" exist outside of cultural contexts or understandings and the systems of knowledge that produce them. This is a significant departure from trans exclusionary radical feminism. Butler, for example, claims that queer and trans expressions of gender denaturalize rigid gender norms and thus can promote a feminist agenda. Some trans scholars, however, treat Butler and poststructural theory with skepticism. While breaking from anti-trans discourse, poststructuralism still accepts the basic premise of the transgender question, debating—for example—whether trans people are "good" or "bad" for feminism or whether they reinforce or transcend binary gender norms.

Trans Scholars Rebuke the "Transgender Question"

If feminism intends to improve people's lives, then we must examine its actual impact on trans

communities. Scholars Viviane Namaste and Raewyn Connell discuss how most feminist theorizing on trans issues privileges a mainstream feminist agenda (*what is gender and how does it work*) over addressing trans people's needs. Namaste focuses on the work of Judith Butler, whose theories dominate contemporary feminist thought. Although Butler examines violence against trans women, she does so through the lens of anti-trans prejudice. But most violence against trans women, Namaste counters, occurs because of their disproportionate participation in sex work—which Butler ignores. Feminist theory and politics, she argues, must consider the specificity of trans lives.

The problem with poststructuralism, Connell contends, is that it only engages with *some* dimensions of gender, thus limiting what it can tell us about trans individuals. For example, common themes in feminist texts include the self, subjectivity, discourse, categories, and representation. Such scholarship is not inaccurate, but it does not capture the fullness of trans experience. Connell argues that feminist scholars should also consider the constellation of economic, political, and social relations that constrain trans people's lives. Furthermore, she and Namaste reject the notion of a transgender question that excludes trans people and trans perspectives from the production of feminist knowledge.

U.S. Transfeminisms

Trans women have likely existed in and beside (trans)feminist movements for as long as they have existed. For example, in the 1970s, trans women Beth Elliott, Sylvia Rivera, Sandy Stone, and Marsha P. Johnson laid the foundations for what would later be named "transfeminisms." But it was the publication of several key texts in the early to mid-2000s, however, that drew significant public attention to U.S. transfeminism as both a theory and practice. In *Whipping Girl,* Julia Serano provides trans women with a common language to understand their oppression as distinct from but related to misogyny/sexism and transphobia/trans-antagonism, coining the term *transmisogyny.* Meanwhile, in "The Transfeminist Manifesto," Emi Koyama popularizes the term *transfeminism* by expanding the discussion of feminist topics to include the needs and desires of trans women. For example, she notes similarities between how trans women and cisgender women experience body image, violence, and attacks on bodily autonomy.

Both texts have been critiqued for marginalizing the experiences of trans people of color, working-class trans people, and trans men, among others. Some critics believe these texts are also limited by their reliance on a neoliberal rights-based argument for liberation. The neoliberalization of social movements in the United States is articulated in Lisa Duggan's *The Twilight of Equality?* while the rights-based manifestation of trans politics is explained by Dean Spade in *Normal Life*. But to summarize, "The Transfeminist Manifesto" and *Whipping Girl* understand the liberation of trans women as only related to the oppression of cis women, invisibilizing the effects that racism, classism, and ableism have on the lives of trans women who are not white, wealthy, able-bodied, and so on. In addition, these texts offer a narrow view of trans liberation, linking trans women's freedom to public acceptance/tolerance rather than the dismantling of social inequalities.

Like all men, trans men benefit from patriarchy and can be sexist and trans-misogynistic; to feel legitimized as "real men" and to avoid violence, trans men may feel called upon to perform hyper or toxic masculinities. At the same time, trans men also contribute to transfeminist knowledge and practice. For example, scholars like Henry Rubin and Jacob Hale encourage trans men to act in solidarity with women—particularly trans women—and nonbinary trans people. They call on trans men to reflect on how they participate in patriarchy and to interrogate their relationship to masculinity. Masculinity is not necessarily harmful and can be an important aspect of someone's identity, but it can also be weaponized against people of all genders and used to justify harmful behaviors. While difficult, remaking masculinity is a key part of gender liberation and involves both personal and collective transformations.

Global Transfeminisms

Trans feminists outside the United States have also played substantial roles in (re)defining what transfeminism can mean. For example, global trans feminists argue for a decentralization of the West and the English language, against police brutality

of trans sex workers, for de/anticolonialism, and for a movement inclusive of all marginalized people typically excluded from mainstream LGBTQ, feminist, and women's movements. Some people draw from Anglo-American trans feminists, some from Indigenous knowledges of transfemininities, and some from arguments against local mainstream social movements.

Various authors have argued that we need a transnational, pangender, and antiracist transfeminism invested in massive wealth redistribution. Nat Raha, based in Scotland, articulates one pathway forward via Radical Transfeminism. Radical Transfeminism is a movement that centers a commitment to countering the systems of oppression that harm transfeminine bodies globally. Another possibility was presented in 2009 in Granada, Spain, in a statement titled the *Manifiesto para la Insurrección Transfeminista* (*Manifesto for Transfeminist Insurrection*), which argues for a more expansive feminism, inclusive of "the dykes, the whores, the trans, the immigrants, the blacks, the hetero dissidents." A commitment to transfeminism means a commitment to mitigating violence against trans people around the globe, both in and beyond gender oppressions.

Derek P. Siegel and Madeline C. Stump

See also Sex Work; TERFs; Transmisogyny; Transmisogynoir; Women's Movement, Trans In/Exclusion From

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Femmephobia

Why are tomboys treated differently than sissies? Why are words like *pansy, sissy, ladies, fairy, diva,* or *princess* viewed as biting pejoratives, whether directed at women, men, or nonbinary folks? These terms would not be seen as an insult were femininity not seen as something subordinate—namely, subordinate to masculinity. There is an abundance of terms for different types of prejudice rooted in femininity, such as *transmisogyny, transmisogynoir, femi-negativity, sissyphobia, anti-effeminacy, slut-shaming, effemania,* and *misogynoir.* Each term is used to describe the targeting of specific social groups (e.g., trans women and trans women of color, gay men, Black women). Scholars have recently begun to examine how these different concepts commonly devalue and regulate femininity, which they term *femmephobia*. Thus, while sexism and misogyny refer to oppression based on gender (i.e., woman) or sex (i.e., female), femmephobia refers to oppression based on gender expression (i.e., femininity). It is important to understand the origins of femmephobia in order to comprehend its three key trajectories: femmephobia in reference to anti-femininity, femmephobia as a form of gender policing, and femmephobia as a theoretical framework.

Origins and Trajectories of Femmephobia

The term *femmephobia* originated as a means to characterize the disparaging of femme lesbians,

but it is increasingly being used to describe oppression both inside and outside of LGBTQIA+ communities. Similar to the way that *femme* has branched out from its origins in lesbian communities, femmephobia has come to represent the variety of ways that femininity is devalued, regulated, and policed. Thus, femmephobia refers not only to femme identities and the targeting of femme-identified individuals (i.e., a phobia of and discrimination against femme people) but also to the overarching devaluing of femininity (i.e., anti-femininity) and the gender policing of feminine norms. The concept of femmephobia also offers a framework through which gender-based oppression can be better understood.

Femmephobia as Anti-Femininity

As a social and systemic phenomenon, femmephobia refers to deep-seated anxiety over femininity and feminization, as well as the overarching fear and hatred of femininity, separate from people's gender and sex. Broadly conceived, femmephobia has been described as aversion to femininity and prejudice and discrimination against those who exhibit traits associated with femininity. Similarly, femmephobic attitudes are ones that devalue femininity and endorse masculinity, such as by privileging traditional masculine behavior and ways of thinking.

Femmephobia as Gender Policing

Femmephobia also functions as a type of gender policing that requires individuals to conform to a narrow range of feminine norms in order to be acceptable as female. In other words, femininity can only be ascribed to those who meet the "checklist" of feminine rules, which includes, but is not limited to, being assigned female at birth, heterosexual, white, thin, able-bodied, passive, compliant, and neither a Madonna nor a whore. For example, femmephobia prohibits trans men and nonbinary people from being able to access or express femininity. Trans women are also denied access to femininity, or their femininity is seen as inauthentic, but they are simultaneously required to perform femininity in order to be authenticated as women.

Femmephobia is a response to bodies and identities that do not adhere to these standards, with the goal of maintaining the established boundaries of patriarchal femininity, as well as femininity's subordinate status to masculinity. However, even "acceptable" femininity is still susceptible to femmephobic views because it is seen as inherently inferior. Therefore, both dissident and "normative" femininities can be subjected to femmephobia due to societal attitudes that devalue *and* regulate femininity.

Femmephobia as a Framework

Femmephobia not only regulates femininity that deviates from patriarchal norms but also protects and naturalizes masculine power. In this way, femmephobia is a lens through which society predominantly makes sense of femininity: how it signifies weakness and vulnerability, as well as is limited to individuals who are assigned female at birth and sexually available to men. Importantly, femmephobia brings together the multiple invocations of anti-femininity outlined above. Thus, what makes femmephobia "femmephobia" rather than, say, "transmisogyny" or "slut-shaming" is its recognition that anti-femininity is systemic and deeply ingrained. Inherent in its meaning, femmephobia is the recognition that the devaluation and regulation of femininity spans intersecting axes of identity. Rather than looking at these systems in isolation, femmephobia is a concept that connects and recognizes the multiple ways in which femininity is devalued and regulated, as well as brings these conversations together. As a result, discussions of femmephobia must be seen within the context of broader anti-feminine attitudes and systemic forms of oppression.

Femmephobia, Gender Hegemony, and the Gender Binary

Gender hegemony refers to the ways that masculinity is elevated over femininity, but this notion is typically used only in relation to power dynamics between men and women. Expanding on the concept of gender hegemony, femme theorists have argued that masculinity is privileged independently of "men." Their work suggests that the gender binary is not merely divided down the center, with "men" on one side and "women" on the other. Rather, it is divided horizontally, with masculinity

figuratively and socially on top and femininity on the bottom. By bringing together the different ways that femininity is devalued and regulated, such an analysis suggests that the gender binary is a hierarchical separation maintained through femmephobia.

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See also Femininities and Femme; Gender Binaries; Gender Expression; Queering Femininities; Racialized Femininities; Sissy Boy Experience; Transmisogyny; Transmisogynoir

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Fertility Preservation

Gender-affirming interventions significantly improve the mental health, quality of life, and sexual health of trans individuals. Some gender-affirming medical and surgical treatments present risk of diminished fertility or infertility. Various assisted reproductive technologies (ARTs) allow for trans individuals who desire future biological children to preserve their reproductive capacity, depending on factors related to the age at which they first received medical intervention and the form of the intervention(s). Fertility preservation (FP) encompasses the cryopreservation, or freezing, of gametes (oocytes/eggs or spermatocytes/sperm), gonadal (ovarian or testicular) tissue, or embryos (a fertilized egg) prior to initiation of treatments that potentially or certainly impair fertility, with varying options based on sex designation at birth and stage of physiological development (e.g., pubertal; postpubertal). Uptake of FP depends on many competing psychosocial, structural, and interpersonal factors. This entry provides an overview of fertility-related effects of gender-affirming interventions, current and potential future FP options, barriers to utilization, experiences of FP among trans individuals, and suggestions for providing gender-affirming fertility-related care.

Effects of Gender-Affirming Treatments on Fertility

Gender affirmation is an individual experience and may include various social, medical, and surgical components that help trans individuals' gender identity align with their body and social experiences. Some, but not all, trans people seek gender-affirming medical and/or surgical treatments when they are available to them. Gender-affirming surgical interventions that involve removal of reproductive organs—such as hysterectomy and bilateral salpingo-oophorectomy (removal of the uterus, fallopian tubes, and ovaries) and orchiectomy (removal of the testicles)—cause permanent loss of fertility. The two main gender-affirming medical treatments include puberty blockers and hormone therapy. The extent of the impact on fertility largely depends on the individual's stage of physiological development, as well as type and duration of medical treatment, as discussed below.

Effects of Puberty Blockers on Fertility

For trans youth, the first step in gender affirmation may involve the use of puberty blockers, or gonadotropin-releasing hormone analogs (GnRHa), which delay and prevent the development of secondary sex characteristics. One benefit of puberty blockers is they are typically considered benign and reversible (although this has not been verified through research on potential medical/neurodevelopmental and/or social impacts). Puberty blockers are commonly used to treat children with precocious puberty, without known negative effects. However, with current reproductive technologies, trans youth who receive

gender-affirming medical treatments at Tanner 2 (soon after the onset of puberty) and progress directly to gender-affirming hormones (GAHs) may not have the opportunity to preserve fertility. Youth assigned male at birth whose puberty is blocked will not likely produce sperm. Youth assigned female at birth whose puberty is blocked will have immature oocyctes/eggs, unable to be fertilized. Thus, at a very young age, children, and their parents, are making decisions with implications far into the future; individuals who as children initiated puberty blockers and subsequent GAHs may first start to realistically understand their parenthood desires and goals in adulthood, many years from when gender- affirming medical interventions were started.

Effects of Estrogen Therapy on Fertility

For trans youth assigned male at birth, undergoing feminizing gender affirmation without having first received GnRHa inhibitors, estrogen therapy suppresses the hypothalamic-pituitary-gonadal axis, blocking the release of testosterone and facilitating the development of characteristically female attributes such as breasts. As a result of reduced testosterone, penile and testicular atrophy and impaired spermatogenesis may occur, meaning that the production of mature sperm is reduced. Extended estrogen therapy increases this atrophy and may permanently stop spermatogenesis during estrogen treatment. Discontinuing estrogen therapy among trans women has been associated with mixed results with regard to reversibility and an increase in sperm production, including the potential for pregnancy without the need for ARTs. Research is not yet conclusive, however, due to a number of factors, including (a) the relatively short time that gender-affirming medical treatments have been available as standard of care, (b) variability of hormone regimens, (c) age at which GAH therapy began, (d) age of GAH therapy discontinuation, and (e) small sample sizes of existing studies.

Effects of Testosterone Therapy on Fertility

For trans individuals assigned female at birth desiring masculinizing medical interventions and who have not taken puberty suppressers (and therefore have mature oocytes), the evidence regarding the long-term impact of testosterone therapy on fertility is mixed. The majority of trans individuals report amenorrhea (the absence of mensuration) while using testosterone therapy. There is also evidence of anovulation—where ovaries do not release an oocyte during menstruation—among a majority of trans individuals within several weeks of beginning testosterone therapy, likely due to suppression of the hypothalamic-pituitary-gonadal axis. Nevertheless, unintended pregnancies have been reported among trans men while on gender-affirming testosterone therapy. There is evidence that exposure to testosterone does not affect the ovarian reserve and that if one ceases taking testosterone, they will possibly be able to achieve fertility without requiring ARTs. As of yet, there are no data suggesting negative effects on children born from trans individuals after they have received GAH intervention, although, again, this is understudied.

Fertility Preservation Options

With the introduction of ARTs, there are a variety of family-building options, both established and experimental, for trans people seeking gender-affirming treatments who desire genetic children in the future. Fertility preservation encompasses the cryopreservation, or freezing, of gametes (reproductive cells), gonadal (reproductive organ) tissue, or embryos (a fertilized egg) before exposure to treatments that may impair fertility. ARTs afford trans people the option to preserve future reproductive options prior to the inception of gender-affirming medical and/or surgical interventions. Fertility preservation options vary based on sex assigned at birth and stage of puberty.

Fertility Preservation Options for Individuals Assigned Female Sex at Birth

For trans individuals assigned female sex at birth who are pubertal (i.e., have experienced menarche, or the first menstrual cycle), cryopreservation of oocytes (eggs) and embryos are established methods for FP. Both options require hormonal ovarian stimulation for oocyte retrieval and subsequent banking (storage) of oocytes or embryos for future conception using ARTs. Testosterone therapy will need to be discontinued prior to initiating

FP, although the ideal duration of discontinuation is currently unknown. Trans youth using puberty blockers may need to discontinue their use until experiencing menstruation for FP. Ovarian stimulation lasts for approximately 2 weeks to increase the development of several mature oocytes. During the stimulation period, the ovarian response is monitored with transvaginal or transabdominal ultrasound—transabdominal monitoring may be preferable. Embryo cryopreservation and banking involves fertilizing the patient's egg with sperm from a partner or donor for in vitro fertilization. For trans individuals assigned female sex at birth, retaining the uterus—but not necessarily ovaries—is required for those who desire the option for becoming pregnant in the future. Alternatively, a pregnancy can be carried by a partner or surrogate (gestational carrier).

For prepubertal trans individuals assigned female at birth, ovarian tissue cryopreservation became an established option for FP as of December 2019. Ovarian tissue cryopreservation involves obtaining part of or an entire ovary to be frozen and stored. Unlike oocyte or embryo cryopreservation, ovarian tissue cryopreservation does not require ovarian stimulation and is possible for individuals already receiving surgery to remove the ovaries during the surgery and freeze the tissues for later autologous transplantation (i.e., tissue returned to the patient's own body). The tissues are frozen and reimplanted when a pregnancy is desired. There is controversy over the use of frozen ovarian tissue among trans youth; presently, only autologous transplantation has been successful, as evidenced in cisgender (cis) women who did ovarian tissue cryopreservation prior to cancer treatment. Additional ARTs may be needed for a successful pregnancy, which could require estrogen and progesterone treatments. Such treatments and resulting side effects, such as breast growth and the return of other feminizing characteristics, may cause distress or exacerbate gender dysphoria for trans men and need to be weighed and considered along with the desire for genetic children.

Fertility Preservation Options for Individuals Assigned Male Sex at Birth

Fertility preservation options for postpubertal birth-assigned males include the established option of sperm cryopreservation and the experimental option of testicular tissue cryopreservation, which is available in some centers prior to puberty. However, as of 2020, testicular tissue cryopreservation has only resulted in a live birth from a primate. Testicular tissue cryopreservation has been conducted among cis males prior to cancer treatment; no patients have yet returned to use their frozen tissue, and thus no human births have occurred from this process.

Trans women have inquired about the possibility of uterine transplantation, a procedure currently being conducted in international clinical trials among women with a history of hysterectomy due to illness or medical conditions in which they were born without a uterus. The first known documented attempt of a uterus transplantation was in 1931 with Lili Elbe, a woman assigned male sex at birth who unfortunately died just 3 months after the procedure due to surgical complications. Since the first successful uterus transplantation resulting in a live birth in 2014, there have been over two dozen live births, some performed on women with congenital conditions such as Mayer-Rokitansky-Küster-Hauser syndrome. This procedure has not yet been attempted with trans women, and presently there are no trials to explore this option in that population. The uterine transplantation process is akin to other organ transplantation procedures such as liver and kidney, requiring the recipient to take antirejection medications while the uterus is in place and the suggested removal of the uterus after two live births. In the current trials, there have been reports of frequent serious life-threatening complications, and more cis women have failed to achieve pregnancy and live birth than those with a successful outcome.

Perceptions and Experiences of Fertility Preservation

Trans individuals' interest in FP and parenthood vary widely. Trans youth tend to report less interest in biologically related children than adults—although many trans youth indicate their feelings may change in the future. Despite interest, studies indicate that as few as 3% of trans adolescents and young adults undergoing gender-affirming medical and/or surgical treatment pursue FP, with the lowest rates among youth assigned female sex at birth.

A significant proportion of trans adults have expressed that they would have pursued FP options if it were an option when they sought treatment, and many trans adults and youth alike have indicated a need for better communication about potential infertility and FP with providers. Nonbinary individuals have rarely been reported on separately from binary individuals in terms of reproductive and fertility counseling needs. This is a critical priority for further clinical research, so clinicians can adequately meet the needs of all gender-diverse individuals.

Natural Conception

In the reported cases of planned pregnancy in trans adult men, they initially suspended the use of hormones to conceive and the pregnant person remained off hormones. In some cases of trans men experiencing pregnancy, the overall experience may cause emotional stress and disharmony, with some pregnant trans men feeling they have "stepped backward" in their quest for living their authentic life. These feelings likely vary by individual as well as actual desire for pregnancy and whether the pregnancy was intentional versus accidental. Trans men who have experienced pregnancy after transition have noted low provider knowledge and a desire for support services unique to pregnant trans men. Many fertility clinics do not have patient education materials or information relating to trans populations on their websites or in their offices, suggesting to potential patients that access to ARTs and other services may not be welcoming.

Adoption

Some trans youth express a desire to adopt a child and have no interest in biological children. While many adults consider adoption an excellent alternative or even the first desire to create a family, the process can be expensive, arduous, and sometimes fraught with disappointment. Trans people may experience additional obstacles in the adoption process not encountered by cisgender adults, such as implicit or explicit biases toward trans individuals. There are scant data on trans people's experiences with adoption as either a single-parent or two-parent household. Literature from same-sex and single-parent adoptions suggests children raised in such homes are equally loved and well adjusted, if not more so, than in coupled cisgender parent households, although this research is limited with regard to families with one or two trans parents.

Barriers to Fertility Preservation

Structural Barriers

FP costs may be prohibitive in countries such as the United States, where financial assistance is limited depending on health insurance and state of residence. Trans individuals seeking FP in other countries may have no financial barriers because procedures are covered by national health insurance. However, even in countries where FP is covered, such coverage may not be extended to trans youth and may be available only for cisgender people undergoing other treatments that affect fertility, such as chemotherapy. Additionally, not all ARTs are available in every country. For example, embryo cryopreservation may be restricted to married, cis couples. Experimental procedures such as testicular tissue cryopreservation are not available in every state in the United States and in many other countries.

Individual-Level Barriers

When counseling about fertility with trans youth, their developmental stage may be a barrier to pursuing FP or even discussing FP options. Trans youth, like cisgender youth, may not be developmentally able to predict their future reproductive desires—particularly during preadolescence. Some trans youth may be exclusively focused on their transition and desire to have their physical body align with their self-perception. In addition, psychosocial status, including low self-esteem, depression, suicidality, loneliness, and social isolation, may affect an adolescent's appraisal of life expectations, goals, and ability to be an adequate parent in the future. Whether this will result in future regret for not pursing FP remains unknown. Decisions about FP may be entangled with the specific body dysphoria a trans youth may be experiencing. If a trans girl or woman does not identify with the capacity for her body to produce sperm, the thought of masturbating to produce sperm to create future children may be abhorrent. A trans boy or man who does not identify with his

body's ability to become pregnant and give birth may eschew considerations of FP. The process of FP may be more onerous for individuals assigned female at birth versus those assigned male, with prolonged, invasive interventions difficult to contemplate or consider enduring for trans men. As mentioned above, another consideration is that children receiving puberty blockers may not be able to imagine themselves as parents or predict their adult desires. Some trans adolescents may have never had a romantic relationship and may be unable to imagine themselves in one in which they would want to coparent in the future. Some may be coming from families of instability and conflict, unable to imagine loving homes in which children are raised. All these factors and others can pose cognitive and emotional barriers to considering FP.

Another consideration is that youth may be unduly affected by parental desires to be grandparents and be persuaded to undergo FP procedures to support their parents or, in some scenarios, because they feel their parents will withdraw emotional or financial support if they do not follow their wishes. Other times, youth may want to preserve fertility but do not express this desire in order to spare parents the financial burden of such procedures. These are just a few of the ways in which an experienced mental health clinician can provide trans youth and family members with counseling to sort out these complex considerations. It is also imperative that medical clinicians carefully explain and review both the impacts of various gender-affirming medical interventions and the options for FP. Sometimes it can be helpful to present such information in multiple modalities (written and verbal formats) and/or in multiple sessions so youth and family are given adequate time to comprehend the information and explore their choices. Trans youth should be offered a discussion of FP with a variety of scenarios as to how stored gametes can be used and the idea that with rapidly changing technologies, there may be additional options in the future.

Interpersonal Barriers

Health care providers report many variables affecting their ability to provide adequate fertility counseling for trans youth, including (a) inadequate knowledge or training, (b) time limitations in busy clinics, (c) trans youth resistance to counseling, (d) developmental considerations (e.g., it can be difficult to talk to young children meaningfully about FP), (e) complex family dynamics, and more. Systematic training and curricula for medical and mental health providers are lacking in this area, as is research regarding best approaches and possible regret for trans adults who refrained from FP as youth. Because this is an understudied area, research from other areas can be useful to provide guidance on counseling best practices. General guidelines on pediatric fertility counseling have been published, applicable across pediatric conditions, and subspecialty areas such as oncology have also published some guidance that can be useful, although the specific concerns in trans youth and families are unique. Extrapolating from general best practices, in combination with knowledge of trans youth needs, some guidelines for fertility counseling with transgender youth have been published. These recommendations include ensuring that providers have adequate knowledge, developing a standard protocol for counseling, optimally including both mental health and medical providers, and, drawing from general pediatric literature, employing a shared decision-making approach (i.e., clarifying which decisions and choices are available, reviewing knowledge of parenting options, discussing personal values, discussing each parent and child's perspective openly, etc.). Ideally, this would be an interdisciplinary, multisession process. However, providers may walk a fine line when discussing FP with trans youth, especially in situations in which youth are highly distressed and anxious for GAHs, when they express resistance to such discussion and certainty that they do not want to engage in FP, or when it is clear they do not have the financial resources to cover FP costs. Curricula for providers and research on best approaches to the decision-making process should help ensure the provision of optimal counseling in this complex and evolving area and ultimately facilitate satisfaction with FP choices.

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See also Medicine; Hormones, Youth; Pregnancy; Puberty Blockers; Reproductive Health

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Fiction

Trans fiction is a rapidly developing field of literature consisting of novels and short stories focused on trans subjects. Trans fiction offers representations of gender diversity, encourages greater understanding of trans experiences, and imagines new ways of existing in the world. In contrast to many other forms of trans narratives (e.g., legal case studies, medical reports, news articles), fiction is not tethered to the world as it is; instead, it can describe what might be. Thus, this type of storytelling opens up new possibilities for trans subjects and potentially fosters greater empathy from a reading audience. This entry examines key issues and trends in trans fiction and includes examples of influential works in the genre.

Definition

Defining the term *fiction* is relatively straightforward: Fiction refers to imaginative narratives such as novels or short stories. Fiction creatively constructs characters and events, and it invites the reader to envision experiences from another's perspective. Defining *trans fiction* is a bit trickier. Just as the umbrella term *transgender* may mean different things to different people, the category of "trans fiction" also has contested meanings. The most inclusive definition describes all creative

prose narratives produced about, by, or for trans people. Some argue, though, that trans fiction should refer primarily to works written by trans authors or for trans readers, so that these actual individuals are prioritized and supported. Strengthening this position is the fact that many non-trans authors have misrepresented or exploited trans identities in their creative works. While acknowledging this issue, this entry ascribes to the more expansive definition and includes all fiction centering trans subjects—that is, works written by trans authors, as well as those featuring trans themes and/or characters—in order to provide a comprehensive overview of the category. As is the case regarding any sort of literary classification, there are often rigorous debates over which works should be included or excluded; these discussions can serve as ongoing, productive opportunities to reevaluate priorities and reexamine representations over time.

History of the Genre

From *The Arabian Nights* to *Torikaebaya Monogatari,* and from Greek myths to Ovid's *Metamorphoses,* gender identities have been explored and depicted in stories for generations. Since the latter half of the 20th century, though, there has been a marked rise in influential trans literature. The narratives found specifically in fiction offer a unique window into trans characters and relationships. Unlike other forms of representation, the genre of fiction encourages the reader to imagine the world from another's point of view; furthermore, the reader spends significant time with the characters, building empathy and evaluating multiple subject positions (e.g., those of the characters, the narrator, the writer). Works of trans fiction often contain contradictions, ambiguities, and questions left out of more factual accounts, and they offer imaginative explorations of what trans experience has been, is, and could potentially be.

When considering the history of trans fiction, there are two key levels of relevant literature: stories written in earlier eras that could be interpreted as trans works and stories written more recently (i.e., post-1960s) that are more overtly about trans experiences. While texts in the latter half of the 20th century often describe gender identities, experiences, and transitions using language developed in gender theory, earlier works describe trans experiences without such nomenclature. For example, Virginia Woolf's *Orlando* (1928)—which tells the fantastical life story of a character who survives centuries of British history, living first as a boy and later as a woman—is frequently cited and studied as a highly influential trans novel. In addition, *Nightwood* (1937) by Djuna Barnes and *The Well of Loneliness* (1928) by Radclyffe Hall—stories traditionally read as depictions of same-sex dynamics and desires—also have strong trans elements.

In the latter half of the 20th century, critics and writers began to tease out distinctions among gender, sexuality, and sex, leading to works that engaged with trans themes more explicitly. Gore Vidal's campy, sexuality-focused novel *Myra Breckinridge* (1968), for instance, aggressively subverts traditional sex and gender rules. John Rechy's *City of Night* (1963) is similarly explicit, but while *Myra Breckinridge* is satirical, *City of Night* paints a starker, truer-to-life picture (e.g., Rechy refers to the 1959 Los Angeles Cooper Do-nuts Riot). Novels like these innovatively pushed boundaries of how gender performance and sexual acts could be represented in fictional works.

The general field of trans literature in these decades was dominated largely by critical and creative nonfiction, though, and not by creative fiction; it is not until the end of the 20th century that trans fiction truly comes into its own. Many point to the 1993 publication of trans writer Leslie Feinberg's *Stone Butch Blues* as a key moment for this literary genre. This work, frequently lauded as the most influential trans novel, recounts important moments in the 20th-century LGBTQ+ movement as experienced by Jess Goldberg, a protagonist who explores gender and sexuality as a butch lesbian, a trans man, and a gender-nonconforming individual.

Since trans memoirs were such an influential form of literature in the 20th century, many trans novels follow their style. While there are certainly other narrative structures within literary trans fiction, this trend is common enough to warrant attention. Novels written in this fashion are generally inspired by real events that occurred to the author—such as *Stone Butch Blues*—and/or structured along the lines of a memoir, with a first-person protagonist recounting their life story—such as Kai Cheng Thom's fantastical coming-of-age tale

Fierce Femmes and Notorious Liars: A Dangerous Trans Girl's Confabulous Memoir (2016).

Since the 1990s, trans fiction has rapidly developed from a tenuous genre (e.g., in 2010, Lambda Literary published an article asking, "Is There, or Should There Be, Such a Thing as 'Trans Lit'?") to an established one (e.g., in 2020, most U.S. library systems include "trans fiction" as a searchable category). Trans fiction influences popular culture not only in its original form but also in how these stories evolve and proliferate. For example, the award-winning literary fiction novel *The Danish Girl* (2000), by David Ebershoff, was adapted into an Academy Award–winning film. Moreover, access to trans fiction continues to increase, as advocates push for greater inclusion of trans works in schools and libraries, as well as for greater support of trans voices by major publishing houses.

Publication Considerations

Historically, fiction by trans authors has often been marginalized and perceived as intended for a niche market, and thus such authors have relied on small, independent presses to get their work to readers. For example, Topside Press focuses explicitly on trans literary fiction, such as Imogen Binnie's *Nevada* (2013) and Sybil Lamb's *I've Got a Time Bomb* (2014). In *Nevada*—a novel that Binnie states she wrote for other trans women—she describes a punk trans woman's road trip and efforts to figure out love, work, and identity. *I've Got a Time Bomb* is an edgy, punk, countercultural novel that depicts a frequently marginalized trans protagonist who experiences similar violence and challenges as Lamb has herself. While these two novels are well known within the trans community, they have not received significant attention from the general public.

In contrast, works by well-established cis authors on trans themes have garnered attention from more mainstream publishers—a frustrating situation for many trans readers, writers, and activists eager to hear stories from their own community. For instance, one of the more widely read such novels is Jeffrey Eugenides's best-selling, Pulitzer Prize–winning *Middlesex* (2002), which was published by Farrar, Straus, and Giroux. In this epic story of the Greek American Stephanides family, the intersex protagonist decides to transition from identifying as the feminine Callie to the masculine Cal. Best-selling novelist Chris Bohjalian's *Trans-Sister Radio* (2000)—which was published by Vintage—likewise focuses on the (somewhat unrealistic) gender transition process of Dana Stevens, who is in a passionate relationship with a single mother, Allison Banks. The success of trans-focused works by already established cis authors like Eugenides and Bohjalian has proven that a market for such stories exists, which, in turn, creates space for more narratives exploring trans subjects. In 2018, for example, trans author Jordy Rosenberg's debut novel *Confessions of the Fox* was published by Random House and received multiple awards and accolades (e.g., *The New Yorker* book of the year, Lambda Literary Award finalist). Ideally, trans writers will continue to move from the margins to the center to tell their own diverse and creative stories.

Beyond Literary Fiction

While the preceding examples of literary fiction are important and influential texts, other types of novels also speak to trans subjects. Trans fiction narratives continue to diversify in both style and form, but as of 2020, key subgenres include the following.

Young Adult Fiction

Young adult (YA) fiction can provide both relief from the stress of adolescent life as well as models for how to navigate shifting identities and new experiences. Representation is especially important in YA texts because teenaged readers often struggle to understand their changing bodies, desires, and sense of self. By demonstrating multiple ways of being, this genre creates avenues for validation, empathy, and community, which is why trans YA fiction is so significant; trans stories are not limited to adult experiences. Considered by many to be the inaugural YA trans novel, Julie Anne Peters's novel *Luna* (2004) is told from the perspective of an adolescent girl whose older sibling is trans. Another notable work is Ellen Wittlinger's *Parrotfish* (2007), which describes high schooler Grady's quest to both blend in and express himself. Many YA works focus on romance, and trans YA fiction is no exception. For instance, Meredith Russo's *If I Was Your Girl* (2016) tells an engaging story of adolescent love as experienced by its narrator Amanda, whose recent gender transition complicates her romantic

life. Crucially, trans YA fiction can provide young trans readers with assurances that they are not alone, as well as show examples of how to navigate the changing—and often challenging—world of gender expression.

Children's Fiction

For younger readers, there is a new and growing field of children's fiction centered on trans themes. Children's illustrated stories range from those that explicitly reference gender performance—for example, Kyle Lukoff's *When Aidan Became a Brother* (2019) and Erica Silverman's *Jack (Not Jackie)* (2018)—to those that approach the topic in a more symbolic manner—for example, Michael Hall's *Red: A Crayon's Story* (2015) and Airlie Anderson's *Neither* (2018). These stories offer parents an opportunity to discuss gender diversity and expression on a simple, child-friendly level. Trans characters are increasingly represented in stories for later elementary and middle school readers as well. For example, Cat Clarke's *The Pants Project* (2017) depicts an 11-year-old protagonist, Liv, who feels frustrated by a middle school dress code that does not give him the option to wear pants; since everyone still sees him as Olivia, he must wear skirts to school. Liv's efforts to change his school's policies run parallel to larger struggles for diversity and acceptance, while the tone and plot keep this story on a young reader level. Trans-focused novels for middle school students can both reflect common preteen experiences, such as feeling socially isolated or misunderstood, as well as expand such readers' understanding of identity development. Ami Polonsky's *Gracefully Grayson* (2014), for instance, is a middle-grade novel about a preteen, Grayson, who is seen by family and peers as a boy but who actually longs to express herself as a girl. Another novel with similar themes—even including the pivotal plot point of playing a girl's part in a school play—is *George* (2015) by Alex Gino, a self-identified genderqueer writer. In this story, fourth-grade student George secretly wants to identify as Melissa, and the narrative traces her process of sharing this sense of self with family and friends.

Speculative Fiction

Fantasy, science fiction, and speculative fiction offer glimpses of other ways of being, from magical adventures to distant worlds to dramatic scientific advances. These forms of storytelling have long provided spaces to work out social questions regarding gender and identity. For example, *The Left Hand of Darkness* (1969), by Ursula LeGuin, imagines an ambisexual population on the planet Gethen. More recently, the *Transcendent* series, which began in 2016, annually anthologizes short stories focused on trans experiences in the genres of speculative fiction, fantasy, science fiction, and horror. In contrast to realistic fiction, these genres are not bound by actual circumstances, logistics, or facts. As they open up new worlds to readers, such novels also often reflect on issues in our own world, as Jeanette Winterson's *Frankissstein* (2019) does when it blends speculative and historical fiction approaches to tell the stories of trans doctor Ry Shelley in the early 21st century and author Mary Shelley in the 19th century.

Historical Fiction

Historical fiction blends imagination with research to create new insights into our past and present. Within this genre, novels set in earlier time periods may depict trans characters without explicitly referring to them as such in order to maintain historical accuracy, as Patricia Powell does in *The Pagoda* (1998), which describes Jamaica in the late 1800s through the eyes of Lowe, a nonbinary Chinese immigrant. By setting trans stories in previous eras, historical fiction demonstrates the long, ongoing relationship individuals have had with gender. Moreover, novels that include famous historical figures can reconfigure our understandings of former times. In addition to Winterson's *Frankissstein,* another leading work of historical fiction is Rosenberg's *Confessions of the Fox,* which reimagines Jack Sheppard, the famous 18th-century British criminal, as a trans man.

Romance Fiction

Within the genre of romance novels, both writers and publishers have responded to readers' calls for greater diversity in the kinds of characters and relationships featured. Trans romance novels are part of this gradually expanding and increasingly inclusive field, such as *Roller Girl* (2016) by Vanessa North, whose writing has been recognized

by both the Lambda Literary Foundation and the Romance Writers of America. Beyond the specific genre of romance novels, romantic storylines frequently appear in YA literature, as noted above, as well as in literary fiction with more adult themes (e.g., in Binnie's *Nevada*).

Short Fiction

In addition to the many novels in this field, short fiction works abound as well, as found in the 2012 anthology *The Collection: Short Fiction From the Transgender Vanguard,* which features diverse works from 28 trans-identified authors. One of the more notable single-author collections is *A Safe Girl to Love* (2014) by trans writer Casey Plett; each of its 11 short stories relates the adventures in love, loss, and young adulthood experienced by trans women characters. Plett also coedited with Cat Fitzpatrick the short story anthology *Meanwhile, Elsewhere: Science Fiction and Fantasy From Transgender Writers* (2017). This collection offers innovative, clever representations of trans life, and the focus is consistently on complex character development rather than simple character stereotypes. Short story collections have the advantage of providing multiple perspectives on trans experiences side by side, which can clearly demonstrate the diversity and complexity of this subject.

Controversies and Challenges

The Role of the Author

In contrast to creative nonfiction accounts such as memoirs, in fiction, the author and the protagonist are not the same person, which leads to questions about who has the right to tell what kinds of stories. In trans fiction, there are works focusing on trans characters written by trans authors, as well as works by cis authors. Some argue that cis authors should not write about trans characters since they lack direct, personal experience. For example, after the publication of his novel *My Brother's Name Is Jessica* (2019), John Boyne received considerable backlash from trans activists. Boyne defended the work, saying that although he is not trans, the point of the genre is to imagine others' experiences—otherwise, authors would be limited to writing only autobiographies. When cis writers depict trans characters in their fiction, though, trans people are understandably anxious that such representations may flatten, demean, or exploit their real-life experiences. Historically, depictions of trans characters have often appeared as comedic, deceptive, or tragic figures that many readers refute as inaccurate and/or two-dimensional portrayals. Furthermore, some trans people argue that since cis writers dominate the publishing industry, greater efforts should be made to correct this underrepresentation by including the voices of trans writers telling trans stories. The other side of this discussion focuses on the fact that the heart of fiction is imagination; authors should not be confined to describing only events and experiences they have personally gone through. Moreover, to insist that only trans writers should write trans stories potentially places an unfair and disproportionate burden on these writers, since they would then be the only ones addressing gender identity topics in their work. In addition, while some trans authors do indeed choose to focus on trans characters, they should not be pigeonholed into writing only such narratives.

With so relatively few trans stories garnering attention, there is understandable criticism when cis writers seem to appropriate trans experiences in their narratives. And yet, at the core of fiction writing is the act of conceiving other ways of being and transporting readers into these imaginative worlds. Balancing a desire for authenticity with an openness to creative interpretations appears to be an ongoing challenge for trans fiction as a field.

Formulaic Fiction

Indicative of the challenges regarding the relationship between the author and the text, a specific criticism levied at some trans narratives—typically those written by non-trans authors—is the repetition of the formulaic "wrong body" narrative that focuses too narrowly on transition. In this construction, the trans character suffers because they feel that they have been born into the wrong body, and they must make their body align with their inner sense of self to find happiness. The problems with this plot are that it often oversimplifies the multifaceted trans experience, locates the discussion of gender difference in purely physical and/or medical terms, fails to question rigid gender norms, and, because it is so commonly told, implies that

there is a singular, dominant trans experience. Moreover, by concentrating so heavily on the transition experience, such a plot misses other varied and intriguing elements of a trans character's existence, and it all too often emphasizes loneliness, trauma, and tragedy. For example, the protagonist of cis writer Kim Fu's *For Today I Am a Boy* (2014) undergoes one painful experience after another related to sex and gender. In contrast, Plett's novel *Little Fish* (2018)—which was written expressly for a trans audience—depicts a trans woman's unraveling of a family mystery and offers a complex, nuanced tale of human experience. Trans fiction has developed a great deal in only a few decades, and there is good reason to be optimistic that many more diverse and insightful works will be written in the years ahead.

Laura Broom

See also Autobiographies; Feinberg, Leslie; Film; Queer Theory and Trans People; Trans Studies

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Film

Film has played an important role in the public perception of trans people. It is important to understand this role because popular media are among the primary ways that people encounter members of marginalized groups. Trans people and other members of the LGBTQIA+ community also often use popular media texts as sources of role models to help them understand their own experiences. In order to contextualize the role played by film, this entry first considers how representation can help shape perceptions of marginalized groups. It then discusses the history of trans representation in film and the different genres that are prominent in trans films. The entry concludes with a discussion of how the increased presence of trans people in the film industry can help address the concerns identified with trans representation in film. While trans people are increasingly involved in the production of film and other media, the representations found in film have an impact on trans lives with or without that involvement.

Representation in Film

Representation in film matters because it serves as a symbolic stand-in for the group being portrayed, creating the potential for deeper knowledge and understanding of the experiences of members of the group than would be possible through direct social interaction. At issue with film representations of trans people and other marginalized groups is that the groups have historically been represented only from a very narrow perspective on their lives. Dominant groups, such as white people and cis men, receive a wide variety of representations across hundreds of films released each year, so any one depiction of the group does not have much of an impact. When representation is more limited, as it is for trans people and other marginalized groups, each depiction has a far greater impact on the public's understanding of the group. It is important to be aware of these limitations in representation when discussing the depictions of any marginalized group in film.

Representation in film has these limitations when it comes to the depiction of marginalized groups because of its ability to constitute and

constrain. According to media theorist Stuart Hall (2013) in *Representation: Cultural Representations and Signifying Practices,* representation is constitutive of events in the sense that our understanding of them is shaped by how they are framed for or by us, not solely through our unfiltered experience of them. Let us say you are walking down the street, and you see someone walk away from their car without putting any money into the parking meter. You think to yourself, "Hey, that's wrong! You have to pay when you park here," but your understanding of the event can only be understood as wrong because of how you have framed it based on your morals and legal knowledge. Even though you are experiencing the event in the moment, it functions as a representation because you had to filter it through your own perspective in order to make sense of it. Likewise, in terms of film representation, how a group is generally depicted comes to constitute how they are perceived. This is especially important for marginalized groups because of the limited amount of representation they receive. If a marginalized group is repeatedly depicted in negative ways, as with Muslims being depicted as terrorists or Black people being depicted as violent criminals, the representation comes to constitute how the group is understood in society in general. The constitutive nature of representation makes us aware of how depictions in film and other media have potential impacts outside of the medium itself.

According to film scholar Stephen Heath in *Questions of Cinema,* representation is also constraining because it seeks to provide order to events by limiting the information available to us. No event can be presented in its entirety, so any representation is the result of decisions about what to present and what to leave out. Returning to the parking meter example from before, as you grumble to yourself about how no one follows the rules anymore, you may miss the person in question running into a nearby Starbucks to get change from their partner or pulling out their phone to pay with an app. Your understanding of the event may be extremely limited by how you represent it in your mind. When we expand this even further by considering the scope of film representation, the constraining effect becomes even larger. The depiction of marginalized groups in film tends to follow established patterns, so the groups are portrayed in very limited ways. When film representation serves as a primary way in which audience members encounter marginalized groups, their views come to align with the limited depictions seen on screen. The ability of representation to constitute and constrain must be taken into account in any discussion of trans representation in film.

Trans Film History

Trans representation in film has existed since the beginning of the medium. While the crossdressing characters typically featured in these films and throughout the history of trans representation would not self-identify as trans, these films still have an impact on public perceptions of trans people, so they must be considered. In *Hollywood Androgyny,* media scholar Rebecca Bell-Metereau examines changing attitudes toward women and men in society through tracing the early history of trans representation in film, from pioneering comedies like Buster Keaton's *Our Hospitality* (1923) and Charlie Chaplin's *The Masquerader* (1914) and *A Woman* (1914), to historical dramas and Westerns featuring masculine women like *Queen Christina* (1933) and *Johnny Guitar* (1954), to films like *Psycho* (1960) that challenge the audience's status quo, to finally ending with a consideration of early efforts to humanize trans characters in films like *Little Big Man* (1970). Films before the 1960s operated under the Hays Code, a set of self-regulatory guidelines created by the film industry that placed severe limitations on film content. In terms of the representations of trans women during this period, films like *All-American Co-Ed* (1941) and *Charley's Aunt* (1941) used crossdressing by cis men as a device for wacky hijinks and to facilitate heterosexual romance. By the end of the films, the gender binary was firmly in place, and the characters' crossdressing was seen as nothing but a momentary aberration. Representations of trans women in this period generally reduced their identities to nothing but a temporary disguise.

It is not just trans women who faced limiting representations in early film. Representations of trans men built on a tradition of masculine women in film but sought to reinforce their innate femaleness, rather than allow for challenges to the gender binary or recognition of trans identities. Historical films and westerns kept masculine women

confined to the past. Tomboys were allowed to accompany male leads in films like *Sullivan's Travels* (1942), but their transgressive potential was reduced by limiting them to sidekick roles and having them embrace their femininity after falling in love with the male lead. Efforts were made to challenge these limiting depictions during this period, most notably Marlene Dietrich's sensuality in her role as a masculine woman in films like *Morocco* (1930), but the representations of trans men were still generally focused on reinforcing the gender binary. Early film history for trans men, as for trans women, would mostly see trans identity treated as a costume worn by cis characters to play with the confines of a restrictive binary gender system without considering the realities of trans people's lived experiences. While these trends would persist in subsequent decades, the scope of trans representation in film expanded in important ways.

Films like *Some Like It Hot* (1959) and *Psycho* would begin to challenge the status quo of trans representation in film at the end of the Hays Code period. *Some Like It Hot* created space for transgression with its ending stating that gender identity was not important in matters of the heart, and in *Psycho,* Norman Bates's psychopathic killing spree is directly connected to his trans identity, a trend that would continue in films like *Dressed to Kill* (1980) and *Sleepaway Camp* (1983). These films forced the audience to consider trans identity in ways that did not reinforce a clear gender binary. With the Hays Code's ending in 1968 and its replacement by the modern ratings system, the challenges to the existing gender binary would continue to expand through underground films that rejected Hollywood conventions, such as John Waters's *Pink Flamingos* (1971), and the fusion of violence and camp in films like *Myra Breckenridge* (1970) and *The Rocky Horror Picture Show* (1975). This pairing of camp and violence as a means of resisting stereotypes would continue in films like *Ticked-Off Trannies With Knives* (2010). Beyond just resisting stereotypes, trans representation in film also began to try to humanize trans characters, such as in *Boys Don't Cry* (1999) and *Transamerica* (2005). Despite all of the efforts to expand and humanize the audience's conceptions of trans characters during this period, trans lives still remained a source of comedy. Films like *Tootsie* (1982), *Just One of the Guys* (1985), *Mrs. Doubtfire* (1993), *Big Momma's House* (2000), and *She's the Man* (2006) continued to focus on cis characters adopting trans identities as temporary costumes to address external problems.

The history of trans representation in film is marked by continued struggles between challenging gender norms and reinforcing traditional views. While efforts have been made in recent decades to humanize the depiction of trans people, trans representation in film still marginalizes trans people as objects of ridicule and fear. A historical approach helps reveal the trends in trans representation, but in order to get a fuller picture of the messages sent through these films, it is also important to discuss the genres into which these films are most frequently classified.

Trans Film Genres

The term *film genres* refers to the grouping of films around shared narrative and visual conventions or tropes, but according to Rick Altman in *Film/Genre,* it is the grouping of films that forms a genre, not the presence or absence of the shared elements in a particular film. A genre, such as the suspense thriller or action movie, is useful as a subject of analysis because it highlights similarities between different films that might not be obvious when viewing the films in isolation. Genre analysis gains its analytical power through this cross-film comparison, and it is important to remain focused on this comparison rather than on determining the classification of a single film based on the presence or absence of particular elements. It is also important to recognize that while a film may typically be identified as part of a certain genre, elements of other genres may be used in the depiction of particular characters. For example, *Ace Ventura: Pet Detective* (1994) is rightfully classified as a fairly broad, screwball comedy, but the depiction of the trans character in the film, Lt. Lois Einhorn, follows tropes more associated with thrillers in order to present her as a deceitful villain. If the film were analyzed solely as a comedy, the meaning of the depiction of Einhorn would be completely misunderstood.

Film genres are useful to audiences as a means to make connections between the numerous films they see over their lifetimes and to organize their viewing experience. Genres are useful to scholars as a means to make analytical connections between

films and to add further depth to understanding the meanings of these films. Although genre is a useful tool for audiences and scholars, the example of *Ace Ventura* serves as a reminder of the limits of genre and any form of classification and analysis. When discussing the dominant genres in trans film, the purpose is to understand how the films in the genre construct trans lives in specific ways and the possible meanings that can be made from those constructions.

As discussed earlier, comedy is one of the most prominent genres of trans film. Trans comedies generally focus on cis characters who are forced to adopt a trans identity in response to an external situation, for example, escaping from mobsters or trying to get a job as an actor after multiple rejections. The humor in these films often comes from the disjuncture that exists between the audience's perception of the main character as clearly cross-dressing and the perception by the other characters that the main character is the gender they claim. The audience laughs as Julie's father tries to flirt with Dorothy Michaels in *Tootsie* or at King Marchand's discomfort at having to pretend to be in a same-sex couple in order to date Victoria in public in *Victor/Victoria* (1982). Other humor comes from the characters' failure to adjust to their new gender roles, such as Daniel cursing the creator of high heels in *Mrs. Doubtfire,* Michael adjusting his stockings in public in *Tootsie,* and Adam constantly being called ugly while walking to class in *Sorority Boys* (2002). The message of trans comedies is that trans identity is temporary, it is something that is only adopted in response to an external stimulus, and trans people can never fully embody their gender identity. By making trans people and their lives the object of humor, trans comedies tell the audience not to take trans people seriously.

Horror films and thrillers are trans film genres that are united through the main message sent to the audience that they should stay away from trans people because they are dangerous. Horror films like *Psycho, Dressed to Kill,* and *Sleepaway Camp* depict trans characters as violent killers equivalent to other horror monsters like Jason from the *Friday the 13th* films or Freddie from the *Nightmare on Elm Street* films. While the characters in the horror and thriller films are more likely to identify as trans than the cis characters seen in trans comedies, their trans identities are often still the result of external forces, such as Norman Bates's physical isolation in *Psycho* or Angela having her trans identity forced on her by her aunt after the death of her father and sister in *Sleepaway Camp.* Their trans identities become the equivalent of monster disguises. The monstrous aspects of the characters are enhanced by the audience's never clearly seeing them when they attack their victims, as with Bobbie's black trench coat and sunglasses in *Dressed to Kill.* Their victims are usually cis characters trying to force them in some way to conform to gender norms, and their attacks send the clear message to the audience to stay away. The audience receives the same message in thrillers like *The Crying Game* (1992) and *Peacock* (2010). Instead of being depicted as violent monsters, the trans characters are portrayed as deceivers for not revealing their trans identities to others. The cis characters in the films are often caught up in dangerous situations as a result of their association with the trans characters and are generally disgusted upon discovering the trans identities of the characters, as when Fergus pukes in the sink upon seeing Dil naked for the first time in *The Crying Game.* The audience is told through these films that trans people are treacherous and should be avoided. This message can create dangerous situations for trans people when they engage in public life.

Unlike the previously mentioned genres, dramas like *Boys Don't Cry, Transamerica, Different for Girls* (1996), *Ma Vie en Rose* (1997), and *The Danish Girl* (2015) try to present trans people's lives in more sympathetic ways. Trans dramas give more attention to the experience of living as a trans person than other genres, such as showing Bree's process of getting ready in the morning at the beginning of *Transamerica* or Brandon's efforts to fit in with the other guys in his friend group by taking risks, like trying to hold onto a rope while being pulled by a truck or fleeing from the cops instead of pulling over in *Boys Don't Cry.* The films also attempt to show the trans characters receiving positive feedback, such as Calvin flirting with Bree in *Transamerica* or Paul's interest in seeing Kim naked, leading to them having sex in *Different for Girls.*

While these positive elements of trans representation are found in trans dramas, the films still end up focusing on the negative experiences of the

trans characters, such as Ludovic's emotional and physical abuse from her parents in *Ma Vie en Rose* and Brandon's rape and murder in *Boys Don't Cry.* The message to the audience in these films is that trans people may be deserving of sympathy because of everything they have had to endure, but their lives still exist outside of the norm and can never be fully understood by the audience. It is also important to consider the implication in these films that everything would be okay if the trans characters would just conform to gender norms.

These are just a few of the genres found in trans film. Others include the road trip film, where trans characters help a closed-minded community learn to be more tolerant, as in *To Wong Foo, Thanks for Everything! Julie Newmar* (1995), *The Adventures of Priscilla, Queen of the Desert* (1994), and *Hedwig and the Angry Inch* (2001), and films where crossdressed actors portray cis women or men, as in *Orlando* (1992), *Hairspray* (1988, 2007), and Tyler Perry's *Madea* films (2005–2019). There are also other traditions of trans representation that should be considered, such as the history of Black men crossdressing in film, as in *Big Momma's House, Juwanna Man* (2002), and *White Chicks* (2004); international films featuring trans characters, as in *Close-Knit* (2017) from Japan, *All About My Mother* (1999) from Spain, and *Sangharsh* (1999) and *Rafoo Chakkar* (1975) from India; and documentaries, such as *Paris Is Burning* (1990) and *Southern Comfort* (2001).

A review of different genres of trans film indicates that the dominant depictions are mostly negative and seem to show no interest in understanding trans people, which reflects that the primary audience for these films is cis people, not trans people. The implicit message is that cis people are uninterested in understanding trans lives, so their entertainment is prioritized over positive representation. Any efforts to improve trans representation need to show that cis people do care about understanding trans people or that trans people are a large enough audience to warrant making films directed at them.

The Future of Trans Representation

Although the constraints on positive representation of trans people are still in place, there is hope for change in the film industry. Most depictions of trans people across film history have been portrayed by cis people, but in recent years, cis actors like Jared Leto, Michelle Rodriguez, and Matt Bomer have been criticized for their portrayal of trans characters. More trans voices have also been included in the industry, both on screen, including trans actors like Laverne Cox, Jamie Clayton, Mya Taylor, Kitana Kiki Rodriguez, and Daniela Vega, and behind the camera, including trans directors and producers like Yance Ford, Sydney Freeland, Rhys Ernst, and Rosie Haber. Finally, trans indies like *Tangerine* (2015) and *A Fantastic Woman* (2017) have presented more nuanced and grounded portrayals of trans lives.

Lucy J. Miller

See also Cox, Laverne; News Media Representations; *Pose* (TV show); Reality TV; Representations in Popular Culture; Scripted TV; Teena, Brandon; *Transparent* (TV show)

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FRIENDSHIPS

This entry considers trans friendships. It examines friendships for trans men, trans women, and

nonbinary people; explores the benefits and barriers for trans people within friendship; and discusses how experiences differ across race and ethnicity, gender identity, and sexual orientation. The entry continues with an exploration of microaggressions and microaffirmations in trans friendships and concludes with a recommendation of directions for further research in the area of trans friendships.

Basic Definitions

Friendships are defined as meaningful, supportive nonromantic relationships with others who share affection and are mutually beneficial. Friendships often involve close relationships between two or more people, provide a source for giving and receiving support and validation, and are built around shared experiences or interests. Friendships are important for all people and are particularly important for trans individuals. Support and validation may or may not be present within families of origin for trans people, so friendships offer an opportunity to connect with others who are more supportive, have shared identities and overlapping interests, meet unique needs, and connect with others who understand trans experiences.

Patterns of Trans Friendships

Much of the extant scholarship on trans friendships focuses on patterns of friendships across gender identity and sexual orientation, as well as provides descriptive data about types of friendships. Research on trans friendships mostly lumps trans women, trans men, and nonbinary people into one homogeneous group and focuses on white trans people's experiences while neglecting to look at friendships across race and ethnicity or how racial and ethnic identity informs friendships. Overall, trans people as a group have more cisgender (cis) friends than trans friends and have more sexual minority friends than heterosexual friends. This finding supports previous research on cross-category friendships and suggests that a trans person (with the minority identity in the cross-category friendship) is the person within the friendship dyad who more frequently brings up identity-related differences with the more privileged person in the dyad (i.e., the person who is less oppressed in the trans–cis friendship dyad because of their cis identity). Trans people often bear the burden of initiating difficult gender identity–related conversations within their friend networks. Affiliation with the broader LGBTQIA+ community also affects friendships. Specifically, trans people who hold stronger affiliations with, and ties to, the broader LGBTQIA+ community have more trans friends, sexual minority friends, and friends who are also connected to the LGBTQIA+ community, as well as fewer heterosexual friends and fewer friends who are not connected to the LGBTQIA+ community.

Benefits and Drawbacks of Trans Friendships

Trans friendship research often focuses on the sexual orientation and gender identity of friends, the benefits and barriers within those friendships, and how trans people negotiate friendships. Looking at why trans people have friendships with other cis, heterosexual, trans, and LGBTQIA+ people enables specific benefits and barriers to friendships across these identity groups to be identified. Trans people seek out friendships with heterosexual and cis people because these friendships provide identity-based validation. These friendships are enjoyable because they often do not overemphasize trans experiences, and validation from heterosexual and cis people can be powerfully affirming. As the dominant group, heterosexual and cis people are perceived as being more stable emotionally and provide more opportunities for a larger number of friendships. Cis people help trans people to pass as cis, and friendships with heterosexual and cis people provide opportunities to educate cis people about trans identities. Yet, there are also barriers that negatively affect friendships between trans people and cis and heterosexual people because heterosexual and cis people often lack critical consciousness about issues related to sex, gender, and privilege. Heterosexual and cis people also sometimes use inappropriate language and struggle to talk about and understand trans experiences. Heterosexual and cis people might have less in common and fewer similar experiences with trans people, making maintaining the friendship more difficult.

When looking at motivations to have friendships with other trans and LGBTQIA+ people, specific benefits to friendships across these identity groups

can be identified. There are a variety of reasons to seek out friendships with other trans and LGBTQIA+ people, including a shared understanding of trans experiences and deeper knowledge of sex, gender, and privilege. Trans people also share similar experiences with other trans people, which offers an opportunity to speak authentically about being trans with open-minded and nonjudgmental friends. Friendships with other trans and LGBTQIA+ people provide a space to receive support, mentoring, and access to resources as well as a sense of belonging, community, and family. There are also barriers that negatively affect friendships between trans people and other trans or LGBTQIA+ people. Sometimes trans and LGBTQIA+ people invalidate trans identities and overemphasize gender identity and sexual orientation. Trans people fear being outed as trans, and these friendships can be fraught with interpersonal conflict.

There are also specific benefits of friendships with LGBTQIA+ people. For example, friendships with LGBTQIA+ people are beneficial because of the open-minded and nonjudgmental nature of the friendship. Friendships with LGBTQIA+ people offer a space for community support, a sense of belonging, and diverse perspectives and experiences. Friendships with LGBTQIA+ people can be used to educate others about trans lives and to find possible sexual partners. Yet, friendships can be negatively affected when LGBTQIA+ people lack a basic understanding of trans experiences or share too few similar experiences.

Finally, trans people identify specific benefits of friendships with other trans people. These friendships are beneficial because holding similar gender identities allows for authentic shared experiences, increased comfort with talking about trans experiences, and enhanced support, mentoring, and resources. Trans people also help other trans people pass as cis. One barrier that negatively affects relationships with other trans people includes the tendency for trans issues to dominate conversations. Trans people can experience negative friendships with other trans people that are characterized by high levels of conflict and emotions, as well as fears of being outed.

Specific benefits of trans friendships for cis individuals exist. Meaningful friendships with trans individuals can help cis individuals demonstrate less trans prejudice and more positive, trans-affirming behavioral intentions than do cis people who have no friendships with trans people.

Finally, disclosing a trans identity affects friendship. Disclosing a trans identity yields many different responses from friends, including affirming responses (i.e., acceptance), negative responses (i.e., questioning the validity of the trans identity), mixed responses (i.e., some friends may leave while others develop deeper relationships), and emotional responses (e.g., happy or indifferent). Disclosing a trans identity can also lead to strained or strengthened friend relationships.

Trans Men, Trans Women, and Nonbinary People

Differences exist in trans friendships across gender identity. Trans men, trans women, and nonbinary people all have distinct friendship patterns that suggest unique friendship needs exist within the trans community. Compared with trans women, trans men have more friends who are connected to the LGBTQIA+ community and more friends who are sexual minorities. Trans men also experience unique negotiations related to their identities as trans men within woman-identified cross-category friendships, particularly friendships with lesbians. Many trans men must come to terms with, and account for their masculinity within, these cross-gender friendships and also have to work to disown their privilege as men. Friendship research specific to trans women is quite limited and focuses on the identity of the friends with whom trans women have relationships. Trans women have more non-LGBTQIA+-affiliated friendships than their male counterparts. Nonbinary friendship research is also a new area of scholarly inquiry. Nonbinary people seem to have less distinct friendship patterns when compared with those of trans men and women. One area of distinction is that nonbinary people tend to have fewer non-LGBTQIA+-affiliated friendships than trans women do. Research on trans experiences that tease apart the differences between trans men, trans women, and nonbinary people is in its infancy. There is limited research on how friendships differ across gender identity, race, ethnicity, social class, or religious identity for trans people.

Microaggressions in Trans Friendships

A growing body of literature explores microaggressions committed in trans friendships. Trans microaggressions, or subtle intentional or unintentional forms of discrimination directed at trans people, are harmful no matter who commits them and are especially harmful when committed by a friend. Trans microaggressions are particularly harmful as they create ruptures within friendships, which is often the main source of social support for trans people. Often, the extent of the harm is based on the identities of the person committing the microaggression. Trans microaggressions are committed by cis, heterosexual, trans, and LGBTQIA+ friends but are most painful when committed by trans and LGBTQIA+ friends. Other research indicates that microaggressions experienced within friendships differ for trans men, trans women, and nonbinary people. Specifically, trans women experience microaggressions that they are not "real women," trans men experience microaggressions that they are not "real men," and nonbinary people experience microaggressions that they are not "really trans." These microaggressive experiences negatively affect friendships and have implications for positive trans identity development and well-being. Some emerging research has explored microaffirmations in trans relationships, but the impact of positive events in trans friendships is currently not well understood.

Future Trans Friendship Research

Friendships are important in the lives of trans people, who experience discrimination and prejudice on a daily basis and who might not receive support or care from family-of-origin members. The scholarship on trans friendships has primarily explored frequency and types of relationships across sexual orientation and gender identity, with some recent research exploring friendships for trans men, trans women, and nonbinary people. Friendships are important for trans people but are often stressful with respect to navigating conflict and lack of affirmation within the friendship. Literature on trans friendships has also primarily focused on white trans people as a monolithic group. More research is needed to explore how friendships manifest across different aspects of identity, specifically for trans people of color, trans people who are living in poverty, and trans people's experiences across cultures.

Kirsten A. Gonzalez and Lex Pulice-Farrow

See also Cisnormativity; Microaggressions; Relationships With Family as Trans Adults; Relationships With Romantic/Sexual Partners; Relationships With Siblings; Social Transition; Trans Men; Trans Women

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Garland, Jack Bee

Jack Garland was a trans man who lived and worked in late 19th-century and early 20th-century California. His mother was Eliza Garland, the daughter of Rice Garland, a Louisiana congressional representative, and his father was José Marcos Mugarrieta, the first Mexican consul to California. In the course of his life, Garland worked as a reporter in Stockton, California; served as an interpreter in the Spanish-American War; and became a Red Cross nurse following the 1906 San Francisco earthquake. At different times accepted and rejected because of his gender, his history has much to teach us about trans lives at the turn of the 20th century.

Childhood

Born in San Francisco on December 9, 1869, Garland grew up in a world where the anti-trans writings of the early sexologists were not yet shaping the city's understandings of sex and gender. Although assigned female at birth, Garland was known to be a masculine child, preferring tops and kites to dolls and enjoying the companionship of the neighborhood boys, yet his neighbors did not punish or pathologize this behavior. The family struggled economically; while his mother came from a wealthy family, his father seldom received a regular paycheck for his work as Mexican consul. Yet the family valued education, and once he reached his teen years, Garland was sent to a convent school for young women, where he acquired the writing and research skills that later allowed him to support himself as a reporter.

Young Adult Life

Garland's young adult life was one of loss and challenges. While in his teens, one of his brothers was sent to San Quentin on charges of theft and died of tuberculosis following his release. Then, when Jack was 17, his father died. Two years later, Garland was committed to the Insane Asylum of the State of California in Stockton. His stay there was brief; although he was sentenced by a judge for opium addiction, he was released 1 month later.

Following a brief stint in San Francisco, he returned to Stockton in his mid-20s, this time to live as a man: Babe Bean. Stockton was a small city of roughly 20,000 people, and its press took notice of the new resident, speculating about his sex. An accident with a horse carriage revealed that Bean had a traditionally feminine voice, and for the remainder of his stay, most people treated him as a masculine woman rather than as a man. Some even considered him a "freak," reflecting the growing influence of sexology and its pathologizing view of gender difference. After working for local newspapers for several months, he did gain the town's respect, yet the press continued to refer to him as a masculine woman.

Bean's earliest articles were about himself. The town was fascinated with his gender, and writing

about it gave him notoriety and enabled him to earn an income. But, in time, he was able to publish articles on events throughout the city, including a story on the insane asylum where he had been institutionalized as a youth. There he interviewed Spanish-speaking inmates, which raises questions about how he lived his ethnicity while in Stockton. His reporting offers a glimpse into how he publicly performed gender at this point in his life, as he referred to himself as the "first woman" allowed to visit some of the places he covered. Thus, it appears that, at the time, he did not identify strictly as a man.

Overseas Travels

By 1899, stories of battles and U.S. victories in Cuba and the Philippines were filling the pages of U.S. newspapers. Garland, like many young men of his time, was determined to join the effort. Traveling to the Philippines provided him with an opportunity to find adventure, and it afforded him the chance to once again be known just as a man. He secured a job as a mess-boy on an Army transport ship to Hawaii and then hid on the ship as it traveled to Manila. Following his discovery, he was accepted by the troops and obtained the same tattoo that they had. He worked as a translator and increasingly wanted to be known as "Jack," and when he returned to the United States, this time to settle in San Francisco, he lived as Jack Garland.

Later Life and Death

Following the Spanish-American War, Garland apparently stopped working as a reporter; at least his name ceased to appear on bylines. He was in San Francisco at the time of the 1906 earthquake and served as a nurse with the Red Cross and then briefly appeared in the Los Angeles press when he was suspected of being a spy. Garland had been arrested on a charge of impersonating a man, and he argued his innocence by reclaiming his identity as "Beebe Bean," one of the names he had used in Stockton.

In September 1936, he collapsed on a San Francisco street, suffering from an untreated ulcer, and died just short of his 67th birthday. It appears that he lived his last years among the poor and working-class people of the city, helping them to the best of his abilities, and his philanthropy was highlighted in his obituaries. So too was his sex assignment; for example, the death notice in the *San Francisco Chronicle* noted that "'Jack Bee' Was Woman." However, the fact that the press felt the need to forefront this aspect of his past suggests that Garland was by then living simply as a man.

The life of Jack Garland provides important insights into the experiences of trans people, especially mixed-race trans people, in the late 19th and early 20th centuries. While subjected to intense scrutiny and, at times, prejudice (which, for Garland, was compounded by his mixed-race heritage), trans people also could find acceptance and places where they might live authentic lives. Garland made a name for himself, both by being seen as gender different and by being thought of as simply "Jack."

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See also Dillon, Michael; History; Latinx People; Masculinities; Sullivan, Lou; Trans Men

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Gatekeeping in the Transition Process

Gatekeeping within the transgender community is a term used to describe limiting or controlling access to medical interventions, such as hormone

therapy and gender-affirming surgery, based on select criteria that determine eligibility or ineligibility for such interventions. The "gatekeeping model" was historically used by mental health and medical providers to distinguish "true transsexuals" (the term used to describe transgender people at the time), who were deemed to be adequate candidates for medical interventions, from other transgender people who expressed interest in medically affirming interventions but did not meet set criteria required and thus were denied access to treatment. The gatekeeping model originated with the medical model of transgenderism in the early 1950s, and despite several changes in the implementation of gatekeeping, forms of this model continue to exist within the field of transgender health care.

Harry Benjamin was an endocrinologist and sexologist who is often credited for his pioneering work in the field of transgender medicine. In the 1950s, transgender people were viewed as having a mental illness that could only be treated by years of psychotherapy with the stated aim of increasing alignment between the person's gender identity and assigned sex at birth. In contrast, Benjamin believed that assisting transgender individuals in physical transition (i.e., social transition and medical transition) was the most appropriate course for treatment and began to develop clinical procedures with this aim in mind. Although Benjamin is often credited with increasing access to care for transgender individuals, his work also had the effect of constituting gatekeeping practices in transgender medicine. Eligibility for medical interventions at the time required extensive psychological evaluations, long-term psychotherapy (sometimes several years), early childhood history of cross-gender behaviors, the ability to "pass" (i.e., to be perceived by others as one's identified gender), and even participation in research studies. Historically, criteria for hormone therapy and surgery were also often predicated on sexual identity. For example, transgender women were more likely to be granted access to medically affirming interventions if they described themselves as attracted to cisgender men, thus being able to live within heterosexual norms posttransition. Shockingly, level of perceived attractiveness as one's identified gender was also at times used as part of gatekeeping criteria. Medical care under these circumstances excluded nonbinary identities, transgender people who did not experience dysphoria in childhood, transgender people who had queer sexual identities, and transgender people who did not sufficiently meet the cisgender expectations of gender presentation imposed by their medical providers. Transgender men were also often denied access to medical intervention, as clinical programs and researchers focused much more on the experiences of transgender women. Individuals who did not meet these specific criteria set by cisgender medical providers were denied access to care, while individuals who did meet specified criteria were completely reliant on their medical team for documentation to demonstrate that they met stated requirements in order to "open the gates" for desperately needed gender-affirming interventions.

The gatekeeping model of care was formalized in the first edition of the Standards of Care (SOC) published in 1979 by the Harry Benjamin International Gender Dysphoria Association, which is now known as the World Professional Association for Transgender Health (WPATH).

The standards outlined the need for transgender individuals to receive an official diagnosis of "transsexualism" as defined in the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition* (*DSM-III*) by a qualified mental health professional. The individual needed to receive psychotherapy for several months in order to be eligible for hormone therapy and even longer in order to be eligible for gender-affirming surgery. Additionally, transgender people were often only granted access to surgery if they had already started hormone therapy and if they were presenting in their identified gender role. Letters from more than one mental health provider were often required for medical interventions (and is still required in the case of genital surgery as outlined by SOC Version 7).

Although the current standards of care have shifted away from the requirement of psychotherapy and toward inclusion of an informed consent model, many transgender advocates and clinicians critique the current version of WPATH standards of care as maintaining the gatekeeper model. For example, the current standards maintain the need for an official diagnosis of gender dysphoria or gender incongruence, letters of referral, a specified amount of time living in one's gender role, and use of hormone therapy (unless not medically indicated)

in order to access genital affirmation surgery. It should be noted that these requirements also may prevent transgender individuals who are unable to access psychotherapy because they are uninsured, do not have access to mental health services, or experience barriers, such as childcare, inflexible work hours, or lack of access to transportation, that inhibit their ability to pursue psychotherapy, further enacting gatekeeping practices, albeit less intentionally. Transgender people of color, who are often in most need of care, are often those who are unable to obtain care due to the reasons described above.

Notably, despite the WPATH standards of care, many practitioners and clinics have shifted toward an informed consent model for hormone therapy (although referral letters continue to be required by surgeons in order to initiate any surgical procedure, and letters documenting a diagnosis of gender dysphoria are also required by insurance companies for reimbursement for any gender-affirming surgeries). The informed consent model is often contrasted with the gatekeeping model in transgender medicine. While the gatekeeping model assumes that a qualified professional is required to make a diagnosis of gender dysphoria and determine eligibility for any medical interventions the individual requires for treatment, the informed consent model places the autonomy on the individual. Informed consent requires the ability to evaluate for one's self the risks and benefits associated with a particular intervention. In this model, the provider (who may or may not be a mental health provider) works with the individual to assist them in making their own decisions regarding particular choices in their medical care. Thus, decision making is relegated to the individual. This model moves away from both the diagnosis of gender dysphoria and psychotherapy as a prerequisite for access to medical interventions (although it is still often discussed as an option with individuals who would like to pursue psychotherapy throughout their transition). Several major health care centers, colleges, community health clinics, and individual practitioners have begun to adopt the informed consent model of care. Given certain institutional constraints (e.g., documentation required for insurance companies, surgeons requiring referral from mental health providers), diagnosis of Gender Dysphoria and official letters from mental health providers are often still needed in order to access care; thus, aspects of the gatekeeping role, although lessened, remain embedded within this system.

Practitioners working within transgender health should be aware of the history of gatekeeping and the impact such a model of care has on transgender individuals and the community. Models emphasizing increased agency, informed consent, and a de-emphasis on gatekeeping practices provide a new model of care that focuses on access to care and the autonomy of transgender individuals.

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See also Gender Affirmative Model; Health Care Access, Legal Issues; Informed Consent Model; WPATH

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Geek Culture

While geek culture has garnered the perception of being the domain of straight cisgender (cis) men, geekdom has long been a haven for marginalized people and particularly members of the larger LGBTQIA+ community. The LGBTQIA+ community's involvement in geek culture is perhaps not surprising, given how geek culture predominantly focuses on a passion for works of science fiction and fantasy stories that frame the "other," the overlooked, and the marginalized character as the protagonist of a story. Additionally, it provides a safe avenue for exploring allegorical themes and identities outside of the norm of a cisnormative and heteronormative society. Additionally, a comics convention (a large gathering of enthusiasts of a specific TV show, movie, genre, or medium such as *Star Trek* or video games, often referred to as a "comic con") is not altogether different from a LGBTQIA+ space, with comic cons often mirroring the LGBTQIA+ community's abilities to create safe spaces for expressions of love outside of societal norms. As a result, geek culture has long been a haven for transgender people to find community and representation of themselves outside of an exclusively LGBTQIA+ context.

Relationship Between Geek Culture and Trans People

When looking at geek culture, as with gender identities, it can be difficult to arrive at an all-encompassing definition by which to categorize and discuss the subculture as a whole. Geek culture encapsulates a wide variety of genres, artistic mediums, and levels of engagement. For example, fantasy and science fiction are universally considered "geek" subjects. However, so too are the entirety of the comic books and video game mediums, despite both including diverse genres beyond fantasy or science fiction. In a broad sense, one could simply define geekdom as a subculture of enthusiasts with a deep love of *obscure* media. Yet, with the explosion of science fiction and fantasy in mainstream culture during the early 21st century, growing out of the popularity of works from now-franchises like Marvel, *Star Wars*, *Dungeons and Dragons*, *Lord of the Rings*, *Harry Potter*, and *Star Trek*, as well as the expansion of comic and video game industries, geek culture has only grown less "obscure" as it enters mainstream consciousness. Geek culture, just like LGBTQIA+ communities, is also incredibly diverse, with it containing a seemingly endless number of distinctive niches and communities. In turn, scholars as well as those directly involved in geek culture often rely on the idea that "you know it when you see it."

Examining geek culture as a whole and in broad terms reveals that it contains core themes in common with trans experience. A notable shared feature between the two is the ability to look at humankind from a fresh perspective as a means of commenting on societal conventions with a forward-facing desire to redefine and broaden what it means to be human. Science fiction and fantasy rely heavily on the language of the ostensible outsider in order to comment on different aspects of the human experience—whether they be a superhero from another world trying to symbolize the best of ourselves, a schoolboy wizard fighting back against magical fascism (*Harry Potter*), an android who desires the ability to feel emotions (*Star Trek: The Next Generation*), a Hobbit who sets out to defeat evil not only in some distant dark tower but in the hearts of humankind (*Lord of the Rings*), or a human who boldly goes to alien societies that mirrors and extrapolates on an aspect of our own real-world society (*Star Trek*). It is not surprising that trans people, who are often cast as the outsider and whose mere existence challenges predominant societal norms of gender and sex, have found an affinity for, and safety in, geek spaces. Indeed, LGBTQIA+ audiences in general are more likely to choose horror or sci-fi as their favorite films than straight majority audiences. For many trans individuals, including nonbinary people, the parallels between the stories that form the basic "texts" of geek culture and their own experiences as trans people navigating a cisnormative world can be both uncanny and a source of personal strength.

Historical Perspective on Women and LGBTQIA+ Identities and Their Relationship to Geek Spaces

In the 20th and 21st centuries, geek culture has garnered the inaccurate perception as catering to a predominantly cis men following. This misconception has been perpetuated by numerous factors,

including but not limited to the how the mass mainstream marketing of genre works has been directed toward cis men as well as the elevation of cis men creators like J. R. R. Tolkien, Isaac Asimov, Gene Roddenberry, Stan Lee, and George Lucas into common household names.

While cis men have been influential as both creators and consumers, their predominance in the narrative of geek culture continually ignores that women, queer people, and trans people have been prominent members of geek communities since the beginning. While niche geek communities have existed previously, the coalescence of geek culture occurred in the 1960s and 1970s with the growth of the convention and fandom scene, which was spearheaded by women and LGBTQIA+ people, mainly driven by the rise of fandom for a small, cancelled, three-season show named *Star Trek*. The first major *Star Trek* convention, *Star Trek Lives!,* was run by Joan Winston and Elyse Pines, as well as several other men and women, and drew more than 3,000 people in 1972. The convention quickly expanded to nearly 15,000 in 1974, with 6,000 more having to be turned away. It is easy to connect these early conventions with today's geek culture being heavily convention oriented, with nearly every major city in the Western world having at least one, if not multiple, geek-focused conventions each year, hosting thousands of attendees (e.g., 2019's San Diego Comic-Con hosted 135,000 people). Indeed, LGBTQIA+ science fiction conventions like the annual Las Vegas Clexacon have garnered 4,000 attendees. These spaces often are the main hub for geeks to find and interact with each other, creating a yearly (or even more often) cultural event around which all other gatherings, groups, and events orbit.

Those who were unable to attend the growing movement of science fiction conventions in the early to late 1970s, either due to being unable to afford to attend or not living near a large city that hosted such an event, soon found their own distinct outlet for their fandom. Hundreds of *Star Trek* fanzines began to crop up during the 1970s as well, such as the prominent *Spockinalia*. A number of these fanzines were women led and devoted to fan fiction. This fan fiction also led to the rise of what is known as slash fiction, like *Kirk/Spock,* where two nonqueer fictional characters are written to be explicitly queer, often building off of (often unintentional) queer subtext in the original work.

Today, fan fiction is still dominated by women and trans writers. Prominent fan fiction database Archive of Our Own discovered that more of its users identified as genderqueer (6%) than as male (4%). With such a preponderance of trans creators, as well as women, working within this space, culture stereotypes streaming from transphobia, homophobia, and sexism often lead fan fiction to be simply dismissed as frivolous or uncreative. Sadly, this ignores the vibrant community of writers and editors making highly creative works of all skills and quality levels.

Another growing element of geek culture that remains dominated by trans as well as by cis women and LGBTQIA+ people is the cosplay community, or people who make elaborate costumes of their favorite characters across geekdoms. Cosplay often provides people an avenue to play in a new gender or identity, often creating a safe space for them to explore as exemplified by the subculture crossplay, where one dresses up in as a character whose gender differs from that of their assigned gender. Cosplay, as with science fiction in general, allows one to imagine a gendered (or agendered) existence outside of normative "human" categories, to imagine new possibilities that exist outside of societal pressures. As the cosplay and crossplay communities grew in the 1990s, they allowed for greater visibility and normalization of trans identities. As one crossplayer named Sarah pointed out in a 2015 article for the online news outlet *The Mary Sue,* "I went to that convention for another three years with my friends, and as I got more and more comfortable with the crossplayers I started to think more about trans issues and transitioning" (Figa, 2015). Many crossplayers found, especially as the community grew, that trans individuals were much more accepted. Certainly, if one can accept dressing up as a giant alien robot, being trans is not all that radical—perhaps it even becomes mundane! As another cosplayer states, "Not only did I not receive scrutiny or negativity, but I was far more openly encouraged . . . for perhaps the absolute first time since I started dressing, I felt fully comfortable" (Figa, 2015).

Transgender Representation in Geek Works

Transgender issues are not just limited to the communities around geek culture but within the works that fans themselves love. There has long been

explicit representation of trans topics and characters within Western geek fiction itself, often well before trans appeared in other genres. Prominent fantasy and science fiction writer Ursula K. LeGuin's popular 1969 feminist novel *The Left Hand of Darkness* features an alien race who have no fixed sex. Octavia E. Butler's book *Dawn* features an alien race with a third gender. *Star Trek: The Next Generation*'s 1992 episode "The Outcast" featured a trans guest character from an alien race, and later episodes in the franchise featured aliens with third genders as well as fleeting references to "transgendered species."

Sadly, however, trans themes are rarely used to directly discuss transgender issues or topics. Indeed, in many cases, trans themes or characters have been used to highlight other issues. For example, the aforementioned *Star Trek* episode used the transgender alien character, who was a member of a nonbinary alien race, to enable a discussion of gay rights. While this certainly was well intentioned and arguably had the desired informing effect on its audience, it also signals the common conflation of sexuality and gender issues. It also highlighted the writer's ignorance of the fact that being nonbinary, or without gender, is not something relegated only to fictional alien species but something that real-life humans can be as well. This is not an isolated trend, with numerous real-world trans identities consistently being depicted as aliens, robots, or other nonhuman entities used to discuss other issues. For example, the television sitcom *The Good Place* featured Janet, a female-presenting nonbinary artificial intelligence who was used to discuss issues of moral philosophy rather than have any of the actual human characters within the narrative simply be nonbinary as well. This often has the side effect, intentional or not, of literally dehumanizing trans people, and further denormalizing their existence within real-world spaces.

It would be remiss, however, to deny the importance of these trans representations to the trans community, even despite their flaws. Trans fans often find great affinity in these characters, as illustrated by one trans fan who fell in love with the alien race Trill, a species capable of reincarnation in different genders, in the *Star Trek* franchise. As one trans Trekkie stated,

> "There's so little canon LGBT+ content in general, let alone transgender-specific content, because a lot of it has been censored and banned throughout history, that sometimes we have to resort to queer theory to find characters that represent us. Whether it is good representation or not, no one can deny that many of the Trill characters we've seen in the show have experiences that partially line up with transgender people in a way that makes them partially representative of the transgender experience." (Coates, 2019)

One can also argue that by representing trans issues as metaphorical makes them "more palatable" to an audience who might normally be hostile to more explicit representations of trans issues and thus open them up to understanding trans people in the future. In the end, it is impossible to fully quantify metaphorical trans representation as wholly good or bad.

With growing modern awareness of trans identities, the advancement of LGBTQIA+ inclusion in creative spaces, and the mainstream explosion of fantasy and science fiction content, trans representation has continued to increase and, as a result, become more explicit. Recently, author N. K. Jemisin also featured a trans character in her *Broken Earth* trilogy, which set a record for being the first series to win the Hugo Award 3 years in a row. Comic books have vastly expanded trans representation, with *Saga* and *Bitch Planet* being prominent examples. Similarly, on television, DC Comics–focused series have often led the way for LGBTQIA+ representation on television, with trans woman superhero Dreamer as a regular on *Supergirl*, and *Titans* featuring a deaf trans man character in Season 2. Numerous geek TV shows like *Sense8, The Chilling Adventures of Sabrina, She-Ra and the Princesses of Power,* and *Doctor Who* have all featured trans characters. Video games have also begun to feature more explicit trans representation, with *Assassin's Creed* and *Persona* being prominent examples. In 2019, during a premiere Microsoft Xbox event, video game developer DONTNOD announced their new game *Tell Me Why* would feature a trans man protagonist, signaling the growing desire for trans stories within the still nascent video game industry, which had until the 2010s mainly focused on white cis men characters or cis women, like Lara "Tomb Raider" Croft, who were heavily influenced by a male gaze.

These positive developments unfortunately do not mean the issues of past representations have completely disappeared with geek culture, as trans themes and characters are still predominantly presented as metaphorical or nonhuman. For example, *Borderlands 3,* one of 2019's top-selling video games, featured a playable android character who was treated as nonbinary by both the in-game world and, perhaps more notably, the game's real-world marketing team. As more definitive representations continue to increase, these explorations of gender through metaphors tend to feel more understandable. Certainly, there is a necessity and ability for both metaphorical discussions of gender as well as more explicit ones to coexist within geek and mainstream culture, as both offer opportunities for unique perspectives on the subject.

Anti-Transgender Reactions and Challenges

Although geek communities have been a haven for trans individuals within popular culture, they have not been completely immune from larger systems of transphobia and femmephobia. Trans and cis women are often demanded to legitimize their fandom within geek communities. Indeed, geek communities have a long history of gatekeeping, or placing arbitrary measurements of what it means to belong to said community. Many groups tend to place an emphasis on knowledge of obscure minutiae within specific fandoms, such as knowing airdates of specific episodes or the names of certain aliens that appeared in single episodes, and often will "quiz" members of the geek community to prove their fandom, despite fandom's being more about intense love of a specific work of fiction, not simply accrued knowledge. These arbitrary measurements are often disproportionately leveled at anyone who is not a cis man, as it is incorrectly believed that trans and cis women identities could not possibly be interested in geek topics.

Indeed, sometimes cis men–dominated groups within geek culture act to create the perception of a "fake geek girl," believing that trans women are only pretending to like geek culture in order to appear more attractive to men. This closely mirrors the same stigma that trans women face when they are falsely accused of only being gay men pretending to be women in order to trick straight men into emotional or physical relationships. This inaccurate concept stems from the belief that men are the sole predominant force within a geek community.

Sadly, the sense of ownership over geek space by cis men has led to the modern development of toxic fandoms. "Toxic fans" demand that only their vision of geek community or fandom is worthwhile and therefore seek to push other identities, often non-cis white men, out of geek spaces. With the rise of diversity within both public geek spaces and within fandom works in general, toxic fans often end up harassing, doxxing, or otherwise abusing others. For example, Vietnamese American actress Kelly Marie Tran, who starred in the film *Star Wars: The Last Jedi* in 2017, was forced off social media platforms after being the target of a harassment campaign that saw her as part of a presumed "forced diversity agenda" by the Disney Corporation (which owns the *Star Wars* franchise) to push out cis white men, who had hitherto been the main featured protagonists of *Star Wars* films. Such arguments of a secret agenda by mega-corporations to force diversity or "popular feminism" onto mass audiences often fall into rhetorical arguments like those of other popular conspiracy theories, with toxic fans relying on the repetition of false rumors and unresearched facts to create a feedback loop of content reinforcing their beliefs that they, as cis white men, are under attack. The trans creator behind the sci-fi comic book and TV series *Vagrant Queen,* Magdalene Visaggio, also faced a similar threats and abuses from within the online geek community. Women, people of color, and LGBTQIA+ people who are prominent in geek communities on social media often face similar harassment campaigns generated by toxic fans.

Finally, the trans community has also been met with pushback from actual creators of geek works themselves. For example, in 2019, *Harry Potter* author J. K. Rowling posted on Twitter in support of Maya Forstater, a U.K. woman who had lost a court case after being fired from her job for anti-transgender rhetoric. Rowling's tweet sent reverberations throughout the *Harry Potter* fan community, which included numerous LGBTQIA+ people and allies. *Harry Potter* focuses on allegorical themes of fighting back against the demonization of the other as well as how language can be used to dehumanize marginalized groups. As a result, trans fans were left having to analyze how

to incorporate Rowling's incongruous stance against their identities with their relationship with *Harry Potter,* a series that represented a formative experience for an entire generation of millennials. While J. K. Rowling's anti-transgender stance is perhaps the most prominent example, there have been several notable geek creators, such as *Doctor Who* writer Gareth Roberts and *Ender's Game* creator Orson Scott Card, who have expressed anti-transgender views despite creating works that trans fans find connection within. As a result, trans fans are left to wrestle with a contentious relationship between an artistic work and community that speaks to them and the damaging viewpoints of those work's creators. Some have chosen to leave the fandom, while others have decided to ignore an author in favor of the love of a work or community surrounding said work.

Contemporary Representation and Future Directions

Unfortunately, owing to a misconstrued belief that centering trans or any LGBTQIA+ stories could negatively affect revenue, major motion pictures, often expensive and "risky" artistic endeavors, still rarely feature major trans characters except for very minor roles in films such as *Spider-Man: Far From Home,* where one of the middle school superhero's barely seen classmates was trans. Of course, while explicit trans representation has steadily increased, it still has a long way to go, as evidenced by the 2019 GLAAD Studio Responsibility Index, GLAAD's yearly researched analysis of LGBTQIA+ representation in television and film. In 2019, there were only 38 trans characters on TV, with only 5 being nonbinary. Additionally, the effectiveness and accuracy with which the trans themes or characters are portrayed in any work vary in quality, even when done with the best of intentions by the creators. While *Sense8* includes a nuanced depiction of a trans character, other shows like *The Chilling Adventures of Sabrina* have left much to be desired due to muddled and confusing development of the show's trans character of Theo, who has alternatively been depicted as nonbinary and as a trans man. Although a trans human may oscillate between identifications within their lifetime, Theo's vacillating gender depiction seems to stem more from the writers' uncertainty with what to do with the character, as well as misunderstandings of a trans identity. So, while trans representation continues to expand in popular culture, there are certainly more discussions to be had and battles to be fought.

Ultimately, it is difficult to encompass the vast diversity and breadth found within geek culture and how it speaks to trans people. In many ways, this complexity reflects the trans experience in and of itself: a diverse group of people who find community through shared narratives and issues of how they relate to their own as well as societal expectations of gender. Similarly, although geek culture may encompass everyone from a devout Trekkie, to a board game creator, to a video game streamer, they are all bound by a distinct feeling of broader community through a love of an artistic endeavor that speaks to how they define themselves.

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See also Cisnormativity; Crossdressers as Part of the Trans Community; Femmephobia; Fiction; Film; Identity Politics; Online Communities; Representations in Popular Culture

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Gender Affirmative Model

The gender affirmative model is a structure of care for gender-expansive and trans individuals that evolved in the first two decades of the 21st century. Although it originally was crafted by a consortium of individuals from different disciplines across the globe who focused their work on children and adolescents, the model itself applies to people of all ages.

Contours and History of the Gender Affirmative Model

The overarching global principle of the gender affirmative model is that every individual should have the right to live in the gender that is most authentic to them. This principle is informed by the evidence-based studies demonstrating that attempting to change or contort a person's gender does harm. In the model, gender health is defined as the opportunity for an individual to live in their authentic gender with social support and freedom from aspersion, rejection, or manipulation. The major tenets of the gender affirmative model are as follows: (1) Gender variations are not disorders; there are infinite pathways of gender; cisgender is only one of many; each gender pathway is positive; no one pathway is privileged over another. (2) Gender presentations are diverse and varied across cultures, requiring cultural sensitivity. (3) Gender involves an interweaving of biology, development and socialization, and culture and context. (4) Gender may be fluid and can be nonbinary. (5) Gender is not fixed at a moment in time but is a lifelong process. (6) Co-occurring psychological issues, if present at all, are typically related to interpersonal and cultural reactions to an individual, not internal psychopathology. (7) Therefore, pathology more likely lies in the culture rather than in the individual.

Beginning in the first decade of the 21st century, professionals and community members involved in crafting the gender affirmative model took on the task of relearning gender and developing new developmental guidelines that more accurately reflect the realities of children of all genders, rather than pertaining only to individuals who abide by gender in two binary boxes—male and female, determined by the sex designated at birth. The gender affirmative model recognizes that knowledge comes not just from scientific studies and intellectual formulas but also in the lived experience of the individuals who find themselves outside the traditional binary gender boxes. The difference between sex (a biological designation at birth), gender identity (who I am—male, female, or other), and gender expressions (the way I like to "do" my gender—mode of dress, appearance, movement, choice of activities, and so forth) was carefully delineated. Furthermore, the separation between gender identity and sexual identity was underlined, a task that felt essential as so many people continue to conflate the two. Sexuality and sexual orientation identity (e.g., gay, bisexual, heterosexual) have to do with many things, but at their center is the object of desire—do we desire people who are the same gender as us or a different gender from us, people of any gender, people of fluidly defined gender, people who are trans, or people of no declared gender? Our gender identity and expression, on the other hand, have to do with how we incorporate our own culture's definitions about being male or female with our own internal preferences, desires, and recognition of who we are as a boy/man, a girl/woman, a third gender, a fourth gender, gender nonbinary, and so on.

In practicing the gender affirmative model, professionals and laypeople alike are advised as follows: When it comes to knowing someone's gender, it is not for us to say but for the individual to tell. It will not necessarily be known by looking at the sex designation on the person's birth records or at the person's body or how the person dresses or moves. It is a core psychological piece of oneself, albeit shaped by others and influenced by the body one lives in, but transcendent of that as well. It may show itself to the outside world, or it may be hidden. Within the rubric of listening, not telling, the role of the health or mental health professional is to facilitate a child's discovering and living in their authentic gender with adequate social supports.

Here is an example of the necessary listening process. Little Sammy tells his mother, "Mommy, I want a Barbie doll and I'm a girl." His mother, guided by her own feminist principles, replies, "Sammy, you don't have to be a girl to play with a Barbie doll. Anyone can play with a Barbie doll. You're a boy. And yes, of course you can have one." Sammy bursts into tears and collapses on the floor, asserting, "Mommy, I *know* boys can play with Barbie dolls. That's not what I said. I said I'm a *girl* and I want a Barbie doll." With good intentions, Sammy's mother told Sammy who she thought Sammy was rather than listening to Sammy make his first foray into telling his mother who he really is—a girl.

Comparison With the Two Other Major Models of Gender Care

When considering children and adolescents, the gender affirmative model is best understood when compared with the other two prominent models of care—the reparative or conversion model and the watchful waiting model. The reparative model of care involves interventions to lead a person away from a transgender outcome. It has typically been applied to boys deemed "effeminate" by the social environment. Both Richard Green and Kenneth Zucker have been identified as practitioners following a reparative mode of treatment with gender-expansive children, with Dr. Zucker's model known as the "living in your own skin" model. In the watchful waiting model, developed by the pioneering group of gender experts in the Netherlands and often referred to as the "Dutch model," children who articulate either a trans identity or gender-expansive expressions are asked to wait until adolescence to engage in any social or medical transitions, while given free rein for gender exploration in circumscribed situations prior to that. The gender affirmative model grew out of and away from the Dutch model and has always been in opposition to reparative models of care.

The gender affirmative model, in response to the watchful waiting model, operates from a premise of stages, not ages. This translates to mean that whenever a child is clear about their asserted gender identity, whether at age 3 or age 15, they should not be held back from living fully in that identity, as long as they have the support of their parents and it is safe to do so in the social-cultural context in which they live. The support would include parental consent for both social and medical gender transitions, when appropriate. In no circumstance should any child be shaped or manipulated to move away from their authentic gender to one that is more socially acceptable to others but not in accordance with who that child is. The gender affirmative approach is the most recent of three major models of gender outlined above and by the end of the second decade of the 21st century had become the ascending international guideline for supporting individuals' gender health, in accordance with international human rights declarations regarding the health and well-being of trans and gender-expansive individuals.

The Gender Affirmative Model: Application, Support, and Opposition

The gender affirmative model is designed to be applicable to parents raising a gender-expansive or trans child, families with a gender-expansive or trans adult family member, and gender-expansive/trans individuals themselves, along with the host of interdisciplinary professionals engaging in promoting gender health. This would include educators, pediatricians, primary care doctors, nurse practitioners, endocrinologists, health educators, mental health professionals, public health officials, clergy and religious leaders, attorneys, judges, and policy makers. In essence, the gender affirmative model is seen as a community affair, one that takes a village to ensure that all who live in that village have the

opportunity to achieve optimal gender health. It is commonly associated with a medical model of care, often housed in medical centers or community clinics, in which individuals can seek medical interventions to consolidate their gender identity, including puberty suppression, gender-affirming hormones, and surgical interventions.

The World Professional Association for Transgender Health (WPATH), the most prominent international organization addressing the needs and establishing the standards of care for gender-exploring, trans individuals of all ages, adopts the gender affirmative model as its organizing schema. Other professional organizations, such as the American Psychological Association and the Pediatric Endocrine Society, have also endorsed the main tenets of the gender affirmative model.

The basic tenets of the gender affirmative model were collated in a publication in 2013, "The Gender Affirmative Model: What We Know and What We Hope to Learn," coauthored by a group of medical and mental health professionals, who were involved in the first U.S. longitudinal study of youth receiving medical interventions as part of the consolidation of their gender, and representing each of the first four pediatric gender clinics in the United States. Six years after the publication of this influential article, the number of gender clinics adopting the gender affirmative model of care had grown to over 50 in the United States alone.

There are some who are adamantly opposed to the gender affirmative model. Those strong critics are overrepresented in conservative and evangelical religious groups. For example, Michelle Cretella, president of the conservative organization American College of Pediatricians (ACP; not to be confused with the largest U.S. professional organization of pediatricians, American Academy of Pediatrics, or AAP), critiqued the model as a group of institutions that push children to impersonate the "opposite sex," offering them puberty blockers and cross-gender hormones, sterilizing them, and removing healthy body parts, all with accompanying untoward psychological damage. Dr. Cretella concluded that these harms constituted institutionalized child abuse. It should be noted that the Southern Poverty Law Center has labeled the ACP an anti-LGBTQ hate group that promotes false claims and misleading scientific reports.

The Gender Affirmative Model: Dispelling Myths and Deepening Roots

Myths abound that followers of the gender affirmative model have an agenda to make people trans and are driven by political ideology rather than evidence-based scientifically sound practices. In reality, the goal of gender affirmative providers is simply to help get an individual's authentic gender in focus and support that individual in being able to live fully in that gender. Where circumstances exist that make it impossible or risky to exercise that right, the gender affirmative model does endorse advocacy to build a more gender-inclusive environment wherever possible. Such activities include change at a social level, with a call to professionals to step out of their individual offices to create that change. The call is not ideologically driven but based on the growing body of scientific evidence that gender-expansive and trans individuals, both children and adults, have better mental health outcomes when they receive positive social supports from their environment and compromised mental health, including serious risk factors such as self-harm or suicidality, in the absence of such support.

Those involved in designing and practicing the gender affirmative model also recognize that it is a model that must be understood in social context and with the recognition that the model will shift as historical circumstances change. As one example of this, when Colt Keo-Meier and Diane Ehrensaft worked on the revisions of their manuscript drafts for their 2018 publication, *The Gender Affirmative Model,* they found that they had to go through the entire volume three different times in that many years to update the terminology to adhere to the fast-moving changes in "appropriate" gender terms—for example, from *gender variant* to *gender nonconforming* to *gender expansive* to *gender diverse*. It is widely acknowledged that the gender affirmative model is a nonstatic entity, as articulated in the final pages of *The Gender Affirmative Model,* in which the reader is reminded that just as each child's gender is an interweaving of nature, nurture, and culture over time, so too do our models of care evolve over time, with shifts in the culture, more scientific discoveries of nature's contribution to gender development, and each of us differently nurtured over time in our own gendered selves. With that said, we must continually leave

room for alterations in the gender affirmative model to meet the evolving tapestries of gender—work that we creatively hope will never be done.

Diane Ehrensaft

See also Gender Binaries; Gender Clinics in the United States; Gender Clinics Outside the United States; Gender Creative; Gender Expression; Gender Fluidity; Sex Assignment

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Gender Binaries

Western societies compress infinite human identities into fixed categories, many of which are constructed as binaries. Examples of such binaries include sexual orientation (heterosexual/homosexual), race (white/person of color), sex (male/female), and gender (man/woman). By their very nature, binary constructs offer two mutually exclusive possible ways of being. Binaries limit choices to only two possible options and typically create a hierarchy in which one category is viewed as "better" than the other category. This hierarchical order is embedded in societal systems and works in concert with systems of oppression, thereby upholding power and privilege and perpetuating a social order that is rooted in racism, sexism, cis/heterosexism, and patriarchy. Not only is the maintenance of this social order limiting, but it also perpetuates violence and marginalization. Perhaps the most pervasive example of a constructed binary is the one for gender—the idea that there are two, rigidly "bounded" gender categories, each with an accompanying set of social and behavioral roles and expectations. The binary classification of gender, rooted in colonialism and predicated on the power of white, European, male dominance, is a foundational element of Western societal structures. This entry, which is focused on the United States, explores both the sex and gender binaries and examines the ways in which binary classifications of gender produce and maintain violence against and marginalization of trans people.

The Sex Binary

The reliance on the sex binary has been reinforced by the medical field and exemplified by the history of performing unnecessary surgeries on intersex children to alter their bodies in such a way that they can be classified within the sex binary. Intersex people are individuals born with variations in sex characteristics, including chromosomes, gonads, sex hormones, or genitals that do not fit the typical definitions of a male or female body. Research has shown that there is no single biological measure by which every human can unassailably be placed into one of two categories—male or female. However, many institutions and the people within them still think of sex as a binary. For instance, binary sex categories structure how individuals behave, engage, and interact within public facilities, the criminal legal system, homelessness services, education, and health care, to name a few. For instance, determinations regarding which medical procedures are covered by health insurance frequently rely on a sex designation as male or female, such as a prostate exam or Pap smear. This puts health insurance administrators in a position to approve or deny claims based on the body parts they associate with male and female bodies.

The Gender Binary

The *gender binary* refers to the pervasive idea that there are two, and only two, rigidly bounded and dichotomous genders: man and woman. The gender binary is often believed to correspond with the sex binary: female = woman and male = man. In

this way, the binary system of gender classification assumes biological determination and stability over time. The sex of a newborn is most often determined by a cursory glance at their genitalia, which then is used to infer their gender and, subsequently, the accompanying social norms, roles, and actions for that gender categorization. There are even ultrasound tests, often followed by "gender reveal" parties, for those who are unable to tolerate the ambiguity of not knowing their unborn child's sex.

Cisnormative Social Institutions

The sex and gender binaries, which often act in concert with a binary construction of sexuality, produce cisnormative social systems that routinely presume a cisgender identity and disregard identities that exist outside of the gender binary. Thus, using a binary classification of gender as a way to organize a society creates functional challenges for many trans individuals within related social systems and structures. From completing paperwork to navigating sex-segregated spaces to ensuring access to health care, there is quite literally no space for trans individuals, no box for them to check, no place for them to exist.

Individual Challenges Related to the Gender Binary

The idea that gender is binary harms individual people because this notion stigmatizes traits, behaviors, and identities that diverge from what is considered typical. Individuals who exist in between or outside of binary categories are located outside of that which is recognizable, and thus "knowable," to the organizing systems of contemporary society and the individuals within them. Dominant structures of knowledge and power are directly challenged through the act of existing in between or outside of the gender binary. Consequently, people whose gender is not easily discernible, or who are not easily located within binary gender categories, pose a threat to the social order of white, capitalist, cis, heterosexual, male dominance. This perceived threat may drive individual people, the institutions they create, and the structures they uphold toward active erasure ("if I don't know, it does not exist") while challenging the idea that there exists an essentialized truth about gender identity, gender expression, and gender roles. The marginalization of, and violence perpetrated against, trans people is partially, if not entirely, the result of this perceived threat.

There are many people for whom this binary system of gender categorization works, including many trans people. For example, some trans people experience congruence with the gender binary, strongly identifying with the category of woman or man. Identifying within the gender binary is not in and of itself the problem. Problems arise when a binary classification of gender is imposed and/or presumed and when binary gender categorization is a prerequisite for access to and acceptance within many public institutions. For instance, when seeking emergency housing services that are segregated according to a binary system of gender, individuals who are nonbinary must choose a binary gender category, or they may be assigned a binary gender category based on their identification documents. Without complying with the binary in this instance, an individual would not have access to emergency housing services. The same is true within some religious institutions, where different types of services and spiritual rituals are conducted separately for women and for men. Sometimes even the institutions of marriage and the family exclude family members who do not identify within the gender binary, evidenced by trans people who have been ostracized by their families of origin.

Structural Challenges Related to the Gender Binary

The system of U.S. governance, which comprises laws, policies, language, and power, is predicated on a binary notion of sex and gender, and many aspects of public policy are contingent upon one's sex classification. In 2020, under the Trump administration, the U.S. Department of Health and Human Services issued a regulation eliminating protections for trans people against discrimination in health care systems, including discrimination from medical professionals, health insurance companies, and hospitals. This regulation and other Trump-era policies in the areas of housing, education, and employment narrowed the legal definition of sex to a biologically determined, immutable trait that is stable over time, and thereby sought to remove trans people from the definition of "sex discrimination."

However, in 2020, the Supreme Court ruled that trans people are included in "sex discrimination" under federal employment law, and in 2021, the Biden administration extended this trans-inclusive understanding of "sex discrimination" to federal laws in housing, education, and health care.

Public policy can also challenge a trans individual's very personhood and their legal recognition as a member of society. For example, legal recognition as an individual person, with rights and equal protection under the law, often depends upon a binary classification of sex (m/f)/gender (m/w). These binary sex/gender classifications are assigned at birth, documented on a birth certificate, and recorded within state Departments of Vital Records and the federal Social Security Administration. These records are used to obtain government-issued identification documents, such as a driver's license, state ID, and passport. The rules regarding amendment of these documents vary from state to state. Gender-confirming surgeries are a prerequisite for identification document amendments in some states, which excludes many trans people who either cannot or do not wish to undergo such procedures. Some states require an individual to obtain a court order before updating their identification documents. The United States does not have a nationally recognized option for categorizing and documenting an individual's gender outside of the sex/gender binary.

Public policy codifies the unequal treatment of trans people along raced, gendered, sexualized, and classed lines—people who are already hyper-policed and targeted in a way that severely restricts their ability to fully participate in public life. For instance, New York State law includes the "Loitering for the Purpose of Prostitution" law, commonly referred to as "Walking While Trans." This law has resulted in the profiling of trans people, particularly trans people who are Black and Latinx women. Additionally, beginning in the 2010s, legislation has been introduced at state and local levels that restrict access to public restrooms and other sex-segregated facilities. School districts have also proposed policies limiting the ability of trans students to participate in sports or to authentically engage in gendered school-based social rituals such as school dances, as well as homecoming courts and proms during which a queen and king are elected by the student body. Exclusionary policies allow trans people to be discriminated against in health care systems, create barriers to obtaining identification documents that reflect an individual's accurate name and gender, and authorize discrimination against trans people under the cloak of religious freedom.

These policies codify the "othering" of trans people such that discrimination, victimization, and marginalization are considered not only as socially acceptable but even as necessary for the "safety" of the whole. The binary classification and associated roles are so clearly defined that anyone not conforming is met with suspicion and seen as a threat to the cisnormative social order that the gender binary and corollary heteronormative social roles are designed to maintain. Exclusionary policies, rooted in binary gender classification, communicate that people in positions of power are not only justified in policing the gender of others but that doing so is a public responsibility. This public responsibility is then further enacted by individual people, including family members, teachers, social service workers, police officers, and others who interact with the public on a daily basis.

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See also Cisnormativity; Discrimination; Nonbinary Genders; Policing of Trans Bodies; Sex Assignment

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Gender Clinics in the United States

For gender transition in the United States prior to World War II, documentation of clinical care is limited; at that time, European clinics, predominantly in Germany, were still defining the medical procedures and expectations for care. The early 1940s show some Americans traveling to Germany for surgery, a few U.S. doctors in Chicago and California beginning to provide hormonal care, and at least one court case petitioning the Supreme Court of California for a legal name change for gender transition reasons. As in Europe, gender transitions of the pre–World War II era were viewed as medical interventions for people with intersex conditions, who were sometimes referred to as "inverts," meaning the physical body was of one sex but the psychology and mind were of another.

After World War II, doctors in the United States began to support gender transition care using hormones, a method refined largely by the pioneering work of Harry Benjamin in New York and San Francisco. Some individuals would seek complementary surgical care abroad before surgical care became available in the United States in the 1960s. This predominant focus on endocrinology as an initial pathway for gender affirmation, with or without surgeries, has continued for the next six decades in the United States.

Community Collaborations

Early systems of care were developed in collaboration with community organizations and members: Harry Benjamin credits Christine Jorgenson (a woman whose 1952 trip to Denmark for vaginoplasty was highly publicized) with funding the vast majority of his early studies. Grassroots organizations to support trans persons in the United States began to develop in the post–World War II era and set a model for the hundreds of currently existing trans-focused community advocacy, legal, and clinical care support groups in the United States (e.g., National Center for Transgender Equality, TNet, Gender Spectrum). Coordinated efforts by trans communities and allies have contributed to a system of clinical care that includes multiple forms of seeking care to meet the many diverse needs of individuals seeking gender affirmation services.

Currently, many providers support youth and adult gender care services split by type of care (hormonal, psychological support, surgical preparation). Adults and youth may seek hormonal care within the context of a primary care provider, gynecological care, or in a clinic that provides broad-based health services to LGBTQ persons. Most major U.S. cities also offer low-cost or sliding-scale shot clinics that provide gender-affirming hormones. The diverse forms of seeking care available in the United States stem from the longstanding collaboration, and sometimes tension, between medical providers and community members. The system of community-informed, collaborative care models has been retained, and trans communities remain an active component of treatment protocol development.

Finances and Insurance

In the United States, care systems vary considerably by locality, and gender-affirming medical care is often funded by the individual and occasionally by third-party insurers or government systems. Prior to the Affordable Care Act (ACA, passed in 2010, enacted in 2013), around 16% of persons in the United States were living without health insurance, and those were disproportionately likely to be trans. Furthermore, most insurance companies of that time covered little or no component of gender affirmation care. The ACA cut in half the number of uninsured people and mandated coverage of some gender-affirming services, if criteria were met. There have been continuing legal challenges to care coverage for trans persons, which contributes to the ongoing dynamic of a care system that evolves to meet the needs of a constantly changing environment and includes both social and legal push from community members and medical personnel.

Some adult clinics function in an integrated manner, but many individuals do see separate sets of providers for things like hormonal and psychological care. Services such as name change support, housing support, and other antidiscrimination support may be provided in the same context that provides HIV testing and hormonal care. Currently, at least 45 distinct community-based treatment centers advertise varying constellations of medical transgender support services. Services provided included trans-positive primary care, behavioral health support, gynecological services, hormones, HIV support, and family planning. In some cases, centers also offer support for victims of violence, a name change clinic, acupuncture services, and hair removal services. Most do not provide surgical services but may refer to outside clinicians and provide preoperative and postoperative care. Some individuals continue to travel for surgical care to a country that allows nonresidents to seek surgery at a price cheaper than what is available in the United States. Both Thailand and Belgium currently accept nonresidents for surgical gender reassignment procedures.

Coupled with the U.S. medical system, which does not provide insurance for all people and allows insurance to limit or deny coverage of some or all gender-affirming care, the U.S. clinical care model has developed into a quite decentralized system of providers focused on hormonal care and a considerably smaller number of surgical providers who may or may not work closely with medical hormone providers and psychological teams.

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See also Affirmative Therapy; Gender Clinics Outside the United States; Gender-Affirming Surgeries: Men, Bottom; Gender-Affirming Surgeries: Men, Top; Gender-Affirming Surgeries: Women; Hormones, Adults; Hormones, Youth; WPATH

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Gender Clinics Outside the United States

Outside the United States, efforts to medically alter sex originated with surgical experiments on animals in the early 1900s. Some individuals (then labeled "inverts") were at that time requesting and receiving surgeries for removal of testicles, breasts, or uteri. The Institute of Sexual Science in Berlin developed and offered what was then called gender reassignment surgery (GRS) up until May 1933, when it was looted by the National Socialist Party police and Nazi student groups. There are a few reports of continuing surgeries in Europe (namely, Norway and Denmark) during World War II, but more commonly, gender-diverse persons were prosecuted and subjected to experimentation under Nazi rule. After the war, clinics outside Germany moved to prominence in providing GRS, and developments in the use of hormones broadened the scope of gender-affirming interventions available. Throughout the 1940s, interventions began to include legal alterations in name or sex, and it was increasingly understood that sex transition was an element of one's identity, or sense of self, rather than simply a feature of sexuality.

A number of non-European countries also served historically important roles in providing GRS, including a French-run clinic in Casablanca, Morocco, which provided vaginoplasty from the 1950s to the 1980s, serving thousands of individuals. Programs in Thailand began to offer surgical interventions in 1975. Although initially these surgical interventions were provided mainly to Thai people, by 2012, over 90% of people receiving surgeries in Thailand were not Thai. International, non-European clinics served an important function in providing surgical care for people who may otherwise have trouble accessing surgery in their home country due to availability, cost, or regulations.

Clinics across Europe and in Australia and Canada have continued to develop as integrated programs with team-centered systems of care. Integrated gender clinics often have coordinated care with psychologists, surgeons, endocrinologists, and sometimes other specialists (aestheticians, speech and language therapists, etc.). In countries with centralized medical care systems that provide coverage for transgender health care, integrated clinics are an efficient way to ensure that people's needs are met and all services are managed with communication across providers. Notably, clinics in the Netherlands, United Kingdom, Canada, and Belgium have played active roles in developing standards of care for trans persons worldwide. Depending on how health care is managed, each country has a slightly different way of organizing gender-affirming care. Integrated clinics appear to be common, however, throughout countries with socialized medical structures (Europe, Cuba, and parts of South America). In countries where medical structures are fee-for-service, gender services tend to be less integrated (e.g., the United States, Thailand).

Given the divergent evolution of services in international contexts that have focused on surgery, it is not surprising that gender-affirming services today tend to integrate surgery alongside other types of affirming care such as hormone therapy or psychological support. In contexts where medical and psychological care are covered through nationalized insurance programs, as in much of Western Europe, Australia, Canada, and some Asian countries, clinics have developed that provide assessment and diagnosis, as well as hormonal, psychological, and surgical care, all in one integrated system. In most of these countries, as well as many others throughout the world, treatment for gender dysphoria is covered by medical insurance, and treatment decisions are made collaboratively with an individual and a team of treatment providers. At the time of writing, dozens of clinics worldwide provide different constellations of gender-related care. Some clinics provide services that are accessible only for those living in that country and as such may have a low profile internationally, such as those in Cuba and Iran. Some clinics are more surgically specific and cater to international "medical tourists," like the multiple clinics in Thailand. European, Canadian, and Australian clinics offer far more comprehensive services, including psychological support, hormone therapy, individual and group therapy, and HIV support, and some even provide speech and language therapy and body hair removal.

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See also Affirmative Therapy; Gender Clinics in the United States; Gender-Affirming Surgeries: Men, Bottom; Gender-Affirming Surgeries: Men, Top: Gender-Affirming Surgeries: Women; Hormones, Adults; Hormones, Youth; WPATH

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Gender Creative

Individuals who have stepped out of the gender-binary boxes of male–female in identity, expressions,

or both have had to develop innovative, individualized ways to consolidate their gender selves and craft expansive notions of gender, either on their own or collectively. "Gender creative" is an adjective phrase that describes both those individuals themselves and the activities they engage in to establish a more gender-inclusive environment. This entry elaborates on the origins of the term, its common usage, and its influence on contemporary understandings of gender development.

Gender creative is a term coined by Diane Ehrensaft and first described in detail in her 2011 book, *Gender Born, Gender Made*. By definition, it is an adjective to describe the developmental position in which the child (or adult) transcends the culture's normative definitions of male/female to creatively interweave a sense of gender that comes neither totally from the inside (the body, the psyche) nor totally from the outside (the social environment, the culture, others' perceptions of the child's gender) but resides somewhere in between. When converted to a noun, *gender creativity,* the term refers to the act of weaving together nature, nurture, and culture to establish the gender that is unique to each individual, a gender that does not necessarily come in two discrete boxes (the gender binary).

The concept of "gender creative" or "gender creativity" was extrapolated by Ehrensaft from the work of the pediatrician and psychoanalyst, D. W. Winnicott (1896–1971). Winnicott was interested in how people establish their unique individuality. He came up with the concepts of true self (your authentic being), false self (the face you present to the world), and individual creativity (the work you have to do to develop the true self and keep it steady). These constructs seemed a perfect fit when applied to gender development. The true gender self is the authentic core of each of us—in both gender identity (who we are) and gender expressions (how we "do" our gender)—that is male, female, some combination thereof, or neither. The false gender self is the protective covering we develop, either consciously or unconsciously, to keep the true gender self from harm and/or to accommodate to the demands of the external environment. Gender creativity applies to the efforts we make, looking inside ourselves and outside into the world around us. As we do this, we call on both our thoughts and feelings to discover the gender that feels most right for us and one we can comfortably live in. Through these efforts, we strive to make sure the true gender self has room to live and breathe. Said differently, each of us uniquely crafts our gender self on the basis of core feelings about ourselves and our chosen expressions of that self, based in turn on the culture in which we live. This is the essence of gender creativity.

A child governs the weaving of their own gender tapestry; if someone else takes it over, the child's gender creativity is thwarted. If the outer world stomps on their gender creativity, their true gender self is bruised; those individuals will have to make an increased effort at being gender creative in order to keep their true gender self alive. Alternatively, any of those people might collapse under the weight of the stomping, to the point that they may not feel like living at all.

An interesting note about the evolution of *gender creative:* When Ehrensaft was just completing the draft of the book that became *Gender Born, Gender Made,* she presented her ideas for a title to a group of well-established gender specialists, one with a prior career in the publishing industry. She had hoped to title the book *The Gender Creative Child,* but this group of professionals advised against it, as potential readers might misinterpret it to mean that people just created their own gender by volition, rather than discovering it as an authentic core with biological roots. They worried this would do a disservice to the transgender community, particularly in an era of reparative therapy, which was aimed at converting transgender children into cisgender youth with the misguided belief that children's gender identity was malleable and subject to manipulation. Instead, the advice was to introduce the concept within the text, so people would understand its meaning without jumping to misguided conclusions before opening the book. Perceiving these suggestions as wise counsel, Ehrensaft instead came up with the title *Gender Born, Gender Made,* only to discover after publication that the term within the book that appeared most popular was indeed *gender creative*. Soon, the term began to appear widely in conferences, trainings, and writings, as illustrated in the 2012 Gender Creative Kids Workshop held in Montreal, Canada, and then later in the edited volume *Supporting Transgender and Gender-Creative Youth*. Thus, when Ehrensaft wrote her second book on gender-expansive children, she

was now firm in her conviction that the title would be *The Gender Creative Child*.

"Gender creative" has been embraced as a phrase to highlight the part of us that comes up with innovative ways to map out our authentic gender in ways that feel most doable for us in the world we live. It does not signify "make-believe" but rather "make happen." And as a term, it has become widely adopted and has found resonance in other countries, such as Australia, which has its own gender creative history of sistergirls and brotherboys.

In terms of its impact, in 2019, ironically on the 50-year anniversary of the Mattel toy company's introduction of the Barbie doll, Mattel introduced the Creatable World doll, a gender-neutral doll who can fit the profile of the ever-increasing number of children who identify as nonbinary. In Mattel's promotional materials, *gender creative* was adopted as a term to describe their cutting-edge dolls.

The term *gender creative* applies to people of all ages, including parents and caregivers. The gender creative parent or caregiver is one who employs flexibility, self-reflection, and willingness to thinking outside gender boxes to make it possible for their children to follow their own gender creative pathways. In social environments in which gender diversity is not welcomed, a parent's gender creativity will be the most important tool in finding ways for their child's true gender self to be honored while keeping their child protected from harm.

The term *gender creative* also applies to medical doctors, mental health providers, and educators. To become a gender creative professional is to have unlearned gender as one may have been learned it in school, adopting instead a gender affirmative model of care in which gender health is defined as the opportunity to live in one's authentic gender freed from prescriptions, proscriptions, or diagnoses of gender pathology.

Diane Ehrensaft

See also Gender Affirmative Model; Gender Expression; Gender Fluidity; Youth and Teens, Well-Being

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Gender Dysphoria

Gender dysphoria describes the discomfort and incongruence experienced when the sex a person is assigned at birth does not match their internal sense of their own gender. Gender dysphoria can be mild or profound, can start in early childhood or later life, and can increase over time. The majority of people who experience gender dysphoria identify as trans, particularly many trans women and men, but also some nonbinary trans individuals. The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (*DSM-5*), which was published in 2013, uses the nomenclature of "Gender Dysphoria" to describe the diagnostic criteria necessary to receive medical and surgical treatment. The prescribed treatment involves affirming each person's unique gender identity and expression and providing access to hormonal and surgical procedures.

Defining Gender Dysphoria

The term *gender dysphoria* was coined by Norman Fisk in the 1970s as a way to broaden the parameters of who could or should have access to hormones and gender-affirming surgeries. He conceptualized gender dysphoria as a syndrome and suggested that many people might benefit from medical assistance who did not meet the narrow criteria that had been established by gender clinics in the 1960s. For someone to be eligible for treatment at the time, they needed to be diagnosed as a "true transsexual," which meant that they had a strong, unwavering desire to be the "opposite sex"; hated their genitalia and other physical manifestations of their assigned sex; and were attracted to people of the same sex, but as someone of the

"opposite sex" (i.e., they would be heterosexual after medically transitioning). Mental and physical health care professionals developed an invasive gatekeeping process to control who could have access to hormones and surgeries, arguing that such a system was necessary to avoid treatment regrets. However, many trans people felt that the treatment protocol was rooted in transphobia and a desire to limit trans people's control over their own bodies; they pointed out that other cosmetic surgical procedures (e.g., breast augmentation) did not have any screening process. Trans people and supporters developed trans-affirmative care to challenge the discriminatory gatekeeping system and recognize that the problem of "gender dysphoria" was not with trans people but with a society that did not accept trans people and enable them to be themselves.

Diagnosing Gender Dysphoria

In 2013, "Gender Dysphoria" became a separate diagnostic category in the fifth edition of the *DSM,* replacing the previous nomenclature of "Gender Identity Disorder," which was listed in the section on "Sexual Disorders." The change was made to recognize that gender identity is separate from sexual identity and to lessen the stigma associated with being trans. The new language was intended to send a clear message that a trans person's gender identity is not "disordered" but, rather, that they might experience psychological symptoms because of a mismatch between their sense of self and the sex they were assigned at birth. The *DSM-5* emphatically states that gender-nonconforming expression is not a mental disorder but that the experience of gender dysphoria can lead to clinically significant distress or impairment in various aspects of an individual's life. Discomfort with one's sex assigned at birth may be associated with other identity concerns and may result in other mental health issues, such as depression, anxiety, and eating disorders.

The *DSM-5* describes gender dysphoria in adults and adolescents as marked by an incongruence between one's experienced or expressed gender and one's primary and/or secondary sex characteristics, a strong desire to be rid of one's primary and/or secondary sex characteristics or have the sex characteristics of a gender different from one's assigned gender, to be or be treated as a gender different from one's assigned gender, and/or a strong conviction that one has the typical feelings and reactions of a gender different from one's assigned gender. These experiences must continue for at least 6 months.

The criteria in children include a strong desire to be a gender different from one's assigned gender or an insistence that one is a gender different from one's assigned gender, along with a strong preferences for wearing clothes and playing with toys and games typically associated with a gender different from one's assigned gender; cross-gender roles in make-believe play or fantasy; seeking playmates of a gender different from one's assigned gender; and a strong desire for the physical sex characteristics that match their experienced gender. Additionally, children often voice a strong rejection of toys, games, and activities associated with their assigned gender and a hatred of their genitalia.

The diagnostic criteria for "Gender Dysphoria" in the *DSM-5* recognize the complex ways that people experience and express their gender outside of simplistic male–female/man–woman dichotomies. Definitions have moved away from sexist assumptions about normative social expectations, and the language related to understanding oneself as "the opposite sex" has been replaced with "an alternative gender" to recognize the broad array of gender possibilities, regardless of a person's genitalia. The *DSM-5* also includes recommendations for posttransition treatment, which supports the continuity of medical care—and presumably insurance coverage—after gender dysphoric symptoms have been resolved through medical transition.

Even with the diagnosis being changed from "Gender Identity Disorder," the inclusion of "Gender Dysphoria" in the *DSM* remains controversial because many trans people believe that the mere presence of the category serves to label them as mentally ill. To address this issue, the World Health Organization's newest (10th) edition of the *International Classification of Diseases* (*ICD*) has moved gender-related health issues into a section called "Conditions Related to Sexual Health" and uses the term *gender incongruence,* rather than its previous nomenclature of *gender identity disorder and transsexualism.* These changes will ensure that trans people continue to have access to

trans-affirming health care and insurance coverage while limiting the stigma and discrimination that can accompany mental health diagnoses.

Treatment of Gender Dysphoria

Gender dysphoria often results in anatomical and psychological distress, which can cause complex symptomatology, including anxiety, depression, bodily discomfort, lowered self-esteem, posttraumatic stress disorder, and even suicidality. The level of stress can be especially acute because of gendered sociocultural expectations regarding clothing and hairstyles, occupational requirements, relational and sexual roles, and familial responsibilities.

Trans-Affirming Guidelines

The best "treatment" for gender dysphoria is for trans people to simply accept themselves and express their authentic gender in all aspects of their lives by making changes to their clothing, hairstyle, and other aspects of their gender presentation so that others see them as they see themselves. Trans people can also change their name and/or pronouns to ones that are more aligned with their identity. In addition, various medical interventions can often decrease gender dysphoria. These procedures can include the use of exogenous cross-sex hormone therapy (HT) for adults and adolescents, as well as the use of puberty-blocking hormones for tweens and young teens. Gender-affirming surgeries, such as breast and genital surgery, can also lessen or resolve gender dysphoria.

Although gender dysphoria can be positively addressed through social and medical transitioning, this process can be complicated by many factors, including hostility and rejection from families, partners and friends, workplaces, and the larger society. Trans people's access to medical care can also be hampered by an often transphobic health care system and by not having insurance or having insurance that does not cover trans-affirming care. In addition, some trans people face personal challenges that can make it more difficult for them to come out, including the likelihood of rejection from religious communities, fear of losing custody of children, and having experienced violence, bullying, and abuse in the past for not conforming to gender expectations. Being unable to come out can exacerbate gender dysphoria, as well as psychiatric and trauma-related symptoms.

The goal of treatment for gender dysphoria is the reduction of the distress. Psychotherapy can assist trans people in assessing how they should best move forward and offer support, advocacy, and treatment to assist with the mental health conditions caused by gender dysphoric symptomatology. Developing therapeutic relationships for trans-affirming care can be difficult, because the field has a long history of gatekeeping practices that overevaluated and essentially blocked medical treatment for trans people. This past leads many trans people to distrust mental health care providers, despite advances made in recent years to increase affirmative practices. Psychotherapy is not necessary to receive medical care; many people with gender dysphoria seek hormones and surgeries through the use of medical informed consent procedures. A distinction is made between psychotherapy (a long relational process) and an assessment or evaluation, which can establish gender dysphoria and mental stability and guide the process for a referral to a physician. Most insurance companies require an evaluation for gender-affirming surgery.

It is also important to note that not all trans people experience gender dysphoric symptoms; some do not experience anatomical dissonance or social discomfort in expressing their authentic gender, even if it is at odds with gender expectations. Some gender-nonconforming people are relieved to have their gender identity and expression become congruent; indeed, they describe their experience as one of gender *euphoria*. Trans-related medical treatment should not be determined by the presence of mental health symptomatology but rather should be accessible to all trans people as part of comprehensive trans-affirming health care.

Last, gender dysphoria is not fully resolvable for all trans people, even after they have transitioned. Many continue to struggle with anatomical dissonance, gender incongruence, and dysphoric feelings about their gender expression or identity as a result of still experiencing stigma and discrimination because of being seen by others as trans. For some, there may also be factors that are more psychological and personal.

Standards of Care

The World Professional Association for Transgender Health (WPATH), a multidisciplinary organization that promotes evidence-based care for trans health, has developed gender-affirmative treatment guidelines called the "Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People" (SOC). The SOC are an evolving set of flexible recommendations for practitioners who assess trans adults for hormone treatments and gender-affirming surgeries. Mental health providers, including social workers, mental health and professional counselors, marriage and family therapists, psychologists, and psychiatrists who are trained in working with trans people, are eligible to assess clients for gender dysphoria, recommend treatment, and make a referral for medical care.

The SOC state that gender-nonconforming behavior is an aspect of human diversity and not a form of pathology. The guidelines also recognize that a diagnosis of gender dysphoria should never be used to further stigmatize trans people. While such a diagnosis can sometimes increase minority stress, it can also facilitate access to treatment.

Arlene Istar Lev

***See also** DSM;* Gatekeeping in the Transition Process; Gender Affirmative Model; Gender Minority Stress; Therapy/Therapist Bias; WPATH

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Gender Expression

Gender expression is a mutable social portrayal of one's self. For trans people, such a tool for self-portrayal can be critical to self-actualization and social communication. Important to understanding gender expression as it pertains to transness are its material manifestations, social contexts, and implications for wellness.

Expression can refer to any way an individual occupies and adorns their own body and relates to other bodies. Below is an inexhaustive list of tools people often use to express gender:

Hair (style, length, color)

Labels (names and pronouns)

Clothes (cut, colors, patterns)

Social actions, interactions (sharing emotions, touching, facial expressions)

Jewelry (piercings, metals, cuts)

Roles and labor (career choices, family and relationship roles)

Makeup (face and body makeup, nail polish color, feature accentuation)

Activities, hobbies (sports, games, personal interests)

Speaking (cadence, voice inflection, volume, tone)

Smells (odor strength, origins, inspirations)

Gender expression is constitutive of social markers a person places on their body (clothes,

jewelry, makeup, scent) and social markers they use to relate to others (speaking style, body language, types of labor). Depending on the culture and environment, these markers are coded as masculine, feminine, neither, or both. In the modern United States, markers often coded as feminine are dresses, colorful makeup, and expressive speaking styles. Those often coded as masculine are knee-length shorts, affinity for sports, and a blunt manner of speaking. Notably, there are countless markers that are not often gendered as masculine or feminine or are most often gendered according to context; some examples of this are crewcut T-shirts, concealer, ponytails, jeans, sneakers, careers in retail, and interest in education. Marker gendering is a subjective practice and often very personal; all gendered markers are subject to contextual interpretation. Beyond binary terms, manifestations of these markers in concert with one another create a composite image of one's gender expression at any given moment.

Gender Expression as Distinct From Gender Identity

Gender *identity* is the way one conceptualizes and labels one's own sense of self. Gender *expression* is an (often circumstantial) social manifestation of one's gender. Gender expression and identity are related insofar as there are cultural associations and expectations for certain identities and expressions (e.g., the expectation that someone identifying as a man would express their gender in a masculine way). However, there are no unprecedented combinations of gender identity and expression. One can be a transgender man without taking any measures to socially or medically transition, wear dresses and makeup, and still consider oneself a man, likewise for a cisgender man who wears dresses and makeup and does not consider themselves transgender in any way. A lack of concordance between gender expression and identity is not incorrect, nor is it necessarily temporary; gender expression can be a small piece of how an individual conveys their gender identity.

For many people, both trans and cis, it is important to have social "concordance" between gender identity and expression. A disparity between the two can cause significant distress. For trans people, this distress is often referred to as *gender dysphoria*. Gender dysphoria can be a source of serious health consequences for trans people and is sometimes characterized by a sense of discordance between identity and expression.

Gender Expression as Distinct From Gender Performance and Gender Performativity

Expression is not strictly distinct from performance. It would be precedented to say that expression is body centered and performance is behavior centered. It would also be precedented to contend that both terms involve both body and behavior.

Gender performance and *gender performativity* as terms can reference the notion that gender is not innate but iteratively performed and belabored and that our expectations for a gendered existence are constitutive of our ongoing occupancy of those behavioral enclaves from which we seldom deviate. This means that prior to entering a social space, our roles, labor, and conduct are socially preordained. *Gender expression* as a term references gender markers themselves rather than the notions of gender as learned or innate.

Gender Expression as Contextual

Gender expression can be contextualized by race, socioeconomic position, and culture. Because gendered meanings have cultural histories, an aspect of expression that can be gendered a certain way by one culture may have a different meaning in another culture. Because of the subjectivity of gender expression, it would be impossible to fully understand the term's depth and breadth without exploring the way it interacts with other identities, circumstances, and contexts.

National Origin

A common example of a nationally specific gender marker is the Scottish kilt. In Scotland, the kilt is a gender marker consistent with notions of masculinity. However, to people socialized in the United States, the garment looks like a skirt and is often coded as feminine. Often, men wearing kilts are seen by Scottish people as masculine and by American people as feminine.

Region and Class

Interpretations of gender markers can also vary by localities and class; socioeconomic groups can create gender meanings specific to their cultural context. For example, a rural community whose local economy is driven by agriculture may be characterized by a gendered labor division different from that of nearby urban communities. In this example, it may be seen as masculine for someone to hold a desk job in an urban setting but less so in a rural setting, where the means of production are driven by manual labor and where desk labor is considered a less masculine alternative.

Race

To exist in a racialized body will affect the way one's gender is articulated and socially received. In the context of an American sociocultural ethos, an American queer Black man expressing femininity through dance (e.g., voguing) may be articulated in the context of the rich cultural history of the house-ballroom community. It also may be articulated in the context of expressing one's diasporic identity. Such a femininity inevitably operates at odds with the expectation for hypermasculinity that whiteness created for Black American men (and non-Black men of color). Queer femininity on a white body may have similar cultural influences by virtue of an adjacent queer history but, articulated through a white body, will neither be performed nor read in the same way.

Sexual Identity

There are countless gender identities and expressions stemming from queer subcultures that reference gender specificity among sexual minorities (e.g., butch, femme). Gender expression can be a highly meaningful and visible signifier for sexual minorities. An example of gender expression signaling sexual identity can be recognized in "female" masculinities within queer American subcultures. Masculinity that is articulated by a woman identifying as "butch" is distinct from masculinity articulated by a binary man, even though the markers may be exactly the same. In other words, a suit and tie on a butch woman is not always the same gender expression as a suit and tie on a cisgender man; the difference lies in their different gender identities and how their masculinity is perceived and interpreted by others within their subcultural context.

Any culture's frame of reference for gendering markers is subject to change over time. As style and culture shift, our understanding of gender changes—as does our conception of certain markers as masculine or feminine. An example is the high heel: While in many modern cultures, high heels are seen as feminine, in the 15th century, high heels were associated with masculine aristocracy and even martial prowess. It was in the 1600s that feminist women of the time co-opted the "elevated heel" to assert equality to men and "masculinize" their dress. When reading the gender presentation of someone from a past era, they must be viewed through a lens of gender standards of the time and culture.

Gender Expression as Intentional and Unintentional

Gender expression is "expressed" whether known or unknown to the subject. What may deviate from body to body is the importance of articulating one's gender in a specific way. That is, even those who default to social concordance between their assigned sex, identity, and gender expression without thinking about gender *are* expressing their gender. The extent that gender expression is important to an individual's identity will vary from person to person.

Limitations of the Feminine–Masculine Descriptive Dichotomy

Because gender expression is a product of many social markers, expressing nonbinary gender can be conceptualized as a mixture of markers socially coded as masculine and feminine. However, those who identify with a nonbinary gender may not conceptualize their gender expression as "masculine," "feminine," or on any two-dimensional continuum involving masculinity and femininity as the extremes. The masculine–feminine bipole obscures the multidimensionality of gender expression and identity and thus can be conceptually limiting.

Public Safety: Perception of Assigned Sex, Gender Identity, and Gender Expression

There are major safety implications for expressing gender that are not socially concordant with one's perceived assigned sex at birth. The 2015 United States Transgender Survey (USTS) (N = 27,715) found that a substantial percentage of respondents "who were out or perceived as transgender" while in school were verbally (54%) or physically attacked (24%) and/or sexually assaulted (13%). The mistreatment incurred at school caused 17% of respondents to leave school. Discrimination in public spaces outside school were similarly pervasive, with 46% reporting verbal harassment, 9% reporting physical abuse, and 10% reporting sexual assault *just in the one year* prior to survey completion.

Such vulnerability to violence is compounded when race renders an individual more visible as a target for harassment or discrimination. The USTS found that 19% of American Indian[1] trans women had been physically attacked by strangers in public in the past year, compared to 6% of white trans women. Furthermore, 11% of Black trans women had been attacked with a gun in the past year, compared to 3% of white trans women.

Due to anti-trans prejudice, identifying and expressing a gender at odds with one's perceived assigned sex is enough to render someone vulnerable to potentially lethal prejudicial violence. The role of gender expression is rendered even clearer when statistics indicate that trans people are being attacked *by strangers* who may be unaware of the person's gender identity; this suggests that the way trans people are being socially read by those in their surroundings is central to their vulnerability to violence, as opposed to their personal identities.

Seeking Safety: Withholding an Authentic Gender Expression

Since expression of gender for trans people can have such dangerous implications, public gender expression is often contingent on perceived safety. If a trans woman does not feel like she can "pass as a woman" in a particular social setting and fears the consequences of being read as a man expressing femininity, she may opt to express her gender according to what may render her the safest rather than what is most concordant with her identity. In fact, the USTS found that 43% of nonbinary respondents opted not to disclose their nonbinary identity to others because they "might face violence." This expectation for violence has a profound impact on willingness to express gender authentically.

The external social influences associated with gender expression have health implications for trans people beyond the acute susceptibility to violence. When trans people need to express an inauthentic gender for safety and are misgendered as a consequence, this can be heavily taxing on one's mental (and overall) health. According to the USTS, 40% of trans people have attempted suicide in their lifetime (compared with a rate of 4.6% for the general population). Such a staggering health disparity is illustrative of the historically inhospitable social ethos for authentic gender expression among gender-diverse people.

Conclusion

Gender expression comprises how people articulate their many identities, is limited by one's sense of safety and means to express oneself, and is received by a subjective audience. For trans people, authentic gender expression is central to safety and self-actualization and can be a source of vulnerability to prejudicial violence. Importantly, authentic gender expression is also a key mode of communicating a sense of self to one's surroundings and a can be a source of joy for trans people who can do so freely.

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See also Ballroom; Gender Dysphoria; Gender Nonconformity; Nonbinary Genders; Racialized Femininities; Racialized Masculinities; Sex Assignment; Transphobia

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[1]The term "American Indian" was the term used for USTS data collection to enable comparisons with US governmental surveys, and therefore describes how respondents self-identified in that survey. Indigenous people living in the lands currently known as the United States may use a broad range of terms to describe their identity.

Gender Fluidity

Gender fluidity refers to a gender expression or gender identity that is fluctuating (i.e., changes over time). The term *gender fluid* can be used as an adjective that describes expression in the context of a different gender identity ("I am a gender-fluid man") or as a standalone identity term ("I am gender fluid"). To understand gender fluidity, it is important to think about how it relates to expression and identity, as well as the relationship between gender mutability and legitimacy. Critical to ascertaining the meanings behind a fluctuating gender identity and expression is understanding institutional barriers that give meaning to this iteration of gender difference. The following sections discuss the nature of gender fluidity as experienced within a sociocultural context of gender binarism.

Expression, Identity, and Binarism

Expression

Gender expression is a term that references an individual's self-portrayal, which often consists of clothes, makeup, affect, and other innumerable markers of gender. A gender-fluid expression is one that changes as a function of time, context, or otherwise; an individual with a fluid gender expression may express their gender in a way that is typically read as masculine on some days and more feminine on other days.

The moving pieces for gender-fluid expression are not always masculinity and femininity, as not every gender-fluid person uses these terms as cardinal directions to orient their gender expression. Someone who is gender fluid, who does not use masculinity or femininity as a metric for their gender expression, may just wear what makes them feel comfortable on any given day without thinking through a masculine–feminine gender lens. For example, a trans girl who describes her gender expression as fluid may wear makeup, a septum piercing, and sweatpants on one day and wear no makeup, don braided hair, and a sundress on another day but not think of either as distinctly masculine or feminine.

Gender expression, fluid or otherwise, is subject to contextual interpretation. One can embody a fluid gender expression and hold any gender identity. For example, a person may have a consistent gender identity (e.g., agender), and their gender expression varies between masculine and feminine depending on the day or occasion. Moreover, a person's race, nationality, class, religion, or other social identity or experience influences and adds meaning to their gender expression. For example, a person with a gender fluid expression who lives in the Iranian diaspora navigates both their Iranian as well as their new home country's gender norms. In this case, gender expression is mediated through race, nationality, and diasporic identity.

Identity

Gender identity is a term that references a person's own sense of gender. Gender fluid can describe an identity and is often used to capture the dynamic nature of one's gendered self-concept. Someone who identifies as gender fluid may align themselves with certain gender(s) for some period of time and align themselves with other gender(s) at other times—all of these gender identifications comprise gender fluidity as opposed to a linear, stepwise model of gender identity development that both assumes and results in a stable, nonfluid gender identity. Consider an example in which a person began identifying as gender fluid in 2014,

spent the year 2015 expressing as a binary man and the next 2 years as a binary woman, and then expressed themselves as nonbinary throughout 2018. While their gender expression and pronouns changed accordingly through the different years, they continually identified as gender fluid.

Binarism

Gender fluidity can be constitutive of binary and/or nonbinary gender expressions and identities. By virtue of its variability, gender fluid–identified people generally do not identify as or express one binary gender. In this way, gender fluid as an identity or expression relates to the terms *trans* and *nonbinary*. While some gender-fluid people may use trans and/or nonbinary as accurate descriptors, they may not claim them as identities. Furthermore, gender-fluid people may identify as trans and/or nonbinary, but not all trans and nonbinary people are gender fluid; thus, the terms cannot be used interchangeably.

Contextualized by Other Identities

Gender fluidity is externalized by a nuanced actor, received by a subjective audience, and situated in any given sociocultural context; that is to say, to have a national, racial, or cultural identity will interact with gender fluidity in important and distinct ways.

Race, Faith, and Diaspora

Consider an adolescent assigned female at birth who identifies as gender fluid, uses they/them pronouns, lives in first-generation Iranian diaspora, and practices Islam in the United States. As a part of their practice of Islam, they sometimes wear a hijab (head covering), which is typically worn by individuals assigned female at birth. For this adolescent, wearing the hijab started as an expression of modesty and developed in the diaspora into an expression of their faith. Because they live outside of Iran, which is governed by a theocracy, their thoughts about wearing the hijab voluntarily in diaspora are often influenced by the fact that many people living in Iran are legally obligated to wear head coverings. Furthermore, in the United States, it is possible that their school and family environment are culturally different enough that multiple measures must be taken to communicate an authentic gender at any given moment. For example, the importance of wearing a hijab may be different at school if their religion may not otherwise be clearly communicated in a Muslim-minority setting. Externalizing this piece of gender expression, the hijab, is affected by environment, and its meaning is developed over time. The fluidity of this person's gender thus is simultaneously shaped by cultural precedent, Islamic faith, Iranian identity, diasporic identity, and gender authenticity.

Urbanicity and Sexuality

Consider a pansexual gender-fluid person (she/they) who was assigned male at birth and grew up in a rural area. When in her small hometown, she might affirm her gender by painting a few fingernails and donning colorful and patterned shirts and pants. They also dress feminine more often than masculine to emphasize their non-cisgender, as well as pansexual, identities. In this context, attire signals gender fluidity at home where there are fewer visibly queer people. When in a more urban space and surrounded by more gender-nonconforming people, there are different pressures that require negotiating her relatively unique cultural ethos with the urbanicity of her trans peers. She does not feel the same pressure to emphasize femininity, because nonphysical gender markers are legible enough; she feels seen and understood in her gender-fluid identity regardless of her clothes and accessories. She is less often assumed to be cis and heterosexual by her urban community of queer people.

Gender Fluidity and Legitimacy

Gender fluidity, as an expression or identity, is rooted in its being subject to change. Fluid gender may be a function of change in any increment of time (seconds, minutes, hours, days, weeks, months, years, etc.), and it need not be monochronic (one gender expression and identity at a time) or along regular time intervals. For example, a gender-fluid person (expression and identity) might spend 1 month dressing as masculine, then for a few days wear dresses and makeup, and then dress in a masculine way for 2 weeks until expressing themselves in feminine ways, and so on. Despite a changing expression in their dress, they always use they/them/their pronouns. Another example includes a

gender-fluid woman (expression) who dresses in jeans and a T-shirt but will also wear a tuxedo on special occasions. In a final example, a gender-fluid person (identity) may have an outward gender expression that rarely changes but an inner sense of self that changes from day to day in the form of pronouns. Ultimately, there are innumerable variations of gender fluidity in the realm of identity and expression. The driving force of gender fluctuation is always the individual's sense of self, based on what feels right. "What feels right" is the fluid aspect of gender.

It is important to acknowledge gender-fluid people's identities through the correct use of gendered terms, name(s), and pronoun(s). By virtue of holding an expression or identity that is by nature dynamic, a person who is gender fluid may have different names and pronouns at different times, which may prompt the need to ask about name, pronouns, and other terms more than once.

Legitimacy

Nonnormative gender expression can render any person (regardless of identity) vulnerable to prejudicial violence and discrimination. Authentic gender expression for gender-fluid people may be influenced by perceived safety and social comfort. To the extent that gender-fluid people feel safe doing so, change in their self-manifestation is a function of what a gender-fluid person feels is authentic in any given moment.

Access to interventions for gender actualization—such as legal name changes, changes to identification documentation, or medical transition services—requires one's gender expression and identity to be endorsed by gatekeepers. Two major arbiters of gender legitimacy are the institutions of law and medicine. However, the predominant framework that informs medical and legal infrastructure regarding sex and gender is based on cisgender notions and, therefore, makes three assumptions: Gender is a binary, gender is immutable, and gender identity originates in early childhood. Such assumptions enable the legitimacy of binary trans people who have known about their gender since early childhood, albeit through gatekeeping. Such legitimacy functions to exclude nonbinary-identified trans people and trans people with gender-fluid identities.

The lack of legitimacy afforded to gender fluidity can be observed in psychological and state exclusions. The American Psychiatric Association's diagnostic criteria rely on time-based expression of symptoms, and most individual U.S. states require either/or gender classification. The underlying assumption in existing medical and legal infrastructure is that a gender transition has *one destination;* administrative space for gender mutability is still lacking.

In conclusion, gender fluid refers to a dynamic descriptor of expression and identity and applies to many ways of embodied existence. Crucial to the acknowledgment of and accommodation for gender fluidity is creating cultural and legislative space for the ways that gender manifestations shift across time and contexts—social, geographic, or otherwise.

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***See also** DSM;* Gender Binaries; Gender Dysphoria; Gender Expression; Gender Pronouns; Nonbinary Genders

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Gender Functions

Gender is often conceptualized as a descriptive category comprising various components (e.g., identity, expression). However, gender(s) also fulfill a number of important personal, political, and social functions. Considering the *functions of gender* allows researchers and theorists to explore the reasons why unique genders evolve, the needs that they fulfill within communities, and the way they function interpersonally. An understanding of the purpose and functions of gender may render gender diversity more intelligible and less threatening to those who find it so. This entry first reviews key concepts related to gender and finishes by summarizing concepts from the humanities and social sciences that describe the various functions that gender can play, with a particular emphasis on the function of genders developed within various subcultures of the broader lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) community (e.g., LGBTQIA+ genders).

Review of Key Terms

Components of Gender

Often when people talk about gender, they are referring to the constellations of traits that social groups conceptualize as indicative of specific gender. However, gender comprises several intra- and interpersonal constituent components. For instance, *gender identity* captures an individual's internal felt sense of their gender, while *gender expression* refers to how someone expresses, presents, or otherwise performs their gender. Gender is expressed through various visual and behavioral cues such as clothing, haircut, accessories, mannerisms, and vocal patterns, among others. Aspects of gender expression are independent of gender identity; someone who identifies as a woman may express their gender with physical or personality traits that historically have been labeled as "masculine," as in the case with butch lesbians, for instance. Aspects of gender are also not synonymous with sex assigned at birth, which is based mostly on external genitalia but also includes chromosomal, hormonal, and other physical characteristics that become apparent across the life span.

Binary Conceptions of Gender

Within mainstream U.S. society, the dominant conceptualization of gender typically is restricted to traits associated with either men or women who are assumed to be heterosexual and cisgender. The medical and social sciences have tended to define gender as culturally grouped traits that are associated with being female or male. Such traits include behaviors, attitudes, feelings, relational styles, and general personality and interests that are socially labeled as masculine or feminine. This naturalistic perspective presumes both a sexual and a gender binary in which each category is mutually exclusive (i.e., male–female, man–woman) and therefore tends to conflate sex with gender (i.e., males are assumed to be masculine men, females are assumed to be feminine women). These genders, men and women, are thought to conform to socially prescribed *gender roles,* which are external scripts that presume individual traits and interpersonal dynamic patterns based on a person's masculinity or femininity and tend to position masculinity and femininity in opposition to each other (e.g., one is *either* a man or a woman). However, this narrow definition may erase diverse gender experiences. Indeed, attempts to articulate LGBTQIA+ experiences in mainstream professional settings (e.g., academic writing, medical texts, legal policies) are typically rooted in binary concepts of sex and gender; for example, stating that homosexual people are attracted to the "same sex" or a trans person's experienced gender is the "opposite" of their sex assigned at birth oversimplifies these experiences and reifies binary definitions of sex and gender.

Gender Performativity

Despite the fact that these restrictive concepts of gender remain dominant in mainstream discussions of such topics, many have critiqued these socially prescribed genders. Feminist scholars through the latter half of the 20th century highlighted the inextricable influence of social forces on conceptions of gender, arguing that gender is a social construct and that one becomes, rather than is born into, their gender. Queer and gender theorists from the 1970s onward, building on postmodernist philosophical concepts from the former half of the 20th century, took a social constructivist approach to understanding gender and to

critique essentialist views of gender. These theories emphasize the oppressive roles of dominant heterosexist and patriarchal values in shaping conceptualizations of gender, such that heterosexuality is presumed to be the norm and therefore people are assumed to have attraction solely to people of the "opposite" sex or gender.

A core concept in queer theory is the idea of gender performativity, which states that queer gender identities represent a subversive repetition of gender performances. In Judith Butler's 1990 influential work, *Gender Trouble,* she describes gender as a set of repetitive characteristics and performances that become organized into different socially transmitted conceptions of gender. Because the same associations between sets of characteristics and genders are reinforced repeatedly in popular media and interpersonal relationships, they become socially expected. This approach to understanding gender has been helpful in conceptualizing how people learn about masculinity and femininity. It provided a persuasive explanation for how genders become naturalized and come to be seen as normatively linked to sex. However, it did not seek to explain the evolution of new LGBTQIA+ genders and why and how they function.

LGBTQIA+ Genders

Because assumptions about gender binarism are embedded in so many social discourses and practices, LGBTQIA+ people often are positioned as needing to resist an overwhelming and encompassing gender hegemony. LGBTQIA+ individuals have developed a variety of unique and longstanding gender expressions and identities such as *trans, butch, femme, bear, leatherman, masculine of center,* and more in response to heteronormative gender roles and restrictive conceptions of gender. These unique identities can be conceptualized as LGBTQIA+ genders because they originated within these marginalized communities to formalize and describe the experiences of gender within them. LGBTQIA+ genders allow sexual and gender minority individuals to articulate their sense of self and can bring together people who share commonalities and assist them in arguing for rights and fair treatment. Rather than viewing these genders as defining restrictive gender roles, LGBTQIA+ genders can be considered in terms of the personal and social functions of embodying a gender that is rooted in people's authentic sense of themselves.

Functions of (LGBTQIA+) Gender

Since the new millennium, scholarship has increasingly conceptualized varied genders as developing in relation to dynamic psychological, historical, and social processes. At the same time, there has been an increased public discourse about gender and sexual orientation as being essential or biologically based experiences. LGBTQIA+ genders often have been central in these debates because of the proliferation of gender identities and cultures (e.g., trans, boi, gender nonconforming, nonbinary). Social science and humanities research from the early 2000s onward, summarized in more detail in Heidi Levitt's 2019 article, "A Psychosocial Genealogy of LGBTQ+ Gender," has articulated how gender can function in the lives of people with varied LGBTQIA+ gender identities. The functions of LGBTQIA+ gender across four key domains are described in what follows and illustrated with examples from particular subcultures, emphasizing examples from trans populations.

Psychological Functions of Gender

Claiming and embodying an LGBTQIA+ gender permits a sense of authenticity in relation to people's core internal sense of self. Many LGBTQIA+ people receive messages during critical developmental periods (e.g., childhood, adolescence) that devalue their gender or leave them feeling rejected and alienated if they do not have the language to explain their sense of difference or advocate for themselves. Finding a gender identity that is congruent with someone's internal sense of gender can allow them to make sense of their selves, strengthen their sense of identity, and signal personal values and position people in relation to others. For instance, in the case of trans women who experience erasure in the LGBTQIA+ community, the sense of solidarity in identifying as trans may facilitate a sense of belonging to the broader LGBTQIA+ community. The gender that feels most authentic may evolve as new gender identities are learned about and become viable. For instance, some trans men may first identify as butch lesbians before their gender identity evolves.

Psychologically, the advantage of adopting an LGBTQIA+ gender identity may be the development of an authentic sense of self, language that can be used to advocate for oneself, and sense of connection with others who have a similar gender experience.

Cultural Functions of Gender

LGBTQIA+ gender identities and communities have developed as a response to oppressive social norms that restricted the claiming and enactment of gender, denigrating people who deviated from dominant cultural archetypes that could occur within heterosexual or LGBTQIA+ contexts. For instance, butch and femme lesbian identities evolved in the 1940s to 1950s as a response to the expectation that all women would conform to singular gender expressions. Leathermen as a community countered the idea that all gay men would be effeminate. Trans cultures emerged to resist the gender binary system and put forward alternatives. In each case, LGBTQIA+ gender cultures functioned to reconcile or reclaim needs and desires that were denied by mainstream culture (e.g., you cannot be female and masculine or gay and masculine), undercutting their needs for personal integrity, authenticity, and a sense of belonging. These cultures allow individuals to embrace marginalized or seemingly discordant aspects of themselves, with a sense of pride. For example, house-ballroom communities offer a refuge for racial, ethnic, gender, and sexual minorities to not only resist heterosexism, cisgenderism, and sexism but also the racism, ethnocentrism, and classism that are not always acknowledged in the broader LGBTQIA+ community. Whether in the affiliative context of gender communities or not, LGBTQIA+ gender identity cultures allow people to challenge and redefine rigid social constructs about gender and to counter prior stigmatizing discourses.

Interpersonal Functions of Gender

As LGBTQIA+ gender cultures form, symbols of those cultures come to signal the acts of resistance that are at the heart of each culture. For instance, some people may choose to show signs of their community (e.g., butch star tattoos, bear flag), piercings, or hairstyles to signal affiliation with an LGBTQIA+ gender community. Still others may emphasize certain aspects of their gender expression to communicate important parts of their identity or critique assumptions about gender, as in the case of drag performers who use deliberately ambiguous or exaggerated signifiers of gender. These signs of LGBTQIA+ genders can confer status and belonging upon the wearer, a function of gender that can be deeply appreciated after years of feeling marginalized. These signifiers can allow for welcomed recognition by others in the same community, but they also can increase the risk of heterosexist and transphobia incidents. As a result, people may deliberately minimize these indicators when sensing that being seen as LGBTQIA+ might place them at risk (e.g., by butching up, acting demure, going stealth). Still, some LGBTQIA+ people do not want to pass as cisgender or heterosexual, and any efforts may come too late or be unsuccessful. Dire consequences of being visibly LGBTQIA+ have been documented by findings that gender nonconformity places one at greater risk of discriminatory treatment and violence. Still, this interpersonal sense of connection, belonging, and status is such a powerful function of gender that it often motivates community members to adopt gender signs.

Sexual Functions of Gender

As LGBTQIA+ gender signifiers develop within a community, they come to convey aesthetic values of that gender. Behaviors, appearances, relational dynamics, and identities that historically were viewed as shameful or wrong became prized and eroticized—in stark opposition to oppressive social contexts. The aesthetics often subvert assumptions about sex and gender by embodying the form of subversive resistance that had drawn the community together. For instance, a genderqueer community might eroticize androgynous aesthetics, and butch masculinity might be idealized and seen as highly attractive. Rendering diverse LGBTQIA+ genders as sexually desirable functioned to increase individuals' sexual self-esteem as it replaced messages of shame with those of pride. They presented an alternative to the dominant mainstream images of attractiveness—that is, white, cisgender, heterosexual, able-bodied, thin—as well as the dominant images in mainstream LGBTQIA+ cultures. New

forms of gender, such as those developed in balls and pageant performances, may be erotically affirmed. LGBTQIA+ gender identities also support people to engage with each other sexually while being authentic to themselves. They allow partners to understand what sexual acts might be affirming or invalidating, and they facilitate acceptance and pride. This approach to gender theory highlights the ways in which gender evolves and functions within trans communities and is based upon the lived experiences reported by LGBTQIA+ people in diverse gender communities. It demonstrates the connection between gender and sexuality and documents the relevance of trans gender identities across central domains of human experience.

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See also Gender Binaries; Gender Expression; Gender Fluidity; Gender Labels; Genderism

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Gender Identity Discrimination as Sex Discrimination

Almost from the moment the earliest legal protections against sex discrimination were enacted, individuals have advanced the theory that discrimination based on gender identity or trans status constitutes a form of sex discrimination. In the United States, such arguments initially were often met with resistance from courts interpreting sex discrimination laws. Beginning in the early 2000s, however, courts increasingly began to accept this idea, applying various rationales to conclude that discrimination against a person based on their gender identity is prohibited under laws or policies that protect individuals against sex discrimination. In 2020, the U.S. Supreme Court accepted this theory, ruling that trans employees throughout the country are protected from discrimination based on gender identity under Title VII of the Civil Rights Act of 1964, a federal law that prohibits discrimination in employment because of sex.

Early Sex Discrimination Arguments

Almost immediately after the 1964 passage of the Civil Rights Act, debate began about the meaning, breadth, and application of its sex discrimination provision. For example, the Equal Employment Opportunity Commission, the federal agency charged with its enforcement, initially concluded that listing men's and women's positions separately in job postings did not violate Title VII, only to reverse that stance by the end of the 1960s.

Trans employees who lost their jobs also began to see that the breadth of Title VII's sex discrimination provision might mean the law protected employees who were fired because of their gender identity or transition. These claims were generally met with resistance by federal courts, which often rejected them with little analysis. In a 1977 case that was typical of these early decisions, an employee of an accounting firm began receiving hormone therapy, changed her name, started planning for gender-affirming surgery, and took other steps to transition. When the employer terminated her, she filed a lawsuit under Title VII. A federal court of appeals rejected her claim, concluding that in enacting Title VII, "Congress had only the traditional notions of 'sex' in mind" and that these traditional notions did not encompass gender transition (*Holloway v. Arthur Anderson & Co.*, 1977). One member of the three-judge panel dissented. He stated that the plaintiff did have a claim under the statute because she was allegedly fired for indicating to her employer that she was female

and seemingly would not have lost her job had she continued to be perceived as male.

Although at least some believed from the outset that sex discrimination included gender identity discrimination, those views did not prevail initially. They began to achieve wider acceptance only after further developments in other areas of sex discrimination law made clear that Title VII prohibits more than terminating women because of their sex or adopting workplace rules that treat women less favorably than men.

The Early 2000s: Emerging Consensus That Sex Discrimination Includes Gender Identity Discrimination

Although *Holloway* and similar cases reflected the prevailing view for the next 25 years, later developments in the Supreme Court's sex discrimination jurisprudence made the position that Title VII does not protect trans people appear increasingly untenable. The Court held, for example, that rules treating individual men and women differently in the workplace could not be justified by arguing that the purpose or effect of the rule was beneficial to women as a group or that the rule was based on "real" differences between the sexes such as in life expectancy. Title VII was concerned with an employer's treatment of individuals; whether that individual employee was typical of women or men as a class was irrelevant.

Most significant for purposes of gender identity discrimination was the Supreme Court's 1986 decision in *Price Waterhouse v. Hopkins*. In that case, the Court determined that a female employee who was denied a promotion because she was described as "macho" and did not walk, talk, or dress "femininely" or wear makeup and jewelry could state a claim for sex discrimination under Title VII, even though she was not discriminated against simply for being a woman rather than a man.

Price Waterhouse made clear that sex discrimination includes not merely discriminating against men or women as groups but also discriminating against individuals because they do not conform to an employer's gender-based stereotypes about how employees should dress or act, even if Congress did not have that result in mind in 1964. That conclusion was underscored by a 1998 decision in which the Supreme Court concluded a male employee who alleged that he was singled out by his male coworkers for sexual harassment could bring a claim for sex discrimination under Title VII. The Court stated that it was irrelevant that addressing male-on-male sexual harassment was not the aim of Congress in enacting Title VII, as it is "the provisions of our laws rather than the principal concerns of our legislators by which we are governed" (*Oncale v. Sundowner Offshore Services, Inc.,* 1998).

These developments in sex discrimination doctrine opened the door to renewed consideration of the impact of Title VII on trans workers. If Title VII prohibited Price Waterhouse from discriminating against Ann Hopkins because she was perceived as a woman who was too masculine, why would it not also prohibit discrimination against trans employees who did not conform to an employer's stereotypes about how women or men should look or behave?

In 2004, the U.S. Court of Appeals for the Sixth Circuit became the first federal court of appeals to conclude that Title VII prohibits discrimination against trans employees. The court ruled that a city fire department employee in Ohio who was in the process of transitioning and faced workplace discrimination for having a more traditionally feminine appearance and manner could assert a claim under Title VII, because the discrimination would not have transpired if not for the employee's sex. The court observed that "discrimination against a plaintiff who is transsexual—and therefore fails to act and/or identify with his or her gender [assigned at birth]—is no different from the discrimination directed against Ann Hopkins in Price Waterhouse, who, in sex-stereotypical terms, did not act like a woman" (*Smith v. City of Salem,* 2004).

By 2020, 5 of the 12 federal courts of appeals had considered similar cases and concluded that disparate treatment of trans individuals constituted impermissible sex discrimination under federal antidiscrimination statutes. None had set a precedent to the contrary, and at least two had overruled earlier decisions stating that sex discrimination did not include gender identity discrimination.

2020: The Supreme Court Rules That Sex Discrimination Includes Gender Identity Discrimination

On June 15, 2020, the U.S. Supreme Court settled the sex discrimination question for purposes of

federal law, ruling that Title VII protects employees against discrimination based on their gender identity or trans status. The decision in *Bostock v. Clayton County* (2020) addressed three cases, including that of Aimee Stephens, a trans woman who was terminated from her job as a funeral director in Michigan when her employer learned that she was trans. The Supreme Court ruled that Stephens was entitled to bring a Title VII claim against her employer because terminating an employee at least in part because of the employee's trans status constitutes sex discrimination under federal law. In the same decision, the Court also considered the claims of two gay men who were fired after their employers learned they were gay, ruling that firing an employee because of their sexual orientation also constitutes sex discrimination under Title VII.

The Supreme Court decided the case on a 6–3 vote, with Justice Neil Gorsuch writing for the Court's majority. Justice Gorsuch's majority opinion held that "an employer who fires an individual for being homosexual or transgender fires that person for traits or actions it would not have questioned in members of a different sex. Sex plays a necessary and undisguisable role in the decision, exactly what Title VII forbids" (*Bostock v. Clayton County,* 2020).

The Court began its analysis by stating that Title VII must be interpreted according to the "ordinary public meaning" of its terms at the time of its enactment—that is, the way the words used in the text would have been understood in 1964, not necessarily what Congress intended to do or the way courts expected particular cases to be resolved at that time. Applying this mode of interpretation to Title VII's prohibition on sex discrimination, the Court reasoned that an employer who treats an employee less favorably because of sex, such as by firing the person for conduct or traits it permits for employees of another sex, violates the law.

With respect to discrimination based on gender identity or sexual orientation specifically, the Court concluded that "it is impossible to discriminate against a person for being homosexual or transgender without discriminating against that individual based on sex." To illustrate the point with respect to trans employees, Justice Gorsuch pointed to the example of an employer who fires a trans person who was assigned male at birth but identifies as a woman; if the employer retains otherwise identical women employees who were assigned female at birth, the employer discriminates based on sex because it penalizes an employee identified as male at birth for characteristics or actions that it permits in an employee identified as female at birth.

The Court also observed that it was irrelevant whether an employer refuses to employ both trans men and trans women, rather than discriminating against only trans men or only trans women. This was because Title VII prohibits each instance of discrimination against an individual employee because of that individual's sex, regardless of whether such treatment favors men or women as a class overall.

The decision in *Bostock* clearly established that firing a trans employee based on their gender identity or transition constitutes sex discrimination under Title VII. It also likely means similar results will apply for purposes of federal and state laws prohibiting sex discrimination in education, housing, and other areas. Much remains to be resolved, however, about the application of *Bostock* to other specific forms of discrimination, such as denials of insurance coverage for transition-related care, access to sex-separated restrooms and locker rooms based on gender identity, and other forms of discrimination that do not involve refusal to hire or termination of employment.

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See also Discrimination; Public Opinion of/Climate for; Workplace, Gender Transition; Workplace Policies

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Gender Labels

Gender is a multidimensional construct that is inclusive of *assigned gender/sex, gender identity, gender expression,* and *gender roles/expectations.* Gender labels may refer to a single dimension of gender or may be used to refer to gender as a broad overarching concept. Gender labels can also specifically reference the relation between one dimension (e.g., assigned gender/sex) and another (e.g., gender identity). For example, *cisgender* or *cis* is a gender label used to refer to individuals whose gender identity is coincident with their assigned gender/sex, while *trans* is used as a label for individuals whose gender identity and assigned sex do not correspond. It is important to note that these different dimensions of gender are not always "aligned" with one another, nor should they be expected to be aligned. That is, two people with the same assigned gender/sex (e.g., female) may differ in gender presentation (e.g., androgynous, feminine, masculine) and gender identity (e.g., agender, genderqueer, man, nonbinary, woman). Alignment normativity is the assumption that alignment between different dimensions of gender is the natural default or ideal. This assumption serves to support sexist and cissexist beliefs, which in turn serve as the basis for discrimination and misgendering (both intentionally and through ignorance or uncertainty) against trans individuals and against anyone who is gender nonconforming in some way. Thus, this expectation of alignment is a source of both confusion and justification as it relates to gender labels.

Societal conceptualizations of gender are often binary, and the gender labels that we use tend to reinforce these binaries. For example, labels are often framed dichotomously between female and male, feminine and masculine, and trans and cis. However, these binary constraints do not represent the full spectrum or experience of gender, nor do they encompass the range or variety of labels that people use to describe themselves and others. As one example, the popular social media platform Facebook allows U.S. users to choose from more than 50 different gender labels. Users in the United Kingdom can choose from over 70. Some of these labels reference cis identity (e.g., cis, cisgender, cis female, cis man, cisgender male, cisgender woman). However, the majority of the labels refer to binary and nonbinary trans identities (e.g., agender, androgynous, bigender, female to male, gender fluid, gender variant, genderqueer, MTF, neither, neutrois, nonbinary, pangender, trans, trans man, trans person, transfeminine, transgender, transsexual person, two-spirit). The fact that there are more labels to describe trans identities should not be seen as evidence that those identities are inherently more diverse or complicated. As the normative ideal, cis identities and experiences often remain unexplored and are, therefore, linguistically unmarked and unlabeled. Because cis experience represents our expected default, when someone's gender matches that label, they are rarely asked to explain or justify their experience. In contrast, trans individuals have to put words and labels to their gender in a way that defines their experience against the (cis) norm and in a way that justifies the validity or existence of their gender. Thus, labels are not merely neutral descriptors. Rather, they represent the way in which language reflects larger understandings and assumptions around gender and identity.

Language carries its own gendered connotations; in some languages, even objects are assigned different genders or gendered characteristics. Public facilities are also often labeled with specific gender designations, marking certain areas as appropriate for only women/girls or only men/boys, as is the case with public restrooms and locker rooms. When used in reference to people, explicit gender labels are primarily used to describe gendered characteristics or gender identities. Gender labels can be used by an individual to define gender for themselves,

to identify their own gender, and to signal their gender to others. Gender labels can also be used to describe and categorize the gender of other people. Gender labels thus can help people understand themselves and others and enable individuals to feel that they are part of a community with all those who share their identity. However, when gender labels are imposed onto other people, miscommunication and misgendering can also occur. The following sections discuss gender labels in relation to assigned gender/sex, legal gender/sex, and self-identification. For many trans individuals, the social negotiation of gender becomes complicated when other people's labels are given precedence over their own self-identification.

Assigned Labels

Gender labeling typically begins with *assigned gender/sex,* when it is determined that an infant is seemingly female or male. This labeling of sex is primarily based on the examination of genitalia, either at birth or in utero. Assigned sex is typically made official with a gender marker designation on an individual's birth certificate soon after birth. Thus, this designation takes on both social and legal significance.

Assigned sex quickly becomes associated with *gender roles and expectations,* beginning a lifelong conflation of the connection between sex and gender. Assigned gender/sex reinforces the grouping of people into the binary categories of female and male. In turn, assigned gender labels play a large role in an individual's life by determining how they are perceived and treated by society, including the opportunities that are available to them and the extent to which they are at risk for experiencing discrimination and violence. In essence, these gender labels shape stereotypes about gender that are both descriptive (e.g., beliefs about what girls/women and boys/men are typically like) and prescriptive (e.g., beliefs about what girls/women and boys/men should be like). Subsequently, this assignment will also shape how an individual relates to their own *gender expression* and *gender identity.*

Assigned labels for gender/sex reinforce the gender binary as natural and can limit self-exploration and personal identity formation around gender. Even with the acknowledgment from medical and academic researchers that there are more than two gender/sex categories (e.g., intersex individuals, cultures with third and fourth gender roles such as two-spirit people within Indigenous communities), assigned gender/sex imposes a gender dichotomy. Binary gender, coupled with alignment normativity, reinforces and normalizes both sexist and cissexist beliefs and thereby perpetuates cisgenderism.

Legal Gender/Sex

Assigned gender/sex establishes a record and history of legal sex, beginning with the gender marker on a person's birth certificate Their birth certificate can then be used to verify their name and gender marker for other forms of legal documentation, including their passport, driver's license (or other state-level identification), and Social Security card in the United States. A combination of these documents may also be used to establish an "official" gender marker for school and employment records, as well as for medical insurance.

Some U.S. state and federal agencies allow for the gender marker on some legal documents to be changed from one binary gender category to the other (i.e., M to F or F to M) after the individual has medically transitioned. A growing number of states also allow for a third, "X" gender option on birth certificates and driver's licenses. However, the process for changing gender markers on documents, where it is possible, varies across document type and geographic locale. This patchwork system often leaves individuals with different gender markers on different documents. Changing a gender marker from one binary category to the other often requires "proof" in the form of a letter from a doctor or therapist, or documentation of surgery, thus reinforcing the expectation of alignment normativity (i.e., that an individual's gender identity is only valid if it coincides with some legal determination of "biological" sex). Changing gender labels on legal documents can be a time-consuming and expensive process. In addition, having to show evidence of one's identity to others requires a trans person to out themselves, which increases their risk of discrimination and violence.

Gender Labels and Self-Identification

Along with gender labels being imposed on an individual (e.g., assigned gender/sex and legal

determinations of gender/sex), such labels are also often used as a means of self-identification. Chosen gender labels tend to be broader in range than the binary labels that are assigned at birth or legally ascribed. Self-identification reflects an individual's own authentic *gender identity,* which has traditionally been defined as how someone see their gender as female, male, both, or neither. Trans individuals may use traditional labels for their gender to reference female (e.g., girl, woman) or male (e.g., boy, man) identities. They may also use terms to reference their identification with both female and male (e.g., bigender) or neither (e.g., agender, neutrois). In addition, many trans individuals use gender labels to reference the fluidity of their gender (e.g., gender fluid, gender flux) or the nonbinary nature of their gender (e.g., nonbinary, enby, gender nonconforming, genderqueer). Other terms emphasize the experience of gender in relation to trans identity (e.g., trans woman, trans man, transgender), gender transition (e.g., male to female, transsexual), or status (e.g., woman of trans experience).

Because trans individuals use labels that define their experience outside the cis norm, they often employ multiple labels to describe their gender, feeling that one term does not capture the totality of their identity. Trans individuals may also "code switch," using different labels in different social contexts in order to navigate disparate situations. For example, identifying as a trans man among others in the trans community may be a way of signaling community inclusion and promoting an understanding of shared experience. However, using "woman" (without a trans modifier) when in a predominantly cis setting may effectively deemphasize trans identity in spaces where it is not necessary or advisable for someone to know that they are trans. The use of gender labels often happens strategically, with attention to audience understanding and personal safety.

Power and Possibility in Gender Labels

The reliance on, or insistence that, assigned or legal gender/sex is a more valid indicator of gender than an individual's own gender identity serves as the basis for both personal discrimination and systemic oppression directed toward trans individuals. Imposing gender labels on others is oppressive, as narrow definitions of gender can be used to restrict trans individuals' access to public spaces, criminalize their behavior, or otherwise reinforce their identity or experience of gender as nonnormative. This, coupled with cisnormative understandings of gender, contribute to the continued pathologizing of trans identities.

Language changes over time, and the evolution of gender identity labels reflects a progression in societal understanding of gender diversity. In addition, the proliferation of gender labels reflects an increased nuance in our understandings of gender diversity and underscores the notion that gender exists as a spectrum beyond the binary. An important way to communicate an affirmative stance and to convey respect is by using the gender labels, as well as the name and pronouns, that an individual embraces for themselves.

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See also Cisgender as a Term; Cisgenderism; Identity Politics; Nonbinary Genders; Transgender as a Term

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Gender Minority Stress

Minority stress broadly refers to the unique stressors that minority groups experience, above and beyond the general types of stressors that anyone may endure. For instance, work may be stressful for many reasons—including navigating relationships with coworkers, job performance and advancement concerns, or other reasons. When someone holds a minority status, there are likely additional stressors that may arise, such as concerns about microaggressions or mistreatment from coworkers or one's boss, concerns about company policies and whether there are inclusive nondiscrimination protections, or other stressors. Even the stressors that are general in nature may take on additional nuance when experienced as the member of a minority. As such, the general stressors could also be influenced by biases toward minorities, such as interpersonal relationships not only being affected by individual personality differences but also slight or overt displays of stigma. When applied to trans individuals, these unique stressors are termed *gender minority stress.*

This term, *gender minority stress,* is an extension of Ilan Meyer's work related to minority stress for sexual minorities who were cisgender. In recent years, other authors have detailed the gaps in the original framework and adaptations needed to better match the lived experiences of trans individuals, as well as unique stressors that may arise for gender minorities that were not included in the original model. Gender minority stress is particularly relevant for trans studies because these stressors help to explain health disparities that exist for trans people. Trans people, for example, experience higher rates of depression, anxiety, and suicidality compared with cisgender individuals. Gender minority stressors help to contextualize these mental health disparities so that the drivers of these health issues can be centralized rather than pathologizing trans individuals. This entry addresses minority stress theory and extensions to gender minorities, unique stressors for gender minorities, and key contextual factors for understanding gender minority stress.

Application of the Minority Stress Theory to Gender Minorities

Ilan Meyer's model of minority stress was specific to the lives of cisgender sexual minorities; subsequent researchers have adapted and applied this model to gender minorities. In this previously established framework, minority stressors were divided into distal and proximal stressors. Here, these stressors will be applied to gender minorities. *Distal stressors* refer to more overt acts of marginalization, such as experiencing discrimination, harassment, violence, and related events. Trans people may be faced with unique experiences such as being denied care by medical professionals related to their being transgender, being denied access to restrooms of the gender they identify with, and having their gender sexualized in ways that are demeaning during acts of sexual harassment. Research supports that these overt, distal stressors are common experiences for many trans people and that they happen with a striking frequency. Research also has shown that these overt displays of bias are associated with worse mental health outcomes. These distal stressors also have implications for trans people's access to resources to ensure their basic needs are met. For instance, many trans people may be fired from their jobs because of bias on the part of their employer, or they may have trouble securing employment due to discriminatory hiring practices. In these cases, such employment issues also have implications for trans people's livelihood, as these may place them at risk for poverty, homelessness, and food insecurity, or they may create barriers to health insurance coverage. Other distal stressors, such as being denied access to restrooms that align with a person's gender identity, have implications for access to education, employment opportunities, and health (e.g., avoiding restrooms may be associated with health problems, such as urinary tract infections and kidney infections). As such, exposure to these stressors can have a domino effect, leading to substantial challenges across a range of life domains.

Proximal stressors are often a product of social marginalization and, in general, refer to stressors

that may be related to a person's beliefs, expectations, or self-concept. One proximal stressor that manifests for gender minorities is internalized stigma, sometimes referred to as internalized transphobia or internalized genderism. Internalized stigma for gender minorities occurs when an individual adopts a negative view of trans people, coming to view themselves and their gender in a negative light, and holding bias toward other gender minorities. This internalized stigma is deeply rooted in societal stigma and interpersonal factors that perpetuate negative views of gender minorities. Although a proximal stressor, internalized stigma is driven by living within social systems that oppress trans people. Research shows that trans people report a range of stressors that may lead to internalized stigma, such as negative social rhetoric about the legitimacy of trans identities, social narratives that equate being trans with having a mental illness, and the general devaluing of the lives of trans people. These negative messages are perpetuated from many outlets, such as the media, family members, and many religious communities, and by structural policies that deny protections to trans people. As a product of exposure to these messages, gender minorities may come to feel negatively about who they are, expect rejection from others, delay coming out or affirming their identities, and come to blame themselves for oppressive experiences. Research also shows that internalized stigma is associated with an array of negative mental health outcomes, such as depression, anxiety, and suicidality. Furthermore, internalized stigma may vary across generational groups, with older trans individuals having less internalized stigma, possibly as a product of developing resilience in the face of social oppression.

Expectations of rejection are another minority stressor that gender minorities may endure when anticipating that others will hold negative views toward them or reject them. Research has shown that gender minorities may have increases in their expectations of rejection across a variety of settings, such as any circumstances where they may need to disclose their gender marker on identification documents (when this does not align with their gender identity or presentation) or in many interpersonal situations. When experiencing these expectations of rejection, research shows that gender minorities experience a rise in anxiousness, worries, fearfulness, depressed affect, self-loathing, anger, and hypervigilance about their safety.

Finally, there is the minority stress of identity concealment, which has been shown to be a particularly nuanced minority stressor for trans individuals. On one hand, it could be the case that a trans person has not disclosed their trans identity to others and has not affirmed their gender and thus may be initially disclosing this identity to other people. On the other hand, it could be that a trans person has affirmed their gender and they are not readily perceived by others as trans and may be in a situation of disclosing information about their gender history. Decisions about disclosure of a person's gender identity or gender history may happen in a multitude of settings and relationships, such as with peers, with family, at work, or with others. Research has shown that concealment of this information may be associated with worry, fear, anxiety, feelings of inauthenticity, sadness, and other types of negative affect. However, for some trans individuals, research also shows that concealing a person's gender history may be a way of affirming a person's current gender and that some gender minorities may experience disclosing this history as invalidating to their current sense of self.

Of note is that although many of the stressors that are described here are similar to those in the sexual minority–specific minority stress model, there are unique, nuanced considerations when applying these stressors to gender minorities. For instance, at the distal level, a high percentage of trans people encounters violence (e.g., research shows anywhere from 15% to 47%), discrimination (e.g., estimates of close to 50% across some studies), bullying (e.g., estimates up to over 80% in some studies), and other forms of violence, such as verbal abuse or harassment. Unique to trans people, these distal stressors are embedded within a broader sociopolitical context that continues to target this group in specific and novel ways. For instance, in many states across the Unites States, there are no policies in place to facilitate gender marker changes on state-issued identification cards, which places trans people at greater risk of being "outed" as trans to others. There are many other sources of structural stigma for trans people, such as noninclusive insurance policies and a lack of legal protections in many states that may place gender minorities at unique risk for distal stressors.

It also is important to note that trans people of color disproportionately experience these distal stressors compared with white trans individuals.

At the proximal level, there are other nuances when applying the minority stress model to gender minorities. For instance, trans people are often given the message by others in their social circles, via social media, and through political rhetoric that their identities are not valid or should be viewed negatively. This overwhelming amount of negative messaging about trans people may be internalized, resulting in internalized stigma. Although internalized stigma is not unique to gender minorities, the sources and pervasiveness of these messages are specific to the lives of trans people. Unique to people who are gender minorities, expectations of rejection can be influenced by a person's gender presentation or expression. Gender expression can fluctuate due to changes to one's gender presentation that may happen over the course of a social gender affirmation (e.g., changing one's name or physical appearance such as clothing or hair) and medical gender affirmation (e.g., hormones or surgeries to masculinize or feminize a person's body). Expectations of rejection may be heightened for trans individuals who do not adhere to traditional narratives of what it means to be a "man" or "woman" or for the many gender minorities who do not pursue or desire medical gender affirmation, including those who do not have access to these resources given the many barriers that exist. The gender presentation and gender identity of these groups may be at odds with societal norms that most people have internalized, thus influencing their expectations of rejection. For identity concealment, as outlined above, a person may not have told others that they are trans and experience stress related to whether or not to "come out." In other cases, a person may be perceived by others as their current gender identity and experience stress regarding disclosure of their gender history.

Extension of Minority Stress Theory

Research has shown that there are additional considerations needed to ensure adequate representation of gender minorities' experiences within minority stress frameworks. Researchers have somewhat extended this model to be more specific to the lives of gender minorities by taking into account the nuances related to identity concealment and adding in other stressors that trans and gender-diverse people experience. Most notably, Rylan Testa and colleagues (2015) developed the gender minority stress and resilience model. In their extension of minority stress theory, they added the minority stressor of *nonaffirmation,* which occurs when a person's gender identity is invalidated by others. Nonaffirmation could occur through a number of mechanisms, such as when a person is called by the wrong pronouns, when incorrect gendered language is applied to them (e.g., "sir" being used when this does not align with a person's gender identity), when being called a specific gender label that does not align with their identity, when called by a name that the person does not go by, or through interpersonal mannerisms that communicate an incorrect understanding of the person's gender. Others have defined some of these actions as misgendering and note that this can be harmful because it invalidates a person's sense of self and may place gender minorities in a situation where they are outed as transgender or are faced with concealing this aspect of their identity if they do not address the misgendering. Trans people report that misgendering happens on a frequent basis. Some research has even shown that being called by one's chosen name is associated with less depression and suicidality compared with not being called by one's chosen name.

Another unique gender minority stressor has been termed *transitioning identity stress,* referring to stress that may arise when gender minorities do not fit into gendered social expectations for their identity (e.g., when a gender minority person is read as being a gender other than their identity). This gender minority stressor has been associated with higher levels of cortisol at waking for trans men compared to participants not reporting this stressor. Other research has documented stressors that may similarly characterize tensions between a person's gender experience and social expectations. One such stressor has been termed *bodily hypervigilance* and refers to when trans individuals may be on edge about others monitoring their body or gender expression. Another stressor that may arise at this intersection between trans people and others' expectations is the internalization of cisgender gender norms. This internalization may

result in gender minorities feeling negatively about their body image.

An additional minority stressor that has been recently documented is *vicarious stress*. As a product of living in a social context wherein trans individuals are targeted on a regular basis and there is ample negative rhetoric about gender minorities, trans people may frequently encounter narratives of stressful experiences from other gender minorities or through social media and news outlets. As a product of these narratives and social representations of trans people's lives, a gender minority person may also experience a heightened sense of stress. Although research on this stressor is only recently emerging, some qualitative research has described associations with anxiety and negative mood states.

There have been several critiques of the existing literature related to minority stress. One critique is that the language of "minority stress" does not adequately acknowledge the systemic nature of these stressors, and thus describing these experiences as "marginalization stress" may be more descriptive and accurate. Another critique is that, most often, researchers apply the minority stress model developed for cisgender sexual minorities to gender minorities without critically evaluating whether this adequately captures the experiences of gender minorities. Given the centralization of this model even in trans-focused research, much work is left to be done to identify, define, articulate, and develop measures related to gender minority–specific stressors.

Contextualizing Minority Stressors

When examining gender minority stress, it is essential to understand the social systems that create and sustain these stressors. For instance, at the structural level, there are a variety of policies and legislative forms of oppression. According to tracking data, the number of legislative policies put up for vote across the United States to restrict gender minorities' access to restrooms (only to those that align with the gender marker on a person's birth certificate) has grown over the years. But, as of 2020, only one state—North Carolina—has succeeded in passing such a bill, and it had to be rescinded the following year after nationwide political and economic pressure. According to the Human Rights Campaign, there are employment nondiscrimination protections that include gender identity in 21 U.S. states and D.C., hate crimes legislation that includes gender identity in 20 states and D.C., and inclusive public accommodations nondiscrimination protections in 20 states and D.C. In addition, only 21 states and D.C. allow gender marker updates on both birth certificates and state-issued driver's licenses. In most of the United States, trans people have few or no protections, and in many places, the legislation that exists takes an active approach to oppressing gender minorities. This political landscape may look vastly different depending on the social context and country where a trans person resides. Although a full review of other social contexts is beyond the scope of this entry, it is critical that these social systems always be taken into account when considering the experiences of gender minorities.

There are direct interactions between these social systems and the individual experiences of gender minorities, including their exposure to stressors. For instance, being denied access to the restroom aligning with a person's gender identity or not having identification documents that align with a person's identity may place them at direct risk for violence and harassment. Thus, this social context can severely limit the safety of trans people and place them at risk for greater exposure to minority stressors. The individual experience of gender minorities cannot be separated from the social spheres individuals are living within. Furthermore, an intersectional viewpoint is critical when understanding the contextual drivers of health issues and exposure to minority stressors. For instance, systems of power and privilege related to race and class can compound the stressors that trans people experience when having multiple minority identities. These power systems also uphold one another and thus are inherently linked and may perpetuate exposure to gender minority stigma.

Conclusion

Gender minority stress refers to the unique, stressful experiences that trans people endure that cisgender people do not experience. These minority stressors are experienced in addition to the general stressors that anyone may encounter. As described, there is a range of gender minority stressors, from the more overt acts of discrimination and violence,

to the more subtle minority stressors, such as expectations of rejection and internalized stigma. Furthermore, current research is actively describing novel minority stressors that are only beginning to be detailed and measured in the empirical literature, such as transitioning identity stress and vicarious stress. Any of these minority stressors must be understood within ecological frameworks that contextualize them as related to systems of power and privilege that disempower and oppress trans people.

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See also Cisgenderism; Harassment; Health Care, Discrimination; Health Determinants; Microaggressions; Misgendering; Resiliency; Transphobia

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Gender Nonconformity

Gender nonconformity is an umbrella term that refers to gender expressions and/or identities that do not conform to conventional gender norms, which are contingent upon time and location

(e.g., what is gender nonconforming in one place or at one point in time may be conforming in another). Generally, this is rooted in how one's expression or behavior is perceived by others or in how a person perceives themselves within a given society, with its unique gender norms and stereotypes. The term is sometimes used to refer to cisgender (cis) people whose gender expression does not conform to gender stereotypes. To attend to this nuance, this entry briefly discusses understandings of gender nonconformity across history, life span issues, adverse experiences, and pop culture.

In the 2015 U.S. Transgender Survey, 27% of participants described their gender identity as gender nonconforming or gender variant. However, not all gender-nonconforming people identify as trans; hence, they may lie outside the target for that survey and thus not be included in its sample. As of 2020, the prevalence of gender-nonconforming people (both cis and trans) has yet to be determined.

Historical Roots

In 2014, *Time* magazine declared the "Transgender Tipping Point," which framed a cultural shift toward increased trans visibility and acceptance, as well as increased attention to topics related to gender and gender nonconformity. However, gender nonconformity has existed throughout history and across cultures. In *Transgender History,* historian Susan Stryker (2008) defines *transgender* as "people who move away from the gender they were assigned at birth" (p. 1). Gender nonconformity is included in this definition, although historians highlight that what is understood contemporarily as gender nonconforming may not have been gender nonconforming at the time.

Gender Nonconformity Across Time and Culture

The existence of gender-nonconforming expressions and identities in humans can be traced throughout history. For instance, *hijra* and *kothi* people have existed for thousands of years in India. Particularly, the ancient Sanskrit texts the *Kama Sutra* and the *Mahabharata* include references to hijras, who, prior to the British Raj, held a great deal of sociopolitical capital. In ancient Egypt, since only men were believed to be able to access the afterlife, women's burial processes involved being buried in masculine coffins (e.g., flattened chest, red skin, beards) and using masculine pronouns during rituals so women could access the afterlife. In Italy, the depiction of *femminielli* in *Il Femminiello* also provides a glimpse into positive perceptions of gender-nonconforming men in 18th-century Naples. In North America, Native American two-spirit people have, as early as the 1800s, been regarded as conduits between physical and spiritual realms.

From the 15th to 20th centuries, European colonization in Africa, the Americas, and Asia brought with it increased rigidity of gender roles and stereotypes. Scholars posit that, prior to the European colonialism era, the previous examples of gender nonconformity may have been conforming to third-gender gender roles and expectations. As of 2020, for many cultures around the world, gender-nonconforming expression and behaviors for people who were socialized as men or assigned male at birth are considered particularly deviant. There are many explanations for this, one of which is that patriarchal societies that rely on a binary gender system consider femininity to be threatening, such that those who will give up their male or masculine privilege are considered particularly weak (this concept is also known as hegemonic masculinity).

Academic and Medical Understandings

Research related to gender nonconformity is mixed. Since gender nonconformity is based on cultural norms and stereotypes, research around the world captures gender-nonconforming expressions and behaviors in varying ways.

Pathologizing Gender Nonconformity

The 1850s through 1960s saw the medicalization and pathologizing of trans people and of gender nonconformity, particularly in Western countries. Access to gender-affirming medical interventions required conforming to specific narratives that made it challenging for trans and gender-nonconforming people to find affirmation in society. These narratives included the feeling that one was "born in the wrong body," the motivation to transition from one side of the gender

binary to the other, and the desire to be heterosexual after transition.

The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) holds an important role in the pathologizing of gender-nonconforming identities and expressions. Starting in the 1950s, trans people were diagnosed with psychiatric disorders that conceptualized their gender identities as mental illnesses. The nomenclature for these disorders included *transvestism, transsexualism,* and *gender identity disorder*. In 2013, the fifth edition of the *DSM* shifted toward acknowledging the distress experienced when one's personal sense of gender is incongruent with one's body and therefore adjusted to include a diagnosis of Gender Dysphoria—replacing Gender Identity Disorder. As of 2020, activists and academics continue to critique the *DSM* for including diagnoses that may be used to continue to pathologize gender-nonconforming identities and expressions. The diagnoses in question include Gender Dysphoria and Transvestic Disorder, among others.

Gender Nonconformity Across the Life Span

Research related to childhood gender nonconformity is mixed. Throughout the 2000–2010 decade, researchers began investigating childhood gender nonconformity in ways that capture modern understandings of gender nonconformity, although a more nuanced way of researching gender nonconformity did not start until after 2010.

One research area rife with debate focused on childhood gender nonconformity is transgender research. There has been controversy regarding whether gender-nonconforming children will "persist" with their perceived transgender identity and which children "desist" with their perceived transgender identity, with the language of persistence and desistance first noted in 2003. The *International Journal of Transgenderism* (now called the *International Journal of Transgender Health*) published a special section devoted to this issue in 2018. This issue featured scholarly work by Julia Temple-Newhook and colleagues (2018), who noted that four primary articles published since 2008 have contributed to a miscited statistic that 80% of gender-nonconforming children, who were deemed to initially be transgender, would not continue to identify as transgender into adolescence. The authors provide a critical lens on this research, indicating that childhood gender nonconformity and transgender identity have been conflated in the research. They note four critiques of the research: (a) the misclassification of gender-nonconforming children as transgender (when they were not transgender in the first place), (b) not acknowledging the social context for those who participated in the research, (c) not stating how old the participants were at follow-up, and (d) inability of researchers to follow up with many participants.

Prejudice, Discrimination, and Violence

Beyond a misunderstanding in empirical research about what gender nonconformity is and how it has been classified in research, research also focuses on a variety of experiences as noted by and about gender-nonconforming people. Most of this research concerns experiences of victimization, harassment, and prejudice.

Impact of Victimization

Research indicates that when people experience victimization or harassment owing to their gender nonconformity, some of the effects are stronger for some individuals than for others. Studies that confirm the impact of gender nonconformity on those assigned male at birth indicate that the psychological effects of victimization and harassment are particularly notable. Research on this topic indicates that the combination of strength of "same-sex attraction" with being a boy who is gender nonconforming contributes to greater distress from victimization; however, this finding is only noted in young and middle adolescence and decreases in late adolescence. Alternatively, in South Africa, a research study indicated that gender nonconformity did not contribute to distress in a group of Black cis men who have sex with men (as defined in the study); however, their findings indicated that internalized homophobia (and not gender nonconformity) contributed to distress.

Gender Policing

Although the research on gender nonconformity focuses primarily on victimization and mental

health, some research has also focused on how gender-nonconforming people have experienced restrictions or "gender policing" on their expression and gendered behaviors. Gender policing describes a process whereby someone forces or compels another individual to express their gender in socially conforming ways. For example, gender policing would include telling a boy to not wear a dress to school or forcing a person to engage in reparative therapy focused on gender nonconformity. Several studies report on the impact of gender policing, with most focused on the policing of feminine behaviors on cis boys. In one study, fathers attempted to masculinize their gender-nonconforming sons by having them engage in certain behaviors, such as watching heteronormative pornography and publicly objectifying women. Elsewhere, typical gender policing of gender-nonconforming children reportedly is exhibited through the removal of gender-"atypical" toys, telling children to wear clothing that is gender stereotypical, and telling children to police their own behaviors to reduce the discomfort of others. These restrictions on gendered behavior and expression have been found to be harmful, as research suggests that when GBQ men experience gender policing throughout childhood and adolescence, they also experience increased substance use and psychological distress.

Shifting Norms and Expectations

Like other social norms, gender expectations vary widely across time and culture. For example, in 2015, National Public Radio reported that up to 38% of husbands are househusbands, which might be considered gender nonconforming in a culture where women typically are housewives.

Pop Culture and Media

Despite the overwhelming focus on victimization, harassment, and prejudice in academic and nonacademic circles, gender nonconformity also holds significant influence and representation in popular culture. Pop culture products that feature gender nonconformity or that challenge gender norms and stereotypes have existed throughout history. A spike in portrayals of gender nonconformity has led academics and nonacademics alike to speculate whether current gender nonconformity may be considered gender conforming in the future.

As of the 2010s, there has been a rise in gender nonconformity across various mediums that has garnered the attention of Western audiences. Alok Vaid-Menon is a performance artist and writer whose activism centers on challenging gender norms in beauty standards and fashion. During the 2019 Business of Fashion Conference, Vaid-Menon spoke on the importance of "de-gendering" fashion as a way to challenge cisnormativity. Writer, director, and producer Joey Soloway has received critical acclaim for *Transparent,* a comedy-drama centered on a family with a parent who is trans. Maxi Glamour is a drag queen and multimedia artist who engages in civil rights activism and challenges mainstream art production and consumption. They host events that center gender expressions, gender identities, and drag performance artistry that is marginalized in mainstream drag. Puerto Rican trap artist Bad Bunny explores and celebrates gender nonconformity in his music video for "Caro" and has emerged as a prominent advocate for queer and trans rights. In 2019, actor and singer Billy Porter wore a fitted tuxedo jacket and velvet gown to the 91st Academy Awards and has emerged as a prominent fashion icon for his gender-nonconforming ensembles. *Visual kei* is a Japanese music genre that often employs gender-nonconforming and androgynous imagery. Jaden Smith is an actor and music artist who is known to challenge gender norms by mixing masculine–feminine aesthetics in his work and wardrobe.

Fashion and Clothing

The fashion industry plays an important role in individuals' ability to find clothes that match their gender expressions. For example, someone with a large chest may find it difficult to find masculine shirts that fit properly, a person with wide shoulders may struggle finding flattering dresses, and a person with a penis may not easily find supportive lace panties, to name a few. The latter part of the 2010s, however, saw a rise in gender-inclusive clothes in Western countries. Brands such as TomboyX, Radimo, and Lonely Kids Club carry items in diverse sizes and shapes and have explicit gender-inclusive mission statements.

Sergio Domínguez Jr. and Stephanie L. Budge

See also Cisnormativity; Crossdressing, History of; Gender Expression; Sissy Boy Experience; Travestis

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Gender on Legal Documents

Reclassification of sex designations is a core issue for trans legal engagements, since gendered allocation of legal status determines access to life chances, resources, and opportunities for both trans and non-trans individuals. With the growing visibility of trans communities around the world in the 21st century, many jurisdictions are reforming their policies to better respect trans people's rights to personal autonomy, while other jurisdictions are trying to legislate trans people out of existence by defining sex in immutable terms, contrary to its predominant social meaning in legal applications. Reclassification, however, is not a new issue; it has existed at least as long as the differentiated legal status of male and female has existed, and it is likely to keep evolving. In 2020, different kinds of legal regimes for reclassification still exist, ranging from a complete ban to self-determination of both binary and nonbinary designations. Direct challenges to the legality of the administrative act of birth assignment have yet to emerge.

The main site for allocating gender on legal documents is through the designation at birth of "male" or "female." Birth assignment is an administrative act in which newborns are assigned a legal status that becomes a part of their legal personhood and/or civil status. This act is generally performed by a medical professional who examines the newborn's visible genitals, declares the child to be either "male" or "female," and formally documents this information. Gender expectations ensue from sex assignment, such that those assigned "female" are assumed to grow up to be women and those assigned "male" are assumed to grow up to be men. People who do not identify or experience themselves according to these expectations find themselves without accurate identification documents.

The importance of sex reclassification for trans people lies not only in the desire for recognition but also in the need to be safe from anti-trans violence and discrimination. Having access to proper identification has also been shown to be among the factors that can significantly reduce suicidality among trans people. Sex designation arises in many daily interactions, such as at schools and universities, financial institutions, health care providers, foster care facilities, prisons, and the many other bureaucratic sites where one needs to present an ID that includes a sex marker.

By assigning sex at birth and recording it on IDs, state institutions expose large populations to discrimination, violence, and harassment. Trans people who struggle through various forms of social exclusion, such as those who are racialized, disabled, or poor, are more directly exposed to these harms, as they are more in need of social services that are segregated, such as homeless shelters, and are more likely to be incarcerated in sex-segregated prisons, where they are often sent to administrative segregation.

In 2020, there are four main streams of law and policy: total bans on reclassification, medical intervention-based schemes, corroboration requirements, and gender self-determination. In addition, there is an emerging demand to recognize nonbinary gender markers, and a growing number of jurisdictions have added a third-sex designation to their policies. These different laws and policies can overlap, and sometimes a specific jurisdiction bounces between different options.

Some jurisdictions do not have any law or policy allowing for sex reclassification or explicitly prohibit such changes. A refusal to address the

needs of trans people is akin to claiming that they do not exist and reflects a fundamentalist belief in the "naturality" and stability of birth assignment. Yet, even within countries that prohibit sex reclassification, trans people find legal and illegal ways to acquire proper identification.

General medical requirements demand that one undergoes genital surgery, sterilization, and/or hormone therapy as a precondition for recognition. Even though some trans people desire these procedures, requiring medical intervention for legal recognition reflects a grave breach of the right to bodily autonomy. Mandating sterilization and genital surgery have been denounced in many jurisdictions as inhumane. Other general medical requirements, such as undertaking hormone therapy, have also been found unjustified by domestic and international jurisdictions.

Corroborative policies require that an external party, such as medical or legal authorities, validates that the applicant does indeed belong to the sex in which they wish to be reclassified. While corroboration offers a less pathologized avenue for legal recognition, these policies nevertheless harm autonomy by requiring an external party to validate subjective identification.

The "gold standard" of reclassification schemes is considered gender self-determination. These are laws and policies that allow for reclassification based solely on self-attestation of gender identity. From 2012, when the first such law was enacted in Argentina, there has been a visible global shift toward self-determination. Reclassifying sex is understood as something beyond regulatory state or social control, something that is highly internal and hypersubjective. Yet state responsibility for the assignment of sex at birth is not challenged under this model.

In the first decade of the 21st century, a growing number of jurisdictions have started offering nonbinary sex designations, allowing people to reclassify their sex as other than M or F. The most common option for identification that exceeds binary sex/gender categories is an "X." However, within a mostly binary classification system, the X marker is also problematic. Those who are gender nonconforming have a dire need for their ID to reflect their gender identity, as their presentation is constantly questioned. Yet the X marker may draw attention to their difference, paradoxically exposing them further. The X marker may make state surveillance of gender dissidents easier. Moreover, adding a third category fails to address the systemic harms of sex classification.

Even the most innovative reforms have yet to question birth assignment of sex itself. What is changing are the modes by which a shift from one stable category to the other is to be achieved. It changes from external to internal, from the body to the self, from binary to nonbinary. Yet these reforms have limited ability to address structural inequalities. Thus, it is quite possible that future trans legal interventions would focus on the administrative act of birth assignment itself.

Ido Katri

See also Citizenship; Erasure; Gender Binaries; Nonbinary Genders; Sex Assignment

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Gender Panics

Gender panics occur in moments when biology-based ideologies of gender are disrupted, and cis people struggle to understand where real and imagined trans people fit in gendered categories. A form of policing trans bodies, gender panics are frantic reassertions of a "natural" male–female binary.

Across different social environments, including workplaces, restrooms and locker rooms, athletics, prisons, shelters, and feminist communities, these panics are, at their core, about upholding the logic of gender segregation.

Because gender-segregated spaces depend upon definitions of gender to determine who does or does not belong, these panics serve to reinforce, as well as restrict, access to gendered spaces, as determined by biology, legal identification, and/or self-identity. Such panics are particularly heightened regarding trans women's access to women's spaces. In this moment of ideological collision, the "woman" in women's space is understood through notions of *biology*—particularly the presence of a penis—not *identity,* which leads to three consequences. First, this results in many cis people believing that trans women are not actually women but, rather, men "pretending" to be women in order to access women's spaces and sexually harm "real" women. Second, these panics portray cis women as perpetual victims, inherently vulnerable and always in need of protection from unwanted (hetero)sexual violence, and construct men as perpetual violators—sexual aggressors or sexual deviants who are constantly looking for ways to attack women. Third, this places trans people, particularly those who do not pass as cis (i.e., are seen as trans), at heightened risk for violence in public spaces.

Take, for example, public restrooms. In the United States and other Westernized countries, multistall public restrooms are often segregated, such that there is a men's restroom and a women's restroom. The spaces are structured around this segregation, with men's restrooms featuring urinals and women's restrooms having only stalls, thereby furthering the assumption that people who enter these spaces have or do not have a penis. But when people whose gender does not seem to correspond to the space enter to use the restroom, insofar as they are seen as trans, others determine whether they belong in that space based on their gender presentation *as well as* what genitalia they are assumed to have. The ensuing gender panic—or better called "penis panic"—is based on a fear of allowing the "wrong bodies" in spaces deemed to be "for women only." As a result, such panics serve to renaturalize a sex/gender/sexuality binary on the basis of biology, wherein there are only two sexes that align with two genders and that these two groups are (hetero)sexually attracted to one another, thereby denying the legitimacy of trans and queer people's identities. By assuming that all men (or people with penises) are interested in women and will go to extreme lengths to have sex, this "penis panic" logic foments anxieties that permitting people with penises to be in the same restroom as cis women will increase their risk for sexual harassment and assault.

Although there has never been a reported case of a cis woman being attacked by a trans woman in a gendered restroom, the reverse happens frequently. Because biology is the determinant of gender in these environments, trans people, especially those who are gender nonconforming or who are thought to be trans, are at a high risk for violence in such spaces. *The Report of the 2015 U.S. Transgender Survey* found that 9% of trans people have been denied access to the gender-appropriate restroom, and nearly 24% were questioned about whether they were in the correct restroom in the year prior to the study. In addition, one in eight trans people had been verbally or physically attacked or sexually assaulted when attempting to access the restroom that matches their gender identity in the past year alone, with trans women of color and nonbinary individuals, in particular, experiencing these forms of violence at even higher rates. Because of having been harassed or assaulted or fearing it, many trans people avoid public restrooms. Among respondents to the U.S. Transgender Survey, nearly one third reported having refrained from drinking and eating so that they did not need to use a restroom, and 8% indicated having had a urinary tract infection or kidney-related problems from not going to the bathroom or "holding it in."

Although gender panics generally center on trans women and penises, these panics can affect all individuals who are gender nonconforming, including nonbinary and gender-expansive individuals, butch cis women, and feminine cis men. For instance, masculine-presenting cis women have been forcibly removed from women's restrooms because they were suspected of being trans, and effeminate cis men have faced ostracization and violence on the suspicion that they were "gay" because their outward gender expression was read as transgressing gender and sexual boundaries. Because access to gendered spaces and resources

may be based on different gender criteria—biology or self-identity—gender panics can arise in multiple arenas and cannot always be anticipated. Under the guise of "protection," gender panics reassert ideas about the gender binary; they assume that people with penises are assailants, trans women are men, and cis women are vulnerable. Ultimately, they deny trans people the ability to be safe in public.

Megan Nanney

See also Gender Binaries; Genderism; Harassment; Heteronormativity; Policing of Trans Bodies

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Gender Pronouns

Gender pronouns are third-person pronouns that reference the gender of the person being spoken about. English stands among only a handful of human languages with gendered third-person pronouns. The most common English examples are she/her and he/him; if we are recounting a story about someone and use one of these pronouns in place of that person's name, a listener would infer that person's gender. This is an automatic, yet far-reaching inference that now informs the listener's interpretation of the story: whether its events are typical, or atypical, for people like that; how the person may have acted otherwise; what the listener themself might have done in that situation; and so on. Due to the gendered significance of pronouns in English, many trans people's social transition involves changing their personal pronouns and asking others to use these new pronouns in reference to them. This entry introduces several aspects of gender pronouns and their relevance to trans studies—namely, pronoun attribution, pronoun selection, and pronoun inquiry.

Pronoun Attribution

Every day as we move about the world, we infer the gender of dozens (or, in a big city, sometimes hundreds) of other people around us, usually without becoming conscious of doing so. Pronoun attribution becomes conscious when we fail to automatically select a pronoun for someone who we must speak about, which otherwise happens based on unconscious assumptions. In these moments, we are socially conditioned to read that person's body for "clues" that may assist with our attribution of (most often) a binary pronoun: she/her or he/him. This experience of being closely scrutinized is a familiar one for many trans and gender-nonconforming people, as well as the cause of considerable and sometimes debilitating anxiety. Trans women and men are often able to make changes to their physiological or gender expression (e.g., dress, grooming, voice, gait, mannerisms) that result in others automatically attributing their correct pronouns (i.e., she/her for a trans woman and he/him for a trans man); this routine attribution can be a source of profound gender affirmation, as well as safety in transphobic spaces. However, nonbinary trans people (who are not women or men) are often unable to make changes that would help others attribute correct nonbinary pronouns (e.g., they/them).

Part of the broader social innovation brought about by trans activism, gender expression, and gender identity protections in law and policy (where applicable) and the rise of gender-neutral

pronoun usage involves challenging the notion that someone else can readily know the "truth" about a person's gender and assume the pronouns they use for themself. In other words, society is coming to understand that "the pronoun I say for a person based on what I see" may not be the same as that person's gender. In many jurisdictions, gender marker changes on IDs no longer require a trans woman or man to pursue transition strategies that could make correct pronoun attribution "easier" for others. Furthermore, in this historical moment, for trans people who are not seamlessly either women or men (e.g., who are nonbinary), strangers are frequently unable to attribute gender-neutral pronouns, whether consciously or unconsciously, even as these may be correct.

Pronoun Selection

The idea that gender pronouns are a matter of selection is unfamiliar to many, due to the societal experience of pronouns as automatic and a simple reflection of the "truth" of someone's gender. However, everyone, whether trans or not, has experienced pronoun selection, typically by one's parent(s) at the time of one's initial sex assignment. When parents select a set of pronouns and communicate this selection to those who interact with their child, this process unconsciously enlists others in a gendered socialization regimen. An infant being called by the "wrong" pronouns tends to prompt a swift correction from parents, who are uncomfortable with their child being seen as a gender different from their assigned sex and who want to make sure that the child is socialized to the perceived appropriate gender. A cis youth or adult who continues to be misgendered, either mistakenly or maliciously, will feel discomfort as well, just as is the case for trans people.

Reflecting the rapidly rising number of nonbinary trans people, especially among younger trans people, gender-neutral pronouns are becoming more and more common. The most popular gender-neutral pronoun is the use of they/them in the singular, but there are numerous other neo-pronoun ("new pronouns") options, including ze/hir and xe/xem. "They are" is grammatical in Standard English when applied to a single person, although it has historically been applied to a person whose gender is not known by the speaker (e.g., "the person who knocked on the door when you were in the shower; they left before you could respond"). It can feel uncomfortable to say "they are" for a person who one *does* know, but this usage is recognized by all major dictionaries and style guides. Over time and with practice, however, this discomfort recedes, as this use of singular they/them enters one's vocabulary.

Pronoun Inquiry

As it is becoming more commonly known that pronouns cannot always be automatically attributed based on someone's appearance, it can become necessary to inquire about a person's gender pronouns. This can take the form of directly asking the person about their pronouns; however, given that automatic pronoun attribution is highly affirming for many trans *and* cis people, being asked can be discouraging. One can avoid using gender pronouns to refer to someone else by using their name or they/them pronouns until one knows that person's pronouns. One can also discover the appropriate pronouns for another person by listening to how others who know them well talk about them, asking individuals who know them well what pronouns the person uses for themselves, and looking for pronoun "signposts." "Pronoun signposting" or indicating one's pronouns in a public location, like one's office sign, business card, email signature, name tag, or social media profile, is a common way of sharing one's pronouns and, increasingly, an effort to normalize the disconnection between "what I see" and "what I say" as the truth of anyone's gender.

Lee Airton

See also Coming Out; Communication; Gender Expression; International Pronouns Day; Misgendering; Naming Practices; Nonbinary Genders; Social Transition

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Gender Recognition Technology

Algorithmic methods are increasingly being used to identify and categorize human characteristics. A range of human identities, such as gender, race, and sexual orientation, are becoming interwoven with systems. This entry discusses the case of automatic gender recognition technologies that algorithmically assign binary gender categories. Based on previous work with trans participants in human–computer interaction (HCI), this entry examines the ways in which current gender recognition systems misrepresent complex gender identities and undermine safety. Future work can build on this foundation by conducting participatory design workshops with designers and potential users to develop improved methods for conceptualizing gender identity in algorithms.

Algorithmic Identity: Introduction and Background

Increasingly, designers and engineers are building and relying on algorithmic methods to identify and classify people. From recommending products, automatically detecting language, and personalizing interactions, these algorithms often have clear benefits. However, the news media are replete with scenarios in which identity classification may be problematic.

For example, engineers have created machine learning algorithms to categorize sexual orientation by extracting and analyzing facial features from images. This work has faced severe scrutiny for its potentially dangerous implications—such as potentials for surveillance of what the system categorizes as gay and lesbian individuals—and criticized for its likeness to the flawed concept of physiognomy.

Other algorithmic methods, such as risk assessments for determining recidivism rates, have been criticized for their racial biases against Black people. These racial biases have been found to occur even when racial parameters are not included in the data used to train algorithms, as anticlassification methods have also shown to produce biases against protected classes in algorithmic methods. The removal of identity from certain algorithmic system may not prove the best, most equitable solution.

These problematic examples of human classification share two things in common. First, they have ramifications for minorities, often putting them at risk. The increasing adoption of algorithms seems to amplify the risks digital footprints present for historically marginalized individuals. Second, the background behind these algorithms highlights a tendency for them to be developed in generic ways, abstracted from specific systems, interactions, or contexts of use.

To untangle these problems—and investigate potential solutions—researchers can focus on a specific application area that has been little explored: automatic gender recognition (AGR) algorithms.

The Case of Automatic Gender Recognition

Existing approaches to AGR use computer vision and/or voice recognition data to predict a person's gender on an exclusively binary determination: female or male. One exception includes a data set of trans faces captured from YouTube in an attempt to identify a single person across gender identity transition. Even here, however, the transition was conceptualized along a binary spectrum and specific to the effects of hormone replacement therapy (HRT)—to say nothing of the authors' suggestion that people might use HRT as a means to avoid biometric detection.

Previous work has already uncovered the inaccuracy of AGR technologies on trans individuals. But scenarios such as these highlight concerns beyond accurate classification categories. They reveal the limited consideration, or even awareness, of the lived experiences of trans people. The broader impact of these consequence reflects more than simply gender. It may also reflect assumptions about age, presentation, and racial characteristics—other intersecting identity categories societies view through a gendered lens. The decisions embedded within technological systems reflect a

set of values that can have negative consequences. That is to say, technology is not risk averse or neutral; it is safety critical and value driven.

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See also Embodiment; Gender Binaries; Gender Labels; Misgendering.

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Gender Roles

See Gender Functions.

Gender-Affirming Surgeries: Men, Bottom

Gender-affirming surgeries for men are generally divided into two categories: top surgeries and bottom surgeries. Bottom surgeries are those that are performed either to remove existing reproductive and genital structures or to create such structures. The most common bottom surgeries for transmasculine individuals are phalloplasty, metoidioplasty, and hysterectomy. Phalloplasty and metoidioplasty are surgeries that are used to create a neo-phallus. Hysterectomy is a surgery that is used to remove the uterus. It is often paired with an oophorectomy, surgery to remove the ovaries.

Many transmasculine individuals are interested in undergoing one or more gender-affirming bottom surgeries. In general, individuals with a binary trans male identity are more likely to express interest in these surgeries than those with a nonbinary trans identity. However, not all trans men are interested in undergoing bottom surgery.

Gender-Affirming Bottom Surgeries for Men

Gender-affirming surgeries are procedures that are used to make trans individuals feel more comfortable in their bodies. These procedures either create structures that affirm an individual's gender identity or remove structures that are visibly associated with their sex assigned at birth. For binary and nonbinary transmasculine individuals, gender-affirming bottom surgeries include both those procedures used to create the function and/or

appearance of male external genitalia (i.e., penis, scrotum) and those used to remove unwanted internal reproductive organs associated with being assigned female at birth (i.e., uterus, cervix, ovaries, and vagina). Transmasculine individuals may be interested in one or both types of surgery, although removal of the uterus is thought to be a necessary part of any gender-affirming surgery that eliminates the vagina as part of creating more masculine external genitalia.

Surgical Creation of Male External Genitalia

Two types of gender-affirming surgery can be used to construct masculine external genitalia, also referred to as *genitoplasty* (*genito:* sexual organs; *plasty:* alteration). One type of male genitoplasty, called metoidioplasty, uses the body of the hormonally enlarged clitoris as the shaft of the penis. Another type, phalloplasty, uses what is known as a "flap" to create a larger neo-phallus that is more likely to be suitable for sexual penetration. Both metoidioplasty and phalloplasty can be performed in multiple stages or as a single stage that incorporates multiple procedures.

Certain elements are common to both forms of genitoplasty. Urethral lengthening involves extending the urethra (the opening through which a person urinates) to the end of the neo-phallus. This makes it possible to pee while standing. Urethral lengthening is usually performed using a tube of skin created from the lining of the vagina or the labia minora. This tube is connected to the existing urethra and, if a phalloplasty is being performed, to the neo-urethra that is created as part of the phallus. Scrotoplasty is the surgical creation of a scrotum and is also a component of both types of genitoplasty. For transmasculine patients, the scrotum is created using the skin of the labia majora. Testicular implants can then be inserted into the scrotum once it is healed.

Metoidioplasty

In a metoidioplasty, the hormonally enlarged clitoris is used as the neo-phallus. The clitoral ligaments are released, which makes the clitoris extend further from the body. The clitoris is moved higher into a position more similar to that of a phallus. As noted above, urethral lengthening makes it possible to pee standing up. Altogether, this creates a small phallus that maintains presurgical sexual sensation and has native erectile function. Most people who choose metoidioplasty do not have sufficient length to penetrate a sexual partner, and this surgery is not recommended for people for whom penetration is a priority. It is possible to have a phalloplasty after a metoidioplasty, but the reverse is not true.

Phalloplasty

Phalloplasty uses a flap of tissue to create a large neo-phallus that is suitable for sexual penetration. The most commonly used flap is the radial forearm free flap, or RFFF. This is a large rectangle of skin that is harvested from the forearm. Ideally, the nondominant arm is used. However, some people have tattoos they want to preserve on their nondominant arm or have other reasons for using their dominant arm instead. The RFFF phalloplasty leaves a large, noticeable scar on the arm that the skin is taken from, which some people worry may be stigmatizing.

Other flaps that are commonly used for phalloplasty include the anterolateral thigh (ALT) flap, the latissimus dorsi flap, and the suprapubic flap. Each of these options has benefits and disadvantages. Many surgeons who offer phalloplasty offer only one or two flap choices, as different surgical techniques are used for the different options.

The phalloplasty procedure starts out largely similar to the metoidioplasty procedure. However, there are several differences. The first is that the skin is removed from the clitoris and the clitoris is embedded in the base of the phallus. This means that stimulating the base of the phallus will stimulate the clitoris, providing erotic sensation. One of the clitoral nerves may also be connected to the new phallus, depending on the surgeon.

The other big difference is that the neo-phallus itself is created out of the flap as a tube within a tube. This may be done in one or more procedures, depending on both the surgeon and the flap that is used. If a urethral extension is done, the neo-urethra is attached to the inside tube, which forms the penile urethra. The outside tube becomes the phallus. A glansplasty may also be performed at this time, or at a later time, to create the appearance of the glans penis.

In order to have an erection after a phalloplasty, a penile prosthesis must be inserted. This is usually done at least a year after the phallus is initially constructed. It is important for the phallus to be

healed before insertion and for sensation to have returned through the end of the penis. Having protective sensation throughout the penis makes it less likely that the penile prosthesis will erode through the penis before a problem can be detected.

Complications of Genitoplasty

The most common complications of genitoplasty are related to the urethral lengthening procedure. The majority of people who undergo either a phalloplasty or a metoidioplasty will experience difficulty with urination at some point after their procedure. This commonly takes the form of a urethral stricture or fistula. A urethral stricture occurs when the urethra becomes narrowed or blocked, preventing the flow of urine. A urethral fistula is when a hole forms between the urethra and the outside of the phallus, leading to leakage. Fistulas most often occur at the base of the penis, although they can form anywhere along its length. Both of these problems can generally be repaired with outpatient surgery, although they may recur.

There is also a high risk of complications associated with the implantation of an erectile prosthesis. This is true for both malleable, or bendable, prostheses and inflatable prostheses. Complications associated with erectile devices include mechanical problems, erosion of the device through the neophallus, and the device becoming dislodged. A substantial proportion of people who have inflatable prostheses implanted will need to have them replaced or removed over the course of their lifetime.

Removal of Internal Reproductive Structures

Many transmasculine individuals experience dysphoria about internal reproductive structures, such as the uterus and vagina, which are associated with being assigned female at birth. Others are interested in undergoing a type of genitoplasty that requires removal of the uterus and/or vagina as a prerequisite. There are several types of gender-affirming bottom surgeries that can be used to address these concerns.

Hysterectomy

Hysterectomy technically refers to only the removal of the uterus, although many surgeons routinely remove the ovaries at the same time. The uterus is the organ in which a fetus can be gestated, and it is the source of menstrual bleeding. While a hysterectomy is also a relatively common surgical procedure among cis women, it is considered a form of gender-affirming bottom surgery if it is used to address gender dysphoria. In addition, transmasculine patients seeking any form of genitoplasty where the vagina will be removed are required to have a hysterectomy.

Vaginectomy

Vaginectomy refers to the removal of the vagina. Many surgeons who offer phalloplasty or metoidioplasty with a urethral extension require that patients also undergo a vaginectomy. This is because some data suggest that removing the vagina reduces the risk of certain types of urinary complications after genitoplasty. Transmasculine patients may also wish to have their vagina removed if it is a source of dysphoria.

Oophorectomy

Oophorectomy, or ovariectomy, refers to the removal of one or both ovaries, the organs that produce both gametes (eggs) and reproductive hormones. Despite the fact that an oophorectomy is often performed at the same time as a hysterectomy, removal of the ovaries at the time of hysterectomy is not required. Individuals who are interested in maintaining the ability to produce gametes can choose to have a hysterectomy and leave one or both of their ovaries in place. This does not affect the dosing of gender-affirming hormones, and some transmasculine individuals have been shown to have viable gametes even after many years on testosterone.

Fertility Implications of Gender-Affirming Bottom Surgeries

Historically, guidelines for gender-affirming bottom surgeries have been stricter than those for gender-affirming top surgeries because of the fertility implications of these surgeries. Removal of the uterus means that an individual who has had a hysterectomy, either alone or as part of phalloplasty or metoidioplasty, cannot carry a pregnancy. Removal of the ovaries means that a person cannot contribute gametes to the creation of a pregnancy, unless they have previously undergone fertility preservation.

Fertility preservation for transmasculine patients is often both expensive and highly dysphoric, which has meant that relatively few undergo the procedure. Due to the fact that a hysterectomy typically also includes an ovariectomy, patients have frequently had to choose between maintaining their fertility potential and being able to access gender-affirming bottom surgery. As awareness grows about the option to maintain the ovaries at the time of a gender-affirming hysterectomy, transmasculine individuals may be able to postpone decisions about their fertility until after they have undergone any gender-affirming surgeries they desire.

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See also Gender Dysphoria; Gender-Affirming Surgeries: Men, Top; Gender-Affirming Surgeries: Women; Medicine; Reproductive Health; Sexual Health; Sexualities/Sexual Identities; Trans Men

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Gender-Affirming Surgeries: Men, Top

Gender-affirming surgeries for men are generally divided into two categories: top surgeries and bottom surgeries. Top surgeries are those used to create a more masculine-appearing chest. Most transmasculine top surgeries take the form of masculinizing chest reconstruction, a process somewhat similar to a double mastectomy. Some nonbinary transmasculine individuals, however, choose to undergo breast reduction instead.

Chest Dysphoria

Many transmasculine individual experience chest dysphoria—discomfort related to having a chest/breasts that are perceived as feminine, either by the individual or by those with whom they interact. Having a larger chest can make it more difficult to present as male and may make it more likely that the individual will be misgendered by others. This can increase the risk of gender minority stress and result in depression, anxiety, and other negative health outcomes. To reduce the size of their chests, many transmasculine individuals bind their breasts. Binding can be a solution in and of itself, or a way to tolerate chest dysphoria until it is possible to access gender-affirming top surgery.

Binding involves compression of the chest to create a more traditionally masculine appearance. The technique that people use to bind, and the amount of time they bind, can have implications for the technique used for gender-affirming top surgery. In particular, there is a risk of loss of skin elasticity and even skin breakdown if moisture is trapped by the binder. There is also a risk that prolonged binding can lead to alterations of the shape of the chest wall, which, in rare cases, may remain noticeable after chest reconstruction.

It is more common for the skin changes caused by prolonged binding to affect the type of surgery needed to masculinize the chest. Individuals with small chests and good skin quality may be suitable for less extensive surgical techniques, like periareolar surgery. Such techniques preserve the sensation of the nipples and are accomplished with less visible scarring. However, in cases where there has been significant skin damage caused by binding,

individuals who would have otherwise been candidates for periaerolar surgery may need to undergo a double mastectomy instead, with its longer and more visible scars. In addition, poor skin quality caused by binding can also affect the size and appearance of postsurgical scars.

Gender-Affirming Chest Reconstruction

At its most basic, gender-affirming chest reconstruction involves removal of the breast tissue to create a flat chest. However, many surgeons offering chest reconstruction also perform chest contouring, as needed. Resizing and repositioning of the nipples to provide a more masculine appearance is also a component of some types of chest reconstruction. However, not all insurance companies will cover this portion of the surgery, and some individuals choose to forgo having nipples grafted back on after surgery due to the cost or other concerns. There are several common methods of chest reconstruction.

Double-Incision Mastectomy

Individuals who have large breasts, large nipples, ptotic (sagging) breasts, and/or skin quality concerns will most likely be candidates for a type of chest reconstruction referred to as double-incision mastectomy, with or without free nipple grafts. During a double-incision mastectomy, the nipple–areola complex is removed as a full-thickness skin graft. Then the surgeon makes one incision above the breast and a second incision below the breast. These two incisions are closed, leaving either one long scar, or two separate scars, at the height of the crease underneath the breast. Ideally, these scars fall along the crease on the underside of the pectoral muscles. At this point, the nipples can be made smaller and repositioned in a more masculine position away from the center of the chest. This technique is referred to as free nipple grafting because the nipples are removed entirely from the chest wall (free of the chest) before being repositioned and reattached. Because of the additional costs sometimes associated with nipple grafts, healing concerns, and other factors, such as personal preference, some individuals may decide not to have the nipples grafted back onto the chest, choosing instead to go without nipples or to have them tattooed on at a later date. After nipple grafting, patients should not expect to have sensation in their nipples, although some individuals do report that a level of feeling returns.

Periareolar Mastectomy

Individuals with smaller breasts and good skin quality may be candidates for periareolar mastectomy, also referred to as keyhole mastectomy (although this is a misnomer, as the keyhole approach technically involves a vertical scar). With this technique, an incision is made around part of the nipple, and breast tissue is removed through this smaller space. Because skin is not removed in this technique, it is not suitable for as many patients, and there is a somewhat higher rate of patients requesting a surgical revision than with double-incision mastectomy. This includes planned revisions to reduce the size of the nipple and areola after the initial surgery as well as unplanned revisions. Some surgeons also offer what is referred to as a concentric periareolar technique, in which a larger circle of skin around the nipple is removed, the nipple is resized, and then the skin is closed around the smaller nipple.

Chest Contouring

Chest contouring refers to procedures that are used to make a more traditionally male-appearing chest. These may include liposuction to remove extra tissue and reshape the chest, as well to eliminate the inframammary fold—the place where the breasts meet the chest. Chest contouring is not always paid for by insurance, even when gender-affirming top surgery is otherwise covered. Chest contouring can be performed as part of the initial surgery or as part of a revision.

Healing Process

Healing from gender-affirming chest reconstruction takes place in two phases. In the first phase, patients are sent home with drains. These are tubes that come out from the skin and allow fluid to drain out of the body, instead of collecting in the chest. Many transmasculine patients report that dealing with the drains, which remain in place for approximately a week after surgery, is the most difficult part of having chest reconstruction, as they

can be quite uncomfortable or even painful. After chest reconstruction, individuals cannot lift their arms above the shoulder or carry heavy objects for around 6 weeks. Therefore, it is important for individuals to plan for time off work and/or school, if needed. People who do not have highly physical jobs can generally return to work or school after 1 week, with some accommodations.

Gender-Affirming Breast Reduction

Some nonbinary transmasculine individuals have chest dysphoria but want to preserve the ability to present across a broader gender spectrum. These individuals may choose to undergo a gender-affirming breast reduction to decrease the size of their chest, rather than a chest reconstruction to achieve a fully flat chest. Reducing chest size can allow individuals to bind more comfortably, when they choose to, while still presenting a more feminine contour at times. Breast reduction can also allow people to maintain the ability to nurse an infant (breastfeed/chestfeed) in the future, unlike most forms of chest reconstruction.

Younger individuals and individuals who seek care with plastic surgeons who do not have experience with the trans community may also be offered breast reduction instead of, or as an intermediate step toward, chest reconstruction. In addition, some parents of younger individuals may be willing to agree to a reduction but refuse to consent to their child having a fully masculinized chest.

Although it is possible to perform a chest reconstruction after breast reduction, the procedure can be slightly more difficult. Individuals seeking a chest reconstruction after previous breast surgery should ask how the earlier procedure will affect their results, including scar placement.

Puberty Blockers and Gender-Affirming Top Surgery

Not all transmasculine individuals are interested in gender-affirming top surgery. In addition, some transmasculine individuals do not need gender-affirming top surgery in order to achieve a male chest contour. Breast growth is determined by the ratio of estrogen to androgens, such as testosterone, in the body. Therefore, individuals with low estrogen and/or high testosterone do not develop breasts. This is why most cis males do not experience breast growth—they have high testosterone levels compared to estrogen. That is also the case for transmasculine youth who have the opportunity to start puberty blockers before there is any significant breast growth. They generally do not experience a period of time with a high estrogen-to-androgen ratio and, as such, do not develop breasts. Thus, top surgery is usually unnecessary for individuals who transition directly from early puberty blockers to gender-affirming testosterone treatment.

Satisfaction With Gender-Affirming Top Surgery

Research suggests that most people who undergo gender-affirming top surgery are very satisfied with their results and that regret is extremely rare. Gender-affirming top surgery is considered medically necessary because of its ability to improve the quality of life of transmasculine individuals across both physical and psychological domains. Transmasculine individuals have reported a number of improvements in their well-being after top surgery. Some improvements are related to individuals' increased comfort in how they are perceived by others, without the need to bind their chest. These may include greater comfort participating in activities, such as swimming, going to the beach, and exercising. Other improvements are more about individuals' comfort when interacting with their own body, such as when bathing, showering, and engaging in other hygiene and self-care activities.

Transmasculine individuals also report that top surgery reduces the extent to which they are misgendered. Being seen correctly for who they are both increases their safety and decreases the experience of gender dysphoria. By reducing gender dysphoria, access to gender-affirming top surgery has been shown to increase overall quality of life. This includes improvements not only in body image but also in overall mental health, physical well-being, and sexual health.

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See also Binding; Gender Dysphoria; Gender-Affirming Surgeries: Men, Bottom; Medicine; Nonbinary Genders; Trans Men

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Gender-Affirming Surgeries: Women

There are a number of gender-affirming surgeries available for women. The most common gender-affirming surgeries include vaginoplasty, breast augmentation, hair removal, facial feminization surgery, and tracheal shave/thyroid chondroplasty. Not all transfeminine persons are interested in all, or any, of these surgeries. However, the 2015 United States Transgender Survey found that 95% of trans women either wanted to have, or had already had, vaginoplasty. This entry first describes the various techniques used for vaginoplasty and explains their relative merits, then describes the procedure for bilateral orchiectomy, the removal of both testicles. Next, the options for breast augmentation, body contouring, and hair removal are discussed in turn. The entry continues with a description of facial feminization surgery and the procedure called tracheal shave, which is used to reduce the size of the Adam's apple; the entry concludes with a discussion of vocal cord surgery, which is used to raise the pitch of the transfeminine person's voice.

Vaginoplasty

Gender-affirming vaginoplasty is the surgical creation of a vagina and vulva to affirm the gender of a transfeminine person. The goal of vaginoplasty is usually to provide external and internal genital structures that are aesthetically and functionally similar to those of a cis woman. However, some women are only interested in having an aesthetic vulva and are not concerned about the ability to experience sexual penetration. These individuals may choose a zero-depth or minimal-depth vaginoplasty. A number of different techniques can be used to create a neo-vagina for a trans woman, and new surgical procedures continue to be developed.

Penile Inversion Vaginoplasty

Penile inversion vaginoplasty uses the skin of the penis and scrotum to create the neovagina and the labia. It can be performed as a single surgery or in multiple, staged procedures. During penile inversion vaginoplasty, the glans of the penis is kept connected to the nerves and blood vessels but reshaped and moved down to create a clitoris that maintains erotic sensitivity. A cavity is created between the vagina and rectum. The skin of the penis is removed and inverted to create the lining of the neovagina, using some scrotal skin, if needed, for depth. The remaining scrotal skin is used to create the labia majora, and part of the urethra can be used to form the labia minora and internal walls of the vagina to give a pink, mucosal appearance.

Vaginal depth varies, depending on three characteristics of the patient: the size of their penis and scrotum, the elasticity of their skin, and their pelvic structure (which determines the size of the cavity to house the new vagina). A patient who has undergone hormone blocking to prevent an unwanted puberty may have genitalia that are too small to provide sufficient skin to line the neovagina. Therefore, penile inversion may not be their best choice for vaginoplasty.

Regular dilation is required after penile inversion vaginoplasty. Dilation involves inserting a silicone or metal rod into the vagina to keep it from collapsing and to maintain vaginal depth and width. Immediately after vaginoplasty, women must dilate multiple times a day. Over time, the dilation frequency decreases, but dilation is a lifelong commitment.

There are some concerns specific to penile inversion vaginoplasty. Prior to penile inversion vaginoplasty, patients must remove hair from the penile shaft and the scrotum to prevent any hair growth inside the vaginal canal, which can cause infection. In addition, they also must use lubricant for dilating and vaginal intercourse, as penile skin is not self-lubricating.

Intestinal Vaginoplasty

As with penile inversion vaginoplasty, intestinal vaginoplasty uses the glans of the penis to form the clitoris and the scrotal skin to form the labia majora. Where it differs is that intestinal vaginoplasty uses part of the sigmoid colon to form the vaginal lining. The surgery is also sometimes referred to as a sigmoid vaginoplasty. Dilation is still usually required after intestinal vaginoplasty but less intensively than after penile inversion. The tissue is self-lubricating and has more elasticity than penile skin. Because of this, penetrative intercourse may be easier. Some patients complain, however, that they have excessive, or smelly, discharge after an intestinal vaginoplasty.

Peritoneal Vaginoplasty

There has been a growing interest in peritoneal vaginoplasty, which uses the peritoneum—the lining of the abdominal cavity—to line the vaginal cavity. Although this technique is relatively new, it has several potential advantages over other types of vaginoplasty. Unlike with intestinal vaginoplasty, there is no concern about bowel repair or function, and unlike with penile inversion vaginoplasty, there is no concern about hair growth in the vagina. However, there is less information about long-term outcomes of peritoneal vaginoplasty than with those other techniques. As with penile inversion vaginoplasty, patients need to dilate and use lubrication after this procedure.

Zero-Depth/Minimal-Depth Vaginoplasty

Zero-depth/minimal-depth vaginoplasty is primarily an option for individuals who are too medically compromised to undergo a major surgical procedure, who are certain they do not want to experience sexual penetration, and/or who do not want to maintain their vagina with regular dilation. This type of vaginoplasty creates the external genitalia (i.e., clitoris, labia majora, labia minora) using the same methods as for the other types of vaginoplasty. However, the surgery does not create and line a vaginal cavity or creates only a minimal opening. This provides the external appearance of female genitalia and includes a clitoris that can experience sexual sensation, but the patient has no functional vagina.

Bilateral Orchiectomy

Bilateral orchiectomy is surgical removal of the testicles, the organs that produce both testosterone and sperm. Although orchiectomy is often done as a component of vaginoplasty, it can also be performed as a stand-alone surgery. Excision of the testicles removes the primary source of testosterone in the body. This allows transfeminine individuals who are receiving gender-affirming testosterone therapy to lower their estrogen dose and stop taking any testosterone blockers, such as spironolactone. Individuals who might be interested in having biological children need to preserve sperm prior to bilateral orchiectomy.

Breast Augmentation

Breast augmentation involves the use of breast implants or fat grafting to increase breast size. Although not all transfeminine individuals are interested in breast augmentation, many find that the breast growth they experience when on gender-affirming hormone therapy is not sufficient to make them feel comfortable in their bodies. Individuals assigned male at birth who went through puberty in their assigned sex have naturally broader chests than those assigned female at birth. They typically need a larger cup size than cis women to allow for their bodies to be in proportion. Furthermore, transfeminine individuals have thicker chest muscles. This means the skin around

their breasts is tighter, which makes it more difficult to insert large implants. Patients may need to have tissue expansion prior to implants being inserted. Larger chest muscles can also push on implants, increasing the risk of them moving out of place. The size of implant used in gender-affirming breast augmentation depends on multiple factors, including patient height/weight, chest height/width, the amount of breast tissue present, and patient preference.

Types of Breast Implant

Breast implant materials include silicone gel and saline, although all implants now have a silicone polymer outer shell to lessen the chance of accidental rupture. Silicone implants are firmer, feel like natural fat, come prefilled, have a smooth surface, and come in both round and teardrop shapes. They are often preferred for subglandular placements, above the chest muscle. Saline implants are rounder and more fluid-feeling. They are generally less expensive than silicone implants and require a smaller surgical incision because they are filled with saline at the time of surgery, after being put in place. They are usually best for subpectoral placement, underneath the chest muscle.

Body Contouring

Body contouring with liposculpture is the transplant of fat tissue from other parts of the body. It can be used for breast enhancement, but it is less widely used than breast implants. Body contouring is more commonly used to feminize other areas of the body, including the abdomen, hips, and thighs. Body contouring, also referred to as fat grafting, is not suitable for all trans women due to the fact that many do not have enough fat stores.

Hair Removal

Patterns of hair growth differ by gender due to the influence of testosterone. As a result, transfeminine individuals who have gone through a testosterone-dominant puberty may need to seek out permanent hair removal to affirm their gender. Common areas from which transfeminine people seek permanent hair removal include the face, chest, and back. This type of hair removal is rarely covered by insurance companies. In general, insurance companies that cover hair removal will only do so if it is necessary for a surgery, such as vaginoplasty.

Two methods of hair removal are considered to be effective long term: electrolysis and laser treatment. However, only electrolysis is considered permanent hair removal by the Food and Drug Administration (FDA). Electrolysis uses electricity to destroy individual hair follicles and can be used for people with any hair and skin color. It takes longer than laser hair removal, because it is performed follicle by follicle, rather than on an area containing multiple hairs. Laser hair removal uses light to destroy hair follicles. It is most effective for individuals whose hair is substantially darker than their skin tone. Data suggest that laser hair removal is sufficient when individuals are preparing for vaginoplasty.

Facial Feminization Surgery

Faces are perceived as masculine or feminine on the basis of a number of characteristics. *Facial feminization surgery* (FFS) refers to a wide variety of procedures used to give the face more feminine contours. These procedures include lowering the hairline, hair transplant, reshaping the forehead, rhinoplasty, reducing the height of the upper lip, and chin and jaw feminization. The particular set of procedures used will vary for each patient and for each surgeon. Given the importance of facial appearance in social interactions, facial feminization surgery can lead to a significant improvement in a patient's gender dysphoria and their ability to move through the world without being misgendered.

Tracheal Shave

Tracheal shave, or thyroid chondroplasty, is surgery used to reduce the size of the Adam's apple. Sometimes this surgery is performed as a component of facial feminization, but other times, it is performed on its own. The thyroid cartilage, also referred to as the Adam's apple, increases in size in response to testosterone. Therefore, it is larger in cis men than in cis women, and it can be a source of gender dysphoria in trans women.

Vocal Cord Surgery

Trans women who experienced a traditionally male puberty may risk being misgendered if their voice has a deeper, more male-sounding pitch. This can particularly be an issue when speaking on the phone, where there are no visual cues. Voice therapy alone can be an effective intervention for some individuals, allowing them to address the pitch at which they speak, vocal mannerisms associated with gender presentation, and other gendered communication components, such as breathing style, resonance, intonation, inflection, and word choice. However, some transfeminine people do not feel therapy alone can adequately meet their needs, and they pursue feminizing vocal cord surgery as well. This procedure shortens the vocal cords so they vibrate more rapidly and emit a higher, more feminine-sounding pitch.

Elizabeth R. Boskey and Pamela Klein

See also Gender Dysphoria; Medicine; Reproductive Health; Sexual Health; Sexualities/Sexual Identities; Trans Women

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Genderism

Genderism is the cultural belief or ideology that gender nonconformity or incongruence is negative. It is a bias that results from believing that gender is a binary construct, that someone is either a man or a woman. This ideology is now widely understood as oppressive and harmful, not just to gender-nonconforming people but also to gender-conventional people because it limits their ability to assume different gender roles. Genderism is not equivalent to transphobia, which is more of an interpersonal construct. In contrast, genderism is a cultural phenomenon existing mainly at the level of ideology, institutions, society, and culture. Although the term *genderism* has been used since the 1970s in sociology, it was mostly used as a gender-based alternative to *sexism;* the current use of the term to refer to anti-trans prejudice emerged in the mid-2000s.

Disambiguation

The definition of genderism in online dictionaries lacks specificity and cross-references the term with *cisgenderism*. The use of *genderism* in Trans Studies must be disambiguated from its use in popular political discourses in Europe, where it refers to how gender is socially constructed in ways that challenge traditional beliefs about gender, sex roles, and sexuality. Its antithesis, *anti-genderism,* is a populist movement that has pushed back against feminist efforts to bring about change. Because of this and other historical uses of *genderism* outside of Trans Studies, *cisgenderism* is becoming a less ambiguous term to use.

Popular Usage

Genderism, as a term to describe anti-trans prejudice, was first used to characterize the way in which trans people were excluded from the Employment Non-Discrimination Act (ENDA) in the United States in 2007. Mistakenly believing that the legislation would be more likely to pass Congress if it was limited to discrimination on the basis of sexual orientation, LGB legislators, with the support of some LGB advocates, removed gender identity protection from the bill. More recently, the term *genderism* has been used in the discourse

around proposed state laws that require people to use the public restrooms that match their legal sex. These so-called bathroom bills are premised on the false notion that there are only two sexes, which are determined at birth, readily distinguishable from each other, and immutable.

Academic Usage

Research in the social sciences on genderism typically uses the Genderism and Transphobia Scale developed by Darryl Hill and Brian Willoughby, which measures three related concepts of anti-trans prejudice: genderism, transphobia, and gender-bashing. Although many researchers focus on transphobia and do not often distinguish between transphobia and genderism, their work shows that genderism and gender-bashing are widespread across certain countries in Europe (the Netherlands, Portugal, Spain, Italy, and Poland), North America (Canada and the United States), South America (Brazil), the Middle East (Turkey), and Asia (China and the Philippines). Ideally, studies of genderism should be cross-cultural, but researchers often change the scale composition, thus altering its integrity, and translations are not always equivalent. In general, research finds that, across societies, cis men are more genderist than cis women, and trans women often face higher levels of genderism than trans men. The interplay of racism, heterosexism, and other forms of oppression means that trans individuals with multiple minoritized identities, such as poor trans women of color, generally experience greater and more extreme forms of genderism.

Scholars in the humanities often use intersectional frameworks for their analyses, showing how race, gender, and class influence societal attitudes toward trans people. For example, they consider how Chaz Bono, a white trans man, was perceived more favorably when he appeared on *Dancing With the Stars* than were the Black trans women who competed on *RuPaul's Drag Race,* and how Caitlyn Jenner has generally received more positive press coverage than Laverne Cox, not just because the former is white and the latter African American, but also because of socioeconomic status and possibly age. Unfortunately, few studies examine the intersections of genderism with age or with physical or mental ability. Such research would likely show that younger trans people and trans people with disabilities experience genderism more frequently because they are seen as less capable of thinking for themselves, including recognizing their own gender identities.

Institutional Evidence

Genderism is also very apparent in social institutions. For example, researchers have documented how professional discourses marginalize and misgender gender-nonconforming children, as well as how prisons and migrant shelters fail to recognize nonbinary genders. Studies of K–12 schools and colleges likewise find that nonbinary trans students are rendered invisible by institutional practices that are based on a gender binary and that fail to enable students to indicate the names and pronouns they use for themselves. Institutional genderism is particularly evident in high school and college sports teams and campus residence halls, because they focus on a person's sex assigned at birth and often make no accommodations for nonbinary students. Researchers are not only calling attention to and challenging these forms of anti-trans prejudice but also recommending institutional practices that are more gender inclusive or that entirely dispense with gender classifications.

Researchers from non-Western countries are just starting to address genderism. For example, scholars in China and Hong Kong have begun debating the genderism evident in their schools at both interpersonal and institutional levels. China has not enacted protections for trans students, which is seen as a consequence of the lasting influences of Confucianism, which stresses binary gender roles and the importance of heterosexuality.

The Future of the Concept

The concept of genderism is important because only by examining the ways in which gender is seen as a binary can this manner of thinking be debunked. But to be effective, discourses on genderism must include the experiences of nonbinary trans people and recognize how multiple, intersecting forms of oppression affect gender dichotomization.

Darryl B. Hill and Rebecca Ritz

See also Cisgenderism; Cisnormativity; Heterosexism; Transphobia

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GenderPAC

Founded in 1995, GenderPAC (Gender Public Advocacy Coalition) was one of the first national trans civil rights organizations established in the United States. Whereas most other trans groups focused on providing personal support to their members, GenderPAC's mission was to educate the public and advocate for laws against anti-trans violence and discrimination. During its 14 years of operation, GenderPAC was able to build congressional support for trans rights and paved the way for subsequent trans organizations to make further gains.

GenderPAC was formed inadvertently. In 1995 at "Be All You Can Be," an annual Midwestern trans conference, author and activist Riki Wilchins gave an impromptu speech about the need for trans people to see their oppression as a civil rights issue and become more politically active. Some members of the audience mistakenly believed that Wilchins was starting a trans rights organization and donated $1,000 to the nonexistent group. After consulting with other trans leaders, Wilchins decided that there was no reason not to actually create such an organization.

"GenderPAC" was suggested as a short, punchy name, even though the group was not a PAC or political action committee. Another $1,000 was collected for the group at a subsequent trans event, the annual Southern Comfort Conference, which demonstrated that interest in having such an organization was widespread in the trans community.

GenderPAC was formally established in November 1996 at a retreat in King of Prussia, Pennsylvania, where the crossdressing organization Renaissance, which served as the host, was located. More than 80 individuals attended, including representatives from Renaissance, AEGIS (the American Educational Gender Information Service), FTM International, IFGE (the International Foundation for Gender Education), It's Time America!, Tri-Ess (the Society for the Second Self), and the Intersex Society of North America. These other trans organizations effectively formed GenderPAC's board of directors.

Those assembled at the retreat decided that GenderPAC would focus on public education about trans people and passing legislation to address anti-trans hate crimes and employment discrimination. Attempting to tie together gender identity, sexual orientation, and racial oppression, GenderPAC's mission was to fight for "gender, affectional, and racial equality." Some white trans people saw the inclusion of race as tangential to trans rights, but many recognized the need to address the multiple oppressions that trans people of color face. Wilchins was confirmed as the new organization's executive director, and lawyer Dana Priesing signed on to direct legislative and educational efforts.

One of GenderPAC's main activities became lobbying members of Congress to pass antidiscrimination laws protecting trans people. At the time, lawyer Phyllis Frye, her wife Trish, and trans activists Karen Kerin and Jane Fee had been engaged in congressional lobbying for trans rights for several years. Wilchins had accompanied them on some of these visits, and the group decided that the inaugural activity for GenderPAC would be a National Gender Lobbying Day in 1995.

National Gender Lobbying Day

In the years before *Boys Don't Cry*, Caitlyn Jenner, and *Transparent*, many members of the public considered someone identifying as a gender different

from how they were assigned at birth to be bizarre and weird, and the idea of being a transsexual or crossdresser was still considered a perversion by psychiatry. Members of Congress were no different in their stereotypes about trans people. Few Congress people at the time knew anything about trans issues or even considered that trans people existed and needed to be protected by law. Even fewer, if any, had ever knowingly spoken with a trans constituent.

At the same time, few trans people were willing to be out, if they could avoid doing so, because they feared being subjected to violence and harassment and losing their jobs and families. Even trans people who were open about their gender identities were often reluctant to be known to the general public as trans and certainly did not want to call attention to themselves by lobbying Congress. Yet more than 100 trans activists participated in the First National Gender Lobbying Day, and they visited more than 200 congressional offices to advocate for trans rights laws.

The Lobbying Day was the lead story in the "National News" section of the *New York Times* the next day. This marked the first time that the *Times* had covered the experiences of trans people as a "hard news" issue, instead of relegating their lives to the "Style" or "Arts" section. It was a sign that trans activism had arrived.

GenderPAC continued to sponsor an annual National Gender Lobbying Day over the ensuing decade to push for passage of the Hate Crimes Prevention Act (which was enacted into law in 2009) and the Employment Non-Discrimination Act (which never passed). The lobby days also asked members of Congress to take the Congressional Diversity Pledge, in which they agreed not to discriminate on the basis of gender identity and expression in their offices. Nearly 200 congressional representatives eventually signed the pledge, including more than a dozen senators.

Other Trans Rights Advocacy and Efforts to Create a Wider Gender Rights Movement

Along with lobbying members of Congress, GenderPAC educated major corporate executives about the experiences of trans people and encouraged them to add "gender identity" to their company's equal employment opportunity (EEO) policies. In 1996, only six *Fortune* 1,000 corporations protected the rights of their trans employees. Through the work of GenderPAC, as well as trans employees lobbying their companies, more than 200 had enacted trans-inclusive nondiscrimination policies by the early 2000s.

Another major undertaking of GenderPAC involved issuing "50 Under 30: Masculinity and the War on America's Youth," the first detailed study of hate violence against trans and gender-nonconforming youth, in 2006. The report chronicled the murders of more than 50 individuals who were killed because of their gender identity or expression between 1996 and 2006; most were Black or Latinx, and almost all were trans women.

Wilchins advocated for a wider gender rights movement, which would include anyone who had experienced discrimination or violence because of their gender identity or expression. This stance increasingly led to friction with other trans leaders and with some GenderPAC board members, who wanted the group to focus solely on trans rights. The conflict led to the dissolution of the group in 2009. In its place, Wilchins created TrueChild, an organization that focuses on the ways that rigid gender norms negatively affect all young people.

Riki Wilchins

See also Activism; Identity Politics; Transexual Menace

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GEOGRAPHIES

Trans geographies center the lived experiences of trans people across space and time by focusing on the relationships between trans people and the spaces and places of their everyday lives. The

field distinguishes itself from queer geographies and geographies of sexualities by directly centering trans people, communities, and experiences as sources of geographical knowledge and scholarship. Trans geographical work seeks to present new and original ways to analyze the nuances of how trans people interact with gendered spaces, normativities, and institutions, as well as the material experiences of trans people in specific geographical sites.

The Particularities of Trans Geographies

Geographical interventions ground trans studies in the everyday experiences of trans people in order to complicate and reject binary conceptions of gender in geographical scholarship. Importantly, trans geographies also align with other theoretical critiques of queer theory for its inability to capture and detail the material realities of trans people and its invisibilization of trans people through the use of *trans* as a disembodied category to explore philosophical concepts of gender. Inspired by Petra Doan's influential scholarship, trans geographies intervene in methodological discourses on the experiences and struggles of trans people in traditionally cis-centric research and scholarly settings. This area of trans geographies frequently implements autoethnographic methodologies to actively and reflexively challenge institutional power structures that often view trans people as the subjects of, rather than the producers of, academic research. Such narratives often parallel the seemingly countless arguments forwarded within the academy that generalize, erase, censor, and pathologize the experiences of trans people, many of which have been conceived and promoted by cisgender authors who fail to cite or center the work of trans scholars. Geography is no different. Far too often, we are viewed as subjects to be counted and mapped without consultation.

Gendered Spaces

One of the largest contributions of trans geographies rests in its elaboration of feminist geographical concepts of gendered spaces. Rather than understanding gendered spaces through a dichotomy of women and men, trans geographical work complicates how gender functions in, and creates, sociospatial processes with unique challenges for, and experiences by, trans people. In her critical 2010 intervention with "The Tyranny of Gendered Spaces," Petra Doan describes the everyday production of gendered spaces, from semipublic spaces like universities to private spaces such as homes. According to Doan, the tyranny of gendered spaces characterizes the ordinariness of gendered policing that becomes enforced both through individual bodies interacting in different spaces and social relations that police gender in the everyday spaces trans people inhabit. These strategies of governance instruct gendered experiences and meanings of belonging, as well as impede on trans people's everyday behaviors, forms of embodiment, and movement. While certain environments such as the workplace or clubs become gendered through sociospatial interactions, others are made concrete through social relations and unique geolegal structures, such as bathrooms or prisons. Notably, while trans people experience the impacts of these spatialized forms of transphobia more acutely, cisnormativity in public, semiprivate, and private spaces also affect gender-variant cis people.

One of the most overtly gendered spaces considered in trans geographical literature are bathrooms, which in many cases are upheld by legal jurisdiction and sociocultural impositions of gender. Gender variance among trans, nonbinary, and cis people becomes heightened in spaces where gender is regulated. In bathrooms, the notion of gender—and womanhood in particular—is frequently socially reinforced. For example, in the aforementioned piece by Doan, she explains through her autoethnographic research that after asking her employer for permission to use the women's bathroom, she was informed that she could not legally use women's bathrooms until providing court-ordered documents confirming that she had undergone gender confirmation surgery. In this context, the gendered meaning of women's bathrooms became both socially and legally reinforced to police the meaning of womanhood and the forms of embodiment, behaviors, and place-making associated with womanhood and femininity. Trans geographical scholarship reveals that transmisogynist policing, largely heralded by trans exclusionary radical feminists (TERFs), seeks to define womanhood based on one's assigned sex at birth, with devastating implications for trans women when

seeking women's-only spaces, including events like the Michigan Womyn's Music Festival or in bathhouses, often claiming physical attributes (such as genitals) as reasons why trans women should not be present. Such geographical interventions also identify that frequently, these forms of spatialized exclusion and ostracization unevenly target trans women, while trans men tend to be more welcomed at women's events despite being men.

Other routinely and strictly gendered spaces that have been explored in trans geographical work include jails and prisons (intersecting with carceral geographies, or the geographical study of spaces of state-instructed detention). Research on trans carceral geographies identifies key themes of how gendered spaces are governed and enforced in scales ranging from the body to the state (including distinctions between state and federal geopolitical structures) and the ways in which trans people become caught within (gendered) legal apparatuses. This work calls attention to the reinforcement of gender through spatial and legal means; for example, trans women in the United States are most often incarcerated in men's prisons and trans men in women's prisons, despite any gender-affirming physical changes they have undergone. Furthermore, carceral institutions and those who work for them (including correctional officers and managers, counselors, and medical doctors) have the power to ban access to gender-affirming clothing as well as transition-related health care access. In examining how gendered spaces define gender in a way to exclude trans people as Other, trans geographies reveal on an international scale how social relations and dynamics, the law, and cultural discourses of gender hyperpolice gendered spaces in violent ways, marking these environments as those in which hypervisibility greatly increases trans people's exposure to physical, legal, and emotional danger.

Charting Urban Trans Lives

Another site of trans geographical interest is that of queer urban spaces, with a strong focus on gay villages, bars and clubs, and bathhouses. Historically, queer spaces like these have served as environments in which trans people come into our own subjectivities and form community. Yet despite their antinormative sexual positioning and their utility by some trans people, queer urban spaces are also known to uphold gender normativities that isolate trans people. Following the Stonewall Riots in the United States, a push for acceptance and normalcy led to the majority of lesbian and gay communities adopting normative gender positions, and scholarship identifies how sexualized, hypermasculine imagery has become deeply entrenched in queer urban settings, leading to trans people of all gender identities and expressions feeling unwelcomed, unsupported, and invisibilized in such spaces. Trans geographies consequently critique how queer urban spaces reinforce homo/hetero binaries by establishing new gendered power differentials within queer frameworks that render queer urban spaces transphobic. Trans women are particularly targeted in queer spaces through the scrutiny and policing of feminine embodiment, as trans femininity threatens the stability of hypermasculinity in queer cis male spaces. While gender variance is more visible in queer spaces, transmisogyny informs an increased bias against, and contestation toward, trans femininity in such hypermasculine environments.

Despite the critique, gay villages can, and do, provide some support for trans people as a gateway into the LGBTQIA+ community and as a space that may offer more safety than those that are heteronormative. Trans people, including vulnerable youth, are reported to feel safer in queer urban neighborhoods despite experiencing discrimination by queer cis people. It is important to note that the majority—if not all—of the literature critically examining the experiences of trans people in queer urban spaces attends to metropolitan areas in the global North, leaving a large gap on urban trans geographies within the expansive category of the global South.

Trans Mobilities

Other scholarly work in the field of trans geographies seeks to map the mobilities and migrations of trans people, bodies, subjectivities, and political movements. This body of work sits between the fields of trans studies, migration studies, and trans geographies, emphasizing the role that state power, borders, and transnational geopolitics play in constructing trans narratives, along with the flows of trans bodies, subjectivities, and cultures.

Importantly, trans mobilities point to geographical notions of scale—particularly travel within (inter)national borders—and identify the important anxieties that emerge in encounters between trans bodies and mechanisms of state surveillance, biotechnology, and national security. Notions of health, for example, are deeply woven into critiques of how particular—often white and masculine—trans bodies can travel between, through, and across nations, revealing the ways in which trans embodiment intersects with anxieties of national health and race as contagion. Mobility across various public spaces is inextricably linked to one's perceived race, and racism goes hand in hand with experiences of misgendering, passive and overt forms of discrimination, misgendering, and violence—especially for trans women of color.

Narratives of gender transition are linked to the geopolitical mobility of trans bodies and subjectivities and reveal means of creating community while also troubling notions of "safely" returning to one's home (the concept of home pertaining to embodied, familial, and geopolitical meanings of belonging). The literal space of the home, for example, has been examined as a site of both recognition and illegibility for transmasculine people. Yet travel narratives and notions of safe return are frequently marketed and made relevant for white and class-mobile trans subjects, while trans migrants and trans people of color are hyperpoliced while moving both within, and across, nation-states. Geographical attention to trans mobilities enables critical examinations of the intersections between trans embodiment, cultures, and subjectivities as they relate to race and class, particularly as narratives of gender transition become increasingly incorporated into tourism.

Rural Trans Placemaking and Privilege

Alongside spatial explorations of trans mobility, trans geographical scholarship aptly identifies how whiteness in particular informs the rural spaces trans people can inhabit. For example, research finds that white trans men living in rural communities are able to more safely and securely access communities and live and work within rural settings by the sameness that is dictated by whiteness, while trans men of color often avoid rural settings. Rural understandings of masculinity, framed through working-class whiteness, structure networks of inclusion for white transmasculine people, while simultaneously reaffirming discourses and systems of white supremacy. Notions of trans masculinity in rural settings are troubled by trans geographies, signaling how trans embodiment comes into contact with the power of whiteness and other normative social structures, such as Christianity, and illustrating the trans (im)possibilities that are negotiated in rural spaces.

Trans Possibilities, Trans Survival

In the face of spatial exclusion, rejection, and hyperinvisibility, trans geographies bring light to the ways in which trans people find new ways of being. The Internet and digital geographies, for example, provide means for trans youth to connect with one another, forming networks of emotional support, mutual aid, and activism. Outside of virtual connectivity, temporary spaces through art projects and installations facilitate support and community-based knowledge production among trans youth, countering the ever-frequent discounting of trans people's identities and experiences. While trans geographical scholarship illuminates how profoundly space is used to prohibit trans embodiment, it simultaneously gives voice to the ways in which trans people insist on living and surviving within such precarious sociospatial conditions.

Trans geographies are spaces aptly defined and occupied by members of trans communities, including sites of activism that directly challenge the concept of gender binarism and biological determinism (the concept that one's gender is defined by chromosomes, genitals, and/or the sex assigned at birth) in society, politics, culture, law, politics, religion, academia, and beyond. Trans geographies identify the forms of underrepresentation and erasure outside of, and importantly within, the broader queer community. As well, trans geographies are spaces of enduring liminality, evolving to challenge ideas that processes of change and transition are inherently finite, as well as to endure shifting social and political climates that manifest in the unique, everyday spaces in which trans people live. This field of scholarship creates academic spaces that consciously center the work of trans scholars and reinforce their roles as necessary producers of

geographic knowledge, in a way that combats the inadequate and inappropriate forms of trans representation within the fields of feminist and queer geography by cis scholars. Trans geographies are everywhere.

Rae Rosenberg and Shea Ellen Gilliam

See also Cisnormativity; Embodiment; Epistemologies; Policing of Trans Bodies; Queer Theory and Trans People; Transmisogyny; Transphobia; Women's Movement, Trans In/Exclusion From

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H

Harassment

On the morning of February 24, 2020, Alexa Luciano Ruiz, a homeless Black and Puerto Rican trans woman, was fatally shot after being harassed for using a woman's bathroom. Ruiz's case is only one of over 2,343 murders worldwide of trans individuals between 2008 and 2016, with 165 bias-motivated homicides occurring in the United States. In 2019 alone, at least 26 trans individuals were murdered, 91% of whom were Black women, 81% of whom were under the age of 30, and 68% of whom lived in the South. The prevalence of hate crimes in this population may be underestimated given that there are no national surveillance systems tracking anti-trans homicides. In addition, many trans individuals underreport hate crimes to police because of real or anticipated transphobic maltreatment or stigma from law enforcers.

Trans individuals experience disproportionate rates of harassment and prejudice, including employment and housing discrimination, limited access to adequate and affirming health care, and bias-motivated violence. This population also faces harassment in the criminal justice system and in homeless shelters, as well as among service providers such as health care workers and law enforcement or criminal justice personnel. On a structural level, communities, institutions, and governments perpetrate transphobic harassment through the laws, policies, and social values that undermine those who do not present or identify within the hegemonic gender binary. Despite the high levels of harassment against trans individuals—particularly among young, low-income trans people of color—limited prevention, intervention, and response programs exist to address harassment facing this at-risk population. Trans people thus face harassment and multiple barriers to help seeking. As such, interventions have emerged to prevent or counteract the deleterious effects of transphobic harassment.

Conceptualizing Transphobic Harassment Within a Minority Stress Framework

In addition to *general life stressors* such as financial stress and divorce, trans individuals experience structural and interpersonal forms of harassment and discrimination directly related to their stigmatized gender identity (i.e., *minority or stigma-related stressors*). Harassment faced by trans people is rooted in anti-trans policies, laws, and other structural and institutional forms of violence against this population. Transphobic harassment includes exposure to negative identity-related events (e.g., gender-based victimization, rejection, discrimination, denial, and nonaffirmation) that seek to enforce hegemonic gender roles and norms and can take structural and interpersonal forms.

Structural Forms of Transphobic Harassment

Harassment faced by trans people is driven by state- and federally sanctioned structural violence

based on the stigmatization of gender nonconformity and perceived nonheterosexual sexual orientation, misogyny, and harmful norms around masculinity. Structural forms of harassment include policies, laws, societal norms, and environmental conditions that limit adequate access to resources among stigmatized groups of people, including trans individuals. Many institutions (e.g., schools, shelters, and prisons) operate within a gender binary, which can cause distress among trans people for a variety of reasons. For trans people who identify as women or men, for example, it is not always ensured that they can choose an environment consistent with their gender identity rather than their sex assigned at birth. For nonbinary individuals, choosing (or being forced into) environments designated for those who identify within the gender binary could be inconsistent with their gender identity or expression.

Other examples of structural harassment and discrimination include policies that restrict trans individuals' access to adequate health care coverage, limited gender-affirming training among service providers, and denial of gender-affirming health care. Even when trans people are adequately insured, accessing gender-affirming care can still be difficult as private insurers may deem gender-affirming medical interventions as medically unnecessary. Trans individuals who are not insured for gender-related care and who wish to medically and socially transition in order to live more authentically may resort to using unregulated and potentially contaminated street hormones or liquid silicone, leading to serious health risks. The medicalization of trans identities has contributed to endocrinological and surgical interventions that reduce the incongruence between sex assigned at birth and gender identity and expression for many trans people. At the same time, these same gender-affirming procedures often involve acquiring a formal psychiatric diagnosis of gender dysphoria.

Over the past decade, major changes around trans issues have occurred on an institutional level, including efforts to pass "bathroom bills," which would require people to use restrooms congruent with the gender marker on their birth certificates; the Obama administration's guidance to schools supporting trans students; and the Trump administration's reversal of Obama's trans-affirmative school policies. Other policy reversals that took place under the Trump administration included changes to administrative policies so that trans individuals were no longer protected from discrimination under federal law in employment, housing, health care, and adoption. In addition, trans people were barred from joining the military, which is especially significant because research shows that they are twice as likely as cisgender (cis) people to serve in the military. The Biden administration immediately began the process of rescinding the Trump era changes when it took office in January 2021, including announcing that trans people were covered under sex discrimination regulations in federal law and lifting the ban on trans people serving in the military.

Interpersonal Forms of Transphobic Harassment

In the United States, most trans individuals have experienced at least one form of harassment (e.g., verbal abuse and physical and sexual victimization) beginning in childhood. In fact, rates of harassment toward trans individuals have been steadily increasing since 2012. Trans individuals experience interpersonal forms of transphobic harassment in their families, romantic and dating relationships, religious and faith communities, schools, workplaces, transitional living programs, legal and health care systems, and the military. Growing evidence suggests that compared to cis individuals, trans individuals are more likely to experience bullying, verbal abuse, sexual assault, rape, dating violence, hate crimes, and threats of physical violence.

Many trans individuals—especially those who are gender nonconforming—may experience denial of one's gender identity or expression and ridicule for not adhering to societal expectations of binary gender roles according to their sex assigned at birth. For example, they may be harassed, derided, or questioned for not presenting as "feminine" or "masculine" enough or for not engaging in stereotypical gender-conforming activities. Many may experience threats to disclose one's gender identity/expression to others without consent. Harassment can also range in severity from subtle forms of discrimination that communicate insensitivity or hostility (i.e., microaggressions) to bias-based bullying and hate crimes. Microaggressions

directed at trans individuals include (1) utilization of transphobic and/or incorrectly gendered terminology, including pronouns; (2) endorsement of beliefs that all individuals who identify as trans are the same; (3) objectification, dehumanization, and tokenization of trans identities; (4) discomfort with or disapproval of trans identities; (5) endorsement of cissexist, gender-normative beliefs; (6) denial of transphobia; and (7) assumptions that trans individuals are pathological or sexual deviants.

Unique Considerations Across Various Groups of Trans Individuals

It is important to consider ways that harassment experienced by trans people may vary according to the intersections of multiple systems of privilege and oppression. This may involve examining how risk for or consequences of harassment vary across gender identities (e.g., people who identify as trans women, trans men, or nonbinary). In addition, it may require focusing on whether race, ethnicity, immigration status, or socioeconomic status influences the severity, frequency, and types of harassment encountered by trans people. Documenting similarities and differences in the manifestation and impact of harassment across diverse groups of trans people is critical to advancing intervention and prevention efforts for this community.

Common Forms of Harassment Faced by Binary Trans Men and Women

Trans women defy hegemonic gender norms and thus are at risk for experiencing structural and interpersonal violence and discrimination due to both misogyny and transphobia, or *transmisogyny*. That is, trans women are at risk for gender-based violence because of societal and structural bias against women, in addition to bias related to transgressing the traditional gender binary. Indeed, the devaluing of traditionally female attributes may contribute to male gender roles being more rigidly defined and monitored than female gender roles. The policing of masculinity relative to femininity can result in increased tolerance for individuals assigned female at birth to violate gender norms, as compared with those assigned male at birth. Furthermore, trans women of color and trans women who engage in sex work are at heightened risk for harassment compared to other groups of trans individuals due to interlocking experiences of systemic oppression (e.g., sexism, racism, classism, transphobia, homophobia).

Many universities and workplaces have not established gender-inclusive spaces or included language around gender identity or expression in their antidiscrimination policies. As a result, trans women often experience denial or refusal when accessing binary-gendered spaces, such as restrooms, shelters, and prisons, because of the need to "protect" cis women from "male predators." This specious argument not only conflates being trans with violence against cis women but also invalidates, dismisses, and renders invisible the gender identity and expression of those who are denied access. In addition, research suggests that trans individuals are more likely to experience harassment in public spaces than cis people.

Due to structural barriers and interpersonal stigmatization, trans women are more likely than cis individuals to experience unemployment and homelessness, both of which uniquely predict poorer health. Other research shows that trans women are more likely to face sexual and physical harassment in the workplace than trans men. Trans women who are undocumented, who identify as racial or ethnic minorities, and/or who identify as sexual minorities are particularly at risk for unemployment, poverty, and homelessness, owing to the combined influence of transphobia, sexism, nativism, racism, and heterosexism. Given the challenges these populations encounter attaining legal forms of work, they may turn to (currently criminalized) sex work to survive, which in turn puts this population at increased risk for HIV and other sexually transmitted infections (STIs), violence, and incarceration.

Trans men are more likely to report suicidality and psychological distress compared with cis individuals and other trans populations. Nevertheless, relative to binary trans women, less research has focused on binary trans men. Trans men face many of the same psychosocial stressors (e.g., homophobia, transphobia, racism, violence exposure, depression) that place cis men who have sex with men and trans women at heightened risk for HIV infection and high-risk sexual behaviors. Trans men

who report having a partner question or reject them based on their gender identity or expression are associated with an increased likelihood of engaging in condomless sex. Social gender affirmation from one's romantic or dating relationship or sexual partner oftentimes supersedes trans men's desire to protect their sexual health, particularly among those who have not socially transitioned.

Trans men may have unique experiences of harassment due to transgressing traditional feminine roles. For instance, many trans men report low rates of using gynecological services, including Pap testing, and cervical and breast cancer screening; this is variously ascribed to gender dysphoria; provider insensitivity, bias, and discrimination; and a history of abuse. Trans men also underuse preventive health care services (e.g., HIV/STI testing) owing to structural barriers, including lack of health insurance or noncoverage due to having a male gender marker on insurance documents. These rates are highest among trans men who have low income and those who identify as people of color.

Common Forms of Harassment Faced by Nonbinary and Genderqueer Individuals

People who identify their gender outside of the traditional binary (e.g., nonbinary, genderqueer) experience harassment in gender-based social systems and structures, including restrooms, social traditions, clothing stores, prisons, and legal documents. Similar to binary trans people (e.g., trans men and women), those who identify as nonbinary and genderqueer also face several financial barriers to receiving hormone therapy and gender-affirming surgeries due to lack of insurance coverage. Discriminatory practices and anti-trans policies may vary based on nonbinary and genderqueer individuals' sex assigned at birth or level of identity concealment. For example, nonbinary and genderqueer people who disclose their gender identity in the workplace report lower rates of unemployment but are more likely to be denied promotion than those who do not disclose their gender identity in the workplace. Together, these findings suggest that employers are likely to police nonbinary and genderqueer gender presentations and identities.

Nonbinary and Genderqueer People Targeted on the Basis of Gender Nonconformity

In addition to structurally sanctioned harassment, many nonbinary and genderqueer people also face interpersonal forms of harassment owing to gender nonconformity, such as invalidation through misgendering (e.g., misclassification of one's gender identity). Research suggests that nonbinary and genderqueer individuals face higher rates of anti-trans discrimination in general, specifically in health care settings and by police officers, than do their binary trans counterparts. Nonbinary and genderqueer individuals report higher rates of physical violence and sexual abuse in childhood and adulthood compared with binary trans people. Nonbinary and genderqueer individuals also need to frequently disclose their gender identity due to misgendering and policing, or they conceal their stigmatized gender identity by, for example, changing their pronoun usage or gender expression to avoid being targeted.

Many nonbinary and genderqueer identities and expressions are interpreted by cis and binary trans people as invalid or illegitimate because they transgress binary transnormative expectations (i.e., do not reflect the dominant transnormative binary narrative). Other common misperceptions about nonbinary and genderqueer people include that they are confused about their gender or that their gender identity is a stage that will result in a binary transition (e.g., from male to female). Indeed, others may have difficulty perceiving or referring to gender in nonbinary or genderqueer ways, which may contribute to systems and communities forcing nonbinary and genderqueer people into alignment with the hegemonic gender binary. As such, nonbinary and genderqueer individuals may report elevated rates of harassment compared to binary trans people given others' perception of a trans status.

Nonbinary and Genderqueer Individuals' Experiences With Health Care Settings and Interactions

Nonbinary and genderqueer people are also often misunderstood in gender-related health care settings, given that many health care providers (even those trained in trans care) lack the knowledge, training,

and experience to deliver affirming gender-related care. Many nonbinary and genderqueer individuals report that the type of medical care they seek does not mirror the binary transnormative narrative. For example, nonbinary and genderqueer people may achieve authenticity with a more flexible and expansive range of medical approaches, such as using smaller doses of hormone therapy and declining gender affirmation procedures. As a result, many nonbinary and genderqueer people are denied medical services and are instead referred to mental health treatment, which might reinforce pathologizing beliefs about trans identities. As a coping strategy, nonbinary and genderqueer people often "borrow" a binary trans label to access gender-affirming care and consequently feel inauthentic and misunderstood.

Transnormative social pressures (e.g., "striving for" binary trans identities that closely approximate cis ones) may become internalized and reinforced within the trans community. Nonbinary and genderqueer people contend with prevalent misconceptions that they are not "trans" enough. Due to misgendering and other problematic misconceptions of having a border identity, nonbinary and genderqueer individuals face unique challenges accessing social support from cis heterosexual, cis sexual minority, and binary trans communities, leaving many nonbinary and genderqueer people feeling a lack of belonging—a known risk factor for poor health. Over time, transphobic harassment can also compromise nonbinary and genderqueer individuals' access to internal coping resources (e.g., effective emotion regulation), thus contributing to depression, anxiety, and suicidality.

Health Consequences of Transphobic Harassment

Compared with cis individuals, trans individuals continue to face numerous adverse health outcomes, including hypertension, diabetes, substance use, HIV and other STIs, depression, anxiety, and suicidality. Consistent evidence suggests that trans individuals are placed at a high risk for mental, physical, and behavioral health issues, given their experiences with ongoing systemic and interpersonal trans-based discrimination and harassment. In fact, trans individuals at increased risk for suicidality and other co-occurring mental health issues (e.g., posttraumatic stress disorder [PTSD], depressive symptoms, and substance use) are those who have experienced family rejection; are younger, people of color, or low income; engage in sex work; and lack social support. Transphobic harassment often leads to low self-esteem and elevated levels of poor mental, physical, and behavioral health because of the ways in which chronic identity-related rejection can become internalized. For instance, trans individuals who experience identity-related invalidation may eventually believe that there is something wrong with them. In addition, many individuals experience transphobic harassment as traumatic, leading to symptoms of PTSD, such as hypervigilance and avoidance. Many trans people may begin to self-stigmatize—including wishing they were cis, concealing their gender identity or expression, or anticipating transphobia from others. Trans individuals who face stigma, discrimination, and trauma may use alcohol, marijuana, or other illicit substances to cope with transphobic harassment.

Barriers to Help Seeking Among Trans People

Trans people face many barriers to help seeking after experiencing harassment. Help seeking is often understood as a two-step process: First, the person who survives harassment identifies what occurred as problematic, then pursues assistance from individuals, organizations, and communities to find relief and care. Help seeking can include pursuing formal support (e.g., from domestic violence shelters, court orders, polices reports, or psychotherapy) and informal support (e.g., from friends, family, or trans community). Trans people face significant barriers to both formal and informal help seeking, due largely to a context by which they experience harassment, namely, a culture of transphobia and lack of recognition/validation.

One barrier is our limited understanding of the pervasiveness and consequences of harassment among trans people. This phenomenon is understudied, and our knowledge is limited by small sample sizes, lack of support, and constrained research methods (e.g., researchers using different measures to assess harassment; difficulty recruiting samples that are representative of the trans population). Second, anti-trans stigma is a significant two-way barrier: preventing trans people from seeking help and limiting the effectiveness of

support services. Trans people often experience internalized stigma and thus may not believe help is important or deserved. Stigma also tends to limit the availability of informal help, owing to family and peer rejection and limited community-based services. Third, stigma increases risks of help seeking, as trans people may be outed and thus may face future harassment. Fourth, structural inequity continues to be a barrier. Harassment response services tend to reinforce binary gender norms and center cis women. Transphobia also exists within police systems, reinforcing structural inequity in criminal justice responses to harassment and help seeking.

Improving Trans Individuals' Health and Well-being

The development and implementation of gender-affirming prevention and intervention efforts represents a critical public health need given that lack of access to medically necessary care can lead to depression and suicidality among trans people. It is also important to improve gender-affirmative training among service providers and law enforcers. Other needed structural changes to improve trans individuals' health include implementing policy-level protections based on gender identity and expression (e.g., nondiscrimination laws) and facilitating access to medical, social, and legal aspects of transitioning. Moreover, to promote resilience and access to health-promoting resources among trans people who hold multiple marginalized identities, it is critical to improve legal protections against discrimination based on race or ethnicity, immigration status, HIV status, income, sexual orientation, gender identity, and engagement in sex work.

Research suggests that delivering interventions in an effort to increase trans people's access to social support and stigma-related coping strategies might improve self-esteem and reduce the deleterious health consequences of transphobic harassment. Studies have also highlighted the positive health impact of socially, medically, and legally transitioning among binary trans youth. It is also important for trans people to feel supported and welcomed by other members of the trans community and trans support groups. Connecting with others also improves self-esteem and positive overall mental health. Finally, encouraging trans individuals to engage in activism may be empowering for this population and thus serve as an important buffer against poor health.

Conclusion

Transphobic harassment reflects and perpetuates society's devaluation of people whose gender identities or expressions do not conform to restrictive, cisnormative views of gender. The harassment trans people encounter manifests at the structural and interpersonal levels. Some manifestations of transphobic harassment—for example, expressing the view that gender identity must be identical to sex assigned at birth—may vary across binary trans women, binary trans men, and nonbinary and genderqueer people. In addition, transphobic harassment does not occur in a social vacuum but rather co-occurs with and is influenced by other systems of oppression, such as sexism, racism, nativism, classism, or heterosexism. Thus, trans people who experience multiple forms of marginalization—such as trans individuals living in poverty, undocumented trans men, or trans women of color—may be particularly at risk for experiencing or being negatively affected by harassment.

Substantial research has documented the associations of transphobic harassment with negative identity, mental health, and physical health outcomes among trans people. The negative impact of transphobic harassment and stigma on well-being is potentially exacerbated by the substantial barriers that many trans people face when accessing trans-affirmative health care, social services, or informal social support.

Improving the well-being of diverse trans people requires multiple forms of intervention. Health care providers must be aware of the deleterious influence of transphobia on the functioning of trans clients or patients and incorporate this insight into service provision. Programs and institutions must provide trans-affirmative training to enhance service provision for trans people. Educators and social justice advocates must inform the public and policy makers about the importance of not only combating transphobic laws and policies but also creating laws and policies that protect the rights, dignity, and well-being of trans people.

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See also Discrimination; Gender Identity Discrimination as Sex Discrimination; Gender Minority Stress; Misgendering; Transphobia; Violence

Further Readings

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Health-Promoting Factors

See Health Determinants.

Health Care, Discrimination

Anti-trans health care discrimination refers to instances in which medical systems fail to recognize and provide adequate, timely, accessible, and affirming care to trans patients because of their gender identity. These instances occur in the context of policies and practices rooted in cisnormativity, both inside and beyond the health care sector. *Cisnormativity* can be defined as the hegemonic assumption that only cisgender people are normal, and those who are not cisgender are abnormal.

This entry first explores how cisnormativity has been structured into medical systems, facilitating anti-trans health care discrimination at systemic, institutional, and interpersonal levels. It then discusses the consequences of this discrimination on individual and population health. Finally, it concludes with recommendations for preventing and addressing anti-trans health care discrimination by challenging cisnormativity in multiple contexts.

Structural Cisnormativity in Medical Systems

Understanding anti-trans health care discrimination requires analysis of how Western notions of medicine and gender have been co-constructed throughout history. In brief, Western medicine is built to serve cisgender (cis) bodies and is specifically predicated on the notion that cis men are the standard biological human form to which all others are simultaneously derivative and inferior. This belief positions trans people as inherently "abnormal" or "deviant" and both medicalizes and erases trans people's identities, behaviors, and experiences.

Western medicine and other health sciences have long been concerned with how cis women differ from cis men. This began as early as the ancient Greek philosopher Aristotle, who claimed that (cis) women can be best understood as impotent (cis) men. A more modern manifestation of this phenomenon is the U.S. Food and Drug Administration and National Institutes of Health's combined efforts, beginning in 1993, to work toward equal representation of cis men and women in clinical trial research. While this effort resulted in improvements in the field's understanding of cis women's health, trans people remain absent from most clinical trial research. Consequently, use of the gender binary (i.e., that cis men and cis women are exhaustive gender categories) as an organizing

concept for research has resulted in a dearth of information about trans people's health. For example, current health information guidelines about symptoms and treatment recommendations of many conditions, including heart attacks, stroke, certain cancers, and autism, suggest that these conditions manifest differently in (presumably cis) men and women, yet information about trans people's experiences is typically absent.

While certain aspects of trans people's health are therefore completely overlooked as a result of cisnormativity in health care systems, other aspects are inappropriately pathologized. Pathologization of trans identity became a defining feature of trans health care in the mid-20th century when advancements in gender confirmation surgery and hormone therapy forced trans people who sought these procedures to describe their experiences as a mental illness, physical malady, or other sickness in order to receive a diagnosis of "transsexualism" and access medical gender affirmation. This phenomenon has led historians and feminist scholars to erroneously claim that trans people did not exist before the advent of successful gender affirmation surgeries, inextricably linking trans existence to medical gender affirmation. In actuality, there are documented accounts of trans people who did and did not participate in what is now termed *medical gender affirmation* since ancient times.

In the 21st century, health care systems continue to rely on this "medical model" of trans identity when determining access to medical gender affirmation. Providers frequently diagnose trans people seeking medical gender affirmation with "gender dysphoria" in order to obtain insurance authorization for hormone treatments, surgeries, and other procedures. *Gender dysphoria* refers to the distress trans people may feel due to a mismatch between their gender identity and sex assigned at birth. Psychiatrists adopted this term as a less stigmatizing alternative to *gender identity disorder;* however, not all trans people who desire medical gender affirmation experience gender dysphoria. The focus on gender dysphoria rather than the enjoyment or satisfaction derived from concordances between their gender identity and gendered features associated with a gender other than that associated with their sex assigned at birth (sometimes termed *gender euphoria*) continues to force trans people into a medicalized illness framework reliant on the gender binary.

Consequently, when trans people enter the health care system in pursuit of medical gender affirmation or many other primary care services (i.e., what cis people may consider "routine" care), they encounter a system that was not designed to meet their needs and has evolved to delegitimize their existence. The following sections discuss systemic, institutional, and interpersonal manifestations of anti-trans health care discrimination that result from this structural cisnormativity.

Manifestations of Anti-Trans Health Care Discrimination

Systemic Anti-Trans Health Care Discrimination

Norms, regulations, and policies that exist in the health care system and adjacent systems such as education, law, and social services create conditions that allow for systemic anti-trans health care discrimination. These societal features are rooted in cisnormativity and shape trans people's experiences with health care regardless of individuals' social positioning or the practices that exist in any particular health care setting.

For example, when electronic heath records (EHRs) and vital records systems began to collect information on gender, the options available for birth certificates, medical intake forms, and census forms reflected the gender binary: male and female. These systems have since been updated in certain locations, such as Oregon's 2016 allowance of X in place of M or F on driver's licenses, and certain institutions, such as the Health Resources and Services Administration (HRSA), have funded health centers' mandated collection of gender identity data. However, collecting robust data on patients' sex and gender identity is not yet universal practice. Failing to adequately capture this information exposes trans people to discrimination as it allows insurers to deny coverage for procedures deemed "sex specific" (i.e., mammograms, hysterectomies). Trans people who have changed their gender marker (i.e., M, F, X)

on some but not all forms of legal identification have also been denied health insurance coverage completely because EHR systems have been unable to process their data. Most medical records technicians have not been adequately trained in updating and maintaining EHRs for trans patients or interacting with insurance providers on their behalf.

Insurance providers also enact systemic anti-trans health care discrimination by denying coverage for medical gender affirmation. Although an increasing proportion of policies do cover these procedures, there are widely variable legal protections for trans people seeking coverage that reduce access. For example, as of 2020, 30 U.S. states do not have laws providing any LGBTQ-inclusive insurance protections, and only 24 states explicitly prohibit insurance providers from refusing to cover gender-affirming procedures in their policies. Trans people in states that do not protect them against these exclusions may be denied coverage on the grounds that medical gender affirmation procedures are "cosmetic" or "experimental." Although Medicare began covering medical gender affirmation nationwide in 2014, Medicaid has not followed suit. As of 2020, 10 states prohibit trans Medicaid beneficiaries from accessing coverage for medical gender affirmation, and an additional 18 states have no explicit Medicaid policies covering medical gender affirmation. Importantly, even in places where adequate legal protections do exist, trans people are still denied access to this medically necessary care through systemic employment discrimination, prohibitively high copays and deductibles, and preauthorization requirements.

The systematization of anti-trans health care discrimination is further evident in the education health care providers receive, including in medical schools. Health care providers, including nurses, doctors, and mental health professionals, report receiving little training on delivering gender-affirming, trans-inclusive care. In many programs, trainees must elect to attend LGBTQ health webinars or supplemental sessions to receive any training in treating trans patients. In other programs, caring for trans patients may be covered only in brief yet mandatory sessions on LGBTQ health. Neither of these models devote adequate time to the unique and specific needs of trans patients. As a result, providers report feeling inadequately prepared to care for trans patients and feeling discomfort while interacting with trans patients. Many primary care providers learn, for example, that only specialists such as endocrinologists can provide hormone therapy to trans patients, yet they will typically provide hormone therapy to cis patients without specialty consultations.

Interpersonal Anti-Trans Health Care Discrimination

Interpersonal anti-trans health care discrimination occurs whenever individual providers or health care administrators treat trans patients inequitably on account of their gender identity. It is important to recognize that each individual instance of this sort of discrimination occurs in the context of laws, policies, and norms designed to reduce trans people's access to adequate health care and a medical system structured around cisnormative beliefs. Trans people have long reported high rates of denial of care. Individual accounts have attributed these experiences to a provider's or institution's religious beliefs, such as when a Catholic hospital canceled Evan Minton's scheduled surgery in 2016 only after learning he identifies as trans. However, other instances of denial of care have not been connected to religious beliefs, including the 1995 death of Tyra Hunter, a Black trans woman who died after EMTs referred to her with anti-trans slurs and refused to care for her treatable injuries sustained in a car accident.

In addition to denial of care, trans patients have reported high rates of physical assault, harassment, and verbal abuse in health care settings. This includes being openly mocked, ridiculed, and derided by health care staff or other patients in public waiting rooms or communal treatment settings such as emergency rooms; having private health information inappropriately shared among staff; and being misgendered and misnamed (i.e., referred to by an incorrect name or gender pronoun) while in care. In some cases, providers justify anti-trans health care discrimination and mistreatment using the medical model of trans

identity. For example, trans people have reported health care providers refusing to prescribe hormones unless they are allowed to perform a pelvic exam, which is not medically indicated for hormone replacement therapy.

Interpersonal anti-trans health care discrimination may also manifest as the provision of inadequate or deliberately harmful care. Trans people have used the term *trans broken arm syndrome* to refer to how health care providers tend to attribute any injury or illness to a patient's trans status no matter how irrelevant. Trans people who experience such treatment may be forced to delay receipt of needed care or be subject to unnecessary, invasive, and dehumanizing questioning, medical exams, or procedures. This phenomenon is especially common in mental health care settings, where symptoms of conditions such as bipolar disorder, anxiety, and posttraumatic stress disorder may be attributed to, or conflated with, a patient's trans identity. A growing number of "gender critical" therapists, counselors, and psychologists now promote the idea that trans-identified or otherwise gender-expansive children, adolescents, and young adults will "desist" wanting to transition if provided appropriate psychological care. This "wait-and-see" practice, which lacks an adequate evidence base, jeopardizes trans youths' health and safety by delaying their access to gender affirmation.

Consequences of Anti-Trans Health Care Discrimination

The extent to which anti-trans health care discrimination results in adverse health consequences for trans patients is not well studied, owing to lack of longitudinal data that can directly isolate and establish causality regarding the impact of multiple forms of discrimination on health outcomes. Preliminary research, however, has documented some ways in which discrimination may reduce trans people's access to needed care, cause trans patients to avoid needed care, and directly affect their health.

Access to Care

Systemic and interpersonal anti-trans health care discrimination reduces trans people's access to care by limiting their access to health insurance; medical care, including medical gender affirmation; and mental health care. Despite efforts of the 2016 Affordable Care Act to extend trans-inclusive health insurance coverage to all people in the U.S., trans adults continued to be insured at lower rates than cis adults. This disparity is a consequence of inequitable economic opportunities for trans people, who are less likely than cis people to be employed in full-time positions that provide benefits such as health insurance. Furthermore, trans people may not perceive the cost of health insurance as worth the benefits, because available programs may not adequately cover gender-affirming care such as hormones, surgeries, and mental health care.

As a result of both lower rates of insurance enrollment and care avoidance, trans people may be less likely than cis people to receive routine primary health care. As of 2020, there are few studies examining specific routine care procedures such as flu shots or checkups among trans populations. However, trans people are less likely to receive lung cancer screenings than cis people despite similar smoking behaviors, suggesting that trans people may have reduced access to needed preventive care. Trans people are also more likely than cis people to report that cost is a barrier to care and less likely than cis people to have a primary care provider.

In addition to preventive care, anti-trans health care discrimination also directly reduces access to medical gender affirmation. While the World Professional Association for Transgender Health (WPATH) has attempted since 2011 to depathologize trans people by promoting an informed consent model to providing medical gender affirmation, medical, mental health care, and social service providers still act as gatekeepers to medical gender affirmation by deciding who is and is not a "legitimate" trans person. Such discriminatory behaviors reduce access to medically necessary care, particularly for nonbinary and gender-nonconforming trans people, trans youth, low-income trans people, and trans people with disabilities. Even under an informed consent model, providers may require patients to attend several appointments before providing treatment such as hormone therapy, creating additional opportunity costs and barriers to care. This especially affects trans people living in rural areas who have reported traveling long distances to find a provider willing to prescribe

hormones for gender affirmation. These providers are less likely to be in their insurance networks, creating additional financial barriers to care.

Additionally, anti-trans health care discrimination reduces access to mental health care. In the absence of standards or requirements for mental health professionals regarding inclusive care of trans patients, trans people must identify trans-affirming providers from the array of providers available to them on their own. In major metro areas, LGBTQ health care organizations have sought to directly connect trans patients seeking mental health care to vetted providers. However, the services these programs offer are typically short term and may not adequately address all patients' mental health care needs. As with medical gender affirmation, trans people living outside of major metro areas are likely to report more difficulty with finding trans-inclusive mental health care in their communities than do those who have access to urban LGBTQ health centers.

Care Avoidance

As a consequence of systematic and interpersonal anti-trans health care discrimination, trans people are likely to view health care spaces as inherently stigmatizing. Trans people tend to anticipate discrimination in situations where their gender identity may be both perceptible and salient. This includes health care encounters in which, because of how medical science, patient data collection, and patient–provider interactions have been structured, disclosing one's gender identity may be necessary to receive adequate care. For example, trans people are more likely to decline or avoid procedures that may make their gender identity more salient in a health care setting, such as mammograms and cervical cancer screenings, as compared with other routine procedures.

Because of the high degree to which trans people anticipate discrimination in medical encounters, trans people are likely to postpone or completely avoid seeking needed care. Care avoidance is more prevalent among trans people who have encountered interpersonal anti-trans discrimination in a health care setting than those who have not, suggesting that care avoidance may frequently result from personal experience. In particular, large-scale studies have shown that trans patients who have had to teach their providers about trans health care are more likely to delay care than those who have not, indicating that inadequate provider training in delivering trans-inclusive care may be causing care avoidance.

In studies of cisgender populations, avoiding routine care for any reason is associated with greater use of emergency rooms for preventable health emergencies. This would suggest that trans people likely use emergency rooms at higher rates than do cis people; however, studies have shown that trans people are extremely hesitant to visit emergency rooms during health crises as well. This may be because emergency rooms do not allow for patients to select their providers, limiting trans people's abilities to choose a trans-competent provider who is in their insurance network. Among trans populations, care avoidance has been associated with suicidality, substance use, and depression, which makes emergency room avoidance a troubling phenomenon, given that trans people who avoid care may be more likely to experience psychiatric emergencies.

Health Outcomes

While it is difficult to investigate the total impact of anti-trans health care discrimination on the health of trans populations, existing studies indicate that direct experiences with interpersonal anti-trans health care discrimination are associated with poor mental health outcomes. In particular, trans patients who have experienced denial of care and provision of inadequate care are more likely to have depression, suicidal ideation, and psychological distress than do trans patients who have not faced these forms of discrimination. Given the overall high burden of mental health issues among trans populations, it is especially concerning that seeking health care may exacerbate these issues.

The consequences of lack of access to transition-related care are better understood. In both children and adults, being denied access to desired treatments such as hormones and surgeries has been linked to psychological distress, depression, and suicidal behavior. To avoid these consequences, trans people who cannot access or choose to avoid health care may find alternate pathways to meet their gender affirmation goals. These may include the use of non-prescribed

hormones accessed online, through friends, or through other nonmedical channels. While the medical consequences of nonprescribed hormone use in relation to prescribed hormone use are not well documented, hormone replacement therapy has the potential to cause iatrogenic effects such as deep vein thrombosis, pulmonary embolisms, and problems with liver or kidney function that could be extremely harmful or even fatal if not monitored and treated by a medical professional. Aside from hormone use, trans people may use other methods to modify their appearance in accordance with their gender identity. These include common practices such as long-term breast binding—which may cause broken ribs, create respiratory distress, and exacerbate asthma—as well as less common practices such as self-surgery.

Recommendations

Table 1 presents recommendations for how to prevent and address anti-trans health discrimination at multiple levels. Objectives at the structural, systemic, institutional, and interpersonal levels of the health care system are identified to guide overall efforts at reducing anti-trans health discrimination as well as potential steps that serve as examples of ways to work toward each objective.

Table 1 Recommendations for Addressing Anti-Trans Health Discrimination

Level	*Objective*	*Potential Steps*
Structural	Reorganize health care practices away from the gender binary and fallacy of biological sex	• Revise medical guidelines based in the gender binary • Prohibit genital mutilation of intersex infants • Study the impacts of drugs, surgeries, therapeutic approaches, and other treatments with trans samples
Systemic	Enact macro-level reforms that support widespread provision of gender-affirming care and provide trans people recourse for experienced discrimination	• Train generalist providers such as nurse practitioners, pediatricians, and primary care physicians in provision of hormone therapy for transgender patients • Enact legislation requiring private and public insurance programs to cover medical gender affirmation care • Establish accessible channels for trans patients to report health care discrimination to local, state, and federal authorities
Institutional	Incorporate best practices in trans-affirming care in all health care settings	• Hire case managers to assist transgender patients in navigating insurance processes, exploring legal gender affirmation processes, and accessing gender-affirming medical and mental health care as needed • Provide patients, families, and staff access to all-gender restrooms and changing rooms • Collect patient data on sex assigned at birth and gender identity and analyze trends in patient retention and outcomes
Interpersonal	Reduce perpetuation of anti-trans stigma in clinical encounters	• Create feedback systems for trans patients to convey their satisfaction with providers and, when necessary, request new ones • Design protocols for reengaging trans patients who may be avoiding or delaying care • Prioritize hiring of trans-identified health care providers and staff

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See also Cisnormativity; Discrimination; Gatekeeping in the Transition Process; Health Care Access, Legal Issues; Health Determinants; Informed Consent Model; Mental Health

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Health Care Access, Legal Issues

Access to health care is a critical issue for many trans people. Yet, barriers abound, and discrimination continues to be a major problem. This entry details examples of legal issues related to trans health care access over time, including access to transition-related and general health care and discrimination based on trans identity. In the sections that follow, legal issues for various health care programs and policies are discussed, including the Affordable Care Act, Medicaid, Medicare, and health care for incarcerated people. In addition, the entry provides information about related documentation barriers as well as intersectional considerations with health care access.

History of Trans Health Care Access and Legal Issues

Trans people's access to health care across history has been rife with stigma and barriers, including the pathologization of gender diversity in medicine. Throughout the 20th century, myriad medical treatments were tried (and failed) to "cure" gender nonconformity, including prefrontal lobotomy, electric shock therapy, reparative therapy, and pharmaceuticals. Viewing trans identities akin to an "infectious disease" is now commonly acknowledged by medical professionals as inappropriate, ineffective, and harmful to patients. Nonetheless, there are continued efforts to promote harmful, unproven practices, such as reparative therapy for youth, which is still the subject of proposed legislation in some U.S. states as of early 2021.

Transition-related care, including hormone therapy and transition-related surgeries (e.g., breast augmentation, hysterectomy, vaginoplasty, orchidectomy), has developed over time and been supported by a variety of medical professionals as

being important for trans individuals. Magnus Hirschfeld of Germany (1868–1935) was one of the first doctors who surgically altered patients' genitalia. By the early 1920s, some doctors in the United States were carrying out castrations or hysterectomies for patients desiring to live as another gender, and endocrinologist Harry Benjamin was administering hormone therapy to patients as early as the 1930s. For the next 20 years, only a few American doctors were known to perform sex reassignment surgery on patients who were not intersex. Benjamin helped trans patients connect with surgeons who would perform genital plastic surgery, although this was difficult at the time, as multiple U.S. states as well as European countries banned such surgeries. In 1949, Edmund Brown, the attorney general of California, issued a decision that genital surgeries contributed to "mayhem" by harming healthy tissue, arguing that such procedures should be illegal. This ruling also contributed to the difficulties of making genital surgeries more widely available. Thus, some of Benjamin's work supporting trans patients had to be conducted clandestinely.

Throughout this history, cisgender (those who are not trans; cis) scientists and medical providers were generally the ones controlling the types of health care that trans patients could access. In the mid-20th century, cis psychiatrists were still often critical of gender-affirming surgeries and believed that transsexual individuals had a mental disorder that could not be addressed through surgery. Physicians educated on genital plastic surgeries regularly denied trans people access. By 1979, a group of researchers, physicians, and therapists developed the Harry Benjamin International Gender Dysphoria Association, now called the World Professional Association for Transgender Health (WPATH). During the 1980s, WPATH played a role in challenging legal barriers and discrimination affecting trans patients who wished to transition, such as local laws requiring transitioning individuals to be sterilized or to divorce their spouses.

With the emergence of the HIV/AIDS epidemic in the 1980s and 1990s, trans people were greatly affected and subjected to a systemic lack of attention by medical professionals and government. Trans individuals living with HIV were among those engaged in activist groups such as ACT-UP, Queer Nation, and Transgender Nation that drew attention to HIV/AIDS and the need for interventions. There are numerous other examples of trans activists pushing for changes to legal issues related to health care. For example, in 1986, Louis Sullivan, a gay trans man, created FTM International and lobbied the American Psychiatric Association and WPATH to eliminate sexual orientation (being heterosexual) as a qualifier for supporting gender transition.

WPATH played a role in challenging the use of pathologizing diagnostic codes for trans people to access transition-related health care. When gender identity disorder was added as a diagnosis to the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) in 1980 (a publication of the American Psychiatric Association that classifies mental health disorders), it was based on a stigmatizing understanding of trans identities stemming from Freudian and Eriksonian psychodynamic theories. The most recent versions of the *DSM* (*DSM-5*), WPATH Standards of Care (Version 7), and *International Classification of Diseases* all use categorizations and medical codes that are intended to be nonpathological means for indicating the need for transition-related care. WPATH identified the phrase "gender dysphoria" to describe the distress caused by a mismatch between gender identity, gender expectations, and sex assigned at birth and identified criteria through which this condition could be diagnosed and medical treatments offered to contribute to a therapeutic process. Yet, this diagnostic code often means that access to gender-affirming treatment hinges upon the gatekeeping of medical professionals, particularly (cis) mental health professionals. Some trans leaders and medical professionals advocate for the use of an informed consent model, which prioritizes the patient's ability to fully understand the ramifications of and consent to gender-affirming treatments rather than relying on the mental health provider to give permission after an assessment for readiness to transition.

Transition-Related Care

For trans people, having access to transition-related health care is imperative. While not all

trans people choose to access transition-related care, many trans people need such care and would argue that this care is lifesaving. This care can include hormone replacement therapy (HRT), gender-affirming surgeries and procedures, mental health care, and sexual and reproductive health care.

In the United States, as of the beginning of 2021, 24 states and Washington, D.C., prohibit health insurance plans from denying health care because it is trans related. Federal law and some state laws prohibit many public and private health plans from discriminating against a person because they are trans, including refusal to cover medically necessary transition-related care. The caveat to this is that it is unclear what most health insurance companies deem as "medically necessary."

Gatekeeping

According to the WPATH Standards of Care, it is recommended that a trans person receive a letter, or multiple letters, from a mental health provider to access transition-related care. Unless a medical provider operates under an informed consent model, many health care organizations and university hospitals require a letter from a mental health provider to schedule various gender-affirming surgeries or to prescribe hormones. If a mental health provider has an issue with a trans person accessing care or does not support someone who is transitioning, they may decline to write a letter, resulting in the trans person's having to find a different provider. This is a barrier for trans people who need a life-changing or even lifesaving procedure and can be referred to as *gatekeeping*. Gatekeeping is when someone in a position of power decides who does or does not have access to something. Gatekeeping particularly affects the lives of trans people who hold multiple marginalized identities, such as being Black or brown, poor, or having a disability.

Negative Experiences With Health Insurance

According to the 2015 United States Transgender Survey (USTS), which surveyed over 27,000 trans adults, 55% of respondents who submitted a request to their insurance company were denied coverage for a transition-related surgery, and 25% were denied coverage for transition-related hormone therapy. Another issue trans people often face with insurance companies is a refusal to update or change legal documentation. The USTS found that 17% of trans people had an insurer refuse to change their name and/or gender marker in their insurance record. This can result in a denial for transition-related coverage due to gender not aligning with the procedure or service requested. An example of this is that if a trans man needs testosterone for HRT, the insurance may deny the request if the insurance record states that the patient's sex is female.

Denying Health Care to Trans Youth

In 2020, legislators in 10 states introduced bills that would criminalize lifesaving medical care for trans youth. These bills focus on hormone replacement therapy or, in some cases, all transition-related care, insisting that trans youth are too young and incapable of making a decision that will affect them long term. Should any of these bills pass, medical providers could lose their state license or face criminal charges for providing transition-related care to youth, even with parental consent.

Current Legal Issues With General Health Care

Beyond transition-related care, trans people need access to other health services, from primary care and emergency care to specialists, prescription medications, and nursing homes. Since the early 2000s, legal protections to ensure such access have expanded, although there remains a frequently changing patchwork that depends on the priorities of presidential administrations and legislative bodies. The 2010 Affordable Care Act (ACA) made it illegal for most health providers and organizations to discriminate against trans people. Such protections extend to doctors' offices, health clinics, rape crisis services, nursing homes, and home health providers, among other settings. Through the ACA, trans patients should not be treated differently than other patients,

should not be refused care or charged more, and should not be forced to undergo unnecessary examinations or reparative therapy. Furthermore, trans patients should be able to access care and services that match their gender identity. Nonetheless, trans people continued to regularly experience mistreatment in the medical system after the ACA's implementation.

In 2020, the Trump administration ordered rule changes to the ACA that removed prohibitions against discrimination based on gender identity and sexual orientation. But these changes were reversed by the Biden administration, based on the Supreme Court having ruled in 2020 that the prohibition against sex discrimination in employment in Title VII of the Civil Rights Act of 1964 includes discrimination based on gender identity and sexual orientation. The decision set a precedent for trans people being covered under laws banning sex discrimination in other areas, including health care. Indeed, a district court in Minnesota ruled in 2015 that the ban on sex discrimination in the ACA includes discrimination based on gender identity.

Discrimination in Health Care Services

Many medical schools still provide little if any information about effectively serving trans patients, and providers who espouse transphobic beliefs may feel little impetus to treat trans patients in an affirming and equitable manner without legislative or institutional policies in place. Some entities have initiated their own policies; for example, the Joint Commission Hospital Accreditation Standards prohibit discrimination against trans patients.

Numerous legal cases have addressed the issue of trans discrimination in general health care. The 2016 case *Prescott v. Rady Children's Hospital* focused on a 14-year-old trans boy, Kyler Prescott, who was admitted to a hospital for self-injurious behavior and suicidal ideation after experiencing trans harassment from other youth. Hospital staff continued to refer to Kyler as a girl and use she/her pronouns, even after Kyler's mother repeatedly corrected them, subjecting him to additional trauma. Kyler was released before the recommended 72-hour period and died by suicide several weeks later. This case was eventually settled with the family but is one indication of how transphobic treatment in mental health care can affect trans patients.

Discrimination in Insurance Coverage

Despite most public and private health insurance plans banning discriminatory practices, insurance discrimination against trans people is not uncommon. In the 2015 USTS, 13% had been denied coverage for services often associated with one gender such as mammograms, and 7% were denied coverage for other routine care.

Disclosure of Protected Health Information

The Health Insurance Portability and Accountability Act (HIPAA) protects the privacy of patients' health and medical records and applies to most health care providers and insurance programs. Protected information includes one's identity as trans as well as one's medical history, diagnoses, anatomy, and sex assigned at birth. Such information is not to be shared without the patient's consent—including with family members—and should only be disclosed to other medical staff when necessary. Yet, research and legal cases have documented numerous instances of providers who illegally disclose information about trans patients, such as gossiping about a patient's anatomy or telling family members that the patient is questioning their gender. Such occurrences can be a violation of HIPAA.

Legal Issues With Providers

Discrimination by Medical Providers

A 2019 study in the midwestern United States indicated that increasing providers' education about trans health may not improve their sensitivity in serving trans patients. This study suggests that the underlying issue is transphobia and that addressing transphobia in medical education is needed to help providers effectively serve trans patients. According to the USTS, 23% of trans people avoided seeking necessary health care for at least 1 year, owing to the fear

of being mistreated. In addition to this, trans patients are often placed in educator roles, being expected to teach a provider about trans people. As a result of such situations, trans people are four times more likely to delay needed health care.

Legal Issues With Health Care Programs and Insurance Coverage

The ACA is not the only health care program that affects trans people. Many trans people have served in the U.S. military, and data suggest they may be more likely to serve than the general population—even though trans people were only allowed to openly serve in the military from 2016–2017, when the Obama administration rescinded the trans military ban, and then again in 2021, when the Biden administration lifted the ban reimposed by the Trump administration. Many trans people receive health care through various programs associated with the military, including the Veterans Health Administration (VHA), TRICARE (for active duty service members), and the CHAMPVA program for certain dependents of veterans. The Veterans Administration (VA) has policies in place to prohibit discrimination for trans patients and for ensuring patients are treated according to their gender identity and medical information is kept confidential. Although veterans' health programs cover mental health care, medically necessary prosthetics (such as dilators and binders), pre- and postoperative care, and hormones related to transitioning, there continues to be a lack of insurance coverage by the VHA, TRICARE, and CHAMPVA for gender-affirming surgeries, which has been the subject of numerous lawsuits. This exclusion continues despite estimations by the RAND Corporation that transition-related health care would constitute an "extremely small" number of cases of active duty service members.

Medicaid policies related to trans patients vary by state according to their interpretations of the federal government's regulations for this program. As of early 2021, 22 states, Washington, D.C., and Puerto Rico cover transition-related care under Medicaid; 18 states have no policy regarding coverage; and 10 states exclude transition-related care in Medicaid.

Medicare covers medically necessary hormone therapy and gender-affirming surgeries, as well as preventive care (including prostate exams, mammograms, etc.), even when there may be a gender mismatch on medical/billing documents. Private Medicare plans also cover prescription drugs related to hormone therapy. Beneficiary cards for Medicare Parts A and B no longer indicate gender, so one's records are usually tied to Social Security data (which can be updated); regardless, one's gender on these records should not affect Medicare coverage. Like coverage for other services through Medicare, transition-related care is evaluated on a case-by-case basis. Certain Medicare contractors and Medicare Advantage plans have their own precise policies for coverage of transition-related care that affect decisions about what care will be covered. The National Center for Transgender Equality encourages trans patients who have a Medicare Advantage plan to seek preauthorization for transition-related care before attempting to access these services. Trans patients sometimes experience denial of coverage for transition-related services as well as other needed care, and in such cases, they are encouraged by advocates to talk with a lawyer and consider filing an appeal to Medicare.

There continues to be a lack of clarity from Medicare about how providers should bill for gender-affirming surgeries, which can create barriers for trans patients. Medicare does not approve payments until after a surgery is completed. This lack of clarity has led some private providers not to accept Medicare as a form of coverage for transition-related care. Thus, many of the gender-affirming surgeries that are performed under Medicare occur at university medical centers because they cannot opt out of Medicare coverage.

When Medicare billing procedures are unclear, doctors may become confused about which billing codes to use and run the risk of not being paid or placing the financial costs on the shoulders of patients. A disproportionate number of trans patients already face significant financial barriers for medical care, as they may live in

poverty, be homeless, and/or not be employed outside of the home. Furthermore, while Medicare beneficiaries among the general population are most often aged 65 or older, a 2016 report from the Centers for Medicare & Medicaid Services indicated that 77% of trans beneficiaries were younger than age 65, and 85% of all trans beneficiaries accessed Medicare through disability insurance.

Private health insurance plans have varying policies regarding covering trans patients. As of early 2021, 24 states and Washington, D.C. had laws stating that private insurance plans could not exclude trans patients from services.

Several legal cases have argued that trans prisoners should be treated equitably in health care and have access to transition-related care. All seven of the U.S. circuit courts have noted that gender dysphoria is a serious medical condition, and several courts have recently found that denying medically necessary care for gender dysphoria to prisoners constitutes cruel and unusual punishment. In the case *Adams v. Bureau of Prisons*, the Bureau reversed an earlier rule that kept trans prisoners from using transition-related care unless they had accessed such care before entering prison. In December 2018, a federal district court decided in favor of a trans woman in Idaho accessing medical care for gender dysphoria. In August 2019, the 9th U.S. Circuit Court of Appeals upheld this ruling, stating that not providing adequate health care to trans prisoners is cruel and unusual punishment.

Documentation

Trans people often need to update their legal documents to reflect their correct name and gender. To change the name listed on a federal or state identification (ID) card, the first step is typically receiving a legal name change from a court. This process varies by state, with some states requiring name changes to be published in a newspaper before a court will grant the name change. To update a gender marker, most states require some form of documentation from a health provider to confirm that a person is transitioning. This must be a provider who has completed a gender-affirming procedure or prescribed or continued HRT. This also varies in each state, and some states will not permit gender marker changes on some forms of documentation, such as birth certificates. Depending on the state, a trans person may have a different gender marker on their state ID card than what is on their birth certificate.

Because of the emotional and financial hardship that may come with updating legal documentation, many trans people do not update their documents. According to the 2015 USTS, 68% of respondents did not have their correct name and gender marker on their legal documents. This likely creates barriers for trans people accessing care because they must present documents in a way that feels inauthentic. This also could result in trans patients being called their former names or being misgendered by medical clinic staff.

An Intersectional Perspective on Legal Issues in Health Care

Trans people's experiences of health care and related legal issues are affected by the myriad identities they hold and forms of marginalization that affect their lives, above and beyond their status as trans. Black trans women are disproportionately harmed by social systems in the United States. Black trans women are more likely to be murdered, experience violence, and experience police brutality than other trans people. More broadly, people of color are more likely to experience health care discrimination than their white counterparts. Race is a substantial determinant of health care discrimination, particularly for African Americans and Native Americans. In a 2015 study, trans people of color had substantially higher reports of discrimination than white trans people. In the USTS, Middle Eastern and American Indian participants were more likely to report not going to a health care provider because of fear of being mistreated due to being trans. Similar to communities of color, people with lower socioeconomic status (SES) encounter significant barriers when navigating health care systems, including struggles with paying for care out of pocket.

Most research focused on the trans community is binary, with a lack of research on nonbinary identities. Owing to the lack of research, health

care providers are not likely well informed about nonbinary patients and their needs. With nonbinary visibility increasing, as of early 2021, 19 states and Washington, D.C., allow people to select an "X" as the gender marker on their driver's licenses and 13 states enable adults to have an "X" on their birth certificates.

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See also Affirmative Therapy; *DSM;* Gatekeeping in the Transition Process; Health Care, Discrimination; History; Informed Consent Model; Medicine; Nondiscrimination Laws, Federal, State, and Local

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Health Care Training

Health care training encompasses the programs, curricula, and tools that are used to build competency in health care professionals. The lack of education of care providers is often cited as a barrier to competent and welcoming trans health. As such, it is important to understand the history and development of trans health education and to conceptualize the key components of trans health education. Trans health is practiced by a variety of clinicians, including primary care (e.g., internal and family medicine) and subspecialists (e.g., endocrinology, gynecology, and surgery), as well as adult and pediatric clinicians. Trans health teams are also often multidisciplinary, including front-of-house and administrative staff, clinic navigators, nurses, physicians, mental health clinicians, and allied health workers. Given the diversity of the field and backgrounds of those needing education, a one-size-fits-all model is not likely to be applicable.

Trans Health Education History

Trans people have actively engaged in advocating for trans medical service models since at least the late 1800s in Europe and the 1960s and 1970s in the United States. Prior to the existence of standardized guidelines, information about trans health was disseminated mainly between trans community members. Due to the lack of respectful and knowledgeable health care, trans people frequently feel the need to teach their clinicians about trans people in order to receive the care they require. This educational labor has traditionally been offered informally and freely in the form of, for example, patient-to-provider advice giving or trans people giving unpaid lectures at institutions.

While trans health, as well as the education of clinicians, has expanded rapidly since the turn of the 21st century, the initial educational models predate this. Most early trans health knowledge was passed down through mentorship and apprenticeship. In the early 20th century, the Institute of Sexology in Berlin, Germany, run by sexologist and physician Magnus Hirschfeld and numerous trans-identified colleagues, helped craft the foundation for the endocrinologic and surgical care of trans

people (the institute was demolished and its library burned after the Nazi Party came to power in the 1930s). In the late 20th century, trans health education began to formalize again as clinicians around the world began connecting through newly founded trans health organizations such as the World Professional Association for Transgender Health (WPATH), and trans activists and clinicians began advocating for training programs to recognize trans health as an equitable part in education. The Harry Benjamin International Gender Dysphoria Association Standards of Care (later iterations come to be known as the WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People), published in 1979, set forth a foundation of clinical guidelines. Although trans clinical access grew through the latter 20th and early 21st centuries, it also became apparent that the existing capacity to deliver formal education was inadequate to ensure clinicians and allied health professionals were prepared to provide consistent and culturally affirming care.

No such training exists for all fields and all levels of education; research shows a great need for educational models in all areas. A survey of students from medical, nursing, and pharmacy schools indicates that their present education does not adequately prepare them to care for trans patients. While advancements have been made in broader LGBTQIA+ curricula, students acknowledge that they are weighted more heavily toward LGB education than trans health. Furthermore, as trans health curricula are in their early development, there is a critical awareness of the void felt by those who have already completed their medical education and are thus seeking trans health continuing education.

Although numerous fields desire additional education on trans health, no uniform model can apply to all who request training. This has significantly limited the expansion of trans health education as it ultimately falls to independent institutions to deliver training that is specific to the needs of its type of trainees. Even continuing medical education curricula, which are meant to apply to more than one field, can be limited in their broad applicability across specialties and disciplines.

Approaches to Trans Health Education

Although literature is scant when it comes to assessing the best approach to trans health education in any one specific field, certain curricular themes emerge. Didactics have been shown to be beneficial in numerous educational settings for providing both foundational knowledge and advanced training for specialty-specific education. Such didactics help to ensure that people from diverse backgrounds are all working from the same conceptual basis, cultural understanding, and core values of ethics and expectations. Organizations such as the American Association of Medical Colleges (AAMC), which provides training curricula for use across programs, have recognized the value of creating didactics that can be integrated into individual programs. Research has shown that despite their relatively introductory nature, these have significantly contributed to improving the trans health knowledge base of learners.

Case studies (written vignettes of patient stories with problem-based learning questions) and standardized patients (persons who portray patients in training scenarios for clinical skills instruction) are additional teaching modalities in use for trans health education. Case-based curricula personalize the learning experience for trainees with either written patient vignettes or in-person standardized patients, with the goal of not only helping the students to understand the relationships, identities, and social disparities that affect the way a trans patient might perceive or navigate their care but also helping them practice trans-specific patient interviewing skills.

Combining these educational models has also been shown to be beneficial in trans health education. Additionally, curricula can be improved by the use of personal engagement experiences beyond the standardized patient, such as the inclusion of a patient panel of trans-identified health care workers, which allows the student to learn from and interact with persons of trans experience beyond the patient care setting. This is further enhanced when the curriculum expands beyond a single experience and is longitudinally integrated across a learner's training. This ensures that as a trainee is growing and maturing in their understanding of other areas of their field, they are also integrating their growing knowledge and understanding of trans patients' experiences and needs.

Trans Health Education Policy

Numerous organizations have supported the need for improvement in trans health education. Student

groups have been early leaders in the vocal push for improvement in trans health curriculum on their campuses, including promoting the expansion of existing minimal curricula. Numerous medical organizations have also publicly supported the needs for improvement and formalization of trans health training, including the AAMC (which has published guidelines on LGBTQIA+ health medical school curricula since 2014) and the Graduate Medical Council of the United Kingdom, which has included LGBTQIA+ competence in its core ethics. Numerous specialty medical boards have also built trans health into their competencies.

Educating the Trans Health Team

Trans health teams often reflect the grassroots origins and evolution of health care provision at a particular institution or clinic. As such, there is presently no one standard way to create a trans health team. For example, trans health advocacy organizations assert that a variety of providers, including pediatric and adult, primary care and specialty, can be trained in gender-affirming hormone therapy.

Whereas clinical knowledge of gender-affirming mental health, primary care, hormone therapy, and surgical care is integral to trans health education, clinic staff's approach and attitude are at the core of trans health training. Health care staff are charged with assessing their attitudes toward trans people and working to move toward inclusivity and integration. The following are examples of trans-inclusive actions: acknowledging elements of cisgender privilege, actively exhibiting gender-affirming behaviors (e.g., using correct pronouns and name, demonstrating fluency in the terminology used by trans people, avoiding unnecessary invasive questions), advocating for trans patients, and centering the voices of trans people in conversations about trans health.

The Health Care Setting

Given the frequency of negative experiences of trans patients in health care, it is essential that health care facilities foster environments that are trans affirming, at each step of the patient visit. There are numerous available guides and pamphlets that put forward best practices for creating a welcoming and safe clinical environment. Trans representation is critical to optimizing patient experiences. Clinics should consider proactive hiring practices that allow patients to feel represented in the clinicians and staff who are serving them. There are agencies and individuals that offer trans inclusivity training for frontline and support staff. Clinic administration may also choose to use a consultant to do a walk-through assessment for trans inclusivity and help to develop an improvement plan.

Additionally, given the previously mentioned informal and free educational labor offered regularly by trans people (e.g., unpaid lectures at institutions), there is a need in any initiative to improve upon or educate regarding trans health to ensure compensation is provided for the sharing of this valued knowledge and lived experience, especially given that trans people face significantly higher rates of unemployment and poverty than the general population. Opportunities for paid, experience-informed educational positions include but are not limited to community-based peer advocate and navigator positions, standardized patients, and advisory board members.

Electronic Medical Records

In addition to the face-to-face medical encounter, accurate and appropriate documentation of the visit in the electronic medical record (EMR) is needed. There is a need for the improvement of EMR systems, so that they may appropriately capture gender-related information. Health care staff must be trained on correct entry of patient information, pronouns, and gender marker. As EMR interfaces may be built with a cisgender-normative bias, staff should be trained on EMR entry and documentation "workarounds" to use while systems that are more trans inclusive are being developed.

Credentialing and Continuing Education for Primary Care Providers

As of early 2020, there is no single recognized credentialing body for the practice of trans medicine, and most employers do not require it for clinicians (including physicians, nurses, mental health

providers, or allied health professionals) to see trans patients. However, for those who chose to do so beyond their standard specialty-specific training, WPATH offers a robust certification program with continuing education requirements, including a core curriculum and additional electives, as well as required trans community listening sessions and a period of mentoring. At the same time, there also exist some smaller certification programs, owned and operated by mental health therapists and not linked to international medical associations.

Health care providers should participate in continuing education to both establish baseline competency and stay updated on the current evidence and consensus in the field. There are trans health conferences that take place globally, some of which are open to both care providers and trans community members who are seeking information about gender transition and wellness. WPATH's Global Education Initiative training courses teach providers the WPATH Standards of Care and their implementation in practice. Providers may access online opportunities for continuing education, including webinars and teleconferencing. For example, Trans ECHO (Extension for Community Healthcare Outcomes) provide online workshops that take place over a series of months with clinicians from diverse backgrounds who participate in case-based learning with peers and experts in the field. Health care facilities may also choose to engage in on-the-job-training, to ensure all clinic staff are adequately trained; this approach has been shown to improve provider confidence in the provision of trans health care.

As of early 2020, postgraduate specialty training programs for those who have completed their degrees and are interested in formal trans health education are in their nascence, with only a handful existing internationally, but are urgently needed in trans medicine, epidemiology, and public health (e.g., residency programs, postdocs, graduate student mentors).

Education of Surgeons Performing Gender-Affirming Surgeries

While there are well-established standards for training and outcomes of cosmetic, urologic, and gynecologic surgeries, there are few formal training educational programs for surgeons or surgery residents interested in performing gender-affirming surgeries; as of early 2020, there are five such programs in the United States. In addition, it is unlikely that one format of training would suit all professionals in every medical system in every culture around the globe.

In 2018, a group of trans activists who had undergone gender-affirming genital surgeries organized and called for the creation of minimum acceptable practices for surgeons performing these surgeries. This was the response to surgeons who engage in unethical or medically unsafe practices (e.g., reporting of inaccurate and incomplete complication rates, providing insufficient aftercare, counseling with inaccurate medical information). The open letter stresses the need for readiness demonstrated by an accreditation system that is developed by a medical association alongside input from the community advisory board, postoperative data collection, patient-reported outcomes, and ethical standards.

Ongoing Evaluation to Inform Training

There is a need to measure the impact and effectiveness of interventions enacted to improve trans health care. Scales have been created to measure both trans-inclusive behaviors as well as transphobia and prejudice against trans people. Comprehensive patient satisfaction surveys are important feedback tools and may be distributed regularly. Patient advisory boards comprising trans patients should be assembled in order to gather feedback on patient experience at a given facility. Trans community advisory boards of non-patients may also be created. All clinics should collect and examine trans patient complaints.

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See also Academia; Career Development and Trajectories; Erasure; Gender Clinics in the United States; Gender Clinics Outside the United States; Health Care, Discrimination; History; Medicine

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Health Determinants

Because trans populations have often been unaccounted for in major studies of general populations, health determinants and health-promoting factors among this group are a relatively understudied topic. However, as more researchers include trans populations in data collection efforts around the world, a developing body of research on social, medical, and psychological factors is relevant to the health of trans individuals, communities, and populations.

Trans identities vary widely, and it is important to consider this diversity when discussing the various health determinants and health-promoting factors that come to mind when discussing trans populations. Trans identities can vary quite significantly across regional and national cultural and legal contexts, and this can in turn shape the health patterns observed within each particular region. Intersectional factors like social class, racial and ethnic background, geographic location, immigration status, and family composition can also shape significant within-group differences in the salience of particular health determinants, risk factors, and health-promoting factors.

Health Impacts of Stigma and Social Marginalization

Many trans individuals experience pervasive social stigma and structural marginalization on a routine basis, which can have corrosive effects on physical and mental health. While there are few established causal links between particular forms of stigma and marginalization and trans health, there are some well-established associations between trans identities and particular stressors, obstacles to health care access, and increased vulnerability to poor physical and mental health.

Membership in a small or marginalized population can be linked to physical and psychological health burdens. This phenomenon, known as *minority stress,* has been identified as affecting the health of sexual minorities and marginalized racial/ethnic groups. Because trans populations are both small and structurally marginalized, the minority stress model has proven relevant to understanding certain health disadvantages that trans individuals and populations may face. Although generalizable research on trans mental health and related risk factors is relatively sparse, there is evidence that trans populations face high rates of depression and other mental health challenges. Some members of the trans population may have multiple axes of marginalization through which they experience minority stress, such as also belonging to a marginalized sexual orientation identity group, which can compound the impacts on physical and mental health.

As part of this marginalization and stigma, people, particularly trans women, may face heightened risks of violent victimization, incarceration, and sexual assault. Such experiences can result in worse physical and mental health, including but

not limited to the long-term effects of physical injuries and posttraumatic stress disorder (PTSD). Tracking the correspondence of violence, crime, and incarceration to its impacts on trans populations can be a challenging task, even as some jurisdictions classify gender identity as a protected class when evaluating whether certain acts of violence are to be classified as hate crimes. More data collection efforts related to these topics are beginning to add gender identity designations that help identify the prevalence of these issues among trans populations. These developments can help expand what is known about the role that violence, crime, and incarceration play in shaping trans health.

Trans populations, including trans youth populations, may also be at higher risk for abuse of alcohol, drugs, and tobacco. Such elevated risk has been demonstrated to correspond to psychosocial risk factors related to stigma and victimization faced by trans people, mirroring the higher rates of substance abuse among other communities that experience minority stress and marginalization. Trans women in particular may also face higher risks of HIV and STIs, which can be compounded by obstacles to health care and screening. Owing to these patterns, some substance use, sexual health, and harm reduction programs focus on tailoring outreach to trans populations in particular or through broader LGBTQI community networks. The success of these efforts can be highly context dependent.

Seeking Medical Care While Trans

Health disparities can greatly be affected by the availability and quality of medical care to different populations. Health care providers are often uninformed about how to work with trans patients, both in the care and management of trans health and regarding medical needs ostensibly unrelated to gender identity. Medical records often do not include patients' gender identities and gender pronouns separately from legal sex designations and names that may no longer be used by patients. These standardized practices, which are often difficult to change institutionally, may lead to experiences of misgendering, deadnaming, and other microaggressions that discourage trans people from seeking health care in medical settings. Among trans elders, aging-related health needs can also be subject to marginalization and stigma, or the perception that most trans people are young and not in need of aging-related health services.

Reproductive health among trans people is also a relatively understudied topic. People who transition may seek fertility preservation and ongoing fertility treatment, experience unplanned pregnancies, and face obstacles to contraceptives and abortion. Reproductive health can still be very heavily gendered in clinical settings, and trans patients may face obstacles in having their needs met due to health care providers' gendered assumptions about childbearing, fertility, and reproduction.

Transition-Related Health Care

In addition to the many other health considerations that the general population faces, trans people's health may be influenced by the availability and ease of access to transition-related health care. Trans individuals may pursue a wide variety of transition-related medical treatments and procedures, and scholars are only now beginning to understand the long-term impacts of treatment patterns on health and overall well-being. Transition-related health care can take many forms, including but not limited to hormone replacement therapy, gender-related mental health care, reproductive health, surgical procedures, and voice therapy.

Different forms of transition-related medical treatment can have different impacts on the health of trans people. Trans people who were assigned male at birth are estimated to pursue hormone replacement therapy at higher rates than trans people who were assigned female at birth. However, different hormonal replacement therapy regimens are pursued depending on the desired outcomes. At this point, hormone replacement therapy is thought to be more successful in producing masculinizing results than feminizing results, but the level of satisfaction with the outcome of any transition-related medical treatment can be highly subjective.

It is important to recognize that many trans people do not seek any form of transition-related medical care, for a variety of reasons. Some trans people do not feel the need to undergo any physical changes through hormone replacement therapy or surgery. Some trans people are unable to obtain

transition-related treatment due to financial, legal, and social barriers. For trans minors, decisions surrounding transition-related health care are often dependent on the permission of parents and other legal authorities. Overall, the availability of transition-related health care can influence the quality of life and overall well-being of trans people, but the role of timing and age-related considerations in the health and satisfaction of trans people remains an understudied topic.

Some trans individuals, especially those from marginalized socioeconomic backgrounds, may pursue forms of treatment that are not supervised by health care professionals. Some of these treatments may pose risks associated with pursuing medical treatment outside of traditional medical settings and supervision. Expanding the availability of gender-affirming health care and conducting outreach to affected populations may reduce the risks associated with nonsupervised transition-related health care.

Policies Surrounding Transition-Related Health Care and Their Impacts

In some countries, psychological evaluations or other medical procedures are required in order to change vital legal documents. Individuals seeking transition-related health care or even legal recognition must often meet certain gender-related benchmarks as certified by trained therapists in order to be approved. This can pose challenges for people who do not meet the standards set by legal jurisdictions, practitioners, and institutions. Until very recently, many countries required transgender people to undergo sterilization in order to change their legal gender. In 2017, the European Court of Human Rights ruled that these requirements are violations of human rights, causing many European countries to abandon this requirement. However, many other countries outside of the European Union still have these policies in place.

Depending on legal, political, and economic circumstances, some transition-related health care is covered by national health care systems or insurers, while it can be illegal or prohibitively expensive for some trans people to receive transition-related health care. Certain countries, such as the United Kingdom, cover some transition-related health care as part of their broader national health systems, but many countries do not provide any assistance or place significant barriers to transition-related health.

International organizations, such as the World Professional Association for Transgender Health (WPATH), establish and distribute recommendations for standards of care to health professionals. These recommendations and protocols change over time in accordance with developments in trans patients' experiences, recommendations from community organizations, and developments in medical research. However, these protocols are not uniformly adopted, and implementation can vary widely by provider and local context.

Health Differences Corresponding to Specific Gender Identities

Health in trans populations may also be influenced by the specific contours of particular gender identities within the broad umbrella of trans identity. While some studies find that trans men's and trans women's overall health does not differ from that of the general population, nonbinary and other gender-nonconforming people appear to face a distinct health disadvantage. Nonbinary and gender-nonconforming people face more discrimination, have additional barriers in seeking medical care, and may engage in more health-harming behaviors due to the possibility of compounded minority stress and a lack of understanding of nonbinary gender identities by health care providers.

Even among trans people who are not gender nonconforming or nonbinary, differences in gender presentation and how others perceive and interpret one's gender presentation may present further health disadvantages that are separate from the implications of identifying as trans or with a particular trans gender identity. Certain factors, such as race and ethnicity, can influence how these different aspects of gender factor into different forms of inequality and discrimination. This suggests that it is important to look at trans health from multiple angles, including personal identity, institutional classifications, physical embodied characteristics, and social interactions.

Furthermore, many countries have a history of gender-nonconforming or broadly defined

trans populations that have a specific cultural context that can shape the health of particular subpopulations. *Hijra* populations in countries like India, Pakistan, and Bangladesh; *kathoey* populations in Thailand; and *travesti* populations in Latin America are some of the many distinct gender minority populations around the world with their own specific health contexts that should be evaluated in both a local and a broader global health context.

Health-Promoting Factors

A variety of health-promoting factors may combat the health impacts of stigma and other structural barriers faced by trans populations. Peer and community-based support can help mitigate the impact of minority stress. Peer-based support can be particularly important to trans elders, who often experience high levels of social isolation in addition to other experiences of marginalization. Providing gender-affirming physical health, mental health, and social services in both transition and nontransition care can also help bolster the overall well-being of the trans population.

Reducing levels of trans homelessness and violent victimization can also contribute to reducing the health burdens that these experiences place on trans individuals. Just as with other marginalized groups, economic and class conditions can exacerbate the impact that identity-based marginalization has on the well-being of individuals and re-create inequalities within gender minority groups. Improving life factors that intersect with trans marginalization may be a major step toward promoting the overall health and well-being of trans populations.

Furthermore, it is important for medical practitioners and researchers to include and consider trans populations in every aspect of their work. There are still many gaps in health knowledge that can lead to systematic neglect of this marginalized population, including the need to distinguish between the biological factors associated with sex and the social and psychological components of gender identity when looking at the gendered dimensions of health. Greater inclusion of trans populations and trans-related considerations in medical practice and public health research can itself promote the health of trans populations by informing adjustments to existing medical practices and public health interventions.

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See also Chronic Disease; Health Care, Discrimination; Health Care Training; Medicine; Substance Use

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Health in Non-Western Contexts

Worldwide, there are an estimated 25 million trans people—that is, persons identifying in a gender other than that matching their birth-assigned sex. "The West" (often called the global North and broadly comprising the United States and Canada, most of Europe, and a scattering of high-income countries across Asia and Australasia) comprises around a quarter of the global population. It is likely home

to a similar proportion of trans people, with the remainder living in low- and middle-income countries of Latin America and the Caribbean, Africa, and much of Asia and Oceania (the global South). Historically, the global North has accounted for most of the scholarly literature on trans people, their health and health care. Notwithstanding, nearly half of the top 30 countries linked to trans health research since 1990 are from the global South. This entry examines trans people, as well as their health and health care, in these regions.

Trans People in the Global South

Trans people form large communities across much of the global South, for example, across Latin America, South and Southeast Asia, and the Pacific. Their social visibility in some cases is associated with, and may stem from, indigenous "gender pluralist" cultures in which those who nowadays would be called trans enjoyed acceptance and inclusion, as well as performed important and valued roles as teachers, mediums, healers, or performers. Westerners were sometimes shocked by, and attempted to suppress, the gender diversity they encountered on first contact with such cultures. Colonization and Christianization, as well as modernization, involving industrialization and Westernization (in more recent years framed as a process of globalization) have all taken their toll on gender pluralism. Old ideas on health and morality have been replaced by newer Western ones. Gender pluralism has declined, along with many of the roles earlier played by gender-diverse people in their traditional societies. Nonetheless, trans communities in the global South survive and are often characterized by a social vibrancy and activism not seen across much of the global North.

Across much of the global South, trans people nowadays experience stigma. They are viewed by others as contradicting nature, contravening divine law, and being sexually perverse, deceptive, and/or mentally sick. These stigmatizing beliefs affect trans people's lives in numerous ways. Trans people commonly face prejudice and discrimination (both interpersonal and institutional) across multiple aspects of their lives, including in their home, school, workplace, accommodation, social services, and health care. Many experience harassment and abuse and often encounter violence, including sexual violence. Youth are often rejected by their families, are unable to live at home, and drop out of education early. Trans people find themselves marginalized, barred from social and economic opportunities, deprived of legal rights, and living in comparative poverty. Across much of the world, trans people face challenges in gaining employment. When they can find work, it is often in the beauty industry or as performers, sex workers, or (in much of South Asia) in ritual and alms collection. Many difficulties faced by trans people are compounded by absence of legal protections against discrimination or poor enforcement of existing laws.

Across much of the global South, additional challenges arise from the failure of governments to allow for easy access to legal gender recognition. Large numbers of trans people are unable to change their identity documents, either because it is prohibited, because there are no laws or regulations that allow it, or because laws allowing it impose stringent medical and other conditions that act as barriers. Trans people lacking gender-affirming documentation are at heightened risk of discrimination in their daily lives.

Excluded from mainstream society, trans people commonly experience relative isolation and poor mental and physical health and well-being, and they often become involved in life situations and behavior patterns that put them in harm's way. In particular, many trans women become involved in sex work, often as a means to survive and under conditions that leave them vulnerable to sexually transmitted infections, as well as violence, harassment, and extortion (often from law enforcement). Minority ethnicity, poverty, involvement in sex work, and HIV infection (or perceptions thereof) add additional layers of stigma. Poor health services, which are especially ill-matched to the needs of trans people, exacerbate the health challenges that trans people face.

Trans Health in the Global South

Much of the trans health research in the global South originates in South, Southeast, and East Asia and Latin America. Comparatively fewer studies (in English at least) are from Africa, the Middle East, the ex-Soviet bloc, or the Pacific and Caribbean small island nations. The available

literature reveals numerous health challenges for trans people. In common with their counterparts elsewhere, trans people in the global South commonly experience poor mental health. They experience high levels of depression, stress and anxiety, suicidal ideation, and self-harm. These difficulties appear to stem from daily stigma-related experiences, rather than from gender issues per se. Trans people in the global South also have high levels of alcohol and drug abuse, and they may engage in higher levels of health risk behaviors (e.g., because of low self-esteem or poor mental health). Unregulated health care and self-medication are common across much of the global South, putting many trans people at risk of poor physical health. Health care service avoidance may further exacerbate health risks.

Numerous studies reveal high prevalence rates for sexually transmitted infections, particularly for trans women and those trans people engaged in sex work. Rates of HIV infection among trans women may average as high as 18% across much of low- and middle-income Latin America and Asia, around 50 times higher than the corresponding rate for adults of reproductive age in the general population. Some individual studies in Asia and Latin America show much higher prevalence rates.

Violence against trans people (verbal, sexual, and physical) is a problem across much of the global South. Between 2008 and 2019, more than 2,900 murders of trans people were documented in the global South (out of over 3,300 worldwide). Of these, Latin America and Caribbean accounted for the vast majority (around 2,600), with over 1,200 from Brazil. Community groups play an important role in collecting these statistics. Practical difficulties in data collection, particularly in conflict zones and in countries in which civil society is under stress, mean that these figures likely represent an undercount of actual killings. In any case, these figures do not reflect nonlethal violence, in itself a common source of trauma for trans people.

Health Care for Trans People in the Global South

Countries across the global South are generally low and middle income. Health care systems are often comparatively poorly developed and resourced, and so most people (cisgender as well as transgender) encounter difficulties accessing a range of services. Publicly funded "universal" health care is often absent and not free of charge. Specialized and ongoing health care, or the health care insurance that can enable access to it, is beyond the reach of many individuals.

However, trans people often encounter additional difficulties not experienced by their cis counterparts. First, health care workers often lack cultural competence and are insensitive, unsupportive, or hostile toward trans people and their needs. At worst, there are reports of trans people being denied health care. Second, many health care providers are untrained in trans health care and so lack the clinical competencies that would enable them (a) to assess patients' needs and provide gender-affirming health care, (b) to address issues that might arise in relation to that care (e.g., managing cardiovascular conditions or "legacy" conditions such as prostate issues in trans women), (c) to manage sexual health care needs (e.g., regarding anal or neovaginal intercourse), and (d) to offer counseling and therapy related to their patients' stigma-related experiences. Third, specialists (e.g., mental health professionals, endocrinologists, and surgeons) competent in trans health care may be especially scarce or not available at all.

For all these reasons, trans people commonly report avoiding health care services. Where they do access services of any kind, they tend to use private health care rather than government clinics. Many turn to parallel health care arrangements. They access hormones that have been recommended (and sometimes provided) by other trans community members and take them without medical monitoring. In some places, particularly in Latin America and some parts of Southeast Asia, some trans women employ injected silicone to alter their body, with the procedure often performed by another member of the community. Nonmedical silicone or nonsilicone substances are sometimes used. Some South Asian *hijra* engage in ritual removal of the penis and testicles. All these practices present health risks to those involved.

The World Professional Association for Transgender Health (WPATH) Standards of Care (SOC), intended to guide the delivery of trans health care worldwide, has been criticized for a global North focus that assumes well-resourced

health care systems of the sort not common in low- and middle-income countries. Since 2010, various health care resources aimed at global South audiences have been published, most notably for the English-speaking Caribbean (under the sponsorship of the Pan American Health Organization, PAHO) and Asia and the Pacific (under the sponsorship of the Asia-Pacific Transgender Network [APTN]). These resources focus more heavily on health care in low-resource settings, as well as on the impact of stigma-related experiences on trans people's health.

WPATH's eighth SOC revision (published in 2021) attempts greater relevance for trans people in the global South, as well as for their health care providers. Developed with the participation of trans health leaders worldwide, the SOC list a number of principles to be followed wherever trans health care services are provided and regardless of the level of resourcing available. They include that health care providers (a) appreciate the impact of attitudes, laws, economic circumstances, and health care provision on the experiences of trans people, as well as their willingness to access services; (b) work to lessen stigma and enable access to health care; (c) respect diversity and avoid pathologizing the trans experience; (d) respect basic rights to patient autonomy, self-determination, freedom from discrimination, and the highest attainable level of health; (e) involve trans people in the development of services; (f) provide health care that is gender affirmative, rejecting reparative approaches; (g) become knowledgeable about trans people and their health needs; (h) match health care to the individual needs of clients; (i) promote overall health and well-being, beyond reduction of gender dysphoria; (j) adopt harm reduction approaches where needed; (k) engage clients fully in decisions about their own health and well-being; (l) improve clients' experiences of all aspects of the health service, including administrative staff; (m) put clients in touch with communities and other sources of support; and (n) act as advocates for clients where appropriate.

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See also Gender Clinics Outside the United States; Hijras; Indigenous People; Muslim People; Philippines, Gender Categories; Sex Work; Sex Workers; South Asian Trans People; Violence

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Heteronormativity

Heteronormativity is a system and set of beliefs that uphold heterosexuality and the sex and gender binaries as the norm and default, thereby affecting societal views on and attitudes toward sex, gender, sexual orientation, and family dynamics. The *gender binary* asserts that only two genders exist, men and women, which are based upon the corollary sex binary. *Cisgender* (cis) refers to people with a gender identity that is aligned with their sex assigned at birth (e.g., an individual assigned female at birth who identifies as a girl/woman), while *transgender* (trans) refers to people with a gender identity that is not aligned with their sex assigned at birth (e.g., an individual assigned male at birth who identifies as a girl/woman). Heteronormativity is based on heterosexuality as the norm to which the majority of people in society subscribe, whether voluntarily or forcibly, to a binary gender system wherein the only natural options are to identify as a cis man or cis woman. Sexual orientation, gender identity, and gender expression are distinct from, yet related to, one another. Sexual orientation is an individual's identity in relation to the gender or genders they are attracted to emotionally and/or sexually (e.g., gay, lesbian, bisexual). *Gender identity* encompasses an individual's internal sense of identifying as man, woman, nonbinary, and any other gender. *Gender expression* refers to how a person outwardly displays their gender through mannerisms, behaviors, interests, and their appearance. An individual's gender identity may or may be not be aligned with their gender expression (e.g., identifying as women but presenting androgynously), and sexual orientation is often assumed based on a combination of how they appear and behave (i.e., their gender expression). Terms that describe nonconformity to heteronormative expectations may be associated with queer, trans, or nonbinary embodied identity. This entry discusses the origins of heteronormativity, societal systems that heteronormativity permeates, and activism that can be used to push against and reform heteronormative systems.

Heteronormativity and Heterosexism

Scholars sometimes use *heteronormativity* and *heterosexism* interchangeably because the two terms share a great deal of overlap. The slight distinction between the two concepts is nonetheless an important one. Heteronormativity is a system of cultural biases that favor heterosexual relationships and behaviors, a system that permeates theory, practice, worldviews, and societal systems (e.g., work, education, family). In a heteronormative system, heterosexuality or sexual attraction to, or sexual practices with, a person of the opposite binary sex (e.g., a male attracted to a female) is considered the default, "normal" sexual orientation. By contrast, heterosexism is the systematic assumption that heterosexual identity and people are superior to LGBQA+ people, which enforces heterosexuality and maintains heterosexual dominance at all levels of social interaction. In essence, heteronormativity asserts the normality of heterosexuality, and heterosexism asserts the superiority of heterosexuality, creating the societal view that LGBQA+ people are both abnormal and inferior.

Heteronormativity, Colonization, and Whiteness

Heteronormativity, as a system, has its roots in colonization. Colonization is a process of taking control of an already populated geographic region and subjugating existing populations to the belief systems of the colonizing group. Western societies (e.g., the United States) that participated in colonization promoted white supremacy, the belief system that white people are superior to people of color and that they should therefore be the dominant group in society, in most facets of society: religious, scientific, legal, cultural, and linguistic, for example. In this way, heteronormative binary sex and gender systems, which are entangled in beliefs about sexuality, reproduction, family, and even marriage, are also rooted in notions of whiteness. Heteronormativity affects perceptions of attractiveness and shapes desire—perceptions and desires that extend beyond cis and heterosexual identities and bodies. Because white racial identity is more privileged and valued than any other racial identity in most societies, including in the United States, whiteness is often perceived to be more attractive and desirable compared with any other racial identity. The desire for whiteness is

therefore often entangled with heteronormative expectations and desires of heterosexuality and cis identity, and racism becomes intertwined with heteronormativity, sexism, and heterosexism.

Societal views that uphold whiteness as being the most attractive and desirable has contributed to devaluing and stereotyping people of color. This history spans from colonial subjugation of people of color via the slave trade to present-day influences witnessed in media representation and norms for dating and romantic relationships. Women of color, compared to white women, are hypersexualized. For example, Black women still face historical tropes of the Jezebel, Mammy, and Sapphire in which Black women's sexuality is labeled as ravenous and never-ending. Additionally, and again compared to white women, Asian women are often seen as submissive and faced with the tropes of the China Doll or Mail-Order Bride. Prejudicial views based on stereotypes relating to attractiveness, sexuality, and exoticism that negatively affect people of color can influence harmful behaviors in the context of queer and heterosexual relationships. Such can be exemplified by phrases on dating apps such as "No Rice" or "No Chocolate" to denote that individuals would not date members of certain racial groups.

Heteronormativity, Family, and Reproduction

The family unit is a prime example of a societal institution wherein heteronormative expectations are encouraged, enforced, and internalized. Notions of traditional, nuclear family units are idealized as heteronormative based on assumptions that all members of the family are cis, heterosexual, and gender conforming. Because the traditional, nuclear family is also a monogamous one, nonmonogamous (e.g., polyamorous) relationships go against expectations regarding heteronormative family structures. The traditional nuclear family trope reinforces patriarchal norms, whereby men are granted power, dominance, and privilege simply because they are men; men are most valued above all other gender identities; masculine behaviors are valued over femininity and any other gender expressions; and conformity to sex assigned at birth is valued over gender nonconformity.

LGBTQIA+ people experience discrimination, rejection, internalized homophobia, and/or internalized transphobia in families that perpetuate heteronormative beliefs. *Internalized transphobia* refers to the way a trans person may absorb and hold negative beliefs about their own identity and/or the identities of other trans people. In order to push back against or to account for nuclear family norms, LGBTQIA+ individuals may form alternative family units (e.g., chosen families, polyamorous relationships, and other nontraditional family structures). Alternative family units are not regarded as legitimate under heteronormative standards because they do not meet the requirement of *reproductive futurism*. In capitalist societies such as the United States, reproductive futurism is the idea that the successful future of capitalism is inherently linked to producing children to sustain the labor force. Heterosexual relationships are associated with reproduction, and queerness is associated with an inability to reproduce. Under the logic of reproductive futurism, relationships that do not produce children threaten continued and future economic success of a given country.

Within the context of heteronormative expectations regarding family and reproduction, it is important to discuss intersex people also. Intersex people may have reproductive, sexual, or genetic anatomy or sex markers that are perceived not to align with male or female sex designations. Without a clear sex assignment, an intersex person often does not fit neatly into the heteronormative sex and gender binaries. Families and doctors may worry that an intersex child will not be able to live a "normal" life, specifically regarding romantic and sexual relationships, if they do not intervene. As infants, many intersex people have often been subject to nonconsensual sex reassignment surgeries in order to "create" a sex assignment that conforms to the sex binary. The sex reassignment is often arbitrarily determined (e.g., male sex reassignment may be conducted if a phallus is more prominent), and the reassignment may end up not aligning with the gender identity that later develops for an intersex person. Intersex surgeries have come under increased scrutiny in recent years because they serve only to force people to conform to a heteronormative system rather than serving any medically necessary purpose.

Heteronormativity and Education

Like family systems, school systems often directly, even if inadvertently, reinforce heteronormative ideals. For example, teachers may maintain gendered divisions within the classroom (e.g., asking the girls to sit on one side and the boys to sit on the other side of the room). School gyms, bathrooms, field trips, and other events also enforce sex-based ways of assigning resources, facilities, and materials. In physical education, heteronormative ideas about bodies determine standards for exercise and health, and students are commonly segregated into gendered locker rooms. Additionally, classrooms are often absent of openly LGBTQIA+ teachers and school curricula that include LGBTQIA+ issues and authors, thus silencing LGBTQIA+ stories, issues, and representation within classroom contexts. With strict sex and gender segregation and lack of LGBTQIA+ representation within many educational systems, LGBTQIA+ students, especially nonbinary students, can feel alienated and be subjected to discrimination for failing to meet heteronormative expectations. One way that LGBTQIA+ students have found support in school systems is through the creation of student-run confidential support groups (e.g., Gender and Sexuality Alliances).

Heteronormativity and Compulsory Heterosexuality

Compulsory heterosexuality refers to the idea that heterosexual identity and behaviors are required in a heteronormative system that expects everyone to conform to heterosexual behaviors and the gender binary. The term *compulsory* points to expectations of conformity to heterosexual norms that are embedded in many institutions (e.g., the family unit, schools, workplaces). Individuals who do not fit compulsory heteronormative gender and sexuality expectations in identities, behaviors, and/or appearances (e.g., people who are queer, trans, nonbinary, gender nonconforming) will likely encounter barriers or outright discrimination in many contexts (e.g., housing, workplace, school systems, public facilities, places of public accommodation). The threat of punishment for deviating from expectations can compel people to conform to heteronormativity. Even individuals who are able to easily conform to heteronormative expectations (e.g., those who conform to binary gender expressions and outwardly identify as, or appear to be, heterosexual and cisgender) may still feel restricted in that they may not feel comfortable or safe fully expressing their gender or sexuality depending on the situation.

Heteronormativity, Privilege, and Oppression

Heteronormativity confers power, privilege, and preferential treatment upon heterosexual cis individuals. Such treatment often comes at the expense of positive or inclusive treatment for LGBTQIA+ people. Treating cis heterosexuality as the norm or the most natural sexuality places other sexual orientations (e.g., lesbian, gay, bisexual, pansexual, queer) in opposition to heterosexuality and therefore labels them as unnatural or abnormal. Believing that heterosexuality, the gender binary, and monogamy are all normal can prompt people to act in discriminatory or unjust ways against people who do not subscribe to one or more of these heteronormative expectations (e.g., that all women should bear children). Actions that enact heteronormativity are heterosexist because they unfairly privilege heterosexual, cis, monogamous people and unjustly disadvantage people who identify as trans, nonbinary, queer, and/or polyamorous. Refusing to promote a woman to a position of leadership and rating a male student as more capable than a female student simply because of his sex are considered heterosexist acts. Heterosexual and cis identities are not inherently damaging, but imposing heteronormative ideas, beliefs, and expectations can be damaging to all people, especially for those who do not fit within or subscribe to these identities.

Advocacy

Heteronormativity permeates and influences many spheres of society, from the family unit up to and including the federal government, and the perceived unnatural status of LGBTQIA+ identities is used to justify anti-LGBTQIA+ policies in a variety of social contexts (e.g., school systems, workplaces, public facilities, family planning services). As discussed earlier, heteronormativity and societal preference of heterosexuality extend to enforcement of

the gender binary, reproductive expectations, and the traditional nuclear family unit. Because of this, it is important to remember that heteronormativity is damaging to all people, especially LGBTQIA+ people. An important part of combating heteronormativity is first identifying how pervasive it is within our lives and the systems in which we exist and interact. It is important for people to identify the ways in which they enact heteronormative beliefs and how that negatively affects them and those around them by placing restrictions upon what is acceptable or unacceptable regarding gender identity, gender expression, sexual orientation, and family structure. Understanding the implications of retaining systems that place a dichotomy of normal versus abnormal on gender, sex, and sexuality is the first step to initiating change to deconstruct the heteronormative systems that are damaging to so many people.

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See also Cisnormativity; Discrimination; Families: Transnational and Global Perspectives; Gender Binaries; Heterosexism; Policing of Trans Bodies; Representations in Popular Culture; Sex Assignment

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Heterosexism

Heterosexism is a complex, binary network of assumptions that permeate administrative, institutional (e.g., law, familial, economic, educational), and cultural systems and that shape behaviors, practices, beliefs, and identities. The binary biological determinism that underlies heterosexism dictates that a person with a penis must be a man, a person with a vagina must be a woman, and a person with ambiguous genitalia must be assigned one or the other. Forced sex assignment limits who people are allowed to be and also erases the experiences and identities of people with physical characteristics that fall outside of their identity (e.g., nonbinary people, intersex people, women who have had mastectomies). The broad range of gender identities complicates heterosexist norms because heterosexism is reliant on static, assigned, binary sex categories (e.g., male and female). The binary understanding of sex, gender, and sexuality imposed by heterosexism underlies the marginalization of individuals with nonnormative sexual and gender identities (i.e., LGBTQIA+ people) in all domains of society (e.g., school, work, media, sport). In the sections that follow, this entry discusses the origins of, relational implications of, and the movement to resist heterosexism.

Colonialism

Colonialism, the process of gaining control over and exploiting other cultures and geographic spaces, requires discrete boundaries, categories, and labels. Much like planting a flag in the ground and claiming ownership over a territory, names define conceptual spaces and assert expectations on bodies, peoples, and behaviors. In predominantly white, Western cultures, the word *heterosexual* signifies monogamous sexual relationships between one cisgender (cis) man and one cisgender (cis) woman. In a heterosexist paradigm, homosexual relationships are considered to be the polar opposite of heterosexual relationships, and bisexual individuals rest somewhere in the middle of the resulting continuum. *Homosexual* is a term with an oppressive clinical and religious history born out of colonialism and the imposition of white, Western belief systems that privilege reproduction,

marriage, and nuclear family systems. The term *homosexual* has been supplanted by terms more aligned with identity such as LGBTQIA+. Sexual minority communities include a broad range of sexual and romantic identities (e.g., pansexual, asexual) that are not heterosexual. An individual exhibits heterosexism when the person's behavior is motivated by a commitment to, or when it reinforces, heterosexual norms.

Consistent with colonial impulses, heterosexist behaviors are motivated by heteronormative beliefs or convictions that heterosexual relationships are morally, socially, and/or intrinsically superior to other types of relationships. Although hetero-*sex*-ism implies that only sexual encounters are constrained to heterosexual relationships, the term places restrictions on nearly all forms of affection that emerge between people in any variety of relationships (e.g., friends, acquaintances). Under heterosexist norms, affection and sexual connections are to be maintained within monogamous relationships between one cis man and one cis woman. Cultures, systems, behaviors, and interactions are considered heterosexist when they are based on the assumption that people strive toward and/or behave as stereotypical heterosexual individuals.

Cross-Cultural Implications

Heterosexism carries a broad range of meanings for different groups. For example, on the basis of heterosexist ideals, a married woman is expected to give birth to children, and a cis lesbian woman is considered less valuable to society for her assumed inability to do so. Unique experiences of heterosexist norms extend to trans people in distinctive and complex ways. For example, some communities and cultures promote manliness/machismo or a dedication to white, sexist, hegemonic masculinity. *Hegemonic masculinity* incorporates notions of race, class, sexuality, ability, and so on that maintain contemporary, idealized white, cisgender, masculine men as the status quo in society. Trans people, gay men, women, bisexual people, and any other sexual or gender minority individuals are devalued under current hegemonic masculine social systems in which cis heterosexual men are most privileged.

The pressure to conform with masculine, heterosexist ideals gives rise to laws and customs across a wide range of communities, cultures, and countries (e.g., anti-sodomy laws, debates over the appropriateness of same-sex marriage). Heterosexist constraints interact with other forms and sources of oppression (e.g., racism, immigrant status, [dis]ability, and poverty).

Related Binary Terms

Heterosexism is different from, yet related to, sexism. Whereas heterosexism describes behaviors that privilege a normative (hetero) sexual orientation over minority sexual orientations, sexism describes behaviors that privilege men over women and prescribes a false binary of male and female as the only sexes. In a sexist system, masculinity is also privileged and favored over femininity. For example, gay men are considered more feminine than heterosexual men, and lesbian women are sexualized and objectified by individuals who ascribe to sexist ideals. Gay men are often perceived to be more feminine, and therefore devalued, in comparison to heterosexual men. Lesbian women who are feminine are often viewed as alluring and exotic because of their same-sex sexual attractions and behaviors.

Heterosexism is further related to cissexism, or the idea that cis individuals are preferable to transgender people. Like sexism and cissexism, heterosexism is used to organize social systems, make decisions, design spaces, and determine resource distribution. Heterosexism is also the basis for violence, discrimination, and experiences of minority stress.

Gender Identity

Although heterosexism does not address gender identity directly, heterosexist expectations assume a gender binary and require conformity to the sex that a person was assigned at birth. Trans people break heterosexist expectations when they claim a gender identity that does not correspond with their sex assigned at birth. Nonbinary people further complicate heterosexist expectations when they identify with multiple gender categories, as being between gender identities, and/or may not identify with any gender. Through the lens of heterosexism, trans people may be viewed as homosexual, mentally ill, and/or confused.

As is the case with any other population, trans people identify with a wide range of sexual orientations (e.g., heterosexual, lesbian, gay, bisexual), and experiences of heterosexism among trans people vary widely. Heterosexual trans people may fit most heterosexist expectations (e.g., marry a partner of the opposing binary gender and practice monogamy) but may still be affected by claims that their heterosexual relationships are not legitimate because of the sex they were assigned at birth. Trans people who identify as one or more sexual minorities may be subjected to authenticity claims and the additional discriminatory attitudes held against sexual minority people.

Nonbinary people may fall outside of heterosexist expectations, given that nonbinary people may not identify with a gender at all. Nonbinary people in relationships will not fit into established heterosexual categories that require cross-binary gender relationships. Because nonbinary people do not fit heterosexist norms, they may be further subjected to discrimination and violence. Oppression of nonbinary people is based on biological determinism or the idea that an individual's biology is innately tied to their being and personhood. Heterosexist cultures require individuals to identify their gender in relationships, and people with nonbinary identities confound such societal demands.

Identity and Privilege

The amount of power, prestige, or social desirability that a person possesses is granted to them, in part, based on their conformity to heteronormative ideals. This means that individuals may experience differing levels of heterosexism based on the identities they possess. Mounting evidence indicates, for example, that bisexual people experience elevated rates of depression and other distress relative to lesbian and gay people because they are considered neither acceptably heterosexual nor acceptably homosexual.

Although the term *intersectionality* was not initially intended to refer to compound stressors that result from possessing multiple minority identities, psychologists and other scholars sometimes use intersectionality theory as a frame to discuss how identities influence experiences of both privilege and oppression in different contexts. For example, using an intersectional frame, scholars note that people possess a variety of identities (e.g., sexual orientation, gender identity, race, ability status) that are the catalyst for experiences of both privilege and oppression in context-specific (e.g., in groups that are majority white, in religious and cultural settings, at work) social arenas. It is important to consider intersectionality when discussing heterosexism because heterosexism may manifest in different minority communities in different ways.

Interpersonal Impact

Inability or refusal to conform to heterosexist expectations can result in violence and other destructive forms of discrimination. LGBTQIA+ people face a wide range of discrimination that produces both direct (e.g., physical damage, death) and indirect (e.g., mental health concerns, limits to resources) effects. Aside from their potential lethality, heterosexist pressures are one of the many sources of anxiety, depression, and other types of distress reported by LGBTQIA+ people.

LGBTQIA+ people who are perceived to be transgender and/or nonbinary (e.g., a man carrying a purse, a woman wearing a flannel shirt) as result of their appearance or behaviors are subjected to a variety of minority stressors. Some minority stressors include rejection by others, nonaffirmation of gender identity (e.g., others using the incorrect pronouns or name), being denied access to resources or services on the basis of gender identity, or experiencing violence at the hands of people who hold hostile beliefs toward LGBTQIA+ people. In particular, there is a growing crisis in which transgender women of color, especially Black transgender women, have been murdered at the hands of cis men because of these hostile beliefs. Even trans people who are able to pass, or be perceived, as cis experience proximal minority stressors, including fear of being outed as transgender or nonbinary by others or internalizing negative beliefs about one's own trans identity, known as *internalized transphobia*.

Internalized Impact

As LGBTQIA+ people live in a heterosexist world, they may internalize the discriminatory behaviors

and heterosexist messages to which they are exposed on a daily basis in the news, popular media, and their everyday lives. Even when individuals try to resist mirroring or mimicking heterosexist expectations, they may show up in LGBTQIA+ communities. For example, some LGB people discriminate against and/or exclude trans people in social and communal spaces. Likewise, some binary transgender people discriminate against and exclude nonbinary transgender people. Moreover, LGBTQIA+ individuals sometimes discriminate against fellow LGBTQIA+ individuals when they do not conform to heterosexist expectations. An example of this is slut-shaming those who are in polyamorous relationships, because they do not conform to the heterosexist expectation of monogamy. Furthermore, trans individuals can discriminate against fellow trans individuals by making fun of those who do not pass, or who get read, as cis.

Resistance

There is a great deal of resilience in LGBTQIA+ communities. Current heterosexist cultural structures create toxic environments for LGBTQIA+ people, but these individuals have developed a variety of skills to overcome heterosexist discrimination. For example, increased levels of pride and identification with LGBTQIA+ communities operate as a buffer against oppression. For trans people in particular, events such as Transgender Day of Remembrance, International Transgender Day of Visibility, and International Pronouns Day are collective efforts by trans communities to show that their identities will not be erased. Researchers have generally focused on the negative aspects of LGBTQIA+ experiences (e.g., depression, anxiety, minority stress), but recent scholarship has included calls for a more resilience-focused approach to LGBTQIA+ research. As research on LGBTQIA+ resilience continues to expand, more insight will be provided into the unique ways that LGBTQIA+ people maintain resistance to heterosexism and other toxic cultural dynamics.

Advocacy

Heterosexist behaviors are perpetuated when individuals fail to resist, alter, and provide education to counter prejudiced, sexist beliefs. Scholars are increasingly calling for researchers, practitioners, and allies to focus on ways to reduce the impact of heterosexism and other forms of oppression that affect LGBTQIA+ people. In particular, organizations have been created to support trans individuals who are among the most at risk for discrimination and violence. Providing a complete list of advocacy organizations is beyond the scope of this entry, but some groups include the National Center for Transgender Equality, Trans Women of Color Collective, Sylvia Rivera Law Project, Trans Lifeline, Coalición Trans Latin@ (Trans Latin@ Coalition), and Transgender Law Center. Activists and advocates suggest that an important part of learning about heterosexism is learning to push back against the damage that is done when heterosexist actions go unchecked.

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See also Cisnormativity; Feminism; Gender Binaries; Genderism; Heteronormativity

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High School Sports

The ability of trans high school athletes in the United States to compete according to how they identify their gender began to emerge as a highly contentious issue in the 2010s, as out trans students started to participate in organized sports and, in some instances, bested their cis counterparts. The debate has largely involved trans women athletes on the basis of the unproven assertion that they have an unfair competitive advantage over cis women because of having been assigned male at birth. Policies for trans participation in sport vary by state and school district, as well as by presidential administration, and seemingly the issue will ultimately be resolved by the U.S. Supreme Court. Public opinion is also likely to play a role in the outcome, and the growing visibility of trans high school athletes is helping to humanize them in the public eye and address the stereotypes held by many cis district officials, school administrators, parents, and students.

Federal Law

Ironically, both supporters and opponents of trans athletic participation often cite the same law in their defense, namely, Title IX of the Education Amendments of 1972, which banned sex discrimination in educational programs and activities receiving federal funding. Trans people and allies argue that sex discrimination under the law includes discrimination on the basis of gender identity, as trans athletes face being mistreated because of the sex they were assigned at birth. Opponents maintain that Congress did not intend to include trans people when they passed the law; instead, it was designed to address the discrimination that girls and women encountered in educational institutions, including unequal opportunities to participate in sports. They believe that cis girls and women are discriminated against because of the supposed competitive advantage of trans female athletes.

Beginning in the 2000s, the executive and judicial branches of the U.S. government started to side with trans people. In 2016, the Departments of Education and Justice under the Obama administration issued a "Dear Colleague" letter to educational institutions stating that the government interpreted Title IX as covering a student's gender identity, and thus schools could not discriminate against trans students. In terms of sports, this meant that they needed to base the participation of trans students upon competitive skill, rather than stereotypes about the differences between trans and cis people or others' discomfort with trans people. In 2017, soon after Donald Trump took office as president, his administration withdrew the "Dear Colleague" letter and stopped investigating alleged cases of discrimination against trans students.

Federal courts, however, have continued to interpret gender identity discrimination as sex discrimination, particularly in the area of employment law, as Title VII of the Civil Rights Act of 1964 prohibits employers from discriminating on the basis of sex, as well as because of race, color, national origin, and religion. By 2020, 5 of the 12 federal courts of appeals that had considered the issue had ruled that trans people were protected from job discrimination under Title VII, a position that the U.S. Supreme Court affirmed in a 2020 ruling. While not directly affecting Title IX, the Supreme Court's decision will presumably make it much harder for the government to argue that trans students, including trans high school athletes, are not protected from sex discrimination under federal law.

State Policies

U.S. states vary widely in their policies on the participation of trans high school athletes. As of 2020, about a third of states enable students to participate in keeping with their gender identity without needing to medically transition first. Another third require hormone therapy, 6 have no policy, and 10 require gender-affirming surgery and a changed birth certificate, which, given that such surgeries are rarely performed on minors in the United States, essentially bans trans students from being able to compete. The effects of these different policies will be explored by examining the experiences of trans athletes in states with polar-opposite guidelines: Texas and Connecticut.

Texas

In Texas, a student's birth certificate determines their gender for participation in sports, which led to the surreal situation of Mack Beggs, a visibly trans male wrestler, competing against women. As a high school freshman in Euless, Texas, Beggs came out to his family and began social transitioning to live authentically as the man he knew himself to be. This followed a period of internalized transphobia in the seventh grade, when he considered suicide and was hospitalized for self-harm. Beggs developed an interest in wrestling in his sophomore year, at the time that he began medically transitioning by taking low-dose testosterone injections. Texas school superintendents had voted in 2016 to make a student athlete's birth certificate the determinant of their gender, which meant that Beggs was allowed to wrestle, even though he was on testosterone, but he had to compete as a woman.

Beggs wanted to be seen as male and wrestle other men, but he reluctantly complied with the policy in order to continue wrestling. He won back-to-back state wrestling championships, posting a 92–0 record over his final two seasons. Some of his opponents forfeited rather than wrestle him, and some parents of wrestlers on opposing teams booed him and called him a cheater, even though Beggs was complying with state rules. Some of his opponents, however, did support him, as did his teammates. He later confessed that he sometimes skipped doses of testosterone to show that the hormones were not what propelled him to victory. After graduating in 2018, he joined the men's wrestling team at Life University, and the following year, he had top surgery and was able to change his birth certificate to be legally recognized as male. Beggs, who has been very open about being trans, was one of the individuals profiled in *Changing the Game,* a 2019 documentary about trans high school athletes.

Connecticut

Two other high school athletes profiled in *Changing the Game* were Andraya Yearwood and Terry Miller, trans female track sprinters from Cromwell and Bloomfield, Connecticut, respectively. They were allowed to compete against other women because the Connecticut Interscholastic Athletic Conference (CIAC) had established a policy that enabled trans students to compete as their gender identity without requiring medical intervention, in keeping with a 2011 state law that banned discrimination on the basis of gender identity. Following the Trump administration's revocation of protections for trans students, Connecticut Governor Dannel Malloy issued an executive order to ensure that the state's nondiscrimination law continued to apply to trans students.

Yearwood and Miller, like Beggs, encountered harsh opposition to their sports participation, even though they were complying with state policy. The fact that they were highly successful, which included placing in and winning state championships, only added fuel to the criticism from competitors, their parents, and conservative political organizations and news media outlets because of the belief that the athletes had an unfair physical advantage owing to their male-assigned sex. In 2019, the families of three high school runners submitted a Title IX complaint to the federal government with the support of the Alliance Defending Freedom (ADF), a conservative Christian legal group, and subsequently filed a federal lawsuit to overturn the trans-supportive policy, revoke the previous wins of trans athletes, and ban trans athletes from competing in the future.

The Trump administration supported the complaints of the cis students. In 2020, the Department of Education's Office of Civil Rights (OCR) determined that the CIAC's trans-inclusive policy and the six Connecticut school districts that allowed trans students to compete in compliance with that policy violated the civil rights of cis girls and women as guaranteed under Title IX. The OCR threatened to withhold federal education funding to the state and the six districts unless the policy was changed. A deadline set by the OCR came and went without action, and Connecticut's attorney general promised to fight any effort either to discriminate against trans students or to withhold federal funds. At the same time, the Department of Justice notified the federal court in Connecticut that it was in agreement with ADF's lawsuit. Indicative of its disdain for trans people, the Trump administration's court filing misgendered the trans female athletes by using terms such as "biological males" and "boys."

The fallacy of the argument by the ADF and the OCR that trans female athletes have an

Figure 1 Andraya Yearwood

Source: Photo by Dawn Ennis.

unfair competitive advantage over their cis counterparts was demonstrated by one of the plaintiffs beating Miller in two state track championship races in the 2 weeks after the lawsuit was filed. Transphobia is clearly behind the legal actions and perhaps also racism. Both Miller and Yearwood are Black, while two of the plaintiffs are white and the third is biracial.

State Laws

In 2020, Idaho became the first state to enact a law banning trans girls and women from participating on female sports teams in its public schools, from the elementary level through college. The law, which is known by the doublespeak title as the Fairness in Women's Sports Act, also includes a controversial provision that requires girls and women whose gender is in question to undergo a sex verification process, which could include a genital exam, as well as genetic and hormonal testing. Citing Title IX, the American Civil Liberties Union immediately filed a lawsuit to block the law, so this case may ultimately decide how "sex discrimination" is defined in federal statutes in terms of the participation of trans students in high school sports.

Dawn Ennis

See also Athletes, College Sports; Athletes, Pro Sports; Gender Identity Discrimination as Sex Discrimination; Hormones, Youth; Olympic Athletes

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HIJRAS

Hijras are communities of male-assigned individuals on the Indian subcontinent (including Bangladesh, India, Nepal, and Pakistan) who take on many traditionally feminine attributes. While hijras' origins can be traced to ancient religious texts and practices, in recent decades, they have received notable public and scholarly attention and are arguably the most well-known example of a nonmale/nonfemale gender role in the world today. However, this visibility has not always resulted in greater acceptance and, in some cases, seems to have had the opposite effect. Hijras continue to experience high rates of harassment and violence, even though many of the countries in the region granted them legal recognition and some political rights in the 2010s.

Defining Hijras

Hijras have commonly been misunderstood by researchers, government officials, and the popular media, as reflected in the many inaccurate terms used locally and internationally to label them. Historically, these descriptors have included *eunuchs, hermaphrodites, intersex people, transsexuals,* and *transvestites*. Hijras are most widely referred to today as a "third gender, neither man nor woman," but, as noted by anthropologists Adnan Hossain and Serena Nanda, this description fails to encompass the understanding that hijras have multiple identities, some of which contradict each other. Hijras do not always identify themselves as a third gender and may adopt cultural markers that are considered feminine or that combine traditionally feminine and masculine characteristics. Similarly, contemporary scholars and activists often subsume hijras under a universalizing "transgender" framework, which erases the specificities and inconsistencies of hijras identifying as both women and "not women."

Hijras see themselves as "like women" because they assume many stereotypically feminine characteristics; they wear traditionally women's clothing and accessories, shave their body and facial hair, grow their hair long, use mannerisms that are read as female, and adopt conventionally feminine names, and some undergo feminizing hormonal treatments. Yet, even though hijras typically seek to sit in the women's section on public transportation and may obtain official female identification documents, they do not look to socially "pass" as women and in some contexts deliberately disrupt the idea that they are female. For instance, they engage in behaviors that are not traditionally considered proper for South Asian women, such as using vulgar language and dancing in public, and employ nonverbal gestures, such as the *thikri* (a loud clap), that are associated with hijras. At times, hijras also tend to dress in customarily male ways; in Bangladesh, for example, hijras present as men on some special occasions and when they undertake the Hajj, the Islamic pilgrimage. The most noted way that hijras are "not women" is that they may decide to undergo a penectomy and castration (orchiectomy) but do not seek a vaginoplasty to present physically as more traditionally female.

Although hijras are commonly known for being emasculated (i.e., having their genitals removed), this practice is not universal and not always a requirement to be a hijra. In India, hijras consider having their genitals removed to be a sacrifice to the Hindu goddess Bahuchara Mata, who then grants them the power to confer fertility to others, which is central to the traditional hijra role in India of singing and dancing at marriages and the births of male children for compensation. However, in Bangladesh, hijra status does not derive from being emasculated but from their ability to conduct *hijragiri,* the traditional occupations of hijras, which include conferring blessings on newborns and mastering *ulti,* the secret hijra language. In fact, Bangladeshi people consider hijras who undergo emasculation to be inauthentic or fake, as they define "real" hijras as men born with missing or ambiguous genitals.

In recent decades, hijras in India have seen their status as sacred figures wane and have faced greater difficulties earning money from giving blessings. As a result, hijras have increasingly turned to sex work, where they take the passive role in sex with male clients. This sexual role is central to the identity of many hijras.

Oppression and Legal Recognition

Under British colonial rule, hijras in South Asia were labeled as a deviant, criminal caste and experienced persecution, and this state-sponsored

hostility and mistreatment carried over into the newly independent South Asian countries. For example, the Indian constitution denied hijras the ability to vote, own property, marry, have a passport and driver's license, and other citizenship rights. Hijras also experience high rates of physical and sexual violence and harassment, including from the police; have limited access to appropriate housing and medical care; and are frequently subject to economic discrimination, theft, and extortion.

Acknowledging the longstanding marginalization of hijras, the supreme courts of Pakistan (2009), Nepal (2011), and India (2014) and the government of Bangladesh (2013) granted legal recognition to hijras as a third gender. Such decisions have led to various types of official acknowledgment, including the addition of a third-gender category on Indian voting lists, Nepali census forms, Pakistani national identification cards, and Bangladeshi and Nepali passports.

Although the legal recognition of hijras as a third gender has been acclaimed in South Asia and internationally as a positive step forward, the change has also been criticized for imposing a singular status on hijras and contributing to misunderstandings about them. The latter issue is particularly the case in Bangladesh, where the state recognizes hijras as a group that is *jouno o lingo protibondhi,* literally "sexually and genitally handicapped." In this way, hijras are erroneously defined as having been born with missing or ambiguous genitals, which reinforces popular local beliefs that hijras have something wrong with them and formally sets them apart from other people, turning their peripheral status into government policy. Moreover, under this framework, hijras who have a penis or undergo emasculation surgery are not "real" hijras, and thus hijra legal recognition in Bangladesh excludes most of the individuals who identity as such and ignores the basis by which they define group membership. This situation forces many hijras to say that they are genitally disabled to qualify for legal and economic rights that would otherwise be denied to them. Elsewhere in South Asia, some hijras today are indicating that they are transgender, as this identity is more intelligible to others because of the effects of globalization.

Genny Beemyn

See also Indigenous People; Muslim People; News Media Representations; Nonbinary Genders; South Asian Trans People; Third and Fourth Gender Roles

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Hirschfeld, Magnus

Magnus Hirschfeld (1868–1935) was a pioneering sexologist, sexual rights activist, and clinician. A champion of the normalization of same-sex love, he established the first scientific and political advocacy coalitions to repeal anti-same-sex love legislation in Germany. The reach of his scientific research and advocacy was extensive, and his theories gained rapid influence and renown. His indefatigable efforts to depathologize same-sex love on the basis of its naturalness and innateness made him the target of brutal antisemitic attacks. He founded the first international sexual science institute. His theory of sexual intermediaries, which posits sexuality and gender expression on a continuum between absolute male and female, was a theoretical precursor to nonbinary gender identity.

Born in Kolberg, Germany, the site of present-day Kołobrzeg, Poland, into an Ashkenazi Jewish family, established in Pomerania for several generations, Hirschfeld completed his medical studies in Germany and established a practice in Berlin in 1896 with a naturopathic focus. A prolific researcher and writer, authoring more than 500 publications, he led a steadfast and rigorous campaign to decriminalize homosexuality, destigmatize non-heterosexual sexuality, and expand women's rights. In 1896, shortly following the highly publicized trials of the celebrated playwright and novelist Oscar Wilde, a homosexual, Hirschfeld published *Sappho and Sokrates,* a pamphlet that maintained the ubiquity and noncriminal nature of homosexuality.

The following year, he cofounded the Sexual Humanitarian Committee (SHC) to abolish Paragraph 175, the anti-homosexual article, from the German penal code. Under Paragraph 175, male same-sex acts were treated as punishable crimes subject to a prison sentence of 1 year or longer. Same-sex sexuality was deemed a pathological defect that, if left unaddressed, would destabilize the social order, tarnish national values including the reigning normative ideals of masculinity, and threaten to further the spread of degeneracy.

In his campaign for sexual reform, he adopted a tripartite strategy. Deploying scientific research, legal arguments, and an educative platform, he built coalitions with prominent socialists and brought influential politicians and lawmakers to his cause, even garnering the support of key Social Democratic figures such as August Bebel as signatories to his petitions to repeal Paragraph 175. He was the first sexual researcher to formally study the phenomenon of trans men and women, coining the term *transvestitism,* and in 1910 published the first scientific investigation of it, titled *Transvestitism*. He also lobbied for women's suffrage and joined leading German socialist feminists such as Helene Stocker in the fight to legalize abortion, which was outlawed by Section 218 of the German constitution.

Aware that his struggle could not simply be waged on a philosophical and moralistic level, Hirschfeld adopted science as his primary vehicle for legitimizing all sexual identities. Embracing the motto *per scientiam ad justitiam* ("justice through science"), he countered mainstream theories of homosexuality of the time, which maintained that homosexuality was pathological, and posited biological theories to argue that it was a natural and common occurrence that could appear in all segments of society.

Capitalizing on the more liberal government of the Weimar Republic, established at the conclusion of World War I and the defeat of Imperial Germany, Hirschfeld founded the Institute for Sexual Sciences in 1919. The institute served as a research center, sexual clinic, and cultural hub that offered instruction, sexual counseling, and lectures regarding all aspects of sexuality, drawing on the collaboration of prominent international sexologists. Its library housed a vast collection of photographs and over 20,000 volumes on the topic of human sexuality. 1n 1928, he established the World League for Sexual Reform with sexologists August Forel and Havelock Ellis. As a German Jew waging a war on homophobia and anti-homosexual legislation at the height of the highly masculine-coded Wilhelmine empire, Hirschfeld was a frequent target of antisemitic attacks.

Hirschfeld also served as a medical expert in legal matters in sexual criminal trials. He leveraged his influence to combat the suicide epidemic in what was then referred to as the homosexual community, which had resulted from a thriving market for blackmail caused by the criminalization of same-sex sexuality. By 1914, Hirschfeld reported that of the 10,000 men labeled as homosexual whom he had treated, 3% of them had committed suicide. A central component of his advocacy for reform was sexual education. In 1919, he collaborated with director Richard Oswald in the film *Different Than the Others,* which highlighted the reality of homosexual suicide.

Hirschfeld forged alliances with legal activists such as Kurt Hiller and others to underscore the magnitude of the harm and injustice of anti-homosexual legislation. Paragraph 175, they reasoned, was not only compounding the ignominy of subjecting people who were guilty only of following the dictates of their nature but also sanctioning illegal profiteering over matters concerning people's private lives, as well as subjecting individuals to social death and, frequently, to suicide.

He published the *Jahrbuch für sexuelle Zwischenstufen* (*Yearbook for Sexual Intermediary Stages;* 1899–1923), the first academic journal

dedicated to the topic of sexual studies, and published important multivolume studies on human sexuality.

Hirschfeld's biomedical research and vast clinical experience led him to reject a rigid binary sex system and to recognize individuals as neither fully male nor fully female. Foreshadowing present-day queer theory, he viewed gender identity on a continuum between male and female. This was represented by his theory of sexual intermediaries that saw pure male or female types as constructs.

Hirschfeld's role as a clinician, coupled with his acclaim as a leading scientific expert in the field of sexual science, enabled him to facilitate the everyday life of trans and intersex individuals by implementing his expertise to approve legal licenses for them to crossdress in public, which would otherwise have been prosecutable without a permit. Arguing for the innateness of trans identity, he advocated acceptance of those who believed themselves born in a physical body that did not match their gender identity. He pioneered gender confirmation surgery in his institute and was himself involved in performing at least two surgeries. These experiences added to his already considerable international renown, and his expertise in trans medical treatment found resonance in North America, where he became popularly known as the "Einstein of sex," and in other parts of the world. Hirschfeld's work influenced a number of prominent sexologists, including Harry Benjamin, the German American endocrinologist who oversaw the male-to-female gender confirmation surgery of Christine Jorgensen—one of the first such surgeries performed in the United States.

In 1930, Hirschfeld departed for a world lecture tour, which included travel to India, the Middle East, the Pacific, and North America, recounted in an ethnographic study of sexual mores, published in 1932. Toward the end of his life, Hirschfeld published on the topic of racism and put forth arguments against Nazi racial theory. The rise of Nazism prevented Hirschfeld from ever returning to Germany. Following the ascent to power of Adolf Hitler as chancellor, Hirschfeld's institute was destroyed and the contents of its library burned. Hirschfeld died in exile in 1935 in Nice, France, a few days after watching a newsreel in a Paris cinema showing the destruction of his institute.

Elena Mancini

See also Heterosexism; Nonbinary Genders; Sexology; Sexualities/Sexual Identities

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History

Although *transgender* is a contemporary term, individuals who identified and often lived their lives as a gender different from their sex assigned at birth have long existed in the United States and throughout the world. The existence of genders beyond the binary in the United States can be traced to before it was a country, as many Indigenous cultures recognized more than two genders. White colonial societies saw birth-assigned sex as immutable and punished what they saw as gender transgressions, and this remained the dominant framework in the country for more than 300 years. Trans people have succeeded in building communities and gaining recognition and rights in more recent decades, but they continue to face oppression from large parts of society.

A Framework for Identifying a Trans History

Writing trans history is complicated by how perceptions of gender vary by time and place and by the ways we bring our own perspectives into considerations of gender in different eras and cultures. In contemplating whether female-assigned people from the past who presented as male might have been individuals whom we would call trans men today, anthropologist Jason Cromwell offers three questions to consider: whether the individuals

indicated that they were men, whether they attempted to modify their bodies to look more traditionally male, and whether they tried to live their lives as men, keeping the knowledge of their female bodies a secret, even if it meant dying rather than seeking necessary medical care. Using this framework, Cromwell argues that jazz musician Billy Tipton would be best categorized as a trans man, since he lived as a man for more than 50 years, kept knowledge of his anatomy from sexual partners by using a prosthetic device, apparently turned down what could have been his big break in the music industry for fear that the additional exposure would out him, and died from a treatable medical condition in 1989 rather than risk disclosure.

Cromwell's questions can apply equally as well to individuals assigned male at birth who presented as female to determine if they were likely trans women. Such instances are significantly less documented in Western cultures, in part because of the difficulty of being read as female before the advent of hormone therapy and permanent hair removal techniques. One well-known example is Jenny Savalette de Lange, a member of Parisian high society who lived as a woman for at least 50 years and who was not discovered to have been assigned male at birth until her death in 1858. She had obtained a new birth certificate that designated her as female and had been engaged to men six times but never married, seemingly to avoid her sex assignment from being discovered.

Cromwell helps us distinguish individuals like Tipton and de Lange, who we would now call trans men and women, respectively, from cis people who presented as a gender other than their sex assignment for economic, social, or sexual reasons but who did not seemingly identify as that other gender. But his questions do not speak to the differences between trans women and men and individuals we now refer to as nonbinary. To make this distinction in regard to historical figures, two other questions can be used: if the individuals continued to present outside of their assigned sex, such as through crossdressing, when it was publicly known that they did so, or if they did so consistently but only in private and thus no one else knew, except perhaps their families. In either case, the important demarcation is that the person did not receive any privilege or benefit from their gender expression other than their own comfort and satisfaction.

Gender in Indigenous Cultures

Cromwell's framework assumes that individuals who might be considered a part of trans history had to hide their gender difference to avoid censure and possible punishment. But some non-Western societies welcomed and had recognized roles for individuals who assumed behaviors and identities different from their sex assigned at birth. Many Indigenous cultures in North America at the time of European conquest enabled male-assigned individuals and, to a lesser extent, female-assigned individuals to dress, work, and live, either partially or completely, as a different gender.

Within most of these Indigenous cultures, male- and female-assigned individuals who assumed different genders were not considered women or men; rather, they constituted separate genders that combined female and male elements. This fact is reflected in the words that Indigenous societies developed to describe multiple genders. For example, the terms for male-assigned individuals who took on female roles used by the Cheyenne (*heemaneh*), the Ojibwa (*agokwa*), and the Yuki (*i-wa-musp*) translate as "half men, half women" or "men-women." Similarly, the Zuni called a female-assigned individual who took on male roles a *katsotse,* or "boy-girl."

Some Indigenous cultures apparently considered these individuals to possess supernatural powers and afforded them special ceremonial roles; in other cultures, they were less revered and viewed more secularly. In these societies, the status of individuals who assumed different genders seems to have reflected their gender role rather than a special gender status. If women predominated in particular occupations, such as being healers, shamans, and handcrafters, then male-assigned individuals who took on female roles engaged in the same professions. In a similar way, the female-assigned individuals who took on male roles became hunters and warriors.

A Public Presence in the Dominant Society

The cultural inclusion of individuals who assumed nonbinary genders in many Indigenous North American societies stands in stark contrast to the condemnation of gender nonconformity as

unnatural and sinful in the American colonies in the 17th and 18th centuries. Seemingly because gender-nonconforming individuals faced societal condemnation, many hid their gender difference, and relatively few instances of gender nonconformity are documented in the colonial and postcolonial periods. A number of the cases that became known involved female-assigned individuals who were discovered to be living as men only when their bodies were examined following an injury or death, like Billy Tipton in later times. Many male-assigned individuals seemingly had less ability to present effectively in public as female because of their facial hair and physiques, so likely did so mostly in private.

The lack of a public presence for individuals who assumed different genders began to change in the mid-19th century as a growing number of single people left their communities of origin to earn a living, gain greater freedom, or simply see the world. Able to take advantage of the anonymity afforded by new surroundings, these migrants had greater opportunities to fashion their own lives, which included presenting as a gender different from the one assigned to them at birth. Some headed out West, where crossdressers were a part of life on the frontier. Others moved between small towns or from rural to urban areas, which enabled them to meet and socialize with others like themselves.

In large cities, individuals who would be referred to today as gay men, trans women, and female-presenting crossdressers began to organize public drag balls in the late 19th century. These balls grew to include hundreds and sometimes thousands of Black and white participants and spectators by the late 1920s and early 1930s in cities such as New York, Chicago, New Orleans, Baltimore, and Philadelphia. Organizers would typically obtain a license from the police to prevent participants from being arrested for violating ordinances against crossdressing.

Sexology Considers Gender Nonconformity

The enactment of laws in many U.S. cities beginning in the 1850s that made it a crime for a person to appear crossdressed in public reflected the increasing visibility of individuals who assumed gender behaviors and identities different from their assigned sex, as well as the resulting efforts to contain them. Another indication of the growing presence of such individuals in the late 19th century was the interest that U.S. and European physicians began to show in their experiences. The sexologists, as they came to be known, largely pathologized individuals whom they saw as "gender inverts"—that is, having a gender inverted or opposite of their assigned sex—and did not distinguish them from individuals who pursued same-sex sexual relationships.

German sexologist Magnus Hirschfeld is credited with bringing a more normalizing view of gender nonconformity to the medical literature and for recognizing it as a separate phenomenon from same-sex sexuality in the early 20th century. In his epic 1910 work *Transvestites,* Hirschfeld coined the word *transvestite*—from the Latin *trans* or "across" and *vestis* or "clothing"—to refer to people who presented as a gender different from their sex assignment. In today's nomenclature, his definition included both crossdressers and trans women and men.

The Development of Gender-Affirming Surgeries and Hormone Therapy

Hirschfeld's Institute for Sexual Science, the world's first institute devoted to sexology, also performed the earliest recorded genital transformation surgeries. The first documented case was that of Dora Richter, a female-identified individual who completed her transition with a vaginoplasty in 1931. The institute's most well-known patient was the Dutch painter Lili Elbe. She was also one of its last, as the Nazis destroyed the institute in 1933, holding a public bonfire of its contents.

Although opportunities for surgical transition diminished with the destruction of Hirschfeld's institute, the development of synthetic testosterone and estrogen in the 1930s enabled hormone therapy to become more affordable and, over time, more widely available. The first female-assigned individual known to have taken testosterone for the purpose of transforming his body was the British physician Michael Dillon in 1939. In addition, he underwent more than a dozen operations to construct a penis, beginning in 1946. His were the first recorded female-to-male genital surgeries performed on a non-intersex person.

In 1946, Dillon also published *Self: A Study in Ethics and Endocrinology,* a book that focused on the need for society to understand people who were a gender different from their assigned sex. Dillon was especially critical of the psychologists who believed that they could change the sense of self of gender-nonconforming individuals through therapy, when what their clients really needed was access to hormones and genital surgeries. Making an argument that would become commonplace in the years that followed, Dillon reasoned that since the mind cannot be changed to fit the body, the body should be altered where possible to fit one's gender identity. *Self,* though, was not widely circulated, and Dillon sought to avoid public attention, even going into exile when he was outed by the media.

The Rise of the Concept of Transsexuality

Instead of Dillon, the leading advocate in the 1950s and 1960s for providing hormones and surgeries to gender-nonconforming people became U.S. endocrinologist Harry Benjamin. He began prescribing hormones to them and suggesting surgeons abroad, as no U.S. physician at that time would openly perform gender-affirming operations. Along with U.S. physician David O. Cauldwell, Benjamin referred to those who desired to change their sex as "transsexuals" in order to distinguish them from "transvestites."

While Benjamin raised awareness of transsexuals among medical professionals, it was his patient Christine Jorgensen who educated society. Through the publicity given to her 1952 transition, Jorgensen brought the concept of "sex change" into everyday conversations, served as a role model for many other binary trans individuals to understand themselves and pursue medical treatment, and transformed the debate about the efficacy of providing hormones and gender-affirming surgeries to individuals who identified as a gender different from their assigned sex. Following the media frenzy over Jorgensen's transition, much of the U.S. public began to recognize that "sex change" was indeed possible.

Although hearing about Jorgensen helped many trans women in the United States understand themselves and offered a sense of hope that they too could change their sex, few were able to do so. Most continued to have to travel to other countries for gender-affirming surgery through the mid-1960s. However, this situation changed in 1966, when the Johns Hopkins University opened the first gender identity clinic in the United States to diagnose and treat binary trans individuals and to conduct research related to transsexuality. Similar programs were soon established at other leading universities, and within 10 years, more than 40 university-affiliated gender clinics existed throughout the United States

The sudden proliferation of health care services for trans individuals reflected not only the effect of Benjamin's work and the influence of a prestigious university like Hopkins on other institutions but also the behind-the-scenes involvement of millionaire philanthropist Reed Erickson. A trans man and a patient of Benjamin, Erickson created a foundation that paid for Benjamin's research and helped fund the Hopkins program and other gender identity clinics. The agency also disseminated information related to transsexuality and served as an indispensable resource for the trans community.

The establishment of gender identity clinics at leading universities called attention to the health care needs of binary trans people and helped to legitimize gender-affirming surgery. At the same time, though, the clinics also institutionalized a model of transsexuality that excluded many from the definition of *transsexual* and denied them access to hormones and surgery. To qualify for surgery, someone had to have felt that they were in the "wrong" body from their earliest memories and be attracted to individuals of the same birth sex but as a member of the "other" sex (i.e., be heterosexual after transition). The clinics also expected trans people to conform to stereotypical gender norms, and the likelihood of passing as one's desired sex was a main criterion in gaining access to surgery. Unable to meet these narrow and biased criteria, the vast majority of trans aspirants were turned away from the clinics.

Organizing Among Crossdressers and Drag Queens

The first enduring trans organization in the United States was started by female-presenting heterosexual

crossdressers, or "transvestites," as they were then known. In 1952, a group of crossdressers in Los Angeles led by Virginia Prince quietly created a mimeographed newsletter, *Transvestia: The Journal of the American Society for Equity in Dress*. Although its distribution was limited to a small number of crossdressers and it lasted just two issues, *Transvestia* was apparently the first specifically trans publication in the United States and served as a trial run for wider organizing among crossdressers. In 1960, Prince relaunched *Transvestia* as a bimonthly magazine, and by the mid-1960s, it had more than 1,000 subscribers from across the country. Prince also established an organization for heterosexual crossdressers and their wives and partners in 1961. Known today as the Society for the Second Self, or Tri-Ess, it is the oldest national trans organization.

As the word *crossdresser* slowly replaced *transvestite* as the preferred term among most members of the community, it also began to be applied only to heterosexual men. Gay and bisexual men who presented as female increasingly referred to themselves as drag queens and carved out spaces for themselves in bars, restaurants, and other venues in large cities that catered to (or at least tolerated) them, despite regular police crackdowns. One of the most famous drag queens in the 1950s and 1960s, José Sarria, performed at San Francisco's Black Cat Bar and helped turn it into a social and cultural center for the city's drag community, until harassment from law enforcement and local authorities forced the bar to close.

By the late 1960s, Black drag queens were organizing their own events. Continuing the tradition of drag balls, these more contemporary balls began in Harlem and initially focused on extravagant feminine drag performances. As the balls attracted larger and larger audiences, the competitions became fiercer and more varied, with performers "walking" (competing) in a number of categories. The many individuals seeking to participate in ball culture in the mid-1970s led to the establishment of "houses," groups of Black and Latinx "children" who gathered around a "house mother" or less often a "house father." Given that many of the competitors were youth who had been thrown out of their homes for being gay or trans, the houses provided a surrogate family and a space where they could belong. The ball culture spread to other cities in the 1980s and 1990s and achieved mainstream visibility in 1990 through Jennie Livingston's documentary *Paris Is Burning* and Madonna's megahit song "Vogue."

Trans Power!

The 1969 Stonewall Riots in New York City were not a unique event but the culmination of more than a decade of militant opposition by poor and working-class LGBTQ people in response to discriminatory treatment and police brutality. Much of this resistance took the form of spontaneous, everyday acts of defiance that received little attention at the time, even in LGBTQ communities. For example, historian Susan Stryker recounts two confrontations with the police that, until the 2000s, were largely unknown. One night in May 1959, two Los Angeles police officers went into Cooper Do-nuts—an all-night coffeehouse popular with drag queens and gay male hustlers, many of whom were Black and Latinx—and began harassing and arresting the patrons in drag. The customers responded by fighting back, leading the police to retreat and call in backup. In the melee, the drag queens who had been arrested were able to escape.

A similar incident occurred in San Francisco in 1966 at Compton's Cafeteria—a 24-hour restaurant that, like Cooper's, was frequented by drag queens and male hustlers, many of whom were people of color. According to Stryker, the management called the police one August night, as it had done in the past, to get rid of a group of young drag queens. When a police officer tried to remove one of the queens forcibly, a riot ensued. Vastly outnumbered, the police ran outside to call for reinforcements, only to have the drag queens chase after them, beating the officers with their purses and kicking them with their high heels. The incident served to empower the city's drag community and motivated many to begin to organize for their rights.

Three years later, the Stonewall Riots inspired gender-nonconforming people across the country to activism on an even greater scale. As with the earlier confrontations in Los Angeles and San Francisco, the immediate impetus for the Stonewall uprising was oppression by the local police. But the events that began on June 28, 1969, also

reflected long-simmering anger against anti-LGBTQ discrimination.

The police raided the Stonewall Inn, an unlicensed, multiracial bar, and, as usual, began arresting customers who did not have identification and those who were crossdressed. Unlike in the past, the other patrons did not scatter but instead congregated outside and, with other LGBTQ people from the neighborhood, taunted the police as they tried to place the arrestees into a patrol wagon. As the crowd grew, so did their anger toward the police for their rough treatment of the drag queens and at least one butch lesbian. People began to throw coins at the officers, and when this failed to halt the brutality, they hurled whatever they could find, including bricks from a nearby construction site. Even the arrival of a riot control unit could not immediately quell the uprising. The police eventually succeeded in dispersing the crowd but only for the night. The rioting was similarly violent the following evening—some witnesses say more so—and demonstrations continued for the next several days.

The effects of the Stonewall Riots were both immediate and far-reaching. LGBTQ youth, in particular, felt a sense of empowerment and were unwilling to remain in the closet. At the time of the Stonewall Riots, gay rights group existed at just six U.S. colleges, almost all of which were large universities in the Northeast. By 1971, groups had been formed at hundreds of colleges throughout the country. Reflecting the sense of militancy that had fueled the uprising, many of the new groups called themselves Gay Liberation Fronts (GLFs) and typically had a more radical political agenda than the earlier student organizations. Many of these groups were also initially more welcoming to trans people than the pre-Stonewall groups, and a number of trans people helped form GLFs.

Trans people also established their own organizations in the immediate aftermath of the Stonewall Riots. Sylvia Rivera and Marsha P. Johnson, two trans women of color who had been involved in the riots, founded Street Transvestite Action Revolutionaries (STAR) in New York City in 1970 to support and fight for the rights of the many young trans people who were living on the city's streets. Rivera and Johnson also opened STAR House, a place where the youth could receive shelter, clothing, and food. The house remained open for 2 or 3 years and inspired similar efforts in Chicago, California, and England. Also, in New York City in 1970, Lee Brewster and Bunny Eisenhower founded the Queens Liberation Front and led a campaign that decriminalized crossdressing in New York. Brewster also began *Drag,* one of the first politically oriented trans publications, in 1970.

The Anti-Trans Backlash

Despite the central role of gender-nonconforming people in the Stonewall Riots and their involvement in the political organizing that followed, much of the broader movement soon abandoned them in an effort to appear more acceptable to mainstream society. Six months after the riots, a group comprised mostly of white middle-class gay men formed the Gay Activists Alliance (GAA) in New York City to work solely for gay rights. The group did not consider trans people to be relevant to its mission, and they were discouraged from joining. Similar gay groups that excluded trans people subsequently formed in other cities.

Trans women also faced rejection in the 1970s from some lesbian feminists, who viewed them not as women but as "male infiltrators" and sought to exclude them from "women's spaces." One of the first victims of this prejudice was Beth Elliott, an openly trans lesbian activist who was pushed out of the organization Daughters of Bilitis in 1972 and then forced to leave the 1973 West Coast Lesbian Conference, which she helped to organize, because of hostility from some attendees. Another target was Sandy Stone, a sound engineer who, as part of the all-women Olivia Records, helped create the genre of women's music in the 1970s. Stone had disclosed her transsexuality to the record collective and had its support, but when her gender history became widely known, Olivia was deluged with threats of a boycott and even violence if Stone was not fired. Fearing that they would be put out of business, the collective reluctantly asked Stone to resign, which she did in 1979.

Arguably the most vitriolic and influential attack on trans people was Janice Raymond's *The Transsexual Empire: The Making of the She-Male,* published in 1979 and reissued in 1994. Raymond fomented the witch hunt against Stone

and effectively made trans women pariahs in many lesbian feminist communities. For Raymond, trans women were not women but "castrated" men who were a creation of the medical and psychological specialties that arose in support of gender-affirming surgeries—the "transsexual empire" of her title—to undermine feminism. To thwart this supposed plot, Raymond advocated for a drastic reduction in the availability of gender-affirming surgeries and recommended that trans individuals instead undergo "gender reorientation" (Stryker, 2017, 135).

But far from being a "transsexual empire," the medical establishment largely shared Raymond's prejudices, seeing trans people as needing mental and not physical intervention. Facing an anti-trans backlash, the gender identity clinics performed even fewer surgeries and began to shut down altogether, starting with the Johns Hopkins program in 1979. The following year, the idea that trans people were mentally ill was codified into the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*). Transsexuality continued to be listed as a psychological disorder in subsequent editions, despite the efforts of some trans activists and allies to remove the diagnosis (just as "homosexuality" had been removed previously). The 1994 version of the *DSM* replaced the category "Transsexualism" with "Gender Identity Disorder," but the diagnostic criteria remained largely unchanged. The 2013 edition of the *DSM* helped destigmatize transsexuality by replacing "Gender Identity Disorder" with "Gender Dysphoria," which was described as emotional distress resulting from incongruity between one's gender identity and assigned sex. However, this version still largely pathologizes gender nonconformity among children.

Trans Activism in the Late 20th Century

The 1970s and early 1980s can be considered the contemporary nadir for trans people. However, the period did have a few bright spots. For example, this time marked the beginning of a steady stream of trans autobiographies, including Jan Morris's *Conundrum* (1974), Nancy Hunt's *Mirror Image* (1978), Renée Richards's *Second Serve* (1983), and the first full-length narrative by a trans man published in the United States, Mario Martino's *Emergence* (1977).

More trans people also began to turn to activism at this time to counter the stigma and hostility they experienced. For example, the first trans male support groups were started in the 1970s and early 1980s, including ones in Los Angeles, New York City, and Toronto. The first trans male educational and support organization in the United States, which was called simply "FTM," was begun in San Francisco in 1986 by Lou Sullivan. As the group grew to become the largest trans male organization in the world, it changed its name to FTM International.

The larger trans rights movement also expanded significantly in the 1990s, facilitated by the increasing use of the term *transgender* to encompass all individuals whose gender identity or expression differed from their sex assignment. This understanding became most strongly associated with writer and activist Leslie Feinberg, who called on all people who face discrimination for not conforming to gender norms to organize around their shared oppression in hir 1992 pamphlet *Transgender Liberation: A Movement Whose Time Has Come* and in hir subsequent books, *Transgender Warriors* and *Trans Liberation.* The expansive meaning of the term was further popularized by writers such as Kate Bornstein and Martine Rothblatt, and this usage became commonplace by the late 1990s.

The broad-based political movement that Feinberg envisioned came to fruition in response to continued acts of discrimination and violence against trans people. Reflecting the persistence of anti-trans bias among some lesbian feminists, trans men were often labeled traitors and exiled from the lesbian feminist movement, and trans women were frequently prevented from joining it. Trans women were banned from the National Lesbian Conference in 1991, and a trans woman, Nancy Jean Burkholder, was expelled that same year from the Michigan Womyn's Music Festival. The growth of an out trans community over the course of little more than a decade is demonstrated by the different responses to the expulsions of Stone and Burkholder from lesbian-feminist cultural institutions. While few spoke publicly in Stone's defense in 1979, the ouster of Burkholder in 1991 was widely denounced and led to protests at "Michigan"

itself, with trans activists and allies creating "Camp Trans" across from the entrance to the festival.

It was not only lesbian feminists who discriminated against trans people in the early 1990s. When lesbian and gay leaders were planning to hold a march in Washington in 1993, trans activists and supporters sought to have transgender people added to the title of the event, but the march's national steering committee voted to name it the March on Washington for Lesbian, Gay, and Bi Equal Rights and Liberation. Like their banishment from the Michigan Womyn's Music Festival, their exclusion from the title of the march prompted many trans people to become more politically active and for the trans community to become more organized.

Another major incident that mobilized a large number of trans people was the murder of 21-year-old Brandon Teena in rural Nebraska in 1993. Members of the direct action group Transexual Menace held a vigil outside of the courthouse where one of the murderers was standing trial in 1995. The event was a turning point for trans activism because it was the first highly visible national demonstration organized by trans people and helped draw unprecedented media attention to an anti-trans hate crime.

In addition to Camp Trans and Transexual Menace, a number of other trans institutions and groups were established in the early and mid-1990s. Dallas Denny created the American Educational Gender Information Service (AEGIS) in Decatur, Georgia, in 1990 to disseminate information about trans people. One of the largest annual trans events, the Southern Comfort conference, began in Atlanta in 1991, and the International Conference on Transgender Law and Employment Policy, a yearly meeting to discuss strategies for creating trans-supportive laws, was convened by attorney Phyllis Frye in Houston from 1992 to 1997. In 1995, Riki Wilchins began the Gender Public Advocacy Coalition (GenderPAC), a national organization whose accomplishments included producing the first report on hate crimes against gender-nonconforming people and holding an annual National Gender Lobbying Day to urge members of Congress to address gender-based violence and discrimination.

The 1990s also saw the highly visible, direct-action tactics pioneered by radical groups like ACT-UP (AIDS Coalition to Unleash Power) and Queer Nation begin to infuse the trans movement. The first trans organization to reflect this new queer activism was Transgender Nation, a subgroup of San Francisco's Queer Nation chapter, which was formed in 1992 by Anne Ogborn to fight anti-trans prejudice. Soon, Transgender Nation chapters were established in several other cities. Although it was short-lived, Transgender Nation helped inspire the trans movement to become more visible and confrontational.

But the most significant factor in the development of a national trans movement may have been the rise of the Internet, beginning in the 1990s. Being able to go online enabled many trans people to understand and accept themselves more easily and quickly, connect with others who shared their specific gender identity, and organize trans groups and political actions.

Contemporary Trans Activism and Visibility

The 2000s have witnessed a tremendous increase in trans rights laws and policies, which reflects the successful advocacy of many national trans organizations, including the National Center for Transgender Equality, the Sylvia Rivera Law Project, and the Transgender Law Center. In addition, a number of national LGBTQ and trans-supportive legal organizations have extensively worked on trans issues, including the American Civil Liberties Union (ACLU), GLAAD, the National LGBTQ Task Force, the National Center for Lesbian Rights, and Lambda Legal. These and other groups have called attention to the widespread mistreatment of trans people and have sought to change public perception and the political and legal climate.

One visible response to anti-trans violence and discrimination has been the Transgender Day of Remembrance, an event held every November 20th to memorialize those who have been killed in the past year because of their gender identity or expression. Begun as a candlelight vigil in San Francisco in 1999 to honor Rita Hester, a Black woman murdered in Allston, Massachusetts, the Day of Remembrance is marked around the world today. Reflecting the intersections of racism, misogyny, and transphobia, most of those killed each year are Black and Latinx women.

The 2000s have also seen a dramatic growth in the number of young people who identify as trans and, along with it, a proliferation in how they characterize their gender identities. Whereas trans individuals before the 1990s were largely limited to identifying as a "transsexual" or "crossdresser," those who understand their gender to be different from their assigned sex today have a seemingly limitless number of words with which to describe themselves, fueled by the ability to coin and circulate terms on social media. Much of the new language is used to characterize nonbinary gender identities, including individuals who identify in various ways as genderqueer, gender fluid, and agender.

As the number of individuals who come out as trans or gender nonconforming in various ways continues to grow, it is likely that the crossing and blurring of gender lines will become even more common and accepted. The increasing visibility is also likely to lead to much greater support for trans rights, as many cis people will find that individuals they care about—friends, coworkers, and family members—are trans. In the past two decades, trans activists and allies in the United States have succeeded in advocating for trans-supportive laws and policies in a growing number of states, municipalities, schools, and corporations; the years ahead should see even more progress made toward the recognition and full inclusion of people of all genders.

Genny Beemyn

See also Activism; Autobiographies; Ballroom; Crossdressers as Part of the Trans Community; Crossdressing, History of; Indigenous People; LGBTQ Movement, Trans Inclusion In/Exclusion From; Nonbinary Genders; Trans Men; Trans Women; Women's Movement, Trans Inclusion In/Exclusion From

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HIV/STIs

Trans communities have been particularly, and unevenly, affected by human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs). In 2019, the United Nations Joint Programme on HIV/AIDS (UNAIDS) estimated that trans persons are 12 times more likely to be living with HIV than the rest of the population. HIV and STI vulnerability is concentrated among trans people who have sex with cisgender (cis) men, belong to minoritized racial/ethnic groups, live in poverty, and engage in street-based sex work. This reflects intersecting vulnerabilities and resilience factors at the social-structural, sexual network, psychosocial, and biological levels. HIV has had a devasting impact on trans communities globally and, at the same time, has been a mobilizing force. Trans women and other trans people have organized to demand that researchers and programs recognize their unique experiences and needs and to deliver gender-affirming prevention and treatment services.

Epidemiology of HIV and Other STIs in Trans Populations

Trans Women

Needs assessment studies of trans communities conducted in the United States in the 1990s and early 2000s provided initial evidence of the disproportionate burden of HIV faced by trans women who have sex with men. A 2008 meta-analysis of such studies by Jeffrey Herbst and colleagues estimated a pooled laboratory-confirmed HIV prevalence of 28%, with highest prevalence among Black

trans women. The trans health movement leveraged these data to advocate for increased trans-specific HIV and sexual health research, funding, and programming globally. By 2013, when Stefan Baral and colleagues (2013) conducted an international systematic review, they were able to identify 39 studies from 10 middle-income and 5 high-income countries that reported on HIV test results among 11,066 trans women (with most studies limited to trans women who have sex with men). The authors estimated global HIV prevalence to be 19%; trans women had 49 times the odds of HIV infection relative to other reproductive-aged adults. In the United States, an updated meta-analysis published in 2019 by Jeffrey Becasen and colleagues estimated pooled laboratory-confirmed HIV prevalence among trans women of 14%, with findings of individual studies varying widely (1%–41%). This is lower than in previous studies, which may reflect increasing use of more representative samples. Reflecting racial disparities in HIV in the United States, Black and Latina trans women were disproportionately affected, with estimated prevalence of 44% and 26%, respectively. Less research has examined non-HIV STIs among transgender women, but a 2020 global systematic review by Olivia Van Gerwen and colleagues summarized existing data. As with HIV, the prevalence of laboratory-confirmed STIs was high but ranged considerably across study populations (e.g., 1% to 50% for syphilis). In summary, existing data demonstrate a disproportionate burden of HIV and other STIs among trans women but with heterogeneity both within and across countries.

Limitations and Critiques of Epidemiologic Data

The experiences of trans women who have sex with men have often been obscured by their conflation and analytic grouping with "men who have sex with men"; thus, trans-specific epidemiologic data have been critical. At the same time, these data are subject to important limitations. Owing to the historic exclusion and erasure of trans people in HIV data collection, these prevalence estimates largely come from a small number of settings where trans-specific studies have been conducted. For example, in the recent meta-analysis by Becasen and colleagues, 52% of studies were conducted in just four coastal U.S. cities. Sampling bias is also a concern, as many studies have recruited trans women from community venues where trans women living with HIV are likely overrepresented.

Finally, some critical trans studies scholarship has critiqued the imposition of "transgender," as an identity category distinct from sexual orientation, to categorize gender-diverse populations globally for whom that distinction may not apply. As pointed out by Aniruddha Dutta in a 2013 article, this epidemiologic separation of "transgender women" and "men who have sex with men" directly affects communities via HIV funding, which represents a main source of support for trans programs and organizing in the global South. Dutta describes both empowering and marginalizing effects of this globalization of "transgender"; while it provides a framework for much-needed services and advocacy, it can delegitimize identities that challenge cis-trans binaries—primarily held by people of lower-class/caste backgrounds.

Trans Men

Trans men have often been thought to be at relatively low risk for HIV and other STIs, based on the assumption that they have sex with cis women only. In fact, in some studies, a majority of trans men identify as non-heterosexual, and many have sex with men and/or trans women. A systematic review published in 2016 by Sari Reisner and Gabriel Murchison found just 10 studies with laboratory-confirmed HIV prevalence data for trans men (ranging from 0%–4%), all from small studies in high-income countries. In the United States, the 2019 meta-analysis by Becasen and colleagues estimated 3% laboratory-confirmed HIV prevalence among trans men. Racial disparities in HIV are also evident among trans men; in 2016, the U.S. Centers for Disease Control and Prevention estimated that 58% of trans men living with HIV were Black. HIV among trans men in low- and middle-income countries, including those with generalized HIV epidemics, has largely gone unstudied.

People With Nonbinary Gender Identities

Although trans people who identify as nonbinary may have been included as participants in HIV and STI research on trans women and men, there is almost no published research that addresses

their experiences separately. One exception is the 2015 United States Transgender Survey (USTS), which reported data on self-reported HIV status among nonbinary people, finding self-reported HIV prevalence of 1% and 0.2% among nonbinary people assigned male and female at birth, respectively, as compared to 3.4% and 0.3% among trans women and men, respectively (and about 0.3% overall in the United States).

Contributors to High Levels of STIs/HIV Among Trans People

Social structural, sexual network, psychosocial, and biological factors and their interplay contribute to higher levels of HIV and other STIs among trans people. These factors influence prevention and treatment outcomes, as discussed below. At the social-structural level, trans people face stigma, discrimination, and socioeconomic exclusion globally. According to the Human Dignity Trust, in 2019, 73 countries criminalized "same-sex" sexual activity and 15 explicitly criminalized trans identities or gender expressions. Across the world, trans people are denied access to legal gender recognition, education, and employment, with the most severe impacts for trans people who are also marginalized on the basis of race, ethnicity, social class, and other intersecting social positions. Excluded from the formal labor market, trans women in particular often generate income through sex work. There are many types of sex work, and sex workers have varying levels of occupational choice and control over their working conditions. Nevertheless, due to constrained occupational options and stratification within the sex industry, trans women face more unsafe working conditions, including being overrepresented in street-based sex work, where they may have less power to negotiate sexual safety. The criminalization of sex work compounds these risks by increasing exposure to violence and incarceration while reducing access to health services and justice. Anti-transgender and anti–sex work stigma and discrimination are pervasive in health care settings globally and can limit access to HIV/STI prevention information and technologies (e.g., free or low-cost condoms, lubricant, and preexposure prophylaxis), testing, and treatment.

Sexual networks play a key role in determining HIV/STI risk. Scant research exists on cis men who have sex with trans women and on the molecular epidemiology of HIV transmission among trans women. Taken together, this research highlights that trans women are often part of dense sexual networks (interconnected networks facilitate STI spread) involving cis men who may themselves be at greater HIV/STI risk due to their social vulnerabilities and behaviors. While much research focuses on network-related risk, sexual and social networks can also provide protective resources, including sexual health information, emotional support, and health-promoting norms.

At the psychosocial level, trans health scholars have explored how stigma and nonaffirmation of gender identity might contribute to sexual and substance use behaviors that increase HIV/STI risk. Jae Sevelius (2013) argues that trans women of color in the United States have limited access to social and medical gender affirmation yet have increased need for it because of the stigma they face and resulting distress. Therefore, they may engage in behaviors that increase their access to gender affirmation despite health risks, including condomless sex with partners who provide gender validation. Finally, biologically, the risk of acquiring HIV through receptive anal sex is about 18 times higher than through receptive vaginal sex, all other factors being equal. This contributes to greater HIV risk among trans people who have anal sex. It is also possible that hormone therapy and surgeries affect risk for sexually transmitted infections; however, clinical research to answer these questions is in its infancy.

Prevention, Testing, and Treatment

HIV Care Continuum

The HIV care continuum is a model used to describe the progression of people living with HIV from diagnosis through viral suppression. A person has suppressed viral load when there are very few copies of the virus in their blood, often to below the levels detectable by existing viral load tests. People living with HIV who have viral suppression can live healthy lives, with similar life expectancy to people who are HIV negative. In addition, *Undetectable = Untransmittable:* People with an undetectable viral load cannot transmit HIV to their sexual partners. UNAIDS has set targets toward ending the HIV epidemic that involve 90% of people living with HIV knowing their status (being diagnosed), 90%

of those diagnosed receiving antiretroviral treatment, and 90% of those on treatment being virally suppressed. As summarized in a 2019 systematic review by Anna Fontanari and colleagues, trans people are less likely to progress along the HIV care continuum. Stigma and discrimination within health care settings, as well as HIV-related stigma, limit access to HIV testing and to HIV-related medical care. The homelessness and unstable housing disproportionately experienced by trans people negatively affect engagement in care, retention, and adherence to medications. Concerns about antiretroviral (ARV)–hormone drug–drug interactions and side effects of ARVs also contribute to lower levels of sustained ARV treatment among trans women (some ARVs do affect estrogen concentrations, but this can be managed with dose adjustments). Integration of gender-affirming care with HIV prevention and treatment is a key strategy being employed and evaluated to improve HIV care continuum outcomes among trans people.

PrEP

Since its introduction in 2012, preexposure prophylaxis (PrEP; the use of HIV medications by HIV-negative individuals to prevent HIV acquisition) has become a key HIV prevention strategy. PrEP is 92% to 99% effective in preventing HIV infection when taken daily. However, when Madeline Deutsch and colleagues (2015) reanalyzed data from trans women included in iPrEx, a randomized controlled trial of PrEP among "men who have sex with men and transgender women," they found that because of low adherence, the group of trans women assigned to use PrEP did not benefit overall. Subsequent research has confirmed that trans women face multiple barriers to PrEP use and adherence, including a lack of trans-specific PrEP marketing, cost, medical mistrust, and concerns about potential effects of antiretroviral medications on hormone therapy. For trans men and other transmasculine persons, recent U.S. studies indicate that only a small proportion of those eligible for PrEP based on their sexual behaviors had ever received a prescription. Presently, a number of ongoing studies are examining strategies to increase PrEP uptake and adherence among trans women, men, and nonbinary people, including culturally relevant messaging, peer navigation, and integration of PrEP with gender-affirming medical care.

Trans Community Responses

Since the 1980s, trans communities have mobilized to demand inclusion in HIV/STI programs, research, and funding and to organize community-led responses. The success of trans advocacy can be seen in milestones such as the 2015 recognition by the World Health Organization of trans people who have sex with men as a "key population" affected by HIV. At the same time, trans people continue to experience a greater burden of HIV/STI and poorer treatment outcomes. As the global HIV response increasingly turns to biomedical prevention approaches, trans communities are advocating for a robust response to the structural conditions of discrimination, poverty, and criminalization that make trans people vulnerable to STI/HIV and hamper their ability to benefit from advances in HIV prevention and treatment.

Ayden I. Scheim

See also Epidemiology; Health Determinants; Research, Recruitment and Sampling; Sex Work; Sexual Health

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Homelessness/Shelters

Trans individuals are thought to be overrepresented in the population of people experiencing homelessness. However, trans people face barriers when attempting to access services and systems meant to assist individuals experiencing homelessness. These barriers range from institutional invisibility and exclusion to individual acts of harassment from staff and service users. The challenges faced by trans people experiencing homelessness are best understood through the lens of cisgenderism. When systems and services are created presuming cisgender (cis) service users, they are unlikely to successfully engage and accommodate trans people. This entry provides an overview of the macro context that contributes to the overrepresentation of trans people in the population of people experiencing homelessness and the challenges they face in accessing shelter services. It also addresses what we know about how many trans people experience homelessness and reviews challenges to shelter access.

Structural Barriers and Systemic Oppression

Before examining the issue of homelessness among trans people, it is crucial to contextualize homelessness among trans people within the larger social context and structural forces that produce and maintain their marginalization, particularly within the housing market and systems serving homeless people. The widespread societal marginalization of trans people can be understood as a product of cisgenderism. Cisgenderism can be understood as the belief system that underlies bias against trans people. This prejudicial ideology neglects the knowledge that all people possess about their gender and also presumes that all people are cisgender. Pervasive cisgenderism affects the lives of trans people in myriad ways.

Social systems often render trans people invisible through policies and practices that assume a cisgender identity. Cisgenderism may manifest in homeless service systems through exclusionary paperwork, a lack of trans-inclusive antidiscrimination policies, misinformed staff, and an overall lack of knowledge regarding trans identities. Cisgenderism and trans bias are so embedded within homelessness services that they have become normalized.

Trans people of color experiencing homelessness not only face barriers rooted in cisgenderism but also are challenged by systemic racism and its effects, such as racial profiling, police and community harassment, and microaggressions. Racism is inextricably linked to housing access and homelessness. For example, the United States is built upon centuries of racist housing policy that has directly affected people of color, particularly Black people, for generations. Consequently, Black people are overrepresented in the population of people experiencing homelessness in the United States. According to the National Alliance to End Homelessness, whereas Black people made up 13.4% of the U.S. population in 2018, they accounted for 40% of the population of people experiencing homelessness. Although people of color and trans people disproportionately experience homelessness and housing instability, homeless service systems are often unable or not equipped to recognize and respond to the needs of people whose lives are negatively affected by oppression rooted in racism, classism, cisgenderism, and trans bias.

Prevalence Rates of Homelessness Among Trans People

Although trans people are thought to be overrepresented in the population of people experiencing

homelessness, it is challenging to estimate exactly how many trans people experience homelessness owing to methodological limitations in enumerating their prevalence. These limitations include the lack of comprehensive response options to questions about gender that would allow trans people to accurately self-identify, discomfort disclosing information about one's gender identity for fear of harassment or service denial, and reliance on administrative-level data to estimate the prevalence of homelessness among trans people, who may not be actively engaged in homeless-serving organizations due to prior experiences of discrimination. Furthermore, the experiences of trans people are often grouped with lesbian, gay, and bisexual people in research on homelessness, making it difficult to determine the percentage of trans people within the aggregated LGBT group data.

Despite these enumeration challenges, it is evident that homelessness is a critical issue for trans people. According to the 2015 United States Transgender Survey (USTS), 30% of the 27,715 respondents reported experiencing homelessness at some point in their lives. Trans adults are estimated to comprise approximately 0.6% of the U.S. population; in studies of homelessness, trans people comprise between 1% and 9% of study samples. The aforementioned methodological challenges contribute to this range, as well as differences in sampling strategies, methodologies, and geographic locations.

Prevalence rates of people experiencing homelessness are monitored in the United States through the annual point-in-time (PIT) count. PIT counts are required for communities that are funded to provide homelessness assistance by the U.S. Department of Housing and Urban Development (HUD). The PIT count provides a census of people experiencing homelessness on one night in January. Based on the 2018 PIT count, trans people made up approximately 1% of the 372,417 individuals experiencing homelessness. Even at an estimated 1% prevalence rate, trans people are overrepresented in the homeless population compared to their representation in the general population. This is likely an underestimate. Because PIT counts predominantly rely on street and shelter-based identification, people who are more hidden, such as those who are couch-surfing or who actively avoid services or for whom it is not safe to disclose their gender, are not reflected in the count. The PIT counts showed a 22% increase in the number of trans people experiencing homelessness from 2017 to 2018, and the increase was primarily of unsheltered individuals.

Several recent studies have examined homelessness among trans youth and young adults. In 2015, the Center for Innovation through Data Intelligence conducted a survey of unstably housed young people in New York City (*n* = 317) in which 9% identified as trans. In Whitbeck and colleagues' 2014 multicity survey of youth street outreach programs (*n* = 656), trans young people comprised 7% of the overall sample. The Homeless Youth Risk and Resiliency Study surveyed 1,427 young adults experiencing homelessness in seven U.S. cities in 2017; 7.5% identified as trans. Although the sample sizes, geographic locations, methods of data collection and prevalence rates of these studies vary, one fact is consistent—namely, that trans people are disproportionately represented in the population of people experiencing homelessness.

Poverty

Examinations of homelessness for any population cannot overlook the role of poverty. Trans people are more likely to be underemployed and to live in poverty and less likely to own homes, all of which make them more vulnerable to homelessness. Employment discrimination undoubtedly contributes to the high poverty rates among trans people: Indeed, their unemployment rate is three times that of the general population. Unemployment and underemployment can make obtaining and maintaining housing nearly impossible for trans people. For trans people who do obtain housing, many also experience discrimination and harassment from landlords and neighbors.

Access to Services

Trans people experiencing homelessness frequently contend with discrimination and violence in their daily lives and encounter systemic barriers and institutional practices that deny their own understanding and articulation of their gender. Despite their increased vulnerability, trans people experiencing homelessness may be less likely to access services meant to transition people out of

homelessness and into stable housing. This is in large part due to pervasive trans bias. Trans bias shapes trans people's interactions with individuals, communities, and systems such that rejection and discrimination become the norm. Therefore, trans people experiencing homelessness constantly navigate an oppressive society that frequently disregards the experiences or denies their very existence. This disregard/denial occurs across a range of settings and is perhaps particularly detrimental when considering the provision of shelter. Some ways that trans bias manifests include binary-gendered bathrooms and sex-segregated facilities, exclusionary paperwork, frequent questioning, misgendering, discrimination, and violence. Navigating binary gendered spaces can result in extreme discomfort for trans individuals, especially nonbinary trans individuals, owing to the frequent failure on the part of programs to respect trans people's self-designated gender within the gendered space.

When considering shelter provision and the engagement of trans people experiencing homelessness with homeless serving systems, it is important to recognize that most, if not all, homeless service systems were created with the cis service user in mind. Consequently, homeless service systems are not designed to accommodate nonbinary genders or anyone whose self-designated gender is different from the gender typically associated with their assigned birth sex. Thus, programmatic policies and procedures may not apply to or include trans people. As a result, trans people face significant barriers to service acquisition and experience negative and sometimes violent interactions when attempting to obtain shelter and supportive services. For instance, when accessing shelter, trans people report harassment, being forced out of the shelter, and/or experiencing physical violence. These negative experiences may lead to trans people leaving shelters due to a lack of safety and mistreatment, even when they have nowhere else to stay.

The inability of homeless service systems to provide safe shelter for trans people has put trans people experiencing homelessness in extreme danger. Trans people, particularly trans women of color, are frequently targets of violence in the United States. The hypervisibility that sometimes accompanies homelessness may further heighten the risk of violence for trans people experiencing homelessness. Recent research documents the violence trans people are subjected to while experiencing homelessness. In Montgomery and colleagues' 2017 study, titled "Gender Differences in Factors Associated With Unsheltered Status and Increased Risk of Premature Mortality Among Individuals Experiencing Homelessness," over half of trans respondents ($N = 25{,}481$) reported experiencing a violent attack while homeless, compared with 35% of cisgender men and 40% of cisgender women. Obtaining help from police when experiencing violence is likely not a viable option for trans people experiencing homelessness because of the harassment many trans people, particularly trans people of color, face when interacting with the police.

Discrimination in the shelter system may not only place trans people experiencing homelessness in danger of physical violence but also leaves trans people experiencing homelessness without access to services, driving many to underground economies (such as the sex and/or drug trades) as a way to obtain basic necessities. Multiple negative outcomes are associated with engagement in the sex trade, such as violence and victimization, HIV transmission, increased risk of suicidality, and potential involvement in the criminal legal system. Mirroring racial disparities identified elsewhere in relation to homelessness, Black trans individuals were found to be four times more likely to engage in the sex trade than their white counterparts. Although negative outcomes related to the sex trade are frequently the focus of research, it is also important to note that some individuals may experience involvement in the sex trade as an empowering choice toward financial stability and therefore may not conceptualize their work as entirely negative.

Transforming Homeless Service Systems for Universal Access

To transform homeless service systems so that all people have access to social support and services, change needs to occur on all levels. In addition to individual interventions, which tend to be the focus of homeless services, interventions must also occur at the structural level. For instance, while educating shelter staff on ways to provide affirming care for trans people experiencing homelessness may

increase shelter access for this population, addressing the structural causes of marginalization and systematic erasure experienced by trans people may actually alleviate the need for shelter access in the first place. Solutions to homelessness among trans people must also include strategies for dismantling cisgenderism and racism, addressing the resulting economic and health disparities experienced by trans people, and creating equitable access to employment, education, and housing.

Jama Shelton

See also Cisgenderism; Cisnormativity; Discrimination; Housing; Poverty

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Hormones, Adults

Gender affirmation for many transgender and gender-diverse (trans) individuals is a multidimensional process involving aspects of social, emotional, and physical affirmation in an effort to reduce gender dysphoria. Gender dysphoria refers to the range of emotional distress experienced when there is misalignment of one's physical body and perceived gender with the internal sense of self. Often the desire for physical affirmation—changing one's outward appearance to be more in line with this internal sense of self—can supersede other aspects of affirmation. Gender-affirming hormone therapy (GAHT) refers to sex steroids administered in various forms to produce or enhance secondary sex characteristics that promote physical affirmation. Using GAHT can reduce the internal stress of gender dysphoria and may also allow some people to move more easily or safely through the world as their affirmed and authentic self. As such, for many individuals, access to GAHT is an important and necessary part of their process.

Medical Gender Affirmation

The goal of GAHT is to create the internal hormone environment that best aligns with a person's gender identity, with the aim of achieving physical characteristics that are culturally accepted and expected as a presentation of that gender. This

often entails taking hormone medications that are affirming, as well as suppressing the body's production of hormones that do not align with one's gender identity. GAHT therapy, most often focused on increasing or decreasing estrogen and testosterone with various medication options, can produce a combination of reversible and permanent changes to the body. Not all trans individuals will seek hormonal therapy as part of their affirmation. There is a great diversity of gender identities and expressions, and providers must assess each individual's goal for accessing care in a nonjudgmental and supportive way. According to the 2015 U.S. Transgender Survey, 78% of all trans respondents desired hormone therapy as part of their gender affirmation (which corresponded to 95% of trans men and women respondents and 49% of nonbinary respondents). GAHT is associated with improved health outcomes overall, and therefore, low-barrier access to medically supported gender-affirming care is strongly recommended.

Hormone Therapy

For many individuals, the aim of starting on hormones is to achieve maximal changes to the body that are culturally read as masculine or feminine. However, some people with nonbinary or genderqueer identities may desire a nuanced hormone makeup to achieve a more androgynous appearance to decrease gender dysphoria. Understanding patients' goals prior to starting on hormone therapy can ensure proper expectation setting and allow for individualized treatment regimens to achieve desired goals whenever possible and safe. Hormones can affect external appearance, leading to secondary sex characteristics of the affirmed gender—for example, testosterone can cause a deeper voice and facial hair growth, whereas estrogen may lead to breast development. Additionally, GAHT can lead to affirming changes in body function by suppressing hormones produced by the body, for example, cessation of menses with testosterone or decreased spontaneous erections with estrogen. Unfortunately, hormones do have their limitations. In individuals who have already gone through their natal puberty, hormones cannot alter bone structure, height, and some other changes that have occurred over time as a result of their born puberty.

In rejecting the rigid concepts of binary identities, many leaders in the field are moving away from classifying hormones into "masculinizing" and "feminizing" hormone therapy but rather referring to the hormones as they are—testosterone, estrogen, androgen blocker therapy—and their known physical effects. In this way, providers can be specific about the effects of the hormones without tying a specific trait or body characteristic to a gender.

Informed Consent

Quite often, individual practitioners and institutions develop their own protocols for evaluation of appropriateness for initiating hormone therapy; however, the most commonly adapted and referenced recommendations come from WPATH (World Professional Association for Transgender Health). WPATH recommends an informed consent approach for assessment and education prior to starting GAHT. The informed consent process can be performed by either a medical or mental health provider experienced in transgender health or, in some cases, by both.

Informed consent refers to the conversation between a provider and patient carefully reviewing a thorough explanation of the benefits, risks, a full list of treatment options, and realistic expectations. It also includes the process of assessing the patient's capacity to understand this explanation. There is not one structured or prescribed way to provide informed consent, but rather it should be individualized to a patient's cognitive and emotional needs, age, and cultural context. It is critical that patients are presented with clear expectation setting—including unknowns due to gaps in research, limitations of medications, long-term health outcomes of therapy—and given space for discussion as to how these align with their goals and expectations for the present and future, for as much as that can be foreseeable. Throughout this process, the individual's sense of self and agency should be promoted and supported.

Testosterone Therapy

Testosterone is the standard medication used to achieve certain changes to the body that some people find affirming, including lowering the pitch

of the voice, increased facial and body hair, fat redistribution from the hips and buttocks to the abdomen, and increased muscle mass. Testosterone can also suppress the body's production of estrogen, one effect of this being the cessation of menses in many individuals. There are several options for administration of testosterone, including injectable formulations, topical gels or patches, and implantable long-acting pellets. There are also oral formulations of testosterone, but these are not recommended for gender-affirming care owing to their negative impact on the liver and the existence of safer options. Choosing which formulation is best often depends on patient preference, ability to self-inject, risks of medication transfer to others if using topical gels, response to hormone therapy, and insurance coverage and cost.

Injectable testosterone is the most common form due to its low cost and excellent ability to increase testosterone in the body quickly and efficiently. Testosterone is typically injected weekly or biweekly and can be injected subcutaneously (SC) or intramuscularly (IM). Data have shown that SC and IM injections provide similar results at the same doses. Biweekly dosing leads to wider fluctuations in testosterone levels between injections, making weekly dosing a better choice for those preferring to keep their hormone levels more consistent from dose to dose.

Topical testosterone is dosed daily and therefore provides consistent serum (blood) levels. Topical formulations are ideal if there are concerns about the effects of significant fluctuations in hormone levels or if more gradual changes are desired. Patients must use caution in avoiding skin-to-skin contact at application area(s) with partners, children, or pets until the medication is completely absorbed, which can take up to 4 to 6 hours.

Finally, long-acting formulations are useful for those who find injections difficult and who are not candidates for topical formulations. These come in injectable forms and implantable pellets and may provide more consistent levels of testosterone over longer periods of time. They tend to be higher cost and need to be administered by a medical professional in the clinic.

Testosterone has been shown to be relatively safe. It can negatively affect cholesterol and potentially increase the risk of high blood pressure but has not been proven to increase rates of cardiovascular events (heart attacks, strokes, or blood clots), at least in the studies published to date. Additionally, testosterone does not appear to increase rates of breast, endometrial, or ovarian cancer. Finally, testosterone may affect fertility, and it is recommended to discuss reproductive goals prior to starting on GAHT therapy, and over the course of time, as family planning desires may change.

Additional/Alternative Hormone Therapy

Some transmasculine or nonbinary individuals may desire additional medications to reduce symptoms of dysphoria. For example, cessation of menses may be critical to gender affirmation, but testosterone and its effects may not be desired. In these cases, hormonal medications—those in the contraceptive class—can be used to reduce or stop menstrual bleeding. Additionally, these medications may also be used as birth control when requested and warranted, as testosterone itself does not reliably prevent pregnancy.

Estrogen and Antiandrogen Therapy

Estrogen can result in certain changes to the body such as softening of the skin, decreased muscle mass, breast growth, slowing of androgenic hair loss, and fat redistribution to the hips and buttocks that some individuals find affirming. Estrogen can suppress testosterone and its effects, but estrogen alone may not be enough to suppress testosterone sufficiently for some individuals. Androgen blockers—or antiandrogen therapy—are medications that can further suppress the body's production or response to testosterone and allow the effects of estrogen to be more apparent.

Estradiol

17β-Estradiol, more commonly known as estradiol, is the recommended medication for GAHT, as this is the bioidentical form of estrogen and observed to have the lowest risk profile, while also being quite effective. Much like testosterone, there are several options for administration, and the choice is typically based on patient preference, accessibility, effectiveness, cost, and safety.

In many studies on overall health outcomes, estradiol does appear relatively safe; however, it has been associated with increased cardiovascular and thromboembolic risk (blood clots, stroke) for those with certain underlying risks factors, such as older age, smoking, elevated cholesterol, hypertension, or diabetes. Estradiol may also increase the risk of breast cancer to slightly higher than that seen in cisgender men, but the rates are much lower than seen in cisgender women. Finally, fertility may also be affected, and discussion of reproductive goals should be discussed prior to starting on GAHT.

Oral estradiol is dosed daily and therefore provides steady levels of estrogen in the body. This formulation is relatively cheap, accessible, and easy to administer. Topical estradiol—in the form of patches or gels—appears to be the safest formulation from a cardiovascular standpoint, showing little impact on lipids (cholesterol) and decreased risk of thromboembolic events when compared to other formulations. This makes topical formulations ideal for those with higher than average cardiovascular risk. Topical formulations are dosed twice weekly or weekly depending on the brand. Finally, injectable estradiol is typically dosed IM every 2 weeks, although dosing weekly with smaller amounts is possible, with the goal of decreasing hormone fluctuations between doses.

Antiandrogens

The most common antiandrogen used in the United States is spironolactone, which is a type of blood pressure medication called a potassium-sparing diuretic. At high doses, it appears to directly inhibit testosterone production, as well as block its binding to the testosterone receptor; it may also exert a small estrogenic effect of its own. It is inexpensive and generally well tolerated.

Over the past 2 to 3 years, some have challenged the safety and effectiveness of spironolactone; however, as of 2020, none of these concerns have been explored at length or proven clinically significant. Currently, spironolactone remains one of the most studied, affordable, and safest options available for gender-affirming care. As additional medications are evaluated for their effectiveness and safety in the context of gender-affirming care, these recommendations may change and more desirable alternatives for testosterone suppression may become clearer. At the current time, however, spironolactone remains the antiandrogen of choice in the United States.

As mentioned above, there are individuals who are able to achieve testosterone suppression without an antiandrogen—either with estrogen alone or if they have undergone a bilateral gonadectomy (the surgical removal of both testicles). In these cases, no additional medication would be indicated for suppression of the body's own production of testosterone.

Progesterone

The benefit of progestins for gender affirmation is not yet well established. Progesterone is typically a part of a cisgender female's hormonal makeup, and therefore it may be desired as part of medical gender affirmation on this basis. Additionally, some patients and medical providers advocate that progesterone may help improve breast development and promote improvements in mood and libido. Progesterone has also proven beneficial in suppressing testosterone, acting as another or alternative antiandrogen. However, common side effects of progesterone are weight gain, fatigue, irritability, and potential increases in cardiovascular risks. It is important to weigh the benefits versus potential risks of starting progesterone therapy on an individual basis. Micronized progesterone is the bioidentical formulation, and research has shown this to be the safest option in terms of cardiovascular health.

GAHT for Nonbinary/ Genderqueer Individuals

Some nonbinary or genderqueer individuals may desire sex hormone levels in a range midway between the physiologic cisgender male and female ranges or to use gender-affirming hormones for a limited amount of time. As with all individuals, prescribing GAHT and dose decision making should be based on a discussion with the patient. A clear understanding of goals and ensuring realistic expectations are necessary, given the unique and largely unpredictable responses of each individual to hormone therapy.

Microdosing is a term that is sometimes used to describe using low doses or limited doses of testosterone or estrogen to affirm a gender identity. There is not one way to "microdose" but rather it is another example of an individualized approach to prescribing hormone therapy. Doses are often started low and monitored closely by both patient and provider to ensure that therapy continues to affirm identity and that undesired changes do not occur. Preprescription counseling is strongly recommended to discuss that it is not possible to predict which changes may occur with hormone therapy for every individual or how fast they may occur. It is imperative to discuss changes that may be permanent and that it may not be possible to tailor hormone regimens to allow for some changes and not others. Patients should be given the option to stop hormone therapy whenever they feel the medication is no longer affirming or desired. A safe but flexible approach to dosing should be presented during the informed consent process for all patients when initiating hormone therapy.

Julie Thompson

See also Fertility Preservation; Gender Dysphoria; Gender Expression; History; Hormones, Youth; Informed Consent Model; Medicine; United States Transgender Survey

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Hormones, Youth

Gender-affirming hormone therapy consists of using testosterone or estrogen to aid trans (including nonbinary) individuals, who so desire, to develop secondary sexual characteristics more in line with their gender identity. Along with social transition and gender-affirming surgeries, it is one of the medically necessary and potentially lifesaving treatments available for gender dysphoria, and it is the standard care for trans adults and adolescents.

Depending on the age and physical development at time of presentation, youth with gender dysphoria may be candidates for different treatment options. For those presenting prior to the onset of puberty or during childhood, most interventions are of a psychosocial nature and include, but are not limited to, social transition and psychological and family support. For these patients when they begin puberty, and those who present shortly after the onset of puberty or during its early stages, puberty suppression with medications such as gonadotropin-releasing hormone analogs is the most widely used intervention, with the goal of halting the undesired development of secondary sexual characteristics, such as breast growth or body hair. For patients who present later in puberty or once puberty is complete, or for those patients who have received puberty suppression and are considered old enough to make informed decisions about their care, the usual next step is the use of estrogen or testosterone to drive the changes consistent with the patient's gender identity.

The initial prescription of gender-affirming hormone therapy is an important milestone for many trans individuals, regardless of age. Although starting hormones is a decision that should never be taken lightly, their use in younger patients poses specific challenges. The prescriber needs to carefully balance the need to wait for a young patient to develop the necessary psychological

maturity to fully comprehend the consequences of starting therapy with hormones and its associated irreversible changes, on one hand, and the potential harm of delaying this valuable and effective intervention unnecessarily, on the other. Although hormone therapy historically and traditionally has started at the age of 16 years, most experts in the care of trans youth now favor starting hormones earlier, when clearly indicated and desired. Hormone therapy should never be started prior to the onset of puberty in children and adolescents who are otherwise healthy, but there is otherwise no lower age limit. Despite this, hormones are rarely started before the age of 13 years. Because of their partially irreversible effects, hormone therapy requires the consent of parents or legal guardians for those under the age of legal decision making (18 years in most states in the United States). The specific requirements for parental consent—for example, one versus both parents, or in cases of divorce, or if a parent is incarcerated—are state specific and require thorough knowledge on the part of the prescriber. It is ideal for patient and family to be on the same page prior to starting hormone therapy, but when there is disagreement between the youth who wants to start hormones and parents who refuse to provide consent, it is the prescriber's role to advocate for the well-being of the minor patient, and as such, often there is a need to act as an intermediary between minors and their parents, or between parents with dissenting opinions. Although rare, some cases have been settled in court, but the outcome of these cases is mixed and dependent on jurisdiction.

Another consideration prior to starting hormone therapy in youth is whether or not a psychosocial evaluation by a mental health professional needs to be completed prior to the start of hormone therapy. While there are multiple advantages to this thorough evaluation, it (a) may potentially delay treatment due to limited availability of these services, (b) can result in high out-of-pocket costs to families, (c) may not be in the best interest of youth (particularly those who have had negative and potentially harmful experiences with mental health professionals who are not familiar with the care of gender-variant youth or are against a gender-affirming model), and (d) may be perceived as pathologizing a condition that is considered a normal variant (i.e., treating a trans identity as an illness that needs to be ruled out or diagnosed prior to receiving treatment). Existing guidelines tend to favor this approach of having a mental health professional as the "point of entry" to care but also allow for other options to assess the need and patient's readiness to start hormone therapy that may be more available and less expensive, time-consuming, and potentially traumatic. Centers with more experience treating trans youth usually rely on behavioral health interventions as a means to support an important life-changing process for those patients who desire this kind of support and not as a necessary step prior to the start of hormone therapy. Behavioral health is an extremely valuable tool for patients who are still exploring their desire to begin hormone therapy and may be very useful in the management of patients for whom it may be harder to assess their understanding of the consequences of starting hormones (e.g., youth on the autism spectrum or youth with other conditions that may limit their ability to communicate).

It is necessary to have thorough discussions about the expected outcomes and potential risks of gender-affirming hormones prior to their start. While hormones are very safe when used as prescribed and with adequate monitoring, they may increase the risk of some adverse events. For individuals who use estrogen, there is an increased risk of breast cancer (usually lower than for cis female relatives), deep venous thrombosis (the development of a blood clot inside a vein), and gallstones. For those who use testosterone, there is an increased risk of polycythemia (the excessive increase in production of red blood cells), acne, and potentially an increase in the incidence of heart attacks or strokes. These risks are usually greater with older age as well as for those who use tobacco products. Despite these risks, it is widely agreed that the benefits of hormone therapy, for those who need it, greatly outweigh the risks. Absolute contraindications to starting hormones are extremely rare in youth.

The most obvious changes expected from the use of estrogen include breast growth, softer skin, decrease in lean body mass (lower bone mineral density and muscle volume, as well as an increase in body fat percentage), and decrease in testicular size. With testosterone, we expect to

see suppression of menstruation, deepening of the voice, development of facial and body hair, growth of the clitoris, increase in lean body mass, acne, and occasionally what is traditionally known as male-pattern baldness. Another potential effect of hormone therapy is infertility, which requires thorough discussion along with referrals for fertility preservation when desired by the patient.

The onset of puberty with the start of hormone therapy for those patients who received puberty suppression, as well as its initiation in those who already experienced puberty (for whom it is informally described as a second puberty) is a time of fast physical and physiological changes and may be accompanied by some psychological and behavioral challenges. Patients may experience mood swings as well as new or worsening depression or anxiety. Often, however, the initiation of hormone therapy may also provide significant relief of gender dysphoria and coexisting psychiatric conditions. In either case, it is important that patients are managed in a holistic and caring manner, and it is the medical and behavioral team's duty to learn about existing patient and family community resources and, if these are not available, to advocate for their creation.

Uri Belkind

See also Puberty Blockers; Puberty

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Housing

Trans people face significant barriers to accessing housing, including economic instability and discrimination in accessing rental housing, in purchasing homes, and in accessing credit. These factors result in a higher incidence of homelessness, negative outcomes associated with housing instability, and greater difficulty accumulating wealth—a protective factor against cyclical poverty—compared to their peers. Housing instability can take on multiple forms, up to and including homelessness. For example, nearly 1 in 10 respondents to the 2015 U.S. Transgender Survey (USTS) reported their current living situation to be a temporary arrangement with friends or family because of an inability to independently afford housing. This entry reviews available evidence of housing (in)stability among trans populations and interactions with the housing market, provides a landscape of the civil rights remedies available to address discrimination, and discusses the need for a comprehensive policy and programmatic response beyond nondiscrimination law.

Housing Discrimination

According to the 2015 USTS, nearly one quarter (23%) of respondents experienced some form of housing discrimination in the year prior to the survey, such as being evicted from their home or denied a home or apartment because of their transgender status. Rates of discrimination are particularly high among people with multiple marginalized identities, such as trans people of color. For example, among trans women respondents, 10% of American Indian, 10% of Asian, 11% of Latina, 15% of multiracial, and 17% of Black women reported being denied a home or apartment in the year prior to the survey because of their transgender status, compared to 6% of white trans women. Additional research is needed to examine housing instability among other subgroups of trans people, including trans people with disabilities and trans older adults, whose living situations might include long-term care facilities or other communal settings.

Rental Markets

Data from the 19 states and the territory of Guam who collected gender identity data in the 2014 Behavioral Risk Factor Surveillance System (BRFSS), a federal survey administered by state departments of health, indicate that approximately 30% of trans people residing in those localities rent a home. The 2015 USTS reported that 44% of trans respondents were renting at the time of the survey.

Rental unit testing studies conducted across the United States indicate that LGBTQ people are less likely to receive responses to inquiries about housing availability and, when speaking with housing agents, are told about fewer units and are quoted higher yearly rental costs. A similar pattern appears in research using trans populations. A study using matched pairs of renters published by the Urban Institute in 2017 showed that trans testers were told about fewer rentals compared with cisgender (cis) testers and that trans testers who disclosed their gender identity were less likely than cisgender testers to be told about available rentals.

Home Ownership

Data on homeownership among LGBTQ populations are sparse. Data from the 2015 USTS indicate that relatively few trans people own their own home, with trans respondents being nearly four times less likely to own a home compared with the general U.S. population (16% vs. 63%, respectively). An analysis of 2014 BRFSS data showed no difference between trans and cis respondents on home ownership status in the states with available data (65% vs. 70%, respectively). These mixed findings could be explained by the nature of the survey methodologies used in each study, including that the BRFSS data are only generalizable to the states and one territory that collected gender identity data, showing the need for additional research in this area. A 2018 survey conducted by Community Marketing & Insights for the mortgage loan company Freddie Mac found that 33% of gender-expansive participants reported owning their own home, a lower rate than gay, lesbian, or bisexual participants. In that same survey, 66% of gender-expansive participants who were currently renting a home reported that they probably or definitely wanted to own a home in the future (vs. 68% of bisexual participants, 73% of gay participants, and 74% of lesbian participants). Among that same subgroup, 69% reported a fear of experiencing discrimination during the homebuying process.

Legal Protections and Remedies

High rates of discrimination in housing access may be related to the lack of clear and explicit housing discrimination protections at a national level. The Fair Housing Act (FHA) does not include explicit protections on the basis of sexual orientation and gender identity in housing, although the Biden administration announced in 2021 that it considered LGBTQ people to be covered by the prohibition against sex discrimination in the FHA and other housing laws. As of January 2021, only 28 states and the District of Columbia explicitly prohibit discrimination in housing and homelessness programs on the basis of sexual orientation and gender identity either in state law or under interpretations of existing sex discrimination statutes. The federal Department of Housing and Urban Development (HUD) has accepted complaints of housing discrimination on the basis of sexual orientation and gender identity since 2012 under the legal theory that LGBTQ people are protected under the FHA's protections against discrimination on the basis of sex. HUD issued a subsequent rule in 2016 that gave more clarity about how the protections based on gender identity in the Equal Access Rule should be implemented in its shelters and other housing programs. The Department of Health and Human Services, which oversees grant making under the Runaway and Homeless Youth Act (RHYA), also includes nondiscrimination protections for transgender young people who seek services from these HHS-funded programs. The regulation, issued in December 2016, also includes gender identity and expression under the core competency of "cultural and human diversity," setting out trans-inclusive expectations of workers in these programs. The rule further clarifies that counseling services made available under RHYA do not include conversion therapy or the practice of attempting to change someone's gender identity or gender expression.

It may also be the case that trans people, and LGBTQ people generally, experience discrimination in housing if they use public benefits, like housing vouchers, as a source of income. A 2017 survey from the Center for American Progress found that 14.3% of trans respondents reported that they or a family member had received housing assistance in the year prior to the survey, compared with 2.7% of cis respondents. There is evidence of discrimination against individuals and families who use these benefits, which is why federal legislation to bar discrimination on the basis of source of income has been introduced in the U.S. Congress. In 2020, a review by the Poverty & Race Research Action Council found that 17 states and nearly 100 municipalities have passed some form of source of income protections from discrimination.

Reducing discrimination against LGBTQ people in housing transactions alone may not be adequate to address disparities in housing purchases. In 2019, the National Association of Gay and Lesbian Real Estate Professionals highlighted findings that 70% of LGBTQ renters reported not having money for a down payment as the primary reason for not yet buying a home and that significant proportions of their membership believed that a lack of understanding of home buying and/or the mortgage process, lack of family support, and concerns for being welcomed in new community were factors explaining reduced rates of homeownership among LGBTQ renters. At the same time, research indicates that same-sex couples experience discrimination in credit access and are given less favorable interest rates when they are able to access credit, despite the fact that they are not a higher credit risk than similarly situated different-sex couples. Although studies have not yet been conducted testing the applicability of this finding to single LGBTQ people and nonbinary people, there is no evidence to suggest that the results of such a study would be dissimilar.

Structural Changes to Reduce Housing Instability and Homelessness

Stable housing—and the financial supports to secure stable housing—affords considerable benefits for people who have experienced homelessness, including reductions in psychological distress, substance use, and food insecurity. Protections from discrimination at the federal, state, and local levels are a critical tool for ensuring access to housing and homelessness services for LGBTQ people. It is important, however, to recognize three major drawbacks to a legal protections model.

First, protections from discrimination do little to mitigate the prevalence of housing instability for trans people: Nondiscrimination protections function as a back-end solution, helping to reduce harm for people who have already lost access to stable housing. For example, while a paired-testing study across four states from the Center for American Progress and the Equal Rights Center found that states with LGBTQ-inclusive nondiscrimination laws were twice as likely to be willing to provide a trans women tester with appropriate access to a homeless shelter, the rate of appropriate placement in these states was still only 40%.

Second, legal protection from discrimination within the homelessness continuum of care tends only to be as effective as the implementation and enforcement mechanisms in those laws. Under progressive federal administrations, HUD has invested significant resources into ensuring that the housing continuum of care had the resources and the cultural competency to serve trans people well; it also made clear its intention to enforce the standard of care laid out in its regulations. In contrast, more conservative administrations have taken a hands-off approach to implementation and enforcement of discrimination protections. In practice, this results in stagnation within the continuum of care—providers that prioritize serving trans clients will continue to do so, providers that do not prioritize serving trans people are not pushed to improve their service, and providers that wish to deny service to trans people are not held accountable for those denials.

Finally, legal protections within the housing continuum of care may not provide an effective pathway out of housing instability for trans people. People often experience homelessness as a result of a broader pattern of economic instability, which may be a result of a lack of stable employment, unexpected or compounding health care costs, lack of accessible transportation, involvement with the criminal legal system, an inability to build wealth or access banking services, or any number of other factors. While trans people lack legal protections in and practical access to employment, jury service,

health care, transportation, credit, and other areas, protections within the continuum of care alone will be inadequate to ensure that periods of housing instability and homelessness are an exception and not a norm. Significant funding of prevention programs, undoing intersecting systems of oppression, and addressing drivers to homelessness must be explored more deeply in order to effectively and permanently reduce the number of trans people who experience housing instability and homelessness.

The COVID-19 pandemic that began in 2020 exposed the significant health risks experienced by people who are homeless and highlighted the precariousness of Americans' housing stability. Advocacy for rent freezes and other policy solutions aimed at keeping people in their homes during record unemployment are not likely to prevent a new wave of rising homelessness following the immediate crisis. For the transgender community, members of which already suffer considerable health and economic strain from a long history of marginalization, programs and policies to connect people with such supports are also crucial for long-term health and stability.

Laura E. Durso and Meghan Maury

See also Demographics of the Trans Community; Gender Identity Discrimination as Sex Discrimination; Homelessness/Shelters; Nondiscrimination Laws, Federal, State, and Local; Poverty; United States Transgender Survey (USTS)

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ICD

The *International Classification of Diseases* (*ICD,* in full the *International Classification of Diseases and Related Health Problems*) is a diagnostic tool published and periodically revised by the World Health Organization (WHO). *ICD* is the most comprehensive and widely used diagnostic manual, freely available on the Internet, and used for multiple purposes connected with the delivery of health services worldwide. *ICD-11,* the first revision since 1992, was approved by the World Health Assembly (WHA), WHO's governing body, in May 2019.

Many trans people (persons identifying in a gender other than that generally expected on the basis of their birth-assigned sex and therefore experiencing a gender incongruence) seek gender-affirming health care. In most health care systems worldwide, a diagnosis provides a degree of access to those types of health care. Relevant trans diagnoses have been a relatively recent development in *ICD*.

History of Gender Diversity Diagnoses in *ICD*

Early ICD Revisions

Trans-related diagnostic categories were absent from early revisions of *ICD*. *ICD-8* (1965) introduced a diagnostic category called *transvestitism,* classified as a *sexual deviation,* itself in a chapter on *neuroses, personality disorders and other non-psychotic mental disorders*. By 1975, the same chapter in *ICD-9,* in a similarly named section called *sexual deviations and disorders,* had introduced a diagnosis called *transsexualism,* clearly distinguished from a slightly renamed *transvestism* diagnosis. *Transsexualism* itself was divided into several subcategories, according to the sexual orientation of the person being diagnosed (homosexual, heterosexual, asexual, or unspecified).

ICD-10

It was in 1992 with *ICD-10* that WHO recognized that a person's gender incongruence is largely unrelated to sexual orientation or behavior. *ICD-10* created a group of *gender identity disorder* diagnoses, located within a block of diagnoses called *disorders of adult personality and development,* themselves in a chapter on *mental and behavioral disorders*. The key gender identity disorder diagnosis was *transsexualism,* defined as wishing to live and be recognized as being of the "opposite" sex, usually with feelings of discomfort or inappropriateness about one's sexual anatomy, and a desire for hormonal or surgical treatments to change one's body. Other diagnostic categories were *dual role transvestism* (for individuals seeking temporary experiences of being the "opposite sex" without wanting medical treatment) and two residual categories of gender identity disorder (*unspecified* and *other*) for use when the other two categories did not fit. Importantly, *ICD-10* also introduced a diagnostic category for children below puberty (*gender identity disorder of childhood*), this despite the name of the block in which all these diagnoses were located.

ICD-10 remained in use for 27 years. Collaborative research by WHO and the World Psychiatry Association indicated that by 2011, *ICD-10* was used on a daily basis worldwide by more psychiatrists than any other diagnostic manual, including the *Diagnostic and Statistical Manual* (*DSM*) of the American Psychiatric Association. Over these three decades, the social, scientific, and medical understanding of the trans experience grew substantially. Successive revisions of *DSM* to some extent reflected that growing understanding. In 2013, while WHO was engaged in revising *ICD,* the American Psychiatric Association published *DSM-5,* in which the gender identity disorder diagnoses (which pathologized gender incongruence) were replaced with Gender Dysphoria (which rather pathologized the distress and discomfort that might be associated with that incongruence). Meanwhile, *ICD-10* remained largely unchanged, conceptualizing the trans experience as disorder threefold—a gender identity disorder, one of the disorders of adult personality and behavior—in a chapter on mental and behavioral disorders.

ICD-11

ICD-11 was approved by the WHA in May 2019. The revised manual contains substantial changes in the way in which the trans experience is conceptualized. First, the relevant diagnoses are relocated from the mental disorders chapter to a new chapter on conditions related to sexual health (consistent with a broad WHO definition of sexual health). Second, *the gender identity disorders* are renamed as *gender incongruence*—specifically, *gender incongruence of adolescence and adulthood* (GIAA); *gender incongruence of childhood* (GIC), for children below puberty; and *gender incongruence (unspecified),* a residual category. Third, the *gender incongruence* diagnoses are described in a way that explicitly refers to an incongruence between experienced gender and assigned sex and therefore extends to those who identify outside the gender binary. This stands in contrast to the old *ICD-10* diagnosis of *transsexualism* (with its reference to individuals wishing to live and be accepted as "the opposite sex").

A fourth development concerns the GIC diagnosis, for which the diagnostic description makes clear that a child's atypical gendered behavior and preferences are not in themselves sufficient for a diagnosis. A corresponding observation was notably absent from *ICD-10*'s text on *gender identity disorder of childhood*.

Reactions to ICD-11

Clinicians, trans community members, and others have overall celebrated *ICD-11*'s move to "de-psychopathologize" the trans experience (at least for adolescents and adults), to remove the relevant diagnoses from the mental disorders section, and to reclassify gender incongruence as a condition related to sexual health. It is widely thought that this shift can reduce trans stigma and improve access to gender-affirming health care worldwide. There have been lobbying efforts aimed at a similar de-psychopathologization in *DSM*—moves that, if successful, would likely lead to the removal of trans diagnoses from the main text of *DSM* altogether (perhaps with relegation to a section on other conditions that may be a focus of clinical attention).

Reactions to the GIC diagnosis have been more mixed. Although many clinicians and researchers argue that the diagnosis is justified on clinical grounds, others, including trans community organizations worldwide, argue that young children below puberty who are exploring their sense of self, developing an identity, and becoming comfortable expressing that identity should not be regarded as having a medical condition.

Sam Winter

See also *DSM;* Gender Affirmative Model; Gender Binaries; Gender Dysphoria; Medicine; Nonbinary Genders; Social Transition

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ICTLEP

See International Conference on Transgender Law and Employment Policy.

Identity Development

People begin life with little awareness of who or what they are and, across a lifetime, develop an internal and stable sense of self through a process called *identity development*. *Identity* is the internal conceptualization that a person has about themselves across a network of characteristics that may include talents, skills, intelligence, and beliefs. Identity can be collective—namely, about one's groups of belonging (e.g., race, religion, class, nationality, and occupation)—and identity can be individual: about oneself. Personal identities may include positive and negative beliefs about oneself, which are influenced by factors such as race, nationality, dis/ability, poverty, nutrition, environmental hazards, trauma, religion, relationships, and sex assigned at birth. A person does not develop *a single* identity but rather develops a constellation of intersecting identities, including gender identity. People whose gender identity, presentation, and/or behavior deviate from the expectations and norms of a society based on their assigned sex may identify as or be labeled trans or gender diverse.

Development of Gender Identity

Identity development is nonlinear, intersectional, and complex. It begins in infancy and continues throughout life and is affected by complex interactions of environment, culture, and biology. Identity frames much of what a person does in life. Gender identity development, like all human development, is influenced by both biology and environment. It is both stable, as well as a continually self-adjusting and dynamic matrix of attitudes, emotions, meaning, expectations, and experiences. The constant and dynamic interaction of person and environment makes it difficult to identify the specific or primary influences, within and external to oneself, on gender identity development.

As trans people develop physically, they begin to interact with their bodies in juxtaposition to what people tell them about bodies similar to and different from their own. Confusion or conflicts in gender identity development arise for the trans individual as they work to integrate differences between what they feel their gender is and what everyone else expects it to be.

Expectations of gender identity development are both overt and implied. Adults tend to refer to others in gendered terms that reflect and reinforce the gender identity expected of people based on known or assumed sex assigned at birth. Children are told repeatedly by people, books, and media how the culture "wants" them to identify their own gender using their bodies as points of reference for gender identity and social roles. By a very young age (usually around 3 years), most children can readily identify and assign the gender categories of man/boy or woman/girl using culturally normative behaviors, clothing, colors, grooming characteristics (e.g., short or long hair, beards), tasks or jobs (e.g., cooking, childcare, firefighter, construction), and vocal pitch, tone, and inflection. Subsequently, children begin to identify inwardly and outwardly with activities and people that they identify as being like themselves. They may begin to emulate the various characteristics and identities they resonate with through make-believe and imaginative play as well as identifying themselves with characters in books and media. They may try on and integrate or reject things that feel most in or out of tune with their developing self-image and gender identity. In this process, trans children may identify with gender roles that are incongruent with their assigned sex and may in turn encounter intolerance and pressure by others to comply with expected gender norms. Expressing a gender identity contrary to social pressure is not always possible for trans people, and many comply with expected gender behaviors and/or repress their internal gender identity to survive.

Physical Influence on Gender Identity Development

Physical and mental development happen both concurrently and separately, are unique to each

individual, and affect gender identity expectations and development. Changes in physical development with the onset of puberty may exacerbate or elicit a sense of misalignment of gender identity with assigned sex for trans children. While physical development may be observed and measured, the emerging dissonance of gender identity development is internal and cannot be observed with the same certainty. Behaviors may provide some insight into gender identity development but are not always aligned with actual identity, owing to social pressures. Social expectations of gender identity development based on sex assigned at birth result in frequent conflicts with differences in behavior expressed by trans people and may lead to altered gender expression or repression of trans identity altogether. While some children who identify as trans in early childhood seem to adopt a cisgender identity later, youth who identify as trans in adolescence appear most often to continue to identify as trans throughout life.

The origin of differences in gender identity development for trans people is unknown. Some theories propose a difference in brain development as one of the crucial factors in developing a transgender identity. Over the past 25 years, there have been just over a dozen studies on the neurological structures and function of trans people's brains. Taken together, these studies are inconclusive. Although they find some differences between trans and cis people's brain structures and function, the cause of such differences, the timing of when in physical development they might arise, and what influence they have on gender identity remain unclear.

Some theories propose that these differences may be intersex conditions, or disorders of sexual development (DSD), that affect only brain development and may interpret these differences to mean that a trans identity is the result of an intersex condition. There are limited data suggesting some connection between differences in sex hormones (androgens) in fetal development and increased occurrence of some trans identities. Very few trans people have DSD conditions, however, and the interconnectedness of DSD with transgender identities remains unclear. The unexplained overlaps and differences between trans and intersex communities do create social contradictions and personal difficulties for individuals who may fall into both categories.

Social Expectations and Gender Norms

People largely *expect* everyone to adopt a gender identity that reflects their assigned sex and the cultural norms. Societies do not generally provide models of gender development outside cisgender identities for trans people to emulate, and each society reacts differently to people who diverge from their gender norms, further isolating and complicating gender identity development for trans people. Trans people are nonetheless found in nearly every culture, although the nature of their experiences and meaning of a transgender identity may vary considerably, as seen in the descriptive language and terms for gender categories since at least the 3rd century C.E. Examples of gender-diverse people appear in Talmudic writings (Jewish), First Nations two-spirit people, and other culturally specific groups such as *hijra* (South Asia), *māhū* (Hawaii), and *travesti* (South America). These examples of gender-diverse people all predate the 20th-century term *trans* yet describe people across cultures and time whose identities are outside their dominant culture's understanding of binary sex and gender identity.

Cultural expectations for gender identity are rooted in a common assumption that genitals equal genetics and equate to immutable and unalterable gender identity. Once a person is assigned a sex, the society exerts unrelenting pressure to re/enforce the associated gender norms on the individual through a mixture of covert and overt rewards, messages, and punishments from family, religion, media, education, and community regarding what behaviors and gender identity are expected. These expectations are reinforced through early childhood socialization and instruction. Socialization of children focuses disproportionately on teaching them gender norms for play, talk, dress, and body movement, which for trans people usually results in learning behaviors that comply with social expectations according to sex assigned at birth while conflicting with their internal gender identity that is incongruent with their assigned sex. There is some indication that a strongly asserted trans identity after puberty (around age 13) in children assigned female, despite conflicts from social pressures to adopt a cis gender identity, may indicate a stable gender identity that will persist and solidify more with age.

Visibility of Internal Gender Identity

Gender identity is the internal sense of oneself as a boy/man, girl/woman, both, no gender, or something else. Internal gender identity may not match what someone shows to the world through gender expression. The social pressure to espouse and express a cis gender identity makes learning someone's internal gender identity tricky. The choice to disclose a trans identity is not always possible or even desirable. Visibility may also change over time, across settings, and with necessity to access resources and supports. Trans people express their gender identity across a range of contexts from blending into cisgender society in their affirmed gender without revealing their history to living visibly as trans whether by choice or not. Greater visibility may be associated with greater identification with the larger trans community, and trans people may individually and collectively use their visibility to press for social changes, acceptance, and to be role models for hope and resilience. Trans visibility may benefit those who are without the language to express their felt discordance; it helps with their realization that they are not unique or alone in their internal experience of gender incongruence to define and solidify their gender identity. Greater visibility as trans may also be the unwelcome outcome of circumstances, may reveal an inability to access gender-affirming care when needed, and may significantly increase a person's experiences of transphobia and violence. Likewise, blending into cisgender society in one's authentic gender may signify fear, provide protection from discrimination and harm, may be a marker of privilege and access to gender-affirming care, or may be the intended culmination of a person's integration and expression of their gender identity.

Transgender Identity Development

There are many gender identity development theories with little consensus. Defining and adopting gender labels, descriptions, and gender expressions are highly specific to the individual, their cultural context, and whatever gender expressions and roles feel most aligned to their internal sense of gender identity. Each subpopulation within the larger trans population (binary, nonbinary, agender, etc.) may go through different developmental processes to reach a consolidated sense of personal gender identity. Some theories focus on the influences of environment and stigma, or adversity, to explain trans identities and expression. Developing a transgender identity, however, is not synonymous with developing gender dysphoria, a mental health diagnosis based on significant distress and functional impairments due to transphobia. Several theories discuss differences in identity development based on gender-affirming medical treatments and/or legal changes. Very few theories address the gender identity development of people who stop or reverse gender-affirming medical treatments (detransition; retransition). What is clear is that there is no agreed-upon normative route in transgender identity development and no single identity across all who identify as trans. A trans person's gender identity develops uniquely without a clear universal starting point or age, with no preset end goal, and with no goal of developing a binary gender identity "opposite" the sex assigned at birth. Most theories of gender identity development have common goals of achieving comfort with, and integration of, a stable gender identity in life, regardless of medical, legal, or social changes.

Awareness of and Hiding Trans Identity

Trans people describe an awareness, at some point in their lives, that how they experience or identify their gender is quite different from what they see in others and from what others expect of them. This may result in anxiety and confusion and lead to inhibition and delays in gender identity development and disclosure. Awareness of difference typically begins in response to family, educators, religious leaders, and community members' reactions to the trans person's expressed gender incongruence. Responses may range from redirection and belief that the person is confused or too young to understand their gender to extreme levels of violence and attempts to forcibly change the trans person's gender identity to cisgender. In response to disapproval, some trans people protect themselves through hiding or suppressing awareness of their gender incongruence. They may work to adopt expressions and behaviors congruent with their sex assigned at birth, trying to feel how they assume cisgender people feel. Some go to binary extremes of social gender norms and may exhibit hypermasculinity or hyperfemininity. These

efforts may not work to suppress the gender incongruence long term, and a person's underlying transgender identity may resurface many years later when it is safe to express.

Trying on Gender Expressions and Roles

Experimenting with gender expressions and roles helps people learn what feels gender congruent and to solidify their internal gender identity. In children or youth, experimenting with gender expressions and role-playing is generally socially accepted as a developmentally typical way youth try on different names, behaviors, identities, and actions to assess fit with their personal identities and interests. By adulthood, however, the trans person may experience resistance and confusion by society about the meaning of deviations from normative gender behavior or appearance, with frequent misinterpretation of gender-variant expressions as indicating non-heterosexual sexual orientation. Trans people may adopt or experiment with a lesbian, gay, or bisexual identity to explore and distinguish their internal sense of gender from sexual identity or to test the tolerance of family and community before disclosing a trans identity. Experimenting with gender expressions that are out of alignment with social expectations may be met with increased pressure to conform and may continue to be confusing or dangerous for the trans person. Trans people may spend years alternating between expressing and then hiding their gender identity or compromising when, where, and how often they express their gender identity outwardly. Gender identity development during this process may appear to take pauses or fluctuate while the trans individual assesses and integrates or rejects different gender expressions and roles based on feelings of internal gender congruence and on external responses from others. During this time, people often begin to become more self-confident about their gender identity and may consider gender-affirming medical treatments to reach a more authentic alignment of gender identity and physical sex characteristics and/or may begin sharing their gender identity more openly with others.

Sharing and/or Affirming Trans Identities

Sharing and/or affirming one's gender identity is important for many trans people as part of their identity development and may also carry risks to safety and health from violence or lack of access to adequate medical care. Trans people may or may not share their gender identities with other people regardless of whether they pursue gender-affirming changes. Gender affirmation includes various measures to bring the physical body and/or social experiences into alignment with the person's gender identity. Physical gender affirmation may require extended periods of time to complete and may be undertaken in stages or in response to the individual's assessment of fit with their identity and while working to gain access to needed resources, treatments, and supports. Social gender affirmation steps may be done privately, publicly, part-time, or full-time and may include legal changes to name, sex designation (M, F, X), and/or government identification documents, when possible (licenses, passport, social security card, birth certificate).

Gender affirmation may or may not be visible to others. For example, name changes remain unknown unless the person shares this information. In addition, around 80% of trans people seek gender-affirming hormone treatments (GAHTs), and some never share this information with anyone, while others experience significant physical changes that require explanation (beard, baldness, voice lowering, breast development), thus forcing disclosure of a trans identity. A motivation for sharing, and an important aspect of affirming and consolidating gender identity, may include asking others to use a chosen name, whether legally changed or not. Being called by a name that aligns with a person's gender identity may improve their mental health and helps with consolidating gender identity as the person is seen and affirmed in their correct gender. Use of a gender-congruent name may also reduce the likelihood of misgendering, lessen internal discomfort, and possibly lower instances of discrimination, helping to stabilize gender identity integration. Trans people may further share and affirm their gender identity through requests for changes in personal pronouns referring to them such as he, her, they, Mr., Ms., or Mx., and they may change use of sex-segregated public spaces such as restrooms, dressing rooms, and locker rooms as their gender identity develops or becomes more visible.

Shared or visible social expressions of gender identity may lead to experiences of conflict for

some trans people, particularly if their affirming gender expressions appear blended, androgynous, fluid, or unclear within the binary gender norms of the society. People who identify as nonbinary, gender fluid, or agender are sometimes labeled as confused or undecided instead of being recognized as having a stable gender identity that blends or rejects social binary expectations. Some trans people may retract what they have shared or alternate starting and stopping gender-affirming expressions or treatments, as they manage internal and external conflicts that may hamper the consolidation and stability of their gender identity (due, for example, to stigma, discrimination, barriers to care, and inhibitions to authentic gender expression).

Consolidation/Integration and Stability of Gender Identity

Consolidation of gender identity is a continuous process that allows for integration of the person's gender with other aspects of their life. Over time, with an ability to express and affirm their internal gender identity, the trans person may reach a reasonable synthesis and stability of their gender identity. Gender identity stability represents a consolidation of the person's internal gender identity with how they want others to see and refer to them (name, pronouns), their gender expression or presentation (clothing, grooming, behaviors), social gender roles (relationships, employment, activities), and with physical self-image and any gender-affirming changes (hormones, surgery). Once integration of physical and social life is stable, some trans people may not share their history of gender affirmation treatment or use the adjective *trans* to describe themselves ever again. Others may become or remain visible by choice or circumstance. Some may be forced by medical needs years later (prostate or ovarian cancer) to disclose their trans identity or history of gender affirmation treatment. A few, to preserve their consolidated identity and avoid discrimination, may forgo intimate contact and/or needed medical care even at the cost of their lives. The ability to reach and maintain a stable and consolidated gender identity requires trans people to be able to clearly communicate their gender identity and to have it consistently be recognized accurately reflected by others. Overall, establishment of a stable gender identity often increases self-confidence, can contribute to increased satisfaction with life and improved relationships, and contributes to improved physical and mental health.

Ruben A. Hopwood

See also Coming Out; Embodiment; Identity Politics; Nonbinary Genders; Policing of Trans Bodies; Reparative Therapy; Transgender as a Term; Two-Spirit People

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Identity Politics

Identity politics refers to the ways that people who share common experiences, because of their social location(s) in a society, organize to address the inequities they often experience. Typically, this shared identity is a result of experiencing structural oppression. These groups collectively address the politics of inequity and marginalization through activism, research, and/or theorizing.

The concept of identity politics arose from an intersectional framework acknowledging the simultaneous systemic oppression experienced particularly by Black women in the United States. While the term *identity politics* was in use before this, the 1977 Combahee River Collective Statement—analyzing the interlocking oppressions of racism, sexism, economics, and heterosexism—defined and solidified it. Not only did the Collective's articulation address shared structural inequalities, but it also called for the recognition of difference, not as problematic but as an important piece of society, and for individuals and groups to organize, rally for political change, and address the needs of those most marginalized in society.

Individuals hold and enact many identities such as gender, race, ethnicity, Indigeneity, social class, sexuality, (dis)ability, religion, nationality, citizenship, age, and geographic region. Some scholars theorize that specific identities are more salient than others; for instance, the idea that a trans person may experience only or primarily structural cissexism as if their race, sexuality, and/or (dis)ability were somehow separated from experiences of structural privilege and oppression. In contrast, intersectional activists and scholars call attention to the ways individuals and groups experience multiple oppressions while also arguing that normative privileged identities are just as intersectionally salient as marginalized identities. Trans individuals experience structural oppression in relation to their gender identity; however, this is further complicated by their intersecting identities. A white trans woman with financial security would experience structural privilege and oppression differently than a Black trans woman with or without financial security, even though they share a trans identity.

Understanding Identity

One way to think about identities is through three interrelated components. *Personal identity* is how one thinks of themselves, particularly in relation to their social locations in a culture. *Social identity* includes the ways other individuals and institutions attribute an identity to a person, typically based on visual demographic markers. Often, people's personal identities align with their social identities (e.g., someone whose gender identity aligns with their sex assigned at birth). *Collective identity* manifests when individuals with shared characteristics, values, beliefs, and/or experiences group together, often for social change. It is this collectivity based on personal and social identities that shape identity politics.

Many of the identity categories with which people identify, or which others consensually or nonconsensually place them, are based on people's social location in a society. These social locations are culturally defined, and the creation of these social locations, categories, and identities and their associated meanings are often hierarchical and can change over time.

There are three broad theoretical paradigms in understanding identities: essentialism, social constructionism, and social embodiment. *Essentialism* assumes that many identities arise from biological

differences; biology is used to provide distinctions between identities as well as explain differences between the categories within an identity. For example, an essentialist belief is that those assigned male and female are biologically different, resulting in different mental, physical, and social capabilities and capacities, and in a binary-gendered society, these social differences are then rationalized as biologically dichotomous. Those who align with this way of thinking tend to engage in trans exclusionary politics. While a trans person may use medical procedures to change their body, essentialists believe that there is still some biological aspect of sex that is inherent and cannot be changed. Conversely, some trans people have strategically used an essentialist perspective to argue that a person is "born trans." Essentialism has been challenged with research that complicates simple categorizations, particularly into hierarchical binaries.

Social constructionism developed in response to essentialist arguments. In terms of gender, many cultures create distinct identity categories based on heteronormativity, ascribing specific roles and capacities to these genders, and social constructionism understands these as social, not biological, processes. Research repeatedly demonstrates how definitions of man/masculinity and woman/femininity change over time, across cultures, and are not universal. Moreover, Indigenous and global South scholars, among others, point to cultures that have more than two gender categories (e.g., *hijras, travesti, nádleehí, māhū,* and the umbrella term *two-spirit*). This framework has been used by trans people collectively to demonstrate the diversity of genders and challenge binary-gendered societies.

Social embodiment theory is partially in response to essentialism and social constructionism, both of which are viewed as limited. Whereas social embodiment theory challenges essentialism, it highlights the importance of accounting for bodies in theory and research. Social embodiment theory also highlights the flaws of taking social constructionism to the extreme—the idea of taking an individual and constructing a reality, and their identities, for them. If this were the case, trans people would not exist because the gender they were raised as would shape their identity as such. Social embodiment scholars point to the ways in which aspects of sex and/or gender are embodied and do matter, particularly to individual identities. However, they also highlight how societal and cultural definitions linked to particular gender identities shape people's bodies—how individuals learn to walk, sit, speak, and interact depends on their gender and the associated societal norms. This is further complicated by people's intersecting identities, whether normative or not.

Social embodiment theory has been used in trans identity politics to understand two aspects of gender: how trans people may have a strong sense of embodied sex and/or gender that does not align with sex assigned at birth and how understandings of gender expression can take diverse forms. For some trans people, the social identity attributed by others—which is based on the culturally constructed cues to categorize sex/gender—does not fit; even when corrected, some people will continue to ignore trans people's identities. This repeated misgendering, other microaggressions, and the verbal and physical violence that sometimes accompanies it can have a significant negative effect on trans people's well-being. Using procedures to better align their body with their gender identity can help some trans people, and in many cases, the social identity attributed to them is reaffirming. Trans people have often used research in these areas to educate others and push for changes in education policies, social services, and health care.

Boundaries, Borders, and Contestation of Identity

As with all identity politics, while the experiences and other identities among people with a shared identity may be diverse, the strategic use of collective identities requires a defining of that identity—who is included and who is not. The coining of the term *transgender,* as an identity, by trans activists in the 1990s challenged the narrow, medically imposed narrative of what it meant to be transsexual. The institutionalization of *transgender* meant that trans people were now "knowable" as an identity group by the broader society. How trans people have engaged in collective action to bring about change has taken the form of five political organizing strategies. Each of these entails boundary, bordering, and contestation work.

The first organizing strategy is the inclusion of trans within LGBTQ+ identity politics. Especially in the United States, scholars and activists

highlight the importance of gender-diverse people, some who later used the term *transgender,* in spearheading the gay and lesbian movement (e.g., the 1969 Stonewall Riots). These individuals, often at the margins of society because they were poor, houseless, nonwhite, and/or engaged in sex work, did not fit the medical model of transsexuality. For some, this meant they did not have access to legitimate medical means to align their bodies. For others, the goal was to be accepted in expressing diverse genders. The inclusion of *trans* in gay and lesbian identity politics has been contested in a number of ways. Some gays, lesbians, and trans people argue that gender and sexuality are uniquely different from one another and should be addressed separately in identity politics. For these gays and lesbians, trans people were often viewed as a threat to their political agenda, which focused on assimilation politics (e.g., gender normativity and homonormativity). Some trans people also argue that cissexism is different from heterosexism and should be separately addressed. A counterresponse to these perspectives is that LGBTQ+ people share similar marginalization, since sexuality and gender are interconnected, and indeed, many non-Western, global South, and Indigenous conceptualizations of sexuality and gender do not distinguish between the two in the same ways, as is now more common in the United States.

A second type of political organizing is trans-specific identity politics. These groups focus primarily on the needs arising from trans communities and address trans responsibility in advocating for changes. A critique of both trans and LGBTQ+ identity politics is the tendency to prioritize white, middle- and upper-class, masculine, able-bodied, English-speaking, global North experiences and needs.

In response, a third type of organizing focuses on marginalized trans identity politics. Using tools from feminists of color, the experiences and needs of trans people at the further margins of society are centralized. This approach tends to positively affect all trans people in that society.

The fourth type of organizing is the inclusion of trans identities and issues within identity politics not specifically linked to gender. This is often seen within Black and Indigenous LGBTQ+ communities. Activists point to the extreme and shared marginalization people with these identities face across the globe and recognize that a shared intersectional collective identity is stronger and more supportive.

A fifth type of political organizing is actually in the form of *postidentity politics*. This perspective argues that the problem with identity politics is the rigidity and policing of identity categories. They seek, for instance, social change by broadly focusing on gender as an issue that affects everyone. Critics may agree with this assessment for single-identity politics but argue that centering intersectional identity politics addresses structural inequalities by building on the needs of marginalized communities. They also emphasize the importance of coalition building to create broader social change.

Conceptualizing trans broadly as identifying with a gender different from what one was assigned at birth has created a category that allows for a varied representation of trans and gender-diverse individuals within trans identity politics. How identity is used by trans people to challenge cissexist policies and legislation often depends on who is making the claims, who they represent, and what type of social change they seek. For example, successful calls for the inclusion of gender-affirming health care initially used binary gender language but have expanded to include the needs of nonbinary trans people. Ultimately, while trans identity can be used as an organizing political tool, how individuals identify is up to them.

Trans identity politics is complicated in another way. In response to the term *trans, cis* was coined to address normative gender identity—whereby one's gender "aligns" with their assigned sex. This allows scholars and activists to highlight cissexism as unique from, but related to, sexism and heterosexism. While this is an important political strategy, it constructs a border between trans and cis, often excluding those between/within/beyond (e.g., being cis and gender diverse).

Categorization and the Future

The organizing of trans as a unifying collective identity has resulted in a number of legal, political, cultural, and social changes. While these changes have benefited some, often more privileged, trans people, those with intersecting marginalized identities continue to experience

exclusion and structural inequities. The direction and/or strategic use of identity politics is unclear; however, an intersectional and coalition-building approach seems to be more inclusive of those under the trans umbrella, addressing the needs of trans communities, making trans people as a whole more "knowable," and creating social change that benefits a wider number of people within a society.

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See also Activism; Cisgender as a Term; Gender Binaries; Intersectionality in Research; LGBTQ Movement, Trans Inclusion In/Exclusion From; Microaggressions; Third and Fourth Gender Roles; Transgender as a Term

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Immigrants and Immigration

Many LGBTQIA+ immigrants experience forced migration in an attempt to flee violence and oppression in their home country—a process known as *sexual migration*. In the United States, immigrants are migrating regardless of documentation status for opportunities to work, to increase their quality of life, and to experience the freedom to express their sexual orientation and gender identity. Many LGBTQIA+ immigrants, however, confront barriers to health care and employment opportunities in their home countries and in the United States. This includes health care needs for gender-affirming care and knowledge of state and federal workplace protections for LGBTQIA+ immigrants in the United States.

Punitive Immigration Policies in the United States

Introduced in January 2019, Migrant Protection Protocols, also known as *Remain in Mexico,* have affected over 60,000 asylum seekers who are required to remain in México while they await an appointment with U.S. immigration courts. The number of Central American migrants arriving to the United States increased 10-fold from 1980 to 2017 for reasons that include high homicide rates and gang activity as well as climate change and lack of access to basic resources needed to survive. Among LGBTQIA+ migrants specifically, a 2017 study by the United Nations (UN) High Commissioner for Refugees found that 88% were victims of sexual and gender-based violence in their home countries. Furthermore, of those awaiting decisions from the U.S. immigration courts, two thirds suffered violence related to their LGBTQIA+ status in México. Several researchers have documented that many LGBTQIA+ migrants are kidnapped and forced into sexual trafficking during their migration journeys.

Migrants held in U.S. Immigration and Customs Enforcement (ICE) custody also face extreme hardship. As of March 2020, two trans Latinas have died while in ICE detention, and in March 2019, a grievance was submitted to ICE officials by several civil and legal rights organizations for discriminatory treatment faced by a group of 12 gay men and trans women while in ICE detention. Included in this

grievance was a description of ongoing discriminatory treatment directed toward LGBTQIA+ Latinx detainees, including physical and psychological harms from ICE staff and other detainees in ICE custody.

Institutional Roadblocks

For two decades, the United States has recognized LGBTQIA+ persecution as a reason to grant asylum. While seeking asylum is commonly used among LGBTQIA+ migrants, the process itself is idiosyncratic; an applicant must plead their case to authority figures who determine whether the anti-LGBTQIA+ status described by an applicant is a serious and real threat to their lives. U.S. immigration courts ask that a history of sequential, consistent, and coherent persecution be documented by asylum seekers. Documentation is especially challenging for migrants who are fleeing serious persecution related to LGBTQIA+ status, sometimes at the hands of authority figures in their home countries. The easiest method of accessing entry to the United States is via temporary visa programs that allow individuals to visit, study, and work. However, when applying for a temporary visa, individuals must provide evidence of their plans to return home once their visa expires. This process is particularly challenging for many LGBTQIA+ immigrants who migrate to the United States as a means to escape oppression in their home countries. Family and employer sponsorships, the two most popular routes to gaining citizenship in the United States, require documentation of support from one's immediate family or employer.

Global Issues

In Canada, approximately 50% of LGBTQIA+ asylum seekers are successful in obtaining refugee status. This means that another 50% are often sent back to their home country at significant costs to their mental, physical, and economic status. Individuals who are denied asylum may face extreme hardship upon return to their home countries. Canada's asylum process has been critiqued for favoring hegemonic ideals related to gender identity and sexual orientation, thus inadvertently dismissing the rich variability of LGBTQIA+ presentation and experience around the world. For those LGBTQIA+ migrants who successfully obtain refugee status in Canada, many face homophobia and racism that extend from one's family to social service settings.

Outside of the United States and Canada, Belgium is another common destination for LGBTQIA+ asylum seekers. Belgium has become an LGBTQIA+ destination for reasons that include access to national and international adoption for LGBTQIA+ families, some of the most affirming medical services in the world for LGBTQIA+ individuals, and making anti-LGBTQIA+ discrimination a criminal offense. At the same time, Belgium has a long history of conservative social and political values; there is a great divide between the xenophobia, racism, and anti-LGBTQIA+ rhetoric that lies at the heart of everyday life and the laws taken to protect diverse LGBTQIA+ individuals. As such, LGBTQIA+ migrants in Belgium—as in many other countries around the world—continue to face discrimination on a regular basis.

Psychological and Social Health

Trans immigrants worldwide have restricted access to quality, culturally competent health care and mental health services. They are disproportionately at risk for confronting a range of stressors such as physical and sexual violence, persecution by peers and family, and suicide ideation. Understanding the psychological and social health of trans immigrants involves their own unique gender and/or sexual identity development process, as well as factors including acculturation and minority stress as well as personal resilience and perseverance.

Acculturation and Social Isolation

Acculturation for trans immigrants and refugees involves a host of issues, including resettlement, navigating culturally hostile social environments, and other conditions that cause psychological and emotional distress. Race- and gender-based discrimination toward trans immigrants, for example, can complicate and even prevent altogether their search for employment and housing. Further troubling those efforts can be a lack of documentation and legal status.

Acculturative stress over time can fuel a sense of social isolation, some of it related to linguistic challenges and a persistent fear of deportation. For some trans immigrants, efforts to socially integrate into

their environment are met with repeated prejudice and discrimination. Forging and sustaining meaningful relationships with peers and family members is hindered in an unsupportive social milieu and can itself be an additional source of anxiety, which can ultimately discourage care-seeking behavior and access to adequate, timely health care.

Acute Stress and Trauma

Systematic violence and oppression based on xenophobic, anti-trans sentiments are a reality in places such as Latin America, Asia, Africa, and the United States. Researchers have documented cases of pervasive anti-trans verbal insults and bullying beginning in childhood and across settings, including at home and in school. High levels of stress over time from taunting and intimidation by peers, as well as the looming threat of physical and sexual violence, are some of the reasons why trans immigrants are disproportionately affected by the emergence of posttraumatic stress disorder symptomology, including hypervigilance, intrusive thoughts, and frequent incidents of avoidance and panic.

Trans people in general, but particularly trans immigrants, have a disproportionate risk for being victims of violence where the use of violence is considered extreme and cruel when compared to the nature of the motivating crime. In addition, evidence from sworn declaration, psychological evaluations, and life histories of trans immigrants suggests a long history of economic and safety insecurity that is further compounded by a mistrust of law enforcement. Trans immigrants are often repeated victims of abuse and mistreatment from police and immigration officials, which can fuel lifelong battles with severe anxiety, depression, and the use of drugs and alcohol to cope.

Depression, Substance Abuse, and Suicidality

Depression and suicidal tendencies are correlated, and that association strengthens when alcohol and other drugs are involved. Analysis of mental health records has shown that trans immigrants have a disproportionate risk for developing clinical levels of depression characterized by a pervasive sense of sadness, guilt, a loss of focus and motivation, and hopelessness. This cluster of symptoms is more frequently observed among trans immigrants who are undocumented than among those who have already obtained legal residency status.

Trans immigrants, like many other migrants who have minimal access to counseling and other health and social services, rely on alcohol and other drugs in order to cope with their oppressive environmental conditions. The hazardous use of alcohol, in particular, has been found to increase during the period of migration for trans immigrants, which further raises their risk for repeated thoughts of self-harm and suicide. Nonbinary trans immigrants are at greater risk for engaging in hazardous drinking to cope with anxiety and depression.

Resourcefulness and Resilience

Being connected to a network of immigrants in the United States and in other areas around the world can serve for trans immigrants as a buffer against the detrimental effects of ongoing persecution and victimization. Experiencing social support helps trans immigrants moderate the frequency of hazardous drinking and also lowers their risk for experiencing depression and anxiety. Informal relational connections facilitate the help-seeking process as well as the search for housing, work, and transportation. Research in the United States and Latin America also suggests that trans immigrants rely on their social networks to access individuals with whom to speak to process traumatic incidents and histories, as well as to manage current stressors.

In addition to helping trans immigrants feel resilient in the face of adversity, social interactions with other trans immigrants can foster a sense of hope for the future. Trans immigrants, like many LGBTQIA+ people, rely on alternative forms of kinship such as the idea of a "chosen family" as a protective response to pervasive anti-trans sentiments within the birth family. Social interactions essentially help build community, which generates opportunities to ask for and receive help. A sense of community also creates pathways to volunteer and "give back," and this can reinforce a feeling of social belonging and acceptance.

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See also Identity Development; Latinx People; Policing of Trans Bodies; Sylvia Rivera Law Project; Trauma, Trans People With

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Indigenous People

The term *Indigenous people* refers to descendants of the original or earliest human inhabitants of a territory or land mass (e.g., Indigenous people of North America). Capitalized as a marker of respect, *Indigenous people* refers to a group of Indigenous individuals and is distinct from Indigenous *peoples* (plural), which refers to specific Indigenous groups, communities, or nations. *Indigenous people* is used to distinguish original inhabitants of a territory from those who arrived later, or who occupied, settled, or colonized a territory already claimed by Indigenous people.

Indigenous nations have a long history of asserting their sovereignty, which refers to a group's right and power to govern itself without interference from competing governing powers. Sovereignty is most clearly established in its exercise, even when this status is not recognized by others, and the continued existence, as well as the increase in numbers of Indigenous peoples, is testament to their continued and effective resistance.

Caution should be used when generalizing about Indigenous people, as the category encompasses most cultures or nations that lack a history of colonizing others. There may be significant difference among Indigenous communities or nations, even in a limited geographic region. The U.S. federal government, for example, recognizes 567 Indigenous tribes within its borders as of 2018. The World Bank estimates that Indigenous people make up 5% of the global population. The 2016 Canadian census, for example, identified 4.6% of the population as Indigenous (First Nations, Inuit, or Métis), amounting to 1,673,780 people. The U.S. Census of 2010 estimated that 1.6% of Americans are Indigenous (Native American or Alaskan Native), numbering 5,220,579. This figure does not include Indigenous Hawaiians (Kanaka Maoli) or those in territories claimed by the United States.

This entry provides a brief overview of issues related to Indigenous people and gender and then summarizes how these issues relate to colonial assimilation of Indigenous people and to Indigenous rights. As with all cultures, approaches to gender among Indigenous people vary by community, are shaped by interactions with other gender frameworks, and change over time. The ability of Indigenous people to express their gender, maintain its cultural meanings, and instill gender-related values, practices, or perspectives in subsequent generations is shaped by the impact of historical, current, and ongoing colonialism. As technological

developments facilitate communication on a global scale, the pace of change, including change related to colonial assimilation, may accelerate, with cultural views of gender being shaped by events on a national, international, and global scale.

Indigenous People and Gender

Outside of experiences of colonialism, few factors are held in common by all Indigenous people. Comparing Indigenous models of gender with Western models, a few distinct elements occur among multiple Indigenous peoples:

- *Variation in approaches to gender.* No single model of gender is common or enforced across all Indigenous groups. Some Indigenous languages lack gendered pronouns, such as *he* or *she,* and may place less emphasis on gendering, or exhibit a gender-inclusive perspective. Other Indigenous people may have gender-segregated communities, gender-specific dialects, practices, or roles and acknowledge individuals who shift within a binary.
- *Communal approaches to gender.* Some Indigenous cultures emphasize the group over the individual, viewing human beings as interdependent rather than independent. As a result, gender may carry responsibilities toward the family, community, or nation, rather than be considered a personal or private matter.
- *A spiritual component to gender.* In addition to having psychological, biological, or sociological meanings, Indigenous cultures may consider gender to have its origin in spiritual experiences, and specific gender expressions may come with expectations regarding spiritual practices or ceremonial roles.
- *Multiple gender categories*. Research has found that some Indigenous nations include three, four, five, or more distinct genders. A third gender commonly includes people who mix masculine and feminine traits or perform a mix of gendered social roles. In contrast, binary European frameworks limit gender categories to men and women and may censor expressions of gender that are considered nonconforming. Where multiple gender roles are recognized and incorporated, they are generally not stigmatized.

There is enormous variety across and within Indigenous cultures, and caution should be exercised before assuming that any given Indigenous group recognizes or embraces a given gender expression. Moreover, colonial efforts to control or eliminate specific gender roles may also have negatively affected Indigenous people whose traditions did not hold such views.

Colonial Assimilation

One colonial practice that has significantly damaged Indigenous gender frameworks is the use of forced "schooling" to assimilate Indigenous people into the settler population by eliminating Indigenous language, culture, spirituality, and identity. Colonial governments forcibly confined Indigenous children to "Indian residential schools" in Canada (c. 1884 to 1996) and Australia (c. 1885 to 1984) and "Indian boarding schools" in the United States (c. 1819 to 2007). These facilities forcibly assimilated generations of Indigenous children into settler religion, language, culture, gender, and sexuality.

Many residential schools were operated by Christian religious organizations and asserted that settler cultural views such as a heteronormative binary gender system and practices such as monogamy were divinely ordained. Some Indigenous gender roles and practices, particularly those with Indigenous spiritual significance, were denounced by settler authorities as evil. Some scholars have noted that assimilation programs connected the performance of settler gender roles with economic survival, training Indigenous children to occupy subordinate positions in a gendered capitalist economy. Indigenous girls, for example, were often trained to perform as housemaids for settler families, while Indigenous boys were often trained to work as farmhands.

As a result of generations of forced assimilation, the transmission of Indigenous culture and knowledge was severely interrupted. Language assimilation, such as forcing students to speak only in English, led to a loss of Indigenous language fluency—including vocabulary for describing gender—and endangered the survival of many Indigenous languages altogether. As a result, many Indigenous political, social, or ceremonial roles for third, fourth, or fifth gender people have been lost,

and many Indigenous people grew up knowing only European Christian gender frameworks.

Residential and boarding schools were underfunded and overcrowded. A vulnerability to infectious diseases such as tuberculosis was exacerbated by malnutrition, inadequate heating and sanitation, physical abuse, and exhaustion from overwork. In Canada, where there were fewer schools and more children attending them, some schools reported a death rate as high as 50%. Research by food scholar Ian Mosby has revealed that some Canadian residential schools purposely underfed children and denied them medical care in order to conduct experiments on the effects of malnutrition.

While practices varied between schools and settler colonies, an international pattern is evident in reports of the physical, emotional, mental, and sexual abuse experienced by many Indigenous people forced to attend residential or boarding schools as children. A study in the United States with Indigenous LGBTQIA+ and two-spirit people (i.e., individuals whose gender combines masculine and feminine) forced to attend boarding school found that 34% of children had been physically harmed while there, and 28% had been harmed sexually.

Assimilation practices, such as those in residential and boarding schools, severely affected Indigenous cultures and specifically four aspects of Indigenous gender:

- Variations in approaches to gender were replaced by a binary gender model imported from Europe and built upon Christian doctrines. Distinct gender models, and often the terms used to describe them, fell into disuse by the 1930s, although many have seen a resurgence as part of movements by Indigenous people to make their lives decolonized—devoid of colonial influences—and Indigenized—informed by the values, beliefs, and practices of their Indigenous nation.
- Communal approaches to gender were replaced by individual approaches. As a result, some Indigenous people may experience and describe their gender in the same way as might Europeans and their settler descendants. Some Indigenous people have reclaimed interrelational models of gender or developed hybrid models.
- A spiritual component to gender was replaced by a Christian model that labeled some gender expressions as sinful and others as obligatory. In many settler nations, this was later replaced by a secular model, which substituted cisnormative beliefs about human biology in place of Christian doctrine. The emergence of two-spirit identity was, in part, an attempt by Indigenous LGBTQIA+ people to reclaim a spiritual and ceremonial meaning for their lives.
- Multiple gender categories were replaced by a Western binary system that limited gender to men and women. Even when the binary system was challenged or expanded upon, it often continued to be framed as reflecting a universal (rather than cultural) truth. For this reason, some Indigenous people resist labels such as "trans," even if their experience seems to fit the category, preferring a label such as "two-spirit" or a term from their Indigenous language.

Many countries are now struggling to reconcile their actions against Indigenous people with their contemporary values. Testimony regarding experiences at residential schools in Canada, for example, has been collected by the Truth and Reconciliation Commission (TRC) of Canada. Between 2008 and 2014, TRC representatives collected testimony from 6,500 survivors of residential schools, including a session with Indigenous LGBTQIA+ and two-spirit people. The commission's findings were published in 2015 in a summary report that included 94 "Calls to Action" to redress the wrongs done to Indigenous people by the residential school system. Despite efforts to redress the harms of specific colonial practices, the negative impacts of forced assimilation extend beyond those individuals incarcerated as children by the settler state. Scholars note that negative mental and physical health effects are measurable in the descendants and extended family members of survivors, and research indicates these impacts are transmitted both socially, through maladaptive coping mechanisms, and epigenetically, as experiences shape genetic inheritance and gene function.

Indigenous Rights

In an effort to address historical injustices and prevent such wrongs in the future, a number of organizations and governmental bodies have issued statements regarding the rights of Indigenous

people, either within the borders of specific settler colonial nations or on an international scale. Significant among these is the United Nations Declaration on the Rights of Indigenous People (UNDRIP). The resolution, adopted by the UN General Assembly in 2007, affirmed the human rights of Indigenous people; denounced the racism, discrimination, and injustice to which Indigenous people have been subjected (in many cases by the very nations making the declaration); and affirmed their right to autonomy, self-determination, and self-government.

At least 10 articles in UNDRIP could be interpreted to support Indigenous gender frameworks:

- *Article 5* affirms "the right to maintain and strengthen" distinct Indigenous "political, legal, economic, social and cultural institutions," among which one might count traditional multiple gender roles, and a spiritual component to gender.
- *Article 7* includes a right to "mental integrity," which could be argued to include gender identity.
- *Article 8* declares freedom from forced assimilation or cultural destruction, a clear reference to the history of residential and boarding schools. This article could be seen to affirm the legitimacy of Indigenous gender expressions that differ from those of settler populations.
- *Article 11* asserts "the right to practice and revitalize their cultural traditions and customs," which could apply to all four aspects of Indigenous gender noted above. This same article affirms that Indigenous people have the right to "maintain, protect and develop" their culture, which could include reclaiming traditional gender roles and models or reimagining new ones to reflect contemporary Indigenous values.
- *Article 12* affirms the right to "spiritual and religious traditions, customs and ceremonies," among which valuing a spiritual component to gender fits easily.
- *Article 13* includes a right to use a revitalized Indigenous language, and *Article 14* includes a right to Indigenous language education. Together, these could support preservation and revitalization of terminology related to Indigenous genders and LGBTQIA+ or two-spirit people.
- *Article 25* asserts "the right to maintain and strengthen" a spiritual connection to their territory, which may take distinctive forms for two-spirit and other Indigenous gender minority people.
- *Article 31*, the right "to maintain, control, protect and develop" Indigenous culture and knowledge, could support the reinstatement or revisioning of Indigenous-specific gender frameworks.
- *Article 34,* which relates to promoting, developing, and maintaining "distinctive customs, spirituality, traditions, procedures, practices," could easily be applied to all four gender themes identified above.

UNDRIP is not legally binding under international law, and in this regard, the document is more a statement of aspirations than of contemporary governmental policy. Four members of the UN, Australia, Canada, New Zealand, and the United States, voted against UNDRIP but later endorsed the declaration informally. It has been noted that the opposing member states have large settler-majority and small Indigenous-minority populations.

Margaret Robinson

See also Cisnormativity; Gender Binaries; Nonbinary Genders; Two-Spirit People

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Informed Consent Model

An *informed consent model* of trans care is an approach to primary medical care. The primary

use of this approach is for gender-affirming hormone treatment; gender-affirming surgeries are not typically included in an informed consent model of care. An informed consent model emphasizes the medical provider–patient collaborative process of evaluation of medical need, treatment options, and discussions on the expected effects and possible risks involved prior to starting any medications. Treatment is then provided based on the patient's ability to understand the treatment risks and benefits (informed) and to legally agree (consent) to be treated. The main feature of this model of care is that it does not require a trans person to receive mental health therapy, get psychological testing, or have a mental health professional write them a referral letter before the person can start gender-affirming medical treatment. An informed consent model of care also incorporates a *harm reduction* approach to treatment, providing gender-affirming care starting where the person's needs are, for example, by providing medical supervision of nonprescribed (e.g., *do-it-yourself, DIY*) hormone treatments without demanding the person stop all hormones first.

An informed consent model arose as an alternative to what is commonly known as the *standard model* of care and in response to the needs and demands of the trans community for greater access to gender-affirming medical care. The standard model of care derives from the international World Professional Association for Transgender Health (WPATH) *Standards of Care for Transsexual, Transgender, and Gender Nonconforming People* (SOC). While the SOC itself is flexible and supports both standard and informed consent models of care, it strongly favors a standard model of care that stresses the involvement of mental health professionals in gender-affirming medical treatment. This emphasis on mental health professional involvement in care underlies the objections to the standard model of care and what many trans people believe to be an underlying pathologizing bias that creates unnecessary and unwanted oversight and control of their lives, thus removing their autonomy. This oversight is called *gatekeeping*. Gatekeeping places mental health professionals in the position of deciding whether and when a trans person can access gender-affirming medical treatment, which has resulted in widespread distrust of mental health professionals by trans communities. Nonetheless, the standard model of care may be preferred by medical providers who seldom receive education in trans health and have limited knowledge or experience with the management of gender-affirming treatment.

An informed consent model stresses that direct work with trans patients increases provider firsthand knowledge and produces more satisfying and effective care outcomes with reduced bias in treatment. Research shows that trans people are more likely to make use of care when that care is easy to access and not based in assumptions that their gender identities are a mental illness because they differ from cultural expectations based on sex assigned at birth. Informed consent–based care is not without challenges. Because an informed consent model does not automatically involve mental health professionals, the model is misunderstood by some people in the trans community to imply getting *hormones on demand,* meaning receiving prescription medications from a medical provider without having any assessment of need and suitability of care options by the medical provider or anyone else. An informed consent model, nevertheless, does involve an assessment of the patient's medical need for and ability to give consent to a specific treatment.

An informed model of care does not eliminate the need for mental health care and support. At times, mental health care may still be a requirement as part of gender-affirming hormone treatment or other gender-affirming medical care. Consequently, while an informed consent model does not automatically require assessment by or psychotherapy with a mental health professional, exceptions to using this model of care exist. These exceptions may include treating individuals who are not legally able to give consent for medical treatment (i.e., minors and those with a guardian) or if the medical provider finds any mental health or medical condition that would suggest the person is unable to fully understand the treatment risks and benefits to consent to care.

Other exceptions and conditions required to access gender-affirming care may exist within an informed consent or standard model of care and can vary by health insurance requirements, medical provider, and availability of and access to trans informed care; by state; and by country. For

example, the SOC contains some recommendations for care that may be skewed toward Western European and North American interpretations and may not exist or be accessible in all cultures and regions. Informed consent models of care tend to be localized and are not uniformly set out in any standardized treatment guideline. All trans care must be interpreted and applied by health care providers with responsiveness to the specific context and needs of the population served.

Thus, while an informed consent model of care seems to be preferred by many trans people, it remains an option for care that may only be available to some trans people based on where they live, their individual situations and needs, and the health care providers to which they have access.

Ruben A. Hopwood

See also Gatekeeping in the Transition Process; Gender Affirmative Model; Gender Clinics in the United States; Hormones, Adults; Medicine; Reproductive Health; Therapy/Therapist Bias

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Inmates and Incarceration

Trans communities, especially trans people of color, are incarcerated at higher rates than the rest of the population. By challenging the prison status quo, trans people reveal the gender binary as intrinsic to the modern prison and trans issues as central to critical emerging issues of law and policy, public health, and the social sciences. This entry addresses the ways that trans people uniquely experience "the pangs of imprisonment," the dangers associated with being trans while incarcerated, and the efforts of trans activists to eradicate these harms.

Prisons, which sociologist Erving Goffman called a "total institution," are by design environments of extreme control and deprivation of liberty. When individuals enter prison, they are strip searched, their belongings are confiscated, and they are given an identification number as a unique signifier. They are issued prison uniforms and sundries, subjected to health screenings, and assigned to facilities according to risk and needs, but mostly risk. While incarcerated, prisoners experience physical violence and endure other negative consequences as part of the collateral consequences of imprisonment. For trans people, this is true in ways that are similar to and different from other people who are incarcerated.

Prisons are increasingly recognized for their cissexist assumptions that sex and gender are binary and that they map onto each other in binary ways: for example, that people with male genitalia are men and that men are masculine. The presence of trans women disrupts these assumptions and the routine prison operations that flow from them. During prison intake, when trans prisoners are strip searched, they are routinely mocked for their gender presentations or genitals. Their personal identification is collected and documented in accordance with records that may conflict with their chosen names and their gender expressions. Their belongings are confiscated and replaced with personal effects that do not necessarily align with

their gender identities and expressions. They are issued prison uniforms that defeminize and deidentify. They are subjected to screenings that rely on genitals—not gender—to determine housing assignments. They are assigned to sex-segregated facilities where they disproportionately encounter violence. They are more frequently placed in solitary confinement, where their freedoms are more restricted and their well-being put further at risk. They are consistently denied essential medical care. In sum, trans people differentially experience harm behind prison walls.

The differential harm experienced by trans prisoners can be traced in part to prisons as sex-segregated institutions. Sex segregation in prisons means that prison officials classify and separate individuals on the basis of determinations of sex as either male or female. These determinations typically are based on genital screenings, and they significantly affect life behind bars. Prisoners are assigned to facilities, referred to, and treated according to the sex determined by prison officials, which marginalizes many trans people.

Some correctional facilities have reformed their policies to separate trans people from their general populations. For example, Los Angeles County Men's Central Jail houses trans women and other gender-nonconforming people assigned male at birth in a unit called K6G. To screen for K6G, officials conduct a genital examination and ask a series of questions about gender and sexuality, coming out, and trans culture. For example, trans people may be asked when they came out to friends and family and to provide the names and numbers of those who could verify their gender. This process has been criticized, however, as failing to reduce harm for some of the jail's most vulnerable, including trans women of color who may not fit stereotypes embedded in K6G's screening process.

Trans women face significantly higher rates of prison violence than other prisoners, and trans women of color are the most likely among trans women to be abused. Researchers have found that trans women are more than 13 times more likely to be sexually assaulted. Under this threat of violence, trans prisoners often also carry the emotional pain and attendant psychological trauma of concealing one's gender because they fear transphobic reprisal. Specifically, trans women are recognized as victims of sexual violence at the hands of heterosexual men with whom they serve time in prisons.

A lack of adequate health care compounds the transphobia within prisons. Trans prisoners are often denied access to hormones and other gender-affirming care that, when withheld, is linked to negative mental, physical, and sexual health outcomes. For many trans people, hormone therapy is a medical necessity that reduces substance abuse, depression, anxiety, and suicide. Moreover, sudden discontinuation of hormone therapy can be life-threatening. By denying trans people necessary medical care and appropriate treatment, prisons are increasingly found to be in violation of Eighth Amendment protections against cruel and unusual punishment.

Scholars and advocates, as well as policy makers and correctional officials, increasingly agree that trans people who are incarcerated are differentially exposed to violence while behind bars. Outdated images of predatory homosexuals perpetrating sexual violence and sexually permissive "queens," "wives," or "bitches" engaging in promiscuous prison sex dominated early discussions of prison sexuality and violence but have since been discounted. These images demonized prisoners perceived to be sexually deviant predators and supported policies punishing prison sex. At the end of the 20th century, fear over "homosexuality" in prisons turned to a concern over the safety of gender-nonconforming people who are in prisons.

Trans people, especially trans women of color, have become influential in the prisoner rights movement that prompted prison reform. Most notably, in *Farmer v. Brennan* (1994), the U.S. Supreme Court heighted protections against cruel and unusual punishment because of the brutal beating and rape of Dee Farmer, a Black trans woman incarcerated in Indiana, in the early 1990s. Subsequently, an influential report by Human Rights Watch situated effeminate prisoners within the hypermasculine social structure of men's prisons and found "endemic" assault of the feminine there. This helped pass the 2003 Prison Rape Elimination Act, or PREA, which allotted federal funding to deter prison rape.

Now nearly two decades after PREA, trans women are still more than 13 times more likely to be sexually assaulted than their cis counterparts, which sparks questions about the future of trans prisoners in the face of continuing crisis. Because

prisons continue to differentially inflict "the pains of imprisonment" on trans people, the experiences of trans prisoners shape understandings of corrections and mobilize movements for prison abolition. As a result, incarceration of trans people is a significant issue for future research, advocacy, and change that places trans prisoners as a central issue of concern.

Jason A. Brown

See also Criminal Justice System; Demographics of the Trans Community; Gender on Legal Documents; Juvenile Justice System; Misgendering; Policing of Trans Bodies; Sexual Violence; Transphobia

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Intellectual and Cognitive Disabilities, People With

Discussions of transgender identities, affirmations, and politics typically rely on, or assume, trans individuals' ability to self-advocate and self-direct. However, people with cognitive and intellectual disabilities do not always have the ability to self-advocate and self-direct. Cognitive disabilities present obstacles to learning or understanding; intellectual disabilities (IDs) are a subset of cognitive disabilities that involve a low intelligence quotient or limit a person's ability to understand, reason, or adapt to new situations. These disabilities present a unique challenge for trans individuals in comprehending and communicating their own identities and in accessing the care and communities they need to thrive.

A Minority Within a Minority

Society at large tends to view people with intellectual and, to a lesser degree, cognitive disabilities as "innocent" or "childish." Such perceptions lead to the assumption that these individuals may not fully understand, let alone experience, their own gender and sexuality. Those who cannot express their gender identity are often assumed to be comfortable with their sex assigned at birth—and those who can may find their experiences dismissed.

This view of people with intellectual or cognitive disabilities as cisgender (cis) and either asexual or heterosexual by default has led to inequalities in this population's right to express and explore their gender identity. Many studies have focused on the marginalization of people with IDs, an effect that is intensified when these individuals identify as LGBTQIA+, and this marginalization may mean that LGBTQIA+ people with IDs cannot access the support resources they need. Barriers to understanding and expressing identities may also lead to internalized transphobia and unwillingness to "come out" or to request support with gender dysphoria. People with IDs who do express a gender identity different from their sex assigned at birth may face opposition from friends, family, and even health care providers.

These effects are not felt to the same degree across different demographics. Older people with IDs are less willing to identify as LGBTQIA+, and those with less access to support—whether due to finances, geographic location, cultural or religious background, or other factors—are less likely to express their identities, seek assistance, and pursue interventions. Studies to date have focused on understanding and describing lived experiences, but more research is needed into potential interventions, their outcomes, and the effects of demographic differences.

Overlapping Obstacles

Gender dysphoria and intellectual disability may manifest in similar ways. For instance, both trans

people and people with IDs may experience barriers to health and social care, have a nonnormative physical appearance, and/or face social ostracism. In addition, research has shown that both populations experience higher-than-average rates of mental and physical illness, have low mood and self-esteem, and are more likely to be victims of stigma or abuse. With such significant symptom overlap, gender dysphoria may go unnoticed in people with IDs.

People with IDs face additional challenges when coming out as trans. For instance, many of these individuals live in social or group housing, which is often segregated by gender—and they may fear losing their homes if they reveal their gender identity. Some may not even be aware of the possibility of coming out, because people with IDs often receive less sexual and gender education than their counterparts without IDs and have less access to safe spaces in which to express and experiment with gender identity. Even for those who openly identify as trans, the supports in place to assist with their intellectual or cognitive deficits may not be equipped to address gender-diverse experiences or the accompanying social and practical challenges.

Identifying and Supporting

Although some research has been done on the intersection of sexual orientation and cognitive and intellectual disabilities, little is known about gender-diverse experiences in people with IDs. Most published research involves case studies of individuals—mostly teenagers and young adults who express a dislike of their sexual characteristics or expected gender roles. In 2010, a study of 27 individuals with developmental disabilities by Cheryl Bedard and colleagues revealed four with gender dysphoria, even though all participants appeared comfortable in their gender identities. Not only does this suggest a potentially higher rate of gender diversity than in the general population, but it also emphasizes the need to be attentive to gender identity in people with IDs.

Importantly, these individuals may find it difficult to express their experiences of gender or may appear to lack a full understanding of gender, whether as a concept or specifically in reference to themselves. This can present a barrier to obtaining appropriate recognition and treatment where applicable, because people with IDs who otherwise meet the criteria for gender dysphoria and transition readiness may not be able to clearly express understanding and consent in the same way as peers without intellectual or cognitive disabilities. Case studies have highlighted the value of an individualized approach to presenting treatment options and obtaining consent from people with ID who wish to transition.

Michael Schubert

See also Coming Out; Communication; Demographics of the Trans Community; Discrimination; Gatekeeping in the Transition Process; Intersectionality in Research; Neurodiversity; Physical Disabilities, People With

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interACT: Advocates for Intersex Youth

interACT: Advocates for Intersex Youth was founded in 2006 under the name Advocates for Informed Choice (AIC) by lawyer Anne Tamar-Mattis, a longtime intersex ally. AIC's mission is to end medically unnecessary surgeries on intersex children, using the law to secure protections for intersex people. Among its accomplishments, the group has educated medical and legal professionals and the general public about intersex experiences, helped develop legislative and policy initiatives to end the medical mistreatment of intersex people, developed the world's largest cohort of intersex youth advocates, and increased intersex visibility in the media.

Intersex is an umbrella term encompassing dozens of variations that cause physical sex characteristics that often transcend typical definitions of male or female bodies. These traits can affect chromosomes, genitals, internal reproductive organs, and hormones. According to biologist Anne Fausto-Sterling, approximately 1.7% of the global population is intersex, and around 1 in 2,000 infants are born with sex characteristics that are visibly different at birth. These infants are at an especially high risk of being subjected to nonconsensual and unnecessary surgeries to "normalize" their bodies.

The surgeries are almost always purely cosmetic, to conform with social assumptions about how bodies should appear. The many risks associated with such operations in childhood include urinary incontinence, an increased risk of urinary tract infections, scarring, chronic pain, infertility, sexual dysfunction, and psychological issues including posttraumatic stress disorder. Follow-up surgeries (with their own accompanying risks) are often required to address complications from the initial surgery.

One of AIC's first programs, Project Integrity, sought to ensure that intersex children would have the same civil rights protections as other individuals and not be subjected to harmful and unwanted medical interventions. In 2012, Tamar-Mattis testified before the United Nations (UN) Special Rapporteur on Torture about the medical abuses experienced by intersex children. The Special Rapporteur released a report the next year calling on states to repeal laws that allowed for nonconsensual medical procedures, including childhood genital-normalizing surgery. Since then, multiple international human rights bodies and U.S.-based LGBTQ+ and medical groups have echoed the call to protect intersex bodily autonomy.

Also in 2012, AIC volunteers formed interACT Youth, a collective of outspoken young intersex people invested in increasing the visibility of the intersex movement. As of 2020, this group has more than 60 members, who engage in various forms of advocacy and awareness raising. In 2016, Advocates for Informed Choice changed its name to interACT: Advocates for Intersex Youth to center the voices and experiences of intersex young people. The organization also grew and changed leadership; it expanded from being a one-person nonprofit to having a youth program director, a communications director, and two full-time attorneys (both former students of Tamar-Mattis's), under a new executive director, Kimberly Zieselman, an intersex woman, lawyer, and the author of *XOXY: A Memoir.*

interACT's work now includes training sessions for medical and legal audiences, social media advocacy campaigns, resource and toolkit development, international human rights consultation, legislative and other policy efforts, and youth leadership development. interACT has trained more than 500 medical professionals; published in medical, legal, and bioethical journals; and presented at numerous health care centers and medical schools. The organization has also provided testimony to multiple United Nations Committees and Special Rapporteurs and worked closely with the UN Office of the High Commissioner for Human Rights. interACT partnered with Human Rights Watch to conduct research on the human rights abuses experienced by intersex children in medical settings in the United States and released a report in 2017 that documented the lived experiences of intersex people, their families, and medical professionals and made various recommendations to policymakers to ensure intersex children are protected. In 2018, interACT worked with California Senator Scott Wiener to pass SCR-110, a resolution that became the first piece of legislation in the United States to acknowledge the medical mistreatment of intersex people. This resolution led to

SB 201, a bill introduced the following year, which aimed to restrict doctors in California from performing medically unnecessary intersex surgeries on children before they are able to give meaningful consent. Despite organizations such as Equality California and the ACLU joining interACT in advocating for the bill, it was strongly opposed by the medical community and did not make it out of committee and died in January 2020.

With the intent of increasing intersex awareness, interACT has become increasingly involved in media projects that seek to represent the intersex community. This work began in 2012 with interACT sponsoring The Interface Project, a digital video initiative led by activist Jim Ambrose that documented the lived experiences of intersex people from around the world. In 2014, interACT consulted with MTV to develop an accurate intersex character for the second season of their teen drama, *Faking It*. interACT youth member Amanda Saenz was cast in the role and became the first intersex person to portray an intersex character on television. In 2015, interACT youth members and former board president Sean Saifa Wall worked with Buzzfeed to create a video, "What It's Like to Be Intersex," that has become a widely used teaching tool. In 2017, interACT partnered with internationally renowned model Hanne Gaby Odielle on her coming out as intersex and advocating for change.

interACT has achieved much since its inception over a decade ago. Intersex young people are more vocal than ever; many youth members are engaging in activism at a more personal level and with greater independence. interACT youth members have presented their work at the HRC's Time to Thrive, the National LGBTQ Task Force's Creating Change, and the Gender Odyssey conferences, and they have advocated for intersex rights in state legislatures and at medical conferences. Such efforts have increased awareness and captured the attention of international human rights institutions and state and local governments in the United States. As a result, societal views of intersex people are changing, which will ultimately end the practice of needlessly operating on healthy intersex children.

Amanda Saenz

See also Activism; Intersex Society of North America; Intersexuality

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International Classification of Diseases

See ICD.

International Conference on Transgender Law and Employment Policy

The International Conference on Transgender Law and Employment Policy, also known as ICTLEP and the Transgender Law Conference, was a nonprofit organization founded in 1991 to address the legal rights of trans people, which were largely ignored at the time by local, regional, and national lesbian and gay advocacy groups. ICTLEP held an annual conference in Houston, Texas, for 6 years, from 1992 to 1997. Although it was relatively short-lived, ICTLEP brought much greater attention to trans legal rights, encouraged national lesbian and gay organizations to become more trans inclusive, and educated and empowered many trans people to advocate for change locally and nationally.

Origins

ICTLEP began as a committee of the Gulf Coast Transgender Community and was initiated by Houston lawyer Phyllis Randolph Frye, who was a leader of the group. Frye recognized the need for an advocacy organization for trans rights laws because of her own experiences with discrimination: When she earned her law degree, no firm would hire her because she was trans. Frye sought to build interest in the conference by promoting it at regional and national trans events and by sending a brochure to individuals on the mailing list of the Texas "T" Party, a large, annual trans event held in San Antonio. Still, she discovered that many trans people, especially trans legal professionals, were reluctant to be involved with such a public trans event. Only three trans lawyers—all closeted—attended the first conference, and because she could not find any trans people in the legal field who would be willing to be the main speakers, she asked supportive cis lawyers and judges she knew. However, over 50 people attended, including a number of leading trans activists.

Conference Topics and Resolutions

The areas of law addressed in the first conference were military, housing, probate and civil commitment, insurance, employment, health, antidiscrimination, criminal, and family.

In subsequent conferences, other areas of law were added, including documentation, education, and international, and the legal needs of trans men, trans people of color, and trans individuals in prison. The proceedings of first five conferences were published, enabling the presentations and policy proposals made at the event to be widely circulated beyond those in attendance.

The second ICTLEP was noteworthy for developing and adopting the "International Bill of Gender Rights," a declaration that people of all genders should have 10 basic human rights:

- The right to define gender identity
- The right to free expression of gender identity
- The right to secure and retain employment and to receive just compensation
- The right of access to gendered spaces and to participate in gendered activity
- The right to control and change one's own body
- The right to competent medical and professional care
- The right to freedom from involuntary psychiatric diagnosis and treatment
- The right to sexual expression
- The right to form committed, loving relationships and enter into marital contracts
- The right to conceive, bear, or adopt children; nurture and have custody of children; and exercise parental capacity

The second ICTLEP also first adopted the "Health Law Standards of Care for Transsexualism," a more trans-affirming model than the guidelines then in effect for the medical professionals who worked with trans women and men in the process of transitioning. Both documents were reviewed and revised at subsequent ICTLEPs.

ICTLEP developed different project areas that did work beyond the conferences, which encouraged ongoing engagement and enabled trans people who had not been at ICTLEP to become involved. Some of these projects included Employment Law and Policy, Documentation Law, Gender Rights and Military Law, and the Health Law Project. The conference and its projects provided opportunities for trans activists to meet each other and hone their organizing skills, and a growing number of trans lawyers began to attend ICTLEP, many of whom became inspired to come out and work on the legal rights of trans people. In between conferences, Frye also started sending an email blast that she called the "Phyllabuster" to ICTLEP attendees and other activists to keep them updated on trans legal and political issues—a practice she continued for more than a decade after the conferences ceased.

Legacy

ICTLEP ended after the 1997 event. Frye was having health problems at the time and was burned out from being the primary organizer of six annual conferences. But, more important, it had largely served its usefulness. Influenced by ICTLEP attendees and other trans activists, some national lesbian and gay organizations, most notably the National Center for Lesbian Rights, the National Gay and Lesbian Task Force (now the National LGBTQ Task Force or the Task Force), and the National Lesbian and Gay Law Association (now the National LGBT Bar Association or the LGBT Bar), took on trans legal and political

rights as a central part of their work by the late 1990s. For example, the Task Force's Creating Change conference and the LGBT Bar's Lavender Law conference began to include panels and workshops on trans issues, and the organizations started to have trans people as staff and board members, including Melinda Whiteway, who served as co-chair of the LGBT Bar in 1998, and Shannon Minter, a lead attorney at the National Center for Lesbian Rights, who came out as trans in 1996.

Along with encouraging national lesbian and gay organizations to become more trans inclusive, ICTLEP helped build the trans rights movement by bringing together and training many trans activists on legal issues. Trans people involved with ICTLEP started and were involved in the trans rights group It's Time America, which had chapters in several cities, and the annual National Gender Lobbying Day, which began in 1995. In no small measure, ICTLEP paved the way for the national trans rights organizations that emerged in the 2000s.

Phyllis Randolph Frye

See also Activism; Gender on Legal Documents; Health Care Access, Legal Issues; Marriage, Divorce, and Parenting, Legal Issues; Nondiscrimination Laws, Federal, State, and Local; Workplace Policies

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International Pronouns Day

International Pronouns Day is an education and advocacy day about pronouns; it occurs on the third Wednesday of October. Founded in 2018 by Shige Sakurai, the event engages prospective allies in respecting others' pronouns, sharing one's own pronouns, and raising understanding about gender liberation, with pronouns and inclusive language as an entry point to building respect, awareness, and greater learning. The campaign is grassroots in nature, with participation from numerous countries, and is also supported by an executive board and volunteer committees.

History and Focus

International Pronouns Day is the first campaign on the topic to gain major international participation and attention. It was preceded by decades of activism and education by numerous advocates around the world, including localized campaigns to raise awareness about pronouns.

The modern practice of going around a circle and sharing one's own name and pronouns in a group setting has existed since at least the late 1990s, particularly among LGBTQIA+ youth activist spaces. Since that time, cultural practices around pronoun awareness have expanded into many more spaces and communities.

In 2018, after publishing MyPronouns.org, a website about personal pronouns and inclusive language, and involvement with a localized advocacy day on pronouns, Shige Sakurai suggested a larger collaborative day of action and formed an executive board to give direction and support the development of International Pronouns Day. The inaugural board was co-chaired by Sakurai and by Genny Beemyn, both trans activists and higher education professionals working in LGBTQIA+ campus centers in the United States.

While the initial campaign's formulation focuses on pronouns, the campaign website also encourages grassroots participation and localized adaptations of the campaign to various languages and contexts, as desired. Adaptations could include a focus on inclusive language rather than just pronouns, depending on local needs.

Furthermore, the campaign leaders assert that discussing pronouns is meant as an entry point into respectful dialogue with and about trans communities and acknowledges that intersectional social justice requires efforts around racial justice, multilingualism, antiviolence work, restroom access,

health care, and beyond. The campaign seeks to open up some of these conversations through the lens of respecting basic human dignity by referring to people by their correct names and pronouns.

Participation and Results

International Pronouns Day received official registrations and endorsements from more than two dozen countries in all continents except Antarctica. During International Pronouns Day in 2019, Twitter listed "#pronounsday" as the number one globally trending hashtag. Campaign organizers reported 500 million as the estimated potential impressions of the hashtag on social media.

Endorsements and participation came from hundreds of businesses and organizations, such as Rwanda Gender Pride, TransgenderIndia.com, Reason Beer, Pride at Work AFL-CIO, Doula Canada, BlackTransConnection, and the Unitarian Universalist Association.

In addition to an expansive social media impact, the grassroots nature of the event encouraged local organizers to produce their own events and initiatives. Some examples have included an art exhibit in the Netherlands; numerous colleges that organized pronoun cookie decorating or "Pronouns and Pizza" discussion events; a formal proclamation recognizing the day, issued by the mayor of Ithaca, New York; a photos and testimonials series developed by a youth organization in Slovenia; and a short documentary video produced in England. Other local groups conducted workshops, film screenings, outreach, or button making in order to raise awareness and build more supportive communities.

Some local governments and officials also voiced support or announced trans inclusion initiatives on International Pronouns Day, such as acknowledgments of the day from the New York City Mayor's Office, and an announcement from the City of Philadelphia, which said that the city would begin a campaign to include pronouns in city communications and in email signatures of the city's employees.

Media and Recognition

International Pronouns Day has been acknowledged by celebrities on Twitter, such as nonbinary actor Asia Kate Dillon and nonbinary musician Sam Smith. Additional celebrities, such as Alyssa Milano and George Takei, also posted during the event. The campaign hashtag was used by a number of politicians running for president of the United States, resulting in an article about politicians sharing their pronouns published by *The Hill*.

Publishers of several major dictionaries, including the *Oxford English Dictionary* and the *Merriam-Webster Dictionary,* posted tweets for International Pronouns Day. Additional social media posts came from high-profile organizations and companies such as the Human Rights Campaign, Lambda Legal, American Civil Liberties Union, Penguin Random House, and *Entertainment Weekly*. The news-based television channel CNN also published an explainer piece about pronouns in recognition of the campaign. In January 2019, International Pronouns Day received a Special Recognition Award from the Consortium of Higher Education LGBT Resource Professionals in conjunction with the National LGBTQ Task Force's Creating Change conference.

Public Criticism

International Pronouns Day has been publicly criticized by numerous individuals on social media, and the campaign was lambasted by well-known conservative commentators, including Glenn Beck in the United States and Katie Hopkins in the United Kingdom. International Pronouns Day has been mentioned in conservative-leaning media such as *Fox and Friends, The Daily Mail, The Conservative Woman, Weekend Australian, American Thinker, Blaze Media, PJ Media,* and *Daily Caller*.

The vast majority of the criticism of International Pronouns Day has been of an anti-trans nature, often relying on a presumption of prejudice among audiences by focusing on sarcasm and jokes. When more clear critiques have been presented, they have tended to assert language tyranny and liberal indoctrination, that trans people are insane, that bodies determine gender, that bodies/genders are binary, that people will be punished for using the wrong pronouns, that the issue lacks importance, or that supporting the campaign is a waste of energy and resources.

Future Directions

International Pronouns Day leaders have encouraged and stated a vision for further expansion of the campaign by supporting grassroots volunteers working in a greater diversity of world regions and languages. Such engagements may require different entry points than pronouns, depending on the language. Furthermore, leaders have pointed toward the longer-term needs and practices that must be engaged at all times, not just on one annual day of action, in order to ensure that gender-inclusive language and human dignity in communications are adopted as a structural change and not just an individual behavioral change.

Shige Sakurai

See also Activism; Bathroom Discrimination; Communication; Discrimination; Gender Pronouns; Health Care, Discrimination; Microaggressions; Misgendering; Violence

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International Transgender Day of Visibility

The International Transgender Day of Visibility (TDOV) is held annually on March 31 to celebrate trans people and raise awareness of trans communities worldwide. It was developed, in part, as a reaction to the International Transgender Day of Remembrance (TDOR), which honors trans individuals who have been murdered because of their gender identity. Activists wanted to have a day that would encourage trans pride and call attention to the contributions of trans people to society, rather than the focus being only on the horrific level of violence against trans people. While the TDOV is less well known and less widely commemorated than the TDOR, the number of cities and countries that hold TDOV events continues to grow each year, as communities recognize the importance of having a day that acknowledges the lives of trans people.

The TDOV was created in 2009 by Rachel Crandall-Crocker, a psychotherapist and the executive director of Transgender Michigan in the United States. She began posting about the need for a day to celebrate trans people on Facebook, and the idea was quickly embraced by other trans activists. Crandall-Crocker began contacting trans leaders throughout the United States and internationally to encourage them to support the TDOV, and plans began almost immediately for events to take place in a number of localities. The first TDOV event was held in Royal Oak, Michigan, and consisted of a panel of trans allies discussing how they have supported the trans community. In subsequent years, the event has featured an open mic.

LGBTQIA+ and trans groups in other U.S. cities have organized workshops, films, art projects, ribbon campaigns, coffeehouses, networking activities, and rallies for the TDOV. For example, the TGI Network of Rhode Island sponsors an annual Empowerment Breakfast to honor the occasion; the Long Beach, California, LGBTQ Center runs a "Just Be Trans" Festival; and San Francisco LGBTQIA+ and trans organizations hold a TDOV awards night. The Wells Fargo building in Charlotte, North Carolina, and the One World Trade Center in New York City were lit up in the colors of the trans pride flag to mark the day in 2016 and 2017, respectively. Many national LGBTQIA+ organizations in the United States, including the Human Rights Campaign, PFLAG, GLSEN, and Trans Student Educational Resources, now support and help publicize the TDOV.

More than a decade since it began, the TDOV has grown to be celebrated in numerous countries, including Uganda, Vietnam, France, Ireland, Germany, and Russia. For example, the mayors of the Canadian cities of Calgary and Edmonton issued formal proclamations in 2013 to recognize the day. In 2014, Irish trans activists marked the TDOV by holding a demonstration outside the offices of the

country's national broadcaster to protest the negative representations of trans people on its television shows and in other media. The following year, trans people around the world, particularly trans youth, posted selfies on social media sites to raise awareness and help humanize trans people. Posting to social media continues to be a way that many trans youth celebrate the day annually, and for some, it is the first time that they come out publicly.

But not all trans activists have been supportive of the TDOV. A few days before the event in 2019, long-time trans rights activist Miss Major tweeted, "I don't really understand why we need a Day of Visibility, since for most of us, especially Black girls, we are as visible as we need to be. Our visibility is getting us killed. . . . The people who care about us . . . they're the people who need to become more visible." While there can be no denying that trans women of color are disproportionately targeted for violence and harassment because of the intersecting oppressions of racism, misogyny, and the hatred of trans people and that cis allies need to do much more to address the situation, this type of criticism misses the need for a day to celebrate trans people and encourage them to feel greater pride in themselves. At the same time that trans people are being murdered much more than other groups, they are also killing and attempting to kill themselves at a horrendously high rate because of internalized oppression. The TDOV can help build self-esteem and well-being among trans people, as well as educate the larger society about anti-trans discrimination, and thus the event serves important purposes.

For many trans people around the world, the TDOV is the one day a year that they feel recognized by others and encouraged to celebrate themselves. Even if they are not comfortable being out or live in a country where trans people have few rights or are persecuted, they can be heartened that trans people and their experiences are being spotlighted, even if only for a day. Having events like the TDOV can help lead to changes in society, such that trans people can be visible every day without having to face harassment and discrimination.

Rachel Crandall-Crocker and Genny Beemyn

See also Activism; History; News Media Representations; Representations in Popular Culture; Transgender Day of Remembrance

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Intersectionality in Research

Intersectionality is a concept or perspective that considers the simultaneous manifestation or influence of multiple dimensions of identity, difference, and inequality. The use of intersectionality as an analytical framework in the humanities and social sciences has increased drastically in the past two decades. Much scholarship focused on trans people centralizes the roles of cissexism or transphobia. Given this critical sensitivity to privilege and oppression, scholars engaging in research focused on trans issues may find that several of intersectionality's core assumptions resonate with their own. Furthermore, adopting an intersectional lens in research with trans people will allow scholars to add nuance and depth to what is already known about manifestations and consequences of cissexism.

The purpose of this entry is to serve as a primer for scholars who would like to incorporate intersectionality into research focused on trans people. The entry begins with a brief history of intersectionality, with particular attention devoted to its roots in the thought and praxis of (primarily cisgender [cis]) women of color. Next, the entry describes various approaches to using intersectionality in research. Moreover, examples are offered

that illustrate how these approaches may be employed in research on cissexism.

Intersectionality: A Brief History

Even before it had a name, intersectionality had a long history. In 1851, the renowned abolitionist and women's rights activist Sojourner Truth delivered her famous "Ain't I a Woman?" speech to an audience at a women's rights convention in Akron, Ohio. With this speech, Truth succinctly and incisively articulated how abolishing slavery—and thus freeing African American women—was core to the mission of pursuing rights for women. Other Black women scholar-activists who worked at the end of the 19th century and early 20th century—such as Anna Julia Cooper and Ida B. Wells-Barnett—also described the influence of multiple systems of oppression, such as racism, sexism, and classism, in the lives of Black women, their families, and communities. However, because of the very systems of inequality they critiqued, their intellectual insights were often deemphasized or obscured from history—that is, until their works were revived and popularized in the 1970s and 1980s by a new generation of Black women scholar-activists, such as bell hooks, Angela Davis, Audre Lorde, and the Combahee River Collective. As with their intellectual predecessors, this generation of scholar-activists drew from their lived experiences to describe the co-occurrence and interdependence of systems of oppression. This central thesis was at odds with the dominant ideology and praxis of prominent civil rights organizations at the time, which resisted challenging more than one axis of domination at a time. That is, Black women were often pressured to combat racism *or* sexism (*or* classism, *or* heterosexism, etc.) rather than racism *and* sexism.

The coining of the term *intersectionality* is usually attributed to Black feminist legal scholar Kimberlé Crenshaw, who critiqued the inability of critical race theory or feminist legal scholarship to adequately consider the influence of racism and sexism in the lives of Black women. She used the metaphor of a traffic intersection to illustrate how the discrimination Black women experienced (framed as a car accident) could result from cars coming from one direction (e.g., racism), from another (e.g., sexism), or all of them (e.g., racism and sexism and classism). Thus, the discrimination Black women experience may stem from racism and largely overlap with Black men's experiences of racism. Alternatively, the discrimination Black women experience may stem from sexism and closely resemble the sexism encountered by white women. Importantly, however, Black women could also experience discrimination specifically because they are *Black women*—that is, their mistreatment is not simply the sum of racism and sexism but something qualitatively different and unique to them.

Another important milestone in the development of intersectional thought was sociologist Patricia Hill Collins's description of intersectionality as a structural matrix of domination. Multiple systems of privilege and oppression intersect in this matrix and are co-constituted or mutually influenced by each other. Drawing from this insight, one could consider, for example, the ways that police mistreatment of trans women of color who engage in sex work reflect not just cissexist bias but also sexist, heterosexist, racist, and classist ideas of womanhood, sexuality, criminality, and legitimate work.

Approaches to Intersectional Research

Researchers concerned with the impact of cissexism or transphobia in the lives of trans people may find that intersectionality's emphasis on systems of privilege and oppression resonates with their own analytic goals. Moreover, incorporating an intersectional lens may help scholars glean new insights into factors that shape the manifestation or consequences of cissexism in diverse trans people's lives. To aid scholars who wish to incorporate intersectionality into their work, various approaches to intersectional analysis—comparative, additive, interactional, and intersectional—previously articulated by Jioni Lewis and Patrick Grzanka in their discussion of incorporating intersectionality in research on racism—are described. When possible, examples of both quantitative and qualitative research designs are presented. Such examples represent only a few ways that researchers may draw from intersectionality to add nuance and depth to scholarship that centralizes the perspectives of trans people.

Comparative Approach

Cissexism research employing the comparative approach would assess how cissexism manifests in

at least two groups of trans people who differ on some dimension of identity other than gender identity, such as race. Thus, researchers could explore whether the cissexism experienced by white or European American trans people differs in level (in quantitative designs) or kind (in qualitative designs) from the cissexism experienced by Asian American trans people. Alternatively, researchers using quantitative designs could explore if the association of cissexism with some outcome variable (e.g., self-esteem) varies across the two groups of trans people. A benefit of this approach is that by uncovering within-group variability in a phenomenon, researchers can avoid perpetuating the specious claim that the subjective experience of one group of trans people (usually, the one with more sociocultural privilege) is universal. A weakness of this approach is that it usually provides no information regarding the source of observed differences between groups. Using the aforementioned example, if any difference between the two groups was observed, researchers would likely assume the cause of this difference was racist discrimination (or, conversely, white privilege). Often, however, this presumed cause is not measured in research that adopts comparative designs. Another limitation of the comparative approach is that it may tacitly perpetuate the belief that research on groups with multiple marginalized identities (e.g., Asian American trans people) is not worthwhile in and of itself but rather only inasmuch as it reveals something about groups with more sociocultural privilege (e.g., white/European American trans people).

Additive Approach

Research using the additive approach assesses participants' experiences of multiple forms of oppression independently. The additive approach can be used in both qualitative and quantitative designs. For example, a researcher collecting qualitative interview data may ask trans women to first describe their experiences of workplace sexual harassment and then to describe their experiences of workplace cissexist harassment. Subsequently, the researcher would analyze participants' responses to the two questions separately to understand the different ways that sexism and cissexism manifest for trans women in the workplace. Alternatively, a researcher could collect quantitative survey data on trans women's experiences of workplace sexual harassment and workplace cissexist harassment—assessed separately—and examine their unique associations with participants' job satisfaction. A strength of an additive research design is that it reflects the understanding that people can experience multiple forms of oppression simultaneously. Furthermore, unlike the comparative approach, the additive approach can be performed using within-group research designs (e.g., the entire sample being trans women), which affirms the value of studying groups on their own merit rather than in relation to another group that is implied to be "the norm." Nonetheless, additive approaches assume that multiple forms of oppression can be perceived or experienced separately. Using our examples, the use of separate interview questions or survey instruments to measure workplace sexual harassment and workplace cissexist harassment assumes that trans women only experience workplace harassment because they are women *or* because they are trans; it does not allow for the possibility that they experience harassment specifically because they are *trans women*. Moreover, additive approaches are less likely to explore the dependent, co-constitutive nature of multiple forms of oppression. Thus, using our examples, researchers who assess workplace sexual harassment and workplace cissexist harassment separately may not consider the ways that cissexism is itself bolstered by the same binary, reductionist notions of sex and gender that have historically served as the foundation of sexist ideology.

Interactional Approach

As with the additive approach, the interactional approach assesses multiple forms of oppression simultaneously but independently. However, research adopting an interactional approach—which almost exclusively uses quantitative designs—assumes that the association of one form of oppression with an outcome variable is strengthened by another form of oppression. Thus, for example, scholars may develop a survey that separately assesses undocumented immigrant trans people's experiences of cissexist discrimination and xenophobic or nativist discrimination. Subsequently, the scholars would calculate the statistical interaction of cissexist discrimination with nativist discrimination and examine the

interaction's association with some outcome variable, such as income. As with the additive approach, a strength of the interactional approach is that it acknowledges that people can experience multiple forms of oppression simultaneously. Moreover, the interactional approach also allows for the possibility that these forms of oppression can work together—sometimes in complex ways—to shape people's experiences and functioning. Nonetheless, as with the additive approach, the interactional approach assumes that people always experience multiple forms of oppression as discrete, separate phenomena.

Intersectional Approach

Jioni Lewis and Patrick Grzanka label the fourth and final way of engaging in intersectional research the intersectional approach—a pointed designation that reflects their understanding that this approach most fully engages with the core themes of intersectionality. Stated plainly, researchers using the intersectional approach assume that the co-occurrence of forms of oppression can produce experiences that are unique to the population occupying that specific social location. Consider the case of a trans man who lives in poverty because he was fired from his job after coming out to his employer (there is no federal law banning employment discrimination on the basis of gender identity or expression). After losing his job, he no longer has access to the hormone replacement therapy he received through his employer-sponsored health insurance plan. Moreover, his state Medicaid program does not cover transition-related health care, which leaves him with the choices of going without his medically necessary treatment; moving to a state that does provide such coverage, which would be expensive; or seeking reduced-cost (but potentially unregulated and unsafe) hormone replacement therapy through the underground economy. In this situation, classist or capitalist health care policies exacerbated a health care crisis precipitated by a lack of legal protections against gender identity–related discrimination. Moreover, the fact that some state Medicaid programs do not cover trans-affirmative health care itself reflects classist and cissexist notions of what health care working-class trans people and trans people living in poverty have the right to access.

Given the nuanced, complex nature of the interplay of multiple forms of oppression, some scholars suggest that qualitative research methods—which tend to be less hypothesis driven and prioritize the subjective experiences of participants—are more aligned with the intersectional approach. Continuing the example above, researchers employing qualitative designs may ask participants to describe in their own words the discrimination they encounter as trans people living in poverty. Analysis of the data collected could reveal categories or themes that overlap with prior conceptualizations of classism and cissexism or they could illustrate experiences that clearly reflect the intersections of oppressions (e.g., classist cissexism or cissexist classism). Subsequently, researchers may use mixed-method or quantitative designs to develop and validate a self-report instrument of participants' experiences of classist cissexism.

Brandon L. Velez and Christian N. Adames

See also Cisgenderism; Discrimination; Feminism; Qualitative Research; Quantitative Research; Queer Theory and Trans People; Transmisogynoir; Transmisogyny

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Intersex Society of North America

The Intersex Society of North America (ISNA) was a nonprofit organization founded in 1993 in San Francisco, California, by intersex activist Cheryl Chase (also known as Bo Laurent). It was formed to provide peer support to intersex people, to educate family and friends, and to advocate for changes in the medical practices imposed on intersex infants. ISNA was the world's largest intersex organization in the 1990s and played an important role in the U.S. intersex rights movement. The organization had approximately 3,500 members, many of whom were educated, white, middle-class people between the ages of 30 and 45. Most were from the United States and Canada, but some resided in the United Kingdom, Germany, and New Zealand.

In the 1990s, discussions surrounding intersexuality started to grow, as scholars included the topic in sex and gender research. Biologist Anne Fausto-Sterling, in particular, published scholarship that challenged the common understanding that sex was a simple dichotomy. In her article, "The Five Sexes: Why Male and Female Are Not Enough," she argued that there are five types of sexes: males, females, true hermaphrodite ("herms"), male pseudo-hermaphrodite ("merms"), and female pseudo-hermaphrodite ("ferms").

After reading Fausto-Sterling's work, Chase penned a response to critique the use of *hermaphrodite* and the concept of gonadal determinism, which served as the basis for sex reassignments on intersex bodies. She also shared her personal story about being one of many intersex people who had been subjected to harmful medical interventions to "correct" their genitals. When the letter was published, Chase received an outpouring of responses from other intersex people who wanted to share their stories. In the letter, Chase had claimed that she was affiliated with the Intersex Society of North America to give herself credibility; the organization did not actually exist. But the tremendous support for her letter led Chase to actually establish ISNA because it was clear that there was a need for such a community.

Intersex people started joining ISNA as they realized that they all had been mistreated by medical practitioners. The members committed to advocate for intersex rights because they did not want additional intersex children to be subjected to the harmful surgeries that they had endured. Their activism came in the form of aggressively criticizing the Optimal Gender of Rearing (OGR) model (a protocol used for intersex babies, in which they were assigned a gender and then their genitals were surgically modified to match that gender), combating shame and stigma, encouraging other intersex people to embrace their bodies as natural and beautiful as they are, and ending irreversible and unnecessary surgeries. To further their agenda, they strategically used confrontational protests, media and online critiques, and in-person dialogues.

With the rise of the Internet, ISNA grew as a community online. Allies also increased in the academy, as scholars in medicine, law, feminism, and the media used their platforms to critique the OGR model and highlight how intersex children were treated in extremely harmful and dehumanizing ways. Despite medical professionals' initial resistance toward the critiques and calls for change, they began to listen and reconsider their practices in the early 2000s. This was partly due to ISNA activists routinely protesting pediatric medical association meetings and allies applying pressure to the physicians to provide data that supported the use of the OGR model. As a result, clinicians began to show interest in reforming medical practices on intersex bodies and moving away from the sex reassignment approach.

In 2000, at the Lawson Wilkins Pediatric Endocrine Society meeting, Chase was invited to give a talk on the mistreatment of intersex bodies. It was one of the first instances in which doctors were willing to collaborate with intersex people and listen to what they had to say. Chase continued to collaborate with doctors, and in 2005, she was invited to a conference where various international intersex experts were conceptualizing a new medical protocol for intersex treatment called the "Consensus Statement

on Management of Intersex Disorders." She pushed for *intersex* to be replaced with *disorders of sex development* (DSD) as a way to appeal to doctors with terms that they could easily accept and use when discussing intersex bodies. Chase also no longer wanted *hermaphrodite, true,* or *pseudo* to be descriptors for anatomical differences.

Also in 2005, the Consortium on the Management of Disorder of Sex Development (DSD Consortium), a group of intersex people, parents of intersex children, and clinicians who were affiliated with ISNA, drafted guidelines for doctors that were an alternative to the OGR model and created a handbook for parents. The guidelines listed ways that patient-centered care should focus on the well-being of intersex people and provided recommendations for physicians who treat intersex patients. Along with the handbook, which was distributed to medical centers around the United States, these new standards led additional practitioners to shift their perspective on intersex management.

The recommendations in the "Consensus Statement" drew mixed reactions from intersex activists when they were published in 2006. In addition to introducing the language of "disorders of sex development," the document advocated for a multidisciplinary team of experts to treat intersex variations, the limited use of surgeries for cosmetic purposes, and approaches to diagnosing intersex variations in infants. Many ISNA members were displeased with the recommendations, especially with the new DSD nomenclature, because they did not see their bodies as disordered. This added to their frustrations over the direction in which the organization was heading. Some members were in favor of collaborating with physicians, while others wanted to go back to a more radical approach of confronting medical professionals. Because of these internal conflicts, ISNA disbanded in 2008.

Although the organization was relatively short-lived, ISNA helped pave the way for intersex rights during the 1990s and early 2000s. The members mobilized to eradicate unnecessary surgeries, spread awareness, and create a supportive space for intersex people. After employing protest strategies, ISNA was able to work with medical professionals to conceptualize new practices for treating intersex bodies.

Alishia Alexander

See also Activism; Informed Consent Model; interACT: Advocates for Intersex Youth; Intersexuality; Sex Assignment

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INTERSEXUALITY

Aside from male and female, humans are also born intersex. Approximately 1 in 2,000 live births results in anatomies with both traditionally male and female sex characteristics, such as genitals, hormones, chromosomes, and gonads. Intersexuality threatens the longstanding sex binary model and causes anxiety among physicians, who cannot easily categorize them. Medical interventions routinely occur to "normalize" atypical bodies, despite opposition from intersex activists since the 1990s. An increase in intersex awareness has broadened discourses about bodily autonomy, representation, and recognition, and intersexuality continues to expand the concept of sex in the 21st century. This entry begins with definitions of key terms that occur within the discourse of intersexuality, then continues with an extended discussion of the process of medicalization that led, in the second half of the 20th century, to the performance of surgeries on many intersex infants, with the aim of assigning either male or female sex in keeping with the societal norm of binary sexuality and often entailing further confirmatory surgeries and procedures as the child grew older. Next, the rise of the intersex rights movement in the 1980s and 1990s is

described and its accomplishments outlined. The entry concludes with a discussion of the recognition of nonbinary sexuality and the rising number of bans in U.S. states on the performance of medically unnecessary intersex surgeries.

Definitions

Hermaphrodite and Hermaphroditism

A *hermaphrodite* is defined as an individual who is biologically both male and female, taken from Hermaphroditus, a figure in Greek mythology who was a combination of a man and a woman. Although the word is largely seen as a pejorative today, *hermaphrodite* was once commonly used to describe bodies that do not neatly fit into the male or female sex category. This term is rooted in pathologist Theodor Albrecht Edwin Klebs's classification of hermaphroditism: "true hermaphrodite," "male pseudo-hermaphrodite," and "female pseudo-hermaphrodite." Sex during the 19th century was primarily identifiable through the tissue structure of the gonads (ovaries/testes), and Klebs identified these categories in the late 1870s to acknowledge the rarity of a combination of ovarian and testicular tissue in the same body. Klebs specifically claimed that true hermaphrodites have one ovary and one testis; female pseudo-hermaphrodites have all of the "standard" male genitalia but ovaries, not testes; and male pseudo-hermaphrodites have all of the "standard" female genitalia but testes, not ovaries.

In contemporary times, many people who have a mixture of female and male sex traits reject the term *hermaphrodite* because it is used in a disparaging manner to describe their bodies. Their anatomical differences are viewed as abhorrent, inferior, and abnormal because they do not neatly fit into the two-sex model. Since the 1990s, some intersex activists have referred to themselves as "hermaphrodites" as a protest strategy and as a way to reclaim power and authority over their bodies, similar to how "queer" and "dyke" have been reclaimed by LGB people.

Intersex and Intersexuality

Intersex is an umbrella term used to describe a range of diverse variations in sex that include both traditionally male and female attributes. Coined by geneticist Richard Goldschmidt in the early 1900s to categorize gypsy moths with atypical sex characteristics, the term *intersex* began to replace *hermaphrodite* in the 1940s at the urging of physician Alexander Polycleitos Cawadias, who believed that all humans fall somewhere between male and female. Intersex is often conflated with *ambiguous genitalia,* a condition in which someone's body cannot be readily identified as traditionally male or female, such as an individual with a smaller-than-typical penis. However, intersex bodies can have a combination of traditionally male and female sex traits that are external and/or internal, including genitals (penis/vagina), chromosomes (XY/XX), hormones (estrogens/androgens), and gonads (testes/ovaries). *Intersex* is used by many activists and community members because it is a term that is all-encompassing of the approximately 20 variations of atypical sex characteristics. Therefore, for the remainder of this entry, the term *intersex* will be used.

Disorders/Differences of Sex Development

Individuals with *disorders of sex development* (DSD) have bodies with congenital conditions that are a result of atypical development of hormonal, chromosomal, genital, and gonadal sex. The term *DSD* was introduced in 2005 by physicians who wanted a more medically accurate description of intersex variations that could be used with patients and their families. In 2006, DSD was listed in the "Consensus Statement on Management of Intersex Disorders" as part of new standards of care for intersex people. This new language elicited a range of responses from scholars, activists, and community members. Some were in support of the shift because it was a pragmatic approach to work directly with medical professionals, while others denounced the new terminology on the grounds that referring to anatomical variations as "disorders" is intrinsically pathologizing. Many intersex activists see the use of the term *DSD* as another way for physicians to reassert their power over intersex bodies. As compromise language, some have adopted the term *differences of sex development* because this phrase does not have the judgmental overtones of "disorders" and recognizes intersex bodies as natural sex variations.

Medicalization

The leading medical authority on intersex variations in the second half of the 20th century was John Money, a professor of pediatrics and psychology at Johns Hopkins University from 1951 until his death in 2006. His research focused on gender and sexual identity and nomenclature, and he helped develop the Johns Hopkins Gender Identity Clinic, which was the first university gender clinic established to perform gender-affirming surgeries. Money believed that all people were psychosexually neutral at birth and developed a sense of their gender between the ages of 18 months and 3 years through socialization by their families. This concept became known as the Optimum Gender of Rearing (OGR) model and was used as a justification for performing binary sex assignment surgeries on infants born with ambiguous genitalia, as well as on young children who had experienced trauma to their genitals.

Although the OGR model posited that young children did not have a gender identity, most of the surgeries resulted in female sex assignments. Because attention was largely placed on the (heterosexual) functionality and overall aesthetics of the genitals, Money and his colleagues found it easier to construct a vagina than an average-sized penis. For doctors to successfully construct functioning penises, the phalluses needed to be capable of urination, erection, and ejaculation. Vaginas, however, were considered successfully functional if they just had a large enough hole to fit a penis inside and the outward appearance resembled a "standard" vagina. Thus, the common practice for decades beginning in the 1960s was to give vaginas and a female sex assignment to most infants with ambiguous-looking genitalia, resulting in thousands of surgeries.

In what became his most famous case, Money applied his OGR theory to David (né Bruce) Reimer, an identical twin boy from Winnipeg, Canada, who experienced a botched circumcision in 1966. The 8-month-old suffered irreparable damage to his penis due to the physician's having used an unconventional method of removing his foreskin. Shortly after the tragic mishap, Reimer's parents began working with Money to surgically reconstruct the child's genitals. Citing the OGR model, Money convinced the parents that it was in their child's best interest to be raised as female, because it was easier to create a vagina than a penis, and the child was supposedly still young enough to be socialized to the appropriate gender, as long as it was never disclosed to the child that they had been assigned male at birth.

Money performed annual checkups to follow Reimer's progress through childhood and adolescence and used his twin brother Brian as a control subject, often requiring them to interact together in so-called childhood sexual play. Money declared what he called the John/Joan case a success in numerous articles, books, and presentations because, as he reported, Reimer exhibited traditionally girlish behavior in comparison to his brother's traditionally boyish behavior. Given that this was the first known case of someone who was unquestionably one sex being reassigned to another sex with seemingly no difficulties provided strong evidence for Money's model.

But other scholars, including sexologist Milton Diamond, who did not believe that gender identity in young children was entirely malleable, were not convinced that Money was telling the full story. Diamond tracked down Reimer in the mid-1990s and learned that he had self-identified as male since childhood and only acted as traditionally female to appease his parents and Money. After learning about his sex reassignment from his father when he was 14 years old, Reimer decided to transition back to a male sex. He changed his name to David, received testosterone therapy, and underwent surgeries to remove his breasts and reconstruct a penis.

The publication of Diamond's findings and coverage of Reimer's story in the media in the late 1990s discredited Money's theory that gender is not in place at birth but determined by socialization and called into question the rationale for performing genital surgeries on intersex infants. Money's reputation and his views about childhood gender identity were further damaged after both Reimer brothers took their own lives: Brian in 2002 and David in 2004.

Medical Interventions on Intersex Bodies

Prior to his malpractice being exposed, Money used the John/Joan case to encourage physicians to perform genital surgeries on babies born with

intersex variations, and doctors readily bought into the OGR model because they believed that "unintelligible" bodies needed to be corrected. Like Money, other medical professionals sought to provide what they considered a normative psychosocial developmental experience to intersex infants by choosing a gender identity for them and then modifying their genitals accordingly. These "corrective" surgeries became the standard response to bodies that did not neatly fit into the male or female sex category.

Physicians sought to have control over anatomically different bodies because they wanted to maintain the binary systems of sex and gender. Given the fundamental threat that the existence of sex variations posed to the social structures that separated bodies into two distinct categories, the medical discipline had to respond. Thus, physicians defined intersexuality as a medical problem that only they could address, which was through binary sex assignment surgeries. They essentially attempted to erase intersex bodies and reproduce male and female sexual anatomies.

Parents of intersex children were also often involved in the medical management of intersex bodies by cooperating with physicians. Genital surgeries were sometimes performed without notifying the child's parents, but in most cases, physicians pressured the parents to allow them to intervene. The nature of the intersex variation was typically presented as a medical emergency, in which the child was said to have a disorder or illness that resulted in their sex not being easily identifiable. Binary sex assignment was then given as the remedy to the problem and the best course of action for the sake of the child and the family. This decision was made either immediately after delivery or during early childhood, based on the assumption that the child would not remember the procedure and that they could be socialized to the given gender, per the OGR model.

The children experienced different genital surgeries, depending on their chosen sex and the intersex variation. Children whom doctors considered to have an adequately sized penis were assigned male and underwent repairs to their penis during the first year of their lives and had additional surgery before starting school. All other children were assigned female and had surgery around the age of 3 months to construct or repair a vulva and to create or sometimes reduce the size of a clitoris. Additionally, vaginoplasty (a procedure to tighten the vagina) occurred between the ages of 1 and 4, and the construction of a complete vaginal canal was performed during puberty. Hormone therapy to further align their bodies with the stereotypical characteristics of their assigned sex occurred during adolescence for both males and females.

Because binary sex assignment required years of reconstructive surgeries, the consequences for those who underwent the procedures were severe and lifelong, affecting their physical, psychological, and emotional well-being. The decision to irreversibly alter the children's bodies to conform to the dominant sexed categories was determined by doctors and parents without their consent, which resulted in many intersex people feeling that they had been violated when they later learned what had happened to them. The surgeries were seen as "in the best interest of the child," even though the procedures were mostly medically unnecessary and cosmetic in nature, and the child was typically not told at the time about their intersex variation and what was to be done to their bodies. And, while the aim was to create "natural-looking" bodies, the genitals did not always look that way due to scar tissue, disfigurement, issues resulting from frequent infections, and other medical conditions. The surgeries also caused sterilization in bodies that had been capable of reproducing children prior to medical intervention.

Parents hid the truth about the procedures from their children because they were following doctors' orders to remain silent and because they were afraid of what other people would think, say, or do out of ignorance and cruelty. For their part, physicians required secrecy because they were firmly committed to Money's theory on gender socialization and to the sex binarism of Western societies. The medicalization and secrecy about their bodies resulted in the adults who had been born with an intersex variation feeling ashamed and stigmatized.

The Intersex Rights Movement

In the late 1980s and early 1990s, questions increasingly were raised about the effectiveness and ethics of binary sex assignment surgeries. Intersex adults were among the people who openly condemned the treatment of intersex bodies by

physicians. Many of them united to share their traumatizing experiences, increase awareness of the harmful effects of medical interventions, and confront the medical establishment. As more intersex adults learned that there were other people in the world like themselves, the intersex community began to grow. This led to the formation of intersex organizations and encouraged many intersex people to become activists and speak out in newspaper articles, television shows, and the meetings of medical professionals.

The advent of the Internet made it much easier for intersex people to find each other, receive support, and obtain detailed information about their intersex variations. Online intersex communities provided a safe space in which they could ask questions about where to find resources, how to cope with being intersex, and what was done to their bodies. Some even discovered their intersexuality from websites that described particular anatomical differences. This was a major shift for people who had spent much of their lives living silently in shame, confusion, and fear.

The intersex movement grew rapidly after activist Cheryl Chase founded the Intersex Society of North America (ISNA) in 1993. The organization came about inadvertently when Chase stated that she represented the then nonexistent group for credibility in a published response to biologist Anne Fausto-Sterling's article "The Five Sexes" in *The Sciences*. Chase received mail from intersex people from around the world who wanted to join ISNA, which led her to actually create the organization. ISNA provided bimonthly support groups and a newsletter, but it became best known for its protests against intersex surgeries at medical conferences and meetings.

The attention that the pickets received led to Chase's being invited to discuss the treatment of intersex bodies at the annual meeting of the Pediatric Endocrine Society in 2000. This collaboration that began at the conference ultimately led to a "Consensus Statement on Management of Intersex Disorders," which introduced the DSD language, recommended that a multidisciplinary team of experts be used to treat intersex bodies, and continued to endorse surgeries to "normalize" intersex variations. Many ISNA members did not agree with the consensus statement, and the resulting internal conflicts within the organization led to its demise in 2008.

The disbandment of ISNA resulted in the creation and growth of other intersex organizations in the United States that provided a variety of services and approaches to ending medically unnecessary procedures. Activism to raise awareness about the experiences of intersex people and change the standard medical practices also grew in Europe, Australia, and elsewhere, including South Africa, Mexico, and Nepal. An international intersex movement began to form with the establishment of Intersex Awareness Day, which was first celebrated in 2004. Held annually on October 26, Intersex Awareness Day has brought unprecedented attention in many countries to the "I" in "LGBTQIA."

The intersex rights movement was also bolstered by the 2017 publication of the groundbreaking report, "'I Want to Be Like Nature Made Me': Medically Unnecessary Surgeries on Intersex Children in the U.S.," by Human Rights Watch and the intersex youth organization interACT. The document shared the experiences of intersex youth, the parents of intersex children, and medical practitioners. It also included an analysis of the protocols for intersex surgeries and their consequences, a timeline of intersex activism, and recommendations to protect the rights of intersex people. Internationally, a number of institutions and organizations, including the World Health Organization, the United Nations Office of the High Commissioner for Human Rights, the Council of Europe, and Amnesty International, have called for an end to medically unnecessary intersex surgeries.

Nonbinary Recognition and Bans on Surgeries in the United States

Many intersex people identify as female or male, but their gender identity does not necessarily reflect the sex assignment forced on them by doctors and their parents. Other intersex people do not identify as either female or male; some see themselves as nonbinary or trans, and some want to be formally recognized as intersex. Several intersex people in the Unites States have successfully sued city and state agencies to have "intersex" listed on their birth certificates. But, more commonly, cities and states are accommodating intersex and nonbinary trans individuals by allowing them to have "X" as their gender marker on

legal documents. As of early 2021, 13 states enable individuals born in that state to have their birth certificates reissued with an "X" for gender instead of "F" or "M," and 19 states and Washington, D.C., permit this change on driver's licenses and state IDs.

Intersex activists and organizations have also sought legislation to ban doctors from performing medically unnecessary intersex surgeries. In the late 2010s, such laws were proposed in California, Nevada, and Texas. During hearings on the bills, intersex people shared their stories of being subjected to nonconsensual surgeries and how medical intervention did more harm than good, even when doctors got their sex assignment right. The bills received national media coverage, but none became law.

Still, even without formal bans, medically unnecessary surgeries on intersex infants in the United States are increasingly seen as controversial rather than considered sacrosanct. In 2017, three former surgeons general of the United States—Joycelyn Elders, David Satcher, and Richard Carmona—called for a rethinking of operations on intersex infants. Moreover, doctors and hospitals are increasingly unwilling to perform such surgeries, and a small but growing number of parents are refusing to allow the operations, saying it is up to their child to decide for themselves how their bodies should look and what their gender is.

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See also Activism; Informed Consent Model; Intersex Society of North America; Nonbinary Genders; Sex Assignment

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Intimate Partner Violence

Intimate partner violence (IPV) is any physical, sexual, and/or psychological violence or harm done by a current or former romantic partner. It is recognized as a serious public health issue and is linked with numerous poor health outcomes. IPV is an issue that disproportionately affects trans people. Past-year IPV prevalence rates from large community-based studies in the United States show that trans people are up to six times more likely to experience IPV than cisgender (cis) women. This entry highlights the particular risk factors in the dominant culture that render trans people more vulnerable to IPV. It also examines the issue of partner abuse from both sides—including discussion of cases where trans people are victims as well as cases where they are perpetrators of IPV. To fully understand IPV in this context, an intersectional framework is required, to allow us to take both privileged and marginal aspects of identity into

account. This approach further takes into account the influences of both the dominant culture and relevant subcultures to which people belong. Trans people as mostly victims of IPV, but at times perpetrators of IPV, both affirms and troubles the dominant social narrative of IPV as relying on imbalances of power, illuminating the potency of identity abuse more broadly.

The Role of the Dominant Culture in IPV Against Trans People

Many trans people are in healthy, satisfying relationships. Where this is not the case, trans people are much more often victims than they are perpetrators of IPV, and this largely has to do with the degree of social exclusion they face. True of many marginalized groups, social exclusion keeps people from being able to fully participate in society, and this has an eroding impact on people's well-being.

The intrapersonal effects of social exclusion are captured by the *minority stress model*. This model details the added psychological burden in everyday life of managing the anxieties and traumas of systemic erasure, stigma, and interpersonal aggressions. This burden can contribute to poorer mental health and greater vulnerability to IPV. The systemic effects of exclusion are, in turn, captured by the *social determinants of health model*. This model reflects how economic and social factors, including experiences of discrimination, shape people's mental and physical health, as well as their access to care. As an example, even in places where national human rights protections for gender identity exist and universal health care is provided, research shows that trans people are medically underserved and have significantly more unmet health needs when compared with cis people. Patterns of underservice mean less access and connection to providers and services capable of helping with IPV.

In considering social exclusion with respect to trans communities, it is important to be mindful that identity is multidimensional and that gender identity is but one of these dimensions. Additional aspects of identity such as gender, race/ethnicity, class, and dis/ability may mean that people are navigating being multiply marginalized, and this will intensify their level of social exclusion and thus their risk for IPV.

Vulnerability Factors That Increase Risk of IPV by Cis Perpetrators Against Trans People

Research indicates that minority stresses and structural inequities elevate risk of IPV. Furthermore, research demonstrates that young trans women are at particularly high risk for IPV as compared to other trans subgroups, suggesting that multiple marginality further elevates risk.

Some small-scale studies also suggest that there are particular times during which trans people may be at elevated risk for IPV. These include when they disclose being trans to an existing partner and when they disclose plans to physically transition, both times of notable personal vulnerability for trans people.

Abuse Tactics Used by Cis Perpetrators Against Trans People

Research has shown that abusive partners often employ tactics that exploit trans people's vulnerabilities. In the late 1990s and early 2000s, the community organization FORGE did groundbreaking work in this area, articulating identity-based strategies often used against trans people, such as abusive partners misgendering them or touching off-limit parts of their bodies. Abusive partners may also attempt to discourage or interfere with transition-related treatments to control how partners present and embody their identities publicly or threaten to "out" someone to their workplace or landlord.

More nuanced abuse tactics may be employed, including the emotional manipulation of values and priorities that trans victims hold to inform their sense of self. For example, an abusive cis partner may use the knowledge that their trans partner highly values relationship stability, combined with their previous experiences of social losses and the threat of a diminished dating pool, as a way to keep the trans partner in the abusive relationship. Furthermore, there may be a deliberate amplification of a trans person's insecurities by overly focusing on their pretransition past or by suggesting their current looks or behavior to be inadequate for their gender. Thus, there are a variety of complex reasons why some trans people stay in abusive relationships.

Barriers to Help Seeking Among Trans Victims of IPV

There are few institutional supports or policies in place to assist trans victims wanting to protect themselves or to leave abusive relationships. Poor past or anticipated negative treatment by police and the prevalence of gender-based domestic violence services and shelters that are often not welcoming of trans clients are among the most frequently cited barriers. Other systemic issues may also play a role in whether trans people are able to protect themselves within and/or leave an abusive relationship. For example, owing to transphobia, a trans person may face a shrinking support network. Likewise, a trans person may face employment discrimination, resulting in less economic power to support themselves independently. When trans victims do reach out for help, it is generally for informal help from their existing social network. Many trans victims tell no one at all, and only a small fraction engages any formal IPV-related services (e.g., police or domestic abuse services).

Understanding the Role of Relevant Culture in IPV Perpetrated by Trans People Against Cis People

The dominant theoretical model for IPV assumes that social power is part of what enables abuse. This model fails to explain cases in which people with seemingly similar or greater social power are victimized. The existence of trans partners who perpetrate IPV against their cis partners affirms the importance of an intersectional analysis and highlights the role of culture in understanding what may enable abuse in these cases.

A chosen community with which one strongly identifies and feels aligned may be the greatest and most immediate sphere of influence or most relevant culture among the multiple cultures by which we are shaped. In cases of sexual minority, activist, and/or feminist circles, this culture may include priorities of having people from a marginalized group be the authority on their own experience and centering the voices of those most marginalized. Cultural values may also include using one's privilege in the dominant culture to demonstrate solidarity with and support those more marginalized. Holding these priorities can carry significant social currency connected to one's standing in, and belonging to, cultural communities. In cases of abuse, these values, which can inform a vital sense of one's identity, can be manipulated or distorted.

Vulnerabilities That Increase Risk of IPV by Trans Perpetrators Against Cis People

There are some conditions under which cis partners are particularly vulnerable to becoming victims of IPV. Research with queer women partners of trans men has shown that the narrative of social power underlying IPV delays recognition of their trans partner's behavior as abusive because their partner holds less social power. A first relationship with a trans man, in the absence of knowing other trans people, also represents a vulnerability to partner abuse. Cis women partners are more likely to defer to their trans partners in these cases, allowing them to define as normative behaviors that might minimize or dismiss violence, such as suggesting that maltreatment is a by-product of stress from the transphobia faced in the outside world.

Abuse Tactics Used by Trans Perpetrators Against Cis People

As discussed in the previous section, abusive tactics can involve the emotional manipulation of a partner's identity or moral character. In politicized subcultures, cis partners are invested in seeing themselves, and in others viewing them, as committed to social justice and, by extension, as a good trans ally. This can mean that cis partners unduly extend themselves or make compromises beyond their comfort in an effort to be supportive. Since concepts of who makes a good trans ally are most often defined by trans folks, trans partners hold a relative power that can be exploited. Abuse might arise in the form of a cis partner being instructed by their trans partner about what counts as supportive or nonsupportive behaviors. Moreover, some cis partners in prior research described being emotionally blackmailed into arrangements such as financing their trans partner's hormone therapy and blood work, with the threat that they would otherwise be named as

transphobic to others in their circle. These kinds of threats feel high stakes to cis partners in small communities from which they may fear being stigmatized or excluded.

There are also ways in which aspects of the dominant culture infuse subcultures that facilitate abuse. For example, there continues to be an expectation for women (or femmes) to do the bulk of the emotional labor in relationships, and they may internalize this expectation and take it up as a desired part of their identity. It follows that accusations of nonsupport by a trans partner may be particularly upsetting and/or motivating to do more or do better.

Barriers to Help Seeking Among Cis Women

Even when cis women understand their partner's behaviors to be abusive, they may continue these relationships for a period of time, sustained by a belief that these behaviors are temporary and attributable to gender role, poor coping with minority stress, or biology. The couple may co-construct any number of beliefs, including that trans men are stressed by transition and discrimination against them, are in pursuit of normalcy by asserting a stereotypical masculinity, are struggling with internalized transphobia, or are adapting to new and strong hormonal influences. These framings all function to diminish the personal responsibility of the trans partner. Interestingly, this diminishment of responsibility fits with traditional conceptualizations of IPV in heterosexual relationships, in which perpetrators often perceive and construct themselves as victims. In marginalized communities, this construction as victim is compelling because it reflects an aspect of reality; it is not entirely manufactured, even though the stories marshaled for the purpose of abuse are.

Cis partners may also be reluctant to seek help in cases where their trans partner has a high profile in their community, as they may worry about retribution or not being believed. They may also be reluctant to seek help when family or friends have not been supportive of the relationship, and they worry about reinforcing any existing prejudice against trans people in disclosing the abuse.

Understanding Both the Dominant and Relevant Cultures Together

The marginalized status of trans people is central both in the more prevalent relationship abuse against them and in the relationship abuse they perpetrate. IPV against trans victims may be understood in sociopolitical terms, whereby the cis partner exploits their greater social power and resources to abuse their trans partner. In politicized subcultures, trans perpetrators exploit the particular values and features of small communities to abuse their cis partner. IPV in both dominant and relevant cultures is joined by tactics that undermine relationally informed and valued aspects of a partner's identity. IPV points to the importance of appreciating the complexity of power and toward a context-based understanding of relationship violence.

Nicola R. Brown

See also Dating; Divorce, Psychological Issues; Gender Minority Stress; Marriage; Relationships With Romantic/Sexual Partners; Violence

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J

Jenner, Caitlyn

Caitlyn Jenner is a U.S. media celebrity and, arguably, one of the most well-known trans people of the 21st century thus far. Jenner came out publicly as a trans woman in a television interview in 2015 and, following a short period of time out of the public eye, famously debuted her striking physical transformation in a glamorous cover-shoot for *Vanity Fair* magazine under the headline "Call Me Caitlyn." Jenner's significance as a subject of academic study relates to two central themes: her connection to the discourse of "authenticity" and her status as a highly visible member of a minority population.

From Athlete to Reality TV Star

Born on October 28, 1949, in Mount Kisco, New York, Jenner became a successful athlete in the 1970s, winning a gold medal for the male decathlon at the 1976 Olympic Games, for which she was widely hailed as an "American hero." Following her Olympic victory, Jenner was seen as one of the greatest athletes of her time, a status that enabled her to become a high-profile celebrity. In the late 1970s, she appeared on the covers of *Sports Illustrated, GQ,* and *Playgirl* magazines and was the spokesperson for Wheaties, with her photograph featuring on the cereal's boxes.

In the early 2010s, Jenner attained a different kind of media visibility as a member of the Kardashian family of reality television stars. She appeared regularly in the highly popular show *Keeping Up With the Kardashians* and a number of its spin-off series as the spouse to family matriarch Kris (whom Jenner married in 1991), parent to Kylie and Kendall Jenner, and stepparent to Kim, Courtney, and Khloe Kardashian, all of whom are highly visible media celebrities in their own rights. Following her transition, Jenner also starred in her own reality show, *I Am Cait,* broadcast on E! entertainment (the channel that runs all of the Kardashian shows), which claimed to represent Jenner's life in the immediate post coming-out period.

Media, Authenticity, and the Wrong Body Discourse

Jenner's background in reality television and her highly mediated coming out are important lenses through which to understand her significance as an object of academic study. For researchers working in media, cultural, and sexuality/gender studies, Jenner is not only important because she is a well-known trans person. Her many representations also allow us to understand why certain, quite specific, ideas about trans identity predominate in popular culture. These ideas have become *normative*—accepted and understood by many people. While the lived experiences of trans people are deeply varied, only a small number of discourses on trans life are normative in the mainstream media. Attention to the

representations of Jenner and other trans celebrities allows researchers to explore and understand the crucial role of media, in its many different forms, in shaping and circulating particular ideas about trans people.

Jenner's representations have been structured primarily by a discourse on trans identity that has been called the *wrong body discourse*. This is the idea that trans people experience their identities as an authentic, inner gender that is "trapped" inside a mismatched body. The wrong body discourse is often articulated through the statement that trans women, for example, are women born in men's bodies.

Jenner's representations exemplify how and why this discourse has become normative in contemporary popular culture. The types of media in which Jenner has primarily been represented, such as televised and magazine interviews, reality television, and her 2017 memoir, *The Secrets of My Life,* are all media that stake a claim to representing or revealing the "authentic" or "real" selves of individuals. In the case of Jenner's representations, her trans identity was put forward as the ultimate representation of her authentic self, one that she was making public for the first time. Through Jenner's representations, the wrong body discourse was able to make sense to mainstream media consumers because it correlated with the already familiar idea that everyone has a "true," authentic self.

The media's claims that Jenner was revealing her authentic self through coming out were tied in particular to her highly publicized physical transformation. This consisted of a large number of surgical "feminization" procedures, as well as the maintenance of an expensive wardrobe of fashionable clothes, long glossy hair, and expertly applied makeup. Much of the content of contemporary media, from advertising to makeover TV shows, circulates the idea that accessing and displaying one's authentic self is best achieved by maintaining a beautiful physical appearance. Jenner's coming out—represented visually through her glamorous physical transformation—was structured as a kind of grand makeover narrative. In this way, Jenner's media coming out represented her *trans* identity by drawing upon existing perceptions around the power of makeovers to bring out the authentic self.

Media Visibility for Minority Groups

Jenner is also significant to study because she exemplifies the complexities and contradictions around media visibility for minority groups, particularly in the case of celebrities. For many mainstream media consumers, celebrities and other media figures are their main points of contact with trans people and LGBTQIA+ people in general. These representations therefore play an important role in shaping popular perceptions of these minority populations.

Some hailed Jenner's coming out as a landmark achievement for trans visibility. *Glamour* magazine, for example, named her one of 2015's "Women of the Year." However, Jenner has never been an advocate for trans rights (at least initially, she was a supporter of Donald Trump), and in the interview accompanying her receipt of the award, Jenner was quoted as stating that "the hardest thing about being a woman" was "deciding what to wear." She also remarked that she was unconcerned about the pronouns people used to address her. Many commentators therefore argued that the immense privilege of Jenner's personal situation shielded her from many common forms of marginalization faced by the trans community in the United States. Jenner's privilege relates to her wealth, whiteness, and social connections, as well as her related ability to undergo a considerable number of surgical procedures concurrently. This privilege, it has been argued, makes her unrepresentative of the "average" trans person. Thus, Caitlyn Jenner has been a focal point for debates around the limits of trans visibility through celebrities.

Michael Lovelock

See also Bono, Chaz; Cox, Laverne; Jennings, Jazz; News Media Representations; Olympic Athletes; Reality TV

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Jennings, Jazz

Jazz Jennings, who was born on October 6, 2000, in South Florida, is a media celebrity and LGBTQIA+ rights activist. Jennings is notable for being one of the most visible representations of a young person identifying publicly as trans in the United States. From 2011 onward, Jennings and her family have appeared regularly in news stories, television interviews, documentaries, reality shows, and in magazines and online articles, in which Jennings's process of transitioning as a teenager was represented.

From a scholarly standpoint, Jazz Jennings is an important subject of inquiry because, as a media celebrity, she has worked to make the idea, or discourse, of the *trans child* recognizable for mainstream media consumers. Jennings is a significant object of academic study in relation to the cultural function of the trans child and her position within broader debates around the "truth" of gender in the 21st century.

Jazz Jennings's Celebrity

Jennings, who was assigned male at birth, was one of the first publicly documented cases of a child being identified as trans, having been medically diagnosed with gender dysphoria at the age of 5. In 2007, a 6-year-old Jazz and her parents, Jeanette and Greg Jennings (as they are known in the media; Jennings is a pseudonym), began appearing on television programs, discussing their experiences of raising a trans child. In 2011, the family was the focus of a TV documentary, *I Am Jazz: A Family in Transition,* broadcast on the Oprah Winfrey Network. Between 2011 and 2015, Jennings appeared in various media, including on her own YouTube channel, where she sought to raise awareness about issues facing trans children and teenagers. In particular, Jennings and her family discussed their long-running dispute with the U.S. Soccer Federation, which was refusing to allow Jennings to play for a girls' team. During this period, Jennings received numerous accolades and awards, including being named one of "The Most Influential Teens of 2014" by *Time* magazine. In 2015, the TV channel TLC premiered a reality series about the family, entitled *I Am Jazz,* which, as of 2020, is in its sixth season. Jennings's autobiography, *Being Jazz: My Life as a (Transgender) Teen,* was published in 2016, and in 2018, in an interview in *People* magazine, she publicly announced that she had undergone gender-affirming surgery, discussing her preparations for and the complications resulting from the surgery.

The Trans Child and Authenticity

The mainstream visibility of trans children has been a core component of a dramatic discursive shift in media representations of trans people in the 2010s, and Jennings is, arguably, the most visible representation of a trans child in early 21st-century North American society. Prior to this time, trans people, particularly trans women, tended to be represented as either comedic and ridiculous or sinister and deceptive, as, essentially, men pretending to be women. Through these representational tropes, trans women's female identities were constructed as performances, as a deliberate, although often unsuccessful, concealing of their "real" male identities.

In the 21st century, however, a different representational norm began to develop, one that became particularly pronounced in the 2010s. Scholars have called this alternative media discourse on trans people the "wrong-body discourse" because it maintains that trans identity constitutes an innate "true" gender trapped within a mismatched or "wrong" body. In this framework, trans women, for example, are female on the inside but are born trapped in male bodies.

Although published memoirs of trans individuals have articulated these kinds of experiences since the late 20th century, Jennings and the 21st-century media in which she has circulated (e.g., reality TV, YouTube, social media) have enabled the wrong-body discourse to attain mainstream recognizability and, in so doing, to consolidate the trans child as a cultural and media trope. That

Jennings has been represented primarily in reality TV, documentaries, news program interviews, and on social media is highly significant, as these are all types of media that claim to provide consumers with access to the "real" or "authentic" selves of their participants. In representing Jazz, these media have not only constructed her female identity as the location of her "authentic" self but have also pinned Jennings's own apparent awareness of her "true" female identity to when she was a young child, thus seeming to corroborate the idea that she has always been female "inside."

The Trans Child, Gender, and Cultural Fault Lines

The figure of the trans child, as embodied by a celebrity such as Jennings, speaks to the development of broader cultural fault lines in the present century around the location of "truth" in relation to gender and identity. One side of this fault line maintains that the truth of gender is something that you feel or know intangibly inside yourself. The other believes that truth of gender is a fixed and immutable biological fact. Thus, while many commentators have celebrated Jennings as someone who is living an authentic life according to her true identity, others have been deeply critical of her parents and the media corporations that have publicized them. These commentators have argued that Jennings, a minor until recently, only identifies as trans because adults have taught or encouraged her to feel this way. Thus, Jennings occupies an ambivalent position within complex cultural debates around not only the statuses of trans children and teenagers but also the very concept of gender and its changing meanings in the contemporary moment.

Michael Lovelock

See also Jenner, Caitlyn; Parenting of Trans Children; Reality TV; Social Media Influencers; Youth and Teens, School Experiences; Youth and Teens, Well-Being; YouTube

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Jewish People

A common saying is "two Jews, three opinions," and this can be extrapolated to Jewish trans people, as there is no singular experience of being Jewish and trans. Jews encompass a diaspora of people from all over the world who share a Jewish identity and represent many races, ethnicities, nationalities, spiritual beliefs, and religious practices. No universally accepted definition of Jewish identity exists. While Jewishness is seen by some as a biologically rooted absolute, it is an individually self-defined identity to others. In one community, a Jew must have familial heritage and follow prescribed rituals, whereas another community might include converts to Judaism or atheist cultural Jews. This multiplicity of definitions has resonances with concepts of gender identity, including how trans can be defined narrowly or broadly. Jewish trans people's lives are affected by all of these perspectives on definitions of identity as well as their spiritual belief systems and the country in which they live.

Jewish Identities and Definitions

In the United States, there are a wide variety of Jewish beliefs and practices. Trans Jewish people are represented throughout Jewish life, although they are not accepted in some Jewish communities. Over the past few decades, trans Jewish people have created specific spaces for themselves along with new rituals and spiritual practices for trans people. Trans Jewish people have also taken leadership roles in modern spirituality. Efforts to include trans people in Jewish life are rooted in a wish for equality and tied to the Torah's recounting of subjugation of Jews and the more recent experiences of the Holocaust.

Jewish people may base their identity on religious beliefs, on being direct descendants of ancient Jews, more recent family roots, spiritual practices, or cultural identification. Some Jewish congregations include only those who have a matrilineal biological Jewish heritage, while others include any person who feels drawn to the community, including Jews by choice (those who convert) or non-Jewish parents raising Jewish children. In the United States, many people consider themselves culturally or ethnically Jewish in that they were raised in Jewish homes or have Jewish ancestors but may not participate in Jewish spiritual life. Jewish people may have a shared core of religious beliefs, while others see their connection to Judaism as a culture of ethnicity.

Modern Religious Jewish Views on Trans People

Current Jewish religious perspectives on trans people encompasses a breadth of views from celebrating and affirming to ostracizing and oppressing. There are a multitude of Jewish belief systems; in the United States, the major denominations, or movements, are Reform, Reconstructionist, and Conservative. These movements tend to be liberal, and in the 2010s, each took active stances to provide supportive spaces for trans Jews by passing resolutions for full inclusion and affirmation of all gender identities. All have also banned "conversion" therapy, which aims to "cure" LGBTQ+ people and is often rooted in strict religious beliefs.

Orthodox Jewish people are a diverse group that spans a spectrum of beliefs, values, and practices and is not an organized movement with cohesive stances on all issues—including trans Jews. Some Ultra-Orthodox Jews live and worship in distinct communities with high levels of religious proscription, while modern Orthodox Jews are less prescriptive, leading to the creation of some trans Orthodox organizations.

Strict Orthodox Judaism views sex as a fixed binary based on birth sex assignment. From infancy, there are assigned binary gender roles in all realms, including dress, education, work, leisure, religious involvement, and social interaction. Family, religious, and social roles are likewise strictly separated by gender; in many contexts, women and men do not speak to or touch one another. People with fluid or nonbinary gender identities are excluded from this structure, and there is no framework for transitioning from one sex to another. Some Orthodox religious leaders also advocate for "conversion" therapy for LGBTQ+ people.

Jewish Religious Texts on Trans People

Modern Jewish culture is based on a combination of religious texts and more recent spiritual rituals and practices. The ancient writings include the Torah (the Old Testament in Christian religions, or the Hebrew Bible), the Talmud, and classic rabbinic texts (sometimes collectively referred to as the Torah). The Torah has no direct representations of trans people, nor does it present gender as different from biological sex. The Torah presents only binary female/male sex based upon physical bodies. The exception is *saris* or eunuchs who may be intersex people or men who have been castrated. Parts of the Torah have long been invoked to condemn trans people. A passage in Deuteronomy is read as banning crossdressing, and a passage in Leviticus forbids body alteration, which is interpreted as prohibiting medical interventions to alter gender.

More recently, scholars have explored Jewish texts for indications of gender diversity. The Talmud and classic rabbinical texts include many complex explorations of gender. Adam was created as both genders and then split into female and male. Rebecca is referred to by both female and male pronouns. Sarah and Abraham are seen as nonbinary or perhaps intersex. Joseph is sometimes portrayed as having feminine attributes. Trans-affirming scholars often point to these examples to provide a Jewish context for gender fluidity and trans identities. Rabbi Elliot Kukla and other Jewish scholars have written about six gender classifications that appear in Jewish texts: *nekevah,* female; *zakhar,* male; *tumtum,* gender indeterminate; *androgynos,* both sexes; *saris,* eunuch or assigned male at birth and develop as female; and *aylonit,* assigned female at birth and develop as male.

The Experiences of Trans People in the Modern Jewish World

The world's first lesbian and gay synagogue, Beth Chayim Chadashim, was formed in Los Angeles in 1972, and since then, LGBTQ+ Jewish congregations have been established in many U.S. cities. Initially, LGBTQ+ rabbis could not be ordained, so LGBTQ+ allies played a key role in creating these congregations. Jewish congregations provide trans-affirming environments to help create social support for trans Jewish people in addition to offering a spiritual home.

Many Jewish congregations have made efforts to create welcoming environments for trans people, with some having selected trans leaders. Reform and Reconstructionist movements have been more welcoming of trans Jews since the 2000s. Women and men are not separated by gender, which creates space for nonbinary Jews. Thus, any adult may be counted as a member of a minyan (the minimum of 10 people needed to perform certain rituals by Jewish law), in contrast to some Orthodox communities, where only males can make a minyan. The Conservative movement at first accepted only binary trans people who had medically transitioned but are now more welcoming of all trans people.

Some Orthodox Jews argue that the Torah provides evidence that trans existence violates Jewish law. Trans people are prohibited from ordination as Orthodox rabbis. Some Orthodox Jewish towns and enclaves are relatively closed societies, interacting little with surrounding communities. Trans people growing up in these communities often keep their identity a secret from a young age. As adults, they continue to hide their identity—if discovered, religious leaders may expel them. Some primarily Orthodox towns have tried to be exempted from state laws prohibiting LGBTQ+ discrimination. However, a growing number of trans Orthodox groups are creating their own families, communities, and rituals.

Jewish Trans People's Impact on Language and Ritual

Jewish rituals are commonly in ancient languages, including Hebrew, which is a gendered language (i.e., all nouns have gendered endings). But rabbis and other Jewish leaders are inventing and using plural grammar to be more inclusive of trans people. More liberal Jewish communities seek to avoid misgendering people during religious rituals, many of which have female and male versions (or use female/male language). Scholarship in both the United States and Israel is creating and expanding Hebrew grammar to have a third gender.

Exciting new scholarship is also transforming Jewish rituals for trans children and adults, such as the bat mitzvah and bar mitzvah—the coming-of-age rituals that welcome 13-year-old female and male Jewish children, respectively, into adulthood. To be trans inclusive, Jewish people have renamed these rituals *b'nai* (plural) *mitzvah*, "b mitzvah," "they mitzvah," or "both mitzvah." Other life cycle rituals have been changed to include trans people through new translations, increased use of English, and more broadminded interpretations of traditional texts. New rituals and prayers have also been developed specifically for the life events of trans people, such as the use of a *mikvah* (ritual bath), which has traditionally has been associated with the new month, menstruation, and conversion to Judaism, to mark transitioning. Naming ceremonies, long used with newborns, have been adapted and reimagined for the gender and name changes of trans people.

Trans Jewish Rabbis and Religious Scholars

Few rabbis are out as trans. The first openly trans people ordained as rabbis were Elliot Kukla in 2006 and Reuben Zellman in 2010—both are trans men in the Reform movement; in 2003, Zellman was the first out trans person accepted to a Jewish rabbinical school. Kukla and Zellman have written extensively about Jewish trans experiences and trans affirmation within Jewish life and rituals. Emily Aviva Kapor, who had been ordained before coming out as trans, became the first openly trans woman rabbi after transitioning in 2013; Kapor is also hearing impaired and autistic. In 2014, Becky Silverstein became the first rabbi to be hired by a Conservative congregation. Ari Lev Fornari (ordained in 2014) and Leiah Moser (ordained in 2017) are trans rabbis in Reconstructionist synagogues. Samantha Zerin

may be the first trans spouse of a congregational rabbi; when she came out as trans in 2020, she could not find any others. Rona Matlow, a 22-year Navy veteran, says she may be the only openly trans rabbi who is a veteran, having been ordained before transitioning.

In 2008, Joy Ladin became the first openly trans employee of an Orthodox institution; she is a tenured English professor at Yeshiva University, one of the most important Jewish universities in the United States. Although Yeshiva was initially reluctant to retain her, Ladin returned to teaching after transitioning and was perhaps the first openly trans professor at any conservative religious university in the United States. Ladin is known for her poetry and memoir, *Through the Door of Life: A Jewish Journey Between Genders,* as well as for *The Soul of the Stranger: Reading God and Torah From a Transgender Perspective.* Another Jewish trans writer and educator, Abby Stein, is the first openly trans person raised in an Ultra-Orthodox Hasidic community (she is the direct descendant of Hasidic Judaism's founder) to be ordained as a rabbi. She came out as a woman of trans experience in 2015, and her memoir, *Becoming Eve,* was published in 2019.

Trans Jewish Cultural Figures

A number of Jewish people have made notable contributions to trans rights through using their public positions to further trans equality. The cis physicians Magnus Hirschfeld and Harry Benjamin were the most prominent medical voices in support of trans people in the early and mid-20th century. Kate Bornstein and Leslie Feinberg, who have authored foundational books on trans experiences, were both raised in Jewish households. Rachel Pollack has written frequently on trans issues, including trans characters in DC Comics. Jazz Jennings, who was one of the youngest publicly known trans people when she came out, has become a leading activist and educator through her reality television series. S. Bear Bergman is a writer and the founder of a press focused on feminist, LGBTQ-affirming, and racially diverse children's books. Sisters Lilly and Lana Wachowski are film and television directors best known for the *Matrix* series. Zach Barack is a successful actor (*Transparent, Spider-Man: Far From Home*). Hari Nef is also an actor (*Transparent*) and perhaps the first trans Jewish model signed by a major agency. Shachar Erez is the first openly trans Israeli soldier and had his medical costs covered by the military. Sharon Cohen, known professionally as Dana International, is an Israeli pop singer who won the Eurovision Song Contest in 1998. Amanda Simpson became the first openly trans individual to hold a position in the U.S. federal executive branch when she was appointed to the Commerce Department in 2009, and Raffi Freedman-Gurspan became the first openly trans White House staffer when she was hired by the Obama administration in 2015.

Transparent (2014–2019) was a TV show created by trans Jew Joey Soloway about a Jewish family with a trans parent of three adult children. Although both trans and Jewish identities are central to the story, the show did not offer a deep exploration of Jewish religious understandings of transness. However, *Transparent* featured a number of trans Jewish actors and writers.

Jessica Morris and Monica Keller

See also Ancient/Medieval Times, Jews and Judaism; Benjamin, Harry; Bornstein, Kate; Feinberg, Leslie; Hirschfeld, Magnus; Jennings, Jazz; *Transparent* (TV show)

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Johnson, Marsha P.

Marsha P. Johnson (1945–1992) stood at the center of the gay liberation movement for nearly 25 years and was a central figure in the Stonewall Riots. Post Stonewall, she was a fierce and outspoken advocate for sex workers, prisoners, and people with HIV/AIDS. In addition, she worked against oppressive policing and mistreatment of the mentally ill, and she cofounded one of the country's first safe spaces for trans homeless youth. With best friend Sylvia Rivera, Johnson was a dynamic fixture of Greenwich Village, where she was called "the Mayor of Christopher Street." Johnson explained the origin of her name by saying the P. stood for "Pay it No Mind," a phrase she used to dismiss antagonists asking about her gender; Johnson was from the restaurant, Howard Johnson's. Johnson used she/her pronouns, and her primary identities were gay, transvestite, and drag queen.

Early Life

Johnson was born in Elizabeth, New Jersey, and grew up in a Christian religious household with six siblings. Johnson's father, Malcolm Michaels Sr., was an assembly line worker at General Motors, and her mother, Alberta Claiborne, was a housekeeper. Johnson began wearing feminine clothing at 5 years old, although harassment by neighborhood children ultimately stopped this practice. She was also sexually assaulted by a neighborhood kid. It was not until graduating from high school in 1963 and moving to New York City's Greenwich Village that she could freely express her true self. Johnson struggled with mental illness and substance abuse; she was arrested more than 100 times and frequently experienced police violence.

Stonewall Riots

Johnson was one of the first drag queens to frequent the Stonewall Inn once women and drag queens were allowed entry and was there on June 28, 1969. Whether fact or fable, Johnson was said to have thrown "the shot glass heard 'round the world"—that started the riot with the toss of a shot glass. It was recorded that she climbed a lamppost, however, and threw a heavy object that shattered a police car window. Johnson was a larger-than-life person with a friendly smile who engaged in witty repartee with everyone she encountered. Johnson's warm and generous nature drew attention from those she encountered—along with her distinctive look of wigs covered in fresh flowers and party lights, high-heeled shoes, and brightly colored dresses. Spending her last dollar on cookies that she handed out while walking down Christopher Street was a way of sharing hope and goodwill. Johnson was often thought of as a "Saint" and a "Mother" to disenfranchised people living on the street.

Activism After Stonewall

After Stonewall, Johnson participated in the Gay Liberation Front (GLF) and Gay Activists Alliance (GAA), taking part in the first Christopher Street Liberation Pride rally in June 1970. In September 1970, in response to the New York University's (NYU) discriminatory banning of all gay and lesbian functions on campus, Johnson and Rivera took part in a sit-in there. They also protested at Bellevue Hospital, which practiced shock therapy treatment on "homosexual" psychiatric patients, where Johnson was an occasional patient. Due to the marginalization of transvestites by GLF and GAA, Johnson and Rivera formed Street Transvestite Action Revolutionaries (STAR) in 1970, providing housing and support to LGBT youth living on the streets.

During the 1973 Pride March, Johnson and Rivera, along with all drag queens, were told to march at the back and be less visible because organizers wanted to present gays more prominently, on the grounds that they were seen as more palatable by the rest of the world. Johnson and Rivera refused to be shut out of a movement that they had fought in and defiantly marched ahead of people at the parade. Later, Johnson was active in the AIDS Coalition to Unleash Power (ACT UP), an organization founded in the 1980s. Johnson was diagnosed HIV+ in the early 1990s.

Johnson's Cultural and Artistic Influence

Known as "Black Marsha," she was a sought-after performer with the drag theater group Hot Peaches

(who performed from 1972–1990). In 1975, Andy Warhol had Johnson pose for him at The Factory. The series, called *Ladies and Gentleman,* featured drag queens and trans women of color. Johnson has been the subject of numerous art works, books, plays, documentaries, and films, including the 1995 play *The Ascension of Marsha P. Johnson,* the 2012 documentary *Pay It No Mind—The Life and Times of Marsha P. Johnson,* the 2017 documentary *The Death and Life of Marsha P. Johnson,* and the 2018 fictional short film *Happy Birthday, Marsha!* With Rivera, Johnson is featured in two children's books.

Johnson and fellow activist and friend Rivera are to be commemorated with the first transgender monuments near Stonewall at the end of 2021. A 7-acre waterfront park located along the East River in the Williamsburg neighborhood of Brooklyn has been named the Marsha P. Johnson State Park. Announced on what would have been Johnson's 75th birthday (August 24, 2020), a monument of her will be erected in her hometown of Elizabeth, New Jersey. This will be the first public monument in New Jersey to honor a LGBTQ+ person. The Marsha P. Johnson Institute is a nonprofit that helps Black trans people to advocate, organize, and heal from societal trauma.

Later Years and "Undetermined" Death

Between 1980 and 1992, Johnson lived with her friend Randy Wicker, who welcomed her when she was homeless. Johnson's body was found on July 6, 1992, in the Hudson River by the Christopher Street Piers a few days after the New York Pride March; the exact date of her death was not known. It was immediately ruled a suicide, and there was no investigation; her friends were convinced she would never end her own life. Wicker reported that before her death, Johnson was in poor physical and mental health; she sometimes hallucinated. Johnson had told people that she was being followed. According to friends, she sometimes wandered around the broken piers because she felt them to be a spiritual place. There were claims of someone at a bar bragging about killing a drag queen the night of the parade. After years of advocacy and urging, the NYPD changed the cause of death to "undetermined" in 2002 and reopened the case in 2012. The case remains unsolved to this day.

Monica Keller and Jessica Morris

See also Black People; Crossdressers as Part of the Trans Community; Drag Queens; Gender Minority Stress; LGBTQ Movement, Trans Inclusion In/Exclusion From; Rivera, Sylvia; Sex Workers; STAR; Stonewall Riots

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Jorgensen, Christine

Christine Jorgensen was an American ex-service member of Danish American heritage. When, in December 1952, reporters learned she had received medical treatments in Denmark to feminize her body and had changed her first name from George to Christine, news coverage was extensive, even hysterical. For the first time, the Western world was wakened to the possibility that sex was not permanent but might be subject to change.

Jorgensen was born in 1926 in the Bronx borough of New York City and grew up introverted and feminine in demeanor. She felt a psychological distance from boys while being frequently sexually

attracted to them. As she matured, she felt, as she put it, lost between the sexes and began to wish she were a girl. After graduating from high school, Jorgensen was drafted into the U.S. Army, just as World War II was drawing to a close. She was discharged in 1946 and afterward attended several colleges. She had an avid interest in photography and struggled to promote a travel film.

After reading about animal experiments conducted with newly synthesized human sex hormones, Jorgensen managed to talk a pharmacy clerk into giving her the female hormone ethinyl estradiol, which caused her body to become more feminine. When she found it impossible to obtain feminizing surgeries in the United States, Jorgensen traveled to Denmark, where she persuaded endocrinologist Christian Hamburger to accept her as a patient. She began electrolysis and continued estrogen therapy under medical supervision. In 1951, her penis, testicles, and scrotum were surgically removed. Fearing censure, Jorgensen's physicians were unwilling to construct a vagina. She later had vaginoplasty in the United States.

As Jorgensen was preparing to return to the United States, news of her change of sex (as it would be called) broke worldwide; it remains a mystery how the press got the news, as only her physicians, her family, and trusted friends knew of her medical treatments. On December 1, 1952, newspapers featured headlines like *New York Daily News*' "Ex-GI Becomes Blonde Beauty" and the Associated Press's "Bronx Boy Is Now a Girl." When she arrived in New York in 1953, she was mobbed by reporters, instantly becoming a celebrity. In her autobiography, she noted that her news coverage moved reports of the hydrogen bomb tests on Eniwetok Atoll to the inside pages of newspapers.

Jorgensen was followed by reporters throughout her life. Her romantic relationships came under immediate and intense news coverage and did not survive the scrutiny. She became, reluctantly at first, a spokesperson for trans people.

Jorgensen attempted to capitalize on her fame, using it to popularize the travel film she had made in Denmark. She sold her story to *American Weekly* magazine, which ran a five-part series in 1953, and she developed a nightclub act. She appeared on talk shows and at public gatherings and made audio recordings. She was met with both public admiration and public ridicule, and she met the latter with good grace. Jorgensen lived in New York State until 1967, when she relocated to California, where she lived until her death at age 62 of metastasized bladder cancer.

Jorgensen was not the first person to undergo gender affirmation surgery, but she captured the popular imagination and the attention of the media and medical communities. Not all reactions were positive, however. Psychiatrists who considered her desire to be a woman a form of mental illness called her medical treatment "collusion with delusion" and "collaboration with psychosis." There were many jokes about her. Eighteen years after her return to the United States, then Vice President Spiro Agnew called Senator Charles E. Goodell of New York, a critic of the Nixon administration, "The Christine Jorgensen of the Republican Party." When Jorgensen criticized Agnew's use of her name, he refused to apologize, claiming she had elected to place herself in the public domain.

It would be difficult to overestimate the impact of Jorgensen's gender affirmation surgery not only upon popular culture and the medical community but also upon those who, like her, questioned their own identities and appearances and saw, in news coverage about her, new possibilities for themselves. Jorgensen and her medical team received thousands of letters from often desperate people, begging to receive the same treatment. As a result, concerned physicians, including the endocrinologist Harry Benjamin, began to treat them cautiously with hormonal therapy and surgeries. They soon came to be called "transsexuals," a term Jorgensen disliked. Jorgensen preferred the name "transgender," a term that rose to prominence in the late 1900s.

Dallas Denny

See also Benjamin, Harry; Gender-Affirming Surgeries: Women; Transgender as a Term

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Juvenile Justice System

Pervasive bias in their homes, schools, and communities jeopardizes the well-being of trans youth and increases their risk of contact with law enforcement and the justice system. Instead of protecting these youth from mistreatment, police, prosecutors, probation, and the courts routinely criminalize them. These dire circumstances are slowly improving. Professional awareness and understanding of gender identity have grown, in part due to emerging legal protections of transgender youth in caselaw and statute. These protections, in turn, have led to important systemic reforms, including adoption of nondiscrimination policies, staff training, and data collection and analysis.

Social Stigma and Associated Risks

Like all young people, trans youth need the support of family, friends, and community—a sense of "belonging"—to thrive and reach their full potential. Tragically, trans youth are often deprived of these basic supports, encountering rejection, harassment, and mistreatment in their homes, schools, faith communities, and health care settings. In a 2018 survey of 5,600 trans and gender-expansive youth, 84% of respondents had experienced verbal threats, 53% had experienced school bullying, 57% had been mocked or taunted by their families, and 16% had been sexually attacked or raped, all based on their actual or perceived gender identity. Faced with pervasive stigma and discrimination, trans youth experience high rates of school dropout or push-out, unstable housing, substance use, depression, and suicidality. Trans youth of color, who experience discrimination at the intersections of race and gender identity, are subjected to extraordinarily high rates of violence and victimization.

These risks are well documented and devastating, driving disproportionate numbers of trans youth into unsafe environments in which they are vulnerable to exploitation and negative health and mental health outcomes. Trans youth who are relegated to living on the streets often acquire criminal records for low-level offenses, including jumping subway turnstiles, urinating or defecating in public, or so-called survival crimes such as petty theft; trading sex for food, money, or shelter; or selling drugs. Whether or not trans youth are engaging in these behaviors, law enforcement often criminalizes trans youth—particularly trans girls. Their mere presence on the street prompts some police officers to arrest them for prostitution, a phenomenon known as "walking while trans." These same law enforcement officials fail to protect trans youth from exploitation and violence, blaming them for their own victimization and further jeopardizing their safety. These practices are reflected in the alarmingly high rates of violence against transgender youth and their significant overrepresentation in the youth justice system. According to recent national data, 12% of youth in detention facilities identify as transgender or gender nonconforming compared to approximately 0.7% of youth in the general population.

Structural Transphobia in the Juvenile Justice System

Compared with their cisgender (cis) peers, trans youth who are charged with law violations are more likely to be arrested than cited and more likely to be detained than diverted to alternative programs. Secure confinement is often the default response based solely on the lack of appropriate residential or nonresidential alternatives rather than a legitimate assessment of risk. Often, trans youth charged with nonviolent misdemeanors languish in detention even though they pose no threat to public safety. Consistent with the overall racial disparities in the youth justice system, most systems-involved trans youth are of color. The disparities experienced by youth of color at every stage of the legal process—from arrest through adjudication—are magnified for trans youth of color.

Transgender youth confined in detention or correctional settings experience pervasive mistreatment by facility staff and other youth, including sexual and physical abuse, particularly when

facilities lack clear enforceable guidance on how to protect their safety and promote their well-being. Faced with potential liability and inadequate housing options, staff often place trans youth in "protective isolation" as a means of ensuring their safety. Some trans youth are afraid to leave their rooms, forcing them to choose between isolation and abuse. Research documenting the serious physical and emotional harms to youth associated with isolation has prompted widespread reforms limiting its use. Nonetheless, these practices persist.

Facilities that do not isolate trans youth commonly house them in a unit that corresponds with their assigned sex. This practice can subject trans youth to untenable and potentially dangerous conditions. Girls who are openly or visibly trans are particularly at risk of being harmed. Assaults and bullying of these youth routinely occur in locked sleeping rooms, bathrooms and showers, and during strip or pat-down searches.

Detention and correctional staff often fail to intervene to protect trans youth from bullying or abuse by other youth. Many staff ignore transphobic behavior, and others suggest that trans youth should alter their appearance or mannerisms and hide their identities rather than holding other youth accountable for their behavior. Trans residents also report losing privileges or accruing additional time when they defend themselves against constant bullying. Staff implicitly or overtly identify gender conformity as the goal of "treatment," creating an objective that is as harmful as it is impossible to achieve. These conditions and practices create a perilous environment in which trans youth must navigate persistently negative messages about core aspects of their identity and constant threats to their safety and well-being. These conditions undermine their ability to meaningfully participate in rehabilitative and educational programming and prevent them from progressing and working toward release.

Detention and correctional facilities are rarely equipped to provide gender-affirming health or behavioral health care. Health services are typically provided by private contractors who are not familiar with the standards of care governing transgender health. These providers often consider transition-related care, such as the administration of cross-sex hormones, medically unnecessary or cosmetic. This structural bias is reinforced by custodial staff who view transgender status as manipulative or indicative of mental illness. Consequently, whether by explicit policy or accepted practice, trans youth are denied access to any transition-related care and told they must wait until they are released to seek care. These policies and practices have a devastating impact on the health and safety of trans youth, increasing their dysphoria and their risk of severe emotional distress and even suicide.

Reentry services that address the unique needs of each youth are a key strategy for promoting their future success and reintegration into their community. Regrettably, the services available to youth who are released from youth justice facilities rarely address the unique needs of trans youth. Many of these youth cannot safely return to their families, particularly if the agency has not engaged with families to explore supports that might empower them to understand and advocate for their child. When the probation agency fails to work closely with system and community partners to identify alternative placements with affirming relatives or foster families, these youth are relegated to group homes, couch surfing, or the streets. In addition to housing, transgender youth need access to gender-affirming health care, as well as sensitive behavioral health care to address the trauma and dysphoria they experience in custodial settings. They need to attend schools in which they can access educational facilities and opportunities without discrimination or exclusion. They need access to community settings in which they are embraced and affirmed, where they can socialize with their friends. Trans youth who exit the system without these critical supports experience poor health and social outcomes, further undermining their opportunities to successfully transition to adulthood.

Legal Protections and Systemic Reforms

Historically, neither courts nor legislatures acknowledged the existence or vulnerability of trans youth in the justice system nor the unique harms to which they are routinely subjected. In the early 2000s, at least one case recognized the constitutional rights of trans youth in the system, and federal regulations extended specific legal

protections to this population. These developments, in turn, increased awareness and launched important systemic reforms.

In 2006, *R.G. v. Koller* was the first published opinion to identify and remedy harms to youth in custody based solely on the youths' actual or perceived sexual orientation or gender identity. In *Koller,* the American Civil Liberties Union of Hawaii sued the Hawaii Youth Correctional Facility (HYCF) in federal court on behalf of R.G., an 18-year-old lesbian; J.D., a 17-year-old boy perceived to be gay; and C.P., a 17-year-old transgender girl. The plaintiffs alleged that the HYCF staff failed to intervene to protect them from relentless emotional, physical, and sexual abuse by other youth and that the staff also verbally harassed and demeaned them. The court issued a preliminary injunction, finding that the plaintiffs were likely to prevail at trial by showing that the facility violated their constitutional rights. The court found that HYCF was deliberately indifferent to the health and safety of the plaintiffs by failing to have policies and staff training necessary to protect LGBT youth, adequate staffing and supervision, a functioning grievance system, and a classification system to protect vulnerable youth. The court also held that placing youth in isolation as a means of protecting them from abuse amounted to punishment and violated the 14th Amendment of the Constitution.

The Prison Rape Elimination Act of 2003 (PREA) created the first federal statutory protections of LGBT youth in confinement facilities based on the research documenting that these youth were at significantly higher risk of sexual assault in custodial settings than their peers. The PREA regulations, adopted in 2012, imposed several significant protections specific to trans youth. Facilities must screen every resident for risk of sexual abuse, including identifying youth who may be at heightened risk because of their transgender status. Facilities may not automatically house trans youth according to their physical anatomy or assigned gender but must make individualized decisions to identify the most appropriate housing option, giving serious consideration to the youth's preference. Facilities must give trans youth the option to shower privately. The regulations place significant limitations on the use of protective isolation. Facility staff must be trained on how to conduct respectful and professional searches of trans youth and may not conduct searches for the sole purpose of discovering the youth's genital status.

The significance of these legal developments cannot be overstated. Combined with the research documenting disproportionate numbers and disparate treatment of trans youth, explicit protections have forced systems to acknowledge the existence of transgender youth in their care and required meaningful structural changes to promote their health and well-being.

Numerous state and local youth justice agencies have adopted policies prohibiting discrimination against youth based on the youth's sexual orientation, gender identity, or gender expression (SOGIE). Commonly, these policies prohibit physical, sexual, verbal, or emotional abuse by personnel or other youth, and they require fair and equal treatment of all youth irrespective of SOGIE. Many policies also prohibit staff from punishing or prohibiting behavior that is deemed to defy gender norms or engaging in formal or informal attempts to censor, suppress, or change a youth's gender identity or gender expression. Policies specific to facilities typically address operational issues, such as intake, housing, searches, confidentiality, medical care, and searches. Ideally, facility staff inform youth of their rights and obligations under the policy and explain the facility's process for submitting a grievance for any violation of the policy.

Most jurisdictions that adopt nondiscrimination policies also implement workforce development to ensure consistent understanding and application of the policy. Training is critical to developing systemwide competency. Many people are not familiar with basic concepts or terminology related to gender, and too many subscribe to misconceptions that lead to biased and harmful practices and undermine policies designed to support youth. Training is necessary, at the outset, to convey the foundational social science related to gender so that all personnel share a common vocabulary and understanding of relevant concepts. Training is also necessary to apply the facility's nondiscrimination policy to the questions that arise in daily practice and to ensure that participants understand their role in creating a safe and affirming system for all youth, irrespective of their gender identity or expression. Training also

provides an important opportunity to convey the agency's commitment to promoting the well-being of trans youth and to reinforce the values that support its policies.

Although less universal, data collection is becoming a critical strategy for promoting the well-being of systems-involved trans youth. Initially, intake staff began asking youth in facilities questions about their SOGIE as part of the risk screening required by the PREA standards. Many jurisdictions, however, have identified additional benefits to collecting these data, including developing more meaningful professional relationships and case plans, improving agency planning, and tracking bias, disparities, and outcomes. Effective implementation of data collection follows policy development and staff training. These steps help build the competency of staff to sensitively engage youth in these conversations, develop credibility and trust, and maintain the youth's privacy. Several state and county agencies have integrated these questions into their case management systems, facilitating more accurate analysis of deidentified data at different stages of the court process. Nationally, these data have confirmed that trans and gender-nonconforming youth are significantly overrepresented in the system.

Shannan Wilber

See also Child Welfare System; Criminal Justice System; Policing of Trans Bodies; Homelessness/Shelters; Housing

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K

K–12 Policies/Climate

Schools serve as an important and formative developmental context, especially because youth spend substantial amounts of time in school settings throughout adolescence. Cultivating positive school climates—characterized by perceived safety, interpersonal relationships with teachers and peers, teaching and learning environments, and physical environments of schools—is therefore fundamental to supporting the health and well-being of youth. Disparities in perceptions of school climate between LGBQ youth and their heterosexual peers are well documented. Trans youths' experiences in schools, however, are largely not examined independently of LGBQ youth, if at all. Notably, a vast majority of studies use fairly narrow assessments of sexual orientation and gender identity generally. Acronyms throughout this entry are therefore reflective of how sexual orientation and gender identity are represented within the literature referenced. Additionally, much of what is known about trans youths' experiences in schools has been studied only within high school and postsecondary educational settings, despite knowledge that trans youth are coming out and socially transitioning at younger ages (e.g., preschool through elementary school).

Despite the aforementioned limitations, the markers of negative school climates for LGBTQIA+ youth are clear: LGBTQ youth frequently report experiencing school-based victimization, harassment, and bias-based bullying (e.g., bullying because of a person's perceived or actual sexual orientation and/or gender expression) from their peers and teachers. As a result of these bias-based experiences, LGBTQ youth also report a lack of school support and safety in schools. This is especially concerning given that schools have the potential to serve as supportive contexts for LGBTQIA+ youth who may lack support within their families or broader communities. This entry discusses the importance of school climate for positive education-based and developmental outcomes, what is known about school climates for trans youth (and the limitations of this research), and the role of policies and programs in cultivating more positive and supportive school climates.

Importance of Positive School Climates

Decades of research illustrate key indicators of positive school climates for all students (regardless of gender identity, gender expression, or sexual orientation), including perceived safety, supportive and respectful relationships among adults and students in the school setting, and supportive learning and physical environments. When youth report attending schools with these characteristics, they also tend to report a stronger sense of connection to their schools (more commonly referred to as "school connectedness"). This sense of connectedness emerges from youth feeling a sense of belonging and that adults and peers at their school support their academic success, as well as care about them as individuals.

The interrelationship between school climate and school connectedness is central to the health and well-being of youth in school settings, as positive school climate and connectedness are associated with a variety of academic and developmental outcomes. These outcomes include lower rates of absenteeism, a stronger motivation to learn and succeed academically, higher academic achievement, fewer behavioral issues, and lower rates of depression and suicidal ideation. Additionally, connections to supportive adults and peers in schools may mitigate the detrimental effects for students who have negative school experiences, such as harassment and bullying. That is, although the overall school climate may not be positive for youth, supports can be established at the student and teacher level to mitigate the harmful effects of hostile school environments. Examining the experiences that contribute to hostile school climates for trans youth is necessary for better identifying protective factors within schools.

School Climates for LGBTQIA+ Youth

Two key factors contribute to negative school climates for trans youth: adverse experiences within school settings, such as victimization, harassment, and bullying, and school policies, practices, and curriculum that do not adequately address—or actively work against—the needs of trans youth. The roots of these factors are often two powerful systems of oppression: heterosexism and cissexism. Heterosexism privileges heterosexual sexual identities, attractions, and orientations; sexual identities other than heterosexual are therefore oppressed and marginalized, and people who hold these identities often lack access to resources available to their heterosexual peers. Similarly, cissexism privileges cisgender (cis) identities and expressions, thereby punishing those whose gender identities and expressions do not align with their sex assigned at birth (i.e., trans people). In the school context, these systems are at play in everyday interactions and in the policies that govern interactions within schools. From a systemic level, school policies may inhibit positive development among trans youth: That is, cissexist policies reinforce systems of oppression, placing trans youth at risk (e.g., policies that do not allow a trans student to change their name in school databases). At the structural and interpersonal level, without enumerated antidiscrimination, antibullying, and nondiscrimination policies that include gender identity and expression, violence against trans youth may go unaddressed.

Although LGBTQ youth have received considerable attention as a monolithic group in research that documents disparities in school experiences and related outcomes, there is relatively limited literature that focuses on trans youth specifically. Studies consistently underscore that compared to their non-LGBTQ peers, LGBTQ youth have poorer academic and health outcomes associated with experiencing hostile school climates. Specifically, LGBTQ youth who experience discrimination and victimization in schools tend to miss school more frequently and are at heightened risk of depression, self-harming behaviors, and suicidal ideation.

Evidence for disparities in school discipline are also emerging for LGBTQ youth, including LGBTQ youth being at risk of suspension even in instances where they are defending themselves when being bullied. Discipline disparities, especially the disproportionate use of punitive discipline measures, are associated with youth feeling less connected to schools. Out-of-school punishments are also associated with a range of negative outcomes, including a higher risk of entering what is commonly known as the "school-to-prison pipeline" or having interactions with the criminal justice system, including incarceration. More research is needed to determine whether trans youth are also more likely to experience discipline disparities. Such research should also account for youths' intersecting identities: For example, trans youth of color may be at higher risk of suspension than cis youth of color.

School Climates for Trans Youth

The lack of studies that specifically focus on trans youth is a notable gap in the literature on school climate. Much of what is known about trans youths' experiences in school contexts is primarily based on studies with small sample sizes, qualitative studies, studies based on convenience samples, and surveys conducted online. Nevertheless, studies that do focus on trans youth underscore that they frequently face unique challenges within schools relative to their cis LGB

peers. Relative to their cis peers, trans youth more frequently report experiencing bias-based victimization and bullying related to their gender identity and gender expression, and they have lower academic success. Of particular concern, trans youth often report feeling marginalized within various settings in schools, including in student-led organizations aimed at being safe spaces for all LGBTQ youth.

As of the late 2010s, studies based on representative samples—that is, samples that are generalizable to a larger population—that include measures of gender identity have begun to emerge. For example, studies that include representative samples of students in Minnesota found that trans youth were more than two times as likely as cis youth to experience multiple forms of harassment, including physical victimization and bias-based bullying related to gender identity and expression. Furthermore, one set of studies that included representative samples of middle and high school students in California found that experiences of bullying and harassment partially explain higher rates of substance use and suicidal ideation for trans youth relative to their cis peers. Additionally, trans youth frequently report experiencing multiple forms of bias-based bullying, such as bullying based on sexual orientation and gender identity/expression. There is a need for more school-based studies that include representative samples of trans youth to assess the magnitude of disparities in school experiences between trans and cis youth, to identify policies and practices that contribute to safer and more supportive school climates for trans youth, and to generalize findings to broader populations. Given that experiences in schools vary substantially based on various minoritized identities, future studies should also attend to youths' intersecting identities of gender identity, sexual orientation, race, ethnicity, ability, and socioeconomic status.

LGBTQ-Focused Policies and Trans-Supportive Resources

The inclusion of trans-supportive resources in schools, including allowing access to bathrooms and changing rooms that are aligned with a youth's gender identity, has been a source of contentious public debate. On one hand of the debate, people express concern about how changes to school policies and procedures might affect students generally. On the other hand, attending to the disproportionately negative experiences of trans youth in schools underscores the importance of such resources for improving the safety of physical school environments. More specifically, locker rooms and restrooms are often sites for bullying and harassment in schools, as they are often not monitored by adults. These spaces tend to be particularly unsafe for trans youth.

The example provided above is but one illustrating the need for policies and programs that better support trans youth in schools. However, federal policies that enumerate gender identity in school settings in the United States have been inconsistent and tenuous. In 2014, the U.S. Department of Education clarified that Title IX, which protects people from discrimination within any educational program that receives federal funding, also applies to gender identity. The U.S. Department of Justice supported this decision in 2016. Shortly after, in 2017, the Trump administration reversed many of the guidelines established under the Obama administration, including not recognizing gender identity under Title IX and no longer allowing trans students to use restrooms and locker rooms consistent with their gender identity. Then, in 2021, the Biden administration issued an executive order stating that discrimination against LGBTQ people was included in the prohibition against sex discrimination in Title IX and other federal laws.

The lack of consistent federal policy has led to substantial variability in state-level protections for trans students. As of 2020 in the United States, 16 states and the District of Columbia include enumerated policy addressing discrimination against students based on their sexual orientation and gender identity, with an additional 2 states that only include such protections for sexual minority youth. The lack of consistent policy contributes to wide variations in school districts' approaches to providing or withholding protections for trans students.

LGBTQ-Focused Policies and Their Limitations

Policies and practices that enumerate sexual orientation and gender identity are promising avenues for improving school climates, especial for LGBTQIA+ youth. This is an especially important

focus for improving education-based and developmental outcomes. Inclusive policies and practices can mitigate the negative effects of discriminatory experiences in schools, address behaviors that contribute to hostile school environments for LGBTQIA+ youth, and provide valuable sources of support for marginalized youth.

Although policies and practices that enumerate sexual orientation and gender identity have received increasing attention throughout the first two decades of the 2000s, most of the focus has been on policies and practices that address the negative school experiences of LGB youth, with less attention toward trans youth. Qualitative studies that have focused on the experiences and views of trans youth highlight that LGBTQ-focused policies tend to be more responsive to the needs of LGB students. However, findings from quantitative studies have been mixed, with some evidence that such policies are associated with less absenteeism and victimization for both trans and cis youth, and other findings that LGBTQ-focused policies are associated with less victimization, bias-based bullying, and absenteeism and generally more positive evaluations of school climates for LGB youth but not trans youth.

Multifaceted Approaches to Improving School Climates: From Policy to Practice

Schools often serve as a nexus between families and the community, and they are uniquely positioned to implement multipronged approaches to address the needs of trans youth. These approaches can include antibullying policies that enumerate gender identity, providing training for teachers on the policies and how to better support trans students, including curriculum inclusive of diverse gender identities in the classroom, as well as access to health services that are responsive to the needs of trans youth. While studies provide some support that antiharassment and bullying policies that enumerate sexual orientation and gender identity are associated with less bullying, such policies often operate indirectly: Teachers are more likely to intervene when witnessing bias-based harassment in schools that have enumerated policies. Such policies may therefore both signal that bias-based harassment will not be tolerated and raise awareness of issues related to bullying and harassment among teachers and staff. Simply adopting antiharassment policies may therefore have a limited effect without also training teachers and staff on the policies and providing them the tools and resources needed to better support marginalized youth.

There are numerous other mechanisms that schools can implement to improve institutional supports for trans youth. One strategy is to allow trans students to officially change their name in school records and to go by their chosen name at school. Similarly, trans youth whose restroom and locker room use is not restricted by the school administration are less likely to experience assault at school. More generally, curriculum that is inclusive of trans identities validates trans youth, and that increases visibility of diverse gender identities among students and teachers, representing an important source of validation for trans youth. Providing access to physical and mental health services that are inclusive of trans identities, either at school or through health providers in the broader community, also provides a valuable source of support for trans youth who are often navigating complex social and physical transitions. Schools can therefore serve as an important resource on numerous fronts, both within schools and by helping connect youth and families to other resources throughout the community.

Gender and Sexuality Alliances

Gender and Sexuality Alliances (GSAs) are student-led organizations that are intended to provide safe and supportive spaces for LGBTQIA+ youth, as well as cis heterosexual allies. Such organizations can raise visibility of LGBTQIA+ youth and may encourage schools to adopt more inclusive and supportive policies. Some studies, however, suggest that students who participate in these organizations may experience more victimization and harassment because these clubs raise the visibility of LGBTQIA+ youth in schools. Nevertheless, empirical studies point to positive outcomes associated with GSAs, including better health outcomes, such as lower substance use and lower risk of suicidality, and academic outcomes, such as less truancy, especially for LGB youth. Additionally, GSAs are avenues for

increased civic engagement and stronger connections to peer groups.

Much of the literature on GSAs tends to focus on LGBTQ youth as a monolithic group, not distinguishing between sexual orientation and gender identity, largely because of small sample sizes. However, as with LGBTQ-focused policies, there is evidence from studies that do differentiate between sexual orientation and gender identity that such organizations are especially helpful to LGB youth and less impactful for trans youth. In fact, qualitative research with trans youth indicates that they often feel marginalized within such organizations, as GSAs often do not attend to the unique experiences and needs of trans youth. In recognition of this issue, the GSA Network revealed a name change from "Gay–Straight Alliances" to "Gender and Sexualities Alliance" to emphasize the diversity of youth the organization strives to support. Based on limited available evidence, this is an important first step, although more changes are likely needed within GSAs to make them more supportive and inclusive spaces for trans youth.

Conclusion

Relative to cis students, trans students are at higher risk of experiencing hostile school climates and lacking strong social supports within schools. Although broad LGBTQ-focused policies are a promising avenue for improving school climates, such policies may be more responsive to the needs of LGB youth and of limited benefit to trans youth. Trans youth are confronted with unique challenges and hostilities within school contexts, and therefore targeted policies that are more responsive to their experiences and needs are needed to improve school climates. More research, especially population-based studies, is warranted to accurately assess school-based disparities between trans and cis youth, as well as to identify and inform intervention and preventive efforts to create safer and more supportive schools for all students.

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See also Coming Out; Identity Development; Supportive Classroom Practices; Teacher Training and Support; Youth and Teens, School Experiences; Youth and Teens, Well-Being

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Kink/BDSM Communities

The acronym BDSM stands for bondage, dominance/submission (DS), and sadism/masochism (SM). The term *kink* is sometimes used as a synonym for BDSM and often used for an even broader array of sexual practices and preferences that transgress sexual norms, for instance, fetishes. Both terms refer to sexual and erotic practices among consenting adults and may describe practices and relationships as well as identities of practitioners.

There are various connections between trans people and BDSM. Historically, sexology has considered transvestitism as a fetish and therefore deviant sexual practice, effectively pathologizing crossdressing that is considered to have an erotic value for the individual. On a community level, trans people have been affected by the fact that the BDSM communities have historically been divided into men-only (targeting gay and bisexual cis men), women-only (targeting lesbian and bisexual cis women), and mixed (targeting mostly heterosexual cis people) subsets. Finally, trans people are involved in developing specific BDSM practices such as playing with gender. While the state of research on trans and BDSM is still meager at the beginning of the 2020s, it has been shown that BDSM practices, relationships, and communities can provide trans people with a context in which they can be sexual outside of a cisnormative framework.

The following section of this entry discusses how BDSM, as the epitome of nonreproductive sexuality, provides trans people with options to express themselves as sexual beings. Next, the entry describes gender play as a specific BDSM practice; it concludes by presenting the issue of trans inclusion in the various community subsets.

BDSM and Embodied Transsexuality

According to ethical standards of the modern BDSM communities, interactions have to be consensual to qualify as BDSM (rather than violence). The process of establishing consent starts before the actual BDSM encounter ("session" or "scene") with negotiations. Participants agree upon the roles they will assume and the nature, as well as the limits, of the activities. Sessions are most often of a limited duration with a clear, ritualized beginning and ending (while some BDSM relationships are defined nonstop). Consent is considered ongoing in that there is a veto-right throughout the activity and a responsibility for aftercare.

BDSM and *kink* are broad umbrella terms for a variety of erotic practices. The acronym itself encompasses such diverse practices as immobilization (bondage), playing with intense stimulations of the body and mind (sadism/masochism, also referred to as sensation play), and staging a significant or exaggerated power imbalance (dominance/submission). Furthermore, there is a broad range of different kinds of role-playing, fetishes, and bodily practices such as water sports (i.e., the use of urine), fisting (i.e., the skilled anal or vaginal insertion of a balled hand), and so on, which all could be considered kinky or edgy. There is no agreed-upon definition or boundary as to what constitutes BDSM or kink. It even remains contested whether BDSM should count as sex at all, given that it does not necessarily focus on or involve nudity, genital sex, or unmediated touching of bodies, for instance, in a flogging session or when role-playing a military drill scene. BDSM has therefore been theorized as the paradigmatic example of nonreproductive sex. Therefore, BDSM practices, relationships, and communities can provide a context for trans people who wish to be sexually active without nudity or involvement of their genitals being expected or required of them.

For instance, it is common among BDSM practitioners in general to wear outfits in order to enhance a certain fantasy role or to prefer fetish wear such as rubber over nudity. Moreover, some fetish clothing may be used to modify the body, such as a corset for transfeminine people. In BDSM, genital sex is decentered by expanding sensations to the whole body beyond what counts normatively as erotogenic zones, such as spanking a butt, flogging a back, or boot-blacking. These nongenital practices may lead to orgasm for the participants. Other BDSM practices are supposed to prolong sexual tension rather than releasing it through orgasm, such as chastity belts, bottoms being denied orgasm, or long-term bondage. Especially in the lesbian/women-only community, the extension of the body through artifacts like

dildos is common practice and often considered as real as a penis in flesh. Therefore, especially queer BDSM contexts offer an easily accessible environment for trans people avoiding nudity or cisnormatively genital sex.

BDSM has also been described as a sexual preference potentially overriding sexual orientation (based on the biological sex or gender of the partner) for some practitioners, given its decentering of genital interaction. For instance, a heterosexual cis man may choose to play with another cis man because of their BDSM skills. These alternative concepts of sexuality and intimacy may also make it easier for trans people to find partners than in more conventional cis/heteronormative dating contexts.

Finally, using sensation play as a means to ground and to reconnect to their body is a common theme among BDSM practitioners. Trans people have also reported being able to feel their otherwise estranged body in this way and experiencing this as positive, given the sexual benefits a BDSM encounter awards to them and their partners. BDSM has been therefore described as enabling sexual experiences for trans people who would otherwise live celibately unwillingly.

Gender Play

BDSM also presents a space to explore and experiment with gender in an embodied and sexual fashion. Role-playing in BDSM is not limited to power play, and the roles people assume are not limited to the question of who acts as top ("in charge/control" during the encounter) or bottom (handing over control). Due to its theatrical and playful nature, the concept of negotiating consent beforehand, and its out-of-the-ordinary ritualized setting, sexual role-playing and BDSM spaces can be used to embody different roles, personas, or identities than in everyday life.

Playing with gender in this way is particularly popular in the women-only and queer BDSM communities. The simplest example of what this may entail is someone embodying another gender than one's everyday gender, such as a cis woman playing a male character, but gender play can also take other shapes beyond binary gender models. For instance, somebody with a rather stable everyday gender identity may use BDSM to experiment with gender fluidity, someone with a rather coherent everyday gender identity may present as ambiguous (e.g., "genderfucking"), or a genderqueer person in everyday life may emphasize a distinct partial aspect of their identity in BDSM, for example, playing a high femme. Nonbinary gender individuals may enjoy playing with stereotypical binary characters to create erotic tension. Some trans people play on transphobic themes as a means to work through their experiences and empower themselves.

The gender roles people assume for play can be defined in great detail, for instance, embodying a particular form of stereotypical masculinity/femininity or inventing nonnormative (gender) queer characters. Such characterizations should also be analyzed in their intersections with age (e.g., a cis woman playing "boi") race, class, sexuality, and so on. Combining gender with age play can be part of a process for trans people to compensate for missed experiences in childhood or adolescence in their gender of choice, to explore, (re)claim, or (re)create the children or adolescents they could have been.

Some individuals always play in the same character in BDSM, which may always be in a different gender than in the rest of their lives; others may use BDSM to explore a range of differently gendered positions. To some, BDSM serves as a space to playfully engage with gendered possibilities separate from their ordinary life. Transgressing gender norms may then serve as an erotic thrill. To others, gender play becomes a more serious form of self-exploration, and the characters they develop there may eventually be adopted into everyday life. Some trans people use BDSM as a safer space to experiment with gender and develop their identities before they transition in the cisnormative, gender-policing world. Genderqueer people have used BDSM to explore, express, embody, and live all of their differently gendered selves.

In gender play practices, play partners actively co-construct the gendered embodiments they assume for the duration of the scene. This may involve nonsurgical body modifications such as wearing dildos, which are then perceived as regular parts of the material embodiment rather than artificial extensions. Such temporary trans embodiment may become a permanent part of the body image. This process can catalyze a physical

transition or alter the body image in a way that renders a physical transition immaterial and unnecessary.

In conclusion, trans people may experience certain BDSM practices and contexts as providing them with the opportunity to embody gender differently than in cisnormative contexts, where gender is not agreed upon consensually, even if performing and embodying gender is also regulated in some way in BDSM communities. It has been subject to critical discussion that other categories of difference such as race and class are not engaged with in the same transformative way as gender, age, and sexuality in queer BDSM contexts, which are predominantly white.

Trans Inclusion in the BDSM Communities

The BDSM community is organized according to sexual preferences. The heterosexually centered (mixed) subset is open to all genders. Therefore, trans people do not face formal barriers to participating, but it remains contested whether the mixed scene is trans-friendly or cisnormative. Individuals from the transfeminine spectrum have historically been tolerated by the mixed community: This has provided some trans women and crossdressers with a community affiliation, albeit often on the lowest end of a hierarchy regarding status. Moreover, the practice of "forced feminization" has been criticized by trans and queer BDSM practitioners as heterosexist, as it is based on the assumption that it is humiliating for cis men to be dressed and act as feminine. Such cissexist ideas may also explain the low status of transfeminine people in the mixed community.

The lesbian or women-only subset has been mostly inclusive of trans women (but not male crossdressers) in some groups as early as the 1980s, when the women-only community first emerged. Additionally, the community has reacted to some of their members transitioning by providing them with the option to remain a part of their community, thus including transmasculinities and trans men in their door policies. Today, the community therefore is characterized by a great diversity of gender expressions, including cis women, trans women, trans men, femmes, butches, bois, and genderqueer people.

While trans inclusion has sparked controversy in all gender-exclusive spaces, the gay male or men-only subset has historically been less welcoming to trans people than the lesbian/woman-centered BDSM community, and it is only slowly that trans men are accepted in men-only spaces. One explanation is that gay male spaces tend to identify more around a supposedly shared sexual culture of hypermasculinity (whereas women-only communities tend to frame the question of trans inclusion as a political debate). In conjunction with misperceptions of trans men as women and not masculine, transmasculine people have therefore been considered a potential disturbance in a space that seeks to celebrate masculine sexual energy. For similar reasons, transfeminine people are also not welcome, with the exception of the Sisters of Perpetual Indulgence (an internationally active organization that uses drag and parody of religious symbolism for queer political activism and fundraising) in their function as community HIV/AIDS educators and fundraisers.

Since the 2000s, some mixed queer or "trans and friends" BDSM spaces have been developed in order to create opportunities for LGBTQI people to explore playing together beyond the homo/hetero or cis/trans divisions. These tend to fully embrace or even focus on trans people's needs rather than just tolerating them.

In conclusion, the issue of trans inclusion varies across BDSM community subsets and has sparked discussions about the boundaries of men-only/women-only spaces in particular. This has led to the creation of new play spaces in which the omnirelevance of binary sex/gender as the foundation of sexuality has been questioned through alternative practice.

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See also Embodiment; Identity Development; LGBTQ Movement, Trans Inclusion In/Exclusion From; Relationships With Romantic/Sexual Partners; Sexualities/Sexual Identities

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Lambda Legal

The Lambda Legal Defense and Education Fund—known as Lambda Legal—is the oldest and largest legal organization in the United States that seeks to achieve equality for lesbians, gay men, bisexuals, trans people, and everyone living with HIV. It does this through impact litigation (pursuing cases that could establish important precedents), education, and public policy work. Lambda Legal has more than 100 staff in six offices around the country—New York, Atlanta, Dallas, Chicago, Los Angeles, and Washington, D.C. In support of trans people, the organization has taken on and won cases that address the legal recognition of trans people, the conditions for trans prisoners, and anti-trans discrimination in employment, education, housing, and health care.

Origins

Lambda Legal was incorporated in 1973 in New York City by lawyer William Thom, who recognized the need for a nonprofit legal organization that fought for the civil rights of lesbian and gay people, similar to how groups existed to further the equality of women and people of color. In fact, Thom modeled the organization after the Puerto Rican Legal Defense and Education Fund, copying their papers of incorporation verbatim, except changing references from "Puerto Rican" to "lesbians and gay men." Lambda Legal's first client was itself; a New York court turned down Thom's application for incorporation in 1971 on the grounds that he had not demonstrated that the organization would be for the public good. The decision was overturned on appeal by the highest court in New York State in 1973, allowing Thom to officially start the organization.

Trans-Related Legal Work

Trans people suffer persistent inequalities in all aspects of life. They experience rampant workplace, school, and housing discrimination; face difficulties in obtaining appropriate name and gender designations on their identity documents; and lack access to quality health care and to transition-related medical services, including in prisons. These disparities are exacerbated for trans people of color because they experience discrimination based on gender identity, race, and potentially other characteristics. Lambda Legal has been involved in cases in all of these areas.

Employment

Employment is one of the most legally challenging and personally difficult areas for trans people. They are often passed over in the hiring process, and if they are able to find employment, they frequently experience privacy violations, harassment, and even physical and sexual violence on the job. One of Lambda Legal's cases challenging discrimination against trans people in the workplace

resulted in a landmark decision in *Glenn v. Brumby* (2011). The U.S. Court of Appeals for the Eleventh Circuit ruled that a government worker who fires a trans employee because of their gender nonconformity violates the Equal Protection Clause of the 14th Amendment by engaging in sex-based discrimination.

Education

Trans students frequently feel unsafe and experience discrimination at school both from other students and from teachers and administrators. In 2016, Lambda Legal filed a lawsuit on behalf of three trans students against a suburban Pittsburgh, Pennsylvania, school district that required students to use the restroom that corresponded to their sex assigned at birth. The organization won a preliminary injunction that halted the policy and then reached a settlement, which required the district to allow students to use the restrooms that reflect their gender identity (*Evancho v. Pine-Richland School District,* 2017). Lambda Legal won a similar case against a suburban Jacksonville, Florida, school district in 2018 (*Adams v. School Board of St. Johns County, Florida*), which has been appealed by the district.

Housing

Trans people experience high rates of housing discrimination, eviction, and homelessness in the United States. Lambda Legal's work in this area included a lawsuit against a Boulder County, Colorado, property owner who refused to rent a housing unit to a same-sex couple, one of whom was trans, and their children because she worried that doing so would jeopardize her standing in the community. A U.S. district court ruled that the property owner's actions had violated both the federal Fair Housing Act and the Colorado Anti-Discrimination Act (*Smith v. Avanti,* 2017).

Legal Recognition

Having the appropriate name and gender marker on legal documents is critical for trans people, as it not only validates their identities but also prevents them from having their privacy violated and being subjected to possible harassment and discrimination. Lambda Legal has challenged governments that refuse to correct gender markers on trans people's identity documents. In Puerto Rico, the organization won a groundbreaking case in which the court found that refusing to correct the gender marker on trans people's birth certificates violates their constitutional and human rights, for "the right to identify our own existence lies at the heart of one's humanity" (*Arroyo v. Rosselló,* 2018). Lambda Legal has also won cases in Idaho and Kansas to allow trans people to correct their birth certificates.

Health Care and the Rights of Incarcerated Trans People

Lambda Legal has challenged the categorical denials of transition-related health care in state Medicaid plans and in state employee health care plans. The organization has also fought for the right of incarcerated trans people to access medically necessary health care. A lawsuit against the Missouri Department of Corrections resulted in trans people's being able to access transition-related treatments, including hormone therapy, permanent body hair removal, and gender-affirming beauty products, whether or not they had been diagnosed with gender dysphoria before entering prison (*Hicklin v. Precynthe, et al.,* 2018).

Other prison cases addressed by Lambda Legal have involved trans inmates experiencing harassment and violence because of not being housed according to their gender identity. It sued the Texas Department of Criminal Justice on behalf of Passion Star, a trans woman who was incarcerated in a male facility in Texas, which led to her being repeatedly physically and sexually assaulted. A victory in the case resulted in Star receiving monetary compensation when she was released from prison and a change to the department's policy on the incarceration of trans prisoners.

Sasha Jean Buchert and Ethan Rice

See also Gender on Legal Documents; Health Care Access, Legal Issues; Marriage, Divorce, and Parenting, Legal Issues; Inmates and Incarceration; Nondiscrimination Laws, Federal, State, and Local; Workplace Policies; Youth and Teens, Legal Issues

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Latinx People

The Latinx trans community, like all other communities, is not a homogenous one. The experiences of trans Latinxs depend on many factors, including nationality, immigration status, gender identity, ethnicity, socioeconomic status, and level of education. In this entry, the term *Latinx* is used to represent trans Latinos/as/@s/es. Depending on the context, some use the @ symbol to represent Latinos and/or Latinas, while others use the letter *x* to avoid gender-binary language and be inclusive of nonbinary trans people or for other political/personal reasons. Moreover, the term *Latinx* here is used to represent anyone born in a Latin American country or of Latin American descent, which does not include Spanish-speaking trans people from European countries (e.g., Spain). This entry summarizes the state of trans Latinxs, discusses some visible Latinx trans advocacy organizations and activists, and suggests areas where more research is needed on Latinx trans people.

The State of Trans Latinxs

Demographics

Few studies have attempted to estimate the size of the Latinx trans population in the United States. The largest study of trans people, the 2015 U.S. Transgender Survey (USTS), which included nearly 28,000 respondents, found that almost 1,500 respondents, or slightly more than 5% of the sample, self-identified as Latinx. But even though the USTS made special efforts to increase the participation of Latinx people, such as by having the help of one of the largest Latinx trans advocacy organizations, the TransLatin@ Coalition; translating the survey into Spanish; and holding survey-taking events in Latinx communities, the research likely underrepresented Latinxs. Some undocumented Latinx people may not have taken the USTS because they were concerned that it would not be anonymous and somehow lead to them being deported (only 0.2% of participants indicated an undocumented residency status). In addition, the survey instrument was only available online, which meant that it was less accessible to individuals without a computer or reliable Internet access or who were less web savvy. Given that Latinx people as a group are poorer and less formally educated than white people, these barriers likely led to less Latinx involvement. Reflecting the general distribution of the Latinx population in the United States, the Latinx survey participants were concentrated in the western and southern regions of the country (39% and 31%, respectively), which was greater than the sample overall (31% and 27%, respectively).

The USTS found that the Latinx trans respondents had much worse outcomes than people in the United States overall in almost all areas of life. For example, trans Latinxs were reported to be three times as likely to be unemployed than the general U.S. population (21% vs. 7%), twice as likely to be living in poverty (43% vs. 18%), four times as likely to have been sexually assaulted (48% vs. 12%), five times as likely to be HIV positive (1.6% vs. 0.3%), more than twice as likely to be homeless (31% vs. 14%), and 1.5 times as likely not to have earned a college degree (80% vs. 54%). Given these disparate experiences, it is not surprising that the survey also found that the Latinx trans individuals indicated a much higher rate of extreme psychological distress than the rest of society (45% vs. 5%). In general, the Latinx trans women respondents reported having more negative experiences than the Latinx trans men and nonbinary individuals. For example, the trans women were more likely to experience rejection, violence, and harassment from family members

and more likely to be expelled from their house. They also more often indicated having been fired, denied a promotion, or not hired in past year because of their gender identity.

Sociological Disparities

The disparities related to issues of public health, criminal justice, and education for Latinx trans people are difficult to parse out due to their intersectional nature. That is, while Latinx trans people report generally worse outcomes in these areas than their white counterparts, many of these outcomes reflect the intersections of ethnicity with other factors, including socioeconomic and immigration statuses.

Public Health

Trans women of color tend to have worse experiences than their trans men and nonbinary counterparts in all areas of health, and the same is true for Latinx trans women. According to findings from the USTS, Latinx trans women are more likely to be uninsured and four times higher than their white counterparts to be living with HIV. Additionally, about a third of trans Latinxs had at least one negative experience with a health care provider, about a quarter do not go to a doctor for fear of mistreatment, 12% have been through conversion therapy, and almost half have attempted suicide at some point in their lives. Because of such experiences, they are nine times higher than the general U.S. population to have experienced serious psychological distress. In addition, many Latinx trans women encounter discrimination in the health care system. Research by Scott Rhodes and colleagues (2015) found that Latinx trans women in North Carolina, especially those who had an undocumented immigration status, reported challenges accessing health care and safe medical practices. As a result, many were forced to obtain estrogen through nonmedical sources. Similarly, in a study of the health care experiences of 22 trans people of color in the Chicago area, more than a third of whom were Latinx, Susanna Howard and colleagues (2019) found that a majority of the participants had negative experiences in the health care system. In particular, trans women reported that health care providers assumed on the basis of their ethnicity that they were sex workers and lacked cultural competency. Future research on the health care experiences of Latinx trans people should examine the intersections of ethnicity and gender identity with socioeconomic status, education, and employment discrimination in order to consider possible associations with the risky sexual behaviors that lead to a higher incidence of HIV among Latinx trans people, as well as to determine successful strategies for outreach to the Latinx trans community.

Criminal Justice System

As with health issues, Latinx trans people experience disparities in the criminal justice system, which includes being more likely than white trans people to have negative interactions with the police. Among the Latinx trans respondents in the USTS who had interactions with law enforcement officials who knew or thought they were trans, about two thirds experienced some form of mistreatment, such as verbal harassment, misgendering, or physical or sexual assault, compared with 55% of the white trans respondents. Given the extent to which Latinx trans people have been abused by the police, it is not surprising that the study also found that they were more likely than white trans people to say that they would feel uncomfortable seeking help from the police if they needed it. While not addressed by the research, another factor could be a fear of deportation among the Latinx participants with an undocumented residency status. More Latinx nonbinary people (73%) reported discomfort with the police than did Latinx trans women (52%) and men (55%), which could be because they were more readily seen as trans by law enforcement officials.

Education

Latinx trans people also experience disparities in K–12 education. According to the USTS results, almost three fourths of the Latinx individuals who were out or perceived as trans in school experienced some form of bullying, such as being disciplined more harshly, prevented from dressing in accordance with their gender identity, verbally harassed, or physically or sexually assaulted.

Harassment and violence were especially common among Latinx trans women. Compared with the rest of the USTS respondents, they were far more likely to have been physically or sexually assaulted or verbally harassed because of their gender identity, to have left a school because the mistreatment was so bad, or to have been expelled.

Sources of Support and Advocacy

Although trans Latinxs endure numerous hardships, they have also established vibrant communities and developed their own support networks and advocacy organizations, which often serve as safe havens and buffers against the effects of racism, classism, transphobia, and transmisogyny. The support of family and friends is an important source of nurturance for Latinx trans people. In particular, research by Rhodes and colleagues (2015) found that Latinx trans women often receive support from other trans women, especially in cases where family members are not supportive. According to the research of Javier Garcia-Perez, a strong family support system, in addition to a strong ethnic identity, can help alleviate some of the negative effects on mental health for Latinx LGBTQ+ youth.

Latinx LGBTQ+ activists have created a number of organizations, including Casa Ruby, Familia: Trans Queer Liberation Movement, and the TransLatin@ Coalition, to support members of the Latinx trans community. Casa Ruby, begun in Washington, D.C. in 2012, was the vision of Ruby Corado, a trans Latinx immigrant from El Salvador who wanted to provide the kinds of services that did not exist for trans people of color like her when she came to the United States. Casa Ruby offers a 24-hour drop-in space, housing and immigration assistance, preventive health care, and support for survivors of violence. Founded in Los Angeles in 2014 by Jorge Gutierrez, Familia: Trans Queer Liberation Movement is a national LGBTQ Latinx racial justice organization. The group's work includes ending the detention and deportation of trans undocumented immigrants, helping individuals who have survived detention and forced migration to heal, and supporting LGBTQ asylum seekers with humanitarian, legal, and medical support. The TransLatin@ Coalition was formed in 2009 by Bamby Salcedo and other trans Latin@ leaders to organize and advocate for the needs of trans Latin@s immigrants to the United States. Based in Los Angeles, the group runs the city's Center for Violence Prevention and Transgender Wellness, which provides a range of services from ESL classes and food to leadership development and research. Nationally, the TransLatin@ Coalition has representative in nine U.S. states and Washington, D.C., as well as in Mexico City.

Latinx trans people have become more visible in recent years in the news media and on television. Prior to the 2010s, one of the few well-known Latinx trans individuals was Sylvia Rivera, a participant in the Stonewall Riots who became a leading voice for trans people. Since then, a number of Latinx trans leaders have emerged. In addition to Corado and Salcedo, other prominent Latinx trans activists include Jennicet Gutiérrez, who became well known after interrupting a news conference by President Barack Obama on immigration issues, and Drago Renteria, the founder of the Deaf Queer Resource Center. A number of Latinx trans actors also achieved acclaim with the phenomenal success of the TV series *Pose,* among them Zoey Luna, Indya Moore, and MJ Rodriguez.

Suggested Areas for Further Research

Much of the research to date on Latinx trans people has focused on Latinx trans women. While this emphasis is understandable given the high rates of harassment and discrimination they often experience, future studies also need to consider Latinx trans men and nonbinary individuals. Additionally, many studies include trans Latinxs as part of a larger study of queer Latinx or people of color, resulting in few works that focus only on trans Latinxs. Finally, considering the sources of stress and violence that Latinx trans people endure in the systems mentioned earlier, it is important for more allies who are part of the Latinx community to contribute to research in these areas.

Mario I. Suárez

See also *Pose* (TV show); Rivera, Sylvia; Trans People of Color Coalition; United States Transgender Survey; Youth and Teens of Color

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Leadership

Trans people are best positioned to identify the needs of the trans community and lead the changes necessary to improve the lives of trans people. Trans people have historically experienced marginalization, even within the LGBTQIA+ community, which has created barriers to leadership opportunities and the erasure of the contributions of trans leaders. Despite these obstacles, trans leaders have emerged at the forefront of organizing efforts to increase visibility and establish resources. This entry examines the contributions of trans leaders within the trans rights movement and trans people who provide leadership in settings that are not trans specific. The need for trans leadership is clear, with trans people continuing to face discrimination in employment, housing, and public accommodations in the United States and globally.

Barriers to Trans Leadership

The trans community has a long history of standing up to oppression and combating injustice. Trans leaders have been a driving force for social change and have served as powerful movement galvanizers throughout history. However, the contributions of trans leaders and their successes are often minimized or co-opted by people who hold varying levels of cis, heterosexual, white, and economic privilege within trans and LGBTQIA+ movements as well as in non-trans-specific organizations. These factors can be linked to the invisibility and erasure of trans leaders both within and outside of LGBTQIA+ movement history, alongside the disproportionate silencing of leadership from queer and trans people who are Black, Indigenous, or people of color (QTBIPOC).

Ongoing invisibility has forced trans people to advocate for themselves within organizations that proclaim to serve their interests. To gain leadership positions, trans people often face tensions around assimilationist ideas and respectability politics. Assimilation demands that trans people perform binary gender norms to be viewed as worthy of dignity and respect; to be successful in leadership positions, they have to be mindful not to make cis people uncomfortable. Trans leaders argue that trans people have often been left behind for the sake of incremental progress for the rights of wealthy, white lesbian and gay individuals; among the latter, trans inclusion is often viewed as too radical and must come after gay rights are achieved. For example, trans leaders have expressed concerns about the well-supported national campaigns for marriage equality while there is no national outcry about the vulnerability and safety concerns of trans people, who continue to endure high rates of unemployment, homelessness, and murder.

Trans Leaders in Trans Advocacy

Powerful trans leaders can be found on all fronts fighting for collective liberation. Trans people have a legacy of working to combat oppressive systems that limit their livelihoods and opportunities. Many trans individuals exist at the intersections of multiple oppressed identities and/or statuses that place them in situations of heightened vulnerability. These experiences shape many trans leaders' view that to ensure collective liberation through movement work, it is necessary to center those who are most vulnerable. Trans leaders throughout history have been key organizers in movements calling for gender justice, racial justice, immigrant justice, environmental justice, reproductive justice, economic justice, disability justice, and social justice as a whole. By taking a broad view, trans leaders acknowledge that trans people live multifaceted lives and that all social justice issues are trans issues. Furthermore, the visibility of trans leaders establishes role models for trans children and youth.

Efforts to increase trans leadership are supported by trans-led national organizations. The National Center for Transgender Equality (NCTE) advocates for policy change under the direction of founder and executive director Mara Keisling. Another trans-led organization is the Transgender Law Center (TLC), directed by trans person of color Kris Hayashi. TLC is working to empower other trans leaders and uplift the voices of QTBIPOC people via "The Trans Agenda for Liberation," a project begun in 2020 that centers the voices of trans people of color and demands that Black trans women and Black trans femmes be trusted as leaders. It is led by Micky Bradford, a Black trans femme. The agenda stresses that due to their deep understandings and lived experiences with discrimination and transmisogynoir, Black trans feminine individuals are best suited to lead the fight against the oppressive systems that cause everyone harm. Another organization, the Transgender Strategy Center, is committed both to advocacy and to the development of trans leaders by offering coaching, training, and technical assistance to trans individuals and organizations.

Given the value of centering trans youth voices, a few national organizations have started trans youth leadership programs. One example is TRUTH (TRans yoUTH), a national youth-led leadership and storytelling program developed through the Transgender Law Center and the GSA Network in 2015. Another example is Trans Student Educational Resources (TSER), a youth-led organization whose goals are to encourage educational institutions to be more trans inclusive and train youth to be effective organizers. Trans youth are also finding community on college campuses, where LGBTQIA+ centers and student organizations include opportunities for trans-specific advocacy and training and seek trans leaders.

The modern-day LGBTQIA+ movement has roots in trans youth leadership, as Marsha P. Johnson was 23 years old and Sylvia Rivera was 17 when they helped lead the Stonewall Riots in 1969. As trans youth increasingly receive support within their communities and families and have greater access to resources, they are able to disclose their gender identity at younger and younger ages. This enables trans youth to become involved in advocacy and develop leadership skills to address their needs. Leadership opportunities for youth create possibilities for future leaders.

Trans Leaders in Regional Grassroots Organizing

Trans leaders globally are creating opportunities for leadership through organizing initiatives that are led by and for trans people. These grassroots organizing efforts recognize the need for local community relationships and support and center the importance of trusting trans people's experiences and knowledge to develop solutions to the issues they face. Some of the key ways in which trans leaders seek to affect their communities and empower other trans leaders are through cultural organizing, political engagement, community building, mutual aid, community care, and artistic expression. Many QTBIPOC organizations, such as Southerners on New Ground, Southern Fried Queer Pride, House of GG, and the Black Trans Circles Project, are especially noteworthy for using grassroots organizing to uplift and center the voices of trans people, particularly QTBIPOC in the South and Appalachia. Trans-led organizations give voice to people like Bamby Salcedo, who is the president and CEO of the TransLatin@ Coalition, an organization established in 2009 to support and advocate for the needs of trans Latina immigrants in the United States. Such organizations provide much-needed resources for trans people living in underserved areas and create space for trans people to thrive.

Trans Leaders in Politics and Law

Openly trans people have only recently begun running for and winning elections to public office. While LGB people have been increasingly visible and successful in electoral politics, as demonstrated by Pete Buttigieg's 2020 presidential campaign, trans people continue to face obstacles. Primary concerns include pervasive transphobia in public perceptions as well as the lack of funding for trans candidates, as political campaigns are expensive, and there are limited funds available through trans and trans-supportive political action committees (PACs). The only national trans-specific PACs are the Trans United Fund and the National Center for Transgender Equality Action Fund, which were established in 2016 and 2017, respectively.

The first openly trans person was elected in 1992 to the Arvada, Colorado, city council, and only 16 trans people were elected to local or regional positions in the United States before 2017. The elections in 2017 were known as the rainbow wave because many LGBTQIA+ people, including the largest number of trans people ever to do so, ran for office in response to the election of anti-LGBTQIA+ candidates, most notably Donald J. Trump, and efforts to pass anti-LGBTQIA+ legislation in 2016. Of the 51 trans people who ran for local, state, and federal office in 2017, 8 were elected, including 2 trans people of color. Andrea Jenkins, a Black trans woman, and Phillipe Cunningham, a Black trans man, were elected to the Minneapolis, Minnesota, city council. At the same time, Danica Roem was elected to the Virginia House of Delegates, beating an anti-trans incumbent to become the first openly trans person to be elected to, and seated in, a state legislature. Three trans people were elected to state office in 2018: Brianna Titone to the Colorado House of Representatives and Gerri Cannon and Lisa Bunker to the New Hampshire House of Representatives. In November 2020, history was made when Sarah McBride was elected to the Delaware state senate, making her the country's first openly trans state senator. In that same election cycle, Stephanie Byers became the first openly trans person elected to the Kansas House, and Mauree Turner, a Black nonbinary individual, was elected to the Oklahoma House, becoming the first known nonbinary person elected to a state legislature.

Trans political leadership is especially critical, given the huge upsurge in anti-trans legislation. Examples of this include North Carolina HB2 in 2016, which required people to use public restrooms that matched the gender marker on their birth certificates before the law was amended, and South Dakota HB 1057 in 2020, which sought to ban transition-related health care for trans minors. In an effort to motivate potential trans political candidates, national organizations such as the National LGBTQ Task Force have started to offer candidate training.

Trans People as Leaders in Non-Trans-Specific Settings

Trans people became more visible in society during the 2010s and have become key leaders in a number of cultural and professional settings. From professional sports to businesses and corporations, trans people are providing leadership while also contributing to cultural change by being out about their gender identity. In the creative and performing

arts, trans leaders are using music, dance, writing, photography, visual art, performance art, film, and theater as platforms to share their stories, express their passions, display their talents, share new ideas, and, in the process, enact social change.

Trans leaders in the arts have advocated for the self-representation of trans people in media and popular culture. Allowing trans people to tell their own stories provides authenticity and creates employment opportunities for people whose lives are depicted in entertainment but who historically have not been hired for these roles because of employment discrimination. Many popular television shows and films, such as the 2005 film *Transamerica,* have featured cis actors playing trans characters. Amazon Studio's *Transparent,* which aired from 2014 to 2019, employed many trans people, including actors Trace Lysette and Alexandra Billings and writer and producer Our Lady J, although a cis man was cast in the lead role. But trans advocates have gained some success in having trans people play trans roles. For example, Netflix's *Orange Is the New Black* first aired in 2013 with a recurring trans character played by actor Laverne Cox. She later was the first openly trans person to be featured on the cover of *Time* magazine. The television show *Pose* made history in 2018 by hiring the most trans producers, writers, and actors ever in a regular series, including best-selling author and advocate Janet Mock as a producer. Mock signed a programming deal with Netflix in 2019 to further increase intersectional trans visibility. The 2020 documentary *Disclosure: Trans Lives on Screen* provides an in-depth look at trans representations in film and television through interviewing trans actors, writers, producers, and directors.

Trans people are emerging leaders in other, non-trans-specific organizations. Martine Rothblatt, CEO of United Therapeutics, and Vivienne Ming, founder and co-chair of Socos Labs, are examples of trans women who have broken barriers to lead corporations and think tanks. Trans leaders in sports are breaking longstanding barriers to their participation by advocating for trans-inclusive policies. Professional trans athletes such as triathlete Chris Mosier, the first openly trans athlete to represent the United States in an international competition, and Patricio Manuel, the world's first openly trans pro boxer, are using their platforms to argue for the rights of trans athletes beyond just their sports. Caitlyn Jenner, the 1976 Olympic decathlon champion, was awarded the 2015 Arthur Ashe Courage Award at the ESPYs (Excellence in Sports Performance Yearly Awards) for being public about her transitioning earlier that year. At the high school level, trans athletes, including Mack Beggs, Andraya Yearwood, Terry Miller, and Sarah Rose Huckman, have used their voices and personal experience to fight for trans inclusion, showing how trans leadership is continuing among a new generation.

Liam N. Waller and Kristen E. Benson

See also Cox, Laverne; Elected Officials; Johnson, Marsha P.; LGBTQ Movement, Trans Inclusion In/Exclusion From; Mock, Janet; National Center for Transgender Equality; Representations in Popular Culture; Rivera, Sylvia; Transgender Law Center

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LGBTQ Movement, Trans Inclusion In/Exclusion From

Individuals who today are referred to as trans people have been involved in the LGBTQ rights movement ever since there was a movement. Indeed, if the Stonewall Riots in 1969 are taken as the start of the modern LGBTQ rights movement, then trans people were many of its founders. For much of the 25 years following Stonewall, however, trans people were largely excluded from the movement because of a combination of political expediency and animosity from cis lesbian and gay leaders. In the late 1990s and 2000s, a new generation of queer activists, who recognized the extent and severity of anti-trans discrimination, including within the movement itself, united with trans people in the struggle against gender oppression. Since

then, trans issues have become more central to the larger LGBTQ movement, but divisions remain, especially over the failure of many LGBTQ organizations to take an intersectional approach and focus on the experiences of trans people of color.

The Early LGB(T)Q Rights Movement

Because of experiencing high rates of harassment and violence, trans people, especially trans people of color, have often had to fight literally and figuratively for their lives, which has meant that they have had little choice but to be engaged in a struggle for their rights. For example, since trans people of color are more likely to be subjected to police violence than other LGBTQ people, it is not surprising that they made up a significant portion of those who participated in the Stonewall Riots, just as they had been at the center of earlier confrontations with the police, including incidents that occurred at Cooper Do-nuts in Los Angeles in 1959 and at Compton's Cafeteria in San Francisco in 1966. Thus, trans people did not join the movement for LGBTQ rights so much as a movement sprang up around them.

But almost immediately, the movement that they helped to create sought to exclude them for the sake of political expediency, as cis gay members believed that they could gain their rights more quickly and easily if trans people were excluded. Six months after the Stonewall Riots, a group comprised mostly of white middle-class gay men in New York City established the Gay Activists Alliance (GAA) to work solely for their own rights. Trans people were not only kept off GAA's agenda but were also not welcomed in the group. Two trans women of color who were involved in the riots and subsequent trans organizing, Marsha P. Johnson and Sylvia Rivera, were made to feel uncomfortable when they attended GAA meetings and were often the only people in drag and sometimes the only people of color there. Similar gay groups that marginalized trans people were subsequently organized in other U.S. cities.

Trans people were even pushed out of commemorations of the Stonewall Riots. On the 1-year anniversary of the riots, activists organized the Christopher Street Liberation Day March, named for the location of the Stonewall Inn. Trans people who sought to participate were reportedly told by event leaders that they should march at the back, which they refused to do. Efforts to exclude trans people from the event became more institutionalized in subsequent years. No trans people were scheduled to speak at the 1973 Christopher Street Liberation Day, which led Rivera to force her way onto the stage and denounce the gay liberation movement for ignoring and marginalizing her and other trans people of color. In response, event organizers gave Jean O'Leary, the founder of Lesbian Feminist Liberation, permission to read a statement that denounced drag queens as an insult to women. This, in turn, prompted Lee Brewster, a drag queen who had fought against the erasure of trans people from the Christopher Street Liberation Day, to likewise push his way onto the stage, where he reminded the crowd that the Stonewall Riots would not have occurred without drag queens, but now they were being insulted and told not to be themselves. He ended his comments by saying that he was quitting the gay liberation movement. At the same time, lesbian separatists and more conservative gay men in San Francisco who were opposed to trans people and individuals in drag being involved in that city's commemoration of the Stonewall Riots organized an alternative march in 1973 that banned their participation. In subsequent years, this event became San Francisco's main Stonewall celebration.

TERF and Turf Battles

Many lesbians left organizations like GAA in the early and mid-1970s because of the sexism of gay men, but one area of agreement between the two groups in general was their rejection of trans people. Some self-styled radical feminists viewed trans women not as "real" women but as "male infiltrators" into the movement and sought to exclude them from "women's spaces." One of their first targets was Beth Elliott, an openly trans lesbian activist and singer who had been the vice president and the newsletter editor of the San Francisco chapter of the Daughters of Bilitis until being pushed out by newer, trans-hating members. These anti-trans feminists also sought to remove Elliott from the 1973 West Coast Lesbian Conference, which she helped organize and at which she was scheduled to perform. When she took the stage, she had some audience members

attempt to shout her down, saying that she was a man. Others defended her. Although more than two thirds of attendees reportedly chose to allow her to remain in an impromptu vote, Elliott chose to leave anyway because of the tremendous harassment she had received.

The attacks against Elliott marked the start of the exclusionist policing of "women's spaces" by some radical feminists. Another target was Sandy Stone, a sound engineer who, as part of the all-women Olivia Records, helped create the genre of women's music in the mid-1970s. Stone had disclosed her gender identity to the record collective and had its support, but when her gender history became widely known, Olivia was deluged with hate mail from lesbians who threatened a boycott or even violence if Stone was not fired. The collective initially defended her but, fearing that they would be put out of business, reluctantly asked Stone to resign, which she did in 1979.

Arguably the most vitriolic and influential attack on trans people from the lesbian feminist movement was Janice Raymond's *The Transsexual Empire: The Making of the She-Male,* published in 1979 and reissued in 1994. Raymond, a leading scholar in women's studies, fomented the witch hunt against Stone and effectively made trans women pariahs in many lesbian feminist communities. At the center of Raymond's argument was her paranoid conspiracy theory that trans women were male-identified, "artificial" women who were being used by the medical and psychological specialties that supported trans people in transitioning—"the transsexual empire" to which her title referred—to secretly infiltrate lesbian communities and undermine feminism. According to Raymond, trans women were rapists because they appropriated women's bodies for themselves, and their mere presence in lesbian feminist spaces constituted an act of forced penetration that violated women's lives. Beginning in 2008, Raymond and other anti-trans feminists began to be referred to as TERFs—trans exclusionary radical feminists—in order to distinguish them from the larger radical feminist movement, which had historically supported and been inclusive of trans women.

It is not only trans women whom some lesbian feminists have sought to remove; at times, they have also erased historical figures who seem to have been trans men, misrepresenting them as butch women. For example, jazz musician Billy Tipton lived as a man for more than 50 years, apparently kept the knowledge that he had been assigned female at birth even from his partners and adopted children, and died of a treatable medical condition in 1989 rather than seemingly risk disclosure of his assigned sex by being examined by a doctor. Yet some lesbian historians and writers have argued that he was a lesbian who felt compelled to pass as a man to succeed as a musician, which, besides denying how Tipton lived his life and died, ignores the fact that he continued to live as man after he had retired from performing.

Another example of trans male erasure occurred following the murder of Brandon Teena in 1993. Even though Teena had told his lovers and friends that he was a trans man, many reports of his death referred to him as "she" and treated him as a lesbian woman. For example, writing in *The Village Voice,* lesbian journalist Donna Minkowitz described Teena as a self-hating butch lesbian whose failure to accept "her" body and sexuality contributed to "her" death. The coverage incensed many trans people and led to one of the first public protests by trans people outside of *The Voice*'s offices; Minkowitz apologized for her misgendering and victim blaming, but not until 25 years later.

For trans people, the issue was not only how some lesbian feminists policed the "border" between butch lesbians and trans men, as well as dismissed or refused to recognize anyone who went across it, but also how writers like Minkowitz saw trans men as "really" lesbians in denial. This view denies agency to trans people and negates their experiences, for it means that regardless of how someone might identify or express their gender, only the sex assigned to them at birth matters. Ironically, lesbians themselves have historically not been considered "real" by heterosexist men, who did not take their sexuality seriously. Moreover, many of the lesbian feminists who have claimed Tipton, Teena, and other female-assigned men as their own after their deaths would have likely rejected and sought to exclude them from "women's spaces" while they were alive.

Absent "T" ism From LGB Events

The exclusion of trans people from the LGB movement continued into the 1990s. Reflecting the

persistence of anti-trans bias among some lesbian feminists, trans women were banned from the National Lesbian Conference in 1991, and a trans woman, Nancy Jean Burkholder, was expelled that same year from the Michigan Womyn's Music Festival. The festival, an annual weeklong women's outdoor music and cultural event, had been a pilgrimage for thousands of lesbians since it began in 1976. While the event had always been for "womyn only," Burkholder's removal was the first known exclusion of a trans woman. Afterward, festival organizers articulated a policy limiting attendance to "womyn-born womyn," and they continued to ban trans women, despite growing opposition to this stance, until the festival ceased operations in 2015.

Like the commemorations of the Stonewall Riots in the 1970s, national marches in the 1990s were not welcoming to trans people. Despite the efforts of trans activists and some cis LGB allies, "transgender" was not included in the names of the 1993 March on Washington for Lesbian, Gay, and Bi Equal Rights and Liberation and the 1994 International March on the United Nations to Affirm the Human Rights of Lesbian and Gay People—the march that was held in New York City to observe the 25th anniversary of the Stonewall Riots. The 1993 march organizers were persuaded by trans activists to add trans people to the event's platform, which, among other demands, called for a LGBT civil rights law and legislation banning discrimination against LGBT people. But only one of the individuals invited to address the rally self-identified as trans—Phyllis Randolph Frye—and she was relegated to speak at the assembly point stage, rather than the main stage, after most participants had left to march. For many lesbian and gay leaders, trans people remained peripheral and expendable; while ostensibly part of the movement, their presence and specific struggles were ignored, especially when doing so could potentially further lesbian and gay rights and visibility.

LGB *and* T

Gen Q

Influenced by the work of trans activists, writers, and scholars, a younger generation of cis lesbian and gay individuals—many of whom started to refer to themselves as "queer" instead of "lesbian" or "gay"—became supportive of the rights of trans people and considered them a critical part of what increasingly became known as the LGBTQ movement. While many lesbian feminists in the 1970s and 1980s were influenced by *The Transsexual Empire,* many young queer women in the mid and late 1990s—some of whom had yet to be born when Raymond's book was originally published—had their attitude toward trans people shaped by Leslie Feinberg's *Stone Butch Blues* and Kate Bornstein's *Gender Outlaw.* Feinberg's semi-autobiographical 1993 novel tells the moving story of Jess Goldberg, an individual who journeys from being a butch lesbian in the years before the Stonewall Riots, to passing as a man in order to survive the economic recession of the 1970s, to living outside of a gender binary in the 1980s. Bornstein's 1994 work combines memoir, performance, and commentary to offer insights into how society constructs gender. Many young queer women activists, as well as trans individuals, considered these books necessary reading, and many instructors in LGBTQ and sexuality studies assigned them in courses in the 1990s.

Some younger cis queer women also became more supportive of trans people through their involvement in drag king culture. While individuals assigned female at birth had long experimented with gender and challenged gender categories by performing in traditional men's clothing, the specific form of performance known as drag kinging developed in the mid-1980s in London and San Francisco. Initially, many of the performers were trans men and cis lesbians, and as drag kinging became popular in cities throughout the United States, it led to more interactions between the two groups and helped de-emphasize and blur the boundaries that had been the basis of the "border war" that butch lesbians waged against trans men in the 1980s and 1990s.

LGBTQ Organizations Becoming More Trans Inclusive

By the late 1990s, the efforts of trans activists and allies had resulted in many national, state, and local organizations in the Unites States that had focused primarily on LGB rights to begin to address gender identity issues. The National Gay

and Lesbian Task Force added trans people to its mission statement in 1997 and changed its name to the National LGBTQ Task Force in 2014. PFLAG (formerly Parents, Families, and Friends of Lesbians and Gays) and GLAAD (formerly the Gay and Lesbian Alliance Against Defamation) added trans people to their missions in 1998 and 2013, respectively, and rather than changing their names to be trans inclusive, the groups stopped spelling out their acronyms. The largest lesbian and gay rights group, the Human Rights Campaign (HRC), amended its mission statement to include trans people in 2001, although this change was not immediately reflected in its work, as it continued to focus on LGB issues.

While no non-trans-specific national LGBTQ rights organization has had a trans executive director as of 2020, many have hired trans people to senior staff positions, often with responsibilities related to outreach to or advocacy for trans communities. Long-time trans leaders in LGBTQ organizations include Shannon Minter, the legal director for the National Center for Lesbian Rights (NCLR); Jennifer Levi, the transgender rights project director for GLBTQ Advocates and Defenders (GLAD); Beck Bailey, the director of the Workplace Equality Program for HRC; and Nick Adams, the director of Transgender Representation for GLAAD.

At the state and local levels, most of the organizations established since the mid-1990s have included trans people in their names and missions. Cases in point are the offices and centers that have been founded at U.S. and Canadian colleges and universities to support LGBTQIA+ students, staff, and faculty. Among the 26 professionally staffed offices and centers that were created before 1995, all but 2 had names indicating that their constituencies were "gay and lesbian" or "gay, lesbian, and bisexual" individuals. As of 2020, there are more than 175 such centers and offices, and all are trans inclusive in both their names and mission statements.

However, the proliferation of "LGBTQ" organizations has not always resulted in greater attention to the needs of trans people; in some cases, the "T" seems to stand for "token," rather than "trans." The most infamous example of trans inclusion being little more than rhetoric involved the Human Rights Campaign. In 1994, the organization helped draft, and had allies in Congress introduce, the Employment Non-Discrimination Act (ENDA), a bill to protect workers based on their sexual orientation. Trans leaders were incensed by the exclusion of "gender identity" and lobbied Congress and the public for it to be added—only to have HRC work to thwart their efforts. Following the failure of the bill by one vote in the Senate, HRC continued to insist on shutting out trans people when the legislation was reintroduced the next year, fearing that a more inclusive bill would lose votes. In response, trans activists and allies picketed the organization's fundraising events, until HRC agreed not to oppose an amendment to add "gender identity" as a protected class. Neither the amendment nor the original bill was approved by Congress, and the legislation was stalled for the next decade.

In 2007, ENDA was revived by openly gay Representative Barney Frank, who, after failing to gain support for a trans-inclusive version, put forward a measure without trans protection. Despite the Human Rights Campaign's promise that it would support only trans-inclusive legislation, the organization did not oppose Frank's bill. HRC's about-face showed that some within the mostly older, more conservative lesbian and gay establishment continued to see trans people as dispensable. However, more than 400 LGBTQ groups—virtually every major LGBTQ organization other than HRC—formed a coalition called United ENDA to advocate for the restoration of gender identity protection. Although the effort failed to change the bill, it represented a major turning point in support for trans rights, and the coalition succeeded in having gender identity language included in ENDA thereafter and in the subsequent Equality Act, which, if passed, would ban discrimination based on gender identity, sex, and sexual orientation in employment, public accommodations, education, housing, and credit.

LGBTQ Organizations' Support for Trans Rights

Along with including trans people in larger nondiscrimination legislative efforts in the 2010s, LGBTQ groups also became more involved in trans-specific advocacy and support. Particularly noteworthy has been the work done by LGBTQ legal organizations, including Lambda Legal, NCLR, and GLAD, to protect the rights of trans

people, which has resulted in landmark legal victories addressing anti-trans discrimination in employment, education, housing, health care access, and prisons. For example, NCLR and GLAD led the challenge to the Trump administration's ban on trans people serving in the military, and Lambda Legal won a critical federal court case involving employment discrimination against trans people that helped set the stage for the U.S. Supreme Court's far-reaching decision in 2020 that "sex discrimination" in federal employment law includes discrimination based on gender identity and sexual orientation.

National LGBTQ organizations have also become involved in publicizing the Transgender Day of Remembrance, including calling attention to the fact that the vast majority of trans people killed annually are trans women of color. However, these groups have come under criticism for not addressing the intersectional issues faced by trans women of color, who not only experience high rates of violence but are also more likely than other trans and cis LGB people to be subjected to harassment and discrimination, live in poverty, experience homelessness, and struggle with addiction. For example, LGBTQ organizations are largely not involved in efforts to establish a living minimum wage, enact universal health care, decriminalize sex work, and defund the police—all changes that would greatly benefit trans people, especially trans women of color.

Thus, while the LGBTQ movement in general no longer explicitly excludes trans people, many national LGBTQ organizations still need to do more to be truly trans inclusive. Moving forward, the movement needs to center the lives of trans people of color, which means that LGBTQ groups must hire more trans people of color to senior staff positions, support and work more closely with trans organizations, and operate from an intersectional perspective that considers the combined effects of racism, sexism, and genderism. Ultimately, the movement can only be considered successful if it uplifts and liberates all LGBTQ+ people.

Genny Beemyn

See also History; Lambda Legal; National Center for Lesbian Rights; Stonewall Riots; Teena, Brandon; TERFs; Tipton, Billy; Trans Men; Women's Movement, Trans Inclusion In/Exclusion From

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M

Māhū

The term *māhū* (intersex, queer, trans, two-spirit) evolved out of traditional and contemporary Hawaiian ideas about gender, sexuality, and the body. Like *intersex, queer,* and *trans, māhū* describes a wide range of physical traits, cosmologies, social expressions, and sexualities that challenge and affirm culturally specific expectations that differ from Western culture. This entry discusses the intersections of māhū identification, colonialism, cultural imperialism, Hawaiian sociality, decolonization, and social harmony to contextualize trans indigeneity in Hawaii and the Pacific.

Colonialism and Heteronormativity

In the 1970s, cisgender Hawaiian scholar Mary Kawena Puku'i, one of the foremost experts on traditional Hawaiian culture and knowledge, described māhū as "homosexuals" and "hermaphrodites" while explaining the coexistence of *kāne* (men), *wāhine* (women), and *māhū* (intersex, queer, trans, two-spirit) in ancient Hawaii. However, her description of māhū ironically failed to adequately describe māhū as a uniquely Hawaiian identity that had evolved despite the domination of Judeo-Christianity, the nuclear family, and heteronormativity. In the light of subsequent scholarship, any such Western bias in Kawena Puku'i's work can be understood as a reflection of colonialism.

Colonialism in Hawaii began with the arrival of the expedition of the British Royal Navy and Royal Society on a ship commanded by Captain James Cook in 1778 and the arrival of Euro-American, Judeo-Christian missionaries in the 1820s. As military navigators sought goods and natural resources for exploitation, missionaries suppressed Indigenous people through the cultural power of law. Heteronormativity vis-à-vis the nuclear family became a way of imposing social control and cultural imperialism.

The nuclear family is the dominant, often preferred family structure in the West—a problematic concept when it leads to the exclusion of other family forms and practices. These exclusions are evident on cultural, religious, and political levels around the world. European and American forms of colonialism in particular have demonized traditional Indigenous understandings of gender and sexuality, thus criminalizing queer and trans individuals and marginalizing chosen and extended families. The nuclear family is of course not inherently a bad thing, but it is a hegemonic construction of family that can focus more on one's immediate familial makeup. Such a construction does not incorporate other purposes of family, which include those that establish personal relationships that uphold tenets of unconditional love and support. Extended families may look different, but there is no less love shared between them.

In contemporary Hawaii, māhū have found themselves reclaiming the extended family or *ohana* as a means to challenge the imposition of the nuclear family structure in debates about same-sex marriage and Hawaiian sovereignty, and they have consistently maintained a sense of inclusive

social harmony between the three sexes: wāhine, māhū, and kāne.

Decolonization and Social Harmony

As a concept, māhū indigenizes the coexistence of māhū, kāne, and wāhine as part of the extended family principle central to Hawaiian Polynesian sociality. In the Hawaiian creation story, the Kumulipo, there are three sexes: wāhine (woman; female), which is the first sex; māhū (intersex), the second; and last is kāne (man; male). Acknowledging three sexes has long been a part of Hawaiian *mo'olelo* (stories) and *mo'oku'auhau* (genealogies).

According to māhū teachers Hinaleimoana Wong (Hina) and Kaumakakahiwa Kanaka'ole, the physical and spiritual attributes of māhū embrace both kāne and wāhine, akin to the Native American notion of two-spirit. Hina, in particular, describes this duality in terms of māhū decolonization that recenters Hawaiian functionality and values, including those of the ohana, or extended family unit. In this way, Hina challenges the nuclear family silos that maintain Western domination and cultural imperialism.

Tiana Henderson, who identifies as a cisgender wāhine and māhū, is a traditional *hale* (Hawaiian house) builder who describes social harmony between wāhine, māhū, and kāne in terms of Hawaiian architecture. According to Tiana, in Hawaiian architecture, it is the *pou mānu,* a māhū support beam in a traditional Hawaiian house, that connects the *ule* (penis/male post) to the *kohe* (vagina/female post). In such architectural design, she claims, the hale, like the ohana, leaves no one behind, whereby mutual love and support are shared equitably between the three sexes: wāhine, māhū, and kāne.

Drag Performativity

Cocoa Chandelier, a famous Native Hawaiian drag queen, demonstrates the complex nature of Kanaka Māoli (Indigenous Hawaiian) māhū subjectivity. Cocoa's performance at the Universal Show Queen Pageant in 2014, one of the largest and most popular drag events in Hawaiian history, illustrated how one māhū employs performance to evade the colonial trappings of Hawaiian identification. In her performance, Cocoa refuses to identify herself as Hawaiian and, unlike the other Hawaiian drag artists on the stage, chooses a completely different culture (specifically Indian culture of India) as a means to endorse her cultural identity as a Hawaiian. By doing so, Cocoa demonstrates how the social expressions of māhū elude deterministic and reductive conceptions of identification and instead signal cross-cultural connection and the confluence of indigeneity across the world to decolonize the performance sphere.

Tatiana Kalaniopua Young

See also Drag Performativity; Heteronormativity; Indigenous People; Intersexuality; Trauma, Trans People With; Two-Spirit People

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Manning, Chelsea

Born on December 17, 1987, in Crescent, Oklahoma, Chelsea Manning first made the national news in 2010 after her arrest in the high-profile "WikiLeaks" case. This entry explores the legal history of her case and its impact on the rights of trans prisoners and military personnel.

Private First Class Manning, an Army intelligence analyst who began active duty in 2007, was charged with 22 counts relating to the unauthorized possession and distribution of more than

720,000 military and diplomatic documents, mostly about the wars in Afghanistan and Iraq. Collectively, this was the largest leak of classified records in U.S. history. Among the items leaked was video footage entitled "Collateral Murder," depicting an American Apache helicopter killing 12 unarmed civilians in Baghdad in 2007. Manning told the court her motivation for whistleblowing and leaking the records was to encourage a public debate about the role of transparency in U.S. foreign policy and military operations.

Defense lawyers argued Manning experienced a gender identity crisis while serving in the Army and that the military failed to address the problem. At one point in her Army career, Manning emailed her superior a photo of herself dressed in "women's" clothing and referred to herself as Brianna. The email was entitled "My Problem," and Manning reported that she received a confirmed receipt of the message but that ultimately her "problem" was ignored. Her lawyers claimed that this lack of support exacerbated the situation, ultimately contributing to her decision to leak the documents.

Although she was acquitted of aiding the enemy (a capital offense akin to treason), Manning was court martialed and dishonorably discharged in 2013. She received a 35-year sentence for having been convicted of 20 charges, including espionage. This sentence was the longest ever handed down in U.S. history in a case involving transmission of government information. The debate about whether or not American interests actually were put in danger by the release of these documents was heated.

The day after sentencing, Manning initiated her social transition at the national level in a public statement shared via her lawyer on NBC's *Today* program, announcing, "As I transition into this next phase of my life, I want everyone to know the real me. I am Chelsea Manning. I am a female. Given the way that I feel, and have felt since childhood, I want to begin hormone therapy as soon as possible."

The Army did not provide hormone therapy to Manning, limiting her treatment initially to antidepressants and psychotherapy. The American Civil Liberties Union sued the Department of Defense over its refusal to provide medical treatment. In 2015, the Army agreed to administer hormone treatment, making Manning the first person to receive health care related to gender transition while in a military prison. Furthermore, Manning engaged in a lengthy fight for gender-affirming surgery that included a hunger strike, two suicide attempts, and lengthy periods in solitary confinement. In 2016, the Army agreed to provide surgery (although not in time for her release).

Manning also had to go to court to compel the military to change her name officially and to use feminine pronouns when communicating to or about her. Prison officials refused to let her grow her hair long, denied her "women's" clothing, and barred her from communicating directly with the public. The United Nations Special Rapporteur on Torture formally ruled that the U.S. government's treatment of Manning was inhumane and degrading.

While some within the LGBTQIA+ community did not find Manning's whistleblowing activities heroic, international support for her release grew, including a petition signed by approximately 117,000 people asking for her sentence to be commuted. Support was also generated through Tumblr campaigns and videos posted to social media, including *I Am Bradley Manning* and *Pardon Private Manning*. Most major LGBTQIA+ organizations likewise called for her release.

The Army denied a clemency application in 2014. In 2016, Manning made an official petition to reduce her sentence. Against the advice of his defense secretary, President Barack Obama agreed to commute her sentence in 2017 to the 7 years she already had served. In 2018, the U.S. Army upheld Manning's court-martial conviction for violating the Espionage Act.

In 2019, Manning fought a subpoena to testify before a grand jury about WikiLeaks. A federal judge found her in contempt for refusing to cooperate, and she was taken into custody until the grand jury's term ended. Upon her release, she was immediately summoned to appear before another grand jury. She again refused to comply, was rearrested, and was jailed for the 18-month duration of the grand jury's term. Manning said she objected to the secrecy of the grand jury process and that she already had revealed everything she knew during her court martial.

Manning's increased public visibility included a series of columns for *The Guardian*, an appearance in *Vogue* magazine, television appearances, and speaking engagements. She was invited and then disinvited to serve as a marshal for the

San Francisco Pride parade and to be a fellow at the Harvard Kennedy School's Institute of Politics. Other public activities included an unsuccessful run for the U.S. Senate in 2018. A documentary about Manning, entitled *XY Chelsea,* was released in 2019, and her personal memoir is scheduled to be published in 2021.

Manning's case sparked public debate about the role of trans individuals in the military. The ban against trans people serving in the U.S. military was lifted by the Obama administration in 2016, reinstated by the Trump administration in 2017, and then removed again by the Biden administration in 2021. Furthermore, Manning's case shed light on the challenges and dangers facing trans inmates in civilian and military prisons, prompting reforms. An additional long-term impact was a review of established reporting practices and journalism-style guidelines employed by mainstream media. Eventually, journalists adopted the name "Chelsea" and used "she/her" pronouns in their media coverage of Manning, and many style manuals were modified to provide guidance for reporting about trans people in a more sensitive manner.

Jamie C. Capuzza

See also Criminal Justice System; Health Care Access, Legal Issues; Inmates and Incarceration; Military/Military Ban

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Marriage

The term *marriage* can refer to a legal status, a religious rite, or a culturally recognized union between two or more people that serves as the foundation for their shared rights, obligations, relational systems, and families. Constructions of marriage have varied widely across time and cultural context. Whereas many English-speaking colonial cultures have tended to view marriage as a public and binding legal contract between two people of cisgender experience who are heterosexual and monogamous, this does not reflect accurately the global histories of "marriage," which varies widely across times, societies, and contexts.

Some people have referred to marriage that involves a trans person as trans marriage. Yet the phrase "trans marriage" is a misnomer, as it obscures the wide ranges of partner genders, sexuality, and relationship diversity among people of trans experience. This term might describe heteronormative marriages between one woman and one man, where one spouse is of trans experience. It might also describe marriages between people who either began with different legal gender designations and ended up being between two partners of the same legal gender designation or began with the same legal gender designation and ended with different legal gender designations. It might also describe marriages between nonbinary people. Finally, it could refer to marriages in which both partners change legal gender designations to remain both different or both the same legal gender designation.

Legal Gender Recognition

The term *legal gender recognition* refers to whether and how governments recognize people's gender identities. In legal jurisdictions where a change of gender on government-issued documents is a recognized option, in some cases this means that binary men or women of trans experience can be legally married in accordance with their respective legally affirmed gender. Even when people can change gender on their documents, however, this does not necessarily mean they are recognized as that gender for the purpose of marriage. For example, legalization of marriage between two people

with the same legal gender designation in Australia did not automatically grant equal marriage rights to people of trans experience. Although the Australian Capital Territory and South Australia already permitted people to change their legal gender designation even if they were married, Victoria, New South Wales, Queensland, and the Northern Territory changed their legislation within 12 months of passage of the new law legalizing marriage between two people of the same legal gender. Western Australia and Tasmania followed suit over a year later.

Some early modern societies, like ancient Greece, Rome, and Mesopotamia, recognized marriages between people with the same legal gender designation. This was also true in areas of China such as the Fujian and Guangdong provinces in the 14th to 17th centuries, as well as from the 18th century to early modern times in some colonial European countries. These unions, however, have only more recently been reintroduced or relegitimized on a global scale. Indeed, as of 2020, there are 29 countries around the world that recognize marriages between people with the same legal gender designation. In addition to marriages between people with the same legal gender designation, some countries also recognize nonbinary gender designations, including Argentina, Australia, Bangladesh, Canada, Germany, Iceland, India, Malta, Nepal, Aotearoa/New Zealand, Pakistan, Uruguay, and some states within the United States.

While legal and social strides toward recognition of marriages between people with the same legal designation globally may in some cases be signs of progress in terms of marriage equality for people of trans experiences, backgrounds, and identities, this apparent greater social flexibility and progress in definitions of marriage and related boundaries may obscure how the legal status of marriage for trans people remains precarious in many countries. Depending on where a trans and/or intersex person resides, they may be prohibited from marrying partners of a similar gender or of a differing gender due to legal distinctions and related restrictions, or they may be allowed to select a gender that was not assigned at birth but forced to select a binary gender category to be listed on their official marriage documentation. In legal jurisdictions where marriages are not defined with distinction of a requirement of gender (e.g., man, woman), being able to marry as a trans person involves comparatively fewer complications.

Some governments recognize binary changes to gender while refusing to recognize people's nonbinary genders. In legal jurisdictions that offer more gender options beyond people's birth-assigned categories, where people can self-identify any gender that fits them without the verification and/or approval of external authority (e.g., medical, clinical, judicial), and/or people of any gender are welcome to marry partners of any other gender, there are fewer barriers to recognition of marriages involving one or more trans partners. In Argentina, for example, people can choose their gender designation without medical intervention, psychiatric review, or judicial oversight and can select a nonbinary gender. Yet, even with greater flexibility around gender designation, many people of trans identities, backgrounds, and experiences still often face difficulties related to divorce.

Forced Trans Divorce

In many countries, people who wish to change their legally recognized gender are required to be unmarried at the time when they change this designation. In some jurisdictions, this policy is enforced by legislation, whereas in others, it is administrative policy that would not require legislative change to be removed. This requirement for people seeking to change their gender designation to be unmarried results in cases where people who may be happily married are forced to choose between remaining married while retaining government-issued documents that do not reflect their gender identity or getting divorced from a spouse with whom they wish to remain married in order to have their gender respected. This issue, commonly known as "forced trans divorce," has been discussed by human rights activists internationally as a violation of the human rights of people of trans experience and their partners to form families and have their marriages recognized as valid. This issue highlights the intersections between cisgenderism (the ideology that delegitimizes people's own understanding of their gender and bodies) and heterosexism. In many regions, such as in Japan and Russia, marriages recognized by law must be between a person classified as female and a person classified as male, although some

jurisdictions within Japan recognize relationships between people with the same legal gender designation. Many regions, such as Hungary and Jamaica, do not recognize changes to initial gender designations on identity documents for people of trans experience, expression, or identity.

Forced trans divorce and refusal to change people's gender on government-issued documents can have wide-ranging effects. For example, a case in the United Kingdom of a woman of trans experience, MB, was referred to the European Court of Justice. The MB case challenged the rule prohibiting women of trans experience from claiming their pensions at 60, which is the same age as other women, unless they divorced their wives. In 2004, with the passage of the Gender Recognition Act, the U.K. government determined it was acceptable to force people who wished to change their legal gender designation to end their marriages before doing so. This discrimination was justified due to the claim that people could either remarry or form a civil partnership in their new gender. Women of trans experience such as those who applied for their government pensions were denied recognition as women and denied payments from their government pensions from the female age. This violated the religious freedom of women of trans experience who had religious objections to divorce, as in the landmark case of MB. This issue of pension rights has far-reaching financial consequences that result in economic disparities.

Clinical Concerns

People in marriages with one or more trans spouses may seek therapy to address problems within or outside of their relationships, just like anyone else. This may be due to the unique stressors and marginalization they face due to being confronted with forms of cisgenderism, such as transphobia and cissexism, including cisgenderist behavior by therapists. For instance, if a dyad in which one or both members of the relationship are trans seek premarital therapy, the therapist would face barriers in starting the premarital-based clinical work with them using an evidence-based premarital assessment tool like the PREPARE/ENRICH or the RELATE. Indeed, despite these businesses and related assessments being beneficial to cisgender couples premaritally for 35 and 30 years, respectively, these assessments were not normed or standardized on trans individuals and couples originally and, to date, have yet to be with couples in which one or both partners are trans who are seeking premarital therapy. This is just one example of the way that cisgenderism manifests in clinical practice, particularly in clinical testing, measurement, and programming, which is frequently exclusionary to trans people's relational systems. Despite the lack of evidence-based premarital assessment tools for clinical work with trans therapy participants, in 2019, Mary Minten and Cass Dykeman published a tool for assessing relationship functioning in trans marriages, entitled the "Marriage Checkup With Transgender Couples."

Cisgenderism can permeate the clinical experience for trans people in other ways as well. For instance, some clinicians believe that if one partner in a marriage discloses trans experience, it means the end of that marriage. Even if this hurdle is not present, there are no historical models of couples therapy designed for trans individuals and couples. While gender-affirming guidelines and practices have been shared and models can be applied to clinical work with transgender married couples, these remain sparse, as well. Indeed, in 2012, Markie Blumer and colleagues published, in a content analysis of the family therapy peer-reviewed journals and related articles between 1997 and 2009 and of the 10,739 articles examined across the 17 field-related journals, only 9 articles, or .0008%, focused on trans individuals, relationships, and clinical concerns.

Conclusion

Legal marriage is a valued goal for many people around the world, including people of trans identity, background, and experience. Moreover, the value of marriage has gone up in recent decades, in part because of its exclusionary nature (e.g., marriage not being available to everyone, marriage perceived as something for educated and economically stable people). Often trans people are excluded from the right to marry. Indeed, the majority of the countries around the world—166 of the 195 countries—have exclusions around marriage for people of the same legal gender, which frequently affects trans people and partners. Even when marriage between a trans person or partners is legally recognized, difficulties around divorce, often in the form

of forced trans divorce, are a painful reality. Married trans people often face unique stressors and marginalization and thus may seek out therapists and counselors for outside support. Thus, clinical providers need to be gender affirming in their practice.

Markie L. C. Twist and Y. Gavriel Ansara

See also Divorce, Psychological Issues; Marriage, Divorce, and Parenting, Legal Issues; Therapy/Therapist Bias

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Marriage, Divorce, and Parenting, Legal Issues

Trans people have made great legal and social progress, although they continue to face lingering discrimination in the family law arena. Before nationwide marriage equality, trans people faced a patchwork of conflicting state laws and judicial opinions regarding the validity of their marriages. Since the Supreme Court struck down gender-based restrictions on marriage in 2015, trans people who marry or wish to marry now have the same legal protections as others. In the contexts of divorce and child custody, however, trans people continue to face unique legal challenges and disadvantages due to the persistence of misinformation and bias.

Validity of Marriages Before Nationwide Marriage Equality

In 2015, the Supreme Court in *Obergefell v. Hodges* struck down state laws that barred same-sex couples from marriage. As a result of that decision, two persons of any gender who otherwise meet the requirements for marriage are free to marry and must be given the same state and federal rights and benefits as all other married couples.

In addition, no state may refuse to recognize a valid marriage from another state simply because one (or both) of the spouses is transgender.

Before that landmark decision, each state could set its own rules about trans people and marriage, which resulted in a chaotic patchwork of conflicting legal rules. In some states that barred same-sex couples from marriage, state courts invalidated marriages in which one spouse was trans, holding that for the purposes of marriage, a trans person could not legally change their gender. In these cases, the courts held that, even if the individual had undergone a gender transition, the marriage was an invalid same-sex union. For example, in 1999, the Texas Court of Appeals invalidated a 7-year marriage between a trans woman and her deceased husband. The court held that a person's legal gender is genetically fixed at birth, that the trans woman was therefore legally male, and that the marriage was invalid based on the state's law restricting marriage to different-sex couples (*Littleton v. Prange,* 1999). Similar decisions created uncertainty and placed trans spouses in legally vulnerable situations.

The landscape for trans spouses who married a different-sex spouse *before* they transitioned was different. In those cases, even though both spouses were of the same sex after the trans spouse transitioned, every court to rule on the issue held that the marriage was valid, based on the longstanding rule that the validity of a marriage is determined at the time the parties marry. Even so, the prospect of potentially having to go through litigation to test the validity of one's marriage was a major source of stress and uncertainty for trans people in this situation.

Validity of Marriages After *Obergefell*

With the Supreme Court's ruling that the legal right to marry cannot be restricted on the basis of gender, trans people no longer have to fear their marriages may be invalidated simply because they are trans. *Obergefell* applies retroactively as well as prospectively. As a result, it protects trans spouses who married before 2015 even in a state that, at the time of the marriage, barred marriage by same-sex couples. Today, a trans person's marriage cannot be invalidated on the ground that it is or was a "same-sex marriage."

Even today, however, a spouse may claim their marriage to a trans person is void based on fraud by claiming they did not know their spouse was trans at the time of the marriage. Especially after *Obergefell,* many courts would hold that even if such a claim were true, it would not invalidate the marriage. Others, however, might still accept that failure to disclose one's trans status is a sufficient ground to invalidate a marriage. To avoid this possibility, it is advisable to have a written relationship agreement acknowledging that one of the spouses is trans.

Trans Parenting Rights and Issues

Before marriage equality in 2015, when a court ruled that a trans person's marriage was invalid, the trans person could also lose their parental rights. In practically every state, the law provides that a husband who has a child through donor insemination is the child's legal father. However, if a marriage is held to be void, the husband's parental rights may be challenged. For example, in 2005, the Illinois Court of Appeals upheld a trial court decision that severed a trans man's relationship with his son, who was born through donor insemination. Even though the trans man had transitioned and been living as a man for over 20 years, the court held that he was legally female, that his 15-year marriage to his wife was invalid, and that he was not a legal parent to the couple's 10-year-old son (*In re Marriage of Simmons,* 2005). Another major effect of *Obergefell* is that, now that marriages cannot be voided simply because one of the spouses is trans, trans parents need no longer fear that their parental rights can be stripped away in cases where those rights depend on marriage.

Even today, however, parentage laws for people who use assisted reproduction to have children, as many trans people do, vary significantly from state to state. In most states, married couples who use assisted reproduction to have children are generally both recognized as legal parents so long as they comply with any legal requirements. Just as any other married couple in this situation should do, trans people should be sure they understand their state's laws before using assisted reproduction to have a child. Where possible, it is highly advisable for spouses who use assisted reproduction to have

a child to get a court judgment declaring that both spouses are the child's legal parents.

Legal protections for unmarried couples and individuals who use assisted reproduction to have children are even more varied. If a trans person has a child through assisted reproduction with an unmarried partner or as an individual, they should be sure to know and follow any applicable state parentage laws to ensure that their parental rights are protected. Importantly, there is no state in which a written agreement alone is sufficient to establish a person's legal rights.

Trans people may also become parents through adoption. Although no state bars or restricts adoption because a person is trans, informal bias and discrimination against trans people on the part of birth parents, social workers, and courts are still common.

Issues for Divorcing Trans Spouses

Because of the Supreme Court's decision in *Obergefell,* a divorce involving a trans spouse must be governed by the same legal process and rules as any other divorce. In practice, however, a divorcing trans spouse may face some unique challenges owing to courts' unfamiliarity with trans people.

One such potential challenge relates to the economic disadvantage faced by many trans people when they come out publicly as trans. When a trans person undergoes a gender transition, the stigma associated with trans identity may lead to job loss or reduced earning potential. Some trans individuals who had successful careers before transitioning experience no significant discrimination or loss of income. For others, however, transitioning may be financially and professionally devasting. Historically, this risk has been especially high for trans people who transition *after* developing successful careers and who are sometimes ostracized and thus unable to sustain their professional success after transitioning. Statistically, as a group, trans individuals are twice as likely to be unemployed as others and report high rates of workplace harassment and career interruption. Trans people of color face the highest rates of unemployment and economic marginalization.

Judges who are unaware of this pervasive discrimination may incorrectly believe that a trans person's loss of employment or reduction in income is voluntary. This can be critical because courts take income and earning potential into account when determining the amount of child or spousal support that a divorcing person must pay to their former spouse. When a judge incorrectly believes that a trans individual voluntarily quit their job or sought one with lower pay, the judge may impose financial obligations that are impossible for a divorcing trans person to meet.

For example, in 2007, the Washington Court of Appeals held that a trans woman could be jailed for her inability to pay child support at a rate based on her prior job as an auto mechanic, even though she was fired when she transitioned and was subsequently unable to find another job. The Court of Appeals upheld the trial court's finding that she was "voluntarily unemployed" (*In re Marriage of Stankovich,* 2007).

Divorce courts may unfairly penalize trans people in other ways, as well. Every state allows for "no-fault" divorce, which means that couples can seek a divorce for any reason, without assigning fault or blame to either party. But many still allow courts to factor in fault when allocating property or spousal support. In those states, a trans individual's spouse may attempt to portray the trans spouse's transition as selfish or otherwise culpable conduct that warrants assigning "fault" to the trans spouse. This can lead to disparate allocation of property and spousal support.

Similarly, a divorcing spouse may argue that the trans spouse's use of funds to pay for gender transition or loss of employment after transition had a negative economic impact on the marital estate. In such cases, a court can give the non-trans spouse a greater share of the marital estate or require the trans spouse to pay more spousal support.

Child Custody Issues

Courts increasingly understand that being trans is irrelevant to a person's ability to parent and so should not be considered as a negative factor in child custody cases. For example, in 1973, the Colorado Court of Appeals reversed the trial court's decision that removed custody from a trans parent who had transitioned. The Court of Appeals found no evidence that the transition or the parent's trans status negatively affected the children (*Christian v. Randall,* 1973).

Nevertheless, trans parents across the country still face bias and discrimination in courts when it comes to child custody cases. Courts continue to deny custody and visitation to trans parents based solely on biases, unsupported stereotypes, and fears. In 1997, for instance, the Missouri Court of Appeals severed contact between a trans parent and her children. The court looked to expert testimony that it could potentially be "emotionally confusing" for the children to see their father as a mother, even though there was no actual evidence to this effect (*J.L.S. v. D.K.S.,* 1997). In other circumstances, courts have required that the trans parent continue living in their birth sex or to stop crossdressing as a condition of continued custody or visitation. In some of these cases, parents who have not complied with these conditions have had their custody or visitation rights revoked. As recently as 2008, the California Court of Appeals upheld a trial court decision that kept the children in foster care and removed the father's custody because he sometimes wore feminine clothing in front of the children after being ordered not to do so (*M.R. v. Superior Court,* 2008; unpublished opinion).

One of the strongest biases against trans parents in the courts is the erroneous belief that the decision to transition is a selfish choice that places the interests of the parent above the interests of their child or may be harmful to the child. For example, in 2013, the Arizona Court of Appeals affirmed a decision denying custody to a trans parent on the ground that her gender transition allegedly caused her to be absent from her children. The Court of Appeals denied that bias or prejudice played any role in the decision, holding that if the parent's conduct in transitioning harmed her relationship with her children, this was a legitimate consideration in determining the child's best interests (*Tipsword v. Tipsword,* 2013).

Importance of Expert Testimony to Rebut Bias in the Courts

Because misinformation and bias about trans people may influence family court decisions, it is often advisable to anticipate and be prepared to rebut any potential prejudice or misconceptions. Often this requires bringing in an expert who can educate the court about the current medical consensus regarding trans people. In a custody dispute, it is especially important to educate the court that being trans does not affect a person's ability to be a good parent, that having a trans parent does not harm children, and that supporting a continued relationship between the trans parent and their child is crucial for the child's long-term well-being. The best experts are medical professionals and mental health professionals who actively work with families that include trans individuals, as they can speak about the issues from their own experience while also understanding the current medical standards of care.

In conclusion, while trans people and their families have many more legal rights in 2020 than they had in the past, there are still barriers to equal treatment in child custody decisions and divorce proceedings. These barriers tend to come from unsupported stereotypes and biases within the legal system and can be successfully overcome with the use of expert testimony and appropriate efforts to educate decision makers.

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See also Discrimination; Youth and Teens, Legal Issues

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Masculinities

Trans masculinity is an umbrella term for people who lean more toward the masculine than feminine side of the gender spectrum (e.g., presentation, identity, or roles) and includes (but is not restricted to) trans men, demi boys, genderfluid, genderqueer, polygender, and nonbinary people with varying sexual identities. Whereas transmasculine people feel a connection to masculinity, not everyone identifies as male or wants to transition medically and/or socially. Some people prefer a genderqueer or genderfluid presentation. Trans masculinities are also inflected with cultural meanings of social class, race/ethnicity, and nationality and have undergone important evolutionary changes since the 19th century. This entry offers a general overview of transmasculine expression and evolution in the United States, including a discussion of social, medical, and technological developments that spurred its visibility and proliferation by the millennium.

Discursive Discoveries

Trans masculinity was invisible in histories of lesbian and queer identity until the late 20th century. Histories of gender and sexual nonconformity, migration, and social formation used a queer paradigm of gender performativity that folded trans men into lesbian history. For example, accomplished jazz musician Billy Tipton's masculinity was initially described as a clever improvisation or deceptive drag, which he used strategically to access the exclusive world of jazz musicians. Tipton's sartorial choice was celebrated as an example of women's historical defiance of patriarchy rather than an indication of his male identity. Similarly, adventurer and itinerant laborer Ralph Kerwineo was identified as a feminist pioneer who crossdressed to access better employment opportunities unavailable to women of color.

When Lou Sullivan published *From Female to Male: The Life of Jack Bee Garland* in 1990, a new decade of trans historiography emerged. With the aim of recovering and documenting past trans lives, historians borrowed some of the heuristic practices of queer and feminist historiography, contested others, and invented new ones that were specific to journeys of gender nonconformity. Thus, trans masculinity emerged as a separate identity, distinct from butch and lesbian history, with its own tradition of masculinities and male embodiments.

Normative Masculinity

Historically, trans men tended to embrace and perform the conventional, heteronormative masculinity of their race, ethnic group, and social class. Trans men, like Tipton and Kerwineo, concealed their breasts, donned male haircuts and clothing, and worked in male jobs. The masculinity they projected was not an intentional, postmodern queering of masculinity. Rather, it was the only means of authenticating their (internal) felt gender before testosterone treatment and genital reconstructive surgery became available in the 1930s. Trans men tended to live in small rural towns where they led quiet, ordinary lives; were known by male names; and dated heterosexual women. Some trans men owned property, settled down into long-term relationships and marriages, and raised families. Others, like Jack B. Garland and Dr. James Barry, traveled and served in the military. Trans men's performance of heteronormative masculinity was so convincing to their neighbors, friends, and coworkers that even when their sex was discovered, many men continued to live and be accepted as men in their communities.

Medical transition (e.g., testosterone and sex reassignment surgery) of the 1930s paved a road not only for reducing trans men's gender dysphoria and anxiety of exposure but also for bodily substantiating their masculine performativity with male secondary sex characteristics (e.g., facial hair, muscularity, fat distribution, male hairlines, baldness, chest pectorals, and a penis). Michael Dillon is the first known trans man to have undergone a full medical transition, starting with testosterone in the late 1930s and completing phalloplasty in 1949. Most trans men continued to rely on a performative masculinity over the next two decades until medical transition became a treatment for transsexualism in the late 1960s.

Gender clinics, established in the 1970s, had an impact on trans masculinity. In their screening process, gender clinics used a heteronormative model of transsexualism formulated by the American Psychiatric Association (APA) to determine who to

admit. Many trans men who were attracted to men and/or unconventional (i.e., gender fluid) in their masculine expression encountered hurdles in the application process. When the Standards of Care opened alternatives to medical transition outside the gender clinics in 1979, gay, bisexual, and genderqueer trans men, like Lou Sullivan, took advantage and transitioned. Other early pioneers of the trans movement, like Steve Dain, Rupert Raj, and Jude Patton, embraced a continuum of trans masculinities and sexual identities in support groups and newsletters they founded and maintained.

Trans men began discovering one another in the 1990s and built a global network of information exchange and activist organizing. James Green, who took over Sullivan's support group and newsletter in 1991, held a fluid view of trans masculinity that included queer, nonnormative gender expression, and sexual orientation. Others, like Mario Martino, who published the first autobiography by a trans man in 1977, embraced dominant, binary models of masculinity as tough, stoic, authoritative, competitive—and at times, chauvinistic toward women, queers, and gender-nonconforming people. Trans men splintered into two camps. One viewed transition as an open-ended journey of exploring and experimenting with different gender presentations and sexual desires, while the other emphasized the medical model of transition as a predetermined, linear progression to heteronormative masculinity. Exacerbating these tensions were other developments such as evolving designations for trans people and FTM/butch border wars, which continued well into the 2000s.

Millennial Masculinities

During the 1990s, queer and feminist theorists tended to analyze trans subjectivities as proof that gender is performative and devoid of underlying biological influence. Academics intertwined trans and lesbian masculinities together in a continuum of masculine gender performativity, at the center of which lay the figure of the transgender butch. That assigned-female-at-birth (AFAB) people could change their gender, be seen, and be accepted as men in society made their masculinity appealing to theoretical deconstructions of the sex/gender binary. The trans-butch continuum made many trans men feel uneasy because of the almost exclusive focus on similarities between butches and trans men, which erased trans men's distinct male identity. For example, when Brandon Teena was murdered in 1993, lesbian writers memorialized Teena as a crossdressing lesbian and transgender butch, while trans men remembered him as a transgender man. Trans men also felt that the performative portrayal of their masculinity and trans-butch continuum minimized the (physical and social) differences of male embodiment and downplayed their arduous paths of medical transitioning. In contrast to gender theory's inclinations to celebrate the revolutionary impact of gender bending to upend the sex/gender binary, Teena's murder illustrated that trans masculinity could not be divorced from the corporeality of sex and the reality of violence. The trans-butch continuum was also ill-fitting for trans men with heterosexual pasts, feminine presentations, and no connection to queer communities.

Trans men's sensitivity to their erasure also influenced their objections. As they discovered their historical existence, they also learned about its erasure as the dominant culture designated them as crossdressing females when their sex was discovered. Moreover, trans men were not as visible as trans women, who outnumbered them in media coverage, gender clinics, and trans organizing at the time. Thus, trans men were hypersensitive to being erased by queer theories and histories that blurred their masculinities and pasts with butch/lesbians.

Self-Aware, Self-Made

Documenting trans men's existence around the world, new books hailed a broad range of bodies, masculine styles, body modifications, and sexualities in various stages of transition. Unlike trans masculinities in the 19th and 20th centuries, which embraced conventional masculine roles and presentations, trans masculinities proliferated into a diverse array of gender expressions and sexual orientations in the 1990s.

Trans men developed their own organizations, conferences, and communities at the turn of the millennium. They began to scrutinize their masculinity—celebrating, critiquing, and creatively constructing it. Many trans men came from queer and feminist backgrounds with a critical awareness of

male dominance, racism, and capitalism, which shaped their transition experiences. They transitioned with trepidation of being co-opted by hegemonic masculinity and were leery of unwittingly reinforcing its toxic patterns and practices—some criticized toxic masculinity, deconstructed male privilege, and explored ways to undermine it. Trans conferences, like Gender Odyssey and Philadelphia Trans Health Conference, included workshops, speakers, and presentations that examined ways to navigate transition without replicating the worst behaviors of white cisgender (cis) men. Some trans men also celebrated elements of traditional masculinity and explored shifting feminist views of male sexuality and culture.

Trans men of color complicated the critical discourse of trans masculinity. They called attention to their tenuous relationship to hegemonic masculinity and experiences of transitioning to a gender inflected with racial stereotypes of Black, brown, and Muslim men as criminals, terrorists, illegal aliens, and sexual predators. While transphobia delegitimized all trans men's claims to masculinity and maleness, systemic inequalities (e.g., race/ethnicity, class, and citizenship) intersected with anti-trans sentiments, which undercut trans men of color's access to male privilege and made them more vulnerable to police brutality, Immigration and Customs Enforcement raids, and white vigilantism.

The advent of the Internet and social media enabled the proliferation of trans masculinities as trans men created websites and social media pages of vlogs, blogs, and zines detailing their transition journeys. Cultural productions, like *Original Plumbing, FTM, TransGuys,* and *FTM International,* unpacked the intersectional politics of dominant white masculinity and treated transition as a choose-your-own-masculinity journey. Trans men discovered that, while being AFAB had a number of challenges, it also meant that they had an advantage over cis men. Unlike cis men, who are forced as boys into conventional molds of masculinity, trans men can explore their gender and sexuality with more freedom and an awareness of men's contribution to women's oppression. Many zines and websites were structured similarly to those for cis men (sans the sexism and misogyny), circulating advice about fitness/health, hairstyles/clothing, dating/romance, safe sex, positive body image, and self-acceptance.

20th-Century Proliferations

In the early 21st century, trans masculinity became more visible across the world. Trans men had crossover appeal to cis gay male and heterosexual audiences in the fashion and entertainment industries, showcasing diverse masculine styles and sexual orientations. Buck Angel, an adult film star and owner of Buck Angel Entertainment production, won numerous awards for his performances. Angel's films eroticized trans male bodies as both desiring and desired subjects, particularly in relation to cis gay men, BDSM, and kink culture. His audacity was groundbreaking because the mainstream and gay media tended to portray trans men as sexless. Yet, his films had the unintended consequences of gay male viewers fetishizing trans masculinities, which made some trans men uncomfortable and reinforced their body dysphoria.

Thomas Beatie became known as "the pregnant man" in 2007 and again exemplified the flexibility of trans masculinities to encompass a range of nonnormative desires, sexual morphologies, and reproductive capacities. Beatie appeared on talk shows, on cable news networks, and in mainstream magazines across the United States. His documentary, *Pregnant Man,* garnered the highest Nielson ratings for Disney Networks in 2008, and he published his memoir later that year. Beatie's pregnancy blew the lid off assumptions that biology is destiny, but the media's treatment of his story made some trans men feel uneasy that trans masculinity was being exploited and ridiculed as freakish and feminine.

Trans men such as Kingston Farady and Laith Ashley projected masculinities that were less easily co-opted. In 2016, Aydian Dowling became the semifinalist in a nationwide competition of men to appear on the front cover of *Men's Health* magazine. Images of an attractive, confident, and self-accepting trans man circulated around the world, not only making trans masculinity more visible to the larger cis world but also dispelling dominant representations of trans men as tragic figures. Finishing in second place with 72,000 votes, Dowling demonstrated that trans masculinities are as attractive and desirable as cis masculinities, scoring a major victory for trans men's visibility. Filmmaker, entrepreneur, and media specialist Kortney Ryan Ziegler produced the first

feature-length documentary exploring the lives of Black trans men in *STILL BLACK: A Portrait of Black Transmen* (2008). His film and subsequent blogs and media productions gave voice and visibility to men and masculinities of color who suffered an additional layer of invisibility in trans and queer contexts.

Trystan Theosophus Cotten

See also Drag Kings; Erickson, Reed; Garland, Jack Bee; Racialized Masculinities; Sullivan, Lou; Tipton, Billy; Trans Men

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Measurement/Assessment Issues in Research

Measurement and assessment of gender includes efforts to quantify or label not only the experience of gender identity but also multiple dimensions of gender such as gender expression, body satisfaction, gender dysphoria, and gender-related minority stress. Measurement of dimensions of gender (e.g., identity, dysphoria, or minority stress) may occur at one point in time or may be used to characterize trajectories of gender development over time. Precise, acceptable, and sensitive gender measurement is critical for research and clinical care with trans people and people across the gender spectrum. Multidimensional and developmentally appropriate measurement promises to support faster, more tailored, and more precise affirming care, as well as to support improved understanding of anticipated development (e.g., gender trajectories, body image) and associated support needs for trans people and families (e.g., gender-affirming medical intervention, gender-focused body image support and/or eating disorder prevention, family support groups). This entry covers existing and historical gender measurement approaches, including functioning of assessments as well as the state of emerging instruments that attempt to address historical gender measurement challenges. Measurement of various aspects of gender identity and body image is relevant for research and in many clinics where trans people seek affirming care. Even clinics that rely predominantly on an informed consent model may administer questionnaires to support clinical planning.

Historical Measurement

Depending on the timing (1970s to about 2010) and the context (countries, state), clinical questionnaires have tended to measure concepts such as gender dysphoria, childhood gender behaviors, and body image. Initially, they were used to provide information regarding an individual's appropriateness for gender-affirming services, such as puberty suppression or hormone therapy. Original measures of domains like gender dysphoria, body image, and identity entailed challenges because they were written in such a way that assumed a gender binary (male/female) and, in turn, had many underlying assumptions embedded in the questionnaire items (e.g., they assumed that trans people would hate certain body parts or would desire to transition from one binary gender to "the other" binary gender). Global cultures have shifted dramatically in recognition of a broader range of gender diversity, creating a need for measures that capture a full range of the multiple dimensions of gender. There is also now increased recognition of

the fundamental right of the individual to self-determine gender, meaning that measures do not play the same role in informing decisions related to appropriateness for gender services (e.g., puberty suppression, hormone therapy, or surgeries) as they once did in some settings. For all of these reasons, clinical use of early developed binary gender measures has increasingly fallen out of favor. A large number of gender-specialized therapists now opt for a narrative approach to diagnostic care (defined as an approach that limits preordained categories, describes what is known and unknown, and provides an opinion in narrative form), based on the guidelines for gender dysphoria in the fifth edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*).

Binary measures based on assigned sex are problematic not only for clinical care but also for longitudinal research. An individual may need to change versions of an instrument (e.g., from the male version to the female version) after they change how they identify, which could mean they are then answering different item sets. For example, the original versions of the Utrecht Gender Dysphoria Scale were factored separately based on assigned sex, resulting in one version with emotionally laden items and the other with more instrumental and pragmatic items. If an individual changes which version they are using, there are psychometric challenges for longitudinal analyses, which rely on a continuity of measurement over time. Another widely used gender-related instrument, called the Body Image Scale (BIS), which was created in 1972, asks about satisfaction with specific body parts and uses separate versions based on assigned sex. The underlying assumption of the instrument is that if an individual experiences a change in their gender identification (e.g., from male to female), they no longer will report satisfaction with male-specific body parts but will immediately report on all female-specific body parts. This does not reflect the reality of gender-affirmative care, which often unfolds over time. This scale also lacks attunement to the lived experience of many gender-diverse individuals who experience themselves to some degree outside of the gender binary and would not want to be limited to one version of the instrument. Finally, for many trans people, especially in the United States, surgical interventions are financially unavailable or something they do not want; these individuals may retain body parts that would be absent if only one form were used. A more properly attuned measure would allow everyone to use the same instrument and respond to each item, regardless of assigned sex or current identity.

Research and Clinical Needs in Measurement

For research, measures are needed that independently capture the multiple relevant dimensions of gender (e.g., dysphoria, identity, or body image) as well as measures to assess cultural and contextual factors related to gender, such as minority stress, family environment, or gender roles. In longitudinal research, it is important that all individuals respond to the same version of the measure, regardless of assigned sex at birth, current identification, or transition process. Measurement validation, which is defined as building scientific support for a measure through establishing that it is reliable across contexts and produces valid measurement of the intended construct, would need to include aspects such as examining variability across multiple gender identity groups, prediction of minority stress or well-being, and/or linkages to treatment requests or outcomes.

Clinically, measures may assist trans persons and therapists in the process of developing a comprehensive treatment plan. For example, self-report on measures of family support, sexual health, genderqueer identity, gender literacy, and body image may provide in-depth assessment to support tailoring physical interventions for transition (immediate or delayed, high dose or low dose, etc.), psychoeducation programs to promote peer support and resiliency, and perhaps family therapy to help develop support among ambivalent family members. Some individuals may be able to provide more detailed information about nuanced aspects of gender identity on a structured measure than during an open-ended interview. Measures may also be relevant for clinical monitoring, such as assessments given over time to determine whether gender-affirming interventions and supports are associated with change in presenting concerns. Finally, measures of gender dysphoria/incongruence and body image can also support

trans individuals and clinicians in developing psychosocial or therapeutic goals concurrent to gender-affirming physical care.

State of the Science

Currently, measures of development and validation for transgender-affirming care is an area of research with limited support from traditional funding sources. Despite that, significant efforts have produced a variety of transgender-specific measures to support both gender-affirming care and research on psychosocial outcomes. Nonbinary versions of traditional clinical measures have been developed and are used in some clinics. Increasingly, large-scale surveys are including items to capture gender identity and expression. Additionally, consideration is now being given for how best to score mental health measures typically scaled and scored by assigned sex (e.g., the Child Behavior Checklist). Instruments designed to specifically measure transgender experiences such as gender minority stress and resilience, transgender congruence, or genderqueer identity are also increasingly common.

When measures are developed within a specific population, analyses need to be nested within subgroups to be certain that they fully capture the range of relevant experiences and identify powerful items that are differentially important across subgroups. Some items may be important in some subgroups but less relevant for other categories. For example, a question about shoulders may be quite influential in measuring body satisfaction for trans women but have less influence on the measure for people with a nonbinary identity. Ongoing efforts in measurement and assessment have begun to examine the distinct power of different items within different groups.

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See also Affirmative Therapy; Body Image Disturbance and Eating Disorders; *DSM;* Hormones, Youth; *ICD;* Identity Development; Informed Consent Model; Puberty Blockers; Research, Questions About Gender Identity

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Medicine

The practice of transgender medicine includes the prescribing of medications to assist individuals with physical transition, enabling them to express their authentic gender identity. Gender-affirming hormone therapy changes secondary sexual characteristics so that they become aligned with one's experienced identity. This usually leads to a decrease in gender dysphoria. Medical providers determine the appropriate doses and routes of administration and monitor for side effects. Collaboration with other specialists, including therapists and surgeons, is often essential in assisting the individual through the transition process. Many providers are also involved with training the next generation of medical clinicians.

Trans patients now have better access to treatment than in the past, owing to increased availability of affirming providers and better insurance coverage for gender-affirming medical or surgical care. As societal acceptance of gender variance increases, future generations are likely to face less stigma and to seek medical care in increasing numbers. Notably, gender-affirming care continues to change in parallel to the changes in societal values

over the past century. This entry addresses transition-related psychological issues, gender dysphoria, history of medical transition, masculinizing and feminizing medications, puberty blockers, and fertility preservation.

Gender Identity, Gender Dysphoria, and Treatment

When a person's gender identity does not match their anatomical parts, including their genitals and secondary sexual characteristics, they have *gender incongruence.* If a person's gender incongruence creates psychological discomfort or distress that affects their quality of life, they have *gender dysphoria.* People may have dysphoria about having genitalia that do not align with their gender identity, having the presence or absence of breasts, having the presence or absence of facial hair, or other physical characteristics.

A person assigned female at birth may identify as male and experience distress due to lack of facial hair, lack of male genitalia, or presence of female-type breasts. Medical transition with testosterone can help masculinize their body, resulting in a lessening of the intense discomfort of gender dysphoria. Surgical transition with mastectomy with masculine chest reconstruction can also reduce dysphoria. Likewise, a person assigned male at birth may identify as female and experience distress at the presence of facial hair and the lack of female-type breasts. Hormonal treatment with estradiol can lead to the growth of breast tissue, while electrolysis can permanently remove unwanted facial hair. The goal for transition is to reduce the level of dysphoria and restore gender congruence.

Gender incongruence is not a mental disorder but rather an aspect of normal variation in human biology and experience. Prior to 2013, the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-IV*) used the term *gender identity disorder.* This term stigmatized trans people as having a mental health condition even if they had no discomfort or distress. The term is no longer used and has been replaced in the *DSM-5* by *gender dysphoria,* which is distress caused by gender incongruence.

One dominant issue for some trans individuals lies in the psychological realm. It may take them awhile to become comfortable with the fact that they are trans—that is, that they are indeed the gender that they know they are, which is different from their assigned gender at birth. Then they may consider if, when, and how to come out. Some remain in the closet, while others gradually or quickly share this information with an enlarging network of people. Prior to transition, a trans woman may look in the mirror and see a 6-foot-tall male with a thick beard. She may be too pained to attempt to transition to a woman, or she may be undaunted by that visage and may plunge forward into a transition to her authentic self. As the human persona is quite complex and varied, there is no one-size-fits-all approach to gender transition.

Therapy and Transition

If a person is considering transition owing to gender dysphoria, they are encouraged to explore their gender identity and the process of gender transition. Family members, friends, and role models can be instrumental in helping with this. For some, this exploration can be done with support from a therapist.

Therapy can help a person clarify their gender identity and create an individualized plan for gender transition. Individuals may discuss how to come out at home, school, or work. The therapeutic alliance is often a source of support during the sometimes turbulent transition process. Trans people may need help in coping with expected and unexpected reactions. They may explore the different dimensions of transition—including social, medical, surgical, and legal.

Some individuals only transition socially, changing their name, pronouns, and gender expression (hairstyle and mode of dress). Those who pursue medical/surgical transition will need to decide when to pursue hormone therapy and/or gender-affirming surgery. Unfortunately, lack of financial resources or insurance coverage and lack of experienced gender therapists in one's region often prevent participation in therapy. Today, some trans individuals are so fundamentally comfortable with their gender identity and have enough social support that they may not feel the need to see a therapist.

In the past, treatment protocols from the World Professional Association for Transgender Health

(WPATH) required letters from mental health providers prior to initiation of gender-affirming hormones. In the United States, there has been a shift for adults toward an "informed consent" approach, which no longer requires such letters. Informed consent requires the adult patient to understand the benefits and the risks of transition-related medications and the medical provider to confirm the diagnosis of gender dysphoria prior to initiation of hormone treatment. The medical consequences of cross-gender hormones are quite protean; thus, it is important for patients to fully understand bodily changes that are likely to occur. The newer informed consent model in use today views letters from mental health providers as optional rather than mandatory for adult patients.

For patients under the age of 18, letters from experienced gender therapists are still usually required by many clinicians prior to hormonal transition. Parental consent of both parents is also required prior to initiation of medical transition for those younger than 18 years.

Trans People May Not Pursue Medical Transition

Trans people often face significant barriers to gender transition. Some encounter disapproval or rejection from partners or loved ones. Sometimes decisions are based on practical matters such as preserving a career or family relations; sometimes they are based on psychological issues such as self-doubt or shame. Many face financial, employment, insurance, housing, or legal obstacles to a smooth transition. Unfortunately, delay in transition often leads to persistence of gender dysphoria.

Some gender-nonconforming individuals do not experience dysphoria. They may have adequate social support affirming their identity. The realization that their body is different from their inner sense of gender may not cause distress. Thus, they may have gender incongruence without gender dysphoria and may choose not to undergo medical or surgical transition.

Many individuals do not identify as simply male or female. They may identify as a mixture of both, or as neither male nor female. These nonbinary, or genderqueer, individuals demonstrate that there is a wide range of gender experience for humans. They may be treated with lower doses of gender-affirming hormones to achieve desired results. A society that allows a continuum of gender identities and expression can help people discover their own authentic gender expression. Transcendence of simple binary male–female constructs is often helpful on the journey of gender exploration and transition.

History of Transgender Medicine

Medical and surgical assistance for gender transition began in the mid-1900s. Testosterone was isolated, and soon thereafter synthesized, in 1935. In 1939, Michael Dillon in England initiated masculinizing transition using oral testosterone. He later underwent surgical transition with staged phalloplasty, starting in 1946.

Identification and purification of estrone, one of the three main estrogens (feminizing hormones), was accomplished in 1929. Estriol was extracted from urine of pregnant women in the 1930s, and estradiol, the most potent of the three, was synthesized in the 1940s. The New York City endocrinologist Harry Benjamin was one of the first physicians to prescribe feminizing hormones, treating Otto Spengler with estriol. Dora Richter and Lile Elbe were two of the first trans women to undergo surgical transition in Europe in the 1930s.

Access to prescription hormones for medical transition increased with the establishment of university-based trans clinics in both Europe and the United States. The Johns Hopkins Gender Identity Clinic was established in Baltimore, Maryland, in 1966. Availability of medical providers who prescribe hormones for transition has gradually increased over the past 60 years. The medical approach to the trans patient will continue to evolve as additional research is available to guide treatment. The hormones used today are the same as those first used in the mid-1900s, but surgical procedures for trans patients have evolved rapidly.

Medical and Surgical Transition

There is a wide age range at which people initiate medical and surgical transitions. Medical treatment may begin in early puberty (Tanner Stage 2) when appropriate individuals receive puberty blockers to halt puberty. Older people may initiate transition in

their 60s or 70s, having finally found the freedom to express their authentic identity. Each transition is unique. Early protocols by providers and insurance companies required full social and medical transition prior to consideration of surgery, but newer protocols provide more flexibility by omitting such restrictions. Individuals may request hormones or surgery without any social transition or surgery without the use of hormones.

Those individuals who are interested in medical transition will need to locate a medical provider who can assist them. Many different types of clinicians prescribe hormones, including pediatricians, internists, endocrinologists, family physicians, gynecologists, psychiatrists, nurse practitioners, and physician assistants.

Medications used for medical transition include the masculinizing hormone testosterone, feminizing medications including estradiol and androgen blockers, and puberty blockers. Puberty blockers are a separate category of medications used in early puberty to halt the development of unwanted secondary sexual characteristics. "Puberty blocker" medications are different from "androgen blockers," and these two should not be confused.

Individuals seeking surgical transition usually need to obtain letters from one or two mental health providers, confirming readiness for the procedure. Common transition-related surgical procedures include breast augmentation, vaginoplasty, and facial feminization surgery for trans women and mastectomy with male chest reconstruction, metoidioplasty, or phalloplasty for trans men. Primary care providers should develop an understanding of available surgical procedures and identify experienced, affirming surgeons in their region in order to make appropriate referrals.

Compassion and competence on the part of medical providers is important. A knowledgeable and caring provider can support the patient medically and emotionally through a complex and often daunting set of challenges. The trans patient is often anxious about entering a medical system that may not understand or respect them. By showing concern and respect, and using chosen name and pronouns, clinicians can set the stage for a smooth medical experience for the patient. Also important is engaging in a thorough discussion about the benefits and risks of hormone therapy for gender dysphoria with the patient. Such dialogue can serve to solidify and enhance the relationship between medical provider and patient.

A complete history and physical exam is at the heart of assisting the trans patient in having a successful medical transition. Some individuals are "in a hurry" to experience the changes associated with hormone treatment, and in fact, some may have already begun taking hormones on their own, purchased on the Internet or acquired from friends. Regardless of these desires to "wave a magic wand" and wake up with a body that matches their true gender identity, a methodical approach to the administration of hormones is the optimal way to achieve the best results.

Indeed, a regular, ongoing dialogue between medical provider and patient regarding hormonal/medication treatment is important. Medication changes can be made slowly. After such changes, patients should be seen in a timely manner for follow-up, enabling the provider to note physical changes, review lab values, and assess the results of transition in all realms of the patient's life.

Medical providers routinely follow guidelines for medical and surgical transition. The Endocrine Society has published detailed Clinical Practice Guidelines on treatment of gender dysphoria since 2009. The World Professional Association for Transgender Health (WPATH) has published Standards of Care since 1979. The current Standards of Care Version 7, published in 2011, was updated in 2020. Medical and surgical transitions are considered medically necessary by WPATH, the Endocrine Society, and other mainstream medical organizations. Many medical insurance policies now cover transition-related services.

A Need for More Research

In certain areas, there is legitimate disagreement on medication protocols among clinicians, in view of the limited amount of scientific research available to serve as guidance. For example, the increased risk of pulmonary embolism due to estrogen administration is quantified in the medical literature, but the optimal way to maximize breast and hip enlargement in a trans woman remains unknown. Thus, some treatment regimens rely to a degree on "expert opinion," which can vary widely.

A growing body of research demonstrates that treatment of gender dysphoria through medical and surgical transition leads to positive outcomes, including improvements in gender dysphoria, quality of life, and psychological health. However, many of these preliminary studies were observational or retrospective studies, enrolled small numbers, and lacked control groups. Additional robust relevant research is needed to help guide care in this area. Although an increasing number of medical providers are now offering trans-specific medical care, many patients have difficulty finding knowledgeable, gender-affirming providers and medical practices in their community. Many individuals still have to travel long distances to procure competent and affirming care.

Masculinizing Hormones

The treatment of the trans man is straightforward: testosterone. Masculinization will occur gradually over years. The effects of testosterone are divided into irreversible and reversible effects. Irreversible masculinizing effects include development of facial hair, lowering of the pitch of the voice, and enlargement of the clitoris. Growth of facial hair is variable, due in part to genetics and age. Some trans men will develop a robust beard in months, others will have gradual development over 2 to 3 years, and some will have more limited beard growth. In terms of voice pitch, a trans man will likely develop enough thickening of the vocal cords to lower the voice pitch after 6 to 9 months of testosterone treatment. The clitoris and hood can enlarge up to an additional 3 centimeters with masculinizing treatment.

Reversible effects of testosterone treatment include increase in muscle mass, redistribution of body fat, increase in libido, and cessation of the menses (menstruation). Indeed, testosterone treatment suppresses the pituitary gland's signals that trigger ovulation and monthly menses. Most patients will have cessation of menses after 6 to 12 months of testosterone administration. A small percentage of individuals may have persistent menses despite adequate doses of testosterone.

Many trans men feel a sense of calm after starting testosterone; rarely is there agitation. The literature reports possible side effects of increased irritability, anger, or psychosis, although these are not seen frequently in clinical practice. When such side effects do occur, lower doses of testosterone can be used to minimize these effects.

Undesired effects of testosterone include acne, vaginal atrophy, male-pattern hair loss, elevation of cholesterol, and increased red blood cell levels. Acne often worsens in the first year of medical transition and then gradually improves. This can be treated with routine acne medications or dermatologic referral. If vaginal atrophy causes discomfort, this can be treated with vaginal estrogens. Medications can also be offered to minimize male-pattern hair loss, if this is undesired.

Metabolically, the cholesterol profile can worsen, with elevation of low-density lipoprotein (LDL) cholesterol and triglycerides and lowering of high-density lipoprotein (HDL) cholesterol. Blood pressure may increase slightly, as may body weight. Elevated blood pressure or cholesterol levels can be treated with standard medications.

Elevated red blood cell level (hematocrit/hemoglobin) is a common effect of testosterone administration. At more extreme levels, elevated red blood counts increase the risk of stroke. When this does occur, reduction in testosterone dose, change in injection schedule, or removal of blood through therapeutic phlebotomy or blood donation can lower levels into safer ranges. There are few drug interactions with testosterone. Interaction with the blood thinner coumadin is one of the few of clinical relevance.

Monitoring of lab tests is recommended, including periodic tests of hematocrit/hemoglobin and testosterone levels. Total testosterone levels are followed by most providers. These are usually measured midway between injections. In complicated cases, free testosterone and sex hormone–binding globulin can be measured/calculated.

It tends to be easier to obtain adequate levels with injectable testosterone, so this route is usually recommended for initiation of medical transition. Injections can be done subcutaneously or intramuscularly. Subcutaneous injections use a smaller needle and may lead to less skin irritation, so this route is often preferred. Patients are trained to do home injections, which are self-administered every 1 to 2 weeks. Syringes and needles are prescribed in addition to the testosterone vials.

Oral preparations of testosterone are rarely used, due to problems with first-pass metabolism

by the liver, which leads to lower blood levels and possible liver inflammation. Some trans men get very satisfactory blood levels and physical changes from daily topical testosterone (gel or patch). Dose adjustments are guided by adequacy of masculinization, including cessation of menses, and results of blood tests. Testosterone is an anabolic steroid and has been misused by bodybuilders and other athletes for performance enhancement. Thus, it is regulated by the Drug Enforcement Agency in the United States as a controlled substance.

Feminizing Hormones

Individuals desiring feminization are prescribed estrogens and testosterone/androgen blockers. Estrogens feminize the body. Both medications cause a decrease in testosterone production. The androgen blockers also neutralize any action of residual testosterone in various tissues. This inhibits masculinization of the body and allows for a maximum level of feminization. The main estrogen prescribed is estradiol, the most potent of the three naturally occurring human estrogens. Estradiol can be administered orally, topically, or parenterally (pill, patch, or injection). Spironolactone is the androgen blocker used in the United Sates. It blocks the androgen receptor and, in addition, decreases testosterone production. Cyproterone acetate is another androgen blocker that is used widely in Europe and Canada but is not approved by the U.S. Food and Drug Administration in the United States.

Estradiol and spironolactone have numerous feminizing effects. These feminizing changes usually develop slowly, over months and years. Breast development will be stimulated. The response of the breasts to gender-affirming hormones depends on both genetics and the age of initiation of medication. A trans woman usually reaches maximum breast development after being on therapeutic doses of estradiol for about 2 years. If there is a desire to have an additional increase in breast size, individuals may undergo surgical breast augmentation. The risk of breast cancer may increase, since additional breast tissue develops.

Thinning of body hair occurs. Unfortunately, there will be no significant loss of facial hair or change in its rate of growth and no meaningful change in male-pattern bony facial features that developed during male puberty. Male-pattern hair loss usually is reduced. Some clinicians use an additional class of androgen blockers called 5-alpha reductase inhibitors (finasteride or dutasteride) to reverse unwanted male-pattern hair loss. Additional procedures used for feminization include electrolysis and laser removal of unwanted hair and use of hair transplants to address male-pattern balding. The pitch of the voice will not increase if irreversible lowering has already occurred during puberty.

There will be a redistribution of abdominal fat to the breasts and hips and an increase in percentage of body fat. Muscle mass will decrease. The skin will soften and become dryer. While there can be a pleasant sense of calm that comes from being on estrogen, these medications may not make one "feel like a woman." There is usually no change in social behavior and no change in sexual orientation.

A decrease in libido and in frequency of erections usually occurs, as does a change in the nature of orgasms. A decrease in size of testicles can lead to a reduction in sperm count and semen volume, leading to reduced fertility. The size of prostate usually decreases as well.

The most concerning side effects of estradiol are blood clots in the legs or lungs. These occur at higher rates in those over 40 years of age, in tobacco smokers, and most likely in tobacco "vapers." The manner of administration of the estradiol affects the risk of blood clots. Administration through a topical patch does not appear to increase the risk of these blood clots, unlike oral administration, which does cause increased incidence of blood clots. Thus, patches are used for patients who are at increased risk for blood clots, including patients with a history of deep vein thrombosis.

There is controversy about possible benefits of administering estradiol through injection compared with oral or topical routes. Anecdotally, injectable estradiol can be associated with a better sense of well-being in some trans women. There are also reports of resumed breast growth and breast sensitivity upon switching to injectable preparations. These reported clinical effects are not yet supported by published studies.

Other side effects of estradiol treatment include gallstones, weight gain, elevated liver

function tests, high blood pressure, excessive prolactin levels in the blood, and elevation of triglycerides. A mild decrease in red blood cell count often occurs, since testosterone stimulates red blood cell production.

Progesterone is sometimes added to estradiol and androgen blockers, for additional feminization. There are little published data about its effectiveness. Some patients report additional breast growth with progesterone administration after having been on maximal estradiol doses for years. Progesterone may also help with mood and libido.

Blood tests are done periodically to monitor hormone levels and follow metabolic parameters. The goal is to suppress testosterone levels into the typical cisgender female range, below 50 ng/dL. Blood tests are also obtained to monitor for low sodium and high potassium levels, which can be adverse effects of spironolactone. Red blood cell count can be monitored to rule out anemia caused by testosterone suppression. Clinicians monitor liver panels to detect elevations in liver enzymes due to estradiol or spironolactone administration.

It is unknown how long estradiol should be continued in older adult patients. Again, little data are available to guide clinicians. For patients who have intact testicles, cessation of estradiol may lead to increased testosterone levels with unwanted recurrence of masculinization.

Puberty Blockers

Puberty is sexual maturation, which includes the development of secondary sexual characteristics. For people assigned female at birth, this involves female breast growth, growth of pubic hair, and, later, menstruation. For people assigned male at birth, secondary sexual characteristics include development of pubic hair, growth of the testicles and penis, growth of facial hair, and lowering of the voice pitch.

The stages of puberty development are measured by the Sexual Maturity Rating (SMR) Scale, also known as the Tanner Scale. This scale relies on measurement of breast development, pubic hair growth, and testicular size. SMR Stage 1 is prepubertal; SMR Stage 5 represents full sexual maturation. The onset of puberty is usually between 9 and 12 years of age and occurs at older ages for males compared with females, as well as older ages for whites compared with African Americans or Hispanics.

The earliest medical interventions for trans youth are offered in early puberty, at SMR Stage 2. Puberty blockers known as gonadotropin-releasing hormone (GnRH) agonists may be prescribed. The effects are reversible. They put puberty on hold by affecting the hypothalamus-pituitary axis in the brain, giving the youth time to explore their gender identity. The GnRH agonists temporarily prevent the development of unwanted secondary sexual characteristics such as breast growth, facial hair growth, and lowering of voice pitch. They also stop menstruation. Puberty blockers are administered by injection (leuprolide) or implant (histrelin) and can be continued for a number of years. Progesterones are also used at times to slow down puberty.

Blocking puberty allows the individual to further explore their gender identity without having to worry about development of these unwanted secondary sexual characteristics. They give the youth time to decide about the initiation of hormones, which have more permanent effects. Gender-affirming hormone therapy is often added after a period of time for those individuals who clearly desire medical transition. Puberty blockers are expensive medications but are sometimes covered by insurance.

To develop strong bones and avoid osteoporosis, a person will need to be exposed eventually to some type of sex hormones (estradiol or testosterone). Thus, puberty blockers cannot be used alone indefinitely. A person will need to add hormonal therapy or stop the puberty blockers to allow a gonadal puberty to occur. Bone health is an ongoing area of research in trans medicine because of concerns about osteoporosis.

Fertility Preservation and Pregnancy

Prior to medical transition, options for fertility preservation should be discussed with people of childbearing age. Gender-affirming hormones may make a person less fertile or infertile. Patients interested in fertility preservation should be referred to a fertility center.

Trans women on estradiol may produce less sperm due to impaired spermatogenesis and testicular atrophy. Ability to maintain erections may

be impaired. The reduction in sperm count caused by estradiol is often reversible if hormones are stopped within 6 months. After longer periods of time, the impact on fertility may be irreversible. It is wise to bank sperm at a fertility center before initiation of hormones if one has a desire to have biological offspring.

Trans men will have cessation of menses and may stop ovulating while on testosterone. The long-term impact of testosterone on fertility in trans men is not completely understood. Oocyte (egg) and ovarian tissue preservation is an option prior to transition for trans men considering testosterone. The process is somewhat complicated, requiring 2 weeks of hormone injections to produce a hyperovulatory state, followed by needle aspiration for egg retrieval.

Discussions of fertility preservation are recommended for any trans youth considering puberty blockers. A comprehensive discussion of the impact of medical transition on fertility can be difficult for a 10-year-old. Nonetheless, discussions are held to inform patients and family members about the possible impact of treatment on fertility and the options available for fertility preservation. Experimental procedures to preserve prepubertal testicular and ovarian tissue are in development but not yet widely available. Costs of fertility preservation traditionally have not been covered by health insurance, although this may change in the future. Preservation of eggs/ovarian tissue is more expensive than sperm preservation. In both cases, annual storage fees are charged.

Trans men have gotten pregnant both unintentionally and intentionally despite having been on testosterone for considerable periods of time. Trans men are advised to stop testosterone treatment prior to attempting to become pregnant. The limited case reports of such pregnancies have shown pregnancy outcomes to be comparable to outcomes in the general population. For trans men who are sexually active with partners with male genitalia, contraception should be used in addition to testosterone if they want to avoid pregnancy. Testosterone alone is not a reliable form of birth control.

Financial Costs of Transitioning

There are often financial expenses associated with medical, surgical, and legal transition. These costs can be astronomically high and, of course, depend on the desires and needs of the person. Time off from work for doctor visits, psychotherapy, and hair removal are frequent expenses. Additional costs include travel and hotel expenses for surgical procedures. The cost of a new wardrobe and cosmetics for women are additional expenses often incurred.

Loss of employment because of discrimination or a change in career can be a direct result of transitioning. Some people may end their relationship with a partner, leading to significant costs of child support, alimony, and additional housing expenses. For legal transitions, there are administrative expenses and potential lawyer fees associated with name changes and gender marker changes on various documents. For some, even the cost of a legal name change can be prohibitive. These significant costs of transition often lead to delays in treatment. Fortunately, health insurance policies now often cover some transition-related procedures, defraying expenses for many individuals. With the advent of early recognition, acceptance, and treatment of trans adolescents, some of these costs can be avoided with prevention of unwanted secondary sexual characteristics through the use of puberty blockers.

Here are estimated expenses in U.S. dollars for various transition-related procedures, as of 2020:

Transmasculine:

Medication: $100–$250/year

Psychotherapy: $20–$250 per session

Mastectomy with male chest reconstruction: $7,000–$10,000

Phalloplasty: $40,000–$100,000

Metoidioplasty (procedures vary): $5,000–$60,000

Transfeminine:

Medication: $50–$500/year

Psychotherapy: $10–$250 per session

Voice therapy: $20–$150 per session

Electrolysis/laser hair removal: $1,000–$10,000

Wigs/semipermanent hair systems: $100–$7,000/year

Facial feminization surgery: $10,000–$75,000

Breast augmentation: $7,000–$12,000

Orchiectomy: $2,000–5,000

Vaginoplasty: $15,000–$50,000

Detransition

A small proportion of individuals (3%–4%) who have transitioned may decide to stop medical transition and "detransition," allowing their body to return to the characteristics of the sex assigned at birth. Reasons are varied for detransitioning, including lack of family or social support, difficulty with romantic relationships, employment difficulties, or side effects from medications.

If hormones are stopped, many of the bodily changes brought about by hormones will reverse. Permanent changes involving voice pitch, facial hair growth, and breast growth will not reverse after hormone cessation. Surgical procedures related to transition may be difficult or impossible to reverse. However, the vast majority of people who transition continue in their new authentic identity.

At times, there have been heated debates about the best way to assist individuals with gender dysphoria. The Endocrine Society guidelines emphasize that trans individuals need to have access to affirming care and appropriate medical treatment. The provision of affirming care has also been supported by the majority of mainstream medical organizations. Affirmation of gender diversity from family and schools also leads to improved outcomes for gender-nonconforming individuals. Deeper understanding of gender diversity leads to earlier recognition of gender dysphoria, more comprehensive treatment, and improved well-being for this population.

Christopher Wolf-Gould
and Deborah Bershel

See also Benjamin, Harry; Detransition; Fertility Preservation; Gender Clinics in the United States; Gender Clinics Outside the United States; Gender-Affirming Surgeries: Men, Bottom; Gender-Affirming Surgeries: Men, Top: Gender-Affirming Surgeries: Women; Health Care Training; History; Puberty Blockers; WPATH

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Mental Health

Many trans individuals report notable elevations in mental health concerns as a result of the social rejection and oppression that they are exposed to in their immediate and broader communities. Mental health disparities exist across a number of areas, such as depression, anxiety, and suicidality, as well as other forms of psychological distress. Drivers of these mental health disparities include exposure to adverse life events, minority stressors, gender dysphoria, and other contextual factors. Trans individuals who are supported in their identities experience benefits to their mental health and a reduction in health disparities. This entry outlines what is currently known about the mental health disparities reported by trans individuals and the factors that are driving these negative mental health outcomes. This is followed by an overview of several factors that may be associated with improvements in mental health, such as gender affirmation and coping. The entry concludes with an overview of research related to mental health services for trans individuals.

Mental Health Disparities

A systematic review of the literature has shown that the most commonly studied mental health concern for trans people is depression, followed by suicidality, general psychological distress, anxiety, and posttraumatic stress symptoms. Research consistently shows elevated mental health concerns among trans individuals when compared with cisgender (cis) people. These health disparities must always be understood within the social contexts in which they occur. Research also shows that trans people are more likely to receive mental health diagnoses at younger ages and to receive multiple diagnoses when compared with cis people. Most research that has examined depression and anxiety shows that approximately half of these samples of trans individuals report significant elevations in these mental health issues, with some research showing that these symptoms may fall into the moderate to severe ranges. When it comes to rates of suicidality among trans people, estimates vary depending on study samples and procedures but consistently emerge as elevated in comparison with cis people. For example, in an online study of trans individuals, as many as 95.5% reported lifetime suicidal ideation and 32.3% reported making a suicide attempt in their lifetime. In one of the largest studies of trans people to date, the 2015 U.S. Transgender Survey, 40% of participants reported that they had attempted suicide in their lifetime, 48% had thoughts about suicide in the past year, 24% had made a suicide plan in the past year, and 7% had attempted suicide in the past year. In a large sample of veterans in the United States, researchers found that trans veterans were more likely that cis veterans to report all of the following: alcohol abuse, depression, eating disorders, panic disorder, posttraumatic stress disorder, serious mental illness, and suicidal ideation and attempts. According to another study in the United States, the following rates of mental health issues were reported: 46% any mood disorder (9% cis comparison group), 31% anxiety disorders (6% cis comparison group), 6.7% posttraumatic stress disorder (0.52% cis comparison group), 10% substance use disorder (2.6% cis comparison group), and 58% at least one diagnosis (13.6% cis comparison group). Research in the United States also shows that levels of depression and anxiety among trans people may vary by region, with estimates highest in the West South Central division of the country. Other research has found differences across urban and rural locations in the United States, particularly for trans men, showing that trans men in rural areas have higher levels of somatization, depression, and anxiety compared with trans men in urban locations. Finally, younger trans individuals tend to report more psychological distress than older trans individuals. Even so, older trans individuals still have heightened levels of psychological distress, such as depressive symptoms, when compared with cis older adults.

Research in countries beyond the United States has shown similar findings, with levels of mental

health concerns elevated for trans people compared with cis people and being driven by social marginalization. Research with trans individuals in the United Kingdom revealed that trans individuals' risk for anxiety disorders was three times higher than that for cis people, with this somewhat more elevated for trans men compared to trans women. In China, research with trans individuals shows that about 32% report depression, 28.5% report anxiety, 21.6% report self-harm, 46.3% report suicidal ideation, and 12.8% report suicide attempts. These estimates are somewhat lower than what research often shows in the United States, but research on trans individuals' experiences in China is extremely limited. A study from Hong Kong also showed elevations in suicidality, with this sample reporting moderate levels of suicidality, 67% reporting a history of suicidal ideation, and 20.8% reporting a suicide attempt. Although a review of data from all countries is beyond the scope of this entry, it is notable that these select findings show similar trends to data in the United States.

Research that compares the mental health of nonbinary trans people to that of other trans individuals is only beginning to emerge, and there have been mixed findings in this area. Some research indicates that nonbinary trans individuals may report greater psychological distress compared with other trans people, but other research does not align with these findings. For instance, nonbinary trans people have been shown to report higher levels of depressive symptoms, anxiety symptoms, and hazardous alcohol use than do other trans individuals. Yet, other research shows that nonbinary trans people do not differ from other trans people in terms of rates of depression diagnoses or nonsuicidal self-injury. Ultimately, more research is needed in this area to generate more conclusive findings about subgroup differences in mental health.

Research with trans youth reveals similar findings to that for adults. Trans youth have been shown to have higher rates of attention-deficit disorders, anxiety disorders, depressive disorders, self-harm behaviors, and suicidality (including ideation and attempts) compared with cis youth. Trans youth also report higher levels of inpatient and outpatient mental health treatment than cis youth. One U.S. study found that 33% of the trans adolescents in their sample met criteria for major depressive disorder and 48% met criteria for generalized anxiety disorder. In a review of studies with trans youth, prevalence rates of depressive disorders and symptoms ranged from 12.4% to 64%, rates of suicide attempts ranged from 9.3% to 30%, self-harm prevalence rates ranged from 13.1% to 53%, and prevalence of eating disorders ranged from 2% to 15.8%. Other research also indicates that trans youth have elevated mental health concerns in comparison to cis sexual minorities in the areas of depression, suicidal ideation, and suicide attempts.

Most of the research on mental health in trans individuals fails to take into account intersections with other factors, such as education level or race. The U.S. Transgender Survey does provide some evidence that trans individuals with lower levels of education have higher levels of psychological distress compared with those who have more advanced degrees and education levels, as well as higher rates of attempting suicide in the past year and over their lifetime. The U.S. Transgender Survey also showed that rates of suicide attempts in the past year were elevated in participants of color compared to white participants. Most research to date has primarily included white trans individuals, with limited representation of trans people of color, and many improvements are needed in recruitment to better understand the mental health needs in trans communities of color.

Drivers of Mental Health Disparities

One framework that helps to contextualize these mental health disparities is the minority stress model. As this model explains, the elevated levels of psychological distress and mental health concerns reported by trans people must be understood within the context of a marginalizing society that stigmatizes trans individuals and privileges cis people. As such, unique stressors that trans people experience help to explain the disproportionate rates of mental health concerns in this community compared with people who are cis. The minority stress model has only recently been applied to the trans community; thus, this model still has room to be further developed and made more specific to trans individuals. Even so, the stressors that trans people have reported in the literature include the

overt, distal stressors in the minority stress model (e.g., violence and discrimination) and the more proximal stressors, such as internalized stigma and expectations of rejection. Some scholars have extended this line of work and identified additional stressors that trans individuals may be exposed to such as misgendering, vicarious stress, and transitioning identity stress. Although a full review of gender minority stressors is beyond the scope of this entry, a few examples are presented here to facilitate understanding of mental health disparities in trans communities.

At the societal level, trans people are faced with various forms of legislation and political rhetoric that portray trans people in negative, pathologizing ways and even restrict their access to resources and their ability to engage in everyday life. For instance, when legislation is passed that restricts trans people's access to restrooms, this inhibits their ability to engage at work, school, or other important life experiences. This type of social marginalization can significantly restrict trans people's access to resources, social advancement, and livelihood, all of which may have a detrimental impact on mental health.

At the enacted level, trans people may also face discrimination (e.g., as many as 50% of trans people across some research studies), violence (reviews suggest rates of 15% to 47%), and other displays of stigma. The rates of discrimination are further elevated for trans people of color compared with trans people who are white. Trans people also report significant rates of rejection from family, peers, and other important communities. This rejection has been associated with heightened levels of depression and psychological distress. At the proximal level, these (explicit and implicit) stigmatizing messages about trans people may become internalized and lead trans individuals to develop a negative view of themselves as gender minorities, lead to heightened expectations of stigma, and lead to fears of disclosing a gender minority identity or gender history. These distal and proximal stressors have been found to be associated with depression, anxiety, suicidality, and other forms of psychological distress. Furthermore, when exposed to distal stressors, trans people may see rises in proximal stressors, which can then mediate the associations between distal stressors and mental health. Research has shown, for example, that internalized stigma mediates the association between discrimination and depression in trans individuals. Overall, a variety of stressors that trans people face in their daily lives must be considered when evaluating mental health disparities in this population.

Gender Affirmation and Mental Health

A trans person's gender affirmation may include a variety of steps, depending on each person's unique gender experience, access to resources, safety, and other factors. Largely, gender affirmation can be thought of as a social affirmation and a medical affirmation. Socially, a trans person may change their name (via legal means or not), their pronouns, their appearance, or other factors to help align their gender presentation to their felt sense of their identity. Medically, a gender affirmation may include using hormone therapy or undergoing surgeries to help align a person's body and physical appearance with their sense of self. Both social and medical gender affirmation may help to alleviate gender dysphoria and have in turn been associated with positive mental health outcomes for trans individuals. Even so, accessing these services is complicated, and many trans individuals may not be able to do so because of financial reasons, lack of insurance coverage, limitations of an insurance plan, or fears of retaliation from family members. In addition, not all trans individuals pursue or desire to pursue medical means to affirm their gender, and there is no singular narrative that will capture this diverse community's experiences. Even so, for trans individuals for whom these forms of affirmation are part of their gender experience, research shows mental health benefits.

In terms of a social affirmation, studies have revealed that trans youth who are supported in affirming their identities have better mental health than youth who are not supported in affirming their identities. In fact, mental health disparities between trans and cis people become significantly reduced in youth who are allowed to affirm their gender identities. For trans adults, being called a person's chosen name rather than the name given to them at birth has been associated with lower levels of suicidality. Other research also supports that coming out and socially affirming one's gender are associated with positive benefits for mental health.

Medical gender affirmation is also associated with benefits to mental health for trans individuals. Research shows that when first seeking gender-affirming medical care, trans people report elevated levels of depression, anxiety, and posttraumatic stress symptoms. For instance, in some research, nearly half of adolescents who were seeking hormones to medically affirm their gender reported elevations in internalizing symptoms. This medical care has been shown to result in significant improvements in mental health. For adults, those who report having received puberty suppression treatment earlier on report less lifetime suicidal ideation than do trans people who did not receive such treatment. Thus, early intervention to alleviate gender dysphoria may be beneficial to the mental health outcomes of trans individuals. Other research has shown that, for adults who desire this care, gender-affirming medical interventions are associated with better mental health, including reduced depression and anxiety symptoms. Although less research has focused on associations with substance use, some studies also show that trans individuals who have received gender-affirming medical interventions have reduced binge drinking and injection drug use. Trans people who receive gender-affirming medical care have higher levels of life satisfaction and satisfaction with their bodily characteristics. Together these studies show that, for trans people for whom medical intervention is part of their gender affirmation, this care is associated with more positive outcomes in relation to their sense of self and mental health.

Coping in Relation to Stressors and Mental Health

Compared with the study of gender minority stressors, coping has been much less researched, and very little is known about what types of coping may prove most effective in managing gender minority stressors. Coping generally refers to an individual's attempts to manage stressors, and some forms of coping may alleviate distress (e.g., problem solving), whereas others may exacerbate this stress (e.g., internalization of blame). Most research has thus far examined single, particular forms of coping in isolation, such as avoidant coping, but it is important that future work take into account a multitude of ways of coping simultaneously to understand what coping profiles may most benefit mental health.

Research has shown that trans individuals earlier on in their gender affirmation may be more likely to use avoidant coping and that this may be a factor that helps to explain some of the elevations in depression and anxiety symptoms during this developmental period. Avoidant coping has also been found to mediate the association between victimization and depression for trans individuals. Only one study to date has examined multiple forms of coping simultaneously; this study suggests that trans individuals who report using higher levels of both functional and dysfunctional coping strategies have worse mental health than those who report high use of functional and low use of dysfunctional coping strategies. This work highlights that it is important to consider an array of forms of coping rather than solely measuring one coping factor.

Qualitative research has shown that trans people may have unique forms of coping with life difficulties, such as challenging gender norms and embracing less gender-rigid lifestyles. Quantitative research has yet to include these trans-specific forms of coping, mostly due to a lack of measures available for many of these types of coping. In addition, no research has examined more general types of coping in conjunction with trans-specific coping, which would provide a more comprehensive understanding of coping in this population.

Trans people's use of social support is one domain that has received more research than other coping resources. Having social support can be incredibly important for managing gender minority stressors, and higher levels of social support have been associated with less psychological distress for trans individuals. Most quantitative research to date has typically combined all forms of social support into a single variable or construct, conflating support from family with that from peers and other networks. Even so, research typically shows that higher levels of social support are associated with less depression, anxiety, and nonsuicidal self-injury. Different forms of social support may differentially relate to mental health. Research shows that support from one's family is associated with higher life satisfaction, less depression, less psychological distress, and higher levels of resilience. Research also shows that, when comparing support from one's

family, friends, and a trans community, the variable most strongly associated with mental health is family support. When grouping participants based on their levels of support across these domains, those with support in all three areas have the best mental health outcomes. Individuals with low support across these three domains are three times more likely to report severe anxiety symptoms than are individuals with high levels of support in these three domains. Research on the moderating effects of social support variables on the associations between minority stressors and mental health is in the early stages, but there is some research to suggest that family support and peer support may have a buffering effect on this association.

Mental Health Treatment

Many mental health providers currently receive little to no education on working with trans individuals, and often the education they do receive is substandard and pathologizing. The mental health field has a history of mistreatment and stigmatization of trans individuals that, in some ways, continues today. This history has resulted in limited knowledge on the part of providers and therapists regarding how to be affirming, and there is extremely limited research on best therapy practices with trans individuals. There is a dearth of research about trans-affirming mental health services, what constitutes effective mental health practices, and other related areas. Many trans people report significant barriers in accessing mental health services, which span financial barriers related to accessibility of mental health services, issues with mistreatment and abuse from mental health providers (e.g., harassment, being called slurs), microaggressions on the part of therapists or office staff (e.g., being misgendered and called by the wrong pronoun), and related challenges that make it difficult for trans people to engage in mental health services. Trans people also report viewing many therapists as being undertrained in working with trans clients and not knowledgeable about the potential needs of this population. Research also has shown that trans people may be reluctant to seek services when they have had negative encounters in therapy in the past and that they may be fearful of therapists taking on a gatekeeper role or engaging in pathologizing views of trans people. It also can be difficult to find an affirming provider, given that research shows that even providers who state that they work with trans populations and have expertise in this area may not be engaging in best practices. Interestingly, in the United States, there is a larger discrepancy between self-stated expertise in working with trans people and the practices of providers in states without legal protections for trans individuals compared to states with these protections. Nonbinary individuals may encounter unique challenges in therapy due to providers having internalized restrictive narratives about trans people's identities and lives. This may result in therapists inappropriately questioning nonbinary clients' identities and other microaggressions.

Some common areas that therapy with trans people may focus on include exploration of gender identity, supports for gender-affirming medical care, coming out and identity disclosure, family- or couple-level concerns, and other general mental health concerns such as depression and anxiety symptoms. Thus, the work of therapy with gender minorities may focus on the unique life experiences that this group goes through, gender minority stressors, unique strengths of being a gender minority, or the general types of mental health concerns that anyone may come to therapy to discuss. Even when focusing on general mental health topics, it is important that mental health providers incorporate gender into their case conceptualization to ensure that they are attending to the client's identities and how these aspects may relate to their life experiences, relationships, expectations for their future, and other important clinical topics.

Research shows that many trans people may seek out a therapist or mental health services. In the U.S. Transgender Survey, 58% of the participants reported that they had received mental health services, and even more, 77%, reported wanting mental health services. Even with this high rate of service utilization and interest in therapy, many trans people continue to report harmful and damaging experiences in therapy due to provider bias, microaggressions, and other issues. This highlights the urgent need for affirming mental health practice with trans people.

Much of what has been written about affirming mental health practices has been from the perspective of trans-affirming therapists, whereas limited

empirical research has evaluated how affirming these actions are for trans clients. In addition, research focused on the effectiveness of mental health interventions has often not included trans people or has not measured gender in inclusive ways to identify trans participants. In turn, little is known about whether the effectiveness of established therapy interventions for issues such as depression may be as effective with this population as compared with cis individuals. Treatment effectiveness research is needed that considers the unique needs of trans individuals and adaptations that may improve therapy outcomes.

Given the lack of research in these areas, it is unsurprising that it was not until 2015 that the American Psychological Association published its first version of guidelines for affirmative practice with trans individuals. These guidelines focus on specific practices and general guiding principles that therapists can implement to become more culturally competent and trans affirming. Em Matsuno and Tania Israel have also proposed a framework that may help therapists in supporting trans clients to develop resilience and have improved mental health. Their framework includes strategies to bolster individual resilience factors, which include hope, self-acceptance and pride in a trans identity, self-definition of identity, self-worth, and gender affirmation. Their model also includes group-level factors that may promote resilience, which include being a role model for others, belonging to a community, familial acceptance, having positive role models, social support, and trans-focused activism. Mental health providers can use interventions that target these areas to decrease psychological distress and promote well-being.

It also is the case that many trans people come into contact with mental health providers when they are seeking gender-affirming medical care because of outdated expectations of receiving a letter of support for securing such care. It is important to note that therapeutic encounters may at times include this evaluative focus that can hinder a focus on mental health. Some trans people report that mental health providers express hesitancy to provide such letters of support when trans people report psychological distress, and this may result in trans clients not receiving care that may benefit their mental health.

It also is important to note that trans people may also be exposed to harmful practices, such as "conversion therapy" or practices that discourage a person from affirming their gender identity. In fact, in the U.S. Transgender Survey, 18% of participants reported that a provider tried to discourage them from being a member of a gender minority. This type of harmful practice has been associated with psychological distress and lifetime suicide attempts for trans individuals.

Conclusion

It is clear from past research that a variety of contextual factors disproportionately tax the mental health of trans individuals, such as harassment and violence, which result in mental health disparities. Trans people report greater levels of depression, anxiety, suicidality, and other mental health conditions than do cis people. These findings have been replicated in a number of countries. There are important intersectional considerations, with younger trans people reporting greater psychological distress than older trans people and trans people in rural areas reporting more distress than those in urban areas. Research has demonstrated that minority stressors are associated with these mental health concerns and may help to explain disparities. Furthermore, trans people display a range of strategies to cope with these stressors and the associated distress that arises. Finally, mental health services tailored for trans people are severely deficient at this time, and research on mental health treatments often fails to take into account the generalizability of findings to this community. More research is needed to identify the most effective and affirming means of decreasing these rates of mental health issues.

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See also Affirmative Therapy; Gender Affirmative Model; Gender Dysphoria; Gender Minority Stress; Health Determinants; Microaggressions; Resiliency; Youth and Teens, Well-Being

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Mentoring

Mentoring is an informal relationship that is mutually beneficial to two parties. While mentoring might include aspects of advising, coaching, and helping, it is a unique phenomenon that includes being relationship oriented and engaging over a long period of time. Mentorship strives to be more than transactional and benefits from prolonged engagement where the mentor–mentee pairing can connect on issues that relate to professional and personal life. A mentor may be a person within a given field of work or study who helps a mentee navigate the politics of a field, search for a job, network, or develop necessary skills to be successful. This entry explores the general aspects of mentoring and then provides considerations for mentoring trans communities.

Mentoring Relationships

Mentoring is developmentally driven, meaning that each person in the relationship works to help the other person with growth in a predetermined area or areas that arise such as vocational success or interpersonal skill development. In more formalized mentoring relationships, there is strategic design, meaning that a purpose for the relationship is clear, intentions are set, and there is a plan for engagement for both the mentor and the mentee. Mentoring relationships, while structured, often take a more natural form within the relationship, meaning that the mentor and mentee are friends and build a friendship across time. Mentors and mentees talk *with* each other, rather than giving directions *to* each other. Mentors can be teachers, professors or other faculty, academic advisers, in a workplace setting, or in the local community.

Identity Considerations for Cis Mentors

In trans communities, the mentor/mentees' social identities play an important role. Those who identify as cisgender (cis) should ensure that they have thought deeply about the life experience and challenges that trans mentee's experience. If cis mentors are unable to understand the trans mentee's experience, trans mentees may find it hard to connect with cis mentors. Being knowledgeable about trans experiences takes the responsibility off the trans person to educate the cis mentor and makes for a safer and more comfortable environment where mentorship can happen without impediment. Cis people mentoring trans mentees should also consider the privileges that they have had in their personal and professional journeys. This consideration includes being mindful in understanding that they may have experienced fewer challenges because of their identification with the dominant group.

Identity Considerations for Trans Mentors

Mentors who identify as trans have a unique opportunity to talk about their own experiences as trans people with trans mentees and give them the space they need to grow in their own identities. Research suggests trans mentorship may be especially important because trans mentors have the ability to share how they have navigated unsafe or oppressive spaces, as well as the everyday tasks that can be daunting for trans communities (e.g., using the restroom in the workplace, coming out to peers, navigating physical and emotional changes related to transition).

Identity Considerations for All Mentors

No matter if a mentor is trans or cis, other considerations of identity are particularly important to reflect upon. These considerations include the race and/or ethnicity of a mentor/mentee pairing. Understanding how racism affects a mentee is particularly important because trans people of color, particularly Black trans people, are disproportionately discriminated against and have more violence enacted upon them. Classism is another system that should be considered. Mentees who come from a background of lower socioeconomic status may have fewer opportunities to engage in the types of development that a mentor may suggest and may have less access to resources like housing, financial support, "professional" clothing, and social engagements, which can affect their long-term success.

Some other considerations for mentoring trans people are the extra barriers they face, which can make their professional and personal relationships more difficult. Many trans people use names and pronouns that are different from those assigned to them at birth. Navigating using a different name and pronouns, as well as navigating the legal name change process, can be difficult and cause trans mentees much stress in searching for educational, professional, or other opportunities that may require the revealing of their "deadname," the name given to them at birth.

Resources for Trans Mentees

One role of a mentor is to help mentees find support resources. For example, mentors should help mentees to find organizations in their geographic area that support both financial needs and mental health around the process of seeking out a legal name and/or gender marker change. Additionally, if a trans person is choosing to transition socially or medically, significant anxiety around their gender presentation and how the world perceives them may occur. For example, a nonbinary person may present and be perceived along the gender binary and present in a way that causes them gender dysphoria.

Conclusion

There are a number of important considerations that mentors would do well to keep in mind with regard to trans mentees. People who mentor trans people play an important role in helping mentees to navigate the process of identifying needed resources. Such resources may include health care to access medical transition, therapists, support groups, and finding space to be in a community with other trans people. Knowing about these resources in the community is an important consequence of the successful mentorship of trans individuals. Ultimately, mentorship is about listening and creating a relationship, rather than simply giving directions. For this reason, it is highly important to listen to trans mentees and their needs—what mentees need to feel most safe, what can help them feel more successful—and then draw on the resources available to provide them with the best support systems possible.

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See also Activism; Communication; Leadership; Mental Health; Teacher Training and Support

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MICROAGGRESSIONS

Microaggressions are social exchanges in which a perpetrator explicitly or implicitly communicates a harmful, stereotypical, and dehumanizing message against a marginalized individual and/or community. Trans people experience verbal and nonverbal microaggressions on interpersonal, institutional, and systemic levels, and these experiences can result in gender minority stress that can negatively affect a trans person's mental health and well-being. What follows is a description of the three types of microaggressions, specific examples of trans microaggressions, the potential impact of microaggressions, and a brief summary of microaggressions and trauma.

Brief History of Microaggressions

The Civil Rights Act of 1964 made racial macroaggressions—racial segregation in public spaces

such as bathrooms, schools, and hospitals—illegal by deeming explicit and intentional racial discrimination against U.S. law. However, nonwhite groups such as Asian, Asian American, Pacific Islander, and Southeast Asian; Black, African American, Caribbean, and African; Indigenous, First Nations, and Native American; Latino, Latina, Latinx, and Latine; and mixed-race people of color continue to experience implicit and unintentional racism that is often undetected and invisible as well as legal. As a result, the term *microaggression* surfaced in the 1970s to capture the experiences of nonwhite people and prove that racism was not extinguished from U.S. culture but rather that racism had taken on a more clandestine form. In a groundbreaking article about racial microaggressions, a team of researchers of color expanded the concept of microaggressions into an umbrella term (Sue et al., 2007).

One of the most important characteristics of the framework of microaggressions is that *micro* does not refer to something that is small; rather, the prefix refers to the invisibility of an insulting message or action. The perpetrator is usually unaware of their complicity in perpetuating harmful stereotypes, but the underlying message is usually painfully clear to the marginalized person who has been affected by the microaggression. Similarly, the prefix *macro* in *macroaggression* does not refer to something that is big but describes messages or actions that are visible to almost everyone in society since the messages and actions are public and, in most cases, legal. The framework of microaggressions comprises three different categories: microassaults, microinsults, and microinvalidations.

Microaggression Categories

Microassaults are intentional, and the perpetrator is usually very aware that what they have said or done is offensive; however, the perpetrator generally believes that their offensive behavior will cause a minimally harmful impact—an incorrect assumption in most cases. *Microinsults* are unintentional, and the perpetrator is usually unaware of the harmful underlying messages contained in what they have said or done. *Microinvalidations* typically occur in response to being called out on a microassault or microinsult, but microinvalidations can also occur independently.

It is useful to have three categories of microaggressions, since some microaggressions are explicit (e.g., microassaults) and some are implicit (e.g., microinsults and microinvalidations). Given that perpetrators are usually unaware of their implicit biases and how they perpetuate harmful stereotypes, perpetrators frequently become defensive when called out on their offensive language and therefore cite that they did not intend to cause harm. This type of defensive response prioritizes intention over impact, which further negates, insults, and invalidates the marginalized person's experience. Therefore, it is critically important to prioritize understanding the impact over intent after committing a microaggression.

Examples of Trans Microaggressions

One of the most common examples of trans microaggressions is being mispronouned. Using the incorrect pronoun can be a microassault if the perpetrator uses it intentionally, for example, and especially if they know the person's correct pronoun but refuse to use it. This is a typical experience for a trans person who has heard the statement: "I am not using 'they' as your pronoun because it is grammatically incorrect." Being mispronouned can also be a microinsult if the perpetrator does not know a person's pronoun and just assumes pronouns based on physical appearance or gender expression. When a trans person corrects someone who committed a microinsult, they may experience microinvalidations in the forms of defensive responses such as, "It is hard for me to use the right pronoun for you when you are dressed like that," or "She was a he back then, so I am using the correct pronoun for the time." These defensive responses further negate and nullify a trans person's identity and experience and can cause more psychological harm. Using affirming and inclusive language for trans people is one of the most crucial and culturally responsible recommendations for being in solidarity with trans rights and justice. Excuses and explanations from perpetrators who do not understand the importance of affirming and inclusive language can severely decrease physical and psychological safety for trans people.

Another common example of trans microaggressions revolves around the idea of "realness."

For example, consider the dehumanization in statements such as, “I only date real men” or “I only date real women,” which insinuates that trans men and trans women are not “real.” Realness comes up again in examples of trans microaggressions when people assume that someone has not “fully” transitioned unless they receive some type of medical intervention and is therefore not real until they do so. Prioritizing medical transition in statements such as “So when are you going to have the surgery?” or “When are you going to really transition?” not only reduces trans people to body parts but also assumes that there is only one way to be legitimately trans. Not only does this harmful stereotype warp public perception of trans people, but it can also destabilize a trans person’s sense of self if they internalize the message that they cannot claim to be trans unless they have undergone a specific type of medical intervention.

One key aspect of microinsults concerns the attempt to give someone a compliment, yet the supposed compliment actually perpetuates limited beliefs and stereotypes about trans people. Statements like, “I never would have known you were trans if you had not told me!” or “You look so good for a transgender person!” are not supportive and do not uphold the total humanity of trans people. Having one’s humanity constantly called into question can lead to gender minority stress and, if a trans person has another minoritized component of identity (e.g., racial microaggressions, sexual orientation microaggressions, religious microaggressions), then they might develop multiple minority stress.

Impact of Microaggressions

Experiencing microaggressions can ignite the stress response in the body that is associated with survival. Trans people have to quickly assess their safety in the moment, which can be difficult to do when having a trauma response. Safety is a primary concern for trans people, and a person or environment that has been deemed safe can become hostile or unsafe after one has experienced a microaggression. For instance, many trans people have historically felt welcome and safe in the broader LGBTQIA+ communities. However, people who comprise the broader LGBTQIA+ communities may mistakenly think that they are not complicit in perpetuating anti-trans prejudice and transphobia because they are also considered sexual and gender minorities. They may be unaware of how they perpetuate cisnormativity and be unsympathetic to the unique experiences associated with gender identity that are distinct from sexual orientation. The constant need to assess one’s safety and cope with micro and macro levels of anti-trans prejudice and transphobia can result in anxiety, depression, toxic shame, low self-esteem, low self-worth, increased substance use, self-harm, and suicidality.

In many cases, people who experience microaggressions do not indicate to the perpetrator that what was said or done was offensive. Several factors may inform nonresponsiveness to microaggressions, including the following: having experienced a previous trauma, which can result in not being able to access language after experiencing a microaggression; questioning the intent of the perpetrator, especially if it is a close friend or loved one; feeling too unsafe to respond to a person who is in a position of power (e.g., supervisor, medical, or behavioral health provider); and avoiding nonconsensual, unpaid emotional labor involved in educating the perpetrator after they just caused harm.

Furthermore, in addition to the microaggressions that trans people endure, they are also still grappling with macroaggressions, including but not limited to gender-separate bathrooms and public messaging that denounces and delegitimizes the existence of trans people.

Mitigating the Impact of Microaggressions

People who experience microaggressions often doubt their experiences. This can include thinking that they are being overly sensitive or doubting their perception of reality. Invalidating their own experiences can result in internalized oppression and exacerbate the already destabilizing effects of experiencing microaggressions. It is less important to distinguish between microassaults, microinsults, and microinvalidations and more important to recognize that something was offensive and harmful. Recognizing and validating experiences of

trans microaggressions can mitigate feelings of shame and guilt and potentially increase feelings of safety, self-esteem, and self-worth.

After trans people experience a microaggression, whether they share this with the perpetrator or not, the next step for decreasing the harmful effect is to validate their own experience for themselves by trusting their perception of reality. Another helpful step is seeking validation from other trusted trans people as well as other people in their network of support. Finally, putting together a physical and emotional safety plan for dealing with microaggressions can mitigate the negative impact of microaggressions and increase resilience.

Microaggressions and Trauma

Research on the impact of microaggressions has been framed not only as minority stress but specifically as traumatic stress. Traumatic stress can lead to a host of trauma responses such as avoidance, dissociation, depersonalization, hypervigilance, and more. Some mental health clinicians conceptualize clients who have traumatic stress as having posttraumatic stress disorder (PTSD), while others use the framework of complex trauma. Assumed in the clinical criteria for PTSD is that a client has a baseline of normalcy and an experience of acute trauma threatens that normalcy. PTSD clinical interventions seek to restore the client back to their pretrauma baseline. However, the prevalence of systemic and institutional oppression exposes people with marginalized identities to microaggressions on an ongoing basis, which therefore calls into question assumptions of pretrauma normalcy. Complex trauma is a framework that takes the reality of ongoing oppression into consideration. Clinical interventions assist clients in developing ways to calm and manage stress and/or trauma responses, which also helps clients cultivate a sense of internal safety. Complex trauma clinical interventions also support clients by identifying and increasing external resources, as well as implementing continual physical and emotional safety planning. Overall, the best clinical intervention model depends on the client's needs and available resources.

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See also Asian American People; Black People; Cisnormativity; Discrimination; Gender Minority Stress; Indigenous People; Latinx People; Mental Health

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Migrants, Legal Issues

Trans migrants to the United States face a variety of legal issues that range from obtaining a legal status with gender-congruent identity documents to being at risk of detention and deportation. Migration studies and trans studies scholars have highlighted

how the convergence of criminal law and immigration law since the 1990s has disproportionately affected trans migrants. Trans migrants face legal and economic barriers to legal status, which makes them more vulnerable to policing and criminalization. Trans migrants who are classified as deportable by Immigration and Customs Enforcement (ICE) have been subject to violence and death in immigration detention facilities. In turn, some trans studies scholars have critiqued reformist responses to the immigration detention and deportation regime in the United States.

Migration and Identity Documents

Trans studies and migration studies scholars have demonstrated that administrative and bureaucratic systems, such as identity documentation, play a major role in the distribution of life opportunities and resources for trans people and trans migrants specifically. Consistent identity documents are needed to access housing, enroll in school, and apply for jobs. The legal and economic barriers to obtaining identity documents with a correct name and gender disproportionately affect trans migrants and have implications for increased policing and criminalization.

Trans migrants who have a legal status in the United States are able to change their identity documents, including their immigration documents, to reflect their name and gender identity. (Notably, the process for updating identity documents with one's correct name and gender marker varies across state and federal government agencies, can be prohibitively expensive, and may require proof of surgical or hormonal transition from a doctor.) Yet significantly, the options for legal migration to the United States are limited to begin with. Most immigrants either obtain an employment-based visa through their employer or are sponsored by a family member for a permanent resident card. These pathways to legal status may not be available to many trans migrants owing to gender-based job discrimination and family rejection. Other options include a spousal visa, the asylum process, or a U-visa or T-visa. Until the 2015 U.S. Supreme Court decision in *Obergefell v. Hodges,* trans marriages were not always recognized as valid if they were seen as same-sex marriages, depending on the marriage laws of the state in which individuals reside. Asylum has been a key strategy for gaining documented status for many trans migrants, but this form of discretionary relief is limited and difficult to access without legal resources or representation. Trans migrants who are not able to migrate to the United States through legal processes ultimately cross the U.S. border as undocumented immigrants. Although some states provide driver's licenses to undocumented residents, undocumented trans migrants may not be able to update their name and gender marker on those state identity documents.

Having inconsistent name and gender markers on identity documents makes trans people vulnerable to discrimination and violence and constrains access to employment and housing. While there are few empirical studies that focus specifically on LGBTQ migrants, studies such as the National Center for Transgender Equality's 2015 U.S. Transgender Survey (USTS), which surveyed over 27,000 trans adults, show that trans people in the United States experience pervasive discrimination and mistreatment in all areas of life, which lead to disparities between trans and non-trans people in relation to employment, housing, health care, and education. For trans migrants, especially undocumented migrants, these disparities are compounded by their legal status. Intersecting systems of transphobia, racism, and poverty mean that trans migrants are often forced into informal economies and criminalized forms of work to survive, such as sex work or the drug trade. This, in turn, places trans migrants at higher risk of contact with law enforcement. Trans migrants also have increased vulnerability to human trafficking, which can result in criminal convictions that lead to deportation.

Criminalization of Immigrants

Immigration law scholars have traced the increasing convergence of criminal law and immigration enforcement in the United States since the 1990s, which has intensified the policing of immigrants. The criminalization of immigration over the past few decades, combined with the vulnerability of trans people to policing and other forms of state violence, means that trans migrants are particularly affected by this convergence. For example, in 1996, the Illegal Immigration Reform and

Immigration Responsibility Act (IIRIRA) and the Antiterrorism and Effective Death Penalty Act (AEDPA) expanded definitions of crimes that led to deportation for noncitizens. IIRIRA made deportation mandatory for "aggravated felonies" (defined as criminal offenses with a sentence of 1 year or more) and for certain "crimes involving moral turpitude," including sex work. The expansion of definitions of deportable offenses includes many survival crimes that poor trans migrants engage in to secure food and housing. IIRIRA also added Delegation of Immigration Authority Section 287(g) to the Immigration and Naturalization Act; this provision allows state and local law enforcement to enter into a partnership with ICE that gives the state or local entity authority over immigration enforcement within its jurisdiction.

Post-9/11 "war on terror" discourses in the United States have linked the figure of the "illegal immigrant" to discourses on national security, which has led to further involvement of state and local authorities in immigration enforcement. ICE's Criminal Alien Program enables ICE agents to identify and arrest immigrants who are incarcerated in federal, state, and local prisons and jails. This means that once an immigrant finishes serving their criminal sentence, they are given a final order of removal and transferred into ICE custody for detention and then deportation. Similarly, the Secure Communities program allows law enforcement to run the names of people who are arrested through an FBI database and a Department of Homeland Security database, targeting undocumented immigrants. Other "war on terror" legislation like the REAL ID Act further marginalizes immigrant communities and has particular implications for trans migrants who may not have consistent names and gender markers on their identity documents.

The cumulative effect of these types of programs has been the transformation of the space of the nation into a carceral space for immigrants, in which trans migrants are particularly vulnerable. Legal studies scholars argue that these programs criminalize immigrants on the basis of race and perceived immigration status, producing the social construction of "illegality." Trans studies scholars have shown how the policing of gender in public spaces, including sex-segregated services and institutions upon which many low-income migrants and trans people of color rely, contributes to the hypervisibility of trans people and increases their contact with law enforcement. For example, trans-feminine people, especially trans women of color, are often profiled by police as sex workers due to police perception of gender nonconformity as deviance. For trans people who are noncitizens, this policing can result in detention and deportation.

Immigration Detention and Deportation

As a result of the passage of IIRIRA in 1996, the number of immigrants held in detention facilities has skyrocketed, and immigration detention is the fastest growing incarceration system in the United States (and globally). Immigration detention facilities are intended to temporarily incarcerate immigrants before they are deported, but many immigrants spend months or years in detention as they fight their removal orders. Immigration and human rights scholars argue that the increasing privatization of immigration detention facilities constructs immigrant bodies as commodities for the carceral state.

Trans migration studies scholars examined the intersections of gender violence and immigration detention as forms of racialized control that make trans migrants particularly vulnerable in detention facilities. Trans detainees are harmed by the conditions of immigration detention facilities, as well as by practices of housing classification, solitary confinement, sexual assault, and the denial of adequate medical care. As with all sex-segregated institutional spaces, the very structure of immigration detention makes it dangerous for trans migrants due to their gender (mis)classification based on external genitals. In many facilities, the initial intake and processing of detainees includes a strip search, which can take place in front of other staff and detainees and can out a detainee as trans. Feminist scholars have identified strip searches as a form of gender and sexual violence. Trans migrants are also vulnerable to sexual assault from staff because they are frequently placed in administrative segregation (solitary confinement), sometimes called "protective custody" units. Human rights advocates argue that solitary confinement is used as a method to control and punish trans detainees, as well as to pressure detainees to accept deportation even if

they have valid legal claims for staying in the United States. Building on critical ethnic studies, scholarship on trans migrants in immigration detention has emphasized the ways that the categorization of sex/gender in immigration detention is bound up with the criminalization of racialized immigrants to demarcate a population of deportable subjects. Additionally, trans migrants experience forms of medical neglect in detention facilities, including the denial of hormone therapy. Human rights organizations have documented multiple deaths of trans migrants in detention due to the deprivation of HIV/AIDS medications and other needed medical care.

National LGBTQ legal advocacy organizations like Immigration Equality, the Heartland Alliance National Justice Center, the National Center for Lesbian Rights, and the Transgender Law Center provide legal services to detained trans migrants and have pursued legal action against ICE and abuses within immigration detention centers. ICE has responded to the documentation of these forms of violence and death in immigration detention facilities by establishing new facilities that include units specifically for trans detainees. Yet as Human Rights Watch has documented in its March 2016 report, *"Do You See How Much I'm Suffering Here?": Abuse Against Transgender Women in US Immigration Detention,* special units do not insulate trans detainees from abuse and violence from prison staff or negate the reality of being indefinitely incarcerated. Trans studies scholars have drawn on critical prison studies scholarship to argue that these reformist approaches only address the problems with conditions within immigration detention facilities, rather than the actual problem of the criminalization and mandatory detention of trans migrants. Queer and trans immigrant justice organizations like El/La Para Translatinas, Familia: Trans Queer Liberation Movement, Trans Queer Pueblo, and others have also called for the abolition of immigration detention facilities in the United States.

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See also Asylum; Cisnormativity; Citizenship; Discrimination; Gender on Legal Documents; Immigrants and Immigration; Inmates and Incarceration; Poverty

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Military/Military Ban

The U.S. Armed Forces has held a longtime ban against trans people based on policies by the U.S. Department of Defense (DoD). In 2015, under the Obama administration, the DoD began the process of updating its policies to be more inclusive of trans people in the military. In 2019, however, under the Trump administration, the ban was reinstated to prohibit most trans people from military service. Scholars and equal rights advocates described these policies as discriminatory and in opposition to recommendations from contemporary research on trans people and the military. The existing literature shows that the inclusion of trans people in the military has no negative effects on operational effectiveness, unit morale, or cohesion, and the added cost of implementing trans-related health care in the military is estimated to be

relatively low. The ability to have trans people in the military is further demonstrated by the fact that nearly 20 non-U.S. armed forces around the world include trans people among their ranks. For these reasons, the Biden administration revoked the prior administration's directive in 2021.

History of the Ban

Trans people were previously banned from all branches of the U.S. Armed Forces by DoD policies presuming that trans people had medical and psychological conditions that made them unqualified for military service. More specifically, previous medical regulations stated that anyone having undergone changes to their genitalia were ineligible to participate in the armed forces. This means that trans people with a history of gender affirmation surgery could have been excluded or discharged from the military as a result. DoD policies also cited psychological reasons for disqualifying trans people from military service. That is, anyone with an alleged trans-related mental health diagnosis (previously referred to as transsexualism) could be denied opportunities for military enlistment, and active service members could be denied retention or discharged without honor as a result. The military ban on trans people has been based on these policies for decades, although the exact origin of these procedures is unknown.

Historic legislative actions are likely to have informed DoD's approach to trans people and the military. In the case of *Doe v. Alexander* (1981), a trans individual was denied reentry to the military after having undergone gender affirmation surgery. The trans plaintiff had served in the U.S. Air Force as a man for 8 and a half years prior to seeking enlistment in the Army as a woman. She was denied entry on medical fitness grounds, assuming that variations or changes of genitalia would impair military service and thus constitute a disqualifying medical condition. In *Leyland v. Orr* (1987), a trans woman was discharged from the Air Force because of having undergone gender affirmation surgery while in the military. In this case, physical unfitness was the cited reason for discharge, again assuming that changes to genitalia would negatively affect service readiness. Finally, in *DeGroat v. Townsend* (2007), a member of the Air Force was discharged for crossdressing, as the behavior was perceived as sexual perversion and thus a disqualifying psychological condition.

It is worth noting that the repeal of "Don't Ask, Don't Tell" (DADT) in 2011 had no effect on the military's ban on trans people. Instead, while cis lesbian, gay, and bisexual individuals were then permitted to serve openly, trans people remained subjected to exclusionary DoD policies, as described above.

Changing the Ban

On July 13, 2015, U.S. Secretary of Defense Ash Carter issued a statement with two directives related to trans people and the U.S. military: (1) Service members would no longer be discharged from the military because of their gender identity, including trans people, unless determined by the Secretary of Defense for Personnel and Readiness, and (2) a working group would be created to study the policy and readiness implications for the inclusion of trans people in the U.S. Armed Forces. The working group was to be led by the Secretary of Defense for Personnel and Readiness and comprised military and civilian personnel representing all military branches and the joint chiefs of staff.

About a year later, on June 30, 2016, Secretary of Defense Ash Carter announced the end of the ban on trans people from the U.S. military. He declared that trans people in the United States could serve openly in all branches of the armed forces and could no longer be discharged or separated because of their gender identity. Shortly thereafter, on September 30, 2016, the DoD published *Transgender Service in the U.S. Military: An Implementation Handbook* that provided comprehensive guidance for trans service members, commanders, and all service members regarding the shift to trans-inclusive military policies and procedures. In the months following, military health care professionals were trained and began providing trans-related health care to active trans service members. In addition, the Air Force, Army, and Navy issued their own trans-inclusive policies on top of and consistent with the DoD policies. The final step in implementing the new policy was to begin recruiting and enlisting trans service members who demonstrated eligibility and readiness for military service. This was set to commence on July 1, 2017, thus ending the military's history of discrimination against people based on gender identity.

However, after more than 2 years of study and preparation, the implementation of trans inclusion was halted on July 26, 2017, when President Trump announced via Twitter that he planned to

reinstate the ban on trans service members. He said his decision was brought about by concerns associated with the costs of providing health care to trans service members as well as the potentially negative effect on military operations. Subsequently, on August 25, 2017, an official memorandum was released by the White House that directed the postponement of implementation of the trans-inclusive policies initiated by the DoD under the Obama administration. This meant ceasing recruitment and enlistment of trans people and terminating coverage of gender affirmation surgery by the DoD. President Trump directed the Secretary of Defense to submit a plan for reinstating the ban on trans service members by February 21, 2018.

Equal rights groups described the ban as discriminatory and inconsistent with contemporary research on trans people and the military. Multiple lawsuits were brought against the Trump administration in the ensuing months, including four federal district court cases: *Doe v. Trump, Stone v. Trump, Stockman v. Trump,* and *Karnoski v. Trump.* Lower courts issued injunctions that blocked the ban, thus allowing trans people to remain eligible to serve openly. However, on January 22, 2019, an ultimate decision came from the U.S. Supreme Court, which upheld the Trump administration's ban on trans people from serving in the military. The final phase of implementing the ban began on March 12, 2019, with the release of the memorandum, DTM-19–004, "Military Service by Transgender Persons and Persons With Gender Dysphoria." In contrast to previous prejudicial policies concerning trans people and the military, the 2019 memorandum stated that the armed forces are "open to all [qualified] persons" and that individuals cannot be denied military opportunities or discharged "solely on the basis of his or her gender identity."

At first glance, the newer directive appeared inclusive of trans people in the military. However, scholars and equal rights advocates described the policy as a reinstated ban on trans service members because it stated that anyone with a history of gender dysphoria or trans-related medical or mental health treatment (e.g., hormone therapy) would be considered ineligible for service, thus excluding the vast majority of trans people. Furthermore, the policy indicated that if a trans person renounced their gender identity and served as their birth-assigned sex, they could qualify for service. In this way, the policy was likened to DADT because it forced trans service members to conceal their gender identities to maintain ongoing eligibility. Service members were permitted to apply for policy exceptions; however, this could also have led to military separation or discharge, thus risking one's military career. Table 1, which is adapted from a chart released by the DoD on March 13, 2019, shows the differences between the 2016 and 2019 policies regarding the ability of trans people to serve in the military.

On January 25, 2021, newly-elected President Biden signed an executive order revoking the prior administration's ban on trans people in the U.S. Armed Forces. The order declared that those who wish to serve in the military are permitted to do so openly, inclusively, and without discrimination. Furthermore, he referenced a statement made in 2016 by the Secretary of Defense, who had concluded that enabling service members to transition while serving was an appropriate process.

Potential for Inclusion

Research on the impact of including trans personnel in the armed forces steadily increased following the repeal of DADT in 2011. Also, as described earlier, when the Obama administration considered lifting the ban, the DoD established a working group to study the implications of including trans people in the U.S. Armed Forces. As part of this effort, the DoD commissioned the RAND Corporation to evaluate the anticipated effects of allowing trans people to serve openly in the military. The upsurge of research has led to an improved, evidence-based understanding of trans service members and the implications of trans-inclusive military policies. In fact, President Biden cited comprehensive research when signing the 2021 Executive Order, including studies by the Palm Center, which concluded that enabling trans individuals to serve openly in the U.S. military was consistent with military readiness and has not had a significant impact on unit cohesion, healthcare costs, or operational effectiveness in foreign militaries.

The notion that all trans people are mentally ill and should be banned from the armed forces as a result has no empirical basis, as reported by researchers and mental health experts. Many health organizations have denounced the ban on these grounds, including the American Medical Association, the American Psychiatric Association, the American

Table 1 Restrictions 2016 Versus 2019

Group		*2016–2019*	*2019–2021*
Service members	Transgender with no history or diagnosis of gender dysphoria	May serve in biological sex	
	With diagnosis of gender dysphoria	May serve in keeping with gender identity upon completing transition	May serve in biological sex. If unable/unwilling to serve in biological sex, separation procedures may apply
Applicants	Transgender with no history or diagnosis of gender dysphoria	May serve in biological sex	
	With diagnosis or history of gender dysphoria	Presumptively disqualified unless stable for 18 months in keeping with gender identity or biological sex	Presumptively disqualified unless stable for 36 months and willing and able to serve in biological sex
	With history of medical transition treatment		Presumptively disqualified

Source: Author. Data in the public domain.

Psychological Association, the American Academy of Nursing, and the American Association of Sex Educators, Counselors, and Therapists.

The health care needs of trans service members are within the scope of medical services already provided to cis military personnel, and the population's health care needs are not significantly different from those of cis people. For instance, without a ban in place, between 29 and 129 service members were expected to access transition-related health care each year by the military. Furthermore, the cost of trans inclusion to the DoD was estimated to be between $2.4 and $8.4 million per year, which is proportionally small, considering that the annual health care costs of cis military personnel is $6 billion.

Military unit cohesion and morale are not found to be negatively affected by the inclusion of trans service members. Instead, trans service members are adversely affected when the armed forces seek to exclude trans people because they are forced to hide their identity to maintain military eligibility, risk discharge if open about their gender identity, or voluntarily terminate military service, causing the military to miss out on trans service members who are otherwise eligible and who are perhaps highly trained and capable personnel.

Outside the United States, many developed countries prohibit gender identity discrimination in their armed forces and have implemented policies for the inclusion of trans personnel. As many as 19 countries permit trans people to serve openly in the armed forces through a variety of policies and procedures. Australia, Canada, Israel, and the United Kingdom have some of the most descriptive policies guiding the inclusion of trans service members. Other countries work with trans people on a case-by-case basis, similar to their recruitment and enlistment of cis service members.

Adam F. Yerke and Kendall M. Phelan

See also Discrimination; History; Identity Politics; LGBTQ Movement, Trans Inclusion In/Exclusion From; Veterans

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Misgendering

Misgendering is the act of referring to someone as a gender different from how they identify themselves, through misusing gendered personal pronouns (such as "she," "he," or "they"), honorifics (such as "ma'am" or "sir"), and other terms of address. One example is when a cashier mistakenly addresses a trans woman customer as "sir." Other forms of misgendering include "deadnaming," or the use of a person's former name, and inappropriately attaching gendered meanings to specific bodily characteristics—for example, assuming that a person with facial hair, a low voice, or a penis is a man or that a person with breasts, short stature, or a high voice is a woman. While people sometimes maliciously misgender others, in many cases, they are unaware that they have misgendered someone. Thus, misgendering can be overtly aggressive or microaggressive.

Whether conscious or not, misgendering reflects taken-for-granted, dominant cultural ideas about gender, identities, language, and bodies—namely, that gender is biological, fixed, and binary and that gender identity can be attributed to a person based on how they look and sound. These cultural ideas also pathologize individuals who see their gendered selves differently from how others see them. As a result, misgendering invalidates and stigmatizes non-cis identities and reproduces anti-trans perspectives and sentiments.

Even if unintended, misgendering negates a person's sense of self and is typically experienced as an injury. Misgendering is thus a minority stressor—a repetitive experience of prejudice, discrimination, lack of social support, and stigma related to their minority status that causes chronic stress for members of minority groups. Many trans individuals encounter misgendering in their daily lives across various settings: at home, at work, at school, in public, and from friends, family, romantic partners, and health care providers. In addition to mainstream spaces, misgendering also occurs, albeit comparatively less frequently, in queer and trans communities. Generally, trans people feel stigmatized and psychologically distressed when misgendered, and continually experiencing this injury has a cumulative impact on their mental health. In particular, misgendering increases the incidence of depression, suicidal ideation, and suicide attempts.

Personal characteristics, such as race, outward bodily appearance, body shape, and aesthetic appearance, can contribute to misgendering in mainstream society, as well as in queer and trans community spaces. For example, some individuals

have noted that others have attended to their "curvy" shape or reportedly "nonqueer" style or "look" and have ignored their gender presentation when misperceiving their gender identities. Because of the idea that sex category is the same as gender identity, as well as related assumptions about people's voices, Black trans men are more likely than any other group to be misgendered over the phone.

Some trans people, particularly those who are agender and neutrois, do not identify as having a gender. They may not characterize others' misrepresenting their identities as misgendering because the idea of "mis"-gendering suggests that a person has a particular gender. However, they may still experience being placed into a gender category as stressful, since this negates their lack of a gender identity.

Gender affirmation, or the use of a trans person's chosen name and terms of address, is associated with lower rates of depression and suicidality. To ensure that cis people recognize and support their genders, trans people often share their pronouns and encourage others to do likewise, instead of assuming a person's gender based on their appearance. Asking pronouns prevents misgendering, and while doing so may feel uncomfortable at first, mistaking someone's gender can be even more awkward. To reduce the stress of misgendering when it happens, trans people advocate for the individual who has made the mistake to quickly correct themselves and then promptly move on, instead of making lengthy apologies.

Institutions and organizations, including health care facilities, schools, businesses, and social service agencies, can reduce misgendering-related stress by giving their employees basic information about trans populations and training them on ways to affirm and not assume gender. Workplaces are increasingly implementing these practices, and many are also developing and disseminating guides to help other institutions and organizations do so as well. To avoid misgendering, some individuals and groups are suggesting practices that avoid gendering completely. In place of "Ms." and "Mr.," some medical professionals have advocated for using gender-neutral titles for everyone, such as "Mx." or "RP," which stands for "Respected Person."

Institutions and organizations can also affirm trans people by having official records reflect an individual's gender identity and the pronouns and forms of address they use for themselves. The Human Rights Campaign (www.hrc.org) has developed LGBTQ-inclusive policy guidelines for municipal governments, health care facilities, and corporate workplaces. These benchmarks promote the adoption of trans-affirming policies, in addition to other measures that further LGBTQIA+ equity.

Sonny Nordmarken

See also Gender Binaries; Gender Minority Stress; Gender Pronouns; Microaggressions

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Mock, Janet

Janet Mock, a trans woman of color, is an author, trans rights activist, television producer, and director who has become one of the most influential trans voices and advocates in mass media. This entry discusses the details of Mock's journalism career, provides a summary of her memoirs, and describes the impact of her contributions to film and television.

Mock and the Media

Born in Honolulu, Hawai'i, on March 10, 1983, Mock relocated to New York City to pursue a graduate degree in journalism from New York University (2006) after completing her undergraduate education at the University of Hawai'i, Mānoa (2004). In New York City, Mock worked as a staff editor at *People* magazine for 5 years and lived as "stealth"—a term used within trans communities that refers to an individual's decision *not* to disclose their gender identity—until she began dating Aaron Tredwell, whom she ultimately wed. Mock rose to prominence following her decision to publicly come out as a trans woman in a 2011 article in *Marie Claire*. She subsequently became a contributing editor at the magazine, writing about race, gender, aesthetics, and the representations of minoritized people in the film, television, and global beauty industries. In 2015 and 2016, Mock hosted *So POPular!,* an online talk show on MSNBC's Shift network, where she discussed a range of cultural issues with special guests that included other trans women of color, such as Laverne Cox and Ts Madison.

Redefining Realness and *Surpassing Certainty*

Mock's groundbreaking 2014 memoir, *Redefining Realness: My Path to Womanhood, Identity, Love & So Much More,* discusses events and relationships during her childhood that significantly shaped who she became, including grappling with a fractured relationship between her mother (Hawai'ian and Portuguese) and father (African American), as well as early lessons about race/ethnicity, masculinity, body dysmorphia, and sexual abuse. Mock learned about femininity in her youth by carefully observing her grandmother and aunts while secretly maintaining an alter ego named Keisha, who enabled Mock to freely express her femininity without her family's knowledge or chastisements. At age 15, Mock came out to her family as transgender; her mother readily accepted her, but her father initially struggled with denial and failed to understand Mock's identity before asserting his unconditional love for his child.

While Mock's family accepted her identity, they continued to struggle with other issues, including addiction and homelessness, which prompted Mock's early pursuit of financial independence. Mock quickly realized that, as a trans woman, her ability to navigate the world while evading transphobic and racist violence depended heavily on her ability to embody "realness"—a concept that she describes as "the ability to be seen as heteronormative, to assimilate, to be not read as other or deviate from the norm" (Mock, 2014, pp. 115–116). Mock is not the first person to articulate a theory of "realness"; rather, the term and concept emanate from the underground ballroom scene. However, Mock's definition of "realness" is reflective of scholarship about the ballroom community, many of whose members are trans women of color.

Mock's second memoir, *Surpassing Certainty: What My Twenties Taught Me,* chronicles the numerous life lessons she learned during young adulthood. The book begins with Mock's trying to balance being a first-generation college student with working as a dancer at a strip club to support herself financially. Because of this experience, she refuses to pathologize sex work but, at the same time, recognizes how a lack of educational and employment opportunities for trans women of color often results in their using their bodies to acquire the material resources needed to survive. At the strip club, she meets a naval yeoman who becomes the first person with whom she falls in love, which forces her to grapple with the complexities around intimacy, dating, sex, and disclosure for a trans woman. Desiring to allow her true self to be visible, Mock spends her 20s navigating these issues, in addition to moving away from home to pursue a professional career in media in New York City. She quickly becomes a well-respected media voice, despite the institutional barriers that frequently impede trans people, women, and people of color—especially individuals who are all three.

Honors and Influence

Mock's presence and influence in popular culture in support of trans rights has been widely recognized. It was following her career as a journalist and the publication of *Redefining Realness* that she rose to prominence, but her advocacy work began long before then as a board member of the Arcus Foundation, an organization that provides

grants to further LGBTQ+ rights. She has been the recipient of numerous honors and awards, including the 2012 Sylvia Rivera Activist Award (from the Sylvia Rivera Law Project), the 2014 Inspiration Award (GLSEN), the 2014 Maggie Award for Media Excellence (Planned Parenthood), a 2015 Stonewall Book Award in Non-Fiction (American Library Association), the 2020 Stephen F. Kolzak Award (GLAAD), and the inaugural José Esteban Muñoz Award (CLAGS: The Center for LGBTQ Studies). Mock has also made lists of highly influential LGBTQ+ people. She was named one of *Out* magazine's "Out 100" in 2013 and one of *The Advocate* magazine's "40 Under 40" in 2014.

Mock's storytelling acumen is highly sought after, and in 2018, she was hired to serve as a writer, director, and producer for Ryan Murphy's hit FX Series *Pose,* a musical drama that chronicles the lives of Black and Latinx gay, bisexual, queer, and trans members of New York City's ballroom scene in the early 1990s. Mock became the first out trans woman of color to serve as a writer on a television series and to direct a television series episode. In 2019, she signed a 3-year deal with Netflix to produce a television series and possibly a feature film, making her the first trans woman of color to partner with a major television/streaming company.

Julian Kevon Glover

See also Ballroom; Cox, Laverne; *Pose* (TV show); Sex Work; Social Media; Trans Women; Transnormativity

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Morris, Jan

Born on October 2, 1926, in Clevedon, England, Jan Morris was a historian, journalist, and writer. A trans woman, Morris published under her birth name, James Morris, until 1972, when she transitioned from male to female. After a lengthy career working as a journalist, Morris established a reputation as a travel writer with her vivid portraits of cities and achieved acclaim for writing extensive histories of the British Empire. In 1974, Morris published *Conundrum,* one of the first best-selling autobiographies by a trans person, in which she describes her journey from feeling that she was female from her earliest memories to having gender-affirming surgery in the 1970s. The powerful and beautifully written memoir inspired countless trans people and gave visibility to the trans community at a time when few trans people were out and anti-trans prejudice was widespread.

At the age of 17, Morris joined the British Army and served with the 9th Queen's Royal Lancers during the latter part of World War II. She served as an intelligence officer in Venice, Palestine, and Trieste, which led her to become fascinated with cities. After her time in the army, Morris returned home and, in 1949, attended Christ Church, Oxford, to study English. Upon graduating, she became a reporter for *The London Times* and later for the *Manchester Guardian*, beginning a distinguished career in writing. Extraordinarily, Morris was the reporter who covered the British Mount Everest expedition led by Tenzing Norgay and Edmund Hillary, the first known successful ascent of the world's highest mountain, which occurred on May 29, 1953. Morris, the only journalist on the expedition, sent word of their accomplishment to London for release, with its publication happening to coincide with Queen Elizabeth II's coronation on June 2, 1953. The day that welcomed the second Elizabethan era also saw the beginning of Morris's career as a travel writer.

Morris started writing travel books in the late 1950s, beginning with *Coast to Coast* (1956)—published in the United States as *As I Saw the U.S.A.*—which detailed her travels across the country in the 1950s. Her book *Venice* (1960), a sweeping cultural history of Venice, Italy, which recalled her time there while serving in the British Army, became a best-seller and built her literary reputation as a travel writer. She wrote additional books about Venetian society and works about her experiences in other places, including New York City, Spain, Sydney, and Hong Kong. Morris wrote more than 40 books and numerous articles and essays and received many awards for her

literary contributions, including the Heinemann Award, the Glyndŵr Award for Outstanding Contribution to the Arts in Wales, and the Golden PEN Award for a "Lifetime's Distinguished Service to Literature." In 1999, she was recognized with the Most Excellent Order of the British Empire.

Morris gained notability as a historian for *The Pax Britannica Trilogy,* an extensive history of the British Empire, whose volumes were published in 1968, 1973, and 1978. Instead of being based on concrete historical events, *Pax Britannica* focused on the effects of empire from different perspectives. Morris's last two books before her death in November 2020, *In My Mind's Eye* (2019) and *Thinking Again* (2020), consisted of daily diary entries in which she commented on contemporary events, such as the #MeToo movement and Brexit, and aspects of her life, including being old and her love for the natural world.

Morris married Elizabeth Tuckniss, with whom she raised four children (a fifth died in infancy), in 1949. The two remained together when Morris began to medically transition in 1964, but they were forced to divorce when Morris was legally recognized as a woman in 1972 because of Britain's then ban on same-sex marriage. The two continued to live together and reunited in a civil union in 2008, when they could legally do so. Morris discussed her relationship with Tuckniss in her memoir about being trans, *Conundrum* (1974). At the time, there were few narratives of married trans women who had been able to maintain their relationships after they had transitioned, so the work provided a tremendous boost to trans women and their partners.

Conundrum, her first book to be published under her new name, was also significant for offering an honest, heartfelt account of feeling that she was "born into the wrong body" and the struggles she faced to be true to herself. At the same time, she did not shy away from describing her anxieties and apprehensions about have gender-affirming surgery in Casablanca, Morocco, in 1972, or the adjustments she had to make in living as a woman. For cis readers, the book gave insights into the experiences of being trans that were not available in any other media at the time; for trans readers, it enabled them to better understand themselves, offered information on the nature of gender-affirming surgeries, and provided hope that they too could lead happy, healthy lives.

Morris was the first internationally known person to then come out as trans, as opposed to other trans individuals, like Christine Jorgensen and Renée Richards, who became famous after their transitioning became public. As such, she was a trailblazer and a role model for many other trans people, especially trans women (one of those who cites Morris's importance to them is writer Jennifer Finney Boylan). Morris's very public transition in the 1970s not only allowed her to live an authentic life but also gave a sense of discernibility to the trans community, especially during a time when trans people, and LGBTQIA+ people more generally, were subject to persecution and discrimination for embracing their identities. In *Conundrum,* Morris used her talents for imagery and description, as she had exhibited in her vivid travel writing, to shed a brighter light on trans experiences than previous trans autobiographers and to offer new perspectives on the relationship between gender and misogyny, which remains a critical topic of discussion in trans studies today.

Justin I. Salgado

See also Autobiographies; Boylan, Jennifer Finney; History; Jorgensen, Christine; Richards, Renée; Trans Women; Veterans

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Murray, Pauli

Pauli Murray (1910–1985) was an African American feminist, gender-nonconforming civil rights activist, lawyer, educator, author, and priest who was active for over 50 years in struggles for racial, gender, and economic justice. Although

she never openly identified as any nonnormative gender or sexuality, Murray expressed a masculine gender throughout her life. In her early 30s, she tried unsuccessfully to participate in experiments with the masculinizing hormone testosterone. Murray's legacy is defined by both her gender nonnormativity and also her activist leadership, such as confronting racial segregation on public transit and in education, challenging racism within the women's movement, crafting feminist-of-color analyses within American law, and pushing the Christian church to address its institutional sexism. Specifically, Murray helped pioneer tactics of nonviolent resistance that would later be widely adopted by the civil rights movement. She introduced "Jane Crow," the first legal formulation of the intersection of sexism and racism; later in life, she cofounded the National Organization for Women (NOW). She was also the first African American woman to be ordained as an Episcopalian priest.

Early Life

Murray was born in Baltimore, Maryland, the descendant of an enslaved woman and her owner, and a freeman and freewoman. When Murray was 4, her mother died. She was sent to live with maternal aunts in Durham, North Carolina, who supported Murray's free spirit and unconventional desires, including her wish to wear boys' clothing and use male nicknames like "Paul" and "Lenie." Murray excelled in high school but bristled at the constraints of racial segregation. Instead of continuing her studies within segregated institutions, Murray joined the tens of thousands of African Americans then migrating to northern cities, searching for the personal and political autonomy unavailable to them in the South.

Art, Activism, and Gender Expression

In 1928, Murray enrolled in Hunter College, a public women's college in Brooklyn, New York. There she encountered the Harlem Renaissance movement, part of a larger cultural shift that encouraged a more radical approach to confronting white supremacy, especially in terms of racial representation. Murray put her own twist on this "New Negro" trope, changing her name to the androgynous "Pauli" when she published her first short story, a largely autobiographical 1934 account of her train-hopping adventures. She included a picture of "Pete," the protagonist, with the submission—a smiling photograph of herself.

Living at the all-black YWCA in Harlem in the early 1930s, Murray became part of a new generation of activists promoting direct opposition to political oppression and racist violence. Murray supported striking autoworkers, recruited subscribers for the Urban League, and in 1938 attempted to singlehandedly desegregate the graduate school at the University of North Carolina. She also joined the Fellowship of Reconciliation (FOR) and began to formulate how the organization's pacifist ideas could be applied in the fight against racial segregation.

Search for Medical Treatment

Murray did not last long at any single organization or campaign, as she was repeatedly hospitalized for intolerable feelings of distress surrounding her masculinity and unsustainable romantic relationships with women. Murray felt pulled toward a male sense of self, and the tension she felt between her female sex, her masculine gender, and her attraction to feminine women was often too much to bear. Murray was hospitalized several times in the late 1930s, exhausted from work and the persistent feeling there was something in her physiology that was causing her to feel male. In 1939, New York's largest Black newspaper published information regarding medical experiments with testosterone, which was being tested as a masculinizing "cure" for feminine men. Suspecting that testosterone could ease her conflicted feelings by erasing her feminine attributes, Murray visited the New York clinic where such trials were carried out, but endocrinologists denied her repeated requests.

Challenging Segregation and "Jane Crow"

In the spring of 1940, Murray took her likely romantic partner Adelene McBean to visit her family in North Carolina. Although they had been discussing with others at FOR how to use Mohandas K. (Mahatma) Gandhi's nonviolent techniques in the fight against racial segregation,

they had no intention of applying them on the trip. But when the pair was ordered to the back of the bus, Murray challenged the driver's application of the segregation law. They were arrested, which was all the more dangerous since Murray was dressed as a man at the time. Although she was incarcerated alongside McBean in a women's jail, the initial newspaper report features a man and a woman, not two women.

Represented at trial by a team from the local NAACP office, Murray became inspired to study law and enrolled as one of only two female students in her class at Howard Law School. Her experiences growing up in the segregated South, coupled with the sexism she experienced from professors and colleagues at Howard, led her to develop "Jane Crow," an analysis that addressed the simultaneous effects of legal race-based *and* gender-based exclusion.

Through the 1950s, Murray struggled to find work as a lawyer; the climate of McCarthyism stifled progressive activism, especially for those suspected of being homosexual or gender nonconforming. In 1962, Murray was invited by Eleanor Roosevelt to sit on the President's Commission on the Status of Women. In 1966, she was a cofounding member of the National Organization for Women (NOW), which she hoped would become the legal arm of the women's liberation movement. Instead, Murray left soon after its inception, citing the members' refusal to fully address race and class issues within their advocacy. In 1968, Murray accepted a position teaching law at Brandeis University and worked with the American Civil Liberties Union (ACLU) on cases advancing women's rights.

Turn Toward the Ministry

In 1973, grieving the death of her life partner, she turned to her Episcopalian faith, leaving teaching and the law to enter a theological seminary. At the seminary, Murray extended her activism in a new direction. Fusing philosophies from Black liberation theology, largely written by men, and women's liberation theology, largely written by white women, she argued that those living squarely at the intersections of race and gender held special insights into the path for all human liberation. In 1977, Murray became the first African American woman ordained as an Episcopal priest. She died in 1985, in Pittsburgh, of pancreatic cancer.

Simon D. Elin Fisher

See also Black People; Feminism; Gender Nonconformity; History; Hormones, Adults; Religion/Spirituality of Trans People

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Museums

The ways in which gender diversity is represented in museums can affect how gender-diverse people are perceived in the larger society. Thus, it is critical that museums not only include trans materials but also provide fair and accurate representations of these works. To appropriately engage in transology, or the study of trans people, museums must involve trans individuals and communities directly in interpreting the gender-diverse narratives in their historical collections. In the 21st century, trans people themselves have founded trans-focused archives and collections. Among the most noteworthy are the Digital Transgender Archive in the United States, the Museum of Transology at the Bishopsgate Institute in London, and the Transgender Archives at the University of Victoria in Victoria, British Columbia, Canada.

The Necessity of Trans Representation in Museums

The ways in which museums reference and interpret evidence of gender nonconformity within the lives

of the people included in their collections affect how visitors and the museums' local communities consider and understand the subjects on display, as well as trans people and their struggle for human rights more generally. On the positive side, museums can provide a space for accurate information about gender diversity to reach the public. The inclusion of trans people in museums can

- better inform cis visitors about trans lives and counterbalance media spectacularizing and the widespread dissemination of misinformation,
- disprove the myth that trans identities are detrimental to societies and a modern phenomenon by demonstrating that gender nonconformity has existed and been depicted throughout history, and
- increase the well-being of trans people and their allies, including family members, by acknowledging that they are worthy of visibility and respect and have contributed meaningfully to history.

On the negative side, museums become active agents of social exclusion when they marginalize or erase the history of gender diversity. Museological exclusion reinforces the "othering" of gender-diverse people in the broader society. In essence, the invisibility of trans lives in museums infers that they have no meaningful place in the historical development of ancient or modern societies, rendering them historically homeless.

Historical Mechanisms for Locating Gender-Diverse Lives in the Past

Historically, when trans people have appeared in museums and archives, there are typically three mechanisms by which their gender diversity has been disclosed. First, they appear in medical reports, where they are pathologized as extraordinary or unnatural. These can include postmortem medical records that feature illustrations of genitalia, as can be found in the archival records of the French diplomat and spy Chevalier d'Éon (1728–1810) in the British Museum. Second, trans people appear in titillating media coverage, which uses the tabloid journalistic mechanism of the "shock of the reveal." For example, an article about the late English stage actor Eliza Edwards published in the *Sussex Advertiser* on January 28, 1833, under the title "Extraordinary Investigation" reported that when her body was autopsied, it was discovered, to "the surprise of everyone, [the] deceased was a *perfect man*" (emphasis added). Finally, as is frequently the case with locating evidence of gay men in the past, trans people can appear as criminals in legal records. For example, "Colonel" Victor Barker, an activist in a British fascist organization in the 1920s, was revealed to have been assigned female at birth when he was arrested for failing to appear in court as part of bankruptcy proceedings.

The museological interpretation of art history has typically used a narrative of fascination and abhorrence in considering gender diversity. For example, in describing a 2nd-century B.C.E. Roman copy of the Greek marble statue *Sleeping Hermaphroditus,* the website of Paris's Musée de Louvre remarked on the "crudest realism" of the work and stated that it remains "a source of fascination today" that thrills with its "surprise effects." This emotive account can be juxtaposed with the description of a small, inexpensive pin badge belonging to the Museum of Transology's collection, which has the simple message "LGBTI intersex inclusive" printed on it. In a tag tied to the pin, the person who donated it proclaims, "Sex and gender are very binary. It should not be acceptable! It ruins lives!" As is evident from these two contrasting examples, mainstream cultural institutions have traditionally produced knowledge about trans lives without the input of their subjects, and this has inevitably led to analyses that rely on speculation and spectacularization.

Transology

The practice of displaying trans lives in museums today needs to be distanced from what trans historian Susan Stryker terms the study of trans people as a phenomenon and instead situated within the field of trans studies. In the context of museum work, transology involves a collaborative and participatory process of exhibition making in which the lived experiences of trans and intersex people serve as a form of curatorial expertise that informs the representation of gender-diverse lives, practices, and cultures in the past and present. Engaging with marginalized communities in the (re)interpretation of their histories is central to larger efforts

to decolonize the museum. Along with being methodologically embedded in the processes of decolonizing gender from oppressive binary colonial traditions, transology contributes to decolonizing the museum by broadening the inclusion of trans and intersex people beyond Western society. As a curatorial practice, transology supersedes the examination of trans lives through the lens of unnatural abhorrence or fictitious parable, displacing it with trans people's actual voices, perspectives, and lived experience. By de-spectacularizing the interpretation of trans lives, transology can help develop a more sensitive and nuanced understanding of what it means to be a trans or intersex person today and counter the misunderstanding of trans people's lives in the broader society.

Trans-Founded Museums and Archival Collections

Perhaps the greatest progress that has been achieved to date in addressing the absence or misinterpretation of trans lives within museums and archives has been achieved by trans people themselves. The following three examples demonstrate different ways of accessing trans collections: via digital connectivity, material culture, and archival documentation.

Digital Transgender Archive

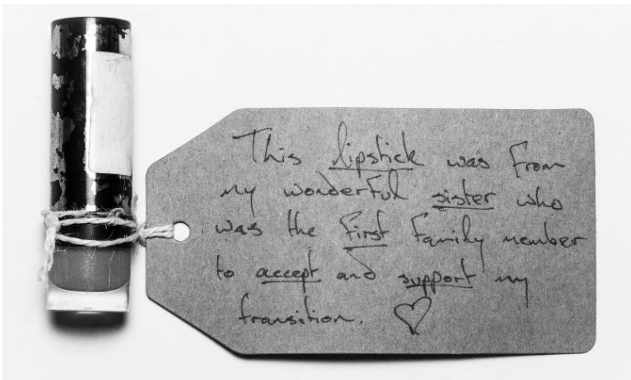
The Digital Transgender Archive (DTA) is an online hub that draws together content relating to trans history and culture from over a thousand locations internationally, with a focus on materials created prior to the 21st century. It was founded by K. J. Rawson and Nick Matte, who were motivated by the recognition that they shared experiences of finding systemic challenges pertaining to researching trans history, including widely varied terminology and grassroots collections that were inaccessible owing to the absence of a standardized cataloguing system. The DTA provides centralized digital search access to archives with historical trans materials, including primary sources that have been digitized by universities, public libraries, nonprofit organizations, and some private collections. The DTA also digitizes materials itself, which has been a tremendous help to many community organizations and publications, which otherwise would not have the ability to make their records available online. Furthermore, the DTA enables researchers to search using general, modern terms such as *transgender* to find records more easily, with more specific searches using historical or localized terms then feasible to narrow down the number of items. Ultimately, by having the collections of more than 60 archives in one place, the DTA allows global users to search a wide range of primary source material that would otherwise be less accessible and require a tremendous amount of time.

The Museum of Transology

The Museum of Transology (MoT) was founded in 2014 by E-J Scott and is a growing physical collection of more than 280 everyday objects, 155 brown cardboard swing tags, and 213 digital files (including film, photography, and music) donated by trans and intersex people. The collection has been displayed as an exhibition at multiple museums and galleries in the United Kingdom, including the Brighton Museum and Art Gallery (2017–2019) and the Fashion Space Gallery at the London College of Fashion (2017). The collection is as materially diverse as the trans experiences it reflects, ranging from objects used for gender confirmation (such as medical hormones and other artifacts used to reshape the body), items of dress (including fashions, uniforms, underwear, and accessories), makeup, and other beauty ephemera to children's toys, objects for self-harm and self-protection, religious headgear, and human remains. The MoT remains open to donations and continues to expand. The rapid growth of the collection demonstrates that, despite not seeing themselves represented in permanent museum displays, many trans and intersex people have been preserving their own "transcestry" (historical evidence of their personal gender-nonconforming trajectory), as they recognize the importance of saving material that documents trans lives. Many objects mark gender milestones, such as a first lipstick, first vial of testosterone, and a first schoolboy necktie.

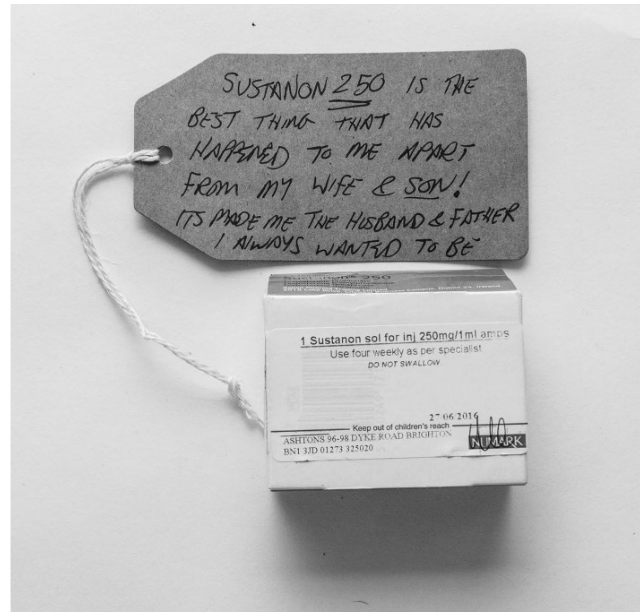
The majority of the artifacts have a handwritten message affixed to them that explains the significance of the object to the donor's gender identity (the object is labeled Part A and the tag labeled Part B, implying that each is incomplete without the other). By attaching the donor's handwritten note to the object itself, emotional

Figure 1 "First Lipstick," Museum of Transology, Fashion Space Gallery, London College of Fashion, 2017.



Source: Photography by Katy Davies, Fashion Space Gallery, London College of Fashion.

Figure 2 "Sustanon 250," Museum of Transology, Fashion Space Gallery, London College of Fashion, 2017.



Source: Photography by Katy Davies, Fashion Space Gallery, London College of Fashion.

resonance is also attached to the artifact. As such, the objects give voice to trans people. Several artifacts speak of the process of becoming true to one's gendered self. For example, a box of testosterone declares, "SUSTANON 250 IS THE BEST THING THAT HAS HAPPENED TO ME APART FROM MY WIFE & SON! ITS MADE ME THE HUSBAND AND FATHER I ALWAYS WANTED TO BE." These powerful and positive personal accounts displace the traditional narrative of trans tragedy that is typically perpetuated by museums, when they have included trans and intersex lives at all.

The Transgender Archives

Founded by Aaron Devor in 2007, the Transgender Archives at the University of Victoria in Victoria, British Columbia, is the world's largest trans archives, with material spanning 120 years. Recognizing that trans history should be accessible to all, the archives are open to everyone, free of charge. The focus of the archives also reflects its commitment to community, as it centers on preserving the history of trans community leaders and members and the work of allies, thereby documenting historical accounts of trans agency and resilience. This emphasis on chronicling the achievements rather than the oppression of trans people reflects the approach of Devor, who is both an archivist and an activist.

The Importance of Archives by and About Trans People

Trans people are typically examined as sites of fascination in museums and archives, frequently through a lens of incredulity and/or abhorrence. This bias is directly linked to the types of records that museums have traditionally drawn upon to explore gender diversity: nonconsensual medical documents, sensational media accounts, and criminal reports. This interpretation resonates beyond the museum, misinforming the broader society's understanding of trans people's lives today. In contrast, collections founded by trans historians that feature accounts of gender diversity through lived experience disrupt the sensationalist narratives surrounding trans lives that are typically made visible in museum exhibitions. These collections ensure that, in the future, trans lives will be discoverable in history using sources generated by the people they represent. By using the social agency of museums to affect positive social change, trans archives like the Digital Transgender Archive, the Museum of Transology, and the Transgender

Archives help to foster a better understanding of the experiences of gender-nonconforming people, both past and present.

E-J Scott

See also Academia; Archives; History; Representations in Popular Culture; Trans Studies

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Musicians

Throughout history, people of all cultures and all genders have created music. Whether by singing, playing instruments, or writing music, trans musical artists have affected the world. Although it can be difficult to label musicians from the distant past, the early and mid-20th century has many examples of influential musicians who are known to have been trans. The discussion of musicians included in this entry is not meant to be exhaustive, but it represents some notable 20th- and 21st-century trans musicians who have made or are making a difference in many genres of music. In addition to highlighting influential musical artists, it is important to recognize the significance of voice and singing to musicians. Although every person has a unique path as a singer, some broad aspects of the vocal transition process, including the effects of hormones on the voice, will be discussed in the second part of this entry.

Information about historical trans musicians can be difficult or impossible to find because many of these musicians, such as Billy Tipton and Wilmer Broadnax, were not out during their lifetimes. Billy Tipton (1914–1989) was a renowned American jazz pianist and bandmaster who recorded several influential jazz albums in the 1950s and 1960s. He began playing jazz in high school, and throughout his career, he performed widely in the Southwest and the Pacific Northwest of the United States. The fact that he was a trans man was unknown even to Tipton's closest friends and family, including his sons, until after his death. Wilmer Broadnax (1916–1992) was a notable American gospel quartet singer who toured and recorded many albums from the 1940s through the 1980s. He was a member of several high-profile gospel groups throughout his career, including the Spirit of Memphis Quartet. Only his closest family members knew that he was a trans man until after his death.

Other historical trans musicians, such as Christine Jorgensen, Coccinelle, Romy Haag, and Sylvester, were influential artists whose transness added to their fame and sensation. Jorgensen (1926–1989) was an American actor and cabaret singer. The fact that she was the first person from the United States to become widely known for having medically transitioned greatly contributed to her celebrity, and she appeared on television and radio programs and recorded several songs. In addition to her success as an artist and entertainer, Jorgensen was an activist and received several posthumous awards, which included being named to the National LGBTQ Wall of Honor at the Stonewall National Monument. Coccinelle (1931–2006) was a French cabaret singer, actor, and entertainer. She was open about having had gender-affirming surgery in 1958 and became an international media sensation. In 1960, after she legally changed her name and was rebaptized, she was married in the Roman Catholic Church, setting a

precedent for trans marriage rights in France. She recorded many songs in her lifetime, and her 2004 album is widely available online. In addition to her success as a singer, she was an influential trans activist. Romy Haag (b. 1948) is a Dutch singer, dancer, and actor who has performed internationally and who owned the famous Berlin nightclub Chez Romy Haag. In the 1970s and 1980s, the club was a hotspot for famous artists as well as for the Berlin LGBTQIA+ community. In addition to recording many albums and starring in several films, she was the recipient of the Teddy Award, an international award for LGBT films, in 1997. Sylvester (1947–1988) was a gender-nonconforming American singer-songwriter, composer, and record producer who was active in the disco, R&B, and soul genres. Sylvester was immensely successful as a musical artist and Black queer icon, and he was awarded San Francisco's Key to the City.

Several other musical artists have been remarkably successful in their respective genres, despite facing anti-trans prejudice. Wendy Carlos (b. 1939) is an American composer and instrumentalist, primarily active in the classical/avant-garde and film music genres. She composed the film scores for *A Clockwork Orange, The Shining,* and the original, 1982 version of *Tron.* She has won three Grammy awards for her compositions. Jayne County (b. 1947) is an actor, singer, composer, and multi-instrumentalist primarily active in the punk and punk-rock genres. She collaborated with influential artists and musicians such as Andy Warhol, David Bowie, and the Police and was the first openly trans singer in the rock music genre. Jayne County is also an activist and took part in the historic Stonewall Riots. Dana International (b. 1969) is an Israeli singer-songwriter who is active in the dance and pop genres. She has had several gold albums in Israel, as well as multiple successful Eurovision records. She performs regularly at Pride events and continues to produce new music.

Some trans artists have been the central figures in their genres. Katey Red (b. 1983) and Big Freedia (b. 1978) have both been instrumental in the New Orleans bounce music style of hip hop. Red was one of the first trans bounce music rappers and is credited with developing the sissy bounce genre. Big Freedia, who began her career as a backup singer and dancer in Red's shows, has popularized bounce music outside of New Orleans, such as by performing at the South by Southwest (SXSW) music, film, and tech festival and on several national television shows. Her voice was sampled in a Beyoncé single, and Big Freedia performed with Beyoncé during her Formation Tour.

Singing Voice

A musician's voice is integral to their identity. Even idiomatically, the expression "finding one's voice" is powerful and related to inner strength and personal identity. Studies have shown that even when a person's physical appearance is aligned with their gender identity, if their voice does not align with their gender identity, other people may not perceive them accurately. Many factors are involved in voice aligning with gender, including pitch, breathiness, resonance, and vocal variability regarding pitch, loudness, duration, and intonation contours. The following is a brief description of the mechanics of aligning singing voice and gender identity.

Transmasculine Voice

To induce vocal masculinization, AFAB (assigned female at birth) men undergo androgen therapy. Androgens are "male" sex hormones, most important testosterone, and these hormones effectively reduce estrogen levels as well as increase masculinization. Testosterone therapy in AFAB individuals often results in many physical changes, including the deepening of vocal pitch.

During cis male puberty, testosterone initially creates edema (swelling) of the vocal folds. Then, because of the accumulated collagen, the vocal folds begin to thicken and elongate, and the new structure of the folds becomes permanent. This new structure is what gives the voice its masculine quality and lower fundamental frequency. The primary difference between the vocal evolution in cis men and trans men is that the cartilage in the larynx grows significantly only during puberty. In a transitioning male individual, the vocal folds can thicken, but they cannot become longer, because the cartilage cannot grow to accommodate extra length.

The lowering of vocal pitch typically occurs in the first 6 to 12 months after beginning testosterone therapy; however, it may take up to 2 years to have its full effect. Some individuals begin to notice changes around 3 months after beginning testosterone

therapy, while a small percentage of trans men never experience a lowering of fundamental pitch. The first 3 to 12 months usually involve a considerable amount of vocal instability and unpredictability. Trans men singers often retain some of their high vocal range, although there is typically some reduction in the upper range. Because every voice is different, there is no precise amount that every person will lose from the top of their range, in the same way that there is no exact amount that each person will gain at the bottom of their range.

Hormone replacement therapy generally affects softer tissues such as muscle, fat, and skin. This can be seen in individuals whose body mass changes dramatically but whose height remains the same. Because of this principle, the vocal folds will increase in mass, but the neck, throat, trachea, and larynx will remain the same size in AFAB individuals, even after hormone replacement therapy. This creates a unique vocal timbre because, although the vocal folds have increased in mass, the vocal tract has remained the same size as it was before transitioning.

Transfeminine Voice

For the many AMAB (assigned male at birth) women who experienced puberty (including laryngeal growth) before transitioning, hormones cannot raise the fundamental vocal pitch. The most common option for raising vocal pitch in trans women is through speech therapy and in singing with vocal exercises. Although the physical composition of the vocal folds and vocal tract will not change, individuals can train the vocal mechanism in order to align their vocal quality and pitch level with their chosen presentation.

A characteristic that is generally associated with a feminine speech quality is increased fundamental pitch, which should be at least 180 Hertz (Hz). Some studies have indicated that pitch can be perceived as feminine with frequencies as low as 155 to 165 Hz, and other studies have suggested the frequency needs to be around 238 Hz to be unanimously perceived as female. The consensus among studies, however, is that 180 Hz is an appropriate goal for a fundamental frequency that will be perceived as feminine. Other vocal characteristics that are significant to a voice being perceived as feminine are increased breathiness; increased vocal variability in regard to pitch, volume, duration, and intonation contours; and an increase of the second formant. This formant increase is typically achieved by using a more forward tongue position and a more horizontal mouth shape.

The increase of vocal pitch through speech therapy can be incredibly effective, but because this is achieved through conscious manipulation of the vocal mechanism, singers should be aware that substantial treatment of pitch might lead to hyperfunctional laryngeal use and voice fatigue. An alternative approach that some laryngologists prefer is to administer laryngeal surgery to permanently raise the fundamental pitch. However, the consensus among researchers is that vocal quality tends to diminish with pitch-raising surgery.

Nonbinary Voice

Genderqueer, gender-fluid, agender, and other nonbinary singers do not fit into a single category or mold. Many of these singers have not medically transitioned, but some pursue physical changes through hormone therapy and other medical treatments. If the singer is taking testosterone in order to experience a lower voice, the vocal progression may be similar to someone with a transmasculine voice. If the singer is using estrogen and speech therapy/vocal exercises to achieve femininity, the process may be similar to that of someone with a transfeminine voice.

Emerald Lessley

See also Hormones, Adults; Hormones, Youth; Jorgensen, Christine; Representations in Popular Culture; Tipton, Billy; Voice Training

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Muslim People

Through most of Islamic history, Muslims have faced familial, social, and sometimes legal pressure to adhere to the norms of the sexes they were assigned at birth. Deviating from these norms could mean conflict, ostracism, and other penalties—often in the name of religion. Although it is problematic to apply contemporary Western labels and ideas of gender to those who lived in the past or in non-Western cultures, the challenges gender-nonconforming Muslims have faced relate to compliance with gendered expectations, regardless of the labels they claimed. Precolonial Islamic cultures sometimes fostered greater freedom of sexual behavior and gender expression, but repression and erasure of gender variance have been common in postcolonial times in Muslim-majority nations, just as it has in the West. In the late 20th and early 21st centuries, however, trans Muslims experienced unprecedented visibility and opportunities to live authentically.

Diversity of Muslim Identity

Soon after the first Muslim community was established in the Arabian Peninsula in the 7th century C.E., Islam spread to Africa, central and east Asia, the Balkans, and the Iberian Peninsula. Subsequent trade and migration brought Muslims to virtually every corner of the globe, including North America. Colonialism also brought European—and, later, American—ideas to Muslim-majority territories, affecting their laws and cultures.

In 2017, 3.45 million U.S. residents identified as Muslim. Some U.S. Muslims are immigrants or the children of immigrants. Nearly a quarter are converts (often called "reverts"). Some descend from enslaved Africans, 30% of whom were Muslim, and have reclaimed their ancestors' faith.

This ethnic and racial range results in a richly varied trans Muslim population. For those who are devout or converts, Muslim identity may be primarily rooted in religion. For those who are not religious, the relationship to Islam may be primarily cultural—and may even coexist with rejection of Islam as a religion.

These differences lead trans individuals to place varying importance on Muslim doctrine. However, even those who are not religious are affected by the beliefs and practices of observant Muslims, including family members, peers, community religious leaders, and, in Muslim-majority nations, legal authorities.

Gender in Muslim Culture

Pervasive gender segregation is common in many Muslim communities and complicates trans Muslim lives. In the majority of Sunni and Shia mosques, as well as minority sects like Mahdavis, there are designated men's and women's prayer spaces, entrances, and social areas. This strict gender separation may be relaxed in some communities in the United States and among some minority sects, such as Ismailis, but it continues to be a common feature of Muslim life.

When gender determines one's literal place in society, defying gendered expectations is especially risky. Trans Muslims who identify as nonbinary—or look gender ambiguous—are repeatedly faced with social and religious situations that mirror the public bathroom dilemma faced by so many trans people. The limited mainstream theological support for trans Muslims has only reinforced this strict binary.

Through the Religious Lens

Although religious doctrine and congregational life are not the only—or even the primary—influences in the lives of all trans Muslims, religion provides a common backdrop.

Historical Sources

The Qur'an and *ahadith* (singular: *hadith*), which report the Prophet Muhammad's words and actions, do not explicitly address gender identity. However, the ahadith provide insight into Muhammad's views on gender diversity. Muhammad knew and accepted people known as

mukhannathun (singular: *mukhannath*), including one who was a frequent visitor to his household. *Mukhannathun* is sometimes translated as "eunuchs," but ahadith indicate Muhammad knew both mukhannathun and eunuchs and recognized them as distinct categories. The term *mukhannath* itself is believed to be a reference to feminine traits exhibited by people assigned male at birth, not anatomical characteristics like having been castrated.

In Surah 24, Verse 31, the Qur'an is believed to refer to mukhannathun in a list of males before whom women may be less modest. The implication is that mukhannathun were not like other males and were not attracted to women.

Recent Rulings on Gender Transition

The first known ruling by an established Muslim authority in support of trans Muslims came in 1987 from a surprising source: the Ayatollah Ruhollah Khomeini, the Supreme Leader of Iran and the religious leader (*marja'*) of the largest branch of Shia Islam. When Maryam Khatoon Molkara, a trans woman, presented her case, Khomeini issued a *fatwa* (religious ruling) supporting her physical and legal transition.

A year later, the transition of Sally Mursi, a trans woman in Cairo, resulted in a fatwa issued by the Grand Mufti of Egypt, Muhammad Sayyid Tantawy, a Sunni Muslim cleric. Tantawy's fatwa stated that gender change surgery was not only permissible but also obligatory.

A number of independent contemporary Muslim scholars, such as Scott Siraj Al-Haqq Kugle, who authored *Homosexuality in Islam,* have affirmed that trans Muslims have the right to transition and live full lives in the gender with which they identify.

Problems With the Rulings

The impact of Tantawy's ruling is limited by the nonhierarchical and sometimes informal nature of Sunni religious leadership. As Grand Mufti of Egypt, Tantawy's position carried a great deal of authority, but it did not extend beyond Egypt, and his fatwa was not viewed as a precedent that others must follow.

For Shi'ite Muslims, Khomeini's 1987 fatwa led to policies supporting medical and legal transition in Iran. Those policies, however, also introduced new means of erasure of lesbians and gay men, whose sexual orientations are seen as "curable" by means of gender change surgery.

Both rulings had implicit problems. They do not address the structural obstacles of sexism that prevent those assigned female from accessing legal and medical transition. The rulings also assume trans identity always leads directly to swift and successful medical transition.

Nonbinary Muslims

Notably, rulings in favor of transition omit mention of nonbinary individuals and others who may not want or be able to medically transition. Coupled with stigma associated with crossdressing, this forces a devastating choice: comply with accepted norms for one's sex assigned at birth, transition and comply with the "opposite" gender's norms, or live in constant conflict with society, excluded from community with no door through which to enter—often literally.

Exceptions do exist, however. In some Muslim cultures, gender-nonconforming individuals assigned male at birth have been recognized as an alternative gender. The *khwaja sara* (often called *hijra*) communities of Pakistan and India are perhaps the best-known example—especially since their legal recognition as a third gender in Pakistan in 2009 and in India in 2014. Other examples include Oman's *khanith,* Nigeria's *'yan daudu,* and Indonesia's *waria*. In recent years, holders of these traditional identities have faced dual challenges: from those who would have them conform to traditional binary gender norms and those who would have them adopt Western ideas of trans identity.

Ignorance and Prejudice Remain

Frequently, knowledge of trans-affirming rulings does not reach the average Muslim or ease prejudice. Trans Muslims continue to face discrimination, ostracism, or even violence. Some find acceptance in their religious communities, but many do not. Some do not take the risk of finding out, choosing to remain connected to their communities while concealing their true gender, if they have not transitioned, or choosing not to reveal their history, if they have transitioned. Many, though, join the two thirds of American Muslims who are "unmosqued," or not affiliated with any mosque.

Beyond the Religious Sphere

The 20th and early 21st centuries saw waves of feminism and movements for gay, lesbian, bisexual, and, later, trans rights, which pushed issues of gender equality, sexual orientation, and gender identity into the public eye around the world. At the same time, the Internet allowed trans Muslims to access information and connect with others.

Building Community

Initially, contemporary trans Muslims in the West found opportunities to come together in settings with other LGBTQIA+ Muslims. The first organized gathering of trans Muslims in the United States took place at a 1999 conference of Al Fatiha, an organization for LGBTQIA+ Muslims that was founded in 1998 by Faisal Alam, a cis queer man, and included three trans people on its *shura* (advisory council). In 1999, Faizan Imaan and other British LGBTQIA+ Muslims came together and soon formed Imaan in the United Kingdom. In 1991, Salaam Canada was founded by El-Farouk Khaki, a cis gay lawyer and activist, and then closed due to threats of violence in 1993; in 2000, it relaunched as the Salaam Queer Muslim Community. In 2011, LGBTQIA+ Muslim leaders in the United States formed a new organization, the Muslim Alliance for Sexual and Gender Diversity, which hosts retreats and advocates for LGBTQIA+ Muslims.

Virtual Communities

While a limited number of trans Muslims met in person, many more gathered in virtual spaces such as chat rooms, listservs, and email groups. In 1999, the email group Iman served feminist Muslims who identified as lesbian, bisexual women, or trans. The TransMuslims email group, started in 2001 by Al Fatiha, grew to over 500 members and existed until Yahoo terminated its group platform in 2019. With the advent of social media, new opportunities to connect included the Trans Muslim Support Network on Facebook and Tumblr.

Trans Muslims in the Wider Community

Trans Muslims sometimes find support outside the Muslim community, among those with whom they share other identities, such as disability or South Asian ethnicity. Anti-Black racism in the dominant U.S. society and within Muslim communities has contributed to some Black trans Muslims seeking support in Black-specific community and creating Black queer and trans Muslim spaces.

Trans Muslims have a role in the larger trans movement as well. Since 2011, the Philadelphia Trans Wellness Conference has included Muslim prayers and workshops led by trans Muslims who formed the Trans and Muslim Project, backed by Transfaith, a multifaith organization that supports trans religious and spiritual leadership. On the legal front, Gabriel Arkles, a trans Muslim attorney, served on the team that brought a trans woman's wrongful termination case to the Supreme Court, which ruled in 2020 that LGBTQ+ individuals are protected by the 1964 Civil Rights Act that bars sex discrimination.

Trans people of Muslim faith or background also have brought their experiences into the public eye. In 2015, British filmmaker Faizan Fiaz used their expertise as a video journalist and their personal experience as a nonbinary Muslim of Pakistani ancestry to create the award-winning film *Poshida: Hidden LGBT Pakistan.* In 2018, genderqueer writer Yas Ahmed and artist Zulfikar Ali Bhutto co-curated "The Third Muslim: Queer and Trans* Muslim Narratives of Resistance and Resilience," an exhibit of work by over a dozen Muslim artists. Trans playwright Mashuq Mushtaq Deen won a 2019 Lambda Literary Award for his play *Draw the Circle,* a queer tale of love and Muslim family. In 2020, J Mase III, a Black trans queer poet and educator with roots in Christianity and Islam, and Lady Dane Figueroa Edidi, who also has Muslim ancestry, coedited *The Black Trans Prayer Book,* an interfaith volume featuring the work of Black trans people. That same year, Zeyn Joukhadar, an award-winning Syrian American nonbinary writer, released *The Thirty Names of Night,* a novel about an Arab American trans boy. Along with lesser known creations, these works offer glimpses into the variety of trans Muslim experiences.

Hope for the Future

Creating Space for Religious Inclusion

Slowly, the doors of religious communities have begun to open to trans Muslims. In South Africa, the Al-Fitra Foundation mosque was founded by

gay Imam Muhsin Hendricks in the early 1990s to offer acceptance and healing to queer Muslims. In 2007, Ani Zonneveld and Pamela K. Taylor—both straight cis women—founded Muslims for Progressive Values, which advocates for LGBTQIA+ Muslims and has an inclusive congregations network. In 2009, El-Farouk Khaki, Troy Jackson, and Laury Silvers cofounded the El-Tawhid Juma Circle (ETJC) in Toronto. ETJC serves an international community with live-streamed services and a network of affiliated congregations that welcome LGBTQIA+ Muslims.

Moving Beyond Welcome

In the early 21st century, trans Muslims began taking religious leadership roles and creating new, affirming religious communities. In 2008, Shinta Ratri opened the first Islamic school for Indonesia's *waria* community. In 2010, Tynan Power launched the Pioneer Valley Progressive Muslims/Masjid Al-Inshirah in Northampton, Massachusetts, establishing the first known congregation founded by a trans Muslim man. In December 2016, Mahdia Lynn, a trans woman, cofounded Masjid Al-Rabia in Chicago as a pluralist congregation centering inclusivity and accessibility. Masjid Al-Rabia's community reaches Muslims around the world and is active in prison ministry.

Tynan Power

See also Ancient and Medieval Times; Asian American People; Black People; Hijras; Immigrants and Immigration; Religion/Spirituality of Trans People; Religion/Spirituality, Support of/Opposition to Trans Rights; South Asian Trans People; Third and Fourth Gender Roles

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Muxes

In the Istmo region of Oaxaca, Mexico, there exists a culture of indigenous origins known as the Istmo Zapotec. The Zapotec civilization has been present in this region since at least the 14th century, thus predating the arrival of Spanish conquistadors in the 16th century. Historical records demonstrate that conquistadors witnessed indigenous males who dressed in female-typical attire and had sexual relations with other males. Although such behavior was condemned by the Spanish and repressed throughout the following centuries, more recently, there has been a renaissance in diverse gender expression in this region. In the 21st century, the Istmo Zapotec have become known for their unique and accommodating approaches to gender diversity because of their recognition of a "third" gender category for males who are sexually attracted to cisgender men (i.e., androphilic). These third gender androphilic males, known as *muxes,* are recognized by the Istmo Zapotec as distinct from cis men and women while possessing characteristics of both. This entry will provide a brief overview of different aspect of muxes' lives, including their gender presentation, sexuality, and their acceptance and discrimination by their families and the Istmo Zapotec in general.

The term *muxe* likely originates from a Zapotec adaptation of the Spanish word *mujer,* which means "woman." However, it has also been suggested that the word *muxe* derives from the word *namuxe,* which is Zapotec for "shy," "timid," or "cowardly." At the time of writing, the Istmo Zapotec use the term *muxe* to describe a male who is sexually attracted to cis men and enacts both male-typical and female-typical gender roles. It is widely believed that when there is one muxe in the immediate family, there is likely to be at least one other among one's extended relatives. Research

provides support for this belief and indicates that muxes have a greater number of *muxe* relatives than do heterosexual men. This same research indicates that approximately 3% to 6% of males among the Istmo Zapotec population are muxes. Although this prevalence rate is not high, the muxes are nonetheless very prominent members of Istmo Zapotec culture, in part because they enjoy a high level of public acceptance.

Muxes' Gender Role Enactment

The Istmo Zapotec recognize two types of muxes: *muxe gunaa* and *muxe nguiiu* (Zapotec for muxe "woman" and muxe "man," respectively). Muxe gunaa routinely dress in women's clothing and present publicly in a relatively feminine manner, whereas muxe nguiiu routinely dress in men's clothes and present publicly in a relatively masculine manner. According to some definitions, both types of muxes would be considered transgender given that their gender identity differs from the gender assigned to them at birth (i.e., male). However, muxe nguiiu generally enact male-typical gender roles and are more accurately described as cis. In contrast, muxe gunaa enact generally female-typical gender roles and are thus accurately described as transgender. Despite these differences, both types of muxes are relatively feminine when compared with cis heterosexual males, albeit to differing degrees.

As early as age 3, feminine boys can be identified as muxes by family and community members. Common displays of childhood femininity in muxes include preferences for playing with dolls and other "girl" toys, having girls as playmates, imitating mothers more than fathers, preferences for dressing up in girls' clothing, and doing house chores that are usually given to girls more often than boys. Additionally, Istmo Zapotec mothers sometimes take their muxe children out into the market and the streets in order to teach them business trade, as they normally would with their daughters. These female-typical displays during childhood usually occur alongside an aversion toward male-typical activities such as rough-and-tumble play, playing with "boy" toys, and having boys as playmates. Although quantitative research has found that both types of muxes recall more sex-atypical behaviors during childhood than heterosexual men, transgender muxe gunaa recall significantly more than cis muxe nguiiu.

Muxes are known for embracing a variety of occupations within Istmo Zapotec culture. While many are considered feminine (e.g., clothing designer, embroidery, sewing, cooking, and event decorators), their occupations also include ones traditionally held by men (e.g., cab drivers, public officials, and politicians). Previous qualitative studies of muxes in the workplace have found that wage labor jobs (e.g., structured labor under a contract of employment) are mostly occupied by muxes who have a masculine gender expression (i.e., muxe nguiiu), while self-employment is more common among muxes who have a feminine gender expression (i.e., muxe gunaa). Other studies have found similar associations between social class and muxes' gender role enactment. Cis muxe nguiiu tend to come from higher social classes and work in structuralized occupations, whereas transgender muxe gunaa typically come from lower social classes and are routinely self-employed. Despite these differences, both types of muxes socialize together and, for the most part, consider each other to be members of the same community.

Male Same-Sex Sexuality Among the Istmo Zapotec

Both types of muxes are primarily attracted to masculine male sexual partners, but there are salient differences in their sexual preferences. Muxe nguiiu often engage in sexual interaction with members of their own group (e.g., cis muxes), but they typically prefer cis masculine men who self-identify as "straight." In contrast, muxe gunaa almost never engage in sexual interaction with other muxes. Instead, they seek out cis masculine "straight" men known as *mayates* (e.g., Spanish for "dung beetle") for romantic and sexual activity. Mayates engage in sexual activity with muxes by performing the insertive role during anal intercourse. They frequently do so because muxes offer them economic incentives such as money, food, alcohol, or clothes, but the desire for sexual pleasure is also a motivating factor. Despite engaging in sexual behavior with muxes, mayates mostly consider themselves "heterosexual" and routinely have sex with, and marry, women.

Mayate self-identification as "heterosexual" men is rooted in how male sexuality is conceptualized in many parts of Mexico. Labeling of an individual as "heterosexual" or "homosexual" is not contingent on the sex of the partner but is predicated instead on the roles performed during anal intercourse. While males who take the receptive role are labeled "homosexual," those who take the insertive role are labeled "heterosexual." As such, engaging in sexual intercourse with muxes, whether cis or transgender, does not make the mayates "homosexual" in the eyes of the Istmo Zapotec community as long as they take the insertive role. Nonetheless, mayates usually speak about their sexual encounters with muxes only to select confidants, choosing instead to hide or even deny such activity when questioned by others. This suggests that mayates are not nearly as well accepted as muxes.

Muxe Acceptance

Muxes typically enjoy a high degree of acceptance in the Istmo region. Perhaps the largest display of community of acceptance is La Vela de las Auténticas Intrépidas Buscadoras del Peligro (The Festival of the Authentic Intrepid Seekers of Dangers). This 4-day festival is celebrated in honor of the muxes each November in Juchitán de Zaragoza—the largest city in the Istmo region of Oaxaca. More than 10,000 locals and foreign visitors attend this festival. During the morning on the second day of the festival, a mass is held at a local Catholic Church in honor of Saint Vincent so that he can bless the muxes and the festivities. This religious display demonstrates how the local church not only accepts the muxes but also integrates them in their activities. Muxes contribute to the city of Juchitán de Zaragoza and the Istmo region in general by teaching locals about domestic violence, sex education, and AIDS awareness, thus facilitating further community integration. For these reasons, many foreigners and locals have deemed Juchitán de Zaragoza a "Queer Paradise."

There are several "folk" explanations as to why muxes are so accepted and integrated into Istmo Zapotec culture. For example, a local myth states that families turn their last-born sons into a muxe, so that they can help with household chores and assist their mothers in the local markets. Another explanation for muxes' widespread acceptance is based on the belief that muxes are hard workers and that they invest their earnings in their families. This is further highlighted by the belief that while sons and daughters will eventually get married and move out, muxes will stay with and take care of their parents during old age. Because of this, some families say that having a muxe offspring is a blessing from God. Finally, others suggest that muxes are highly accepted because they enable the local festival system through their work as embroiderers, designers, decorators, and artisans. It has been suggested that the series of traditional parties and festivals carried out yearly in Juchitán de Zaragoza represent one of the core components of the local economy. By facilitating the local festival system through their occupations, muxes also make important contributions to the economy of the region. Whatever the reasons may be for their widespread acceptance, the consensus is that muxes display numerous altruistic behaviors toward their families and make many positive contributions to the city of Juchitán de Zaragoza and the Istmo region at large.

Muxe Discrimination

Despite enjoying a high degree of acceptance, muxes often experience varying levels of discrimination throughout their lives. During childhood, some muxes deal with parents who are not accepting of their feminine behaviors and sometimes employ physical punishment to deter such tendencies. In school, muxes are often teased and bullied by boys when they refrain from playing "boy" games and socialize with girls instead. Some parents demand that muxes marry women and have children, and in some instances, muxes comply with these demands despite being exclusively attracted to cis men. Muxes, who manage to obtain wage labor jobs, typically do not wear female-typical attire because they fear that doing so would put their employment at risk. While the citizens of the Istmo region embrace gender diversity, the formal workplace still enforces national Mexican gender roles by implementing dress codes, which constrain muxes to a cis presentation. Thus, wage labor occupations are usually out of reach for muxe gunaa who dress in a female-typical manner on a daily basis. Similarly, there are some festivals and parties with strict dress codes

that deny access to muxes if they wear female attire. Altogether, the various struggles faced by muxes suggest that the reputation of Juchitán de Zaragoza, and the Istmo region of Oaxaca, as a "Queer Paradise" is an overstatement that masks the more nuanced realities of muxes' daily lives.

Francisco R. Gómez Jiménez
and Paul L. Vasey

See also Fa'afafines; Hijras; Māhū; Partners of Trans People; Third and Fourth Gender Roles; Two-Spirit People

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N

Naming Practices

Naming practices typically describe a multitude of cultural customs in which expecting parents, or a group of familial members, choose the fore- and middle name(s) for their newest family member. The reasons for which names are selected vary across time, place, and culture, yet gender is the most common influence regardless of nationality, race, and class. Accordingly, naming practices are inspired by cultural notions of gender—even those names chosen because of their androgynous character. Given forenames, just like gender, are presumed to be stable and therefore unchanged throughout a person's lifetime. The predicament, then, is when one's gender identity does not match the name given at birth. This entry considers naming practices, the role of names as related to gender identity, and name change processes within a U.S. context.

Names rely on linguistic systems and cultural patterns that themselves are gendered. Factors like name length, number of syllables, spellings, and phonetic pronunciation create patterned gender associations. Name recognition commences because of these cultural cues that facilitate feminine, androgynous, and masculine distinctions and associations. Hence, the unfamiliarity of names is an effect of gendered patterns, which are shaped by race, ethnicity, and nationality.

Forenames and surnames invite a person into personhood, belonging, and recognition. Forenames establish unique notions of an individual, and they also rely on taken-for-granted notions of gender, race, ethnicity, class, religion, and national origin. Such assumptions are problematic when given forenames do not match gender identity. Because forenames are based on the gender binary, being called a name that is gendered female or gendered male can cause discomfort and distress for persons who do not identify with assigned birth sex. Androgynous forenames, however, may not cause discomfort and distress for the same reasons as the names that are based on the gender binary. It depends on whether a person's gender identity aligns with the name or not and if they experience misgendering because of their given name. Indeed, androgynous names are most often given to people assigned female at birth more than people assigned male. In turn, over time, androgynous names become associated with female people. Thus, names and naming practices among trans people are an important element of social and legal gender transition.

The majority of trans persons want to change their given forename so it better aligns with their gendered sense of self. Nicknames often emerge first as individuals try them on, and over time, these transform into new names based on sense of fit. For more permanent name changes, trans people take multiple approaches. For some, renaming practices expand across significant time periods, whereas for others, name selection happens more quickly. Some trans people include intimate partners, parents, and significant family members in their renaming practices. Such inclusion both honors parents' initial authority in naming decisions but also facilitates relationship maintenance between parent(s) and (adult) child. Also true,

however, is that parents can be resistant to name changes, since they are the originators of a person's initial name(s). Ultimately, family naming traditions, trends, aesthetics, cultural tradition, and religious belief systems are part and parcel of renaming choices among trans people.

It is commonplace for binary trans-identified people to choose names within the gender binary. Conversely, nonbinary trans people frequently and deliberately choose androgynous names so that their gender is not easily recognized as in alignment with their gender embodiment. However, this is not to say that androgynous names are only chosen by nonbinary trans people or that binary trans people do not choose androgynous names. Androgynous names are intentionally chosen as a technique to resist gender normativity.

Naming is also a disciplinary tool of possession, which simultaneously upholds systems of the nation-state, white supremacy, patriarchy, and transnormativity. For example, during U.S. chattel slavery, enslaved African persons were renamed according to their white slave masters. The colonial system of marriage renamed women such that their surname became the same as their husband's, legally collapsing them into their husband's possession and establishing maiden names as an effect of patriarchy. The medicalization of gender transition created gatekeeping mechanisms as detailed in the World Professional Association for Transgender Health (WPATH) Standards of Care (SOC) guidelines. Versions 5 through 6 (1998–2011) of the SOC required trans people to legally obtain new names, stating that forenames needed to be gender appropriate, which effectively upheld white, middle-class transnormativity.

In the United States, name changes are accomplished via common-law processes and civil law procedures. Civil law procedures are costly, and they rely on juridical oversight and the requirement to publish all previous and new names in newspapers of general circulation. Name changes among trans people have been based on assumptions of deception and criminality. Post-9/11 surveillance systems that rely on data-matching processes have extended these assumptions. Identity credentials, like names and gender, that do not match across identification documents (e.g., driver's license, social security records, passports), get flagged as suspect. Data-matching security techniques bleed into institutional structures that shape access to life opportunities. For example, identity credential matching is customary within educational (e.g., federal student aid forms, diplomas) and employment (e.g., Social Security Administration, previous employment referrals) processes; such verification practices produce eligibility and legitimacy. In this way, as numerous critics have observed, both trans people and immigrant peoples navigate systems designed to monitor, discipline, and exclude them based on white supremacy, patriarchy, and transnormativity.

Renaming practices among trans people can be important expressions of the self, and in turn, choosing a new name can be seen as a transformative act of resistance.

Tre Wentling

See also Coming Out; Misgendering; Nonbinary Genders; Social Transition; Transnormativity

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National Center for Lesbian Rights

The National Center for Lesbian Rights (NCLR) is a nonprofit legal organization based in San Francisco, California, that seeks to achieve civil and human rights for LGBTQ+ people through

litigation, legislation, and public education. NCLR has litigated many cases involving trans plaintiffs and helped to pass laws and policies protecting trans and LGBTQ+ people in employment, housing, sports, public accommodations, health care, prisons, and schools.

History and Staffing

NCLR was founded in 1977 by Donna Hitchens, then a recent law school graduate, as the Lesbian Rights Project of Equal Rights Advocates, a national legal organization for women. Hitchens initially envisioned NCLR as an advocacy organization for lesbians, particularly for those losing custody of their children. Almost immediately, however, NCLR began to represent gay, trans, and HIV+ people, as well as lesbian parents, and to advocate on a wide range of legal issues facing the entire LGBTQ+ community. NCLR incorporated as an independent not-for-profit in 1988, and despite the continued use of "lesbian rights" in its name, it has become an inclusive LGBTQ+ organization whose staff and advocacy reflect the full spectrum of LGBTQ+ people and issues.

Throughout its history, NCLR has been led by strong, influential national leaders. In 1990, Donna Hitchens, its founding executive director, become the first openly lesbian candidate elected to the California bench. Roberta Achtenberg succeeded Hitchens as NCLR's executive director in 1983. Achtenberg later served as the assistant secretary of the U.S. Department of Housing and Urban Development, becoming the first openly lesbian or gay public official whose appointment to a federal position was confirmed by the U.S. Senate. Achtenberg was succeeded by Elizabeth Hendrickson, who was appointed to California's Alameda Superior Court in 2003.

NCLR's longest-serving executive director, Kate Kendell, led the organization from 1996 to 2018. Under her leadership, NCLR gained national visibility in the legal campaign for marriage equality and expanded its reach by creating a Washington, D.C. office led by Maya Rupert. Rupert worked with numerous federal agencies to adopt internal policies prohibiting anti-LGBTQ+ discrimination and was instrumental in securing protections for LGBTQ+ people in the regulations implementing the Affordable Care Act.

Since 2020, NCLR's executive director has been Imani Rupert-Gordon, who joined the organization after leading Affinity Community Services, the nation's oldest Black LGBTQ+ social justice organization. Under Rupert-Gordon, NCLR has expanded its commitment to working in coalition with other civil rights movements and to ensuring that the legal gains made by the LGBTQ+ movement are accessible to all LGBTQ+ people.

NCLR's legal director, Shannon Minter, is a trans man. When Minter came out as trans in 1996, he was the first openly trans person to undergo a gender transition while working for a national LGBTQ+ legal organization. Along with Phyllis Frye and other trans leaders, Minter played a key role in urging other national LGBTQ+ organizations to embrace trans issues and include trans people as part of their missions.

In 2000, NCLR sponsored Christopher Daley to start the Transgender Rights Project, with the goal of incubating an independent legal organization for trans people in California. Two years later, Daley and Dylan Vade launched the Transgender Law Center, which has become the largest legal advocacy group for trans people in the United States.

Legal Work

NCLR has won precedent-setting legal victories for trans people in all stages and aspects of their lives. For example, it has represented trans youth in discrimination cases, resulting in trans students being able to use school bathrooms and locker rooms in keeping with their gender identities and requiring school administrators to address anti-trans bullying. In 2014, NCLR helped abolish Medicare's decades-long ban on transition-related surgeries, and in 2018, the group obtained one of the first rulings in the country that said that discrimination on the basis of trans identity is sex discrimination under the Affordable Care Act. NCLR has also succeeded in cases where trans people were being discriminated against in the workplace, such as being fired when outed by identity documents or denied transition-related care under their employers' health insurance policies. Some of the group's litigation in support of trans people's right to access transition-related care has involved prisoners. An NCLR case resulted in

the federal Bureau of Prisons, the largest prison system in the world, ending its discriminatory policy of banning the initiation of hormone medication for trans prisoners. In 2019, NCLR won a landmark victory in *Edmo v. Corizon, Inc.,* in which a federal court ruled that an incarcerated trans woman must be given medically necessary gender-affirming surgery. In another recent case, NCLR partnered with GLBTQ Advocates and Defenders to challenge President Trump's ban on military service by trans people.

Programs and Campaigns

Since its founding, NCLR has launched innovative programs and campaigns to address emerging issues. In 1993, NCLR became the first national legal organization to create a project for LGBTQ+ youth. NCLR's Youth Project focuses on keeping LGBTQ+ youth out of the foster care and juvenile justice systems by promoting policies that support them and their families and encourage family acceptance. It also created a specific Transgender Youth Project to provide legal information and support to trans youth and, in 2014, launched Born Perfect: The Campaign to End Conversion Therapy to prevent LGBTQ+ children and youth from being harmed by this dangerous practice. As of 2020, the campaign has helped pass laws banning conversion therapy in 20 states and more than 70 localities.

In 2001, NCLR began a Sports Project, which has represented LGBTQ+ athletes and coaches in discrimination cases and advocated for trans-inclusive policies in K–12, collegiate recreational, and professional sports. One of NCLR's first trans youth clients was Jazz Jennings, who had to fight for her right to play on a girls' recreational soccer team. On the K–12 level, NCLR has worked with 18 state athletic associations to develop policies that permit trans athletes to play school sports.

Other NCLR programs include its Family Protection Project, which provides resources and assistance to poor and low-income LGBTQ+ parents and couples, and its Immigration and Asylum Project, which gives direct legal services to LGBTQ+ immigrants, detainees, and asylum seekers. Since 1994, the project has represented nearly 500 LGBTQ+ asylum applicants.

Shannon P. Minter

See also Discrimination; Health Care Access, Legal Issues; LGBTQ Movement, Trans Inclusion In/Exclusion From; Marriage, Divorce, and Parenting, Legal Issues; Youth and Teens, Legal Issues

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National Center for Transgender Equality

The National Center for Transgender Equality (NCTE) was founded in 2003 to be a voice for trans people in Washington, D.C. and around the country. NCTE has been the leading advocate for trans-inclusive federal policies and one of the main organizations working for trans rights on the state level. The group conducted the two largest studies of trans people in the United States and, in 2017, created a political affiliate to increase the importance of trans issues in electoral politics.

NCTE was founded by Mara Keisling and a diverse board of directors after years of activists being concerned about the dearth of trans voices in federal policymaking. The federal government often ignored and was sometimes hostile to trans people in developing policies. Deep frustrations also existed regarding what had been the "gay rights movement," which was thought to be too slowly evolving into an LGBTQ movement. Lesbian and gay rights organizations, most of which had no trans staff members and did not include trans people as part of their mission statements, were viewed by policymakers and the public as speaking for trans people. The lack of a strong, professional trans voice in D.C. was viewed

by many trans people as inappropriate and insufficient, even though NCTE was preceded by organizations such as the National Transgender Advocacy Coalition (all-volunteer), GenderPAC (which focused on gender), and the Transgender Civil Rights Project of the National Gay and Lesbian Task Force (now the National LGBTQ Task Force).

NCTE's theory of change has been that public policy can improve or harm trans people, and therefore trans people must have an assertive, knowledgeable voice at every policymaking table. This is especially true at the federal level, where decisions are made through specific and established institutions and relationships. Early on, NCTE undertook successful work on state and local policies and in getting "gender identity" added to federal hate crimes legislation (which passed in 2009 as the Matthew Shepard and James Byrd Hate Crimes Prevention Act). But its primary initial policy goals were transforming the gay rights movement into the LGBTQ rights movement and adding gender identity and expression language to the Employment Non-Discrimination Act (ENDA), which was then pending before Congress and covered only "sexual orientation."

A significant step toward making the gay rights movement more inclusive occurred in 2007, when NCTE and the National Gay and Lesbian Task Force led a coalition of more than 425 trans and LGBT groups known as United ENDA, which demanded that Congress not pass ENDA without gender identity protections. Although no version of ENDA was enacted, the United ENDA campaign was a turning point in LGBTQ activism, leading to the solidification of an LGBTQ movement fully committed to trans rights.

ENDA had been the legislative priority for lesbian and gay rights organizations since it was first introduced in 1993, but gender identity protections were not included until 2007. ENDA was replaced in 2015 with the Equality Act, which would ban discrimination based on sex, sexual orientation, and gender identity not just in employment but also in public accommodations, education, housing, and credit. The Equality Act has yet to become law as of 2020.

NCTE has grown increasingly involved in state advocacy, which has included pushing states to make it easier for trans people to change names and gender markers on identification documents (e.g., driver's licenses and birth certificates) and to enact policies requiring health insurance companies and systems (such as Medicaid) to cover transition-related health care. NCTE maintains comprehensive resources on its website to assist people with navigating the complex state and local policies on ID documents, as well as navigating health care systems. NCTE has also supported efforts to pass state antidiscrimination laws and fought against state legislation that would allow discrimination against trans people. In 2016, NCTE played an instrumental role in condemning North Carolina's law that required people to use public restrooms that matched the gender marker on their birth certificates. As a result of coalition work against it, the law was never fully implemented and the governor who championed it was not reelected.

During the Obama administration, NCTE focused on changing federal administrative policies, which led to more than 100 policy advancements for trans and LGBTQ people. Victories were achieved throughout the federal government, including on ID documents, housing (shelters), immigration, federal prisons, employment, education, health care, and military service. Another successful approach during the Obama administration was advocating for federal sex discrimination laws to be interpreted to include protections based on gender identity, while also pushing for explicit legal protections based on gender identity/expression.

During the Trump administration, NCTE was a leader in resisting federal policy rollbacks. In 2018, NCTE launched the "Won't Be Erased" campaign in response to a leaked White House memo that outlined a strategy to overturn protections for trans people. To document and raise awareness of the anti-trans actions of the Trump administration, NCTE also catalogued each loss on its website in a project called "The Discrimination Administration" (https://transequality.org/the-discrimination-administration).

In 2008, NCTE worked with the National Gay and Lesbian Task Force to establish and conduct the National Transgender Discrimination Survey, which, with over 6,700 participants, was the largest study of the trans population at the time. Previously, advocates had to rely almost entirely on telling individuals' stories of discrimination to try to persuade policymakers. In 2015, NCTE conducted a larger study, the United States Transgender Survey, which had nearly 28,000 participants. It is now the go-to source for data about trans people.

In 2017, in response to Trump's election, NCTE created the National Center for Transgender Equality Action Fund (NCTEAF), an affiliated 501(c)(4) political organization, in order to expand governmental lobbying and participate in electoral politics more fully. In 2019, NCTEAF launched a project called "TransForm the White House," in which Democratic presidential candidates gave video interviews about how they would support the trans community. In 2020, NCTEAF became the first national LGBTQ rights organization to endorse Joe Biden's candidacy for president.

Mara Keisling and Lisa Mottet

See also Activism; Gender Identity Discrimination as Sex Discrimination; Nondiscrimination Laws, Federal, State, and Local; United States Transgender Survey (USTS)

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NCLR

See National Center for Lesbian Rights.

NCTE

See National Center for Transgender Equality.

Neurodiversity

Multiple studies have found that the trans population contains greater neurodiversity than the cisgender (cis) population, with estimates of 5% to 15% of trans people also being autistic. These studies have focused primarily on the higher prevalence of one type of neurodivergence—autism. This higher prevalence indicates that autistic experience contributes to greater gender diversity or, alternately stated, that allistic (nonautistic) experience contributes to reduced gender diversity in the population. Neurodivergent trans people experience barriers to care among autism service and gender care providers, owing to lack of understanding regarding this intersectional experience. These barriers may be lowered through increased education about the trans autistic experience and by including trans autistic people in the development of research, training, and clinical practice guidelines. This entry describes the nature of neurodiversity and the spectrum of autism, differences in how people with autism and other forms of neurodiversity process information and how this shapes their experiences, the effects of societal responses to individuals who manifest neurodiversity, the intersection of autism and trans identities, and suggestions for how care providers, educators, and families can contribute to the care and support of trans autistic people.

Language and Definitions

A neurodiverse population includes people with a range of neurological experiences, just as a gender-diverse population includes a range of gender identities, such as agender, cisgender, binary trans, and nonbinary trans people. A neurodiverse population may include people whose cognitive and sensory experiences fall within a societally accepted norm (neurotypical) and those whose sensory and cognitive experiences fall outside the norm (neurodivergent). Examples of neurodivergence include Tourette's syndrome, attention-deficit/hyperactivity disorder (ADHD), autism, traumatic brain injuries, dementia, and synesthesia. Autistic people have been leaders in the neurodiversity rights movement, which recognizes neurodivergence as a diversity issue among minds, rather than as pathology. Many of the principles for supporting trans autistic people will also be applicable for supporting other forms of neurodivergence among trans people, including ADHD, Tourette's syndrome, and intellectual disabilities.

Autistic Experience

Autism is a heterogeneous experience, consisting of a number of differences in sensory and executive functioning, each of which may be experienced to

different degrees. In addition, the intensity of these sensory and processing experiences fluctuates depending on internal changes, such as fatigue or discomfort and external context, such as weather and social welcome. For example, when an individual is experiencing fatigue or social rejection, they may have a harder time with auditory filtering or cognitive processing, as they have less energy available and are under greater stress. This is true for everyone; autistic people experience greater stress due to sensory processing issues and social discrimination and rejection and, hence, are more affected by their physical and social environment.

Commonly, the autism spectrum has been envisioned as a line, moving from least to most neurotypically functioning. Problems with this linear perspective include the positing of neurotypical ability as the baseline for measurement, a bias toward neurotypical observers' interpretations and perceptions of behavior, and failure to represent the variance in degrees of autistic traits within an individual. For example, a nonspeaking person may have high sensitivity, mixed memory abilities, very high language comprehension, and low oral communication abilities. Autistic heterogeneity is better represented with a spiderweb chart, with different rays from the center representing the extent of each characteristic.

Autism has been medically described by deviance from neurotypical presentations with regard to social communication, interactions, behaviors, and activities. The autistic person's experience differs from the observer's experience and is fundamentally one of sensory and cognitive processing differences. Failure to be met, or to fit, in a neurotypically centered world, along with chronic oppression, stigmatization, and abuse, causes distress from an early age. This distress, when filtered through autistic neurology, results in the communication differences and behaviors that people associate with autism and with significant levels of anxiety, depression, and health consequences.

Neurological Differences Among Autistic People

Autistic people have a saying: "If you've met one autistic person, you've met one autistic person." This saying reflects their understanding of the wide diversity in the mix and the degree of neurological traits. Nevertheless, there are enough similarities to create a general understanding of perceptual and cognitive characteristics. Sensory experiences tend to be heightened, while some report hyposensitivity. It is not yet clear whether this hyposensitivity begins as hyposensitivity or is a numbing of preexisting hypersensitivity. Sensitivity differences between autistic and allistic people are not confined to externally generated phenomena such as texture, sound, light, smell, and taste but also involve internal sensory experiences. The internal felt senses of interoception, proprioception, and vestibular sensation can also be hyper- or hyposensitive or a combination of the two. Interoception is the experience of the internal processes in the body and how we feel, and it includes sensations such as digestion, hunger, fatigue, and the composite body states associated with emotions. Proprioception relates to the sense of body in motion and involves how we perceive movements and, relatedly, how we enact movements. Vestibular sensation is generated in the inner ear and gives us our sense of balance and rotational movement. Autistic people are often assumed to be overreacting or underreacting to outer and inner sensations when they are truly overwhelmed in a world that is shaped by allistic sensitivity levels. Their response, whether it is direct expression of this hypersensitivity, dissociation, or masking of reactions, is one of the strongest indicators of perceptual and neurological traits of autism.

Cognitive processing differences are present in autism as well as other forms of neurodivergence, such as ADHD. For autistic people, these differences may be experienced as disabilities that require accommodation or compensatory actions in school, work, and other settings. They also may be experienced as strengths in contexts in which different neurological processing is beneficial to the self or others. Frequently experienced cognitive processing traits include differences in various forms of memory, processing speed, problem solving, and verbal fluency. These differences are often connected to feelings of shame, frustration, and anxiety. Deficits in the social cognitive skills of being able to predict another's experience (theory of mind) and being able to modulate behavior (executive functioning) are part of the medical profile of autism. However, allistic people tend to have poor theory of mind with respect to understanding autistic people's experience. In addition, insufficient attention is given to the cognitive and social

strengths of autistic people. Cognitive strengths include originality, strong long-term memory, visual thinking, hyperlexia, intensive focus, and specific skills in arts, mathematics, and logical thinking. Social cognitive strengths include non-judgmental listening, direct and honest communication, and loyalty.

Neurodivergent Experiences of Oppression and Community

Autistic and other neurodivergent individuals do not know they are different until this experience is made evident to them through ongoing correction, rejection, frustration, discrimination, and abuse. There is a growing recognition that others are doing something that they are not doing—something nuanced or complex that is sometimes difficult to perceive or, if perceptible, is difficult to enact, such as being dishonest. Efforts by caregivers, schools, and other providers to affect changes in their behavior often result in feelings of unworthiness and disempowerment.

These experiences of rejection and "wrongness," along with chronic sensory overload, lead to common co-occurring depression and anxiety, including social anxiety and obsessive–compulsive disorder. Co-occurring mental health issues may be diagnosed before autism is perceived, particularly if the individual is able to mask or compensate for their cognitive differences and their hypersensitivity.

Autistic people often form community online, where many of their sensory and social issues are greatly reduced. They may also find companionship with others who share their interests, such as theater, animal care, writing, or gaming. It is through reading online autistic and trans autistic accounts that many undiagnosed or misdiagnosed people recognize that they are autistic and trans autistic. This recognition is often, but not always, a relief, depending on the levels of internalized stigma and of family and community support.

Trans Autistic Experience

Like autistic people, trans people have a stigmatized invisible difference, which is not apparent at birth. At birth, individuals are assumed to be cisgender and neurotypical. As an individual behaves differently from what is expected, they experience correction or rejection. When an individual has both trans and neurodivergent experiences, they have an intersectional experience of oppression generated by both their neurodivergence and their gender divergence. Until fairly recently, and still in many places, efforts have been made to coerce gender-nonconforming youth to conform to behaviors expected of the gender they were assigned at birth. Similarly, the leading approach for working with autistic youth, Applied Behavioral Analysis (ABA), uses intensive behavioral strategies to condition a child to behave more neurotypically. In both cases, authentic experience and expression are rejected or suppressed, to be replaced with inauthentic behavior that conforms to societal expectation and the comfort of neurotypical cisgender people. The gender-affirming model, in which clinicians and families honor an individual's personal experience of gender, supports individuals in finding and living in their authentic selves. A neurotype-affirmative model of care would be predicated upon the same goal of honoring personal authentic experience, even if that experience is outside of the observer's own experience or understanding.

Intersectional Experiences: Gender, Age, Race, and Class

Intersectional experiences are felt within each identity group and in society as a whole. Trans autistic people may encounter accessibility issues, misunderstanding, and marginalization in both the transgender community and the autistic community. External to these identity groups, they experience extra challenges in the cisgender neurotypical centric world, including from many providers. Within identity communities, trans autistic people in autistic-led communities are gaining support, as evidenced by the renaming of the Autistic Women's Network to the Autistic Women's and Nonbinary Network. Within the transgender community, there is also more acceptance than in the cisgender neurotypical community, yet autistic needs are often not accommodated for, making these spaces less accessible or welcoming.

Trans autistic people experience more difficulty with cisgender neurotypical providers who have an implicit bias toward neurotypical and binary performance of trans identity and expression. This bias can be seen when some researchers and clinical

providers ascribe trans and gender-nonconforming behavior of autistic people as not "true trans" expression but an artifact of autistic characteristics, such as special interests or sensory preferences. Providers may fail to recognize how autistic experience can affect trans expression, and so they discount trans identity. For example, a trans autistic person may choose not to change their clothing or way of speaking while still asserting their trans identity. They may feel that it is most important that they are comfortable in their clothing and do not see the need to behave differently to be who they already are. Autistic care providers may misapprehend or misattribute gender-nonconforming expressions or gender dysphoria–related behaviors to autistic quirkiness or distress rather than considering the possibility of a trans identity.

Trans autistic people also experience other intersectional identities, including gender, race, social class, sexual orientation, immigration status, faith, and ability. Race and class have a significant impact on the identification and support of autistic people, with autistic people of color frequently being diagnosed later, not diagnosed, and misdiagnosed with conduct disorders. Trans women and transfeminine nonbinary people experience additional oppression due to transmisogyny. Immigrants may have additional fears related to disclosing either identity for fear of impact on the immigration process. People with physical and mental disabilities have to work even harder to access support for both trans and autistic care and community needs.

Supporting Neurodivergent Trans People

The combined experiences of intersecting oppressed identities, along with the internal stress of very sensitive systems and gender dysphoria, contribute to significantly higher morbidity and mortality for trans autistic people. These physical and mental health issues result from stress-related illnesses and from greater difficulty accessing responsive health care. By ameliorating these stresses, supporting effective advocacy, and rethinking care for trans autistic people, providers and caregivers can help reduce these health impacts.

The most important work for improving care and support is for providers, educators, and families to unlearn cisgender and neurotypical perceptions and expectations of communication and behavior. This is best done by reading and listening to trans autistic accounts. By creating trans- and neurodiversity-informed instructional materials, processes for access to services, sensory-friendly environments, and alternative communication modalities, trans autistic people will be better supported at home, in clinical settings and schools, and in the community.

Finn Gratton

See also Embodiment; Gender Affirmative Model; Health Care Training; Intersectionality in Research; Parents of Trans Children and Youth, Relationship Issues; Therapist Training; Transnormativity

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News Media Representations

News media serve as key sources of political information for the public. Historically, they have served as the predominant source of political information, although in the digital age, alternative sources, such as blogs and social media, have emerged to rival news media's monopoly. Nonetheless, news media remain significant sources of political information and serve as central players within the networked flow of facts, opinions, and perspectives that shape the contours of public debate on social and political issues. Importantly, news media have served, alongside entertainment media, as a primary means through which the cisgender public has received information about trans issues and identities. As such, they have been key determinants of the cis public's understanding of trans identity, as well as of their attitudes and opinions toward trans people and their civil rights.

This entry summarizes the historical development and current state of trans people's representations in news media. First, it addresses early news media representations of trans people in the United States and Europe, beginning in the first half of the 20th century and continuing through the midcentury period. Next, the entry characterizes the state of trans representation in the traditional news media of newspapers and broadcast television from the 1990s through the mid-2010s, discussing the role of these representations in the (de)legitimation of trans issues and identities. Third, it describes representations of trans people in digital news media since the mid-2010s, attending to the ways digital news representations compare and contrast with the representations of the legacy press as both the driving technologies of news media *and* social norms and values have evolved. Finally, this entry addresses the global press, describing news media's contentious role in the exportation of "trans" as an identity category central to modern society into countries across the world.

Early News Media Representations of Trans People

The earliest deliberate representations of individuals we would today classify as "trans" in news media emerged in the early 1900s, albeit without the terminology of "trans" identity. (Although news media had previously reported on instances of crossdressing and cross-gender behavior, these instances were rarely presented as indicative of an internal sense of gender identity.) By the 1930s, popular press outlets in the United States and Europe were publishing occasional accounts of medical innovations in sexual transformation, largely pioneered by German physician Magnus Hirschfeld and his associates at the Institut für Sexualwissenschaft in Berlin. In Europe, the most notable of these stories were published in Germany and Denmark, and they reported on the series of surgeries performed under Hirschfeld's supervision on Danish painter Lili Elbe. In the United States, these medical marvels were reported and debated in popular magazines and sexological journals, where they gave exemplars of possibility to other would-be transsexual women and men. Importantly, because of the medicalized nature of their coverage, these news reports provided *only* the exemplar of transsexuality—that is, of the transformation of one's anatomy via endocrinological and surgical intervention to match that of the gender "opposite" to that which one was assigned at birth. The notion of a trans identity that was not transsexual would not emerge in news media until much later.

One such individual who saw models of possibility in the news reports of the popular press was Christine Jorgensen. Jorgensen, who had been born and raised in New York City, traveled to Denmark, where she received hormone replacement therapy until she was eventually granted governmental permission to undergo genital reconstruction surgery in the fall of 1951. By that time, the term *transsexual* had been popularized as a category of self-identification by German American endocrinologist Harry Benjamin, and it ultimately became a household term following the media circus surrounding Jorgensen's operations in 1952. For most people in the United States, the unprecedented media coverage made them aware of transsexuality as a phenomenon for the first time and informed their first impressions of who trans people were.

Importantly, the news coverage that brought trans identity into public consciousness presented a very particular *form* of trans identity. Transness was, per the news media of the era, the desire to be a "normal" person of the "opposite" gender, driven

by an innate sense of the "wrongness" of one's body (i.e., the sex one was assigned at birth), which could only be overcome via the wonders of modern medicine. For trans women, who were largely the only trans people represented in news media, part of this desire was the dream of fulfilling the normative role of the middle-class, heterosexual housewife—a dream that was both explicitly and implicitly racialized as white. That is, to be trans meant to be respectable in the eyes of the mainstream U.S. society of the era. The focus on Jorgensen (and other trans people like her) was a deliberate one. Other trans people existed, including trans women of color and working-class trans people, but they did not fit within this vision of respectability, and so they received little attention from the mass news media.

Following the midcentury period and up until the 1990s, this vision of trans identity predominated. When trans people were represented in news media, they were usually trans women, they never identified outside or across the binary of "male" and "female," they were usually straight, and they were usually white. When trans people diverged from these expectations, they were depicted as aberrations and as degenerates. For example, trans people who did not pursue genital reconstruction surgery were frequently represented as "hermaphrodite" freaks who defied the very laws of nature and were, accordingly, portrayed as dangerous to society. Yet even when trans people met these rigid ideas of respectability, they were rarely afforded respect within news media. They were, rather, often portrayed as mentally ill, as unnatural deceivers, or as sexual predators. For example, trans women were often portrayed as gay men who underwent surgical transformation for the primary purpose of seducing heterosexual men. And these prejudicial constructions of trans identity reverberated in news media representations for a half century and only fell out of favor (but still did not disappear) in the late 2010s.

Trans People in Traditional News Media

The traditional mainstream news media of newspapers and broadcast television—what is often referred to as the "legacy press"—serve a key legitimating role in U.S. politics and society. It is through news media asserting the legitimacy of any given group's social and political claims that the public come to view their issues (and, for minority groups, often their very identities) as worthy of dignified attention. For trans people, representations in traditional news media were, for decades, mostly delegitimating.

By the mid-1990s, thanks both to activist Holly Boswell's 1991 article "The Transgender Alternative," published in the transgender community journal *Chrysalis Quarterly,* and to author Leslie Feinberg, who published the pivotal 1992 pamphlet *Transgender Liberation: A Movement Whose Time Has Come*, *transgender* had emerged as the term of choice for people whose gender identities differed from the sex they were assigned at birth. Transgender terminology largely came to supplant the term *transsexual,* as *transgender* afforded a broader conception of trans identity than *transsexual,* which carried with it associations of rigid binarity and normativity. Changes in the terminology used by news media, however, lagged significantly, with *transgender* becoming the dominant term only in the 2010s.

Indeed, the language and discourses used to discuss trans issues and individuals in the legacy press remained regressive throughout the 1990s and into the mid-2000s. Alongside the more obvious means of delegitimation, such as the use of slurs and name-calling and the defamation of trans persons' characters, the legacy press enacted four main categories of delegitimation of trans people. First, traditional news media outlets frequently misnamed and misgendered trans people. Often this could take the form of presenting someone's birth name in lieu of their chosen name or else placing their chosen name in quotation marks, as though it were a nickname. Additionally, trans people would be misgendered through the use of pronouns, with news outlets using the pronouns of the gender a trans person was assigned at birth, rather than those of their current gender identity. Even when trans people were not misnamed, they were often still misgendered via pronouns.

Second, legacy press outlets often misrepresented or mischaracterized trans identity, conflating trans identity with other identities, referring to trans identity as a mental illness or the result of trauma, and describing trans women as "men in dresses." Additionally, these outlets would often deploy what is referred to as "wrong-body discourse,"

or the definition of trans identity as having been "born in the wrong body." While this discourse accurately describes some trans people's experience of gender, it restricts the various identities that fall under the term *transgender* to a singular conception of (postoperative) transsexuality.

Third, traditional news media often characterized trans people as "tricksters" who live out their gender identities for the primary purpose of seducing cisgender heterosexuals. While this narrative was most often applied to trans women, usually as justification for violence against them, it was also applied to trans men. Most notably, this narrative was widely used by news outlets reporting on the death of Brandon Teena, a trans man murdered in Humboldt, Nebraska, in 1993.

Finally, the legacy press often sexualized the trans body. Most often this was done through a focus on trans people's sexual organs as the source of gender identity such that trans women were only considered women if they had undergone vaginoplasty and trans men were only considered men if they had undergone phalloplasty. To the extent that nonbinary people were reported on—which they very rarely were—their sexual organs were presumed to hold the "truth" of their "real" gender. Yet even beyond a focus on sexual organs, traditional news media outlets maintained a prejudicial focus on the normativity of trans people's gender presentations, measuring the authenticity of trans people's gender identities against their attainment of a normative cisgender appearance.

Over the course of the 2000s and 2010s, these forms of delegitimation decreased significantly, such that by the mid-2010s, the presence of delegitimating coverage in a news outlet was typically evidence of its overt conservative bias. Of course, this is not to say that coverage was not still limited in several important ways. In fact, many of these delegitimating discourses remained but in more subtle ways. For instance, trans people are frequently discussed in aesthetic terms, with an undue focus on their appearance (even when described complimentarily) as justification for their gender identity. Nonetheless, by the mid-2010s, trans issues and identities were widely held as legitimate within mainstream news media and, consequently, became subjects of legitimate political discussion for the general public.

Trans People in the Digital News Environment

The introduction and proliferation of digital technologies radically transformed the news media environment. The institutions of the legacy press moved online, and new, digital-native news outlets emerged—many of which rivaled, if not surpassed, the audience sizes of their competitor legacy press outlets. Beyond distributing exclusively online, digital-native outlets differ from legacy press outlets in a number of key ways. Perhaps the most important difference is that their issue agendas are more closely linked to those of social media, and they tend to be more transparently attentive to progressive social issues. Considering both the rapid growth of the modern trans rights movement in the 2000s and 2010s and the way social media have afforded trans people platforms for mass self-communication, the rise of digital-native news outlets has considerably affected trans people's representation in news media.

Most notably, trans representations are more frequent in digital-native news outlets than in legacy press outlets, and these representations also tend to be more explicitly sympathetic in their perspective. Digital-native news outlets also present more frequent representations of trans people of color, trans children and teenagers, and trans men than legacy press outlets. Although neither digital-native nor legacy press outlets offer representations proportional in their frequency to the size of the trans population, they have offered a significantly improved vision of trans people's diversity since the early 2000s.

That said, compared to the predigital era, the representations in legacy press outlets, in their own right, have become far more frequent and more explicitly pro-trans. Both legacy press and digital-native outlets offer increased (albeit still infrequent) representations of nonbinary people. And both types of news outlets offer a more robust set of topics that they cover, as trans issues and identities are regarded as legitimate subjects of social and political discussion. For instance, issues of discrimination, anti-trans violence, health care access, military service, and access to public accommodations form a large plurality of the news coverage of trans topics, and each is represented as an important concern for social equality. Moreover,

digital-native and legacy press attention to these issues does not, in the aggregate, differ. That is, the proportion of coverage that digital-native outlets dedicate to any given issue is approximately equal to the proportion of coverage legacy press outlets dedicate to that same issue.

In significant part, improvements in legacy press coverage since the early 2000s can be traced to the influence of digital-native outlets (as well as to the tireless work of trans activists and social movement organizations). Because legacy press outlets must now compete with digital-native outlets for a share of the information market, they must ensure that they are not missing coverage of topics or events being offered by their economic competitors, which would result in a loss of audience. Legacy press outlets, therefore, monitor the content of digital-native outlets and adjust their own coverage accordingly. Moreover, in seeing coverage of a topic or event by their competitors, legacy press outlets come to see that topic or event as legitimate news. Since digital-native outlets began dedicating significant attention to trans issues and identities in their reporting, so too did legacy press outlets. And since digital-native outlets regarded trans issues and identities as legitimate, so too did legacy press outlets. This kind of intermedia agenda-setting effect afforded trans issues and identities a pathway to representation in the wider news environment and to more legitimating representations.

Trans People in the Global Press

Nonnormative gender identities exist and have existed across cultures but often in terms that European and U.S. society do not recognize. In these cultures, understandings of gender variance have produced native identity categories, such as *hijra* in the Indian subcontinent; *muxe* in Oaxaca, Mexico; and *waria* in Indonesia. Within news media, however, these identities are often recast as "trans" identities, collapsing cultural differences into one universalized identity category of Euro-American origin. The source of this recasting is, most often, transnational media companies usually based in Europe or North America, which report on the gender-variant people of these societies as members of a global trans community. However, transnational media companies alone are not to blame. National media in these societies also participate in this conflation of "trans" identities, making the recasting of native gender categories a collaborative project. For example, the *hijra* of India are described in both international and Indian news media as being locked in battles for "trans rights." And similar dynamics are apparent elsewhere.

In other cultures, no native identity categories cover gender variance, and so "trans" is a useful cultural import. In Namibia, for example, the label of "trans" has given gender-variant people both an organizing category of identity and a collective global identity through which to build cross-national solidarity and, in doing so, leverage international news media attention as a means of effecting local change. In still other cultures, news media present simultaneous representations of "trans" identity and other gender-variant identity categories, and these representations often find themselves in tension with one another. For example, in Brazil, both trans and *travesti* are represented in news media, with trans identity being presented as the more "respectable" identity to hold.

Importantly, the label of "trans" is regarded as a superior mode of identification by global news media precisely *because* of its Euro-American origins. For example, in Taiwan in the 1950s, intersex soldier Xie Jianshun was styled the "Chinese Christine" by news media and held up as a symbol of Taiwan's technological and cultural sophistication, which they presented as rivaling the United States. In these contexts, as in others, European and North American culture are presumed to represent a universal default. That is, "trans," as a European and North American concept, is held up as a self-evident category that we should expect to find universally in modern society, and in advancing this idea, global news media essentialize European social categories as the natural state of social existence. However, while the remaking of native gender identities across the globe in a Euro-American model involves familiar dynamics of cultural imperialism, it simultaneously makes nonnormative gender identities legible in a global context and enables a transnational movement for recognition and acceptance. As such, there is an ambivalent tension whereby the global press serves as a vector of cultural power that maintains Euro-American supremacy and, at the same time, advances the

equality of trans people and those whose identities can be recast as "trans" throughout the world.

Thomas J. Billard

See also Communication; Public Opinion of/Climate for; Reality TV; Representations in Popular Culture; Scripted TV; Social Media; Social Media Influencers; YouTube

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Nonbinary Genders

Nonbinary genders is a shorthand phrase to reference genders outside of the binary paradigm of man/male and woman/female. *Nonbinary* is a fairly contemporary umbrella term (with a white Western emphasis) that contains many diverse identities and embodiments. For example, some nonbinary identities are fluid or shift over time, while others are static; some nonbinary experiences are muted, some vivid.

Nonbinary people are trans, when understanding trans to be when a person's gender does not correspond to the assignment made at birth. This is because assignment of a sex/gender category at birth is (almost always) compulsorily binary, such that nonbinary people must lay claim to a gender identity outside of what was assumed at birth assignment. However, not all nonbinary people relate to or identify as trans for a range of reasons.

This entry first considers the historical and cross-cultural narratives that lay foundations for the emergence of nonbinary as an identity category. The entry then discusses more recent history and the emergence of explicit genderqueer and nonbinary activisms and communities. The entry continues by sketching some contemporary nonbinary identities, while recognizing that an exhaustive or static list is impossible. The relationship between *trans* and *nonbinary* as social organizing concepts and identity terms is then explored. Finally, the entry summarizes the existing research on nonbinary experiences in contemporary culture and on nonbinary language, expression, and intersections.

History and Culture

It is a common misunderstanding that the gender binary is a monolithic concept "taken for granted" since the beginning of recorded history regardless of context. Over the course of the 19th century, European ideas about sex became codified as scientific or medical, rather than the conventionally accepted responsibility of the church (this was prior

to the conceptualization of "gender" outside of the context of grammar). The result of this was a gradual shift in how "deviance" tended to be understood, increasingly shifting away from "sin" and toward "medical disorder." Sexuality and sex at this time were not conceptualized separately, such that "attraction to/sexual involvement with women" was a fundamental characteristic of "the male sex." If a woman was understood to experience "same-sex" attraction (or have acted upon it), she may have been figuratively understood as "neither male nor female" or, in some contexts, subjected to medical examination for physiological differences (particularly those associated with "hermaphrodites," an antiquated term associated with intersex individuals).

Nonbinary identity categories (that are explicitly understood as such) are a relatively recent phenomenon. For this reason, historical examples of gender diversity have largely been historically conceived as simply "nonconforming" (and, by extension, "deviant") men or women. However, it is possible to look at particular groups of people who lived their lives in particular ways and usefully frame those experiences as outside the gender binary.

For example, eunuchs have appeared in various cultures and historical periods, including the Ottoman, Chinese, and Roman empires. Social stature and physical differences (removal of the testes or also of the penis) could vary between these contexts. It is debatable whether eunuchs were seen as "men" or not, but they certainly fulfilled social roles reserved for them that were not associated with men or women. These roles were not always low status—for example, eunuchs could serve as royal guards for high-status women or be trusted court advisers because their separate status from men rendered them nonthreatening. In Italy, the tradition of castrati singers continued until 1870, with the last castrato, Alessandro Moreschi, living long enough to produce recordings that survive to this day.

The *hijra,* in the Indian subcontinent, demonstrate an intersection between gender, class/caste, culture, and faith. Even while hijra might be understood in Western language as transfeminine, they draw distinctions between themselves and Indian trans women and understand themselves as neither men nor women. Hijra have been culturally recognized and legitimized by the links between their identity and the Hindu faith, traditionally working as performers at events such as births, weddings, and festivals. As Indian society has secularized, hijra have increasingly relied on sex work, compounding their stigmatization with their very low status in caste terms. This was further exacerbated by the sexual norms of the colonialist British Empire, which removed state protections from the hijra and left a negative legacy after Indian Independence. However, the social landscape of India is complex, as hijra have also been recognized enough for a third gender category on Indian passports to have been legislated.

In 1990, diverse Native American and First Nations people coined the intertribal term *two-spirit* as an umbrella category for a culturally specific set of gender/sexual/spiritual experiences that had long existed in these communities. Again, the connection with colonialism is clear here. White settlers had endeavored to eradicate this group, and early anthropological work still suffered from heavy colonialist bias, such that Native American and First Nation communities could recognize negative judgment of their integrated/sacred institutions. They were often reluctant to share information and access with white researchers, who only saw "men dressing as women" (or vice versa).

Discussing any non-Anglo-American and/or historical gender concept is limited when it is done in English due to the ways in which nuanced expression of complex and culturally contingent ideas is bound up with language. In short, some dimensions of culturally specific genders can be lost in translation. Furthermore, assumptions around how gendered socialization practices occur may not hold, particularly historically where even the assignment to a gender category at birth has taken factors other than genitals strongly into account, such as in traditional Native American Zuni beliefs, where ritual interventions before and after birth contributed to the development of "a sex."

The Contemporary Nonbinary Movement

Precursors to the contemporary nonbinary movement include various strands of feminist and queer thought and activism. For example, in the 1970s and 1980s, feminist thinkers such as Sandra Bem and Marge Piercy suggested that activism should focus on dissolving the gender binary and came up with alternative gender categories and pronouns.

During the 1990s and 2000s, many queer activists and theorists argued for the dismantling of the gender binary as part of a wider move to resist heteronormativity. This was framed against the conceptualization of trans people as either *transsexuals,* who were expected to access hormones and surgery in ways that fulfilled expectations and obligations around gender roles, or *transgenderists* and *crossdressers,* who might challenge gender expectations without accessing such medical transition. In 1992, Leslie Feinberg published *Transgender Liberation,* which helped broaden trans to become a wider concept. In 1994, Kate Bornstein's influential work, *Gender Outlaw,* followed by many other outputs, questioned the idea of simply moving from one to another side of a gender binary. Riki Wilchins is credited with first using the term *genderqueer* in 1995, writing that those who transgressed the gender binary and were most visible were the most heavily affected by gender oppression.

Several major shifts occurred in the 21st century that contributed to enabling a more visible nonbinary community. One of these was increasing Internet availability, allowing people to seek information about gender, access labels that relate to personal relationships with gender, and form communities of support around nonbinary experience, as with other communities. Another shift was a move from the aforementioned queer project of dismantling the gender binary to a more identity-oriented politics, with the goal of obtaining rights and recognition for an identified group of nonbinary, or genderqueer, people. However, many in the nonbinary community remain committed to more radical queer political agendas while strategically deploying identity politics tactics in certain areas. This might include a simplification of gendered experience when interacting with health care practitioners, who may act as gatekeepers based on expectations of accounts with "clinical precedent," or avoiding trans-affirmative expression of "identity as choice," owing to the risk of this being misinterpreted to attack trans or nonbinary identities as a "lifestyle."

Key moments in the nonbinary movement include several countries officially recognizing a nonbinary gender category, including but not limited to Nepal, Australia, Argentina, Canada, and Iceland. Different legislation allowed for nonbinary recognition in different ways, for example, enabling a person to get an X-marker for gender on their passport or the production of birth certificates that recognize a third category other than male or female. Other pieces of legislation may not grant legal recognition but allow institutions (banks, health care) to recognize categories beyond the binary via nonbinary gender markers or titles, and others make nonbinary options more accessible in relation to gender-affirming medical interventions.

Other key moments in the increasing recognition of nonbinary genders include increasing mainstream and social media visibility of nonbinary people, such as nonbinary people playing nonbinary characters on popular TV shows, including *Billions* and *New Amsterdam,* and nonbinary communities and hashtags such as #ThisIsWhatNonBinaryLooksLike trending on Facebook and Twitter.

Nonbinary Identities

Nonbinary has become the most common anglophone umbrella term for those who identify with—or experience themselves as—outside of the binary of man/male and woman/female. However, some use the term *genderqueer* in a similarly encompassing way.

Beneath the umbrella of *nonbinary* are a range of further terms that refer to often quite radically different ways of experiencing and expressing gender. It can be helpful to regard this as analogous to all the different gender experiences and expressions possible under a man/masculine or woman/feminine identity. Consider, for example, the different embodiments and enactments of gender brought to mind by *gentleman, lad, dude, boy,* or *guy* or by *lady, queen, womyn, babe, girl,* or *grrl.*

Nonbinary people position themselves in various ways in relation to the gender binary, including occupying places of betweenness, bothness, and beyondness. They also report experiences of gender on spectra from muted or partial to vivid or vital, as well as from static to fluid.

Demi is a prefix used for a muted or partial experience of gender (e.g., demigirl). *Genderfluid* relates to an experience where gender shifts over time, while *bigender* and *pangender* refer to having multiple genders present simultaneously or concurrently. Some bigender and pangender experience overlaps with plural system experience, whereby

people experience themselves as more than one self, sharing a body. *Agender,* or gender-neutral, people experience themselves as having no gender, or no relationship with gender, whereas *third gender* (or sometimes pangender) people experience themselves as being a specific gender beyond the binary. *Genderqueer* and *genderfuck* refer to gender identities and expressions that—intentionally or not—trouble the binary gender system and reveal it to be constructed.

Estimates of the proportion of people who are nonbinary have been difficult to make for several reasons. These include the fact that most survey demographics have, to date, only included binary gender options and the changing cultural landscape regarding nonbinary gender, which means that it has only recently felt like a possible identity for many people and still may not feel possible to many due to continued stigma, invisibility, and unintelligibility.

Additional to these issues is the question of whether nonbinary constitutes identity, expression, experience, or something else that is measured. This issue is similar to the issues troubling the definition of sexuality, where estimates of the proportion of bisexual youth range from a small minority to a majority depending on whether the focus is on identity, experience, or any degree of attraction.

Thus far, studies that have measured the number of people identifying as nonbinary, or something other than male or female, in the general population put the figure at around 0.4%. Estimates of the proportion of the trans population identifying as nonbinary range from as low as 1 in 10 to as high as half, depending on the time, location, and age range of the sample, with numbers highest among queer youth. However, a 2014 study that asked a general population whether they—to some extent—experienced themselves as "the other gender, both genders, or neither gender" found that over a third of people responded in the affirmative.

Nonbinary and Trans

Whether *nonbinary* falls under the trans umbrella or not depends on the ontological approach taken toward transness—that is, what is *trans?* If trans is taken to be a description of a state of being (which for sake of argument will be defined as "a person with a gender that differs from the assignment made at birth"), then nonbinary people are trans by virtue of the fact that no one is assigned "nonbinary at birth." If trans is considered an identity category, however, then there are various people who would fall into the above trans concept who would never wish to be referred to or understood as trans—men and women with a trans history and nonbinary people alike. Community research conducted by the Scottish Trans Alliance suggested that a small majority of nonbinary people do identify as trans, and a significant number are unsure. Reasons given for this include uncertainty or insecurity about being "trans enough" to "count" as trans (particularly among people who have yet to access, or do not wish to access, gender-affirming medical interventions).

Nonbinary genders can introduce complexity for binaries other than the gender binary. For example, if nonbinary is conceptualized as a new way a person can relate to gender identity and to birth assignment, some individuals may disrupt the notion of a simple "cis/trans binary." Florence Ashley created the term *gender modality* to refer to the relationship between gender and assignment at birth. Cis and trans are therefore gender modalities; however, the framing creates space for other gender modalities. Nonbinary may be some people's genders, an umbrella category that contains more specific nonbinary gender identities (which may or may not also be experienced or considered as trans), or it may be some people's gender modality (or any combination of these things). It is important to acknowledge that nonbinary and intersex are separate and separable phenomena. Nonbinary people may be intersex, and intersex people may be nonbinary, but the distinction is important so as to pay attention to group-specific experiences and forms of marginalization, particularly nonconsensual cosmetic surgical interventions undertaken soon after birth to "normalize" intersex genitalia by cissexist, endosexist (non-intersex) sociocultural standards.

Nonbinary Experience

Research on nonbinary experience thus far has focused largely on the challenges of being nonbinary in a gender binary world and the impact this has, particularly on the mental health of nonbinary people.

An interesting historical counterpoint to this emphasis can be found in Sandra Bem's 1970s research on psychological androgyny. This research found that those who scored highly on scales of both cultural masculinity and cultural femininity fared better in terms of mental health and other outcome measures than those who were more binary in their characteristics. Bem argued that such "androgyny" or gender flexibility was something to encourage and fought to render the gender binary obsolete or inconsequential. This work suggests that nonbinary experience, per se, is by no means detrimental. Rather, it is identifying or expressing yourself in nonbinary ways—within a world in which the gender binary is heavily policed—that is the problem.

Studies so far suggest that nonbinary people share with trans women and men many of the difficulties of being trans in a cisnormative world. They also share with bisexual people many of the difficulties of being outside the heteronormative binaries of being a man/woman attracted to women/men.

A particular feature of both bisexuality and nonbinary gender is cultural invisibility or erasure, with very little nonbinary representation existing and any representation of people outside the binary that does exist being as confused, immature, suspicious, mad, and/or dangerous. Both groups frequently experience being "re-closeted" on coming out because people disbelieve them or forget that a nonbinary option exists. This results in an experience of repeatedly having to decide whether to face the potential risks and emotional labor of coming out or the secrecy and silence of remaining closeted.

Where bisexual and nonbinary experience part company, however, is that sexuality is far less foregrounded than gender in everyday experience. While bisexual people have to experience being misidentified and facing difficult choices around coming out, under specific situations, misgendering is a many-times-a-day experience for most nonbinary people, each time requiring a difficult on-the-spot decision whether to correct the error or let it slide. Misgendering from strangers can be hard for many nonbinary people because it reinforces the fact that the wider world simply has no comprehension of a vital part of their experience. Misgendering from friends and family can be hard for many because congruent mirroring of oneself by others is generally a key feature of a sense of belonging and well-being.

The findings on mental health suggest that nonbinary people have higher rates of mental health difficulties than people of other genders, with over a third attempting suicide at some point. Many report experiences of discrimination and violence, in addition to everyday microaggressions, and a third report physical assault. There is also an ongoing stress involved in negotiating gender binaries in relation to public spaces and groups—especially under conditions of high cultural transphobia—including public toilets, changing rooms, sports teams, and so on. This also relates to whether to express oneself and/or identify in nonbinary ways in different settings. Many nonbinary people feel unable to identify as nonbinary—or to express themselves as they would like—across all aspects of life, particularly in workplaces, with family, and in public.

Nonbinary Language, Expressions, and Intersections

Perhaps the most researched aspect of nonbinary experience so far is language, given that nonbinary people have developed new language—and adapted existing language—in order to express themselves and be referred to in ways that are congruent. While there have been no studies to date on the impact of using affirmative language, it is possible to generalize from the impact of the use of masculinist and sexist language on women—and the use of cisnormative language on trans people—to conclude that exclusionary language will negatively affect nonbinary well-being, cognitive capacities, and performance, and the inclusive language will affect these areas positively.

In addition to the diverse and burgeoning range of category labels for different kinds of nonbinary experience, expression, and identity, a key feature of language is gender-neutral pronouns, so that nonbinary people can be referred to without adopting a binary he/him/his or she/her/hers. In English-speaking cultures, it is currently (in 2020) most common for nonbinary people to adopt they/them/their pronouns, and this is the option included on social networking sites such as Facebook.

Many have questioned the grammatical correctness of this; however, "they" pronouns have been used to refer to singular individuals dating back to Shakespeare and, even earlier, to Chaucer; also, language shifts over time, as evidenced by the generic singular "you," which now replaces the historical "you (plural)/thou (singular)" distinction. Some nonbinary people also prefer the fact that "they" can be both singular and plural, if plurality is a feature of their experience of selfhood. However, some nonbinary people do not like the association of "they" with plurality or feel it is important to have a new, more visibly nonbinary set of pronouns. Other pronouns that have been explicitly developed for nonbinary people include ze/zir/zem, sie/hir/hir, and per/per/pers. Some use their name rather than pronouns.

Nonbinary people also often adapt and adopt new language in relation to names, titles, and gendered ways of addressing people. For example, many change their names formally and/or informally to gender-neutral forms such as shortened versions of birth names, initials, hyphenated names incorporating more than one gender, or new names. The gender-neutral title *Mx* has now been adopted by many institutions. Gendered terms of address such as "Sir/Madam" and "ladies and gentlemen" have been replaced formally in some official contexts such as the London tube network, although such changes have been hard to enforce. Gender-neutral terms that many nonbinary people use include *partner* instead of *boy/girlfriend, sibling* instead of *sister/brother, offspring* instead of *son/daughter,* and *parent* instead of *mother/father.* The terms *nibling* and *auncle* have been developed as gender-neutral alternatives to *niece/nephew* and *uncle/aunt.*

As with nonbinary identity labels, there are diverse ways of expressing nonbinary gender day to day, with many of course remaining in relatively binary modes of expression due to the high risk of discrimination and hate crime. Those who are able to express themselves more openly may, for example, adopt androgynous modes of expression or employ different clothing, makeup, hairstyles, and so forth in different contexts.

As always, however, there is a tendency for new normativities to emerge within nonbinary communities, often reproducing wider axes of privilege and oppression. This can be seen already in relation to visible gender expression, with the vast majority of available images of nonbinary people being young, white, nondisabled, slim, and androgynous to masculine-of-center. It is vital to be mindful of the intersections that affect how a person experiences being nonbinary in the world. To provide just some examples, fewer options are available for fat bodies in terms of gender-neutral clothing; assigned-male-at-birth (AMAB) people adopting any "feminine" gender expression are stigmatized and policed more harshly than the other way around; assigned-female-at-birth (AFAB) people of color adopting "masculine" gender expression face a greater risk of violence and police brutality than those who are white, where such concerns are unlikely to figure in their decision-making process.

The recent dissatisfaction with and disruption of gender as a binary frame is arguably part of a wider reexamination of social norms around relationships and intimacy, disability, education, and other factors. The rejection of the gender binary has political as well as self-actualizing dimensions, with liberatory aspirations.

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See also Gender Labels; Gender Pronouns; Hijras; Two-Spirit People

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Nondiscrimination Laws, Federal, State, and Local

Nondiscrimination laws are used in various contexts as a policy remedy for addressing unequal treatment that affects groups that are systematically marginalized, including trans people. This entry includes a definition of nondiscrimination laws, an overview of the history of such laws in relation to trans people, and the current standing of federal, state, and local laws in the United States, including advocacy efforts that have excluded trans people. The entry concludes by offering some critiques of nondiscrimination laws in relation to trans people.

What Are Nondiscrimination Laws?

Nondiscrimination laws are policies put into place at an organizational, local, regional, or national level to attempt to change behavior—specifically, to discourage behaviors that treat people differently based upon a particular identity or characteristic and result in inequitable access to opportunities and resources. Nondiscrimination laws are usually developed to address differential treatment affecting specific groups of people who are systematically marginalized due to institutional, interpersonal, and intrapersonal norms. Examples of characteristics that may be included within nondiscrimination laws include race, ethnicity, skin color, age, national origin, religion or creed, disability status, gender, sex, and sexual orientation. Nondiscrimination laws related to trans people intend to counteract the institutionalization of trans stigma by creating disincentives for violence, harassment, and discrimination that target trans people. These laws intend to create a more affirming environment, including norms and behaviors that uphold the rights of trans people to be treated equally. Such an affirming environment could help to reduce stress and stigma in trans people's lives.

Since the late 20th century, nondiscrimination laws that incorporate protections for trans people have existed in some U.S. states and cities, usually by including *gender identity* and/or *gender expression* as protected classes. Gender identity is one's sense of one's gender, whether woman, man, genderqueer, agender, two-spirit, or nonbinary. Gender expression is how one expresses oneself through clothing, grooming, appearance, and behavior, whether in a feminine, androgynous, masculine, or fluid manner. Nondiscrimination laws that include gender identity and gender expression as protected classes are meant to stop discriminatory behavior that targets people based upon how they identify their gender (including those whose gender identity may differ from dominant Eurocentric expectations for their sex assigned at birth) as well as how they express their gender (including changing one's gender expression over time).

Nondiscrimination laws occur in a variety of settings. In employment, these laws are meant to protect someone from unfair treatment in hiring, promotion, and firing decisions, as well as in terms of general treatment on the job. Nondiscrimination laws for public accommodations include ensuring one's ability to access and receive fair service or treatment at places open to the general public such as parks, retail, restrooms, restaurants, and doctor's offices. Health care settings may have nondiscrimination policies to protect trans people's experiences in receiving services from doctors, nurses, mental health professionals, medical staff, and other professionals. Similar protections may also be put in

place in social services settings, such as a homeless shelter or an agency providing services for older adults. Nondiscrimination policies in schools can help promote equal access to education and fair treatment for students in K–12 settings as well as in vocational schools, colleges, and universities. There are also nondiscrimination laws that apply to housing, which are meant to protect trans people from being unfairly denied housing, evicted, or restricted from buying or renting a home.

History of Nondiscrimination Laws for Trans Individuals

Over hundreds of years, Western societies have shifted from hierarchical and feudal systems to more democratic ones that still faced significant challenges to achieving full human equality, such as eliminating slavery and ensuring equal access to property. Certain groups have continued to face discrimination that impedes their access to opportunities that are provided to cisgender (cis), heterosexual, able-bodied white men. Nondiscrimination laws have been seen as one possible remedy for these inequalities, with the earliest nondiscrimination laws in the United States existing in some form since the end of the Civil War.

Through the 1970s, however, there was a lack of laws protecting trans people from discrimination, and federal courts had determined that the 1964 Civil Rights Act did not protect trans people. Efforts to bring legal cases related to trans discrimination were focused on addressing disadvantages based upon outgroup stigma. In 1989, the court decision in *Price Waterhouse v. Hopkins* shifted the trajectory on legal claims related to trans discrimination, determining that "gender stereotyping" cannot be used as a criterion for job promotion and violates Title VII of the Civil Rights Act of 1964. This decision created the possibility for trans plaintiffs to bring cases before the courts related to claims of discrimination. For example, in March 2005, in *Barnes v. City of Cincinnati,* a trans plaintiff who had been demoted as a police officer due to transitioning had successfully made a case of discrimination under Title VII. At the same time, many courts have indicated that nondiscrimination protections for sexual orientation do not incorporate trans identities. Some trans individuals have also sought protection under disability laws. States such as New Jersey have found that trans people are included under their state's disability law. However, trans people are overtly excluded from the Americans With Disabilities Act of 1990, although this law did offer protections for people living with HIV from discrimination in housing, health care, and employment based upon this health condition.

Local governments and states have also been developing nondiscrimination policies. In 1975, Minneapolis became the first city to prohibit employment discrimination based upon gender identity and gender expression, and in 1993, Minnesota adopted the first statewide nondiscrimination law that encompassed trans people. In recent years, research has examined the value of nondiscrimination laws for the well-being of trans people. Trans people living in communities without nondiscrimination laws have been found to experience greater perceived community stigma, which in turn is associated with greater lifetime victimization, discrimination, and suicidality, as well as current anxiety.

Despite efforts to change laws to include protections of nondiscrimination for trans individuals, there continues to be no federal law protecting trans people from discrimination in employment. Since 1994, when Senator Edward (Ted) Kennedy introduced the Employment Nondiscrimination Act, there have been efforts to change federal law regarding nondiscrimination in employment, although for many years, such bills only incorporated sexual orientation. These bills have been repeatedly introduced in subsequent years and have had backing of groups such as the AFL-CIO and LGBTQIA+ organizations.

Over time, advocates have pushed for inclusion of gender identity and gender expression within nondiscrimination bills. Some of the first states to have such protections enacted into law include Minnesota, Rhode Island, New Mexico, and California. Research indicates that states are more likely to adopt trans nondiscrimination policies when neighboring states have done so, and states that adopt a nondiscrimination policy in one sector (e.g., housing) are more likely to subsequently adopt a policy for another sector of life. While in recent years, more states (and, indeed, countries around the world) have adopted nondiscrimination laws protecting trans individuals, recent research has found that implementation and enforcement of such laws are often weak, with lack of clarity about who

carries out such laws, inconsistent policy language across entities, lack of time and resources for enforcement, and a lack of specificity about how trans people are protected from disclosure and retaliation.

With regard to health care discrimination, California was the first state (in 2005) to have a law stating it is illegal to deny health insurance coverage to a patient simply because they are trans; all services covered for cis patients had to be covered for trans patients as well. In the past, insurers would typically deny coverage to trans people by saying that being trans was considered a preexisting condition or that transition-related services were elective or cosmetic.

Current State of the Law

Historically, trans communities have been marginalized and excluded within the broader LGBTQIA+ rights movement. Additionally, these movements have been framed by mainstream media to exclude trans representation. Until recently, the leadership of trans people (primarily trans people of color) who put their lives on the line during historical events that have shaped LGBTQIA+ culture, such as the well-known Stonewall and Compton's Cafeteria Riots, have been disregarded. While the narrative of these events often centralizes the idea that white, gay, cisgender men led these riots, in actuality, trans people and those transgressing gender such as drag queens were the initiators of action against anti-LGBTQIA+ police brutality.

In the development of nondiscrimination policy, trans communities have also been excluded or disregarded. While looking at the LGBTQIA+ rights movement through recent history, much policy change was geared specifically to gay men and lesbians, leaving out many sexual and gender identities. One example of the exclusion of trans people from the broader LGBTQIA+ movement was specifically around a federal antidiscrimination policy. In 2006, the Employment Nondiscrimination Act (ENDA) was introduced in Congress. It included protections around both sexual orientation and gender identity; however, there were concerns that the bill would not pass with the inclusion of gender identity. The bill's sponsors subsequently removed the trans-inclusive language from the bill. This move was opposed by most national LGBTQIA+ organizations at the time, except for the Human Rights Campaign (HRC), which received much pushback for supporting an exclusionary bill. The ripples of this choice and the mistrust between HRC and the trans community are still felt 10+ years later.

Another example of trans people being excluded from the broader movement was during the repeal of the U.S. military policy "Don't Ask, Don't Tell." This policy essentially forced service members to remain in the closet or be discharged from the military if known to identify as LGBTQIA+, and when repealed, the changed law left out protections for trans service members who chose to serve in the military. Furthermore, the marriage equality movement centered the voices of white, middle-class gay and lesbian couples, using a heteronormative narrative that centered the story that gay and lesbian people are just like heterosexual people. This narrative reinforced many ideas that continue to oppress much of the LGBTQIA+ community and specifically trans people. For example, this narrative was based on the idea that everyone wants to or can get married, not acknowledging the critique that marriage is rooted in patriarchal, sexist, and misogynist ideals that reinforce the gender binary. Furthermore, many couples with one or more disabled people cannot get married or would risk losing their health care benefits and aid due to outdated eligibility requirements for programs such as Medicare, Medicaid, Social Security Income, SNAP, and Section 8 housing. This exemplifies how the marriage equality movement was centered specifically to reinforce the status quo, alienating much of the LGBTQIA+ community, especially those with multiple marginalized identities.

The acknowledgment of intersectionality in policy creation and implementation is challenging. As the trans community is highly diverse and made up of people with different races, ethnicities, financial securities, sexualities, genders, relationship orientations, abilities, sizes, and creeds, it is challenging to pass legislation at federal and state levels that accounts for everyone, which is why nondiscrimination policy is essential to bridging the gaps in policy that intentionally or unintentionally exclude all or some trans people. Throughout the Obama administration (2009–2017), much progress was made for integrating trans-inclusive nondiscrimination policy into various settings. However, there are still many gaps, and some of the progress was undone by the Trump administration (2017–2021) and continues to be challenged within the courts.

Federal Nondiscrimination Landscape

As of early 2021, there is no federal nondiscrimination law that protects trans people from discrimination. However, various interpretations of the term *sex* or *gender* have provided some nondiscrimination protections for trans people at the federal level. These include the following:

Employment: Within the Civil Rights Act of 1964, Title VII protects individuals from employment discrimination on the basis of color, race, national origin, sex, and religion. The Equal Employment Opportunity Commission has interpreted both gender identity and sexual orientation to be covered under sex discrimination. Many courts have agreed with this interpretation, including the 6th Court of Appeals. The Supreme Court decided the matter in June 2020, ruling in a case (*R.G. & G. R. Harris Funeral Homes Inc. v. Equal Employment Opportunity Commission*) that Title VII protects trans people from employment discrimination (two other cases decided at the same time affirmed that LGBQ people are also protected under Title VII). The Biden administration extended the ruling in 2021 by issuing an executive order that stated that all federal laws that prohibited sex discrimination would be interpreted as including discrimination on the basis of gender identity and sexual orientation.

Public Accommodations: Currently, there is not a federal law that explicitly provides nondiscrimination protections on the basis of gender identity or sexual orientation in public accommodations, as current law protects only race, color, religion, national origin, and disability.

Health Care: Health care nondiscrimination can be quite complex, as insurance coverage can range from various public and private options that are regulated at federal or state levels dependent upon the type of coverage.

- Within the Affordable Care Act, Section 1557 prohibits discrimination in health care and coverage due to color, race, national origin, sex, age, religion, and disability. This includes gender identity in the interpretation of sex and requires federally funded health program to treat trans patients in accordance with their current gender identity. The Trump administration took steps to remove prohibitions against discrimination related to gender identity and sexual orientation in the Affordable Care Act and other health care regulations, which the Biden administration has sought to restore.
- Veterans Health Administration/TRICARE covers some trans-related care, but not all. It specifically excludes coverage for most, if not all, gender-affirming surgeries.
- Medicare currently covers trans-related care such as routine medical care, hormones, and gender-affirming surgeries on a case-by-case basis.

Education: Title IX is a federal law that protects students, parents, guardians, and employees from sex discrimination in federally funded educational activities and programs. In 2014, the Office of Civil Rights within the U.S. Department of Education released a memo that interpreted sex to include gender identity. The Trump administration reversed this policy, but the Biden administration returned to the trans-inclusive interpretation.

Housing: Housing programs and homeless shelters that receive federal funding from the U.S. Department of Housing and Urban Development (HUD) cannot discriminate against trans people through the Fair Housing Act and the Equal Access Rule. However, the Trump administration changed these policies to allow shelters to make their own rules about housing trans clients, enabling them to deny housing to trans people or to require that trans people be housed according to their sex assigned at birth. Under the Biden administration, HUD reaffirmed that trans people are covered by the Fair Housing Act and the Equal Access Rule.

State and Local Nondiscrimination Landscape

While federal nondiscrimination policies may have a broad reach affecting states and localities, many laws and policies are first passed at organizational, local, or state levels and set a precedent for informing federal policy. State nondiscrimination policies can be implemented in various ways, whether through legislative action, executive action, or a state commission or board interpretation of sex including gender identity. The following details state and local policies as of early 2021.

Employment: Many employment nondiscrimination policies originate at organizational or institution levels. For example, large companies, universities,

and not-for-profit organizations may implement nondiscrimination policies that included protections around sexual orientation and gender identity. Counties, cities, and states also can take similar action in the absence of federal policy. Twenty-two states, D.C., and two U.S. territories prohibit employment discrimination on the basis of sexual orientation and gender identity.

Public Accommodations: Twenty-one states and D.C. have nondiscrimination protections for public accommodations.

Health Care: Twenty-four states have prohibitions for trans exclusions in private insurance, 16 states have laws that protect sexual orientation and gender identity from discrimination in health care and coverage, 22 states have Medicaid coverage for gender-affirming care, and 17 states have laws requiring gender-affirming care coverage for state employees.

Housing: Twenty-two states and Washington, D.C., have policies making it illegal to discriminate in housing based on sexual orientation or gender identity.

Education: Seventeen states; Washington, D.C.; and Puerto Rico have laws that make it illegal to discriminate against students based upon sexual orientation or gender identity.

Legislative Action Example

In early 2019, after eight attempts, the New York State assembly passed the Gender Expression Nondiscrimination Act (GENDA). Similar to federal laws, state legislatures often have to introduce legislation multiple times before it finally passes. Sometimes bills get stuck in committees, while other times, they may make it to the state house or senate floor and die there.

Governor Executive Order

Sometimes policies get stuck in legislative and city council gridlock and require executive action by a governor or a mayor. In early 2019, Governor Tony Evers of Wisconsin signed an executive order prohibiting state agencies from discriminating against government employees on the basis of sexual orientation or gender identity.

Board or Commission Order

Governing bodies such as a state civil rights commission or state board of education can also issue nondiscrimination protections for trans people. In the spring of 2018, the Michigan Civil Rights Commission voted to interpret existing civil rights law to incorporate gender identity and sexual orientation under the definition of sex, extending nondiscrimination protections to employment, education, and public accommodations.

Regardless of how a nondiscrimination policy is passed, it requires strategic, long-term collaboration between trans community members, trans organizations, trans allied organizations, decision makers, and elected officials.

Critiques of Nondiscrimination Laws

Whatever the intended effects of nondiscrimination laws, there are a number of critiques of creating such laws as a remedy for transphobia and specifically discriminatory behavior. First, these laws can be seen as placing the focus on individual “bad actors” who express or act upon transphobic beliefs. However, such a focus may do little to confront larger systemic norms that disadvantage and marginalize trans people. Second, while nondiscrimination laws communicate the message that discrimination is unacceptable, these policies actually do very little to change the material consequences of a lifetime of oppression for trans people, let alone the historical inequities that have affected this population. Third, nondiscrimination laws can be seen as promoting a practice of “treating everybody the same” (akin to colorblindness) rather than acknowledging cisgender supremacy and changing larger structures that uphold it. Fourth, such laws could be viewed as not doing enough to address some of the most significant issues for trans people, such as aligning their identity documents, accessing sex-segregated spaces, immigration, criminalization, and the lack of insurance coverage for transition-related medical care. Furthermore, trans people can face significant hurdles in trying to bring legal cases forward through nondiscrimination laws, and there is evidence that implementation of such laws is often lacking. Finally, even though nondiscrimination laws make discriminatory behavior illegal,

scholars in this area have noted that trans-related discrimination continues regularly nonetheless.

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See also Bathroom Discrimination; Discrimination; Gender Identity Discrimination as Sex Discrimination; Health Care Access, Legal Issues; Housing; K–12 Policies/Climate; LGBTQ Movement, Trans Inclusion In/Exclusion From; Workplace Policies

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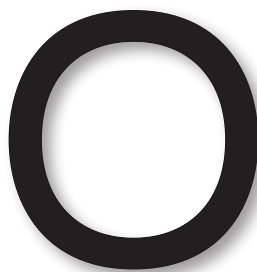

Olympic Athletes

Since the start of the modern Olympic Games in 1896, there has not been an athlete who was known to fit the description of an individual whom we might consider transgender today. In fact, no openly trans athlete has ever qualified to compete in the Olympics, although a number have tried. The International Olympic Committee (IOC), which oversees the games, has made it difficult and at times impossible for trans athletes to compete according to how they identify their gender. While no trans athlete has been out when they competed in the Olympics, one of the most famous U.S. gold medalists, Caitlyn Jenner, made worldwide headlines when she disclosed her gender identity in 2015. But for all the attention that Jenner has received, her place in the Olympic record books is just one small part of the history of trans athletes who have pursued an Olympic dream.

Sex Verification

Prior to 2003, the IOC would not allow known trans athletes to compete in the Olympics and specifically required that women athletes be "female at birth" because of the unproven allegation that trans women have an unfair advantage from having been assigned male at birth. Beginning with the Mexico City Summer Games in 1968, women athletes had to undergo chromosomal testing to prove that they were, in fact, female. Despite opposition both from feminist activists, who pointed out that the policy was inherently biased because men were not tested, and from the athletes themselves, many of whom felt it was humiliating and an invasion of their privacy, the policy continued for the next three decades. The test was abandoned prior to the 2000 Summer Olympics in Sydney, Australia, because sport officials recognized that it was inconclusive in proving "femaleness" and ignored genetic diversity. By expecting women to have XX sex chromosomes, the policy discriminated against women athletes with intersex variations—sometimes referred to as differences of sexual development.

The Stockholm Consensus

In a decision that came to be known as the "Stockholm Consensus," the IOC gave trans athletes the opportunity to compete for the first time, in advance of the 2004 Olympic Games. However, the athletes had to adhere to strict provisions: They had to have undergone gender-affirming surgery, specifically the removal of the penis and testicles in the case of trans female athletes; had hormone replacement therapy for at least 2 years before competing in the Olympics; and their gender identity be legally recognized by their country of citizenship.

Sports organizations around the world followed the IOC's lead in adopting more inclusive policies for trans athletes in the 2000s. These included the professional associations for golf, hockey, rugby, and track and field. The National Collegiate Athletic Association (NCAA) issued a policy

recommendation for its member institutions in 2011 that was less restrictive than the IOC's. Because of the age and limited timeframe for eligibility of college athletes, they did not have to first undergo surgery, and only 1 year of hormone therapy was required—and then just for trans women to compete on a women's team.

New Guidelines

After more than a decade of scientific research, as well as changes in social and legal perspectives, the IOC adopted new guidelines in 2015. Similar to the NCAA policy, gender-affirming surgery was no longer required, and trans male athletes were able to compete without any restrictions. Trans female athletes had to maintain a level of testosterone below 10 nanomoles per liter for at least a year prior to competing. This was a radical change in support of trans athletes, yet none still qualified.

A subsequent proposal to cut the 10 nanomoles requirement to 5 was tabled in 2019 because the IOC's medical authorities could not reach a consensus. Reportedly, the guidelines will be revisited after the Tokyo Summer Games, which themselves were postponed until 2021 because of the coronavirus pandemic.

Caitlyn Jenner

Although no out trans athletes have competed in the Olympic Games, Caitlyn Jenner kept secret her struggles with her gender identity when she competed in the 1976 Olympic Games in Montreal, where she won the gold medal and set a world record in the men's decathlon, arguably the most arduous Olympic event. Overnight, Jenner became an international celebrity and a national hero. Ironically, she was considered the all-American male at a time when she did not feel herself to be a man. Jenner's coming out as trans in 2015 resulted in trans people receiving tremendous visibility, including greater attention to trans athletes.

Attempts to Qualify

Hammer thrower Keelin Godsey was the first out trans athlete to compete in U.S. Olympic trials. Although he identified as a trans man, he held off medically transitioning in the hope of qualifying in the women's event for the 2012 Summer Games. He narrowly missed a spot on the U.S. Olympic team, finishing fifth. The first out trans person to qualify for and compete in Olympic trials in the gender with which they identify was trans male athlete Chris Mosier. Mosier had previously made history by becoming the first out trans athlete to earn a spot on a U.S. team for an international championship event when he qualified for the men's duathlon team for the 2016 World Duathlon Championship. For the Olympics, he qualified for and competed in the 2020 trials for the 50K race walk but did not finish due to injury. Although neither Godsey nor Mosier had the chance to participate in the Olympics, it is only a matter of time before an out trans athlete does so. When that time comes, hopefully the focus will be on their athletic prowess and not on the fallacious argument that they have an advantage because of their sex assigned at birth or their transition.

Dawn Ennis

See also Athletes, College Sports; Athletes, Pro Sports; High School Sports; Hormones, Adults; Jenner, Caitlyn

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Online Communities

An online community is a group of people with shared identities or interests who use social technologies to connect and interact with each

other. Since the early days of the Internet, online communities have been particularly important means for trans people to connect with similar others, explore identity, share resources, document transition, and work toward activism and advocacy. Some of these communities are for trans people broadly, while others focus on particular trans identities (e.g., trans women, nonbinary people, trans men) or particular identity facets or experiences that intersect with trans identities (e.g., race, disability status, age). Early Internet trans online communities involved high levels of anonymity, which enabled people to safely explore trans identities online. However, when many trans communities moved to social media sites, a new set of challenges emerged related to connections to one's physical world persona, disclosure difficulties, convergence of multiple audiences, and difficulties of moderation and maintaining community boundaries. Future trans online communities would benefit from design processes that include trans people and communities, as well as technology designs that center trans experiences.

The Importance of Trans Communities Online

Trans people frequently seek, form, and participate in communities online, which enable them to connect with other trans people, explore their trans identity, share resources, document transition, and pursue activist goals. These spaces take many forms, such as social media sites (e.g., Instagram, Tumblr, Facebook groups, Twitter), online forums (e.g., subreddits, message boards), chat servers and apps (e.g., Discord, WhatsApp), and other types of social technology. Unlike in-person support groups or physical trans-focused events, online communities enable social connection without having to leave one's home, which can be particularly important for those trans people who do not feel safe or comfortable in the physical world. Online spaces give people more freedom to express identity however they would like, regardless of transition status and whether their physical appearance matches their online persona.

Types of Trans Online Communities

Trans online communities form around many different topics, identities, and experiences related to trans lives. Because trans people each have other salient identity facets in addition to their trans identity, many trans online communities also focus on these and provide space to connect with others who have similar intersecting identities. For example, trans online communities include communities for trans people of color, nonbinary trans people, trans women, trans men, trans people with disabilities, trans people in particular age groups, people undergoing particular types of trans medical procedures or surgeries, trans people with particular health issues, trans people in particular careers, and trans people facing additional specific issues that require support. Trans online communities also sometimes focus on trans activism and community organizing, not only involving trans rights but also issues of racial justice, police accountability, youth activism, and specific advocacy issues (e.g., raising support for trans woman of color CeCe McDonald, who was accused of murder).

Trans Communities on the Early Internet

The early Internet provided many opportunities for trans people to form online communities. In the early 1990s, trans online communities formed in text-based online virtual worlds and chat forums such as MUDs (multiuser dungeons), MOOs (object-oriented MUDs), and bulletin board systems (BBSs). Some prominent examples include LambdaMOO (which was for the broader LGBTQIA+ community but included trans community members) and the Usenet community *alt.transgendered*. However, some trans online communities on the early Internet experienced substantial censorship, leading many trans Internet users to instead create their own homepages and build community around this collection of websites.

Anonymity was an important aspect of the early Internet and is widely regarded as an important mechanism for identity exploration. Much research has focused on "gender swapping" on the early Internet, in which people presented as genders other than their "actual" gender in text-based online communities. While gender swapping was thought to be primarily practiced by cisgender (cis) people, this practice opened up opportunities for trans people, as well as those who may not yet have known they were trans, to experience what it would be like to present online using a different gender. Text-based

online communities, both those that were specifically trans focused (e.g., *alt.transgendered*) and those that were not, provided a mixture of social connection and anonymity that facilitated trans identity exploration online.

Trans Communities on Social Media

The advent of social media presented a substantial shift in how online communities formed and how people were able to present identity online. These fundamental changes in how the Internet operated created many challenges for trans individuals and communities. While earlier social media sites like MySpace allowed users to express their identity however they would like, the rise of Facebook in the late 2000s verged substantially away from the norms of the early Internet by requiring "real names" that were associated with one's physical world identity. Having online identity linked with one's physical world identity created new challenges for trans people, including disclosing trans identity to one's network, changing one's online identity when one's gender changes, and managing multiple discordant audiences in one online space. Additionally, trans communities on social media are frequent targets of online harassment, causing new difficulties in enforcing community boundaries and conducting content moderation.

Despite these challenges, social media emerged as important means for building trans online communities and thus for trans people to find support and resources related to trans identity. Large trans communities emerged on sites like Tumblr, Instagram, Reddit, and even Facebook (via Facebook groups). What constitutes a "community," and how walls are constructed between these communities, differs substantially between different sites. On Tumblr, Instagram, and Twitter, there are no formal boundaries between communities; instead, people use tags/hashtags to signal their affinity to a particular online community and then follow, message, and interact with similar others to build social connections with that community. This lack of formal boundaries means that the community's walls are permeable; any person can choose to use a tag/hashtag and often uses them to harass or troll community members. On Reddit, community boundaries are more defined via separate online communities called "subreddits" that focus on particular topics, such as "Transition timelines," a space for trans people to document and share visual transition progress. Subreddits are often public, meaning that the community walls are permeable by outsiders, and thus they require substantial moderation to reduce online harassment and trolling. Facebook groups, focusing on trans experiences broadly (e.g., "The Facebook Transgender Alliance") or particular subsets of the trans community (e.g., "Trans Men Over 40," groups particularly for trans people of color), are a unique form of trans online community. Because these groups are on Facebook, according to Facebook's rules, group members must use their "real" name and identity to join the group, although many Facebook users break Facebook's terms of service and create separate profiles to use for trans-related content. Facebook groups often have high levels of privacy, being designated as "closed" or "secret" groups and requiring prospective members to answer validation questions before being approved for membership. Finally, increasingly, trans online communities form on Discord, an online text/voice chat server that was initially intended for gamers. These communities resemble early Internet communities in some ways: They are text-heavy and allow anonymity and pseudonymity. Discord servers are often linked to particular subreddits, to allow a group chat–based form of social connection not available on Reddit. Importantly, Discord servers have barriers in a way that many online communities do not, requiring verification and sometimes an invitation from a current member. Nevertheless, these communities must still be heavily moderated by community moderators to maintain safety. Discord's features are conducive to trans online community building and identity exploration.

Tumblr was for many years an important online space for trans communities. However, in December 2018, the site changed its policies substantially and began to ban all "adult" content. Tumblr's adult content classification techniques were notoriously messy and ended up banning much trans content that was not actually explicit. In addition, in trans contexts, a lot of adult content is considered medical, educational, or otherwise important for trans community building. After these policy changes, trans communities seemed to be in need of new platforms to congregate. Preliminary research suggests

that many have chosen Discord to fill some of the gaps left by Tumblr's policy changes.

Trans Online Communities Moving Forward

Moving forward, it is clear that trans people will continue to use information and communication technologies like social media and other online spaces to form communities. Technology-mediated connection is invaluable for trans people to connect with similar others when they are exploring identity, gathering resources, documenting transition, and contributing to activism. Yet it is less clear the extent to which trans online communities will form in dominant sites designed primarily for cis users (e.g., Facebook, Twitter, or future similar sites) or whether trans communities will create their own online technologies and online spaces designed especially by, with, and for trans people. One such example is Trans Time, a social media site currently in beta testing, which was designed specifically for trans people to build community and document transition. Trans people and communities have unique needs, such as the ability for online identity to change over time as one's gender changes (often accompanied by appearance, name, and network changes) and the ability to present multiple identities online simultaneously (e.g., to separate one's audience based on whom one has and has not disclosed their trans identity). Additionally, trans online communities need tailored community-based content moderation that does not unnecessarily ban content or users but that quickly reacts to harassment and trolling. Future technology design must take trans people and communities seriously, as well as involve trans individuals and communities in design processes, to design the trans online communities of the future.

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See also Activism; Communication; Community Building; Social Media

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Parent Advocacy Groups for Trans Children

Supportive parents of trans children are advocating for their children's rights, equality, and social justice across diverse fields, including in education, legislation, and health care. Parents are drawn into advocacy from direct and indirect experiences of discrimination, cisnormativity, and societal barriers to equality of opportunity for trans children. Some parents volunteer to be part of a public movement for trans children's rights, while others strive to maintain their child's right to privacy. Cis parent–led advocacy can bring with it tensions in cases where cis parents may receive bigger platforms than trans advocates, risking speaking over trans voices. Solidarity and mentoring are important elements of parent advocacy. Sharing knowledge and providing peer support can enhance advocacy efforts at local, national, and global scales.

Parents Become Advocates

As social and cultural visibility of trans people has increased, and as research consensus on the benefits of gender-affirmative approaches has solidified, increasing numbers of supported trans children have begun socially transitioning at a young age. In recent years, parents have increasingly moved, or have been pushed, into active advocacy roles to protect their children's rights and well-being across diverse spheres, including legal, political, medical, familial, and educational domains.

A majority of these parent advocates are cis mothers. Advocacy may start out close to (or within the) home, with one supportive parent advocating to ensure their child is supported by their family, neighbors, and community. Cis parent advocates commonly recall a process of moving from ignorance to awareness, from passive support to active advocacy. They also note a shift from negotiating discrete individualized exceptions for their own child to a wider focus on the systemic changes that are required to tackle structural oppression and inequality.

Advocacy at School

Parent advocates often take their first step toward overtly advocating for their child when they encounter barriers or ignorance at school. Schools across the world remain underprepared for ensuring trans pupils have equality of opportunity, and in many schools, trans children face overt hate and discrimination, including from teachers. Within education, parent advocates have advocated for school-based antidiscrimination policies, trans-inclusive curricula, and schoolwide education.

Within the United States, parent advocacy to school boards has become common in recent years, as trans-inclusive school bathroom access became a source of political and social debate. In Australia, parent advocacy coincided with debates around inclusive education policies and became embroiled in wider societal debates around LGBTQIA+ rights and marriage equality. Where school-focused advocacy efforts are unsuccessful,

and schools remain hostile for trans children, parents may be forced into alternative arrangements, with examples of families moving from one country or province to another, as well as homeschooling—with some countries, such as Chile, having distinct schools for trans pupils who have been failed by mainstream education.

Policy and Legislation

Parent advocates try to meet with politicians and policymakers, raising awareness of the rights violations trans children face, advocating for equality and justice for their children. Advocacy led by trans children, their parents, trans activists, and wider allies has resulted in legislative reform for trans children in some countries—for example, Malta, where there are now no age-based restrictions on correcting legal documents. In South Africa, parent advocates have mobilized, using media to call out and hold accountable government departments for their failure to effectively process trans children's document changes.

Parent advocacy has sometimes resulted in parents and their trans children going to court. Test cases have focused on access to medical care without court approval, such as in Australia, or on the right of children in foster care to access trans-affirmative medical care. Across many countries, supportive parents of trans children have faced court proceedings challenging their affirmative parenting, driven by unsupportive coparents, unsupportive social services, or ignorant and intolerant law enforcement.

Parent advocacy has also focused on the need for trans-affirmative health care, with parents advocating against pathologizing and regressive approaches to trans health care. In the United States, parent advocates have needed to advocate against legislation that would criminalize trans-affirmative parenting and trans-affirmative health care.

Visibility and Privacy

Parental advocacy brings up issues of visibility, privacy, safety, and consent for trans children. Some parents have been thrust into a media spotlight, with no option for privacy. Some parents volunteer for public advocacy, weighing the benefits of future privacy against the need for policy and legal protection in the present, while other parents try to maintain their child's right to confidentiality and privacy, advocating under pseudonyms or through less public means.

Where parents and younger trans children have been public about their experiences, young trans children provide important visibility that can become a critical component of advocacy for trans inclusion in schools and beyond. From parents and young children jointly engaging in advocacy campaigns, to trans children calling out transphobic politicians on national media in Australia, trans children's voices are increasingly being heard.

Movements, Coalitions, Solidarity

Parent advocates learn from, collaborate with, and are supported by trans advocates and wider trans communities. There can also be tensions between parent advocates, the majority of whom are cisgender, and trans youth or trans advocates. At times, tensions have related to parents embracing transphobic narratives around loss and grief or cis parents being given platforms that are not accessible to trans people, with cis parents speaking over trans voices.

Parents can also be thrust into advocacy by a failure of broader rights organizations to champion the rights of trans children. In some countries, LGBTQIA+ rights organizations have omitted trans children from their advocacy, while child rights organizations have overlooked or excluded trans children from their priorities.

Parent advocates also focus on research, peer education, and mentoring, establishing family-focused organizations like Mermaids in the United Kingdom or Gender Creative Kids Canada, places where parents can find information and support, empowering them to better advocates for their children. This peer support and knowledge sharing also occur at a global level: An informal network (IMPACT) links together parent advocates across 14 countries over six continents, exchanging knowledge and offering support, aiming for a better future for trans children worldwide.

Cal Horton

See also Activism; Cisgenderism; Parenting of Trans Children; Parenting of Trans Children and Youth, Custodial Issues

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Parenthood, Transition to

The transition to parenthood for trans people should be seen and understood in a broader societal context, where trans people are often viewed as unsuitable parents. Such views create barriers to trans people becoming parents. Furthermore, such views affect the decisions that trans people make about whether or not to become parents. Yet despite the potentially negative impact of social assumptions and views about trans people as parents, growing numbers of trans people are choosing to become parents. Some aspects of the transition to parenthood for trans people are similar to those of all parents, including decision making about how to raise children, how to negotiate parenting with a partner (if applicable), and the joys and challenges associated with raising a child. Other aspects, however, are specific to trans people, including the potential impact of gender dysphoria, the impact of other people's views about trans people as parents, lack of health care support specific to trans people's needs, and decision making about disclosing information about one's gender history to children.

Much of the research on the transition to parenthood has focused on transmasculine people, specifically transmasculine gestational parents. Less often have trans women or nonbinary people been a focus of research on the transition to parenthood. Given the differential effects of cisgenderism, it is likely that there will be significant differences between these groups. Specifically, cisgenderism may affect how trans women are viewed as mothers, and current reproductive options limit trans women's options in regard to having children. Dominant gender norms are likely to restrict how nonbinary people experience parenthood. Research has rarely attended to experiences of the transition to parenthood among trans people of color. It is likely that the intersections of multiple points of marginalization further affect the parenthood experiences of trans people of color, people who live with a disability, and/or people who are not financially advantaged.

Barriers to Parenthood

Historically, and still in some countries in Europe and Asia, trans people are subjected to forced sterilization as part of gender transition. This constitutes a significant barrier to people seeking to later become a parent to a genetically related child. Even in countries where sterilization is not mandatory, other barriers exist to future genetic parenthood. These include the lack of information provided by health care providers about reproductive options, the costs associated with assisted reproductive technologies, and a lack of legal protection for trans parents.

Beyond genetic parenthood, trans people may become parents through foster care or adoption. Yet research suggests that trans people are more likely than cisgender people to fear discrimination from adoption and foster care agencies. Discrimination may take the form of prurient questions about a person's gender history, misgendering, a lack of understanding of the specific needs and experiences of trans people, and general disapproval of trans people as parents. Adoption in particular can also be prohibitively expensive for some trans people, thus presenting a significant barrier.

In terms of conceiving of oneself as a gestational parent, transmasculine people may struggle with reconciling social norms about pregnant bodies and their own views about their bodies. Although some transmasculine people may be entirely comfortable with undertaking a pregnancy, they may nonetheless have concerns about how other people will view their pregnant body. Other transmasculine people, while open to the idea of undertaking a pregnancy, may experience considerable gender dysphoria in relation to what it means to be pregnant (especially given the normative assumption

that pregnancy bodies are always female bodies), constituting an additional barrier to gestational parenthood.

Finally, some trans people may find themselves weighing parenthood against gender transition. Although the two are not incompatible, a much-desired and indeed needed gender transition may be seen as a higher-order priority than that of having children. This urgency can affect the decisions that trans people make about future fertility. Furthermore, for some people, views about gametes (egg cells and sperm cells) may be at odds with the use of gametes in order to become a parent, with dysphoria shaping the views of some people about fertility and parenthood. Because both sperm and eggs are so routinely (and normatively) gendered in society more broadly, individual trans people may experience this gendering of gametes as antithetical to their use in conception.

Decision Making About Parenthood

Despite the potential barriers that trans people face to foster or adoptive parenthood, it is nonetheless the case that trans people are more likely than cisgender people to be open to adoption or fostering. Moreover, trans people are more likely to be open to fostering or adopting children with physical or mental disabilities (see, e.g., Goldberg, Tornello, Farr, Smith, & Miranda, 2020). Trans people are also more likely to be open to adopting sibling groups, to adopting transracially, and to adopting LGBTQ young people. For some trans people, despite their potential associated costs (e.g., in regards to the home study and agency fees), adoption or foster care may be seen as an appealing option because they are seen as addressing issues such as overpopulation and because they offer the opportunity to provide a family to children who are unable to live with their birth family.

For some transmasculine people, pregnancy may be considered a default option, owing to both associated costs with other options and the relative ease of undertaking a pregnancy in comparison to other options such as surrogacy or adoption. This may be particularly if a pregnancy is undertaken through private arrangements (i.e., through intercourse with a partner or through the use of known donor sperm). For transmasculine people who become parents before transitioning, pregnancy may be treated as a taken-for-granted part of the adult life course, reinforced by normative gender assumptions.

It is important to acknowledge that for some trans people, parenthood is not always chosen. Transmasculine people may become pregnant as a result of sexual assault, or a pregnancy may be unintended. Furthermore, some trans people may also assume that hormone therapies suppress the ability to become pregnant, thus negatively affecting trans people's reproductive awareness and trajectories.

Early Experiences of Parenthood

Part of the transition to parenthood for trans people involves negotiating with cisgenderist stereotypes about parenthood. Such stereotypes include the assumption that only women are gestational parents, that gestational parents must experience a particular normative relationship to their pregnant bodies, that all mothers are gestational parents, and, more broadly, that all adults have an inherent desire to become parents. Some trans people actively resist these types of stereotypes, instead developing new language to describe their reproductive bodies or their roles as parents. Other trans people may adopt and/or rework existing cisgenderist stereotypes, using traditional language about reproduction in some instances and reworking it in other instances.

For transmasculine people, disclosure about being pregnant is often a key concern in regard to pregnancy. Some transmasculine people may rely upon other people's assumptions about "fat male bodies" to hide a pregnancy. Other transmasculine people may choose to disclose their pregnancy to others, so as to facilitate awareness and education. Decisions about disclosure are shaped by one's feelings of safety and the availability of support networks to help manage potentially negative responses. Disclosure is also a concern for some trans people in regard to the informational needs of children. Some trans people may choose to disclose to their children from an early age the details of their conception and birth and the gender histories of their parent(s). Other trans people may wait until their child enquires about their birth story.

As part of the transition to parenthood, some trans people experience high levels of support:

from a partner, from family, from friends, and/or from support communities. Other trans people, however, may experience additional rejection from family members, particularly when family members views trans parents negatively. Trans people increasingly face media scrutiny in the context of parenthood. Moral panics about transmasculine people and pregnancy, or transfeminine people and uterine transplants, for example, rely upon cisgenderist assumptions about reproduction and can negatively affect trans people's experiences of, and expectations about, the transition to parenthood. Media reporting can shape the decisions that trans people make about disclosing their gender history in the context of parenthood.

Chest feeding (for transmaculine people) and breastfeeding (for transfeminine people) represent key areas where trans people negotiate the transition to parenthood. Trans women may choose to induce lactation if a partner is the gestational parent, if they foster or adopt an infant, or if they have a child through a surrogacy arrangement. For transmasculine people, chest feeding can often represent a delicate balance between feelings of dysphoria and the sense that chest feeding gives purpose to the body (i.e., providing for a child). Dysphoria can relate to an individual's own sense of their body or to the (potentially negative) views of other people about pregnant bodies. Other trans people may choose to engage in milk sharing (i.e., a lactating person sharing their milk with another person for the purpose of feeding an infant), rather than feeding a child from their own body.

Whatever the decisions that trans people make about infant feeding, a significant barrier to decision making is a lack of awareness about potential options among health care providers, negative views among health care providers about trans people and infant feeding (and parenting more broadly), and a hesitancy to engage with trans people about infant feeding. As a result, trans people who face challenges with infant feeding (such as problems with milk production, problems with latching, and mastitis, a common infection associated with breastfeeding or chest feeding) may have few options for formal support. As such, informal support networks run by trans people can be an important resource for trans people engaging in infant feeding.

In terms of division of labor, trans people who are parents typically seek an egalitarian division in the context of couple relationships. Despite this, parents who make a lesser financial contribution, work fewer paid hours, and are genetically related to their child(ren) are more likely to undertake a greater share of household and childcare labor. For trans parents, undertaking a greater share of childcare has been linked to higher levels of psychological distress, and undertaking a greater share of household labor has been linked to lower levels of relationship satisfaction. As Samantha Tornello has noted, however, life satisfaction is not related to division of childcare labor. Importantly, satisfaction and distress are further related to discrepancies between the division of labor that trans parents expect will occur after the arrival of a child and the actual division of labor that occurs. As such, while an egalitarian division of labor is seen as ideal by trans parents, when this does not occur, it can negatively affect individual and couple well-being.

Damien W. Riggs

See also Adoption and Foster Care; Children With Trans Parents, Psychosocial Outcomes; Fertility Preservation; Planned Parenthood, Trans Inclusion; Pregnancy; Reproductive Health

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Parenting of Trans Children

It is important to understand trans adults' experiences and what allows them to thrive in a transphobic society. However, it is just as important to examine the experiences of trans children—and those of their parents, who often play critical roles in their development. This entry summarizes the existing literature on parenting qualities and processes that facilitate positive development for trans youth, the challenges that affirming parents of trans children face, and the resources and strengths that they access and possess across various domains.

Most of what is known about caregivers' experiences of parenting trans children comes from research with parents who are generally affirming of their children's gender identities and expressions—at least from the parents' own perspective. Research with trans individuals, however, indicates that many parents are not accepting of their children as trans. Nonaffirming parents may be less likely to volunteer to participate in studies focused on caregivers of trans children, resulting in only affirming parents constituting the bulk of the research on parenting. In addition, what constitutes "acceptance" is also complex, in that caregivers simultaneously may exhibit both affirming and nonaffirming behaviors toward trans family members and may become either more or less accepting over time.

Most studies with self-reported affirming parents of trans children have been conducted with white, middle- to upper-class caregivers, as well as with those whose children have binary trans identities. Thus, although research in this area has increased in the past decade, more studies—especially those involving parents of color, families from lower socioeconomic backgrounds, and caregivers of children with nonbinary gender identities—are needed to better understand what practices best support the well-being of trans youth.

Parents and primary caregivers of trans children may confront and be influenced by a variety of factors on the path to, and when, affirming their children's gender identities and expressions. In the United States, for example, macro-level factors at the national or state level, such as trans-relevant federal and state laws and policies, can instill confidence in, or fear of, government interventions when it comes to protections of trans individuals' rights; meso- and community-level factors, such as faith communities' and school administrations' stances toward affirming versus refusing to recognize children's trans identities and gender expressions; and micro-level factors, such as individual health care providers' understanding and acceptance of trans identities, extended family members' acceptance and rejection, and parents' own open-mindedness and transphobia.

Macro- and Community-Level Factors Influencing Parenting of Trans Children

At the broadest level, federal and state anti-trans laws, policies, and debates can have direct and indirect negative effects on trans children and their families. Some examples include the Trump administration's rescinding of the Obama administration's guidance to schools regarding accommodations for trans students, state restrictions that prohibit trans children from participating on sports teams that align with their gender, and the Trump administration's push to allow doctors and health insurance companies to discriminate against trans individuals. The patchwork systems of care and protection that exist in the United States, especially, can cause confusion and stress for families with trans children and contribute to challenges that affirming parents face when aiming to secure supportive care and accommodations for their children. The presence of laws protecting rather than limiting the rights of trans persons directly affects parents' ability to stand on legal precedent when advocating for their children's right to have their gender affirmed in school and community settings and to access information

they are entitled to about the medical options available to their children, if desired.

Community agencies, organizations, and institutions, as well as individuals in the community, can also enhance or hinder a parent's ability to affirm their trans child. Religious institutions may embrace or formally reject a trans child and their family, for example, by preventing them from becoming full members on the grounds of their religious beliefs. These actions also set a precedent for acceptance versus rejection from others in that faith community. Private and public schools may be a source of stress and hostility for parents seeking basic rights and protections for their trans children, such as access to appropriate bathrooms or locker rooms, usage of the child's correct name on official classroom rosters and in school records, and the ability to wear clothes—including school uniforms—that reflect the child's gender. Schools may also vary in how well they respond to bullying on the part of trans children's peers. Similarly, school- and community-based sports may assign children to teams based on their gender or by their assigned sex at birth, either communicating acceptance or functionally refusing trans children this common source of community.

Access to appropriate health care for trans children has also been a challenge cited by affirming parents. Appropriate education and expertise in trans-affirming care among health care providers, including front office staff who may (mis)gender trans children or use the child's legal name rather than their chosen name, can turn even routine doctor's visits into traumatic events. Likewise, when family courts lack education about the best interests of trans children in terms of ensuring supportive care, legal processes such as name changes and divorce proceedings may become highly fraught and traumatic for families instead of processes that support their health and well-being. Requests to exercise the right to a legal name may be delayed or questioned, affirming parents may be scrutinized for supporting their child's gender identity/expression, and parents may face the risk of reduced or eliminated custody due to their affirmation of their child. Intervention from the state, if not trans competent, can inflict significant trauma upon families.

Also at the macro level, the rise in media attention to trans identities in childhood may positively affect parental reactions to children's trans identities, in that having a trans child now may be less of a shock to some parents than it was for caregivers who participated in past studies exploring the experiences of parenting trans children. Even a "benign" lack of awareness on the part of parents about trans identities can prevent or delay trans children from receiving affirmation from their families and communities, including appropriate medical treatment.

Meso-Level Institutional and Community Support

Community members, such as children's teachers, local religious leaders, and sports team coaches, can all play pivotal, supportive roles in the lives of trans children and their affirming parents. Some parents of trans children have spoken about how fortunate they feel when these community members embrace them and their children and even serve as advocates for their trans children in other community domains. For example, having even one teacher or school staff person whom the trans child can seek out for help and support, in case of bullying or lack of accommodations, can greatly relieve anxiety for both trans children and their parents.

Institutional-level support, especially from children's K–12 schools and from knowledgeable physical and mental health care providers, can help relieve the anxiety associated with ongoing minority stress and stigma, as well as have an immensely positive impact on the daily lives of trans children and their parents. Knowing that a school—either formally due to explicit policies or informally due to an affirming climate—will not tolerate bullying and will uphold the rights of trans children to use their chosen name and to use the bathroom that aligns with their gender identity can take a huge burden off of trans students and their parents. Likewise, being able to readily access therapists and medical doctors who specialize in working with trans children and youth reduces the time and energy parents of trans children must expend to find appropriate care for their children. Certainly, parents of trans children today—especially those living in more remote and rural areas—might have to interact with and even provide some education to health care professionals who are not familiar

with best practices for working with or serving trans children. But increasingly, comprehensive or holistic gender clinics are emerging across the United States and around the world.

Caregivers point to online and in-person support groups as well as local and national conferences for parents and families of trans children as critically helpful to them, especially at the beginning of their journey to acceptance and when securing needed resources and services for their children and family. Finding others who are "in the same boat" and who have experienced similar joys and challenges can be an invaluable resource for parents who may have felt that they were the only ones with trans children. Some of these groups for parents also simultaneously offer opportunities for the trans children to meet as well.

Family and Other Micro/Meso-Level Factors Influencing Parenting of Trans Children

When affirming a trans child's gender identity and expression, parents may face resistance from within their own families. Affirming parents may be "on a different page" than spouses, partners, and coparents, who may be slower to accept the child as trans or who remain steadfast in their rejection. Affirming parents may work to "win over" the child's other parent or may scale back their own affirmation for fear of conflict with the child's other parent. Affirming parents who share legal or physical custody of their trans child with a coparent may struggle to create or alter parenting plans that adequately affirm their child's gender identity or expression. In some cases, trans children may find themselves moving between parental households that provide different degrees of gender affirmation. Some affirming parents have found family courts to be helpful in ensuring that their trans children receive appropriate care and support, while others have had their custody reduced or taken away altogether, often due to courts' lack of familiarity with trans issues. Similarly, some siblings of trans children serve as important allies, while others may resist affirmation of, or resent, their trans sibling.

The family field is ripe for more research on the roles and relationships among family members of trans children and their parents, especially siblings, stepparents, and extended family members. Aunts, uncles, cousins, and grandparents—like siblings—can play important, affirming roles in a trans child's life or can serve as impediments to greater familial acceptance. Affirming parents have sometimes chosen to cut ties with nonaffirming family members in order to protect a trans child from overtly rejecting behaviors on the part of extended family, such as refusing to use a child's correct name or pronouns, intentionally buying the child gifts or clothes deemed stereotypical for a child of a different gender, or for religious abuse such as telling a child that "God won't love you" or that they will go to hell if they transition. Nonaffirming family members have been known to report affirming parents of trans children to Child Protective Services (CPS), claiming that affirmation of a child as trans is akin to abuse and illustrating how nonaffirming family members can try to tap into the power of the state to exercise their will over trans children. Such threats are so common that affirming parents are often advised by trans advocacy groups to preemptively create a "safe folder" documenting a child's authentic gender over time and containing statements from health care providers, teachers, and other respected individuals and professionals who can verify the child's authentic gender and the affirming parents' appropriate parenting approach.

Supportive Family and Friends

Close family members and friends who are accepting of a child as trans can be key sources of support for trans children and affirming parents as they navigate their communities. Some studies with mothers of trans children have reported that fathers seem slower to acceptance than mothers—but certainly there are fathers who are just as, or more, affirming than mothers. Trans children's siblings, aunts, uncles, cousins, and grandparents can play important, affirming roles in their lives, especially when their parents are rejecting, by providing critical support for parents' affirmation of their trans children. One affirming mother was quoted as saying that her extended family—especially her child's grandparents—was her "number one" source of support: "I don't know that I could've done this . . . by myself." Grandparents in particular have received some attention in the trans extended family literature,

especially when they step in as primary caregivers of their trans grandchildren.

Many affirming parents will write a "coming-out" letter to family and friends to inform them of the child's gender and of any changes (e.g., name, pronouns) that others should be aware of, acknowledge, and use. After sending the letter or otherwise coming out to others, parents have reported losing some friends and family while also learning who their strongest and closest allies are and will be as they move forward with a child's social transition. There have been reports of parents sometimes being happily surprised to receive positive responses from older or religious relatives and friends whom the parents expected to be rejecting.

Parents' Paths to Acceptance

Parents of trans children have described their own "journeys to acceptance," whereby initially they did not realize that their children were or even could be trans, and thus their acceptance came about over time. Some research has examined how children's other identities may affect parents' understanding or affirmation of their children as trans. For example, in one exploratory study, parents of trans children with co-occurring autism spectrum disorder (ASD) diagnoses described their child's intersecting ASD and trans identities as being challenging to disentangle from one another and complicating their understanding of their children's gender. Other research has reported how sexual minority parents might initially reject their children's gender identities and expressions out of fear of scrutiny or blame from others who might assume that the parents' sexual orientations "caused" their children's gender nonconformity.

On the road to acceptance, some parents described their own efforts to curb or police their trans children's gender expressions, such as telling children that they are mistaken when they assert their gender or not allowing children to dress in desired clothing or to choose certain toys. Furthermore, some parents have described feelings of sadness and of mourning the "loss" of their imagined son or daughter, indicating parents' own gender assumptions or "stories" in relation to their children, which served as barriers to acceptance. Other parents, however, have described a feeling of relief or clarity once they realized that their children were trans, in that they finally understood what was happening with their children and could search for resources and supports for their families.

Concern and anxiety are commonly reported by affirming parents of trans children, who worry about future decisions (e.g., whether their child will take puberty blockers with the onset of puberty) and struggles their children may face in regard to, for example, physical transition and romantic relationships. In particular, many parents of trans children fear for their children's physical safety in a world that can be ignorant about and violent toward trans individuals.

Parent-Level Strengths and Resources

Being open-minded has been cited by affirming parents as helping them move toward acceptance more readily, as has being willing to listen to their trans child. Many parents talk about "a light that goes on" in their children after they are able to express their gender freely and authentically—at least one mother has described it as her child "being given wings." Caregivers being educated about, or having experience with, trans individuals has also been noted as a strength and facilitator of acceptance of a trans child. Although research has revealed that the heterosexism and stigma directed at LGBTQIA+ parents can make it initially difficult to accept a trans child due to, for example, worries about scrutiny, other sexual minority parents have cited their own experiences of feeling "different" or being discriminated against in relation to their sexuality as reasons for why they readily accepted their child as trans. Having economic resources and racial privileges also likely play roles in helping upper-income and white parents find and access resources and when aiming to influence their children's schools and others in the community to accept their children as trans. Furthermore, being established and known in one's community as a "good parent" or having strong, already existing community connections has been cited as a primary reason why some affirming parents might have had a relatively easy time convincing others that their children were "truly trans" and deserving of acceptance and support.

Studies have reported that affirming parents can become strong advocates in their communities for their children and other trans youth by, for

example, educating administrators and teachers in their children's schools and insisting their children's rights be protected. Some affirming parents may, in fact, find a new voice and purpose, as well as a new identity as a trans advocate. Importantly, however, not all trans children may want their parents to be vocal advocates for trans issues in their communities or thereby potentially outed continually to others. Some trans children may want to be "stealth" and may not even identify as "trans." Thus, affirming parents may have to balance their own newfound identities as a "parent of a trans child" with their children's privacy. That said, many affirming parents of trans children and youth have been pioneers, co-leading with their children in what has been referred to as a "gender revolution" and helping to pave the way and reduce obstacles for the many families with trans children coming after them.

Trans Children as Sources of Strength and Growth for Their Parents and Families

Most research has focused on the critical role that familial (namely, parental) acceptance plays in positive outcomes for trans children and youth. Affirming parents of trans children, however, have been quick to correct others who tell them that their children are lucky to have them. These parents have spoken about the positive ways that their trans children have affected them and their families. Some say that their children have given them a gift; the children had opened their parents' eyes, hearts, and minds to the beauty of diversity and what it means to truly love and accept a child. These parents speak about their own growth as human beings and often deflect praise for simply doing what they were supposed to do as parents—to love, nurture, and care for their children as best they can. Despite a focus on the transition that a trans child may undergo to express their authentic selves, it is often those around the child who undergo true transitions, as families and communities expand their previously limited conceptualizations of gender and move to recognize, embrace, and celebrate a greater understanding of human diversity.

Katherine A. Kuvalanka and Cat Munroe

See also Family Therapy, Trans Youth; Health Care, Discrimination; K–12 Policies/Climate; Online Communities; Parent Advocacy Groups for Trans Children; Parents of Trans Children and Youth, Custodial Issues; Parents of Trans Children and Youth, Relationship Issues; Stealth

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Parents of Trans Children and Youth, Custodial Issues

Parents who support their trans children and adolescents (i.e., affirming parents) may experience custodial issues, including custody disputes with nonaffirming parents and involvement of Child Protective Services (CPS), if their supportive parenting approach is deemed "abusive" by extended family or community members. A growing body of social science and legal literatures provides insight into custodial-related challenges faced by some affirming caregivers of trans children and youth. This literature can inform family courts that are applying the "best interests standard" to cases involving trans children and adolescents. This entry summarizes what is known about child custody disputes involving trans children and adolescents, including cases involving affirming and nonaffirming parents, as well as grandparents as affirming caregivers and legal guardians of their trans grandchildren. It also addresses other custodial issues, such as CPS involvement or threat of involvement. Finally, this entry discusses the role of advocacy groups in raising awareness, educating family court professionals, and providing support to affirming parents and their trans children.

Custody Disputes Between Affirming and Nonaffirming Parents

Media Attention

Child custody disputes between affirming and nonaffirming parents of trans children and adolescents have received increased attention in mainstream media. In October 2019, for example, the national media covered a custody case in Texas when a jury recommended that an affirming mother of a 7-year-old trans girl be awarded full custody over a nonaffirming father. Following this recommendation, U.S. Senator Ted Cruz and other political figures took to social media to perpetuate the father's misleading claims that the mother intended to force the child to undergo medical interventions. Consequently, the judge in the case ultimately disregarded the jury's recommendation and awarded joint custody to the parents, expressly giving the father equal legal authority in medical decision making for the child. In April 2019, the Arizona Supreme Court weighed in on a custody case involving a trans child, where a nonaffirming father had been awarded sole legal custody over an affirming mother but where the family court judge also required that the child see a gender therapist. An appellate court later ruled that the family court judge had overstepped by requiring therapy, but the higher court disagreed with that aspect of the appellate ruling. The state's high court found that a family court judge can order treatment, including therapy and other expert intervention, for a trans

child even when a nonaffirming parent does not consent, if the child is at risk for physical or significant emotional harm.

Cases Highlighted in Legal Journals

Other high-conflict custody cases involving trans children have been summarized in legal review articles. In three of five documented appellate court cases with decisions handed down between 1998 and 2012, affirming mothers lost custody of their children or had their parenting time or legal decision-making authority reduced. A fourth case decided in 2009 resulted in shared physical and legal custody between the affirming mother and nonaffirming father; the fifth, handed down in 2014, ended with the affirming father receiving sole legal custody and primary physical custody over the nonaffirming and physically abusive mother. Text from these legal decisions indicates that family courts have historically been unfamiliar with trans identities in childhood and experts' recommendations for promoting the health and well-being of trans children and youth and, in some cases, draw upon cisnormative and transphobic beliefs when deciding what is in the best interests of trans children and adolescents.

Recommendations of Legal Experts

Given that many family court professionals still lack familiarity with trans identities in childhood, legal experts have advised affirming coparents of trans youth to avoid court whenever possible. Asaf Orr is senior staff attorney and director of the Transgender Youth Project at the National Center for Lesbian Rights. Orr has noted that, increasingly, there have been successes in family court for affirming parents of trans children, as awareness grows of the importance of affirmative models of care and expert opinion about what is in the best interests of trans youth. That said, Orr and other experts recommend proceeding with caution and moving slowly when taking steps to affirm trans children's gender identities and expressions, as well as engaging in dialogue with nonaffirming coparents when possible, with the hope of ultimately gaining the nonaffirming coparent's consent prior to proceeding with social transition. If going to court becomes necessary, then experts recommend that affirming coparents and their attorneys seek out, follow, and document the advice of expert mental health and medical professionals.

Social Science Research

Beyond the accounts of custody cases in law review articles and the media, little is known about the family court–related experiences of affirming parents of trans youth who disagree with their children's other parent(s) about how to approach the child's gender identity or expression. One 2019 study by Katherine A. Kuvalanka and colleagues, entitled "An Exploratory Study of Custody Challenges Experienced by Affirming Mothers of Transgender and Gender-Nonconforming Children" and published in *Family Court Review,* explicitly set out to examine the experiences of 10 affirming mothers (9 were white, 8 had a college degree, and 3 had female ex-partners) who had experienced custody-related challenges involving their trans children (7 of the 10 children were assigned male at birth). Seven of these 10 mothers had their custody cases decided in court, four of which resulted in the mothers losing, or having a reduction in, custody. Two of the seven ended in shared custody decisions, and one mother was awarded sole custody. The three other mothers, who did not go to court, had shared or sole custody of their children.

All 10 of the mothers said that their ex-partners "blamed" them for causing the children's gender nonconformity or trans identities. Several of the mothers also described coercive behavior on the part of ex-partners toward the children—sometimes in the form of identity-related abuse (e.g., forcing the child to cut their hair, taking away toys stereotypically for a certain gender, and refusing to use the child's chosen name or pronouns). Some mothers described coercive behavior by ex-partners toward the mothers that was akin to emotional and psychological abuse; for example, some ex-partners were reportedly using the courts (e.g., repeatedly filing or threatening to file contempt of court charges) to continue a pattern of abusive behavior to control and hurt the mothers while also obstructing affirmation of the child's gender. Some of the mothers in the study also described facing cisnormative and transphobic attitudes and beliefs on the part of family court professionals. For example, one mother of a trans girl said that

she received a court order signed by the judge requiring that the mother only allow the child to wear gender-neutral or boys' clothing.

According to the mothers, these custody-related challenges had a negative impact on both themselves and their children. Beyond the reported emotional and psychological toll on the mothers, such as feeling depressed and overwhelmed, there was also a financial toll experienced by half of them due to costly legal challenges. Nearly all of the mothers described negative implications for the children, sometimes resulting from having to live part-time in a nonaffirming household. Four of the mothers described disturbing behavioral and physical behaviors exhibited by their children, including acting out, loss of appetite or sleep, and suicidal ideations.

Last, 9 of the 10 mothers spoke about what they felt was a critical need for access to adequate resources. Several spoke about the importance of having adequate financial means to retain attorneys and contest court challenges. Some of the mothers noted that having or not having money was a major factor in keeping or losing their children. And more than half of the mothers talked about the importance of, and a need for, better-educated and unbiased family court professionals, including attorneys, judges, guardians ad litem, and custody evaluators, so that affirming parents of trans children have a more level playing field in family court rooms.

As with most research on affirming parents of trans youth, existing studies in this area are limited to the experiences of mostly white, college-educated, able-bodied, heterosexual mothers in the United States. Given that high-conflict custody disputes are costly, custody cases that go to court likely involve at least one caregiver with financial resources; unknown is how parenting disagreements play out among parents of trans children from lower socioeconomic statuses. Furthermore, Kuvalanka and colleagues suggested the presence of underlying misogyny in both custody challenges and decisions, given that most documented cases involve mothers of trans girls who have been sued for custody.

Affirming Grandparents as Legal Guardians

Grandparents can be important allies to their trans grandchildren and may take over as legal guardians. Parents generally have stronger legal standing in regard to their children than do the children's grandparents. Yet, the few cases highlighted in the media and in social science research have shown affirming grandparents to have gained custodial rights to their trans grandchildren over nonaffirming parents. National media attention was given in 2018 to an Ohio family court case in which a judge awarded custody of a trans teenager to the affirming grandparents over the nonaffirming parents. In that case, the parents had prevented the teenager from accessing gender-affirmative care, leading the youth to be suicidal. In addition to media attention, a handful of individual cases of grandparents who had legal guardianship of their trans grandchildren due to parental neglect and other such reasons have been documented in scholarly works.

Some affirming grandparents have found that gaining legal decision-making authority in regard to their trans grandchildren can be of critical importance. For example, if parents are against their children receiving gender-affirmative medical intervention, then securing legal custody may be necessary for accessing gender-affirmative treatments for trans grandchildren. Legal guardianship, however, has limitations; in some states, for example, legal guardians are not be able to secure a legal name change for a trans child without the consent of both parents. Some affirming grandparents may face transphobic bias in the courts. In one case, even though the judge did not stand in the way of the transfer of guardianship, she made her disapproval of the grandparents' affirmation of their grandchild known. Other affirming grandparents, however, encounter judges who are knowledgeable about trans identities and the complexities of gender.

CPS Involvement When Parents Affirm Their Trans Children

Affirming caregivers of trans children can face threats to custody from sources other than a child's nonaffirming parent. Extended family members, neighbors, school personnel, and other community members who disapprove of an affirming approach and deem affirmation as "abusive" have been known to reach out to CPS to report affirming parents. Trans advocacy organizations advise affirming parents to prepare for such a possibility by creating a "safe folder" containing documents that attest to the child's gender identity

and expression, their good parenting, and other evidence that could help defend an affirming parent's affirmative approach in court. Safe folders often include letters from medical and mental health professionals, supportive teachers and other community members, and photos of the child that reflect the child's social transition. Affirming parents who have recounted their experiences interacting with CPS workers describe the fear that both they and their trans children felt at the prospect of the state having the ability to remove the child from the home. Fortunately, most accounts have described CPS workers who either were knowledgeable about trans identities in childhood or recognized that the parents were acting in the best interests of the child and should not have their parental rights challenged.

The Role of Advocacy Groups

Advocacy groups play a critical role as parents grapple with custodial issues pertaining to their trans children. The missions of these advocacy groups generally focus on financial resources and individual support for affirming parents, education of family court professionals, collation of state and national resources, research, and advocacy efforts with other LGBTQIA+ organizations. The Transgender Children's Legal Defense Fund in Ohio is one such advocacy group that strives to give affirming parents the support they need to ensure that their children can live free from the oppression of nonaffirming parents. The National Center for Lesbian Rights provides guidance to attorneys of affirming parents and secures funds for expert witness fees. Mothers in Transition, founded in 2013 in Arizona, seeks to tip the scales of justice toward affirming parents in family court cases throughout the United States through individual support, legal education, advocacy, and research. Until greater awareness and acceptance are achieved, advocacy groups play a unique and necessary role in educating legal decision makers regarding the best interests of trans children.

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See also Child Welfare System; National Center for Lesbian Rights; Parent Advocacy Groups for Trans Children; Parenting of Trans Children; Youth and Teens, Legal Issues

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Parents of Trans Children and Youth, Relationship Issues

Parents of trans children and youth play a pivotal role in their children's well-being. The nature of these parent–child relationships is especially critical for trans children and youth who are more likely to experience hardships both at school and at home due to living in a cisnormative culture. Trans youth and children who experience rejection from their families, especially from parents, are more likely to internalize those messages and have lower self-esteem. Conversely, those who feel loved and affirmed by their families are more likely to feel as though they have value and self-worth.

Many trans children and youth voice a desire to communicate more openly with their parents and

wish for closer and more supportive relationships with them. However, even children who believe their parent will be accepting may struggle to engage in a challenging and personal conversation about gender. For example, fear of rejection from parents can be a barrier to disclosure of trans identity. However, such concealment may have negative consequences. Trans children and youth who hide their gender identity often experience anxiety and/or depressive symptoms, leading to further distance in the parent–child relationship.

A popular narrative about trans children involves a negative gender identity disclosure experience with parents who immediately chastise them or act in rejecting ways. Researchers have found that there are multiple ways that parents respond to their child's disclosure, ranging from acceptance to rejection, and that those who respond negatively can change over time. Some parents experience cisnormative grief, when they feel a sense of loss after their child discloses their trans identity. This is due to cisnormative expectations they hold for their child. Consider a father who expresses his disappointment that he will not get to walk his little girl down the aisle after that child discloses that they identify as transmasculine. This example includes many gendered assumptions based on social rites of passage and expectations, although none are related to who the child is as a person. Gendered social norms inform a given parent's belief system and may take into account their present and ongoing parent–child relationship when they are experiencing cisnormative grief. Relationships between parents and trans children are best cared for when parents choose appropriate outlets to process their feelings, such as with a therapist, and do not burden their child with adult concerns.

Parents who struggle with understanding gender identity may exhibit subtle forms of rejection, which can include pressuring the child to conform to cisgender norms, refusing to use the child's pronouns or chosen name, becoming visibly upset or tearful in the presence of the child, or maintaining secrecy about the child's gender identity. Parents who demonstrate overt rejecting behaviors may contribute to more serious negative consequences for those trans children who choose to disclose or whose parents discover their gender identity. Trans children and youth who experience outright rejection from a parent are more likely to become distanced and engage in risky behaviors. Rejecting behaviors are especially dangerous for trans youth and children when parents are physically or verbally abusive, use religious condemnation and shame, prevent the child from seeing friends or engaging in social activities, or exclude the child from family activities. The range of rejecting behaviors can contribute to trans children feeling as though there is something wrong with them and diminished a sense of trust. These experiences contribute to high rates of substance use, mental health concerns, and suicidality among trans children and youth.

Conversely, parents who support their trans children tend to have positive relationships with their children. Supportive and positive parent–child relationships lead to decreased risk factors for youth and also contribute to meaningful experiences for parents. There are an increasing number and range of resources for parents to learn about gender identity and ways to support their trans children and youth. As cisgender (cis) parents become educated about gender identities, they can learn to anticipate the developmental needs of their trans child and seek out appropriate resources for them. Parents who are aware of their child's needs, ask their child questions, and advocate for their child at school and in medical settings are more likely to establish open communication with that child. This creates opportunities to address sexual health with youth as well as other risk concerns. These parents are also more likely to become a safe adult for their child's trans friends.

Supportive parents may also become involved in advocacy efforts and increase their awareness of social justice issues, such as political initiatives to prevent bathroom usage or medical support for trans children. When parents support their trans children by seeking out support groups, this may ultimately open doors for connection with other supportive families. For instance, parents may seek out support groups or camps for families with trans youth, where they meet other parents who are facing similar issues and are able to normalize and understand each other. These parents are able to learn more about their child's needs and experiences through relationships with other families and engagement in advocacy efforts, which can

lead to deepening and more authentic relationships with their child.

Parents do not always agree or maintain a shared understanding of their child's gender identity. In a two-parent family or stepparent family, parents may vary in their understanding, acceptance, or rejection of the trans child's gender identity. They may be in conflict about ways to support or not support a trans child. These circumstances can be especially challenging for children whose parents do not reside together, resulting in a supportive relationship with one parent and a rejecting relationship with the other parent. Legal custody orders that require a child to spend time in each home can further complicate their relationship with parents. A trans child and a supportive parent may feel an alliance in two-parent families with a less accepting or rejecting parent who resides in the same house. Children may feel an increased sense of responsibility or blame if they witness conflict between parents that is related to disagreements about parenting a trans child.

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See also Cisnormativity; Family Therapy, Trans Youth; Parenting of Trans Children; Relationships With Children; Youth and Teens, Well-Being

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Partners of Trans People

In the context of relationships, *partners of trans people* refers to those who share an intimate, romantic, and/or sexual relationship with a trans person. Partners of trans people may be coresidential with their partners or not and may be connected to their partners legally through marriage or domestic partnership or not. Partners of trans people often report engaging in strategies that center and affirm accurate recognition of their trans partner's gender as a reflection of their commitments to gender self-determination, to provide support, and to build intimacy in their partnerships. For example, an individual who is a partner of a transgender man who menstruates might purchase their trans partner's menstrual supplies and refer to their menstrual cycle using language that is gender neutral or even masculine. Partners of trans people may be cis or trans themselves, and these gender identities may also shift over time. Some trans people report greater acceptance from partners who are also trans as cis partners may be more likely to attempt stalling or blocking a trans partner's transition (especially for those coming out as trans women) or seek to maintain their own binary notions of sex, gender, and sexualities. With these factors in mind, this entry discusses partners of trans people and the various negotiations that cis and trans people may undertake as their identities and relationships continue to evolve over time or end.

Navigating Gender and Sexual Identity Shifts

Gender and sexual identities can shift over time for both trans people and their partners. Consider how many sexual identities (e.g., gay/lesbian/bisexual/straight) are always dependent on the sex and gender identities of each person in relation to the other. Linguistically, heterosexuality, bisexuality, and homosexuality, for example, have no inherent meaning outside of the concepts of binary sex categorization and gender identity (as female or male, woman or man, etc.). To be able to self-identify using one of these sexual categories, one must articulate one's own sex category or gender identity in relation to another person's sex category or gender identity. *Homosexuality* implies sameness of sex categorization or gender identity between oneself and one's

romantic and sexual interests or partners while *heterosexuality* implies difference. These binary sexual identity categories are particularly unintelligible in the context of nonbinary gender identities. It also makes sense, then, that as one's own or one's partner's sex categorization and/or gender identity shifts, their sexual identity may shift as well. As such, trans people and their partners may be more likely to identify as pansexual, queer, or asexual. There is also evidence that these self-identification terms are being stretched beyond their original linguistic origins, with some self-identified bisexual individuals, for example, asserting that this category, in social practice, expands beyond more limited and binary definitions. None of these categorizations are "natural," per se; rather, they rely upon human social construction for how people understand their own and others' desires and interactions.

Sexual identity, itself, is a relatively recent social phenomenon. Prior to the late 19th century, people engaged in all sorts of sexual behaviors with people aligned with their own sex categorization as well as those not aligned with it. However, they did not think of such behaviors as dictating a type of personhood. Terms like *heterosexual* and *homosexual* were later inventions, which sought to define people by their romantic and sexual attractions and behaviors. Important to note, the term and concept of *heterosexual* was not even invented until after the invention of the term and concept of *homosexual,* revealing how terms and concepts are often constructed as part of establishing insider and outsider status rather than describing any sort of natural features of individuals themselves.

Some trans people who identify as heterosexual prior to transition may find that their partnerships are experienced personally, interpersonally, and socially in different ways depending on how their gender is recognized or misrecognized by others. For example, if a trans woman is partnered with a cisgender (cis) woman in a heterosexual relationship prior to her transition, this same relationship may be experienced by the couple and/or others as lesbian, bisexual, or pansexual at a later point in time. It is also important to note that there may be differences in how a trans person, their partner, and others outside their relationship recognize this partnership and each person's relationship to the other. When these forms of recognition do not align, individuals may feel considerable stress. For example, if a person partnered with a cisgender man transitions toward nonbinary, and the cis man previously understood his relationship as heterosexual, his partner's transition toward nonbinary may be challenging for him if he does not conceive of himself as a gay, bisexual, pansexual, or queer man. In such instances, relationship stress and dissolution may occur or become more likely. Some trans people and their partners report shifting from monogamy to polyamory in order to accommodate desires for sexual exploration that may emerge as one or both partners transition. Others report developing asexual romantic relationships in these contexts. It is not always the case that prompts to reconsider one's sexual identity in relation to a transitioning partner's gender identity are resisted or refused. In many instances, a partner's transition may open up opportunities for individuals to consider potential shifts in their own gender and/or sexual identity or the type of sexual relationship they have together.

As with cis people, trans people hold sexual self-identifications in various combinations across the spectrum, which include, but are not limited to, straight, gay, lesbian, bisexual, pansexual, queer, and asexual. As with cis people and their partnerships, trans people and their partnerships may be sexual or asexual and monogamous or polyamorous, and these relationship patterns and types may also shift over time. Cis people who misrecognize a trans person's gender identity are likely to misrecognize that person's sexual identity as well. For example, if a cisgender person misrecognizes a trans woman as a man, then it is likely that that trans woman in a relationship with a cisgender man may be misperceived as being in a gay or bisexual (rather than heterosexual) relationship. This is also a form of cisnormativity, or assuming that cis gender and sexual identities and relationships are natural and superior to those involving trans people. Some trans people in partnerships with other trans people report frequent misrecognition of both their gender and sexual identities by others, with some of this misrecognition expressed in intentional ways or even through hostility and violence.

Embodied Changes

Whether a transition is medically facilitated or not, transition often, but not always, involves shifts in physical embodiments. Such shifts may include but

are not limited to the sorts of clothes a person wears; one's hairstyle; the way that a person sits, walks, and interacts with others; the pitch of one's voice; whether or not they menstruate; how one's body reacts to sexual stimulation; the shape of one's body; and facial and body hair. These embodied shifts may affect sexual and nonsexual interactions between partners, particularly considering how romantic and sexual relationships tend to be highly inflected and informed by gender and gendered social scripts. Furthermore, these gendered social scripts are often deeply internalized and carry an emotional valence. People do not just know what it means to be sexy, desired, or desirable; people also feel what these mean in very gendered ways. Butch/femme lesbian relationships serve as one example of how gendered sexuality is not at all dependent on sex categorization. Another example may be found in trans women's greater tendency to find a wider variety of body sizes and types sexy rather than conforming to societal standards for beauty in self-presentation or its role in interpersonal attraction. Gender and gendered scripts and interactions are often eroticized in patterned ways. Trans people and their partners may also find that their relationship dynamics and romantic/sexual practices might shift along with shifts in how their or their partner's gender is (mis) recognized by others. If individuals are frequently misgendered by others, they may find themselves less comfortable engaging in sexual and nonsexual behavior or interactions that are gendered in particular ways (e.g., being a "top"/dominant, "bottom"/ submissive, or "switch"/versatile in sexual interactions; engaging in forms of household labor such as cooking or taking out the garbage).

These shifts often necessitate enhanced communication among partners about needs and desires around how they interact in sexual and nonsexual ways in both public and private spaces. For example, trans people may call upon a partner to assist them in engaging with the public when doing so is likely to result in being misgendered (such as a cisgender woman partner making and/or attending an appointment for gynecological care for their trans man partner or purchasing clothing for their trans woman partner). Trans people and their partners may also experience shifts in acceptable or desired sexual and nonsexual touching practices. How couples walk arm in arm, open doors for one another, and dance are often gendered. Body parts, too, are gendered in our culture. Parts of the body that may have been sexually responsive or unresponsive and part or not part of earlier sexual interactions may become unresponsive, responsive, not part of, or part of sexual interactions as gender and sexual identities shift. Again, these shifts require ongoing, sensitive communication between partners to ensure that sexual and nonsexual touch and physical interactions are both enjoyable and consensual. Of course, it is important to note that this is also true for cis individuals and partnerships and that the insights and strengths that some trans people and their partners develop may be considered exemplars for effective and empathic relationship communication, useful in their application by cis people and within cis partnerships.

Violence

Although many trans people report positive relationship experiences, especially with other trans people, trans people are also at high risk for intimate partner violence (IPV) due to cisnormative and transmisogynist assumptions in contemporary society. Specifically, trans people experience and report high levels of rape and sexual assault, domestic abuse, and physical violence from (especially cisgender) partners and beyond relationships. Research shows that partners of trans people may undermine their gender and sexual desires and that these endeavors often lead to more intense forms of physical and emotional violence over time. In fact, even clinical discussion of trans experiences with IPV often engages in victim blaming by suggesting trans people lack normative problem-solving and communication skills in comparison to cis abusers. Researchers have also demonstrated much higher risk for experiencing violence in public, and in the process of dating, among trans women and particularly so for trans women of color.

Researchers have documented physical and emotional abuse that trans people experience from medical, psychological, and criminal justice agents, experiences that are also associated with negative health outcomes and IPV. Black, Latinx, and indigenous trans people are particularly susceptible to violence, mistreatment, and surveillance by and within the criminal justice system. Abuse narratives

of trans people, especially trans women and trans women of color, demonstrate pervasive transmisogyny (or antagonism toward trans womanhood) in interpersonal, romantic, sexual, professional, and institutional domains throughout society. Even in scholarship, for example, researchers have noted the tendency for studies to focus on, prioritize, and elevate trans men and others assigned female at birth, while trans women in academia and studies of trans women receive significantly less attention and more hostile reactions. Understanding and reporting on violence against trans people, particularly that disproportionately experienced by trans people of color, are requisite for understanding relationships between gender and violence more broadly. Furthermore, the impacts on relationships of experiencing chronic systemic violence, as well as the links between experiences of systemic and interpersonal violence, deserve further research exploration.

Negotiating Relationships

Because of cisnormativity and systemic discrimination against trans people, especially trans women and trans people of color, the stakes for trans people and their partners negotiating their identities and partnerships are often quite high. The additional work in which trans people and their partners engage to ensure that trans people are not misgendered and mistreated is generally invisible labor. Furthermore, partners of trans people may take on additional emotion work and caregiving labor to support and validate their partners and partnerships. This may include, but is not limited to, providing medical care and material, physical, and emotional support for partners undergoing medically facilitated transition through pharmaceutical and/or surgical treatments (and navigating bureaucratic systems connected to insurance); marking important moments during transition through documentation and organizing celebrations; negotiating relationships with one's own and one's partner's families to help them better understand and process a partner's transition; and serving as an advocate, educator, and ally when in social and public interactions. By the same token, trans people may have to take on additional emotion work and caregiving labor to support cis partners. This may include, but is not limited to, educating cis partners about sex, gender, bodies, language, and even medical needs and requirements; navigating cis assumptions as well as monosexual assumptions embedded in the gendered sexual performances of gay, lesbian, and straight partners; and surviving ignorance or abuse from partners unfamiliar with or harboring negative opinions about trans people and experiences.

Furthermore, early requirements for accessing medically facilitated transition often required trans people to conform to restrictive understandings of gender and sexual identities—such as maintaining at least the impression of rigid and binary gender identities and heterosexual sexual identities when meeting with health care professionals who often serve as gatekeepers to needed resources. Decades of resistance and trans advocacy for self-determination, however, have resulted in broader ability for trans people to hold gender and sexual identities and partnerships that transcend binaries. Increasingly, trans people are forming partnerships and broader families of choice with one another. This offers enhanced opportunities for trans people to develop partnerships with those who have shared backgrounds, communities, and experiences that may facilitate enhanced understanding and communication. Given systemic oppression and discrimination against trans people, however, it is particularly important for trans people in partnerships with one another to receive informed, ethical, and competent support, grounded in trans self-determination, from their families, friends, communities, and various social systems including, but not limited to, employers, fellow employees, and care providers.

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See also Consensual Nonmonogamy; Dating; Embodiment; Gender Fluidity; Gender Functions; Intimate Partner Violence; Relationships With Romantic/Sexual Partners; Sexual Fluidity; Sexualities/Sexual Identities

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Phenomenology

Phenomenology is a philosophical method that examines the structures of human consciousness in order to describe how phenomena take place in space and time. Phenomenology explores how the world manifests to us through our senses and how we come to collectively agree on what makes phenomena recognizable and distinct. These concerns make phenomenology valuable to Transgender Studies, which analyzes how gendered phenomena are expressed and perceived. This entry examines areas of methodological and theoretical overlap between these two fields.

Defining Phenomenology

Broadly speaking, phenomenology investigates how the world appears to us and how our consciousness meshes with sensory environments to construct temporality, spatiality, memory, and affect, as well as perceptible objects and events. As a philosophical method, it does not treat objects in the world or the world itself as objectively given but rather asks how the world and the objects in it come into consciousness through sensory and affective engagement. The field was pioneered by German philosophers Georg W. F. Hegel (1770–1831), Edmund Husserl (1859–1938), and Martin Heidegger (1889–1976) and has been expanded by many other theorists, most notably French thinkers Maurice Merleau-Ponty (1908–1961) and Emmanuel Levinas (1906–1995). Unlike some other branches of philosophy, phenomenology is not a school of beliefs and has no principal doctrines; rather, it is a style of thought that is practiced through investigating lived experience, in which the body and the senses play an important subjective role in the determination of truth.

Phenomenology represents a significant break from the rationalism that has dominated Western philosophical thought since Plato, in which an inaccessible and universal "Truth" is theorized to exist outside of and independently from the body and the consciousness. Instead, phenomenology seeks to offer an objective study of things normally presumed to be subjective—judgments, perceptions, and emotions—in order to arrive at the lived truth of the subject's experience. It therefore favors

a practice of reflective attentiveness to the operations of consciousness itself, with the ultimate goal of understanding how various sensory experiences of something are integrated into a consistently encountered object or event. Phenomenology therefore resists a major presumption of the Western philosophical tradition, in which what can be rationally proven is valued over what is subjectively felt.

Although phenomenology enforces no central set of claims, what makes it philosophically distinct is its departure from Cartesian dualism, in which the mind and body are split, subjects and objects are metaphysically separate, and subjectivity is determined by one's very separation from the object one perceives. By contrast, phenomenological methods treat the mind, body, subject, and object as an entanglement, viewing consciousness as created through the encounter with the world. For a phenomenologist, consciousness is therefore not in the mind but in the sensory encounter *between* the mind and the object, produced by the manner in which our senses stretch out to engage objects, memories, or ideas. Consciousness is only ever consciousness *of something,* meaning that the subject cannot precede the object that is perceived.

Phenomenology and Transgender Experience

Although phenomenology has generally explored more abstract questions of how phenomena are constituted within singular and collective consciousness, its core interventions have proven useful to theorists seeking to describe their embodied experiences of difference. Because it emerged as a resistance to philosophy's tendency to posit universal systems of meaning, phenomenology has been valuable to poststructuralist fields—such as feminism, critical race theory, queer theory, and Transgender Studies—that have challenged the master narratives of Western culture. For example, existentialist feminist Simone de Beauvoir's 1947 work *The Ethics of Ambiguity* draws on phenomenological methods to insist that humans are simultaneously free and yet also objects for others, while political philosopher Frantz Fanon's 1952 work *Black Skin, White Masks* displays a phenomenological attentiveness to the lived experience of racialization. Similarly, Sara Ahmed's 2006 book *Queer Phenomenology* illustrates how sexual orientation is structured as a set of "straight" spatial relations, in which queer desire is experienced as a turning "off line" that seeks to put forbidden objects within reach. These uses of phenomenological method point to the ways in which Western culture has been constructed for an implicitly male, white, and heterosexual subject.

Of these poststructuralist fields, however, it is perhaps Transgender Studies that has most effectively taken up phenomenology to explore how gender is subjectively sensed, socially perceived, and collectively constituted. The animating concerns of phenomenological inquiry—such as how phenomena are agreed upon as recognizable objects or the importance of subjective experience to the determination of truth—have been useful to transgender theorists seeking an account of gender that accommodates transgender experience. Because it treats phenomena as constituted by and through consciousness rather than as external facts, phenomenology has been useful in analyzing how the objects "man" and "woman" come to be collectively agreed on as distinct and recognizable things. In Western culture, gender is typically understood to be a symbolic reflection of the sexed body, a Platonic relation in which gender points back to an unquestionable truth rooted in nature. This account of gender is widely enforced by medicine and law, which use the evidence of sexed embodiment to make and enforce gender attribution.

Transgender Studies arose at least partially out of a need to develop new theories for why transgender people sense gender differently—not as determined by the sex of the body but instead by sensations and emotions. Phenomenological methods treat subjectively experienced sensation as fundamental to knowledge, rather than as separate from the mind or reason. According to phenomenology, the body's meaning is not simply defined by what others perceive but also by what the subject *feels*. Therefore, the gender I am is the gender *I feel myself to be*—the gender that my senses makes real to me. Because it insists on the importance of embodied sensation over rationalist determinations of "truth," phenomenology has been useful in challenging medical and legal authority over gender attribution.

Phenomenology in Transgender Studies

Transgender Studies' original motives were highly compatible with phenomenological methods: In the early 1990s, transgender scholars seized authority to speak about their subjective experiences of gender over the medical and psychiatric institutions that had historically labeled them as "psychopathic" and "disordered." Transgender Studies' attention to lived transgender experience, rather than to the medical discourses that had pathologized transsexuality and transgenderism, made the early field highly congruent with phenomenological inquiry. In 1998, two key scholarly works formalized the use of phenomenological method in Transgender Studies. The first, Jay Prosser's *Second Skins: The Body Narratives of Transsexuality,* examines the narrative patterns through which transgender subjects relate our identities, claiming that these patterns communicate how transsexuality is experienced at the material level of the body's felt sense. Prosser explains the physical experience of transsexuality as the embodied feeling of literally having the "wrong body." This allows him to argue that transgender embodiment is experienced in ways that depart significantly from gay, lesbian, and bisexual identities, providing a basis for Transgender Studies as a field separate from queer theory. The second, Henry S. Rubin's article "Phenomenology as Method in Trans Studies," makes the similar argument that dominant methods in queer theory and feminist anthropology do not account for transgender people's subjectivities as sources of legitimate knowledge. Rubin notes that queer theory and feminism tend to view gender transition as a simple reiteration of gender norms, while phenomenology helps us understand how gender transition might subjectively *feel* to transgender people like becoming something we already are.

In its second decade of formalization (2000–2010), Transgender Studies took up these claims, expanding its engagement with phenomenology in order to deconstruct normatively gendered and sexed embodiments. This allowed the field to reveal how all expressions of gender and sex are produced through the same material and sensory processes. Two texts clearly illustrate this approach. Nikki Sullivan's 2006 essay, "Transmogrification: (Un)becoming Other(s)," argues that transgender body modification should be considered one particular type of a wider class of "trans" practices that would also include tattooing, piercing, and common cosmetic and reconstructive surgeries. By demonstrating that most bodies are shaped by these "trans" forms of modification, Sullivan points to how negative attitudes toward gender transition are hypocritical and held in bad faith. Gayle Salamon expands on this strategy in her 2010 book *Assuming a Body: Transgender and Rhetorics of Materiality,* in which she uses phenomenological theory to claim that all subjective consciousness is formed through a split between the felt sense of embodiment and the body's materiality. Because reality cannot be directly grasped by the mind, we cannot actually *know* whether the material sex of the body is an accurate reflection of our subjective gender. This universalizing move argues that transgender experiences of gender are no more delusional or imaginary than those of cisgender people.

By the second decade of the 21st century, Transgender Studies had proliferated into a widely interdisciplinary field, allowing for new applications of phenomenological theory and method. However, the increasing volume and range of the field has diversified the manner in which scholars make use of phenomenology. Two works published only a year apart demonstrate this variation. Ephraim Das Janssen's 2017 book *Phenomenal Gender: What Transgender Experience Discloses* uses Heideggerian phenomenology to illustrate how the sex and gender system of the modern West is an incomplete representation of the sensorially available world. Janssen deploys phenomenological theory to make the broadest possible argument—that the presupposed binary structure of gender has prevented most philosophers from approaching the question of what gender *is*. Because philosophers have tended to only focus on gender when there is a "problem" (such as transgender subjectivity), they have not produced a theory that describes all experiences of gender. Janssen thus implements phenomenology to illustrate how binary preconceptions of gender have in turn limited the science of human biology, leading to the concept of sexual difference itself. By contrast, Gayle Salamon's 2018 work *The Life and Death of Latisha King: A Critical Phenomenology of Transphobia* examines the 2008 shooting of 15-year-old transgender girl Latisha King by her junior high classmate, Brandon

McInerney. Salamon draws on the phenomenological concepts of comportment, movement, and anonymity to produce a close reading of Latisha's death, arguing that her murder was the result of specifically transphobic reactions to her body moving through space and time. Salamon makes meticulous use of phenomenological methods to parse how violent transphobia is produced by and through common assumptions about how bodies should look, move, sound, and act. Janssen's and Salamon's works—one broad and universal, and one focused and specific—represent the topical range and theoretical promise that phenomenology offers to Transgender Studies.

Cáel M. Keegan

See also Cisnormativity; Embodiment; Gender Dysphoria; Gender Expression; Misgendering; Policing of Trans Bodies; Trans Studies

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Philippines, Gender Categories

In postcolonial societies like the Philippines, trans, as a category of gender identity and expression, coincides with terms like *bakla, binabae, bayot, agi,* and *bantut*. Each term embodies particular histories of practice and contexts of experience and has circulated in the archipelago prior to the term *trans* as a globalizing category of gender-embodied variance and thus the threat and actual displacements by it. For the purposes of this entry, the focus will be on the relations between trans/transvestite/transsexual/transgender identities and *bakla* and its cognate terms, in their autochthonous (indigenous), colonial, modern, contemporary, and postcolonial/decolonial historicities.

Autochthony of Gender Diversity

A discussion of archipelagic categorizations of gender would be incomplete without describing the notion of woman (*babayi*), not as an essence, but as an analytic, in an autochthonous society. Indigenous ways of life viewed persons through their roles performed in the community. In other words, gender was given meaning in terms of social function. Being a woman or a man was a matter of occupation. Communities were run by the chieftain (*datu*), the smith (*panday*), and the priestess (*babaylan*). The babaylan (in some accounts, *katalonan, daetan,* and *anitera*) was associated with babayi (woman). Yet, because gender was understood as an occupation and a role not fixed on birth sex, sex-assigned male at birth but female-presenting people were allowed to perform priestessly duties and were considered women as they conducted themselves as such. They were called *asog* or *bayog* (sometimes, *bayoguin*). A remarkable feature of this feminine status is that gender-crossing is signified by the donning of women's clothes. The transvestic act accorded the asog with the kind of life associated with and expected of a babayi. Their bodies were rumored to possess a different set of genitalia, and men engaged them as they would a person sex assigned female at birth. Thus, *kasarian,* the vernacular notion of gender, guided understandings of gender diversity. The root word *sari* means to classify, and the indigenous taxonomic order was not based on a binary.

Chronicles written during the Spanish colonial period attest to instances of gender variance through the asog/bayog in communities all over the archipelago. Manuscripts present diverse encounters with the figure of asog/bayog. Colonial religion promulgated the demonization of the divine female and introduced the concept of homosexuality as a sinful act to protect cis heterosexual

masculine priesthood and cis heterosexual marriage. However, the asog/bayog could not be apprehended within the regulatory sex, gender, and sexuality binaries of the imperial order and embraced a mode of dissidence instead.

Vernacular Gender and the Language of Difference

Contemporary academic and activist discourses have productively engaged these indigenous terms in queer and transfeminist gestures, yet these also have colonial imbrications. The Philippines is an archipelago of more than 7,000 islands and over a hundred languages spoken by 109 million people. This section discusses Philippine gender categories in four languages: (1) Tagalog (*bakla, binabayi*), the language spoken in southern Luzon; (2) Binisaya (*bayot*), which is spoken in the Visayas and some parts of Mindanao; and (3) Kinaray-a and (4) Hiligaynon (*agi*), which are spoken in the islands of Panay and Negros in the Visayas and in some parts of Mindanao. Filipino is the national language, the lingua franca based on Tagalog and other languages of the country. As creolized terms influenced by Spanish and English, respectively, *talyada* and *biniboy* are considered Filipino words. While presented here as a Tagalog term, *binabayi* (also *binabae*) also appears in other languages, like Pangasinan, Kapampangan, Bikol, Maguindanao, and Tiruray. Because of Tagalog prominence, the term *bakla* circulates widely and is arguably the dominant signifier for vernacular gender nonconformity.

The popular etymology of *bakla* derives from the first syllables of the word for woman (*babae*) and man (*lalaki*). This mixing of genders can be found in the 1860 publication of the *Vocabulario de la Lenga Tagala*. In the text, the binabayi is a man who appears like a woman, if not an intersex person. The bakla undergoes several changes in the 17th-, 18th-, and 19th-century editions of the *Vocabulario de la Lengua Tagala*. In 1613, *bakla* pertains to persuasion (*persuadir*) and deception (*engañar*), while in 1794, it refers to a sense of perturbation (*inquietud*) and an experience of hurt (*desolladura*). Later, in 1860, these early meanings of *bakla* became integrated into the coordinates of deception (*engañar*), seduction (*enlabiar*), beauty (*hermosura*), and prominence (*lustre*). While the sense of trauma remains (*desollarse*), a fear toward something new (*espanto de cosa nueva*) became inscribed. Most significant is the association of *bakla* with *alteracion* (change), which is the earliest reference to the transformative phenomenon that characterizes trans subject formation. In these accounts, only the binabayi is embodied in terms of appearance and anatomy, while the bakla points to a set of mixed feelings toward a thing, event, or a person that is unknown. Here, the binabayi and the bakla reveal a phenomenology of gender recognition, with perception valorized as a legitimate place of verifying or invalidating the authenticity of the gender-variant body.

It is recognized that the bakla/binabae possesses a *pusong babae* (woman's heart) despite being assigned male at birth. The bakla, having a pusong babae, does not believe she has the wrong body, however. Such consciousness gives her not only subjectivity but also the agency to determine herself and identify as a woman. Unlike the autochthonous asog/bayog, the contemporary embodiment of the bakla/binabae does not need to wear feminine apparel to become woman. She is already understood to be a woman at her core. The hermaphroditic preconception transcends the body and is transformed into an internal knowledge of femininity. Here, the root of *binabae* is *babae* and may be refunctioned as a verb. In this instance, *binabae* would mean "turned into a woman." This reading of the binabae becoming woman may be employed to understand the same process of feminization a cisgender woman undergoes in realizing herself.

Intersexuality and notions of effeminacy dominated the discourse on the binabayi's difference in the 1914 *Diccionario Tagalog-Hispano*. The text portrayed the gender-variant figure as a grotesque identity form that could not be accommodated within a binary model of masculinity and femininity. This understanding circulated during the first decade of American colonialism, along with residual knowledge of autochthonous gender diversity and still-dominant notions of gender deviance from the Spanish colonial period, insisting on the historical tensions concomitant to suppressing what is perceived as recalcitrant to the new imperial order. During the Japanese colonial period, binabayi suffered as comfort women who

served the sexual needs of the imperial army. After World War II, biniboys became a concern among the police of Manila. A female journalist wrote about how worrisome they were, especially because they attracted foreigners who visited the city. Here, conservative attitudes conflated the binabayi with sex work. *Bini* is the word for feminine elegance, which serves as the root of the Tagalog address for single women (*binibini*). While *bini*- marked these bodies as feminine, -*boy* reiterated the grotesque identity form that they represented, inauthentically female because of the so-called truth of their anatomy.

The intersex motif is also found in the Visayan bayot. In Visayan, bayot is understood as a woman with a penis (*babaeng na-ay uten*). Unlike the bakla or binabayi, however, *bayot* appears quite late, in 1849, and it only resurfaces in a newspaper article published in 1916 about a woman who wants to divorce her husband because he is a bayot. In this way, this figure troubled how relations were conceived and conducted in Cebuano society. The bayot was also employed in popular nationalist discourses during the American colonial period. In this context, the bayot was a political figure represented as effeminate to question his decisions and alliances. In these cases, *bayot* served to mainstream gender difference as a political identity, describing how dangerous it can be to deviate from dominant notions of normalcy.

Agi, as the signifier of the gender-diverse figure in Panay and Negros, also faces the documentary scantiness as encountered with *bayot*. Her appearance in the 1841 publication of the *Diccionario de la lengua bisaya hiliguiena y haraya* through *agui* registers her as *señal* (sign), *huella* (track), and *rastro de lo que paso* (trace of passage). *Agi* also refers to the act of walking by (*pasar andando*) and manifesting in various aspects of mobility, as *transitar, transito,* and *transitorio*. The agi is configured metonymically, as phenomenal movement, but only after portraying the senses as unable to cope with her flux. Similar to the Tagalog bakla described in the Spanish colonial period, the Kinaray-a/Hiligaynon agi in this instance is not an identity but a series of scenes identifying difference. She is a spectacle, but one that merely passes through, if at all.

In the 1960s, the *talyada* (from the Spanish *tallar,* which means to cut, shape, contour, or sculpt) was circulated alongside *transsexual*. *Transsexual* was a term made more visible by Danish American trans pioneer Christine Jorgensen, who appeared in the 1962 film *Kaming Mga Talyada* (*We Who Are Sexy*). Such a convergence of identities revealed not only local and global resonances in body modification but also the need for a translation between traveling terms and the idioms they encounter on the ground.

Contemporary Traversals of the Gender-Diverse Experience

Crucial points of contemporary discussions are vernacularity, translation/untranslatability, and gender as a phenomenon of language grounded in practice. These engagements point us to contexts where the language of gender diversity continues to historicize itself in discrete lives, which are also embodied collectively. According to Fenella Cannell's book published in 1999, the bakla in the Bikol region display immense powers of transformation through mimicry, especially in becoming female and aspiring to be Western through pageantry. *Bakla,* as a signifier, may refer to persons who are assigned male at birth but female in self-identification and feminine in presentation. This definition corresponds to a contemporary understanding of trans, yet *bakla* also refers to gay/homosexual men, queer folx, and cis heterosexual women who are also allies/accomplices (*babaeng bakla*). Some scholars argue that the bakla and the homosexual belong to different systems, whereas others posit the bakla and the homosexual to relate in the context of diasporic modernity.

Some scholars observe that the bakla vernacular has been displaced by gay globality, a repertoire of Western images of gender identity and sexual orientation that Filipino homosexuals desire to identify with. They claim that drag and trans idioms intensify this displacement as both look more appealing. In this way, *drag* and *trans* depart from the bakla's locality, offering a seductive anglophone genealogy. In an ethnography of the Tausug bantut in southern Mindanao, published in 1997, Mark Johnson claimed that the bantut's capacity to change herself is a mode of transgendering. This transing of the bantut, however, does not negate the vernacular groundedness of her identity but affirms her transformative

power to engage culture and emplace herself more deeply in it.

Activist contexts offer novel possibilities of identity politics through the term *transpinay.* They deploy *transpinay* to describe figurations of Filipina womanhood, which include pathways toward agency and coalitional possibilities through the bakla. Such nomenclature is powerful not only in announcing a modern subject but in introducing a woman who articulates her agency in decolonial and transfeminist terms.

Toward a Decolonial Trans Herstory

Trans may give gender-diverse women in the postcolony a language that helps them navigate identity in the contemporary setting. Yet, the term needs to engage with indigenous categories of gender that existed prior to colonial rule and are still embodied by gender-variant women in the present. Such recognition alone is a decolonial act, as it narrates a trans herstory after centuries of effacement. It also tempers the globalizing tendencies within Western understandings of transness that interfere with the intuition of trans subjects as they discover multiple pathways to self-determination. Trans women in postcolonial Philippines occupy an instructive position in calibrating their indigenous genealogy in relation to a cosmopolitan subjectivity, through the process of translating between trans and asog/bayog, binabae, bakla, agi, bayot, and bantut.

Jaya Jacobo

See also Fa'afafines; Hijras; Māhū; Muxes; Trans Women; Transpinay; Travestis; Two-Spirit People

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Physical Disabilities, People With

Social scientists have only recently begun to understand the intersectionality of trans and disabled identities. Considered separately, each population experiences the impact of significant disparity in access to resources. The intersection of these identities illuminates individual, interpersonal, and systemic manifestations of oppression and resiliency. This entry examines trans–disabled identity and its evolution, identifies risks experienced by trans–disabled people, discusses the resiliencies present across identities, and offers recommendations.

The Medical Model and Trans–Disability

The medical model defines disability as individual functioning within a norm of ability, followed by the assessment of illness and the intervention to cure or restore ability. The medical model of trans identities seeks to align gender identity, gender presentation, and gender role behavior toward an identified gender norm, enforcing a binary model of gender that defines trans identities and bodies as requiring restoration toward that norm. For trans–disabled individuals, "passing," or the capacity to approximate cisgendered abled bodies, becomes the organizing value of intervention or cure.

The limitations of that model have been articulated as both trans and disabled activists shifted

the focus away from the body and toward the environment, community, and society. In the 1960s and 1970s, the disability rights movement changed the focus of intervention from the body to the structures of society, asserting that disability identity itself was a reflection not of impairment and cure but a valuable aspect of human diversity. From that perspective, what is truly "disabling" are the structural, institutional, systemic, and interpersonal barriers imposed on disabled people, all of which ultimately limit and define their access to full participation in the community. In that sense, disability is no longer a medical diagnosis demanding intervention and cure but a civil rights issue of people systematically being excluded from participation in society and access to the institutions that sustain that society.

Human Variability and Universal Design

Other models for understanding disability also extend the focus away from the body and toward the disabling environment. The study of *human variability* identifies and describes the extent of variation of human functioning. *Universal design* is a model that asserts that all structures and products be made for maximum use across abilities. Both ideas have been engaged to articulate the environment as largely defining disability and its impact. These theories call into question the category of disability, asserting instead that human diversity includes a range of functioning and that systems and environments need to accommodate that range of human experience. However, while these models recognize the importance of participation in environments and communities, they fail to capture the complexity of disability as an identity category.

Disability Justice

Disability justice provides a model of disability that recognizes that a disabled identity interacts with and is shaped not by disability alone but by the intersection of identities, including gender and gender identity, class, age, race, and culture. From this perspective, the interaction of disability with other demographic categories determines both access to resources and magnitude of the disabling environment.

Trans identity evolution follows a similar trajectory, from significant mental illness to medical condition to civil rights movement to complex and meaningful identity category. Although trans people have always been present in societies, the ways in which this heterogeneous population has been understood have varied significantly. From the perspective of the medical model, the discussion has ranged from severe mental illness to birth defect. In the 1950s, sexologist Harry Benjamin asserted that the point of intervention for trans people needed to shift. Rather than attempting to "cure" people of their felt sense of gender, the focus became that of modifying the body and the social environment to adapt to a more accurate reflection of each individual's felt sense of self and to improve participation in the human community.

Trans–Disability From Illness to Identity

Through the 1960s and 1970s, trans people gained greater recognition as inhabiting a meaningful identity and community. Benjamin's work was recognized in 1979 with the founding of the Harry Benjamin International Gender Dysphoria Association, now called the World Professional Association for Transgender Health (WPATH). That collaboration sought to develop common understandings and best practices for responding to the ever-diversifying needs of the trans population, eventually emerging as the Standards of Care (SOC).

Standards of Care—An Evolution of Understanding

Currently in its seventh edition, the SOC illustrates an evolution of understanding. Earlier versions reflected the values of "cure" and measured, for example, an individual's capacity to be perceived and experienced in their felt sense of self or affirmed gender as a condition of access to care. The current SOC has emerged from a "normalizing" stance to one that seeks to respond to needs not limited to body or mind but to an internal or felt sense of self. By that measure, the SOC focuses attention on relieving gender dysphoria or distress. Responding to evolving professional practice, as well as social and political change, the current SOC recognizes that, not unlike disability, the distress associated with trans identity is informed by access to and participation in social structure and

that access becomes a primary determinant of health. Evident in the convergence of these identities is the recognition that true pathology is not founded in mind or body alone but in access to material, social, and emotional resources.

At the Intersection of Trans and Disabled Identity

The U.S. Transgender Survey

In 2015, the National Center for Transgender Equality conducted the U.S. Transgender Survey (USTS), the most comprehensive survey to date of the experiences of close to 28,000 trans people. The information gathered across identities demonstrates the ways in which intersecting identities compound the experiences of oppression. Trans–disabled people experience consistent and significant barriers to accessing resources for survival and well-being, including access to health care, education, employment, financial resources, transportation, and appropriate accessible housing.

Survey Results of Trans–Disabled Respondents

The USTS found that trans people reported higher levels of multiple disabilities than the general population (39% vs. 15%). Within the population of trans people with disabilities (i.e., trans–disabled people), 45% of respondents lived in poverty, as compared with 29% of nondisabled respondents. Trans–disabled respondents reported greater challenges in overall health, including diabetes, cardiovascular health, and mental health. Trans–disabled people experienced higher levels of overt descrimination that impeded both accessing care and the quality of that care. The report reflected, in fact, that trans–disabled people experience barriers at higher levels across the board.

Trans–disabled respondents in the survey also reported higher levels of interpersonal distress, including higher levels of bullying in primary school and higher levels of harassment, unemployment, termination, and housing discrimination in adulthood. Trans–disabled people are two to four times as likely to experience violence, sexual violence, abuse, and neglect.

Trans–disabled people who are housed in supportive housing or make use of care attendants face additional risk to physical and emotional safety and care. Most supportive housing environments explicitly deny access to sex of any kind and can severely limit or control clothing and other sources of gender identity expression. Disabled people in care are also disproportionately at risk of abuse. This level of prohibition and danger can leave some trans–disabled people in the position of having to choose between identity, identity expression, and access to safety.

Ableism Meets Transphobia

Ableism refers to a fear of disability and/or a set of beliefs or actions that devalue disabled people. This can include "well-intentioned" actions that regard disabled people as objects of charity, remove or inhibit autonomy and self-direction, presume the need for care, or impose judgments on the disabled person's life or choices. Ableism and transphobia can converge to create a complexity of discrimination. Ableism can portray disabled people as asexual, hypersexual, or infantilized. Any expression of gender identity or sexuality may be ignored or actively repressed. Organizations, providers, and family members informed by ableism can inhibit the agency and autonomy afforded disabled people. This, in turn, can limit and even prevent disabled people from asserting the need for or accessing gender-related care. Trans–disabled people experience barriers to material, social, and emotional resources at the intersection of trans–disabled identities. Vulnerable to the impact of prejudice, descrimination, and limited social connection, trans–disabled people experience disproportionate levels of physical and sexual abuse and neglect.

Although higher levels of academic education will tend to serve a compensatory function across other forms of oppression, education does not have the same mitigating function for transgender people, often due to disabling environments. Family acceptance has been demonstrated to be a powerful compensatory resource, but for trans–disabled people, access to family support can be fraught. Family beliefs and values around disability can affect their response to trans identity. Access to acceptance can be made more complex in a family culture that struggles to regard their disabled family member as having a more complex identity. While finding community is an essential

resource for mitigating the impact of stigma, trans–disabled people report higher rates of social isolation and limited opportunities for engagement in community and are faced with both structural and transphobic/ableist bias.

Resources of Resilience

Disability Pride (derived from Gay and Lesbian Pride, Trans Pride, and other identity pride movements) asserts that disabled identity is inherently valuable and that the experience and knowledge derived from being disabled can cultivate individual, community, and cultural strengths and resources. Trans–disabled people in the disability justice movement challenge models of independence in favor of interdependence, creating models of collaborative care and exploring alternative strategies for accessing resources. Online communities of trans–disabled people serve as important resources for social support and connection. Inhabiting a trans–disabled body requires creativity, strategy, and adaptability.

Conclusions and Recommendations

Trans–disabled people are a significant and growing population within trans communities. Trans–disabled people experience profound levels of discrimination, violence, and oppression. Transphobia and ableism create substantial barriers to the material and psychosocial resources that support health and well-being. The experiences of trans–disabled people magnify the ways in which oppression of trans people further determines health care experiences and outcomes.

As many advocates have noted, trans–disabled people should be supported in identifying and acknowledging the individual, interpersonal, and systemic forces of transphobia and ableism that are affecting them. Intervention should further seek to identify resources of support. This can include advocating for informed health care providers, identifying violations of the Americans With Disabilities Act (ADA), advocating for access, and contributing to sources of education for providers, individually and institutionally, to increase knowledge and competence regarding trans–disabled people. Trans–disabled community and social connection are a vital source of well-being. Trans–disabled people should also be supported in strengthening current relationships, which may include improving communication and existing relationship dynamics.

From an identity-pride perspective, helping people identify and engage existing strengths and creativity in navigating a largely inaccessible often transphobic world is crucial. Recognizing the value of the intersection of these identities is a potent resource of resiliency of trans–disabled people. Informed care both names and seeks to ameliorate levels of oppression and impact.

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See also Intersectionality in Research; Trauma, Trans People With

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Planned Parenthood, Trans Inclusion

Although Planned Parenthood (PP) is typically known for its work in family planning (contraception and abortion), it does provide a wide variety of reproductive health–based services, including trans-affirmative services. Planned Parenthood Federation of America (PPFA), or Planned Parenthood (PP), is a U.S.-based health care not-for-profit organization that delivers vital reproductive health care, sex education, and information to millions of people in the United States and worldwide. PPFA has clinical sites in each of the 50 states in the United States, which may provide a variety of reproductive health services, including birth control, long-acting reversible contraceptives, vasectomies, emergency contraception, pregnancy testing, pregnancy options counseling, referrals for adoption services, prenatal care, abortion, testing and treatment for sexually transmitted infections, prevention of sexually transmitted infections, chest cancer screening, care for LGBTQIA+ persons, sexual health education, and advocacy programs. PPFA has advocated for access to care for all members of the community, and it advocates for legislative, legal, and political protections of these reproductive rights. PP Global is an international arm of PPFA that partners with organizations in Latin America and Africa to advance reproductive health and rights by assisting international organizations in their efforts to develop culturally appropriate programming and services for the communities they serve. Gender-affirmative care fits within the mission of PP to medically prioritize body autonomy and self-determination and to support social justice efforts promoting equity in access to resources and safe communities.

Reproductive Justice Framework

PP views gender-affirming care, including gender-affirming hormone (GAH) therapy, as an important service that goes to the core of their mission, which is centered on reproductive justice (RJ). SisterSong, the Women of Color Reproductive Justice Collective, defines the reproductive justice framework as "the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities." The RJ lens acknowledges that each person or patient must have bodily autonomy in order to be free and in order to have equity in health care. Reproductive justice contextualizes reproductive health and access as within the scope of human rights and social justice. The RJ framework recognizes that marginalized persons have a wide variety of identities and unique needs and that RJ can only be achieved when all persons have the social, political, and economic power to make their own decisions about their bodies, their gender and sexuality, and reproduction.

Trans people represent one group that often encounters problems of access and discrimination in health care. Many trans people find they face discrimination in clinical settings, ranging from bias to outright harassment and refusal of care. Trans individuals also suffer disproportionate rates of economic disadvantage and insecurity that range from being denied employment or promotion, being fired, or on-the-job harassment and discrimination based on gender identity. Trans persons have higher risks for experiencing abuse and violence (verbal, emotional, physical, and sexual) at some point in their lives. Trans persons of color face even greater challenges due to the intersectional impacts of gender and systemic racism that are still perpetuated today.

Gender-Affirming Care Within PP

GAH services vary by site, but as of 2020, a variety of PP clinics throughout the United States offer primary care as well as gender-affirming hormone therapies for the trans community. In addition to the services listed above, PP uses an informed consent model to provide GAH, including pubertal suppression (with parental consent), along with testosterone and estradiol therapies. They also provide information and links to accessing necessary information and local resources for both legal name change and gender marker change on birth certificates and other legal documents.

PP clinics have adapted their intake methodology and demographics to universally ask for and include chosen name and pronouns, sex assigned at birth, and gender identity. At centers that offer services, staff receive education and training to support a trans-inclusive environment as well to as educate staff regarding addition of newer feminizing and masculinizing hormone therapies. Patients eligible for gender-affirming hormone therapies must be age 18 and over and capable of providing consent. Services for minors, if offered, involve parental consent and potentially additional referral information. As with all their sexuality-based services, PP offers confidential services within PPFA-based national standards and guidelines that are based on extensive research and benchmarks for care, and they are regularly reviewed on both national and local affiliate levels.

PP Advocacy for Trans Rights

PP's role extends beyond provision of care for individual patients and into a national forum of social and political advocacy and leadership. PP has a long history of partnering with local and community agencies. For example, PP League Massachusetts and local members of the community have created a multimedia campaign titled "My Care. My Way," which is "designed to elevate the voices of our local trans community, educate and inform the community about providing hormone therapy, and promote our model of informed consent." On a national level, PP participates in Transgender Awareness Week and also works on a national level to decrease federal and political attacks on the civil rights of trans persons: Indeed, PP recognizes and affirms the value of being visible, of being acknowledged, and of having autonomy and access to care. At present, because many states and communities have limited access and options for both trans and family planning services, PP may serve a vital role for citizens in areas of the United States that are underserved and at risk for health care disparities. As a health care entity that understands and promotes a human and civil rights framework for body autonomy in health care decision making, as well as an organization that socially and politically recognizes the complexity of the intersectionality of various identities, gender-affirming health care is well within its expertise.

Michelle Forcier

See also HIV/STIs; Pregnancy; Reproductive Health

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Poetry and Poetics

Trans poetry is the writing of poems and the practice of poetry by trans writers, particularly those who consider themselves poets. Trans poetics is writing about this body of literature, which so far has tended to have a manifesto-like quality and to engage in reflections about the meanings of one's own work. While only becoming visible as a literary category in the 21st century, trans poetry now seems to be both popular and inevitable. This entry begins by explaining why issues surrounding the genre are different from those faced by trans memoir or fiction. Next, it discusses how early theorists

and practitioners have defined transgender poetry and poetics, and it briefly outlines methodological questions for studying trans poetry and poetics. The entry concludes with an overview of the recent history of trans poetry as a visible medium, including a discussion of significant anthologies, journals, awards, and the genre's presence in publishing.

Differences From Trans Memoir and Fiction

The concerns of trans poetry are just beginning to come into focus, and they appear to differ from discourses around trans literature, a category that usually refers to trans memoir and fiction. Much of the trans literature published during the 20th century consisted of memoirs, and stories in these memoirs documented elements of trans history prior to the creation of the field of trans studies. The autobiographies of Lili Elbe, Christine Jorgensen, Jan Morris, and Renée Richards were widely read for decades, especially by trans people as inspirational stories about how they could transition and lead happy lives. Poetry, by contrast, does not tell transition stories very well; it is different from both memoir and fiction in the sense that it tends to emphasize brevity, lyricism, and linguistic form.

Trans fiction writers have found themselves in conversation with these earlier trans-authored memoirs, as well as with cis fiction writers' misrepresentations of trans subjects. One example of such misrepresentation is *Myra Breckinridge,* a 1968 book by cis author Gore Vidal, which trans studies scholars have critiqued for appropriating elements of Christine Jorgensen's narrative in a somewhat mocking way and selling more books in the process than Jorgensen's original. Trans fiction writers have responded to this situation by making two arguments: that trans authors should be the ones telling trans stories, not cis authors, and that the most progressive trans fiction is that which presents trans issues in a way that avoids reproducing clichés of trans narrative.

In contrast, poetry's relative inability to tell stories and do narrative means that it does not really offer trans narrative clichés that can be easily appropriated, as they can in fiction. And whereas fiction tends to treat the writer more like a transparent participant telling a story that exists outside of themselves, poetry often implies that the writer is the main character, so it would be illogical to argue that the existence of the trans person writing the poem is a narrative cliché. Because trans poetry does not draw upon the tradition of trans memoirs or narratives in a direct way, it ends up being concerned with a different set of issues than trans fiction.

Trans poetry has instead been mostly a category that selects through self-identification. Most of the authors who do it choose to represent themselves as both trans people and poets, rather than trying to take sides in a moral debate about what makes the writing a good representation or a bad representation. Given the dearth of visible trans poets prior to 2013, there would have been no obvious career advantage to describing oneself as writing trans poetry; if anything, it would have been a disadvantage. Authors who have written and published trans poetry during the past decade have tended to be trans writers who care enough about their personal relationship to both categories, transgender and poetry, to pursue them together, often in the face of various obstacles. Meanwhile, in most cases, cis poets have historically not been motivated to present themselves as writing poems about trans issues.

Methodological Questions for This Field

In trans poetry, how we define one of the terms *trans* or *poetry* has implications for how the other is defined and for what constitutes the field itself. A number of questions are in circulation, because the development of the field is still in flux. Just a few such questions include how we define *trans,* to what extent it is an umbrella term, and to what extent the different identity terms associated with it (genderqueer, transsexual, nonbinary, etc.) may each desire a literary category for their own identity. When we theorize trans poetry, there is a question about the extent to which we need to attend to the ways that various trans-related identity terms have changed over time or taken on different meanings through time. It is also important to consider whether trans poetry applies broadly to anyone who was gender nonconforming at any point in history, as well as whether some established, deceased poets might be claimed as trans who did not identify with the category. What role does transition, medical or otherwise, play in the category,

and what role do pronoun changes play? How do we define trans identity in relation to deep and important structural concerns such as colonialism, racial justice, class struggle, and gender inequality? There are questions regarding whether anyone who has ever written a poem is a poet or whether a larger body of work needs to be involved. It is also important to think about who counts as a poet, whether readerly reception of the poetry is necessary, whether the poetry needs to have some kind of audience or has been published, and whether the publishing needs to involve books. Does the writing need to be poetry that "looks like" a brief lyric poem on the page, something written in a recognizable poetic form, or can the form be invented through experimentation, perhaps even prose poetry? And finally, it is important to think about to what extent trans poetry needs to contain overt elements that can be described as trans—whether it should always reflect something about the transness of its author.

Trans Poetics

Answers to some of these questions have been offered by early theorists of trans poetics, such as Trish Salah, Joy Ladin, and Trace Peterson. Salah, in her 2009 article "After Cissexual Poetry" (published in the journal *Aufgabe* but adapted from her earlier dissertation *Writing Trans Genres*), strategically recognizes cissexual poetry as a construction, showing how trans people have been misconstrued as types of figuration throughout contemporary theory and in representations written by cis people. As part of a larger examination of what she calls "trans genre" texts, Salah combines Sandy Stone's "The Empire Strikes Back: A Posttranssexual Manifesto," Viviane Namaste's argument in *Invisible Lives,* and Kate Bornstein's postmodern literary performances to sketch the outline of a productive frame for understanding trans poetics. In the process, Salah suggests that literature has continually misunderstood trans lives because trans people have often not been in the room or have not been part of the theoretical, feminist, or literary conversation, replaced instead by types of figuration written by cissexual theorists and authors. Salah offers a counterexample to this trend of figural substitution through a discussion of trans poets Nathalie Stephens (Nathanaël) and kari edwards. Rather than an argument about trans narrative as in the memoir/fiction discourse centered on avoiding clichés, Salah tries to open up space for the ontological status of the trans subject in relation to literary activity, and with this argument, she indirectly begins a discourse about trans poetry using a starting point particular to poets as writers.

Joy Ladin's 2011 essay "Ours for the Making: Trans Lit, Trans Poetics" carries some of these arguments further by selecting a nonnarrative starting point for describing poetry by trans writers. In this essay, Ladin asks why there is a gay and lesbian literature but not a trans literature in the same sense yet. She notes a relative absence of trans literature in 2011 outside of memoir and argues that trans literature can be "literary writing that reflects some aspect of the transgender experience." The example that she provides is autobiographical, looking at her own poetry in the book *Psalms* as an example of "a definition of Trans Lit that finds trans content not just in demographics and subject matter but in syntax, word choice, and other qualities of language" (Ladin, 2011). In the process she raises the question of whether formal qualities of poetry can be considered trans, especially when it is written and reflected upon in a manifesto-like way by trans writers such as herself.

Trace Peterson's "Becoming a Trans Poet: Samuel Ace, Max Wolf Valerio, and kari edwards," was the first article on trans poetry published in a peer-reviewed academic journal, in *TSQ: Transgender Studies Quarterly,* in 2014. Learning from the examples of both Salah and Ladin, Peterson makes an overt argument for what the category "trans poetry" means by looking at shared formal elements in the work of Ace, Valerio, and edwards—three of the first trans poets to publish a book in the United States. Juxtaposing how these authors' poetic careers run parallel to their gender transitions, Peterson examines the relationship between being trans and being a poet for each of them and contextualizes readings of their poems with biographical interviews. She identifies three formal qualities characteristic of trans poetry, based on their work. First, trans poetry "avoids directly presenting a narrative about being trans." Second, it "exhibits an ego-dystonic sense of undertow," meaning that poems by trans poets "destabilize an idealized sense of self in the articulation of that self" through experimentation with language.

Third, poems by these authors "push the borders of genre, writing a kind of poetry-within-prose relying on 'gaps' or leaps that suggest ghostly line breaks," in other words "lines of poetry that have been strung together as prose, leaving extra space where each break used to be" (Peterson, 2014). Peterson concludes that either there is something inherently trans about this aesthetic, or it may end up being a coincidence given surrounding contextual factors. This article makes the category of trans poetry visible in an academic context, highlighting trans poets who are well established and offering some of the first analyses of their poems.

Troubling the Line

Prior to 2010, trans poetry was largely invisible in the United States, and the category "trans poet" was not an intuitive one in the largely cis poetry scene. Since then, there has been an explosion of interest in trans poets, especially in the field of creative writing. What prompted this shift was the 2013 publication of the anthology *Troubling the Line: Trans and Genderqueer Poetry and Poetics,* edited by TC Tolbert and Trace Peterson and published by Nightboat Books. The first poetry anthology dedicated exclusively to trans writers, *Troubling the Line* features 55 trans and genderqueer poets, including Ahimsa Timoteo Bodhran, Aimee Herman, Ariel Goldberg, Bo Luengsuraswat, CAConrad, Ching-In Chen, Cole Krawitz, D'Lo, David Wolach, Dawn Lundy Martin, Drew Krewer, Duriel E. Harris, EC Crandall, Eileen Myles, Ely Shipley, Emerson Whitney, Eric Karin, Fabian Romero, Gr Keer, HR Hegnauer, j/j hastain, Jaime Shearn Coan, Pam Dick, Jay Besemer, Jenny Johnson, John Wieners, Kit Yan, Lauran Neuman, Lilith Latini, Lizz Bronson, Lori Selke, Meg Day, Micha Cárdenas, Nico Peck, Natro, Oliver Bendorf, Reba Overkill, Stacey Waite, Stephanie Burt, TT Jax, Y. Madrone, Yosmay del Mazo, and Zoe Tuck.

Troubling the Line emphasized a diverse range of poetry aesthetics; it included lyric poems, longer serial poems in sections, prose poetry, slam poetry, and other forms. The constellation of writers in the book also represented a diverse range of identity experiences under the trans umbrella. The "open call" requesting poems for the anthology, publicized by Tolbert and Peterson in 2011, connected identity with aesthetics by arguing "the writing of trans and genderqueer folks has something more than coincidence in common with the experimental, the radical, and the innovative in poetry and poetics." The book reflected this confluence of diverse identity and diverse aesthetics through the inclusion of "poetics statements," which connected identity and poetry. In the open call, Tolbert and Peterson describe these statements:

> This is a chance for you to tell us something about your writing process, writing practice, theory of life, or whatever you like. It might include the relationship of the body and text, or the practice of reading and misreading text and the body, or locations, connections, and divisions of the self amongst text and the self amongst other bodies. (https://transanthology.com/2011/08/26/open-call-anthology-of-trans-genderqueer-poetry/)

The senses of trans poetics suggested by *Troubling the Line* thus built upon Salah's assumption that trans people should not be merely reduced to figures within their own texts, as well as Ladin's assumption that trans poetics has something to do with trans experience and can be carried out through the use of formal elements rather than just narrative ones.

Widely reviewed, *Troubling the Line* provided overwhelming evidence that trans poetry was its own literary category, making it much more difficult for cis people in the poetry world to continue to ignore the writing of trans poets and making it more difficult for the trans literary world to continue to neglect poetry. The visibility provided by the anthology boosted the careers of numerous poets in its pages, who soon proceeded to publish their first books in 2014 and 2015.

In the Introduction to *Troubling the Line,* Peterson cites early trans poet kari edwards as an influence on her and the anthology. One of the key elements of this influence was edwards's stint as poetry editor of the International Foundation for Gender Education's (IFGE's) influential magazine *Transgender Tapestry* between 2000 and 2005, when she published poems by trans writers. Some of the trans poets edwards published during this period included Angela Dobbs-Sciortino, Julia Serano, and Trish Salah. edwards's oeuvre as a poet was impressive; she authored 10 full-length

collections of poetry, one of which won the New Langton Arts Bay Area Award in literature. These collections were written starting in 1999, from the time edwards transitioned and began writing poems, through 2006, when she suddenly died of a pulmonary embolism. Five of these collections were published as full-length books during her lifetime and three were published after her death. edwards was featured posthumously in *Troubling the Line,* with her manifesto “a narrative of resistance” as her poetics statement.

Ever since *Troubling the Line,* trans poets have suddenly been “in demand” in the literary world in a way they mostly were not before. Within just a few years, this dramatic increase in visibility has resulted in the publication of additional trans poetry anthologies and journals, a substantial entry of trans people into small press publishing, the creation of multiple trans poetry awards, the publication of many trans poetry books, and the emergence of numerous notable trans poets who are increasingly widely read and reviewed.

Anthologies

A number of trans-edited poetry anthologies appeared following *Troubling the Line,* all issued by small presses. In 2015, Trans-Genre Press published *Writing the Walls Down: A Convergence of LGBTQ Voices,* coedited by queer writer Helen Klonaris and nonbinary poet Amir Rabiyah. *Writing the Walls Down* collects a group of LGBTQ writers around its guiding metaphor of dismantling walls: “what stories do city walls, border walls, school walls, hospital/hospice/medical walls, office walls, shelter walls, government agency walls, and prison walls have to tell us. . . . How do these walls mirror the ones we learned to build inside our own bodies? And what have been the consequences?” This frame productively encouraged dialogue between writers, and the anthology emphasized trans writers, poets, and writers of color. Some trans authors featured in it are Aiyyana Maracle, Eli Clare, Jordan Rice, Andrea Lambert, Dane Slutzky, Tiffany Higgins, Danez Smith, lee boudakian, Aaron M. Ambrose, Jennie Kermode, Moon Flower, and Thokozane Minah.

In 2017, Sibling Rivalry Press published the anthology *Subject to Change: Trans Poetry & Conversation,* edited by H. Melt, which features five trans poets of color: Joshua Jennifer Espinoza, Christopher Soto, Beyza Ozer, Cameron Awkward-Rich, and Kay Ulanday Barrett. This anthology includes several pages of poems by each writer followed by a brief interview between the editor and the poet. In the Introduction, H. Melt claims two main influences: *Troubling the Line* and an anthology of five Black queer poets titled *Prime: Poetry & Conversation,* which features trans poet Rickey Laurentiis, among others, published by Sibling Rivalry Press in 2014. H. Melt’s interviews in *Subject to Change* involve reflections about the meanings of poems in the anthology, social justice, feminism, community, and literary influence.

In 2018, Nightboat Books published *Nepantla: An Anthology Dedicated to Queer Poets of Color,* edited by nonbinary poet Christopher Soto, who also goes by the name Loma. This anthology represents the culmination of a literary journal also called *Nepantla* that Loma edited in collaboration with Lambda Literary, publishing three issues between 2014 and 2016. Taking its name from Gloria Anzaldúa’s framing of the Nahuatl term *nepantla* as an in-between space, Loma in the first issue describes their aim as being “to nurture, celebrate, and preserve diversity within the queer poetry community” and “to center the lives and experiences of QPOC in contemporary America.” Poets published in *Nepantla* include a wide range of writers, some of whom identify as trans or nonbinary. Some of the trans poets published in the anthology include Paul Tran, Meredith Talusan, Qwo-Li Driskill, Jayy Dodd, Juliana Huxtable, JP Howard, Xandria Phillips, Assotto Saint, Ryka Aoki, and Pamela Sneed.

Journals

A number of literary journals that focus on trans poetry began after 2013 that were visibly edited by trans people. Such journals included *THEM* (the literary journal, not the later Conde Nast magazine) edited by trans poet Jos Charles, which published three issues from the fall of 2013 to 2017. Some poets featured in *THEM* include Hafsa Musa, Zareen Zahra Zeero, Aeliana Boyer, manuel arturo abreu, Alok Vaid-Menon, Lily Clifford, Valentine Conaty, and Cody Pherigo.

Another trans-edited literary journal is *Vetch: A Magazine of Trans Poetry and Poetics,* edited by

Stephen Ira, Kay Gabriel, Rylee Lyman, and Liam O'Brien, which started in 2015 and has published four issues, the most recent in 2017. Trans poets who have appeared in *Vetch* include Thel Seraphim, Francisco-Luis White, Zach Ozma, Wo Chan, Cat Fitzpatrick, Rebecca Bedell, and Zefyr Lisowski.

The Wanderer is another journal that began in 2016, which has trans coeditors and publishes some trans poets. Its current editors include Colette Arrand, Sara Bess, and Prairie M. Faul. Another recent journal that included some trans editors and featured some trans writers was *Femmescapes,* edited by Charles Theonia and others. The journal published four issues from 2016 to 2019. It was focused on "visual and written work by queer and trans people who experience an affinity with femmeness." In addition, the magazine *The Offing* published a special trans issue in the fall of 2015, and *Cream City Review* published a "Genre Queer" issue in 2016, edited by Ching-In Chen. Finally, another significant trans-edited publication is *Waves Breaking,* a podcast by Avren Keating, which has produced 32 episodes since 2016, each consisting of an extended interview with an individual trans poet combined with a reading by that poet.

The oldest trans-edited literary journal is *EOAGH: A Journal of the Arts,* edited by Trace Peterson, which began in 2004. This journal also features several trans poets on its board of contributing editors. EOAGH investigates ideas of reading and being written by language. It views "readings as embodied, interdisciplinary responses that engage with one's environment through documentary poetics, identity and the disruption of identity, ekphrasis, phenomenology, procedural multiplicity, density, and difficulty." Some trans poets who have appeared in EOAGH include Nat Raha, Grey Vild, M. Robin Cook, Natasha Dennerstein, Brody Parrish Craig, Kerry Downey, Kenyatta JP Garcia, Alyssa Harley, Luis Lopez Maldonado, Jimena Lucero, C. Russell Price, Phoenix Nastasha Russell, Rose Sanchez, Eero Talo, Audrey Zee Whitesides, Suneela Mubayi, and Jai Arun Ravine.

Awards and Recognition

Several trans poetry awards were created in the flurry of trans poetic activity after 2013, most notably the Lambda Literary Award in Transgender Poetry. Lambda Literary created this award in 2015 once it had proof that enough trans poetry books were being published to merit the category. The books that have won this award so far include *succubus in my pocket* by kari edwards (EOAGH Books), *Reacquainted With Life* by Kokumo (Topside Press), *recombinant* by Ching-In Chen (Kelsey Street Press), and *Hull* by Xandria Phillips (Nightboat Books). Another award created in response to the increased publication of trans poetry is the Publishing Triangle Award in Trans and Gender-Variant Literature, which began in 2016. Some books that won this award have been by trans poets, including *Some Animal* by Ely Shipley (Nightboat Books), *Even This Page Is White* by Vivek Shraya (Arsenal Pulp Press), and *The Middle Notebookes,* by Nathanaël (Nightboat Books).

Trans poetry has tended to be published so far by small presses and literary journals, many of which operate as nonprofit organizations. But it makes sense that an increased demand for trans poets might also involve a move to more mainstream, for-profit publishers. In 2016, Ari Banias's *anybody* became the first book of trans poetry to be published by a major publisher, W. W. Norton.

Trace Peterson

See also Authorship of Trans Literature; Autobiographies; Fiction

Further Readings

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Police Relations

See Criminal Justice System.

Policing of Trans Bodies

The concept of policing trans bodies involves all the ways in which social institutions, governments, and individuals attempt to control, regulate, criminalize, and punish human behavior and expression that fail to conform to ahistorical, essentialist definitions of sex and gender. This has emerged from colonial processes; how policing happens with trans bodies now has been shaped by how this was manifested in the past, particularly how police in contemporary times interact with trans people of color. Ultimately, this means we cannot make the argument that more progressive forms of policing have ushered in a new way of policing trans bodies. As described in the following sections, trans bodies are now subject to even more criminalization and brutality from every part of criminal processing systems, including wider government systems.

Policing Trans Bodies as a Colonial Project

For centuries, patriarchal gender norms of European countries and colonists, emerging largely from religious belief systems, have been imposed upon the world. There is historical and anthropological evidence that, prior to colonization, Indigenous and native cultures across the globe recognized, accepted, and, in some cases, even celebrated or honored diverse gender identities and presentations. On nearly every continent historically, there have been individuals who held a third gender or dual-gender status. In many Native American tribes, they were/are known as "two-spirit people," denoting the combination of masculine and feminine spirits they manifest. English and Spanish colonizers came from countries where sodomy and sexual deviance were punishable by death. They believed the gender diversity and same-sex relations they observed in Indigenous cultures to be immoral and abnormal. In the Americas, the Spanish pointed to it as a reason to exterminate thousands of native people, colonize their lands, and force them to convert to Christianity. The violence perpetrated against native and Indigenous people because of perceived sex and gender role violations has since been termed *gendercide*. Possibly the first recorded incident of gendercide occurred in 1513 in what is now Panama when Spanish conquistador Vasco Nuñez de Balboa encountered the Indigenous people of Quaraca. Balboa saw what he perceived to be men "dressed as women" engaging in sexual relations with each other and ordered 40 of them to be dismembered by being thrown to his dogs. This type of violent punishment continued for centuries and was also perpetrated or directed by Christian clergy, military and government agents, and judges.

In the British colonies, there was a history of regulating dress to prevent individuals from disguising themselves as members of a race, social rank, or profession to which they did not belong. Several laws and city ordinances, the first in Massachusetts in 1690, were passed across the American colonies and later U.S. cities that explicitly punished crossdressing (i.e., wearing clothing in public that does not align with one's sex assigned at birth). In the 20th century, masculine-presenting lesbians and trans women were regularly harassed and arrested by police enforcing laws that required them to be wearing at least three articles of clothing that corresponded with their assigned sex.

In the 19th and 20th centuries, medical scientists and psychologists provided evidence that sex and gender diversity were innately human and natural. For example, in 1864–1865, Austrian doctor Karl Heinrich Ulrichs (1825–1895) anonymously published a theory of biology developed to describe those who have a soul opposite from the sex of their physical body. German doctor Magnus Hirschfeld (1868–1935) believed that the unique combination of genetics, secondary sex characteristics, psychological inclinations, sexual preferences, and culturally acquired habits and traits present in each individual meant that there were more than 43 million different kinds of genders, or humans. Hirschfeld established the Institute for Sexual Science in 1919, helped coordinate care for the first male-to-female surgical procedure for Dora Richter in 1931 (and also Lili Elbe), and worked with Berlin police to end the harassment and arrest of trans people. Hitler personally labeled Hirschfeld as "the most dangerous Jew in Germany," forcing

him to flee the country; in 1933, the institute and its library were ransacked and burned.

Advances in medical and psychological science during the 20th century did not bring an end to violence and discrimination against trans people. With the forced migration, relocation, and removal of Indigenous peoples in North America, many trans people were assaulted, emotionally abused, and given a substandard education. All of them were severed from their culture, including the proud history of two-spirit people and traditions of gender diversity. Although in the United States, the removal and forced migration of trans Indigenous people diminished in the 1950s and 1960s, police continued to police trans bodies by raiding queer recreational establishments, which sometimes included the beating and raping of drag queens. From this crisis emerged the first documented moments of resistance to police brutality, including the Compton's Cafeteria and Stonewall Inn Riots, which were significant turning points in LGBTQ history—but not before the further criminalization and brutalization of trans bodies by police, including the arrest of trans and gender-diverse people of color especially, as well as ongoing unrest and protest involving broader queer communities and straight allies. There is no doubt that colonial policing of trans bodies has shaped policing practices with trans people down to the present day.

Contemporary Policing of Trans Bodies

It would be erroneous to assume these serious forms of police violence perpetrated against trans people in the past have faded into irrelevance in contemporary, presumably more progressive, times. Police continue to overpolice, surveil, and raid queer leisure spaces, such as bars and clubs. In 2009, Lambda Legal filed suit for an incident in which the Atlanta Police Department aggressively conducted an illegal raid on a queer night spot and harassed patrons, although none were charged with crimes. Even more disturbing is how often police are involved in the killing of transgender people around the world. As of March 13, 2020, three police officers in El Salvador are being held in custody while awaiting trial for the kidnapping, beating, and murder of trans woman Camila Diaz. Duanna Johnson in Memphis, Tennessee, and Nizah Morris in Philadelphia were beaten by police officers prior to their deaths, which remain unsolved.

Police have a significant role to play in the perpetration of violence and discrimination against transgender people. Amnesty International has reported on how police officers across the United States interact with people whose appearance deviates from normative expectations of gender and how this has greatly affected the quality of police interactions with trans people. Research clearly demonstrates that cisnormative assumptions drive the interactions that police officers have with transgender people. Substantial police misconduct has been reported in recent research. In a 2015 study by Lambda Legal, for example, trans people (18%) were twice as likely as cis people (9%) to be searched by police, and this jumped to 25% when considering trans people of color (25%) and even higher for trans women of color (36%). Thirty-six percent of trans respondents noted that police officers had accused them of a crime that they did not commit, 72% reported hostile attitudes from police in their interactions with them, and 16% of trans women of color reported being subjected to sexual harassment when they interacted with police. Twenty-two percent of respondents in the 2016 United States Transgender Survey (USTS) firmly believed they had been arrested simply because they were transgender. In the same study, 49% of respondents stated that police misgendered them, 20% said they were verbally harassed by police, 19% were asked inappropriate questions about medical transition by police, 11% were assumed to be sex workers by police, 4% were attacked physically, 3% were assaulted sexually, and 1% were forced to engage in sex to avoid being arrested by police. These forms of misconduct clearly indicate a dire need for significant policing reforms.

Trans people continue to be regularly subjected to horrific forms of violence, including murder. Recent research on this suggests that a trans person is killed once every 3 days. Staggeringly, though, this is just an estimate—there exists no process by which the numbers of transgender people killed are officially recorded. Adding to this situation is the frequent misgendering of the victims in the media by police officers investigating the murders, and this is often just one harm in the course of what are often gross mishandlings of the investigations into the deaths of trans people around the world. When trans people survive violent attacks, they are often charged with assault and sometimes murder, even

when they were acting in self-defense. For instance, in 2006, the New Jersey 7, a group of lesbian, gender-nonconforming women, were physically assaulted and threatened with rape by strangers on the street, and when they defended themselves, they were charged with "gang assault" and sentenced to 11 years in prison until a campaign gained an acquittal, retrials, and shorter sentences. These and other forms of discrimination make all other transgender people generally, and particularly trans women of color, feel profoundly unsafe in the presence of the general public and police officers.

One of the core policing issues affecting the lives of trans women currently is the police profiling of trans women as sex workers. Academics and commentators have noted that trans women, particularly those of color, are disproportionately profiled by police as sex workers when they are in public spaces. They are often stopped, searched, and arrested for having condoms on their person—possessing condoms is interpreted by police as being engaged in sex work, even when this is not the case. This process has been dubbed "walking while trans," and advocates note that it is not just the highly discriminatory policing practices that are harmful. For instance, some trans women have reported that police asked them to remove their pants or skirts in order to satisfy police curiosity about what genitals they have under their clothing. Although this is degrading enough, their sexual health may suffer over the long term when they restrict their use of condoms simply because they do not carry condoms with them for fear of arrest. These circumstances are further exacerbated by lack of steady income; trans people are often denied full-time work and, therefore, often end up working in "underground" occupations related to drug and sex work economies, including the selling of black market hormones.

The research discussed above shows that the experiences of trans people with police are, typically, profoundly negative and substantially harmful. At the same time, there are positive initiatives attempting to improve the relationships between queer communities and police. For instance, many police organizations now host LGBTQIA+ police liaison programs that seek to provide queer and trans folks with support and advice about incidents they experience and how they might report to police. The extent to which these initiatives are positively influencing how police interact with trans people is still unknown at this stage. An audit of police policies supporting transgender people around the United States concluded that policies and training must be strengthened considerably—no police department audited met the criteria required to protect and serve trans people.

Angela Dwyer and Jace Valcore

See also Compton's Cafeteria Riot; Criminal Justice System; Stonewall Riots; Two-Spirit People

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Pornography

Trans pornography broadly describes written, spoken, and visual material relating to trans people and transsexualities. Trans pornography exists within a vast and heterogenous network of intimate labors practiced by trans people that includes video pornography, street-based prostitution, escorting, camming, phone sex, erotic photography, and erotic literature. No matter the industry in question, all trans sex work exists within a public sphere where the representation of trans and gender-nonconforming people has been restricted

to reductive and dehumanizing stereotypes. This also articulates the terms and conditions of production for trans pornography and trans sex work more generally: Trans and gender-nonconforming people have had to brand themselves under the designation of slurs and the language of sexual fetishization in order to navigate sex work industries and porn production (with the exception of select trans women porn performers whose sex change surgeries enabled them to perform, as with Ajita Wilson, in heterosexual porn and erotic art films). While trans sex workers and actors have had to face public stereotypes in order to achieve relative industry success, all genres of trans porn offer complex sites of identification that unsettle dominant concepts of what *trans* is, what *trans* does, and, crucially, how *trans* fucks.

Trans pornography is an important topic of interest in that (1) pornography, and sex work more generally, receives scant consideration in academic settings despite constituting a major sector of economic and cultural production; (2) trans sex work and pornography have provided substantial alternatives to wage labor employment opportunities, historically denied from openly or visibly trans people, especially trans women and femmes; and (3) trans porn actors and sex workers have been increasingly targeted by legislation aimed to prevent sex trafficking, rendering them more vulnerable to violence with a diminished capacity to seek support or protection. In the United States, trans sex work and pornography has been circumscribed by legislation from the Crimes Against Nature (CAN) laws to the most recent Fight Online Sex Trafficking Act (FOSTA) and the Stop Enabling Sex Traffickers Act (SESTA), which both passed in the House of Representatives and Senate, respectively, on April 11, 2018. FOSTA/SESTA worked together to criminalize online sites that host content linked to sex trafficking or that "knowingly assist, support, or facilitate sex trafficking." As many trans sex workers and actors have stated, the effect of this legislation has been detrimental to the relative autonomy, safety, and livelihood of people who do sex work, especially Black and trans women.

Although the encyclopedic genre of writing calls for a neutral standpoint, approaching trans pornography from a "neutral" position remains fraught at a time when legislation in the United States and across the globe is actively harming sex workers. Along with the criminalization of sex work, the government-backed closure of major webpages and advertisement hosting sites (e.g., with Backpage and MegaPersonals) eliminates resources where service providers could screen potential clientele and subjects trans sex workers to increased visibility that directly relates to increased rates of violence against trans sex workers, particularly Black and brown trans sex workers. Taking these legal-material effects into account alongside the ongoing murder of sex-working trans women of color makes it unclear whether a "neutral standpoint" is imaginable, let alone ethical. In turn, this entry prioritizes the material conditions and concerns of trans porn actors and sex workers. This entry presents an overview of early visual representations of trans desire that provided the ground for the global commercialization of trans pornography; this is followed by an outline of existing scholarly approaches to trans pornography. The entry concludes with suggestions for further research.

Early Visual Representations of Trans Desire

In discussing erotic or sexual representations of trans actors and sex workers, it is crucial to understand that trans identities have been largely restricted in the public sphere to sexual tropes, stereotypes, fetishes, and fantasies that, historically, are overrepresented in trans pornography and sex work. While this condition affects transmasculine, transfeminine, and nonbinary people in different ways, it provides a limited set of scripts (i.e., roles that trans people are assigned according to their embodied variance) that trans actors and sex workers respond to within their respective industries. This set of scripts works along at least two axes: On one hand, a performer's racial identity is read in relation to erotic viability within the sex industry (e.g., the overassociation of Black and brown trans sex workers with street-based prostitution), and on the other hand, the perceived dichotomy between a performer's gender presentation and their genitals animates their identity within a predominantly cisgender, male-owned porn industry (e.g., ladyboy, shemale, chick-with-a-dick, jockpussy). In other words, while trans people's own engagement with their bodies and voices has historically been

underrepresented in popular media and academic accounts, the sexualization of their bodies has been overrepresented—an overrepresentation as racialized as it is sexualized.

Porn industry executives and academics date a major shift in trans video pornography in the early 1990s, but trans pornography had long existed in other formats across the 20th century. Stag films from the early 20th century, early predecessors to contemporary video pornography, portray people who crossdress for or during sex acts. While stag film has been discussed in relation to early gay cinema, the prevalence of crossdressing within this cinema warrants a closer engagement with these objects as predecessors not only to gay cinema but also to trans pornography writ large. By conceiving of crossdressing as an extension of homosexuality rather than as a practice of transsexuality or transvestism, these accounts of early cinema contribute to a historical erasure of trans people and their desires rather than considering the films as early visual representations of trans sex work and trans porn more generally.

In addition to pornographic films, trans pornography has long existed in pictorial and written forms. The language of erotic crossdressing abounds in periodicals and pamphlets across the 20th century that image, imagine, and write trans sexualities onto the page much earlier than academic discourse has alleged. If pornography is defined as material produced for the arousal and stimulation, *Female Mimics International, LadyLike*, and *Transvestia* exemplify written and illustrated publications in which trans bodies and sexualities, especially those of trans femmes and trans women, have been in circulation before the 1990s. These publications provide myriad opportunities to more closely study trans pornography in print as well as the ways that trans sex work industries operated in relation to print culture. Many of these periodicals offer interviews with, or writings by, the featured performers. They also offer extensive source material to consider the racial, ethnic, and geographic dimensions to the multitude of names, slurs, and terms used to refer to trans women sex workers and trans performers within sex work industries. Only in 2020 have major porn studios that produce and advertise trans pornography considered removing the slurs and terms of sexual fetishization from their marketing materials. Executives within the porn industry maintain that to eliminate the use of slurs would sharply reduce profits.

Within the pornography industry in the United States, trans pornography gained considerable visibility through the first awards show to feature trans actors. Because trans porn actors were frequently blacklisted within the mainstream porn world due to stereotypes around HIV and AIDS, trans porn actors had no opportunity to be professionally acknowledged for their work, unlike cisgender porn actors. In 2008, Grooby Productions began The Tranny Awards, where an online panel of judges recognized trans porn performers; the awards show changed its name from The Tranny Awards to the Transgender Erotica Awards in 2014.

Theoretical Approaches to Trans Pornography

Trans pornography cannot be defined in terms of sexual orientation in the same way that the contemporary porn industry has been commercialized. There is straight, gay, and bi porn within trans porn, making it difficult to continue to define sexuality as simply a matter of object choice (i.e., a person's sexuality is defined according to the object they are attracted to), which is how the majority of straight porn sells filmed sex. A major subcategory of trans pornography plays with how transsexualities destabilize this notion of sexuality. In this brand of trans porn, the actor's trans identity is at first unsuspected and they are eroticized as cisgender objects of desire before the staged "surprise" of their trans status and ensuing sex acts. This has also created difficulties in defining trans pornography due to its incompatibility with the heterosexual/homosexual framing of desire: There is lesbian trans porn, straight trans porn, trans porn between trans women, trans porn between trans men and trans women, and so on. In short, trans porn is not one thing in terms of gender, orientation, or practice—it opens a fission of desire(s).

Most scholarly writing on trans pornography comes through feminist, queer, and women's studies and film, cinema, and media studies, offering evaluations of trans pornographic content through qualitative judgments based on the porn's formal aspects: the aesthetics, narrative, scenario, sex acts of the scene with scarce sustained interest in the material

conditions concerning the production of trans pornography, and the power relations at play between actors, producers, investors, consumers, and distributors—although some recent scholarship has begun to address these material concerns. To address the categorical slipperiness that trans porn produces (i.e., how trans desire is uncontainable in standard straight/gay models of porn), academic writing on porn has divided trans pornography into two distinct ideologies: (a) the commercialization of trans pornography among self-identified heterosexual men that involved trans women and transfeminine people and (b) the struggle that trans individuals pursue to achieve greater visibility. In scholarship, the second ideology is the most common approach to trans pornography. In this camp, trans porn is regarded as an object that holds out a possibility for more comprehensive awareness, representation, pedagogy, and cultural production in the portrayal of nonnormative embodiments and sexualities. This branch of trans pornography also includes most pornography that is produced and marketed within the global North as feminist and/or queer pornography, and within the United States, it remains filmed in smaller studios located in a handful of cities such as San Francisco and Los Angeles or shot in the privacy of one's living space. Much of this pornography is made in relative economic independence from sex work industries more broadly, meaning that its production tends toward user-submitted, DIY, or professional-amateur (pro-am) "queer" porn. Two important things worth mentioning about this subgenre of independent pornography: It does not exclusively rely on an extant consumer base for purchase or production; because its content is produced independent of sales, this subgenre of trans porn is assumed to be more self-directed than mainstream pornography due to its nonreliance on an extant consumer base for purchase and subsistence. This subset of trans pornography has been written about in terms of feminism, pedagogy, and sexual empowerment—strands of criticism that are rarely considered in relation to trans porn of the first grouping, namely, studio-based porn featuring trans women.

This second camp of trans pornography has received the least attention in scholarly discourse. What has been written about trans porn featuring trans women (as well as femme sex workers of trans experience more generally) has privileged the perspective of consumers of trans femme porn and elided the perspectives of trans femme sex workers themselves. This elision also calls into question the role that "respectability politics" (i.e., an ideology that ascribes or denies value to people based on their perceived proximity to ideals or social codes held as respectable) continues to play in academic discourse on and disciplinary approaches to trans porn. The dearth of extended academic research into this branch of trans porn is all the more telling given that trans porn involving trans women for a largely male audience remains one of the most popular, and lucrative, genres of all—not just trans—pornography. In a 2015 interview with the *International Business Times*, Adam Grayson, the former vice president of Evil Angel, an American porn production company and distributor, stated that nothing comes close to trans pornography in terms of revenue per scene or movie. Porn studios have turned to trans porn in addition to other genres of fetish porn to sustain revenue throughout consumer and production shifts in the porn industry. The sheer popularity of this subgenre of trans porn warrants more attentive and engaging research.

Areas for Further Research

The expansiveness of transsexualities in pornography brushes up against normative understandings of sexuality as a simple matter of object choice. As suggested above, trans pornography provides manifold opportunities to reconsider orientations and practices of desire untethered from earlier models of sexuality. The diverse terms used to identify, market, and eroticize trans sex work and porn also offer an extensive catalogue with which to consider the racial/ethnic/geographic dimensions to trans porn production and trans sex work more generally. While the majority of academic writing on trans pornography centers on North America and specifically the Unites States, Thailand and Brazil remain international epicenters of trans porn production. Much work remains to be done on the intimate connections between empire, tourism, military occupation, and the establishment of trans sex work economies and porn industries and how trans sex workers and actors navigate and survive in specific, local sex work industries.

Related to the connections between empire and trans porn production, there is a need for more

research to address the relationships between state legislation and public discourses that further stigmatize and oppress trans actors and sex workers (and contribute to stigmatization of trans people writ large). As trans porn actor and activist Valentina Mia states in her contribution to the special issue on porn of *Transgender Studies Quarterly*, "[There is an] irony that the very society that effectively forced me into sex work is doing everything it can to ensure I never escape sex work by further oppressing me with legislation aimed at protecting women who were forced into sex work . . . the State wants to trap me in a cycle of poverty and oppression." SESTA/FOSTA exemplify one of the most recent instances of legislation that endangers sex workers and porn actors in the United States. However, in order for this research to not reenact the same omissions and elisions around trans sex work and porn that occur with previous scholarship, the lives, material concerns, and embodied knowledge of trans porn actors and trans sex workers must be central to any further research.

Eva Pensis

See also Ballroom; Embodiment; Sex Workers; Sexualities/Sexual Identities; STAR; Travestis

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Pose (TV show)

Pose is a television drama series set in 1980s to 1990s New York City ball culture. *Pose* premiered June 3, 2018, on the premium cable channel FX. The series quickly gained critical acclaim for, among other things, featuring the largest cast of out transgender series regulars ever seen on television. This entry aims to situate the series in the history of trans representation and articulate the uniqueness of its contribution to the contemporary trans mediascape.

In 1990, Jennie Livingston's documentary *Paris Is Burning* opened up the world of 1980s New York City ball culture to previously unknowing audiences—queer, trans, straight, and cis. Ball culture (or "ballroom") is a Black and Latinx queer culture, started in 1920s New York City and now a global phenomenon, where Houses (or chosen families) vogue and otherwise walk runways in various categories for trophies. In 1989, Willi Ninja, who is featured in *Paris Is Burning,* performed in Malcolm McLaren's "Deep in Vogue" music video, which sampled the unfinished film. Within a year, ball culture's poses could be widely viewed on U.S. television in Madonna's music video for her hit "Vogue." Livingston's documentary crosscuts between cinéma vérité footage of balls and interviews with fathers, mothers, and children of ballroom at their homes, backstage, and on the street. Across the 1990s, scholars bell hooks, Judith Butler, and Jay Prosser engaged in a lively debate, each taking the film as paradigmatic of their key contentions about Blackness, queerness, and transness, respectively. The film's notoriety unfurled well beyond academe. As Janet Mock, one of *Pose*'s writers, producers, and directors, stated in a May 2018 *New York Times* interview, "All of us—any queer or trans person—knows *Paris is Burning*" (Galanes, 2018). For viewers knowledgeable of *Paris Is Burning*, there are familiar elements to *Pose*'s characters and mise-en-scène. The Season 2 plot, devoted to Candy Ferocity's murder at the hands of a john, also chillingly recalls Venus Xtravaganza's own in *Paris*. However, the documentary is never directly referenced. Mock describes *Pose* and *Paris* as existing in parallel universes. And the series addresses many of the critiques the 1990 film received.

Whereas *Paris Is Burning* is widely believed, following hooks's critique, to make a spectacle of Black bodies and rituals, *Pose* uses the serialization of television to narrativize the appropriation of Black queer culture as well as to develop characters and plots such that any given ball performance is inseparable from what that character or House is going through financially, medically, romantically, and so on. When Angel Evangelista, who aspires to model professionally, cannot afford the professional photos required for a modeling application and is coerced by the photographer into posing for additional illicit photos in compensation, the camera refuses his fetishizing gaze, training itself instead on Angel's face such that the horror of the situation cannot be denied. In scenes and plots such as this, the series also contextualizes what hooks characterizes as *Paris*'s subjects' fetishization of white femininity, establishing how Black trans women's embrace of certain aesthetics is not simply parodic but often a means of gender self-expression as well as at times a necessary measure in a capitalist culture. In doing as much, the series serves an important pedagogical function, teaching viewers that some ballroom queens are gay men in drag, while others are trans women (a far from minor nuance neglected by hooks), and demonstrating how gay and trans people build queer families together, supporting each other from financial and medial crises (including HIV/AIDS) when their families of origin will not.

Likewise, whereas Butler values *Paris*'s trans-feminine subjects' transgression of the gender binary, dismissing some of these same subjects' articulations of desires for husbands and homes as heteronormative—a valuation which, as Prosser points out, lifts up exactly that which gets Venus Xtravaganza killed—*Pose* understands passing as a "poetic of relation." As micha cárdenas writes in her essay, "Shifting Futures: Digital Trans of Color Praxis," passing for trans women of color is not simply a matter of visibility or invisibility but attaining a particular form of visibility such that one remains safe as one moves through racist, transphobic spaces, so as to be able to shift into another form of visibility and advocate for trans and gender-nonconforming folks as an openly trans woman in other spaces and at other times. The serialized television format allows *Pose* to explore not only moments where characters get "clocked" (i.e., are unwillingly outed as trans), as well as the violence that frequently ensues, but also the moments of familial mourning, resistance, and celebration that follow. The power of the Evangelistas stealing back the coerced photos taken of their sister Angel; Candy's funeral, in which Candy herself fantastically speaks back to family, given and chosen, from the beyond; and the women's road trip to the beach, where HIV-positive mother Blanca experiences a whirlwind romance, is particularly remarkable, considering all these characters and those who inspired their writing have been through.

Critical to *Pose*'s success in such matters, and a substantial difference between the series and *Paris,* as well as other trans media series today, are the contributions of Black trans and queer people to the creative team. Much has been made of white lesbian Jennie Livingston's direction of *Paris Is Burning,* and trans media studies scholars have critiqued the most popular of productions that proliferate in our "trans tipping point" present, including Hollywood's tendency to cast cis actors in trans parts, to tell the same tragic and fetishistic stories time and again, and to favor rich white trans characters over poor Black and Latinx characters. *Pose,* in contrast, centralizes Black and Latinx trans characters and casts Black and Latinx trans actors in these parts. Trans series regulars include MJ Rodriguez (Blanca Evangelista), Indya Moore (Angel Evangelista), Dominique Jackson (Elektra Abundance), Angelica Ross (Candy Ferocity), and Hailie Sahar (Lulu Ferocity). Trans people also contribute substantially to the production team. *Pose* is run by *Glee* and *American Horror Story* collaborators Ryan Murphy and Brad Falchuk alongside TV newcomer Steven Canals. After reading journalist Janet Mock's autobiography *Redefining Realness* (2014) about growing up as a mixed Black trans girl in Hawaii, Murphy invited Mock to write for *Pose*. Mock cowrote the pilot with Falchuk and was soon promoted to producer and asked to direct Episode 6, becoming the first out Black trans woman to direct for television. Our Lady J also writes for the series. And the series consults and employees Black and Latinx trans and queer folks from the NYC ball culture, including the late Hector Xtravaganza, who served as a ball consultant to Season 1, and Twiggy Pucci Garcon, who served as a ball consultant on Season 1 and the runway choreographer on Season 2.

Ultimately, *Pose* may be a show about the past, but it also makes the reality, and the stakes, of continuing to live and work and pose in the present all the more luminous.

Rox Samer

See also Ballroom; Drag Queens; Film; Mock, Janet; Representations in Popular Culture; Scripted TV

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Poverty

There is no typical experience of being trans in the United States, and the trans community is diverse in both its demographics and its experiences. That said, research is consistent in finding that many trans people experience poverty and economic insecurity, and they do so at rates much higher than the general population. According to a 2019 analysis of federal data from the Centers for Disease Control and Prevention (CDC), an estimated 30% of trans people live in poverty, compared to 16% of cis heterosexual people in the United States.

This entry provides a U.S.-specific overview of how poverty is typically measured, rates of poverty among trans people, some of the many causes of trans people's higher rates of economic insecurity, and questions that remain. While available data provide important insight into the stark hardships faced by trans people, it remains crucial that the lived experiences of trans people—particularly those living in poverty—not be reduced solely to statistics and that the complexity and resiliency of their lives are recognized.

How Is Poverty Measured?

Just as there is no singular trans experience, there is no singular experience of poverty. What it means to live in poverty can vary greatly from person to person and region to region, as well as across different racial or ethnic backgrounds, genders, and more. For example, the 2015 U.S. Transgender Survey (USTS) shows that 24% of white trans people were living in poverty in 2015, compared to 38% of Black trans people and 43% of Latino/a trans people.

While experiences of poverty vary widely, measurements of poverty in the United States are often based on a person's (or family's) income. One common measurement of poverty is the "poverty threshold," which is calculated by the U.S. Census Bureau and updated each year. This measure estimates the minimum income required for a person's (or family's) basic necessities, such as food and housing. Individuals or families with annual incomes at or below the poverty threshold in a given year are considered to be "living in poverty." In 2018, the poverty threshold was roughly $13,000 for an individual and $25,000 per year for a family of four. By this measure, over 38 million people in the United States, or 11.8% of the U.S. population, were living in poverty in 2018.

The poverty threshold is also used by other government departments and by federal, state, and local programs to determine eligibility for many important programs and services, such as housing assistance, food assistance, and much more. As a result, the poverty threshold is an important

measure for demonstrating the magnitude of how many people experience poverty in the United States both today and over time, as well as for helping people experiencing poverty to gain access to much-needed resources and support.

While the poverty threshold is the most commonly used measure of poverty today, there are many other ways to measure poverty. Such measures, like "persistent poverty" (measured at the county rather than individual level, meaning 20% or more of a county's population has been in poverty for the past 30 years), as well as other dimensions like underemployment, housing insecurity, and high health care costs, can all illustrate different aspects or experiences of poverty.

Trans People Are More Likely to Live in Poverty

As of 2020, the U.S. Census does not ask about sexual orientation or gender identity, and as a result, there are limited data available about the trans population (and the LGBTQIA+ population more broadly). However, an increasing number of large surveys include questions about trans identity, gender identity, and gender expression, and the depth of qualitative research about trans people's lives has grown immensely. As a result, it is increasingly possible to make comparisons with the general population (Table 1). What consistently emerges from this research is that trans people are roughly twice as likely as cis people or the general population to live in poverty.

Among nationally representative surveys, a growing number of states have included gender identity questions on their Behavioral Risk Factor Surveillance System (BRFSS) surveys, conducted by the federal CDC. These data are particularly valuable because the BRFSS surveys are designed to be representative of a state's population as a whole, which allows researchers to make conclusions about that entire population rather than only about the individuals included in the survey. An analysis by Halley P. Crissman and colleagues using BRFSS data collected from 19 states and Guam found that trans people were more likely to live below the poverty line (26.0%) compared to cis people (15.5%). A more recent analysis by M. V. Lee Badgett and colleagues of BRFSS data from 2014 to 2017 collected in 35 states similarly found that 29.4% of trans people lived in poverty compared to 15.7% of cis heterosexual people, with little difference in poverty rates for trans people in rural and urban communities. There were no statistically significant differences in rates of poverty between trans men and trans women.

While the number of nationally representative surveys that include questions about gender identity remains low, community-based surveys have provided important insight into the lives of trans people for many years. Among them, the 2015 United States Transgender Survey (USTS) is the largest survey of trans people in the United States with nearly 28,000 respondents. The results are stark in terms of poverty for trans people: 29% of trans people were living in poverty in 2015 compared to a national rate at the time of 14%.

In sum, across many types of research, trans people in the United States are more likely to be living in poverty, compared to both cis people and

Table 1 Poverty Rates of Trans People and Comparison Groups

	Rates of Poverty Among . . .	
Data Source	*Trans People*	*Comparison Group*
2014–2017 BRFSS (35 states)	29%	15.7% cis heterosexual people
2014 BRFSS (19 states + Guam)	26%	15.5% cis people
2015 U.S. Transgender Survey (online; 50 states, D.C., + 3 territories)	29%	14% general population

the general U.S. population. Even when controlling for factors like age, race and ethnicity, education level, having children, and more, research (such as the analysis by Badgett et al.) finds that trans people are more likely to live in poverty than are cis people. These disparities are often even greater for trans people of color, as discussed in the next section.

Marginalized Groups Within the Trans Community Experience Poverty at Even Higher Rates

Being trans is one facet of identity that affects the likelihood of living in poverty. However, it is crucial that discussions of trans people's economic insecurity and rates of poverty also examine their multiple other identities—including gender identity as women, men, and/or nonbinary; race and ethnicity; disability status; age; HIV status; and other characteristics—as each of these may also affect both the likelihood and the experience of poverty.

In the United States, poverty rates vary substantially by populations, revealing how different dimensions of identity affect the likelihood that a person might experience poverty. For example, women are generally more likely than men to experience poverty: In 2018, the Census Bureau reported that women ages 18 to 64 had a higher rate of poverty (12.3%) compared with men of the same age (9%). Black and Hispanic people in the United States report higher rates of poverty (21% and 18%, respectively) compared with white and Asian people (8% and 10%, respectively).

Among trans people, these same patterns often recur and sometimes with unique interactions. For example, while people of color in the United States in general experience higher rates of poverty than the general population, the rates of poverty for trans people of color are significantly higher than both their cis peers of color and white trans people. Badgett and colleagues' analysis of the 2014–2017 BRFSS data showed that nearly half (48.5%) of Hispanic trans people and 38% of Black trans people were living in poverty, compared with 18.6% of white trans people. Similarly, in the 2015 USTS, trans people of color report even higher rates of extreme poverty: 43% of Latino/a trans respondents were living in poverty, as were 41% of American Indian trans or two-spirit respondents, 40% of multiracial respondents, and 38% of Black respondents.

Additionally, the USTS shows that trans people with disabilities report significantly higher rates of poverty—nearly 45% of trans people with disabilities were living in poverty at the time of the survey—a trend mirrored among people with disabilities and the general population. The same survey showed that undocumented trans people and those working in underground or survival economies such as sex work reported incredibly high rates of poverty (69% and 62%, respectively), as did those living with HIV (51%).

With respect to gender, in Crissman and colleagues' analysis of nationally representative 2014 BRFSS data, poverty rates did not statistically differ between trans women and cis women. Badgett and colleagues' analysis of 2014–2017 BRFSS data similarly finds that rates of poverty among trans people are most similar to those of cis bisexual women. These findings suggest that the overall higher rates of poverty among trans people may be especially related to gender.

Potential Drivers of Higher Rates of Poverty for Trans People

Thus, trans people are clearly more likely to experience poverty. Research also shows that experiencing discrimination—which trans people routinely do, including in employment—is linked to higher rates of job loss, poverty, and overall economic insecurity. Experiencing discrimination can also have many negative impacts on both physical and mental health, as well as access to health care, all of which in turn may lead to additional economic insecurity. Beyond demographic factors like race, disability, and gender, other factors that likely drive higher rates of poverty for trans people include obstacles to obtaining accurate identity documents, a lack of consistent and explicit protections against discrimination, and heightened criminalization. A study by the Sylvia Rivera Law Project summarized the disproportionate poverty experienced by trans people, especially trans people of color, as being deeply rooted in the vast and wide-ranging experiences of discrimination experienced by trans people in nearly every aspect of life.

Employment Discrimination

Employment discrimination is a fact of life for many trans people, and it can have serious economic consequences. Workplace discrimination can take many forms, including being passed over for a promotion or denied a raise, being fired, or not being hired in the first place. Each of these forms of discrimination has a direct economic impact: Not being promoted keeps a person's income stagnant, while being fired or not hired prevents a person from earning income from that source altogether. Such discrimination can also lead to underemployment, potentially long periods of unemployment, and slower career progression, all of which again affect earnings and economic stability. In the 2015 USTS, nearly one in three (30%) trans people have ever lost a job because of their gender identity or expression, and more than one in four (27%) trans people who had or applied for a job in the past year reported some form of employment discrimination in the past year alone, including being fired, denied a promotion, or not hired specifically because of their gender identity or expression. But as of January 2020, 29 U.S. states still lack explicit state laws prohibiting discrimination against trans workers, according to the Movement Advancement Project (MAP), an LGBTQ think tank that tracks policies.

Unemployment

Unemployment is also a fact of life for many trans people. In the 2015 USTS, trans respondents reported an unemployment rate of 15%, compared with just 5% for the general U.S. population at the time of the survey. The rate was even higher for trans people of color (20%) and trans people with disabilities (24%). Even short periods of unemployment can lead to longer-term economic consequences, as gaps in a person's work history can make it more difficult to be hired for a new job.

Health Care Access

Health care access is a critical need for all people, including trans people. Trans people often have unique medical needs and experience many disparities in both health and health care, but a higher likelihood of employment discrimination, unemployment, and underemployment all also mean a lower likelihood of being able to access employer-provided health insurance. Indeed, in the 2015 USTS, 14% of trans adults were uninsured, compared to 11% of all U.S. adults at the time of the survey.

Even when trans people can access health insurance, insurers (including state and federal programs such as Medicaid) may not cover medically necessary gender-affirming care, and providers (such as hospitals, doctors, or pharmacists) may also discriminate against trans patients. In the 2015 USTS, 33% of trans people who have seen a health care provider in the past year alone report having at least one negative experience related to being trans, including being refused needed medical care or being verbally or physically harassed. But as of January 2020, according to MAP, 28 states still allow insurers to explicitly refuse to cover trans-related care, and 32 states lack laws that prohibit gender identity discrimination in health care more broadly.

Identity Documents

Identity documents are a vital but often overlooked part of daily life, especially so when seeking a job. Trans workers may not have identity documents that accurately reflect their name or gender identity, and this can be a barrier to seeking—and getting—a job. For example, presenting a passport or driver's license with an old name or incorrect gender marker to a potential employer may "out" the person as trans, putting them at risk for discrimination or losing a job offer. Trans people who lack accurate identity documents might be further reluctant to seek public assistance, job training, or other benefits because of the fear of discrimination when having to present their documents to access those benefits.

According to the 2015 USTS, only 30% of trans people have been able to legally change their name, and only 11% of trans people have been able to update all their identity documents to match both their name and gender identity. Among trans people who have not been able to update their documents, in the past year alone, nearly one third (32%) have had a negative experience when showing their ID, such as being harassed, attacked, or denied services. Despite this, a majority of states make it both challenging and expensive for trans people to update their identity documents. For example, as of January 2020, MAP reports that

34 states have some type of requirement that people must publish in a local newspaper or otherwise publicly announce that they are attempting to legally change their name. This costs both money and time and further exposes trans people to potential harassment or discrimination. Additionally, 18 states impose burdensome requirements before allowing people to update the gender marker on their driver's license, including in some cases invasive and inappropriate requirements such as providing medical records or proof of medical procedures. Particularly for trans people living in poverty or without health insurance, accessing such medical care may be out of financial reach—and not all trans people, irrespective of income, want the type of procedures such laws require.

Education

Education is often positively associated with increases in income. Yet for trans people, data suggest a more complicated relationship. For example, trans people in the 2015 USTS are significantly more likely than the general population to have a college degree but are also significantly more likely to live in poverty and be unemployed. Similarly, in a 2007 study titled "A Study of Transgender Adults and Their Non-Transgender Adult Siblings on Demographic Characteristics, Social Support, and Experiences of Violence," by Rhonda Factor and Esther Rothblum, researchers found that trans people were more highly educated than their cis siblings but did not have higher incomes.

This more complicated relationship between education and income may be especially true for trans people of color. In a 2008 Transgender Law Center survey of trans Californians, education was correlated with income, but race itself was not correlated with income. However, access to higher education and education completion rates in the United States generally vary greatly based on race and ethnicity, so the protective factors of education may be difficult for people of color to access.

Criminalization

Trans people, especially trans people of color, are disproportionately targeted by the criminal justice system. Time spent in incarceration is time lost for earning income, building job skills, or advancing in a career, in addition to the human costs. Such criminalization is also often a substantial barrier (in the form of a criminal record) to future employment, housing, and even being able to update identity documents, all further exacerbating risk of poverty. Additionally, people living in poverty—particularly when they are also facing routine and persistent discrimination and other obstacles in employment, housing, and more—are more likely to engage in survival economies, such as sex work, to make ends meet. Engaging in underground economies, especially coupled with police profiling and harassment, again means that trans people and especially trans people of color and trans women are more likely to be subjected to the criminal justice system in a cycle of incarceration and poverty.

Areas for Additional Research

Many questions remain for research on poverty and the trans community. For example, are there different experiences of poverty or economic insecurity based on gender identity (e.g., trans women vs. trans men vs. nonbinary people)? What additional risk factors exist for poverty for trans people? What protective measures might exist? Given that trans youth are more often coming out or transitioning at younger ages, with increasing access to health care and affirming families and communities, will patterns of trans poverty change? Are they already changing? What interventions are most successful for addressing the harms to and experiences of trans people specifically from poverty and economic insecurity?

It is clear from existing research that trans people are more likely to experience poverty, with best available data currently suggesting that roughly twice as many trans people in the United States are living in poverty, compared with both cis people and the general U.S. population. These rates of poverty are even higher for marginalized groups with the trans community, such as trans people of color, trans–disabled people, and trans people living with HIV. It is imperative that more work be done to better understand the causes and impacts of these disparities, as well as to identify and implement ways to improve trans people's lives and economic security.

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See also Demographics of the Trans Community; Discrimination; Feinberg, Leslie; Social Class

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Pregnancy

Many trans people wish to be parents. Although there are a variety of ways to achieve parenthood, many trans men are born with the reproductive anatomy that enables them to become pregnant and give birth, and some choose to do so. Shifting sociocultural and medical attitudes that facilitate recognition of trans men's desire to pursue pregnancy have increased their choices. There are certain health-based and socioemotional considerations to be taken into account for trans men who wish to become pregnant. Prior to pursuing pregnancy, trans men may have engaged in interventions to achieve gender affirmation or transition. However, some of these interventions can significantly affect a trans man's ability to become pregnant. As such, it is vital that trans men are informed of the long-term effects of interventions on their ability to become pregnant as early in their gender affirmation journey as possible, in order to make informed decisions regarding preservation of fertility and future parenthood. Additionally, the psychological impact of pausing gender-affirming treatments and the dysphoria associated with the pregnant body are experiences that may lead to distress and the need for support on professional, community, and personal levels.

From a health-based perspective, testosterone therapy leads to the disruption of ovulation, and as a result, fertility is significantly affected. Although trans men can still become pregnant when on hormone therapy, testosterone is teratogenic to fetuses, so hormone therapy must cease before attempting to become pregnant. Regular ovulation can return if hormone therapy stops, although the timing of this can vary from weeks to months. Whereas many trans men conceive and give birth after ceasing hormone therapy, long-term effects on ovarian functioning are not fully known. Infertility has been reported among trans men; however, infertility does, of course, also occur in the broader community. Research is needed on the causes of infertility in trans men.

Making the decision to discontinue hormone therapy for an indeterminate period while trying to conceive can be complicated, eliciting significant dysphoria and distress. There is evidence that the preconception and perinatal periods pose many psychological challenges for trans men who pursue pregnancy. Furthermore, for trans men who have undergone surgical gender affirmation, such as the removal of their uterus, ovaries, or a surgical

modification of their genitalia, gestational pregnancy will no longer be an option. However, trans men can opt for fertility-preserving procedures, such as harvesting and freezing eggs, prior to a hysterectomy, which can later be used by a partner or surrogate. For trans men with an intact uterus and ovaries who have partners with the ability to produce sperm, conception can be relatively simple. However, for those who have partners with a uterus or for trans men choosing to parent solo, assistance in the form of sperm donation is required to conceive.

Accessing general health care is very challenging for the trans community. However, lack of trans-relevant clinical knowledge and cultural competency among medical professionals specializing in reproductive health means that many trans men report experiencing significantly subpar care in these settings. Many trans men report experiencing open discrimination, transphobic treatment from staff, and, in some cases, outright refusal of treatment from fertility clinics, even when such refusal of service contravenes laws. Exclusion from these services means that engagement with formal assisted fertility institutions can be deeply problematic and marginalizing for this community, with long-term negative emotional repercussions for the prospective parent. As such, many trans men opt to pursue less formal methods to achieve pregnancy, by finding a sperm donor through informal or friendship channels and self-inseminating. Those trans men who choose and are able to pursue informal reproductive assistance generally describe it as a positive and affirming experience.

For trans men who are successful in becoming pregnant, the joy of potential parenthood can be complicated by the loss of the masculinizing effect of gender-affirming therapies, combined with changes associated with the pregnant body, and can have a significant impact on mental health. For trans men who have not had top surgery, the growing chest can be particularly distressing, as "breasts" are strongly associated with womanhood. The pregnant chest and experiences of chest feeding after childbirth can lead to intense experiences of dysphoria, depression, and anxiety. Binding the pregnant or feeding chest may not be a viable option due to feelings of discomfort, and as a result, many trans men choose to isolate themselves during the perinatal period in order to avoid negative social reactions to their bodies. Accessing birth centers and medical appointments can be deeply confronting during a vulnerable time for parents, as these services are often not inclusive toward pregnant trans men, reflecting transphobia at a structural level.

The pregnant body is viewed as an archetypal representation of femininity, and therefore the pregnant man disrupts assumptions around representations of gender and how it is performed. Those who diverge from these assumptions can be exposed to discrimination, marginalization, and social exclusion. Trans men make deeply considered, measured, and informed decisions in regard to pursuing pregnancy, a choice that can require much personal sacrifice. In doing so, they undertake a complex negotiation with their masculinity, challenge the fundamental connection of pregnancy with femininity, and engage with the material reality of the medical and biological aspects of pregnancy. Finally, for nonbinary people, navigating fertility and pregnancy can be even more fraught, as nonadherence to the dyadic concept of two genders, of "mother" and "father," further troubles one of the most tightly held societal archetypes: parenthood and the family, challenging notions of who gets to be "parent" and who gets to give birth. Further research into this area is sorely needed, particularly around fertility counseling and preservation, as well as educating health care professionals in how to care for and support this population in their pursuit of pregnancy.

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See also Decisions to Parent; Fertility Preservation; Trans Men

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Preventive Health Care

Preventive health care encompasses a range of services, including, but not limited to, primary and dental care, preventive services such as immunizations, and screenings for breast cancer, cervical health, colorectal cancer, and sexually transmitted infections. Use of preventive health care is thought to improve health. Lower use of preventive health care may partly explain poor health among trans populations compared to their cisgender (cis) peers. This entry discusses how access to preventive health care differs between trans and cis populations, summarizes the existing literature on preventive health care among trans populations, and describes key challenges and opportunities for future work.

Reasons for Differences in the Use of Preventive Health Care

Andersen's Behavioral Model theorizes that predisposing, enabling, and need-based factors shape an individual's decision to seek health care.

Predisposing factors include age, race, ethnicity, education, marital status, employment status, and health beliefs. Hispanic, Black, and Native American minority groups consistently use less care than white populations. People who did not attend college, those who are unemployed and unmarried or not partnered, and young adults are more likely to use less preventive care. Compared to the cisgender population, the trans population is younger, has lower educational attainment, and is more likely to be unemployed, never married or partnered, and nonwhite, which predisposes trans populations to use less preventive health care.

Additionally, the trans community has a culture of self-reliance rooted in a history of marginalization. Trans individuals experience high levels of discrimination within and outside the medical system. Health beliefs such as stigma and conspiracy beliefs decrease trans individuals' willingness to seek preventive care such as preexposure prophylaxis (PrEP) for HIV prevention.

Enabling factors include income, affordability of care, insurance, and availability of health-related information. Trans populations have lower incomes and lower rates of health insurance coverage than do cis populations, both of which are associated with less health utilization. Lack of affordable routine and transition-related care and gatekeeping—the use of rules and authority to limit access—decrease the availability of health-related information and access to care.

Need-based factors include health status and self-rated health. The Andersen model differentiates between perceived need for health services, or how people view and experience their own health, and evaluated need, or how professionals assess patients' health status and needs. Differences in perceived and evaluated need for care may also contribute to differences in health utilization. Trans individuals may be more likely to access care because of higher reported levels of poor self-rated health, multiple chronic conditions, and disabilities. In addition, health utilization may be higher among trans individuals who are accessing gender-affirming hormones or surgeries. However, trans individuals may be less likely to obtain screening for specific cancers because of confusion and misconceptions about risk. For example, trans individuals who were assigned female at birth may avoid screening for cervical cancer if they have gender-related distress associated with sex-specific organs. Additionally, providers may evaluate health needs differently. For example, clinicians may not understand how to apply cancer screening guidelines to trans patients, and trans people may be screened for HIV more often than cis people because they are more likely to identify as non-heterosexual.

Preventive Health Care Research

Evidence regarding preventive care use has relied on varied sources, including the Behavioral Risk Factor Surveillance System (BRFSS, a nationally

representative survey), the 2015 U.S. Transgender Survey (USTS, a large nonrepresentative survey), state or hospital surveys, electronic medical records, and administrative claims. Most preventive health research focuses on the adult trans population. The most frequently studied outcomes are primary care visits, cancer screenings, HIV screenings, and flu shots.

Preventive Care in Adults

The evidence on trans adults' use of preventive health care is inconclusive. Although nearly one dozen studies examined annual primary care visits, half the results suggested similar utilization among trans and cis groups, while the other half concluded that trans groups received fewer visits. This may be due to differences within the trans population, where male-to-female, female-to-male, and gender-nonconforming people had varying propensities to use preventive care.

Research on screening differences is more consistent. Studies consistently found trans adults received fewer breast, cervical, and colorectal cancer screenings and equal or more HIV screenings.

Preventive Care in Children and Adolescents

As of June 2020, only two studies have assessed preventive care use in trans youth, and both relied on data from high school respondents to the 2016 Minnesota student survey. Using different comparison groups, both studies concluded that trans students were less likely to receive primary care services or dental care than their cis peers. Higher levels of parent connectedness were linked with increased primary care and dental visits, confirming research that asserts family social support is a powerful contributor to resilience.

Preventive Care in Older Adults

Little research exists on trans older adults. A study of Medicare beneficiaries aged 65 and older found that gender-minority older adults were more likely to have annual wellness visits but had a similar likelihood of getting a flu shot or routine physical exam.

Key Challenges in Research

Two major issues make it difficult to understand why preventive care differs between trans and cis populations. The first issue is measurement. Within preventive care studies, how trans identity is defined and how comparator groups are selected are inconsistent. Some studies compared by current gender identity (e.g., transfeminine individuals vs. cis women), while others compared by sex assigned at birth (e.g., transfeminine individuals vs. cis males) or simply compared trans to cis populations. Additionally, studies using claims data relied on diagnoses codes to identify trans individuals, thus excluding trans people who are not out to their providers or do not use gender-affirming care.

The second issue is inference. Very few studies are representative. While studies that used BRFSS data could draw conclusions about the national population, these data excluded populations without telephones and the houseless and institutionalized. Published work on trans youth comes from a single state (Minnesota), and research on trans older adults is very limited.

Opportunities for Future Research

As we have seen, emerging research suggests trans populations use less preventive care than cis populations. Future research is needed to expand and deepen this body of work. Such research will be improved by access to better data. Several national surveys plan to add a gender identity question. Additionally, using administrative data and electronic health records will expand our understanding of health utilization in this population.

Second, research that links preventive care to reducing health disparities will have an important impact. For example, population-based surveys find trans populations have a higher burden of cardiovascular disease, but little is known about cardiac preventive care in these groups.

Third, future research on preventive care could go beyond how often trans people access care to include quality and the lived experience of that care. Future work can provide context about why individuals sought primary care, how they rated the quality of care, and how the care affected their short- and long-term health.

Finally, the role of mutable factors in the health care system in creating or narrowing gaps in utilization disparities is still poorly understood. Little is known about whether provision of gender-affirming care can expand access to primary and preventive

care by increasing touch points with the health care system and reducing institutional discrimination.

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See also Cancer; Chronic Disease; Health Care, Discrimination; HIV/STIs

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Preventive Screening

Preventive screening refers to health care services, such as tests or questionnaires, used to monitor an individual's health and prevent adverse outcomes. Generally, recommendations are based on the body parts a person has and the behaviors in which they engage. Because trans people experience disproportionate rates of certain health conditions, screening for these conditions is especially important.

Cancer Screening

Structural and behavioral factors put some LGBTQIA+ individuals at increased risk for some cancers. Cancer screening should be conducted in a culturally responsive manner and requires an accurate organ inventory (i.e., knowledge of which anatomical structures a person possesses) and thorough behavioral risk assessment.

Factors and General Recommendations

Fear of discrimination or past trauma within the health care system may account for lower rates of cancer screening and later diagnosis in some LGBTQIA+ people. Community-informed outreach about the importance of organ-based cancer screenings, peer support provided by trans health navigators, and increased use of self-administered screening tools are strategies found to improve cancer screening rates among trans people.

Behaviors, including substance use and sexual practices, also play a role in increased cancer risk. Increased tobacco use relative to the general population contributes to higher rates of lung and other cancers among many LGBTQIA+ people who have been studied. As recommended for the general population, clinicians should ask all LGBTQIA+ patients questions about tobacco use, encourage smoking cessation, and perform cancer screening for anyone with a history of tobacco use. Higher rates of sex work, unprotected sex, and HIV infection in trans people can also put individuals at greater risk for human papillomavirus (HPV)–mediated cervical and anal cancers. Trans people living with HIV should be screened for AIDS-defining cancers like Kaposi sarcoma and non-Hodgkin lymphoma.

Insufficient evidence exists regarding whether hormone use among trans people increases cancer risk. Cancer screenings should be offered to all patients based on organ inventory and behavioral risk factors, in accordance with current guidelines for the general population. A full medical, surgical, and sexual history is critical to determine which routine screenings are appropriate for an individual trans patient.

Cervical Cancer Screening

All people with a cervix should receive cervical cancer screening. Research into the accuracy and sensitivity of self-collected samples for cervical cancer screening is ongoing, as this option is more

acceptable to trans men and nonbinary people assigned female at birth (AFAB) than clinician-obtained samples. Further efforts to improve accessibility and tolerability of preventive cancer screenings for trans people are critical.

Prostate Cancer Screening

Trans people with a prostate should receive prostate exams if indicated, based on guidelines for cisgender men. Androgen suppression likely reduces prostate cancer risk for some trans women and nonbinary people assigned male at birth (AMAB) who undergo surgical removal of the testes, hormone therapy, or both.

Breast Cancer Screening

Breast cancer screening guidelines continue to evolve for cis women, leaving open the question of how to adapt these recommendations for trans people.

Current data suggest that trans women and nonbinary people AMAB taking feminizing hormones have the same or lower incidence of breast cancer as do cis women. Due to variable length of estrogen exposure compared to cis women, screening mammography is not recommended for trans women until the age of 50; after 5 to 10 years of feminizing hormone use, mammography should be performed every 2 years thereafter. Longer duration of feminizing hormone use, significant family risk factors, or genetic mutations like *BRCA* may be cause for earlier or more frequent screening, at the clinician's discretion.

Trans men without a history of mastectomy or chest reduction surgery should be screened according to current guidelines for cis women. Trans men who have had bilateral mastectomy should be counseled that insufficient data exist regarding risk of breast cancer in residual chest tissue. If indicated, clinicians may perform screening chest exams; when mammography is not feasible, MRI or ultrasound may be appropriate for further assessment.

Cardiovascular Disease, Diabetes, and Osteoporosis

Screening for cardiovascular disease (CVD), diabetes, and osteoporosis in trans people is also important due to structural, pharmacological, and behavioral risk factors for developing these conditions.

Cardiovascular Disease

Higher rates of tobacco use, obesity, diabetes, lipid disorders, and low physical activity contribute to elevated CVD among trans women. Feminizing hormones like synthetic estrogen are thrombogenic (i.e., encourage clot formation), but the few studies of hormone effects on blood pressure and lipids in trans people show only mild, almost clinically insignificant effects. Since transdermally delivered estrogen is associated with lower rates of venous thromboembolism (i.e., a blood clot forming in a vein) and does not alter the lipid profile, it is preferable for trans women with cardiovascular risk factors or ongoing CVD. Trans men taking testosterone do not appear to be at greater cardiovascular risk compared to cis women.

Diabetes

Type 2 diabetes (T2D) rates are higher among trans than cis people. Behaviors more prevalent among trans people, including increased tobacco and alcohol use, augment the risk of developing T2D. Another factor is hormone therapy: Trans women taking oral estrogens may experience elevated triglycerides and altered insulin resistance, and testosterone may increase hemoglobin and hematocrit in trans men. Obesity and hyperlipidemia (i.e., having a high level of fats, like cholesterol and triglycerides, in the blood) are also more likely in trans than cis men. For trans people living with HIV, certain antiretroviral medications can also increase T2D risk. Since T2D disproportionately affects racial and ethnic minority people, risk for trans people of color is compounded. Clinicians should adhere to national T2D screening recommendations for trans patients, irrespective of hormone therapy.

Osteoporosis

Bone density screening in trans people should follow recommendations for cis women: Initiate bone density screening at age 65, or after 50 in the presence of established osteoporosis risk factors. Being agonadal (i.e., not having sex glands, or testes/ovaries) increases risk of bone loss, so trans

people with a history of gonadectomy (i.e., surgical removal of the ovaries/testes) who are not receiving hormone replacement should follow screening guidelines for agonadal or postmenopausal cis women.

Mental Health, Sexual Health, Substance Use, and Violence

Trans people have increased risk of depression, anxiety, and suicidality relative to their cis LGBQ counterparts, whose risk is itself higher than in the general population. Routine screening for mental health conditions and a thorough history of previous treatments are thus essential, as is a trauma-informed approach when caring for trans patients.

Tobacco, alcohol, and recreational drug use among LGBTQIA+ individuals may be up to three times that of the general population. Substance use may be a coping strategy for depression or anxiety. Clinicians should obtain a detailed substance use history and use a harm reduction framework to engage trans patients in dialogue regarding substance use behaviors.

Sexual health risk assessment for trans people should focus on current anatomy and sexual behaviors of themselves and of their partner(s). Risk may change as anatomy and behaviors change and should therefore be continually reassessed. For people engaging in high-risk behaviors, screening for sexually transmitted infections can be done as frequently as every 3 months. Higher rates of HIV and injection of drugs, hormones, and soft tissue fillers (which some trans women pursue to alter their body contour) place some trans people at heightened risk of hepatitis C infection. Clinicians should screen all trans patients for hepatitis C risk factors and test all trans people who inject soft tissue fillers.

According to the 2015 U.S. Transgender Survey, approximately 50% of all trans people and greater than 50% of trans people of color experience sexual violence at some point in their lifetimes; greater than 50% reported some form of intimate partner violence (IPV). Clinicians should know how to ask trans patients questions about IPV and other types of violence in a trauma-informed manner and be prepared to provide referrals as needed.

Laura A. Potter and Jennifer E. Potter

See also Cancer; Health Determinants; HIV/STIs; Mental Health; Sexual Health; Substance Use

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Prince, Virginia

Virginia Prince (1912–2009) was among the first out trans activists in the United States. She was a public speaker, publisher, editor, and author who advocated for acceptance of heterosexual male crossdressers from 1960 until the early 2000s. She described herself as a “transgenderist,” which many people consider to be the origin of the word *transgender.*

Virginia Prince was born on November 23, 1912, in Los Angeles, California, the first-born child in a conventional upper-middle-class white family of four. Prince, a good student and a physically active individual, completed her schooling in 1939 with a doctorate in pharmacology. Prince developed a successful

manufacturing business, sold it for a considerable profit in 1968, and retired at age 55, after which time Prince began to live full-time as a woman until her death in 2009 at the age of 96.

Prince started being fascinated and sexually aroused by women's clothing at 12 years old. By the age of 16, Prince had become completely committed to crossdressing for erotic purposes and continued to secretly crossdress for decades. It was not until age 30, at a time when crossdressing was illegal and extremely stigmatized, that Prince first learned of and met another crossdresser, Louise Lawrence, and a small circle of crossdressers who met secretly in Long Beach, California. Lawrence later began to live full-time as a woman and served as a role model for Prince.

Prince first married in 1941. The marriage, which lasted for 10 years, produced one son. During this marriage, Prince secretly wore her wife's clothing and sometimes went out in public dressed as a woman. In 1953, divorced and engaged in a custody battle, Prince's crossdressing was exposed in court and written about in Los Angeles newspapers. Remarkably, the court decision did not appear to be negatively influenced by Prince's crossdressing.

In 1956, Prince married a woman who already knew that Prince crossdressed, and around the same time, Prince began to take sufficient feminizing hormones to grow breasts but not enough to inhibit erections. Prince's second wife went out in public with Prince dressed as a woman, participated in Prince's sexual fantasies, and later assisted when Prince made presentations in college classes. The marriage ended in 1966.

In 1960, Prince began publishing the magazine *Transvestia,* whose objectives stated on page 1 in Vol. 1, No. 1 were "To provide EXPRESSION for those interested in the subjects of exotic and unusual dress and fashion. To provide INFORMATION to those who, through ignorance, condemn that which they do not understand. To provide EDUCATION for those who see evil where none exists." *Transvestia* became one of the most important publications in the trans community of its time. The magazine was usually about 90 pages, with many black-and-white photographs and a personal ads section at the back. At its peak, it had about 1,000 subscribers. Prince remained editor for the first 100 issues, through which she exerted a profound influence on the development of transgender thought across two decades. Prince's publishing house, Chevalier Publications, published *Transvestia* for 111 issues until 1986, as well as other small books of interest to the crossdressing community.

Also in 1960, Prince was charged with sending obscene letters through the U.S. postal system as a result of sexually explicit correspondence with another crossdresser. Convicted in 1961, Prince managed to avoid jail time, but crossdressing in public, being illegal, would have constituted a probation violation. Prince's lawyer negotiated permission for Prince to publicly crossdress for educational purposes and, with that, Prince's career of more than four decades as a public speaker and fearless outspoken advocate for crossdressers was launched.

In 1961, Prince started what may have been the first support and advocacy organization for trans people in the United States. Initially called the Hose and Heels Club, soon after, it became known as the Alpha Chapter of the Foundation for Full Personality Expression (FPE), and later it evolved into the Society for the Second Self (Tri-Ess), which then expanded into a national and international organization whose members, in turn, went on to found other significant advocacy and support organizations.

Admired by many as a strong and courageous leader, Virginia Prince held many controversial opinions and expressed them forcefully. In Prince's view, only heterosexual male crossdressers should be admitted to membership in FPE. No gay men or lesbian women were allowed because Prince felt that they would never gain acceptance and that their presence would taint the respectability of the organization. Neither could transsexual people join FPE lest wives of crossdressers, fearing that transsexualism was a possible outcome of crossdressing, would oppose their husbands' membership in FPE.

On the other hand, some of Prince's views were ahead of their time. For example, Prince, who insisted that sex and gender were entirely independent phenomena and advocated that gender was more important than sex, gave us the expression "sex is between the legs, gender is between the ears." Prince also gave us the word *transgender* by calling herself a *transgenderist* (full-time, no genital surgery) to distinguish herself from both transsexuals (full-time, genital surgery) and transvestites (part-time, no genital surgery)—the only two *trans* terms available at the time.

Decades before it became widely accepted, even among trans people, Prince also demanded that she be fully recognized as a woman despite retaining and enjoying the use of her penis. However, she also regarded genital surgery as an unnecessary and mistaken choice for others. While her very public claim to being a "woman though male" created welcome gender space for some people, her stance on genital surgery also enraged many transsexual women who felt denigrated by Prince's public pronouncements on the subject. Virginia Prince was a powerful and effective advocate for heterosexual male crossdressers at a time when few others would take the risk.

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See also Crossdressers as Part of the Trans Community; Crossdressing, History of; Tri-Ess; Trans Women

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Prison Abolition

See Inmates and Incarceration.

Puberty Blockers

Puberty suppression is a therapeutic strategy used to halt temporarily the development of secondary sexual characteristics in youth with persistent or worsening gender dysphoria. The purpose of *puberty blockers*, also known as *pubertal blockers*, is twofold: first, to decrease the distress caused by these physical changes and provide a window of time for the youth to explore their gender identity and the ultimate optimal approach to their gender dysphoria (i.e., the initiation of gender-affirming hormones and/or gender-affirming surgical procedures) and, second, to allow families, when needed, to inform and prepare themselves in order to better support youth as they begin to live in their affirmed gender and/or begin gender-affirming therapies. Although not specifically approved for this purpose, they are a valuable therapeutic tool in the management of transgender, gender-nonconforming, or nonbinary youth because they are considered to be fully reversible and safe.

The most commonly used medications to suppress or stop puberty are gonadotropin-releasing hormone (GnRH) analogs, which have been used for the treatment of precocious (i.e., early) puberty in children and, in adults, as part of the treatment for some hormone-dependent cancers, conditions such as endometriosis and uterine fibroids, and as part of fertility treatments. GnRH is released by the hypothalamus in pulses, which in turn promotes the secretion of luteinizing and follicle-stimulating hormones (LH and FSH) by the pituitary. GnRH analogs, by providing constant levels instead of pulses, effectively suppress the hypothalamic-pituitary-gonadal axis, with a resulting absence of endogenous sex steroid production. In pubertal youth, this prevents the development of secondary sexual characteristics, such as breast development, facial hair growth, and voice changes, among others, and the maturation of the reproductive organs, which is needed for production of sperm by the testicles and eggs by the ovaries. Other medications that have been used for this purpose include medroxyprogesterone acetate, antiandrogens, and antiestrogens, but these have given way to GnRH analogs due to their greater availability and accessibility, efficacy, the vast clinical experience in the management of precocious puberty, and the ever-growing clinical experience for the treatment of gender dysphoria in youth.

Puberty blockers were first used in the treatment of children and adolescents with gender dysphoria in the Netherlands, where the original treatment consisted of psychosocial support for

children; the initiation of puberty blockers at the onset of puberty (i.e., sexual maturity rating [SMR] 2 or Tanner Stage 2); the initiation of gender-affirming hormones at age 16, which coincides with the legal age of consent; and surgical interventions no earlier than 18 years. This model of care continues to be endorsed by clinical guidelines from most countries and centers that support the gender-affirming model of care for trans youth, but it is now common for the latter two of these interventions to be initiated on the basis of individual patient/family factors rather than on strict age criteria. Here the goal is to allow trans youth to have puberty and adolescence experiences similar to those of their cisgender peers while minimizing the potential risk of harm that could occur from the early or inappropriate use of therapies that are not fully reversible (i.e., gender-affirming hormones, gender-affirming surgeries).

As stated earlier, puberty blockers should be started no earlier than the onset of puberty; to begin sooner provides no clinical benefit. For patients who present for care prior to this, the treatment goals should include psychosocial support of the child and family, which may include a social transition during which the child begins to present as their affirmed gender. Adequate counseling and follow-up should be provided in order to identify the first signs of puberty, which consist of the appearance of breast buds, or thelarche, in youth assigned female at birth (AFAB) and testicular growth, or gonadarche, in youth assigned male at birth (AMAB). There is evidence that youth are able to adequately identify their sexual maturity rating, or Tanner stage, when taught to do so, obviating the need for frequent genital and/or chest exams, which may be distressing to some. Once puberty has begun, the use of puberty blockers should be started without delay to prevent further irreversible changes. Youth that present for treatment after the onset but before the completion of puberty (i.e., SMR 3 or 4) may still benefit from prompt endogenous puberty suppression, as the irreversible development of secondary sexual characteristics is a continuum that extends past SMR 5.

With puberty onset appearing as early as 8 or 9 years for youth AFAB and 9 or 10 for youth AMAB, puberty blockers are a temporary measure whose ultimate goal is to buy time to allow for adequate cognitive development in order for the youth to fully understand the consequences of receiving partially or mostly irreversible treatments. With this in mind, it may seem reasonable to delay these treatments as much as possible; however, preventing trans youth from entering puberty in synchrony with their peers can have developmental and psychological consequences. As with all interventions, it is of the utmost importance to weigh the risks and benefits of starting, continuing, stopping, or delaying any of the available treatments that exist to alleviate gender dysphoria, and particularly with youth, this risk/benefit calculation should be revisited as frequently as the youth matures developmentally.

Side effects of puberty suppression with GnRH analogs are mainly related to bone health and fertility. Decreased bone mineral density is a potential risk of puberty blockers as bone accretion is dependent on sex hormones. There is limited evidence on the long-term effects of puberty suppression on bone health, but some studies suggest that bone accretion resumes and, to some degree, compensates with the addition of gender-affirming hormones. Some guidelines recommend bone mineral density monitoring while the youth receives GnRH analogs, and others recommend measuring vitamin D levels and/or vitamin D supplementation. The potential risk to bone health with prolonged use of GnRH analogs should be taken into account when deciding the right time to begin gender-affirming hormone therapy. For nonbinary patients, puberty suppression may provide significant relief, but discussions should include future plans to either begin treatment with gender-affirming hormone therapy or allow the patient to progress through puberty, since puberty suppression is only a temporary measure.

The fertility potential of youth who receive puberty blockers early in puberty and then begin gender-affirming hormones is affected because the lack of endogenous sex hormones prevents the development of viable sperm or eggs. Although still experimental, some strategies to preserve fertility prior to the use of gonadotoxic therapy (e.g., chemotherapy) are promising as a future option for transgender and gender-diverse youth. Fertility preservation, however, is usually not readily available as it can be expensive and not commonly covered by insurers. This highlights the importance

of providing comprehensive and age-appropriate fertility counseling at the very least before beginning puberty suppression and again prior to starting gender-affirming hormones.

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See also Hormones, Youth; Puberty

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Puberty

Puberty is the process of physical maturation, during which there is an acceleration in growth in stature, secondary sexual characteristics appear and develop, and the ability to reproduce is achieved.

For transgender (trans) youth, the onset of puberty may mark the beginning of permanent and visible changes that may result in, or worsen, gender dysphoria. In this context, it is important to understand the concept of puberty, its timing, and its stages in order to tailor clinical interventions for youth who require them.

Puberty onset varies between sexes, appearing on average earlier in youth assigned female at birth (AFAB) around 10 to 11 years of age, compared with those assigned male at birth (AMAB) around 11 to 12 years of age. Aside from biological sex, timing of puberty varies across races, with an earlier onset in Black AFAB youth. It has also been noted that puberty is starting at increasingly younger ages on average, presumably as a result of positive factors such as improved nutrition, as well as a result of obesity (specifically in AFAB youth) and various potentially noxious environmental exposures (e.g., certain pesticides). Although the factors that determine the onset of puberty are not fully understood, it has been determined that puberty starts when the hypothalamus begins releasing gonadotropin-releasing hormone (GnRH). This production of GnRH begins to occur in pulses, and it is this pulsatile release that stimulates secretion of the gonadotropins, luteinizing hormone (LH) and follicle-stimulating hormone (FSH), from the anterior pituitary. Growth of ovaries or testes occurs as a result of the rising levels of LH and FSH, and these organs begin to produce estradiol (estrogen) and testosterone, respectively.

Pubertal development can be assessed by quantifying changes in breast development and pubic hair appearance and pattern for youth AFAB and genital changes (testicular and penile) and pubic hair for youth AMAB. The sexual maturity rating (SMR), also known as Tanner staging, is used to assess the progress through puberty and graded as 1, for prepubertal characteristics, through 5, for fully developed secondary sexual characteristics, with progressive and defined stages in between.

Differences in Puberty Between Individuals AFAB and AMAB

In AFAB youth, pubertal changes are mainly driven by hormonal rises in estradiol. The onset of breast/areolar development (*thelarche*) is usually the first sign of puberty, with the appearance of what is known as a breast bud (SMR 2) (~10.5 years). Further development and appearance of the breast and the nipple-areolar complex allow determination of SMR 3 to 5, with the latter describing a fully developed breast.

Thelarche is usually followed by *pubarche*, the appearance of pubic hair. Initially a few, thin, straight hairs appear alongside the labia (SMR 2), progressing to coarser hair filling the pubic triangle (SMR 4) and spreading to the upper thighs and lower abdomen (SMR 5).

Rising levels of estradiol produce the following genital changes: thickening of the perineal skin, thickening of the vaginal mucosa and an increase in its glycogen content, increase in size of the

uterus with consequent increase in the uterine body–to–cervix ratio from 1:1 before puberty to 2–3:1 after pubertal development is complete, and an increase in ovarian size and the development of larger ovarian follicles, which contain the egg surrounded by cells that at different times in the menstrual cycle produce sex hormones, including estrogen, testosterone, and progesterone.

The onset of menstruation, or *menarche,* is another landmark of pubertal development for AFAB individuals. It typically occurs 2 years after thelarche, with a wide normal range between 8 and 16 years. Initially, menstrual periods may be irregular because further maturation is required before ovulation. As the reproductive hormonal system matures, cycles become ovulatory and, as an effect of this, usually more regular and predictable. Both thelarche and menarche may be determining factors in worsening gender dysphoria for trans youth and may create extreme distress that, on occasions, may lead to worsening behavioral health and even suicidality.

Other changes experienced by females during puberty include widening of the hips, as well as increased fat tissue overall and preferential deposition on breasts, hips, buttocks, thighs, upper arms, and pubis, thus creating a typical female fat distribution. All of these changes may worsen gender dysphoria in trans youth.

In AMAB youth, pubertal changes are driven by testosterone and are collectively known as *virilization*. The earliest change in sexual maturation is an increase in testicular volume (≥4 mL) and length (≥2.5 cm), also known as *gonadarche,* and it is one of the parameters used in the sexual maturity rating, or Tanner staging. Testicular growth progresses from SMR 1, when testicular volume is less than 1.5 mL, to SMR 5, with a volume greater than 20 mL over approximately 6 years following the onset of puberty.

Testicular changes usually precede the increase in penile length and, subsequently, breadth by about a year. Penile growth is driven, in part, by enlargement of the glans penis and the corpora cavernosa, structures that, when engorged with blood, result in erections. Penile growth is accompanied by widening of the foreskin opening, allowing for easier retraction down the shaft of the penis. As puberty progresses, spontaneous erections become more frequent and may be a source of occasional embarrassment in many cases, as well as a source of worsening gender dysphoria for trans youth.

Reproductive maturation is heralded by the first ejaculation, which, on average, occurs at age 13. It is not uncommon for ejaculations to occur during sleep, a phenomenon known as a nocturnal emission or "wet dream." In the absence of comprehensive sexual and reproductive education, these nocturnal emissions may cause distress and even be confused with bedwetting or enuresis by the uninformed youth.

Pubarche in AMAB youth is characterized by the appearance of a few hairs on the dorsal base of the penis, shortly after the onset of genital growth. In SMR 3, usually 6 to 12 months after pubarche, there is further increase in the number of hairs, which, by SMR 4, densely fill the pubic triangle. In SMR 5, pubic hair spreads to the thighs and may spread to the lower abdomen, often attaining a diamond-shaped escutcheon.

Other changes that AMAB youth experience throughout puberty include increase in bone mineral density and skeletal muscle, with characteristic male bone growth, including wider shoulders and jaw. AMAB individuals tend to have higher lean body mass and lower body fat than those AFAB. Muscle growth tends to appear during later stages in puberty and may continue well beyond its completion. Peak skeletal muscle growth appears approximately 1 year after the growth spurt. Other changes driven by testosterone include the appearance of male-pattern body hair, which comprises axillary hair, perianal hair, facial hair (upper lip, sideburn, beard area), and periareolar hair. Arm, leg, chest, abdominal, and back hair appear and increase more gradually.

Another important aspect of virilization is the growth of the larynx, which causes deeper voice pitch as a result of longer and thicker vocal folds. The accompanying growth of the thyroid cartilage is what composes the laryngeal prominence, or Adam's apple. Most of these changes occur during SMR 3 to 4 with attainment of adult pitch, on average, around age 15 years.

While these changes may vary from individual to individual, they are fairly consistent both in characteristics and in timing. The changes attributed to increasing levels of estradiol and testosterone are predictable and, often, so is the distress

that may accompany their appearance for trans youth. Understanding and acquiring the skills necessary to assess the changes that mark the onset of puberty are of high importance, as they mark the earliest opportunity for medical interventions. Current treatment of gender dysphoria favors the arrest of pubertal development of the sex assigned at birth with the use of gonadotropin-releasing hormone analogs (puberty blockers) with subsequent pubertal induction with the hormone that more closely correlates with the youth's identity.

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See also Hormones, Youth; Puberty Blockers; Youth and Teens, Well-Being

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Public Opinion of/Climate for

This entry reviews public attitudes about trans people and trans rights. Very little was known about such public knowledge and attitudes prior to the mid-2000s. The earliest study in the 1960s of a representative sample of medical professionals revealed sharp differences in the legitimacy of medical interventions for transsexual people. Since then, social psychologists have developed scales of attitudes toward trans people, although usually based on student or other convenience samples. Since 2010, representative studies in the United States and across the globe have started to build a knowledge base. This literature suggests that the correlates of attitudes toward lesbians and gay men and LGB rights tend to associate similarly with trans people and trans rights. American adults, however, tend to be more antagonistic to trans people, and the public remains divided on certain topics such as gender identity public accommodations protections and gender-inclusive sex-segregated sport participation. Despite a growing knowledge base, more research is needed to understand the correlates of public opinion and interventions that may foster a reduction in the prejudices people may hold.

This entry situates the current state of knowledge on transphobia and attitudes toward trans people and trans rights. The first section provides a theoretical framework for gender stigma and prejudice and explains the distinctions between transphobia, attitudes toward trans people, and attitudes toward the rights of trans people. Next, a brief discussion of scales meant to operationalize attitudes is presented. Finally, a review of the existing literature on public opinion is provided with attention to experimental interventions shown to reduce prejudices.

Trans people may be broadly defined as people whose gender identity or expression is different from that of their assigned sex at birth. Studies have documented experiences of trans discrimination, how lack of public employment protection policies may facilitate in such discriminatory experiences, how certain policies relying on sex classifications may result in denial of public goods and services for trans people, and the consequences of such experiences—increased thoughts of suicide, self-harm, and other factors related to internalized stigma. Studies have shown that the health and well-being of lesbian, gay, and bisexual people are linked to public policies affecting them and the social climate in which they live. Indirect structural factors relating to gay rights and public attitudes toward lesbians and gay men relate to the number of suicide attempts by trans adults. Similar explanations likely exist for structural factors directly relating to trans stigma. Social climate, however, requires measuring the attitudes of the mass public about minorities and their attitudes toward policies relating to those minorities. There have been few nationally representative surveys about attitudes toward trans people, especially in comparison to other groups.

Without such studies, the factors underlying the attitudes of the public remain less well known. It remains less clear, for example, the extent to which

people's attitudes are dependent on developing a fuller understanding of trans people and knowing trans people. It remains unknown whether experiences of discrimination and negative outcomes in health and well-being among trans individuals are directly related to these attitudes. The linkage between people's attitudes and public policy is also underaddressed, which may be another mechanism through which attitudes indirectly affect the physical and psychological health of trans people. Without a clearer and generalizable understanding of transphobia, attitudes toward trans people and rights, therefore, are only impressions, intuitions, and potential misinterpretations about how trans people's experiences are shaped by these attitudes.

Stigma and Prejudice: Conceptualizing Attitudes

A framework for understanding the way attitudes are formed about trans people is to acknowledge both the hierarchical or structural social components framing human interactions and the personal or psychological components of internalizing these structures. The former may be more clearly defined as stigma, while the latter is more closely linked to prejudice. Stigma refers to the collective, societal-level negative sentiment toward people who have a certain trait or group membership, resulting in beliefs that those individuals have a lower social status. Several social reinforcements of strict traditional gender roles may result in stigma toward those who transgress those gender roles. The social reinforcement of gender norms occurs through policies (e.g., sex indicated on driver's licenses), social custom (e.g., dress standards), and public accommodations (e.g., restrooms). Policies that classify people by gender or sex may ultimately be used to deny trans people public services. Trans people may be stigmatized because they transgress the value society has placed on gender and gender norms.

The structural and social aspects of stigma may be internalized by those who are not stigmatized. When those who are not stigmatized internalize stigma, it is expressed as negative attitudes toward those who are stigmatized, which is called prejudice. Sexual prejudice is viewed as the internalization of societal sexual stigma that may result in negative attitudes toward lesbians, gay men, and bisexuals. Trans people may be stigmatized because they do not conform to gender norms or stereotypes expected of their assigned sex at birth, and people who are cisgender may internalize this stigma and form negative attitudes toward those who are trans. The relationship between sexual prejudice and prejudice toward trans people may be closely related, although they should be seen as conceptually distinct. For example, some LGB people experience prejudice, discrimination, or violence as a product of their gender-nonconforming behavior as opposed to other aspects of being a sexual minority. Trans people may not experience prejudice and stigma uniformly, because some trans people are perceived by others to be gender nonconforming while others are not. Trans people who are perceived to be gender nonconforming are more likely to report experiences of violence, harassment, and discrimination.

The socialization of gender and gender norms begins at birth, and gender is one of the most fundamental categories that divides the social world. Given the primacy of gender in everyday interactions, trans people may be uniquely targeted by prejudice for challenging norms that seem so fundamental. The extant literature has not adequately or consistently used terms to define stigma or prejudice relating to people who are trans. Following the terminology of sexual stigma, it may be appropriate to define gender stigma as the stigma attached to behaviors, identities, relationships, or communities involving gender nonconformity. Similarly, gender prejudice is internalized gender stigma resulting in the negative evaluation of people who are trans or gender nonconforming. Since these terms have seldom been used in the existing literature, the following section will discuss how gender prejudice has been operationalized and labeled.

Three constructs of gender prejudice encompass the numerous ways studies have approached measuring and understanding the attitudes people have toward trans people. Since 2005, there has been an increasing effort among social scientists to develop a standardized scale for measuring these constructs, although only a few have been used in multiple studies.

Transphobia

The elements underpinning transphobia may be rooted in emotional and cognitive psychological

processes that reinforce heteronormativity and gender conformity. Scholars have used different terms to define the construct. One of the most widely used scales is the Genderism and Transphobia Scale (GTS), which conceptualizes gender prejudice as comprising three constructs: transphobia, genderism, and gender-bashing. *Transphobia* is a feeling of disgust toward people who fail to conform to gender role expectations. *Genderism* relates to people's negative evaluation of gender nonconformity, and *gender-bashing* refers to reported behaviors such as assault or harassment of people who do not conform to gender norms. Transphobia is an emotional process, genderism is cognitive, and gender-bashing is behavioral. Others have used the term *transprejudice* for the internalization of stigma toward trans people. While there are conceptual differences between transphobia and transprejudice, their measurement is quite similar.

Attitudes Toward Trans People

The preceding discussion relating to transphobia stresses that attitudes are about the acceptance of gender-nonconforming behavior among people. Many questions used to measure transphobia emphasize feminine men or masculine women. This does not necessarily encompass people who identify as trans. Studies have asked specifically about the acceptability, beliefs, and attitudes toward transsexuals, crossdressers, and trans people. These approaches focus less on the acceptability of specific behaviors and emphasize individuals who identify with a social group that is stigmatized. This is the primary difference between attitudes toward trans people versus transphobia. The earliest studies of attitudes were squarely focused on individuals who identify as transsexuals. More broad and inclusive language has developed since the earliest studies, and more recent research investigates attitudes toward people who identify as trans.

Attitudes Toward the Rights of Trans People

Like attitudes toward trans people, previous studies have asked whether they support certain social policies that would affect the lives of people who are trans. These policies vary from study to study and include questions such as whether state-funded health insurance should cover costs relating to transition, whether gender identity should be included in nondiscrimination policies, and whether gender markers on birth certificates and other government documents can be updated. Some studies have approached attitudes on social policy as synonymous with general attitudes toward the group, while others investigate the relationship between the two, or with transphobia. Attitudes on social policy affecting a minority group may not necessarily equate to an individual's attitude toward that group. For example, opinions regarding affirmative action for Black people bear little relationship to explicit warm or cold feelings toward Black people. Similarly, attitudes toward the rights of lesbians and gay men are only moderately related to their levels of sexual prejudice. Although gender prejudice may bear a relationship to attitudes on trans rights, other outside factors likely influence policy opinions in addition to transphobia and attitudes toward the group (e.g., partisanship and religious affiliation).

The studies that measure gender prejudice use different research strategies and conduct interviews in a variety of ways. Most studies on this topic use college or university students. There exist more than 80 scales measuring transphobia, attitudes toward trans people, and attitudes toward trans rights. However, the proliferation of such scales does not mean they are widely applied, especially in national studies of public opinion.

Studies of Public Opinion

The earliest probability-based study of attitudes toward transgender people was conducted in the 1960s among medical professionals. The primary focus of early studies was on attitudes toward gender confirmation surgery among general medical practitioners, urologists, gynecologists, and psychiatrists. It asked them about their perception of the mental health of people seeking gender confirmation surgery. While there were minimal differences among these three groups, psychiatrists were most likely to be supportive of gender reassignment surgery while the other medical groups were less likely. Additionally, the other groups were more supportive if there was a recommendation from a psychiatrist. This study was replicated in 1986 and showed that medical professionals' knowledge levels had increased. Also, both support for gender confirmation surgery and positive

impressions about people seeking transition-related care had more than doubled. Other surveys ask policy-related questions regarding gender confirmation surgery, the most common of which is whether the costs relating to transition should be included in state-funded health care. The earliest survey on this topic was in Sweden in 1998, and the authors found clear majorities of support for rights to transition but also found a majority of Swedes felt the trans person should bear the costs associated with transition.

Observational Studies of Public Opinion

Since 2015, there has been a marked increase in the number of studies on U.S. public attitudes about trans people and trans rights. Surveys of American adults often show vast majorities in support for numerous rights. This includes broad nondiscrimination protections in employment, public housing, and accommodations. A majority of the American public supports open service in the armed forces and believes gender markers should be changeable on government-issued identification documents. American adults also tend to be opposed to the use of conversion therapy on trans youth but remain evenly divided on certain areas of public policy such as specific gender identity provisions in public accommodations protections involving bathrooms, changing rooms, and locker rooms and participation in sex-segregated sports. They also are less supportive of policies regarding public insurance coverage of gender-inclusive medical care. Yet, there is further evidence to indicate that public support has increased over time.

Studies suggest that the American public organizes their opinions on rights along two dimensions. On one dimension, there are policies pertaining to general equality like broad nondiscrimination protections and other aspects of equal treatment. On the other dimension, there are policies pertaining to body politics where the presence of trans people is under question (e.g., public bathrooms or sports participation) or in medical-related policies (e.g., public coverage of transition-related care). While these two dimensions are highly related with one another, public support is on average higher on the first dimension and lower on the second. These two dimensions also reflect rights discourses, with advocates in favor embracing equality while those opposed emphasize policies such as public accommodations.

A plurality of American adults believes that there exist only two genders, and they also perceive trans people to face a lot of stigma in their day-to-day lives. Most American adults think they have a good amount of knowledge about trans people, even though only about one in four is likely to personally know a trans person as a close friend or family member. With the increased visibility in mass media, there is potential for numerous individuals to increase their familiarity and knowledge.

Common Correlates of Public Attitudes

Gender. Quite possibly the most common finding in the literature is the existence and persistence of a gender gap. Men have more negative attitudes and women have more positive attitudes. While the indicator of male or female is predictive of attitudes, more complex measures of gender also find that the more gender conforming men and women are in their behaviors, the more negative their attitudes. Thus, the gender gap may be connected to a gender nonconformity gap, with those in the public who engage in less stereotypically gendered behaviors being more supportive.

Sexual Orientation and Gender Identity. People who identify as LGBTQ often hold the most positive attitudes, on average, whereas cis heterosexual women have more positive attitudes than cis heterosexual men.

Educational Attainment. Those who have higher levels of educational attainment tend to report more positive attitudes. Additionally, those with greater educational attainment perceive that they have adequate knowledge and understanding. The college experience may offer opportunities to think critically about gender and increase the chances for exposure to diversity, which may also be a source of increased understanding.

Partisanship and Ideology. In the United States, Democrats, independents, political liberals, and moderates tend to have more favorable attitudes. Republicans and conservatives tend to hold attitudes less favorable. The partisan gap has widened

over time, as elected officials in both parties have staked opposing viewpoints.

Gender Role Beliefs. People's adherence to traditional gender roles is a source of negative attitudes. Studies find that those who are more traditional in their beliefs about gender roles hold more negative attitudes.

Values. Individuals who are more egalitarian hold values that society operates best when people are offered more equal chances to succeed in life. Egalitarian values positively predict supportive attitudes. Individuals who are more authoritarian hold values that individuals should obey authority. Authoritarian values negatively predict supportive attitudes.

Emotions. People's attitudes about public policy are emotionally laden. A common emotion predictive of negative attitudes is disgust. Those who are more easily disgusted are less favorable.

Interpersonal Contact With Trans People. Knowing and interacting with someone who is from a minority group is one of the primary ways an individual may change their attitudes toward the minority group and reduce their prejudice. However, studies are mixed about interpersonal contact with trans people, with some finding positive associations but others finding no association. Studies show that trans television celebrities and characters may also reduce negative attitudes toward trans people, but the findings are mixed. Studies suggest that the way trans people are represented conditions how viewers respond, with certain representations increasing negative attitudes while others do not reduce prejudice.

Origins of Being Trans. Several studies indicate that people who believed that being trans has biological origins were more likely to have more positive attitudes.

Attitudes Toward Sexual Minorities. A consistent finding is that gender prejudice is strongly predicted by people's sexual prejudice.

Interpersonal Contact With Sexual Minorities. Studies have also shown that knowing someone who is lesbian, gay, or bisexual relates to more positive attitudes. This finding is called a secondary transfer effect of interpersonal contact. Just as knowing someone from a minority reduces prejudice toward that group, prejudice reduction may also expand to other minority groups.

Geographic Location. Attitudes of American adults also vary by geographic location, where attitudes of those in the South are more negative than those who reside on the West Coast and in northeastern parts of the United States (see Figure 1). Furthermore, attitudes are more negative in rural locations of the United States than those in urban or suburban locations.

Outside the United States, there have been a few cross-national surveys. Countries with greater levels of religiosity, those that were former members of the Soviet Union, and countries with lower levels of cosmopolitanism are more negative. However, global understandings of trans people are quite variable, with some areas of the global South having a greater understanding and cultural tradition (e.g., *hijra* or Kinnar in India).

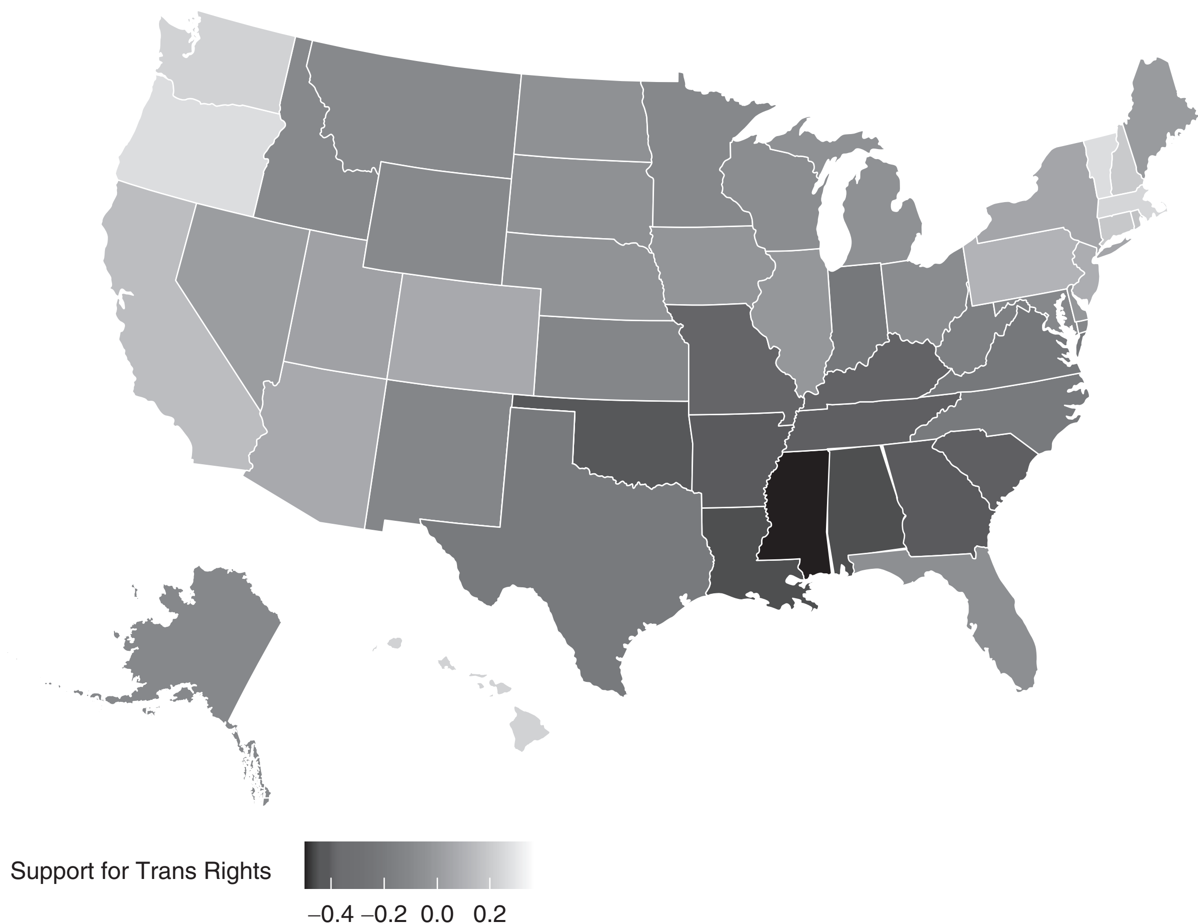
Experimental Studies of Public Opinion

In addition to studies of adults in the United States, experimental interventions have identified ways to reduce negative attitudes and potentially increase support for rights. One potential way is to engage in 15- to 20-minute discussions with people about trans people and trans rights. In the process of these discussions, people are encouraged to try to imagine what life would be like as a trans person and feeling stigmatized. This exercise, known as perspective taking, can reduce prejudice and sustain the reduction for months after the discussion. Studies further show that engaging in a conversation without critical judgment of an individual enables these conversations to be effective.

Other experiments have found that merely introducing the topic to others can be a source of prejudice reduction. If people are provided a definition of trans and images of presumably trans people, people express less prejudice. Furthermore, these exposure effects may also increase support for trans rights by reducing prejudice.

Another series of experiments has found that reminding people to be a "good person" may also

Figure 1 Public Opinion on Trans Rights Across the United States



Source: Author's own analysis of public opinion polls, 2015–2017.

enable people to be more persuaded by arguments to be more favorable. Individuals tend to process new information either quickly or slowly. This intervention is designed to encourage people not to jump to conclusions but to take in a broader set of considerations when forming their opinions.

Future Research Needs

While some comprehensive studies of public attitudes on this topic exist, they are limited in the scope of other factors that may be associated with attitudes. Such limitations include personally knowing parents of trans children, how people come to have trans people as close friends, and other psychological and emotional factors that structure public opinion. As new questions arise, it will be important to measure public attitudes, since public policy tends to correspond with majority support. With more than 80 scales to measure gender prejudice, national studies could field some of these established measures to comprehensively examine attitudes of the American public. Further data collection is needed in cross-national surveys to understand attitudes more comprehensively in a global context.

Although experimental interventions exist, few studies have evaluated how long such interventions reduce prejudice; among these, however, are some that indicate these may not be long-lasting. Outside of the perspective-taking studies, others have yet to evaluate long-term effects. Experimental interventions can further help in understanding the effect of trans representations in mass media. Finally, the promise of perspective taking begs the

question of whether such efforts can be scaled up in ways that may require fewer resources than in-person, 20-minute conversations.

Trans rights have emerged in the public consciousness, and social surveys and public opinion polls have gauged public attitudes. As a result, much is known about the factors that shape public opinion on these topics, yet at the same time ample research opportunities exist to further our understanding of gender prejudice and prejudice reduction.

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See also Discrimination; Elected Officials; Electoral Politics; Genderism; Geographies; Nondiscrimination Laws, Federal, State, and Local; Transphobia

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Qualitative Research

Qualitative research (or inquiry) refers to a set of methods that are used to ascertain the meanings and experiences of issues related to human beings and societies, rather than natural objects in the world. These methods are well suited for the study of subjective, individual, and complex social phenomena because they are designed to study the content of holistic experiences as well as highly contextualized processes of developing understanding. Qualitative research methods have long been considered LGBTQIA+ methods because they offer an approach to science that centralizes the subjectivities of individuals from minority or marginalized groups (rather than the average experiences). This entry on qualitative research methods will describe what is meant by this term, its aims, and how these methods can improve our understandings of trans experiences, with examples of qualitative research related to Trans Studies.

Qualitative Methodology

The term *qualitative methods* has come to signify the analysis of language-based or arts-based data in contrast to numerical data, which are seen as the domain of quantitative research. Instead of generating statistical findings to predict and control events, qualitative methods facilitate the elucidation of the what, where, when, why, and how of a phenomenon. The term *human science* is sometimes preferred to refer to qualitative inquiry more generally. This term references a European Continental philosophical and scientific tradition arguing that humans should be studied using different methods than the natural sciences because of their unique capacity for reflexivity and consciousness.

Quantitative methodologies tend to be based within philosophical foundations that emanated from the natural sciences across many social sciences (e.g., psychology, sociology). The main goal for those methods is to produce findings that describe the variability of ratings of a phenomenon within the population of interest to the investigators. The transformation of data from holistic experience to numeric ratings is in line with the objectivist processes of reductionist materialism because it results in data that can be statistically analyzed and that examine a phenomenon (or part of a phenomenon) without requiring description of the nuances of its external situation or internal experiences. Ideally, participants are selected through random sampling and random assignment to support generalization to the population. Many quantitative analyses use statistical tests, which also assume that sample characteristics adhere to a normal distribution of data (i.e., a bell curve). Through this process, natural scientific methods aim to produce generalizable laws that are meant to be enduring.

In contrast, qualitative methods do not engage in the reduction of experiences and social practices by quantifying variables but, instead, analyze

variability within a phenomenon by studying richly contextualized data. For example, a quantitative study of transphobia is likely to engage a measure of transphobic experiences, with a total score that is averaged across the items and compared with other similarly averaged variables. A qualitative study might instead interview participants about their experiences in detail; analyze vivid idiosyncratic descriptions of the interpersonal contexts, social repercussions, and psychological experiences of these events; and identify patterns as they are intertwined. Findings are not meant to be enduring; they are specific to the ecological and historical context under study and expected to change as culture and meanings shift. Qualitative research is scientific in employing the systematic use of methods to arrive at findings that are insightful, are of high quality, and have methodological integrity.

In addition to reconsidering the methodology used to investigate a phenomenon, qualitative researchers have drawn attention to the need to consider epistemological assumptions—that is, theories and beliefs about how people gain credible knowledge. Because of their emphasis on reflexivity, human science approaches to research tend to be characterized by an intersubjective understanding of the research process in which both participants and researchers are recognized as co-constructing the data and findings. This contrasts with the approach characteristic of natural science, in which there is an essential, dualistic divide created between the researchers and their subjects, reflective of beliefs in researchers' disinterested objectivity.

In line with this intersubjective approach, human science researchers tend to be transparent about their assumptions and research procedures. For instance, qualitative researchers may describe in their reports their initial beliefs or allegiances or demonstrate how methods (e.g., queer theory) maximized the researchers' attunement to the experiences under study. Reflexive self-disclosure contributes to the rigor of an analysis by making evident the perspectives of investigators to the reader as well as the ways these were managed or used within the analysis. These approaches also encourage researchers to consider the influence of investigators' expectations upon participants' responses and the routine effects of participants' subjectivity, such as their ability to withhold or misrepresent experiences. For instance, in a qualitative study published in 2018 by Autumn Bermea and colleagues, called "Queerness and Dating Violence Among Adolescent Mothers in Foster Care," the research team wanted to compare the experiences of queer adolescent mothers in foster care who experienced teen dating violence with the experiences of program staff at the foster care facility serving them. The research team drew from queer theoretical perspectives to help them contextualize the mothers' sexual performativity and interpret how it was understood by both parties. Starting before the analysis and throughout the process, the research team used memo-ing to document their assumptions about adolescent mothers, the foster care system, and intimate partner dating violence. Additionally, the team met multiple times to discuss how researchers were interpreting the data. Their reflexivity allowed for a more credible interpretation of the data by providing the reader with details on how the study's findings were developed.

Understanding qualitative methods, then, is not merely a process of learning procedures or specific methods but a process of understanding the implications of objectivist and subjectivist frameworks in conceptualizing research. These differences may require researchers to develop new fluencies in order to recognize credibility in varied forms.

Common Approaches to Qualitative Research

Many qualitative methods have been developed by researchers to gain insight into understanding an issue or phenomenon. The following sections highlight the most prominent qualitative methodologies within LGBTQIA+ studies.

Phenomenological Methods

Phenomenology refers to the study of lived experiences; thus, phenomenological methods in qualitative research generate knowledge about how participants make meaning out of their experience. Two major approaches to phenomenological methods differ in their emphasis on how much data are transformed during interpretation. The *descriptive phenomenological method* guides

researchers to adopt an attitude toward inquiry in which they set aside their own preconceptions, using procedures such as bracketing, to more accurately describe the essential aspects of participants' experiences. For instance, descriptive phenomenological researchers might seek to learn the central aspects of trans identities that seem constant across participants' experiences. A second phenomenological approach is *interpretive phenomenological analysis* (IPA), encouraging researchers to more deliberately use their perspectives when analyzing the data (rather than to set them aside). IPA embraces the interpretive stance of researchers in analyzing participants' experience. An IPA study might examine the experience of trans people without identifying the essential aspects across their reported experiences. Both approaches are well established and being used internationally.

Grounded Theory Methods

A defining feature of these methods is the inductive creation of a hierarchy of data categories that is capable of generating a theory "grounded" in the data. In the analytic process, researchers compare units to one another, identifying commonalities in meaning, and create categories that are grouped into an organized data hierarchy. A grounded theory study of trans people's body image might lead to a hierarchy of categories that describe key positive, negative, and neutral meanings, including subcategories that articulate specific self-evaluations within each group. Other defining features of grounded theory include data collection guided by *theoretical sampling methods*—in which researchers, within their ongoing analysis, intentionally recruit additional participants who have experiences with less well-understood aspects of the phenomenon—stopping recruitment at the point of *saturation,* where further data analysis no longer seems to yield new categories.

Narrative Methods

The narrative research approach includes a number of methodological variations that share the aim of understanding people's experiences within a narrative format through inquiry into the content of narratives, their function, their structural features, their evolution over time, and their production. Some of the variations in narrative methods include studying people's stories in isolation, their effect upon listeners, and their meaning within their historical and cultural context. Entire life stories can be examined, focus upon stories told within or about people's lives, or relate to specific topics or concerns. For instance, coming-out stories can be examined to provide a sense of common obstacles that LGBTQIA+ people face.

Discursive Methods

Discursive methods, including conversation and discourse analysis, are different from other qualitative methods in that they are mainly interested in the functions of language use, rather than understanding internal experience. Conversation analysis is focused on studying the relational patterns between speakers, whereas discourse analysis focuses on uncovering cultural and ideological assumptions embedded within language. Qualitative researchers using discourse analysis explore the use of linguistic devices in communication and their rhetorical impact. A qualitative study using discourse analysis within trans health care might examine how a guidance document, from a medical organization directed at medical practitioners, talks about working with trans patients, allowing the researchers to examine how attitudes toward trans people are communicated within medical contexts.

Ethnography

Ethnographic methods generate knowledge about social relations within a cultural context. Widely used in social sciences such as sociocultural anthropology and sociology, these methods aim to understand cultural and social systems. Through the use of lived experience, observation, and interviews with participants in the relational systems being studied, ethnographic researchers also use their positionality to articulate contextualized findings. Ethnography might explore interpersonal behaviors within a community, their attitudes and beliefs, or the use of symbols within a cultural group while describing the environment in which these phenomena occur. A trans-relevant ethnography might explore how queer bodies, as they relate to the development of gender identities within a

particular cultural context, are perceived and responded to by other community members.

Critical Methods

Critical researchers begin their analyses with an interest in analyzing how interpersonal and sociopolitical structures and processes function to support the privilege and power of dominant classes in society (e.g., in relation to gender, sexual orientation, race, socioeconomic class, ethnicity, immigration status). Researchers are interested in shedding light upon otherwise invisible forces of oppression and injustice that have become status quo. They also critique the research process and the ways science engages in actions that might perpetuate discriminatory practices and perspectives. Research conducted using these perspectives may engage quantitative and/or qualitative methods, as needed, to shed light on oppression and move toward emancipatory social change. Critical methods are central in trans-queer qualitative research and are compatible with participatory methods that engage an advisory team from the group under study, recruit coresearchers from that group, or engage participants to guide the development of the research question, research design, data collection, analysis, and/or application of findings.

Quality, Trustworthiness, and Methodological Integrity

Reporting standards indicate how rigor can be evaluated in research, and qualitative researchers have long sought ways to describe rigor in their approach. Trustworthiness is a concept often used in qualitative research to evaluate the worth of a qualitative research presentation, based in the judgments of its readers and its suitability to be presented to them in a convincing manner. However, trustworthiness as a concept may be influenced by evaluations that are not related to the research processes themselves (e.g., reputation of authors, congruence with readers' own expectations and beliefs, rhetorical style, or superficial features of presentation). In order to reflect specifically how rigor relates to the underlying methodological basis of a study, a concept called *methodological integrity* was advanced in 2017 by the Task Force on Resources for the Publication of Qualitative Research of the Society for Qualitative Inquiry in Psychology (a section of American Psychological Association, Division 5), in consultation with a broad range of leading qualitative researchers.

Rather than directing researchers to follow standardized checklists for using a certain method, which reflects the natural science values of uniformity of methods and reproducibility, methodological integrity is more consistent with human science, which values the flexible and creative use of methods to achieve study aims. By focusing researchers on the principles underlying research design, it provides a framework for researchers, reviewers, and consumers of research to evaluate the qualitative research findings solely by considering the logic underpinning a study's design and process. Methodological integrity comprises two composite processes: *fidelity to the subject matter* and *utility in achieving research goals*. Fidelity to the subject matter is the process by which researchers select procedures that develop and maintain allegiance to the phenomenon under study as it is conceived within their approach to inquiry. The researchers should communicate to the reader whether they believe the phenomenon being studied is understood as a social construction, as an existential given, or in another manner. By describing the process of analysis and including quotations from the data, researchers from across the different approaches can demonstrate that findings have been developed to represent commonalities found within the data.

A central element of fidelity is the management of reflexivity through both data collection and data analysis. When conducting research from a reflexive stance, LGBTQIA+ researchers will consider the hopes, expectations, and perspectives that they bring to their research and the ways in which they might influence their research. Reflexivity can act to increase the readers' trust in the findings by explicitly describing the way the investigator's beliefs were managed. Typically, researchers' perspectives are dealt with in two ways. First, by becoming aware of their beliefs, they can set them aside or find ways to limit their influence on the analysis. For instance, a trans researcher might realize that their own experience of medical affirmation procedures could influence their assumptions and interpretations of data. To avoid researcher bias, they might be especially cautious

during the data collection and analysis by using disconfirming questions in the interview and by working to broaden their understanding of the experiences that others have had with these procedures. They also might use procedures such as seeking consensus with other researchers when coding (or analyzing) data or inviting external auditors to review findings and provide feedback to help them see their data from multiple perspectives. In the second approach to managing the researchers' perspectives, the trans researcher might use queer theory as a lens that structures initial categories for their analysis. In this case, they would be very overt about the theory in use and its influence on the inquiry. This transparency would facilitate the fidelity of the analysis by making clear how it was performed.

The second core aspect of methodological integrity, utility in achieving research goals, is the process by which researchers select procedures that usefully answer their research questions and address their aims. The aims of qualitative research can be varied, including developing theory, identifying social practices, forming conceptual frameworks, raising critical consciousness, increasing sensitivity to an issue, and developing local problem-solving knowledge. The evaluation of methodological integrity must consider whether the procedures used to enhance fidelity and utility are coherent in relation to the researchers' goals, approaches to inquiry (e.g., philosophical assumptions), and study characteristics (e.g., the particular subject matter, resources, participants, researchers).

A central element of utility is the need for adequate contextual description that would enable researchers to make use of a study's findings in their own contexts. This detail facilitates *transferability*, the term for the generalizability of findings in qualitative contexts, which is the extent to which a qualitative study's findings are thought to transfer to other situations. LGBTQIA+ researchers will seek to enhance generalization by using procedures such as theoretical sampling, the process through which researchers seek out participants who might fill our gaps in their emerging understanding. By researchers grounding the findings in the data, describing the sample characteristics, and providing contextualized examples, readers are provided with information that permits them to assess the appropriateness of generalization.

To maximize methodological integrity, researchers may wish to consider how all aspects of the study function to enhance fidelity and utility, including participant selection, recruitment, data collection strategies, and data-analytic strategies, as well as broader aspects of the research, such as the formulation of research questions or the articulation of implications. Procedures used to check data collection or findings (e.g., asking participants for feedback) often are employed. Checks also may include incorporating triangulation along with other sources of data (e.g., data from quantitative analyses). They can strengthen the credibility of findings, though, as they are enhancing the methodological integrity of the method, goals, study characteristics, and qualitative inquiry tradition. The framework of methodological integrity recently has been incorporated into the seventh edition of the *Publication Manual of the American Psychological Association* and their reporting standards for qualitative research. This understanding of qualitative methods can guide readers to evaluate the contributions of trans research, as exemplified in the following section.

Examples of Qualitative Research on Trans Issues

As mentioned earlier, qualitative research can be particularly adept for studying topics of interest in trans issues. Qualitative inquiry provides researchers with methods that more complexly describe the social world in which people inhabit. In this section, we consider a few examples of LGBTQIA+ qualitative research and the contributions that they make to the literature.

Centering Marginalized Experiences

Qualitative research has long been commended for placing in focus experiences that fall outside of the average or dominant ones. For instance, Carmen Logie and colleagues, in their 2012 article, "'We Don't Exist': A Qualitative Study of Marginalization Experienced by HIV-Positive Lesbian, Bisexual, Queer and Transgender Women in Toronto, Canada," explored the experiences and challenges of LBQT women living with HIV in Toronto as they

try to access health care services. The research team was particularly interested in this population because it is one that is largely ignored and invisible, resulting from misconceptions about their lower risk for HIV transmission. Taking an intersectional theoretical approach, the research team noted how heterosexism in the forms of social exclusion and violence were significant structural risk factors for contracting HIV. Interestingly, the researchers identified a trajectory of structuralized marginalization, in which LBTQ identities increased participants' risk for HIV transmission, playing into further barriers to accessing health care and social services for HIV-positive people. Although looking at LBTQ women overall, the authors noted the variations within this experience, for instance, in how trans women experienced social exclusion in sexual minority communities through stigma around gender nonconformity, along with perceiving themselves as lower class.

Demystifying Forms of Systemic Oppression and Resistance

LGBTQIA+-focused qualitative research often makes evident forms of bias that might be invisible to people from dominant perspectives who do not face those same issues. In the 2014 published paper "Queer Habitus: Bodily Performance and Queer Ethnography in Lebanon" by Sofian Merabet, the anthropologist integrated ethnographic findings and theory perspectives to focus an understanding of a queer habitus: character traits that cultivate resistance against social oppression. In the context of a post–civil war Lebanon around the early 2000s, Merabet walks through the various "queer" urban topographies of an ever-changing Beirut. Guided by an informant, a local drag performer, the author posits the queer habitus through the various ways bodily performance comes to assert a queer presence in a city where even walking can be seen as a queer activity because of its construction being hostile to pedestrians.

Through the use of queer ethnography and the researcher's self-positioning reflexively as an active participant-observer, Merabet highlights bodily performances that challenge normative behaviors yet blend within particular culturally normed practices to play on the idea of creating a more "cosmopolitan" Beirut. These include such traditions as the celebrating of St. Barbara's feast day with men performing drag and the practice of *mazāhir* ("seeing" and "being seen" by others), which is manifested through large-scale "performance" in the street culture of Rue Monot. Through these findings, Merabet built evidence for the production of a queer habitus and produced an innovative understanding of how queer individuals influence urban topographies.

Encouraging Liberation and Emancipatory Practices in Mental and Physical Health Care

Within health contexts, qualitative research has been employed to guide practitioners and improve the quality of care for LGBTQIA+ patients. For example, in their 2018 article "Perspectives on Queer Music Therapy: A Qualitative Analysis of Music Therapists' Reactions to Radically Inclusive Practice," Catherine Boggan and colleagues evaluated LGBTQ+ music therapists' perspectives of the queer music therapy model with LGBTQ+ clients. The research team analyzed interviews with the music therapists, identifying oppressive systemic factors operating in the field of music therapy. The critical discourse analysis identified structural barriers related to the lack of intersectional diversity in music therapy training programs, the privilege needed to access therapeutic services, and a Eurocentric cultural music bias that more highly values the Western classical music tradition to the exclusion of other genres. They identified the strengths of the queer music therapy model in challenging heterosexism and cissexism, such as its use of a group modality that functioned to promote solidarity. Their critical method increased the fidelity of the research findings by guiding the researchers to interpret the subtle aspects of participants' experiences that appeared to be internalized as natural.

Qualitative LGBTQIA+ research is a growing area across many social sciences. A human science approach to Trans Studies is poised to allow researchers to develop a richer understanding of the complexities in the lives of LGBTQIA+ people, promote policies that advance social justice, and shape empowering interventions. Qualitative approaches to research can communicate solutions to problems that engage the self-determination and agency within trans communities. Their use within a critical lens lends itself to identifying, reflecting, and acting upon forms of systemic oppressions that affect trans

people and the communities in which they live. Qualitative LGBTQIA+ researchers are directed to enhance the integrity of their methods by increasing both the fidelity to the phenomenon being studied and the utility of the methods in meeting their study's aims. Through an improved understanding of diverse qualitative methodologies and epistemological perspectives in human science, trans research can continue to create insightful findings that have potent political and scientific implications.

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See also Epistemologies; Ethnographies; Intersectionality in Research; Phenomenology; Quantitative Research; Queer Theory and Trans People

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Quantitative Research

This entry provides an overview of quantitative research on trans populations, with a focus on social and health science, using a Trans Studies lens. Following a brief discussion of this epistemological approach, the entry reviews the hallmarks of quantitative research on trans populations, including dominant etiologies and methodologies. A history of quantitative trans research and a discussion of contemporary approaches follows, with a focus on strengths and challenges of the field. The entry concludes with an examination of major themes of contemporary findings, a discussion of limitations, and directions for the future.

Epistemology

Trans scholars Susan Stryker and Stephen Whittle make a distinction between the "study of transgender phenomena" and transgender studies. The former encompasses quantitative, mixed-methods, and qualitative studies mapping the intersections between gender identities and roles, kinship formations, and the physiology of the sexed body (e.g., genetics, endocrinology, comparative anatomy). Trans Studies, by contrast, has epistemological roots in poststructuralist frameworks forged in queer theory and queer-of-color critique. Keeping Trans Studies' critical epistemological framework in mind, this entry aims to incorporate two methodological propositions for analyzing trans quantitative research. First, it attends to the political and epistemological relevance of lived trans experience. Second, it attends to the inherent power dynamics of knowledge production and dissemination. In turn, attention is paid to the sociopolitical contexts and unspoken epistemological and moral investments implicit in quantitative literature.

Defining Quantitative Research

Much but not all quantitative research, including transgender quantitative research, reflects a positivist

approach—the idea that knowledge can be generated by observing facts and patterns, which in turn can be used to make predictions and develop interventions. Researchers generally begin with a theory to generate a hypothesis that can be tested deductively, done by selecting and collecting numerical data from an observable population. Data are statistically analyzed in order to examine overarching characteristics, explore relationships between data points, and make causal inferences. Perhaps the most important difference between quantitative and qualitative approaches is the assertion that quantitative research is generalizable and therefore representative of the chosen population as a whole. Generalizability, however, depends upon availability and quality of constructed samples—a particular challenge in trans research.

Historical Legacies and Antecedents of Trans Research

The quest to examine sexual and gendered difference began largely within Europe and North America beginning in the late 19th century. Initial research focused on monitoring and regulating so-called sexual deviance and nonnormative sex-based characteristics. This project—to define the characteristics of gendered/sex difference and its associated perversions—was often a deeply moralizing enterprise. Early writings and research promoted white, cisgender, heterosexual subjects as normative in order to sustain biological reproduction of the Euro-American industrial nation-state and regulate the productive capacities of colonized territories and people abroad. These writings defined gender as fixed, binary (either man or woman), directly tied to reproductive anatomy, and associated with prescribed social roles.

The study of trans phenomena influenced the development of biomedical and social science subdisciplines within the fields of psychiatry, sexology, endocrinology, and psychology, among others. These disciplines, historically dominated by white cisgender men, generated clinical, case-based writing about gender, sex phenomena, and gender dysphoria. Key principles from these clinical case studies were influential in shaping clinical treatments and biomedical services for trans-identifying people and continue to affect trans quantitative literature to this day. These principles include (a) an assumed correlation between sexuality and sex/gender expression and identity (first captured in early sexologists' definitions of "deviant" sexuality) and the related concept of "sexual inversion" (the possession of a gender that was opposite to or inverted from the gender assigned at birth), (b) the separation of mental or psychological sex (i.e., gender identity) from physical sex, (c) an investment in understanding the etiology of trans identity as either a genetic or an endocrine condition or a psychoanalytic phenomenon ("transsexuality" as expression of pathological psychosocial development during early childhood), (d) transness as a psychopathological condition deviating from a strict gender/sex binary (captured in terminology such as *gender dysphoria* and *gender identity disorder*), and (e) gender identity as immutable (and aligned with a strict gender/sex binary and normative, heterosexuality) rather than fluid and diverse across space and time.

Methodological Dilemmas Associated With Trans Research

Difficulties with measurement and sampling in trans research are widely discussed in the literature, highlighting several overlapping dilemmas for quantifying trans populations. One issue relates to how researchers define who is, or might be, a trans person. There are no standardized criteria for who should be counted as trans, leaving each research study to develop its own definition and causing wide variation between studies. A related issue is that one cannot calculate a prevalence estimate among trans communities without an overall estimate of the size of the entire trans population. In the absence of a clear measure of the entire population, many studies have relied on approximated estimates as the denominator in prevalence calculations. Thus, across studies, there is no standard denominator.

Another dilemma concerns tensions between a more subjective understanding of self-identification and demands of identification in a quantitative research context. In early research, trans individuals were identified by others, usually through medical or clinical diagnoses or type of medical services received (e.g., a gender clinic). Only recently have studies developed samples of self-identified trans individuals. While self-identification is preferable

for social and political reasons, challenges remain. To create a sample, one must define at a single point in time who is included or excluded. As a result, researchers often provide definitions of a particular gender identity that a participant is asked to endorse. Researcher-provided definitions of trans identity vary across studies, rendering cross-study synthesis challenging. In addition, standardized measures, drawn upon for determining study eligibility and for use in statistical analysis, run the risk of reducing complex social experiences into single categories (such as trans, non-trans) at a single moment in a life trajectory and often fail to capture the nuanced ways people understand or express their gender, especially if these vary by social context or over time. Creating narrow definitions of gender identity and expression excludes those who exist outside of researcher-defined norms, giving researchers the power to define the population according to their own ideologies. Finally, trans individuals may be reluctant to self-disclose gender identity for fear of being stigmatized or discriminated against.

It is necessary to interrogate how researchers consider or ignore differences *within* and *between* trans and cisgender people with varying social identifications. Historically, research lumped nonnormative gendered and sexual identities/experiences together (e.g., studies of "LGBT" people). This tendency to conflate sexuality with gender reflected precedents set by early sexologists' definitions of sexual deviance. In more contemporary work, these populations have been separated, recognizing the distinction between gender identity and sexual orientation. Yet, dividing populations by a single identity (e.g., gender) can obscure how intersections of social identities shapes differential outcomes and experiences. Furthermore, even within the single identity category of gender, existing research often elides nonbinary experiences by lumping them together with their binary trans counterparts, despite a growing body of work suggesting important differences between these populations. To better reflect the complexity of trans lives, some quantitative researchers are now deploying an intersectional approach to study designs. As an example, research examining the intersections of race, class, gender, and sexuality in the lives of trans youth demonstrates that queer trans youth of color experience bullying at higher rates than do their white trans peers. By deploying an intersectional lens to trans research, researchers can draw critical attention to the ways in which relations of power such as racism, homophobia, classism, ableism, and transphobia intersect to shape the experiences of study subjects.

The application of standardized measures to trans people is also fraught with complications. For instance, things that are pathologized in cisgender populations may be normative experiences for people who identify as trans. One such example is evident in scales assessing for dissociation, which often ask if people feel disconnected from their bodies. For trans individuals, this experience may be part of their identity development, rather than a symptom of a disorder or trauma response. These and other psychometric tools fail to capture trans individuals' complex experiences navigating diverse social spaces where their body selves are being evaluated and/or regulated in relation to a web of normative cultural values or, at times, validated through trans-affirming interactions. Such measures also recast coping skills or trans identity as pathology. Given that trans people appear to have higher rates of depression and anxiety, attention to the measures being used to determine such diagnoses and their accuracy for use in trans populations is critical. Recent work in this area has either adapted or developed scales for specific use within the trans community, for instance, the trans discrimination scale.

Of note is the need for quantitative researchers to turn critical attention to institutions' use of social categorizations to regulate and normalize gender expression. According to trans activist and scholar Dean Spade, biopolitical mechanisms of power are mobilized at a structural level by racialized and gendered regimes. State-level administrative processes depend on the systematic categorization of individuals based on particular traits. These categories have extreme ramifications on the physical safety of trans lives, especially when compounded by other forms of systemic violence such as racism and homophobia. Notably, trans individuals face significant vulnerability to violence in rigidly gender-segregated institutions, especially those that are mandatory in nature (e.g., prisons, homeless shelters, psychiatric treatment facilities). For example, incarcerated trans people are 5 to 6 times more likely than the general

incarcerated population to be sexually assaulted by facility staff and 9 to 10 times more likely to be assaulted by another inmate.

Dominant Themes in Quantitative Trans Research

Quantitative trans research has predominantly focused on several major areas, including demography of trans communities, experiences across the life span, discrimination, and health behaviors and outcomes.

Demography of Trans Communities

Population-based estimates of the size of U.S.-based trans communities are inconsistent at best. Systemic reviews highlight the heterogeneity among prevalence studies, specifically a lack of definitional clarity about what constitutes a case, as well as the appropriate denominator in prevalence equations. The most frequently cited statistics about the size of trans communities come from the Behavioral Risk Factor Surveillance System (BRFSS)—a national health survey with a standardized set of core questions and add-on modules available at the state level. A sexual and gender identity module was included for the first time in 2014. On the basis of data from states that adopted this module in 2016, the BRFSS estimates suggest that approximately 1.4 million people who are trans live in the United States. These estimates are based on a generalization of data from only 19 states. The U.S. Census continues to offer a binary choice of male or female as a gender response, despite calls for a more trans-inclusive approach. Changing the census question, or including the BRFSS gender question in the core BRFSS questionnaire, would be helpful in this area. TransPop, a collaboration between an LGBTQ+ think tank, two universities, and an LGBTQ+ health center, will be the first probability sample of trans individuals across the United States and will help fill a gap in this area. Early work from the TransPop study has focused on parenting and COVID-19 risk in the trans population.

Experiences Across the Life Span

The developmental process of trans identity and the act of "coming out" is a contested area of study within the field of trans research. While an influential body of literature has examined the developmental trajectories of trans individuals using linear, stage-based frameworks, trans activists and scholars highlight a need for more flexible and less linear approaches. Contemporary research collaborates this charge, suggesting that trans-identified individuals reported more diverse transition trajectories than was previously assumed. Additionally, many of these models assume that an individual will eventually reach a binary gender identity (man/woman), while trans scholars and activists highlight the fluidity of gender identity and expression beyond the binary. More intersectional research is required to examine how issues of race, class, ability, and sexuality shape the nature of coming-out trajectories and are determinants of different social pathways. Advanced statistical methodologies that tease out nonlinear relationships could be generative in this regard.

When trans youth come out, they face stressors at home and with peers. Approximately one-third of LGBTQ youth report experiencing parental rejection, with trans youth likely to experience higher rates than their LGBQ peers. The frequency of family rejection results in overrepresentation of trans youth in both homeless and child welfare services where they face a lack of trans competent providers and caregivers. Bullying and harassment of trans youth is common in schools, and the overarching school climate can either exacerbate or ameliorate such aggression. Trans youth who remain enrolled in school show poorer grade point averages compared with cisgender youth, and a disproportionate number of trans youth are involved with the juvenile justice system, especially youth of color. Perhaps, then, it is unsurprising that trans youth are at higher risk of depression and anxiety than their cisgender peers. According to one study, the rate of suicide attempts is highest among transmasculine young people (51%), followed by nonbinary young people (42%) and transfeminine young people (40%).

Research on transgender parenting is still in a nascent stage. Demographic studies suggest that one third to one half of trans people are parenting, with differences between subgroups (e.g., those who came out later in life are more likely to parent than those who did not). The research has largely been defensive in nature, focusing on child outcomes and finding no negative effects of trans

parentage. Trans parents experience discrimination in a wide variety of settings, including pediatric practices and their children's educational systems. Several studies identify unmet social service needs for this population, including family planning. This area of research largely examines white participants and their families and often reflects homonormativity (e.g., focuses on biological reproduction rather than adoption).

Trans elders are largely excluded from existing quantitative research pertaining to aging populations. Within the past decade, the first out population of trans elders has begun to navigate the challenges surrounding end-of-life care. Despite their emerging visibility, researchers still lack sufficient data to make accurate population estimates for trans elder populations in the United States. Such estimations are complicated by a general hesitancy to self-identify, erasure in many standardized data-gathering instruments, and abuse of trans individuals in institutional settings, resulting in distrust and fear of care providers by trans elders. Census estimates suggest that there could be between 1.2 million and 2.8 million trans-identified individuals aged 65+ living in the United States. The Trans MetLife Survey on Later-Life Preparedness and Perceptions in Transgender-Identified Individuals (TMLS) represents the largest internationally distributed survey to date of trans-identified elders. Reporting on results from the TMLS, computer science scholar Tarynn Witten found that 40% of survey respondents feared that they would be treated unfairly and inconsiderately in most eldercare facilities. Other studies provide evidence suggesting trans-identified elders have much higher levels of depression and lower levels of self-acceptance than their cisgender peers.

Experiences and Effects of Discrimination

Trans adults are victims of harassment, violence, and premature mortality. According to the report on the 2015 U.S. Transgender Survey, 46% of respondents had been verbally harassed within the past year, and 9% had been physically attacked for being transgender. Research on trans adults also indicates that trans people of color and those who identify on the transfeminine spectrum are disproportionately affected by violence compared with other members of LGBTQ+ communities.

Trans-identified adults are also more likely than their cisgender peers to face barriers to seeking employment, be underemployed or unemployed, or face discrimination and harassment or barriers to employment opportunities (e.g., promotion, wage increases) in both private- and public-sector work. This may be a result of inconsistently applied gender identity–based antidiscrimination protection for private-sector labor across the United States. In addition to transphobia and its related violence, other barriers to employment include the inability to secure identification documentation that matches one's gender identity, disrupted education and family life, experiences of housing insecurity and episodic homelessness, how people are gender coded, and, relatedly, whether people disclose their gender identity. When compounded by racism and ableism, rates of unemployment and underemployment are higher for trans people of color, trans people with disabilities, and those at the intersection of these identities.

Experiences of homelessness or being precariously housed (either episodically or chronically) are disproportionately high in transgender communities. Given that the majority of homeless shelters segregate by sex assigned at birth or have insufficient gender identity–based discrimination policies in place, evidence suggests that 25% of trans individuals experiencing homelessness avoid shelters. When trans people gain access to shelters, they experience poor treatment or harassment by staff and other residents because of their gender identity, or they are forced by shelter staff to present as the wrong gender in order to secure a bed. An intersectional lens reveals increased rates of housing discrimination and homelessness for Black trans people, Indigenous trans people, and trans people of color when compared to their white and cis peers.

Up to 20% of trans individuals engage in some form of criminalized labor such as survival sex work and/or drug sales. Rates of participation in survival sex work are higher for trans women of color, trans-identified Indigenous and Black women, and undocumented trans women. Race- and class-based explanations for these differential rates remain unexplored. Most studies point to negative outcomes for participation in sex work. Associations are documented between trans

women's participation in sex work and experiences of homelessness or housing precarity, substance use disorders, experiences of violence by a known partner, elevated risk of HIV and being sexually assaulted, and, if involved in street-level sex work, risk of being harassed or assaulted by police. Evidence also suggests that these interactions can lead to arrest and further violence at the hands of law enforcement. Overlooked in the quantitative literature, broadly, is the investigation of sex work as a viable form of labor for overcoming economic instability or as a source of empowerment.

Health, Behavioral Health, and Its Social Determinants

Research on trans health and behavioral health constitutes the bulk of quantitative research on trans populations. However, most of this research focuses not on general health but rather on risk behaviors among trans people, including high rates of substance use, sexual practices, and use of illicit drugs and nicotine. Although the AIDS epidemic is often referenced as the reason for the discrepancy in the scholarship, it is also likely the result of the sexualizing of trans bodies and the use of a pathologizing lens. Behavioral health research highlights disproportionately high rates of mental illness among trans youth and adults, with a focus on suicidality and its outcomes. Access barriers to health and behavioral health care are well documented and include financial barriers (e.g., lack of insurance), unavailability of trans-specific services, and experiences of discrimination from general health practitioners and their institutions. When an intersectional lens is applied, findings illuminate that systemic racism, classism, ableism, and issues of citizenship compound experiences of cissexist discrimination and contribute to greater inequities in health outcomes and barriers to seeking treatment and care. For instance, trans individuals of color are less likely to access trans-affirmative care under Medicaid compared with their trans white peers. Researchers are also just beginning to recognize differences of gendered identities and embodiments within the trans community (e.g., seeking to understand how nonbinary identity may uniquely affect health).

Areas for Future Research

Measurement dilemmas cross most of the social science, health, and behavioral health literatures and affect these fields' ability to produce generalizable findings regarding trans people. The technical needs of quantitative research with its attendant focus on issues of validity and rigor through an increasing standardization of measures can conflict with the complexities of lived trans realities. To date, research on the life span of, social conditions experienced by, and the resulting health and behavioral health outcomes for trans people is largely deficit focused and driven by disease models that pathologize trans lives in terms of behavior and risk. Instruments specifically designed to measure the lived realities of trans people are in a nascent stage, as is a recognition that existing measures are insufficient. Intervention research beyond that focus on sexual and health adherence is lacking, particularly with regard to social determinants of health.

Over the past decade, trans community activists and scholars have been instrumental in championing a movement toward greater trans community control or at least consensual involvement in co-shaping study design and managing research processes. Many of their efforts mirror the gaps in current research, for instance, creating measures that shift away from pathologizing trans experiences and creating community-driven research agendas. These activists and scholars are forging a path into the future whereby advanced quantitative methodologies could be deployed to understand the complexities of lived trans experience, rather than focus on the myriad results of systemic oppression on the living conditions and health of trans people.

A Trans Studies lens demands that the field adopt intersectional approaches to trans research that disrupts the white, Western-centeredness of most quantitative studies. Central to this project are quantitative analyses exposing the complexities of trans experiences. This implies critical examinations of the ways in which privilege and oppression are lived differently by trans individuals and communities occupying a variety of social locations, as well as how ideological and institutional white supremacy, ableism, capitalism, neoimperialism, and other oppressions converge and manifest in anti-trans discrimination and animate trans people's resistance. While it is crucial to

explore the intersectional oppressions that order trans people's lives, quantitative studies that emphasize and examine trans people's daily resiliency, activism, social networks, and survival practices are essential to exposing and understanding the full depth and breadth of trans lives.

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See also Measurement/Assessment Issues in Research; Qualitative Research; Trans Studies

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Queer, Intersections With Trans

This entry considers the intersection of LGBQIA+ and trans identities. This is initially discussed using the historical context of LGBQIA+ trans individuals and is followed by a more contemporary understanding of LGBQIA+ trans identities. The entry concludes with a discussion of potential directions needed for expanded research in the area of LGBQIA+ trans identities.

Basic Definitions

Trans individuals, like cisgender (cis) individuals, may have a myriad of sexual identities and orientations. The present entry focuses directly on trans individuals who do not identify as heterosexual. Explicitly, these individuals sit at the intersection of gender and sexual minority identities and are thus marginalized at this specific intersection. These individuals may find support as well as tension from both the trans and the LGBQIA+ communities. Furthermore, although these individuals exist within and identify with both communities, it is important not to conflate the gender and

sexual minority communities. Instead, this encyclopedia entry acknowledges gender and sexual minority identities as two separate yet interacting constructs that affect not only LGBQIA+ trans individuals but also individuals of any gender and sexual configuration.

Historical Context

Throughout the history of conceptualizing LGBQIA+ trans individuals, many have sought (whether intentionally or unintentionally) to erase the experiences of trans individuals who were sexually and romantically attracted to the same gender as their affirmed gender. One of the approaches that has worked to further this erasure is the autogynephilia movement. Conceptualized by Blanchard, *autogynephilia* refers to a classification of transfeminine individuals who were deemed to be "heterosexual fetishistic transvestites," or transfeminine individuals who were romantically and sexually attracted to other women. This label pushed the idea that trans women were sexual fetishists and that lesbian trans women were not actually attracted to other women but were attracted to the idea of themselves as women. As there is little empirical basis for this classification, the autogynephilia label underscores the underlying biases and assumptions that lay the foundations of the theory itself.

Intersections of LGBQIA+ and Trans Identity

According to the U.S. Transgender Survey (USTS) conducted in 2015, less than 18% of trans individuals identify as straight or heterosexual. Even so, the majority of research that focuses on the sexual and romantic relationships of trans individuals assumes that most people within this population identify as heterosexual. As results from the USTS show, the assumption that most trans individuals are heterosexual is not only incorrect but also erases the experiences of nonbinary trans individuals. This erasure, intentional or not, is due to the fact that heterosexuality implies a binary gender dichotomy, something that nonbinary individuals may not identify with or see as relevant to them. Like cis individuals, trans individuals' sexualities vary, although limited empirical research acknowledges or explores this variability. Scholarship in the area of trans individuals' sexual identities and romantic relationships primarily focuses on the cis partners of trans individuals.

Furthermore, trans individuals' sexualities may have relationship configurations and sexual power dynamics that are more fluid than those of cis individuals. Focusing explicitly and singularly on the biological sex of the individuals involved in these intimate relationships may render some of them to be illogical. For example, a trans man sexually and romantically attracted to women is not to be categorized as a lesbian, as those scholars who focus only on biological sex would seek to categorize him. Furthermore, power dynamics may play a role with trans individuals who choose to partner with cis individuals. As with any relationship in which one partner holds a minority identity while the other does not, experiences of these couples may show a societal power dynamic in which the cis partner inherently enjoys more systematic benefits than the trans partner does. Thus, negotiations in relationship dynamics, such as division of labor, disclosing trans or sexual minority identities, or sexual intimacy, are all dynamics that must be navigated within the relationship. Furthermore, LGBQIA+ trans individuals may experience rejection from the sexual minority communities that they are a part of, owing in part to experiences of biological essentialism and distilling trans individuals down to their genitals instead of their gender identities.

LGBQIA+ trans individuals may also have more fluid ideas around sexual configurations than their cis counterparts. Although many trans individuals choose to monogamously partner with one other individual, others choose to partake in ethical or consensual nonmonogamy or polyamory. This may be in part due to the idea of challenging heterosexuality that is embraced and performed by the LGBQIA+, trans, and polyamorous communities.

As previously stated, trans individuals have sexualities that are as varied and rich as those of cis individuals. While the majority of trans individuals identify as not heterosexual, little research has been done on the exact intersection of having both an LGBQIA+ identity as well as a trans identity. However, this unique intersection may present some challenges for trans individuals. By nature of their history of a gender transition, many trans individuals describe *queering* sexual identity.

Instead of seeing sexuality as something that is immutable and permanent, some trans individuals may see the notion of sexuality as something that is fluid, alterable, and rational, instead of something that is "fixed" to their authentic self.

Experiences of LGBQIA+ Trans Individuals at the Intersection of Multiple Marginalized Identities

Trans individuals who identify as LGBQIA+ may be seen as experiencing marginalization at the intersection of their gender identity and sexual orientation. This is because LGBQIA+ trans people inhabit spaces that occupy at least two minority groups: sexual and gender minorities. Trans individuals are disproportionately more likely than their cis counterparts to be homeless, live below the poverty line, or experience harassment or discrimination by law enforcement and police. Similarly, individuals who identify as sexual minorities are at risk of being fired from their job due to their sexual identity and more likely to be turned away from services than their heterosexual counterparts.

By combining two marginalized identities, LGBQIA+ trans individuals may experience *multiple minority stress*, the stress that occurs when cisgenderism and heterosexism intersect to form a compounding stress that is different from experiencing cisgenderism or heterosexism alone. Through these feelings of multiple minority stress, individuals may not feel accepted within either group that they belong to. For example, some trans individuals may be rejected by the LGBQIA+ community (e.g., due to the presence of trans exclusionary radical feminists), while LGBQIA+ trans individuals may be excluded from the LGBQIA+ community for their perceived heterosexuality. Minority stress at the intersection of gender identity and sexual orientation and the social oppression that it is derived from takes a toll on the health of the individuals that it affects.

This intersection also disproportionately affects trans individuals who are disabled, religious minorities, and racial and ethnic minorities. Being situated at the unique intersection of various minority identities not only works to facilitate feelings of minority stress due to one's being a sexual minority but may also affect feelings of belongingness to a racial, ethnic, or religious community. LGBQIA+ trans individuals are specifically looking for spaces to feel welcome and may attempt to access spaces that should feel validating but where, in reality, they are disenfranchised and discriminated against due to their other minority identities.

Sexuality Changes via Hormone Replacement Therapy

Although sexual orientation has previously been conceptualized as being static across life stages, a phenomenon has been reported in which trans individuals have noted shifting sexualities during a medical transition. While it is understandable that some shifting of sexualities may occur due in part to the way society labels sexuality (e.g., a trans man may identify as heterosexual after his transition, as he retains the attraction to women that led him to identifying as a lesbian before coming out as trans), there are other trans individuals who experience a shift in the gender that they may be attracted to sexually and romantically following a gender transition. Specifically, research indicates that transmasculine individuals who use testosterone as part of their medical transition may experience an increase in their attraction to cis men. Current scientific literature is unsure, however, as to whether or not this change in sexuality is directly tied to testosterone. This phenomenon has been noted both anecdotally as well as in the research literature. Conversely, many transfeminine individuals note that their attraction to other women did not change when starting hormone replacement therapy (e.g., estrogen).

Nonbinary Sexuality

Within the United States today, the gender binary is implied in almost every relational context, including sexuality. Nonbinary individuals, then, may have a difficult time determining whether or not they fit romantic scripts that their partners may assume for them. As sexual orientation is one of the identities an individual has that is rooted primarily in the identity of others, it may be difficult for nonbinary individuals to find which labels may work for them and which do not. Previous conceptualizations of sexual identity such as the Kinsey Scale or the Storms Sexuality Axis have excluded attraction to, and of, nonbinary individuals.

In terms of labeling sexual identities, nonbinary individuals may face difficulty finding a label for themselves that they deem fits. Even labels that are meant to encompass attraction to more than one gender identity (*bisexual*) may feel limiting and rooted in binary assumptions. Many individuals who identify as nonbinary have moved from identifying in ways that assume a gender binary to more broad terms such as pansexual and LGBQIA+. By using labels that do not inherently enforce a gender binary, nonbinary individuals may attempt to reconstruct previously used language in order to create meaning out of labels that are most authentic for them.

Conclusion

LGBQIA+ trans individuals cover a range of marginalized identities that may extend beyond gender and sexual minority identities. Individuals who hold both sexual and gender minority identities have been historically disenfranchised or seen as "less than" trans individuals who hold heterosexual identities. Furthermore, previous conceptualizations regarding trans individuals as exclusively heterosexual work to erase the sexual identities of nonbinary individuals; this is rooted in exclusively binary heterosexist ideas of sex and gender, and it fails to conceptualize these ideas in ways that acknowledge fluidity in sexuality. This sexual fluidity may be derived from hormone replacement therapy. Understanding the intersections of LGBQIA+ identities and trans identities may shape the way that clinicians, researchers, and educators work to further expand the field and acknowledge this population.

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See also Anti-Trans Theories; *DSM;* Hormones, Adults; Nonbinary Genders; Relationships With Romantic/Sexual Partners; Reproductive Health; Sexual Fluidity; Sexualities/Sexual Identities

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Queer Theory and Trans People

Since the 1980s, theorists in the fields of sociology, gender studies, philosophy, and sexology have radically transformed theoretical perspectives on transness, gender transition, and the concept of gender more broadly. Many of these theorists have been grouped into a field often referred to as queer theory (QT). QT has provided a set of tools and frameworks that hold the potential for more in-depth and nuanced

understandings of the ways transness interacts with societal norms, interpersonal relationships, and the human body itself. This entry explores the leading queer theory perspectives on the lived experiences of trans people, including embodiment, liminality, performativity, and failure. The limits of QT are also considered.

Embodiment

Contemporary public discourse around trans people and transitioning centers on the intentional physiological and aesthetic shifts that signal a person's engagement with a gender transition process. This process can involve hormonal, surgical, behavioral (e.g., voice or gait training), and sartorial changes that indicate a person has transitioned from one gender to another. However, this focus on what can be clearly seen by others provides an incomplete picture of the embodied experience of transness and the transition process.

Even if a trans person chooses not to change any of the above factors in their life as part of coming into their transness, the fact of their transness is in itself a material reality that sits first and foremost within their body. Each trans person is forced to experience their body in a way that situates it in opposition to current ciscentric societal narratives. QT provides multiple approaches to consider how trans people's bodies are understood within and without, ranging from the abject to the highly transformative. The following are some of these embodied figures, understood as archetypes etched into the Western collective subconscious, which QT has used to denote the reality of "the trans person."

"The Monster"

Trans bodies have often been compared to or conflated with monsters, chimeras, and other figures that strike mythological fear into the hearts of others. This perspective of trans people as monsters, and therefore as fundamentally inhuman, is one that has often been used to fuel fearmongering and hate campaigns against trans people. But QT allows us to contemplate what exactly we are so afraid of. The answer goes beyond abjection; repulsion alone does not yield the sort of vitriol aimed at trans people.

In reality, the monster is a figure that reflects to a society what that society fears confronting and is far more like us than we would like to admit. At the same time, it is something physiologically distinct from the "average" human. In the typical monster tale, the monster is wholly connected to its nature, unchained from the narratives of normalcy spouted by the (often weaker) villagers. Its body is not like those of the villagers, or so they think. If taken literally, it is understandable that a person would fear a real-life Frankenstein creature or werewolf in their midst. After all, the standard story is that these monsters bring with them death and destruction. But to the keen observer, the (trans) monster is not hell-bent on destroying people and places; rather, it is here to destroy old paradigms, thereby making us see who we are, who we can become, and the fear-inducing power that comes with embracing the aspects within us that exceed the horizon of gender as we currently understand it. Even as we burn at the stake, we reflect society's misdeeds to itself and highlight the transformative potential that is lost in the process of our persecution.

"The Cyborg"

Most common narratives of transness focus on the aforementioned physical pillars of transition: hormones, surgery, clothing, and behavior. These shifts are often understood as necessary means for a person to bring forth their most authentic self, aligning their physical appearance with what is already inside. In this story, physical interventions and modifications are simply tools to be used, meaningless except as aids in the trans person's journey into authenticity. However, this story of alignment and inner truth is radically disrupted by the QT figure of the cyborg.

The cyborg is a modified human; it too has undergone significant physiological shifts to achieve its final form. Where it differs is in its relationship to the tools and processes used upon its body. The common trans narrative is subtractive: It situates the cutting away of flesh and changing of its costume as actions that reveal a fundamental truth about that person. But the cyborg is additive: Each new modification is a discovery, a movement forward (or sideways). It is not unveiling; it is updating. Each new version may have

some likeness to the previous one, but the cyborg is truly a new and ever-improving machine at each stage. The (trans) cyborg's body is therefore not simply a vessel for actualizing what is already there. Rather, it is an ongoing project—a living, breathing science experiment, with outcomes unknown. Its body and its gender are subject to flux, setbacks, and unanticipated evolutions. In sitting with the cyborgian potential of human bodies, trans or otherwise, we become privy to the ever-changing nature of gender and our capacity to actively participate in that process.

"The Eternal Adolescent"

A third figure often invoked in QT is that of "the eternal adolescent." Trans people who choose to undergo hormone replacement therapy or other hormone-altering procedures such as orchidectomies experience what is essentially a "second puberty," wherein their bodies are literally thrown back into the hormonal processes of adolescence. These include changes in fat distribution, body hair density, and other significant shifts that most people have only had to experience once in their lives.

The figure of the eternal adolescent is not, however, simply a reflection of the physiological transformations many trans people undergo as part of their transition. Instead, the eternal adolescent is a figure lost in time. They have been unmoored from the conventional, normative timelines of adulthood, success, and relationship to the body. The eternal adolescent carries the stereotypically risky, rebellious, and oppositional mind-sets and behaviors of teenagers beyond the threshold of adolescence; the turmoil of self-discovery, of a burgeoning sexuality, and of intensively exploring gender, bodies, and aesthetics is transported into periods of people's lives often associated with settling down, "growing up," and other notions of permanence and inner deceleration. Eternal adolescence may look like a person who decides to pursue transitioning in their 50s or 60s and upturns their life or someone who has embraced the fluidity of gender early on and continues to change how their body exists and is perceived into their "adult" life. This (sometimes constant) state of flux is not only representative of the eternal (trans) adolescent but also of how QT approaches the concept of gender itself.

Liminality

A pillar of QT is the way it challenges notions of physiological, psychological, spiritual, and societal permanence. Fundamentally, QT suggests that "transness" is simply a part of the broader complexity of the world; trans people are not necessarily uniquely separate from their cis counterparts but rather are enacting ways of existing that engage with the messiness of gender, thereby revealing the ways it is hard to define, grasp, or even witness. However, QT does not provide a singular voice on the liminality of trans embodiment and conceptualization.

Some theorists view any type of so-called queer existence, including transness, as being a set of embodiments and actions that directly negate any consolidation or coherence. Queerness is viewed as disruptive in and of itself, introducing not only ambiguity and pathlessness to normative notions of gender but also other linear life aspects such as marriage and procreation. In the context of transness, this perspective hinges on the ways that transitioning, both socially and medically, makes all of the above categories unstable or nonviable. The fact that a person may move from one gender to another, embrace multiple genders, or reject gender altogether casts a long shadow over any kind of certainty around the limits and rules of gender. Similarly, the social rejection often experienced by trans people is viewed as a catalyst for the formation of familial, romantic, and friendship networks that defy any expectations of normative Western social structures. Last, transition-related medical interventions often prevent trans people from producing children, thereby setting them permanently apart from most of the nonqueer world in terms of the common narrative of monogamy and marriage leading to children.

The QT view of queerness/transness as negating social standards places all trans people as permanently "on the outside" of society, incapable of, or uninterested in, aligning with social expectations. This is often the case even for those who elect to blend or who try to "pass." Transness can be directive resistance, but it is also in and of itself a lived experience, which results in significant separation from cis-heteronormativity, regardless of the actions any particular trans person may take.

Other theorists offer more integrative understandings of the liminality of transness; they see gender as complex for everyone and position trans people less as outsiders and more as pioneers and explorers of new potentials. QT suggests that trans people are simply people who actively engage with the innate liminality and fluidity of gender and that their existence is a signpost for all others to consider that potential within themselves. This extends the sense of liminality beyond any individual trans person and instead positions gender as a precarious construct that is immaterial, impossible to name, and yet one that each person, trans or otherwise, has an active role in shaping and embodying. Within this framework, transness is not an innate biological or psychological process but rather a person's passage past a gendered threshold that delineates their experience as one that questions or defies the gender binary.

In this sense, QT provides a split view of transness. On one hand, it can be seen as a radical and unique lifeworld that could never be fully understood by cis people. On the other hand, QT suggests that all people have the potential to actively engage with their gender and mold it as they desire, with trans people positioned as beacons of liminality that we can all swim toward. This divide is in and of itself a show of the liminality and slipperiness of transness; the further any group of theorists explores gender, the more it becomes bifurcated and impossible to quantify. This has as much to do with gender as a construct as it does with the ways in which it is enacted within different individuals/groups/societies. In order to gain an understanding of the complexity of this enactment, it is important to consider the role that theories of performativity play in QT.

Performativity

The term *performativity* was first coined by Judith Butler as a means of exploring the role each person plays in creating and re-creating both their gender and the concept of gender more broadly. "Performing gender" might be physical (e.g., clothes, hormones), but it also might include more complex inner workings that are nonetheless tied to how the person exists in the world and how their gender is shaped by that reality. In this framework, "performance" is not something that is disingenuous or separate from a person's inner core; rather, it is a manifestation of a set of gender-oriented choices a person may make.

Performativity often comes into conflict with other theories of gender, particularly those that position gender as innate and unaffected by a person's behaviors and choices. If our gender is something fundamental, then the idea that we are performing it in any way may be seen as undermining its supposed naturality. Performativity, however, can help us understand how gender plays out internally, relationally, and socioculturally.

At its essence, QT suggests that each person's understanding and enactment of their gender contributes to how their gender is understood by oneself and others, as well as adds more information to our collective understanding of gender. Whether transgressing or aligning with cultural scripts of gender, we create and re-create gender as a system. Performativity can be used as a lens to examine other gender theories, particularly as a way to look at the "root" or "truth" of any particular gender or gender system, and several frameworks have been developed within QT to do just that.

First, José Esteban Muñoz's notion of "disidentification" provides one of the more straightforward ways to use performativity. Within this framework, trans people may contend with normative and, at times, stereotypical scripts about gender by situating themselves both within and against these scripts. For example, trans women may feel aligned with many of society's expectations of womanhood (e.g., wearing makeup and a dress). There are also trans-specific scripts, which for trans girls include supposed submissiveness, heterosexuality, and overwhelming body dysphoria. However, many trans women defy some if not all of these expectations; they might be dominant, queer, and have no desire to have "bottom surgery." These seeming contradictions might cause some trans women to distance themselves from the concept of womanhood, as the puzzle pieces simply do not seem to fit. But many "disidentify" with the script of trans womanhood; they partly form an affinity and partly disrupt and critique the static and unaccommodating nature of this gender narrative.

Second, Eve Kosofsky Sedgwick provides a framework for understanding these supposedly disparate scripts as narratives that exist *beside* one

another. The cultural narrative of transness largely goes as follows: A person grows up being perceived as cis, figures out that their gender is different from how they were raised, undergoes a personal transformation, and thereby "uncovers" their authentic trans identity. In short, their "true" gender needed to be revealed from beneath the mask they had been forced to wear by society. This script may apply in broad strokes, but for most trans people, the reality of transitioning and coming to terms with one's gender is not simply a matter of switching from one cultural script (e.g., cis lesbian) to another (e.g., heterosexual trans man). Instead, all of these histories and identities often coexist; the notion of a distinct uncoupling between the "pretransition" and "posttransition" self fails to recognize both the continuity and the piecemeal evolution of a person's gender transition. In this sense, many people will find themselves "performing" a gender that is the culmination of all of their lived experience—in all its complexity and oxymoronic beauty. Someone may be both a man and not-a-man or a proud trans woman who talks about her past self using "he/him" pronouns. These elements all come into play in a person's understanding and presentation of their gender, and they exist *beside* each other like pieces of a puzzle, rather than one above another in a perpetual game of inner archaeology. This theory can apply equally to cis people, as every individual has both resonant and conflicting elements of themselves, including their gender, sexuality, and family history.

One final factor in understanding performativity relates to recent critiques of the concept of "passing." Passing refers to the ability of some trans women and men to "pass" or be consistently seen as their affirmed gender. A trans man who has undergone phalloplasty, multiple years of hormone replacement therapy, and a double mastectomy may find that he is regarded as a man and does not encounter any resistance or questioning as to that fact in his everyday life. By contrast, many trans people cannot pass; they are regularly recognized as trans or seen as the sex they were assigned at birth. While passing, or striving to pass, is fundamentally a means of survival in a transphobic and cis-centric world, it is also the ultimate goal for many trans women and men. But QT flips this notion on its head by problematizing what it is that we are supposed to *pass as*. This brings us back to Butler, particularly her notion of gender performance being a copy of a copy without an original. If there is no original, then, as Mattilda Bernstein Sycamore states, "nobody passes." We are all aiming for (or going against) an entirely fictitious and immaterial ideal, whether we identify as trans or otherwise. This perspective aims to level the playing field by showing that the validity of concepts such as passing dissipates when we recognize that we all contribute to what gender was, is, and could be by simply existing in our uniquely gendered ways. And if nobody passes, then we are all gender failures.

Failure

Failure is a difficult word, one with almost entirely negative connotations. Failure is seen as an undesired or premature end, an incomplete mission, an unticked box. But in the same way that queer theory encourages us to rethink the notions of abjection and boundary defiance, it also provides a significant challenge to how we might consider the role of failure in the lives of trans people. To fail means that there is a standard that determines success, one that a person has fallen short of. In Western society, transness is often described as a failure: a failure to stick to the norms of your assigned sex, a failure to pass as a man or a woman posttransition, and, for those trans people who are also economically, socially, and/or medically disadvantaged, a failure to live up to capitalist expectations around labor and "good citizenship." It seems that, in many respects, failure is unavoidable for trans people.

However, this sense of inevitable societal and discursive failure for trans people has prompted the same process of reclamation that other words, including the term *queer* itself, have undergone. If society deems failure as wholesale negative, it may prompt one to question the validity of that standpoint. QT provides an alternative perspective on failure: Not only is failure queer and trans, but it is also good. A trans person becoming a failure by abandoning their assigned sex may be seen as a personal failing on their part, but in fact, this failure reveals the artifice behind gender as we understand it in many cultures.

If a system is perfect and all-encompassing, then it should never experience failure. And yet,

the collective perception of trans people is that they have failed to meet the standards required by this system. If there is an ever-growing population of people who do not measure up, then perhaps the system itself needs to be taken to task. More important, there is a need to look at the *joy* brought on by falling short of narrow gender parameters. QT suggests that failing to fall in line with such a restrictive and oppressive set of gendered scripts is ultimately a blessing. It is an opportunity to explore further than you were told you could go, even if it might be at the expense of some relationships and socially privileged roles that favor assimilation and strict systems of gender (and sexuality). Failure can be a gift, a potentially liberatory exit from the limitations of binaries, static identities, and walled-in classifications of lived gender experiences.

The Limits of Queer Theory

While it is valuable to consider the positive impact of QT on trans people, it is equally worthwhile to consider where QT's own limits lie. Most important, QT has largely come out of the United States, United Kingdom, and Australia, meaning that it has developed within very specific Western cultural contexts. While there is some ongoing affinity with, and reference to, other paradigms of gender, such as those in the global South and in various First Nations cultures, QT nonetheless bases much of its critiques within predominantly white, higher-income, Westernized countries. This is not to overlook the contributions to this body of knowledge by people outside of these national and cultural settings but to say that the dominant literary pillars of QT remain rooted in this privileged academic milieu.

There is also the need to consider some of the unintended consequences of grouping all trans people into a "queer" framework. Gávi Ansara (2010) has suggested that this creates a type of "coercive queering," wherein all trans people are absorbed into the greater notion of a "queer community" or "queer life" (p. 188). It is crucial to consider where that leaves those who, for whatever reason, do not feel aligned with queerness (e.g., heterosexual trans people, non-heterosexual trans people who may not describe themselves as "queer"). We also need to consider what it means to attempt to enclose trans experiences within a frame that is too confining for all trans people. Transness is not categorically queer, and QT does not always correctly negotiate gender or indeed negotiate gender at all. In this sense, it is vital to remember that QT is not an all-encompassing, broadly applicable system but rather an exploratory toolkit that helps comprehend some of the more tangled and complex questions around gender and those who challenge its norms.

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See also Crossdressing, History of; Gender Fluidity; Gender Panics; Medicine; Public Opinion of/Climate for

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Queering Femininities

Queering femininity involves expanding the definition of femininity beyond traditional iterations that emphasize particular Western societal norms and beauty standards. It also places an emphasis on decoupling femininity as a construct from sex assigned at birth and from gender identity—anyone of any assigned sex or gender may embrace a queered femininity. This has made queered femininity an important construct in relation to trans studies. This entry explores queering femininity by first defining traditional femininity, then considering the idea of femme over time, and finally by discussing the inherent intersectionality of queered femininity.

Traditional Femininity

To understand queer versions of femininity, it is important first to briefly examine more dominant cultural definitions of this femininity. Traditional femininity (sometimes also called normative or patriarchal femininity) is based on a fundamental biological essentialism for people assigned female at birth (AFAB). This type of femininity necessarily assumes the alignment of an individual's sex, gender identity, and sexual orientation—in other words, a feminine person must be an AFAB heterosexual woman. These assumptions form the basis of more culturally prescribed norms for femininity in Western societies, including a high value placed on being white, young, thin, able-bodied, and conventionally attractive according to beauty norms. In order to be perceived as feminine through this cultural lens, all of these conditions must be met. Furthermore, the function of traditional femininity is that it is performed for the benefit of men and for procuring a heterosexual male partner.

Femme

In contrast to traditional femininity, the idea of femme encompasses nonnormative femininity that does not align with the assumptions set forth by traditional femininity. Historically, *femme* first referred to feminine-presenting, lesbian-identified women who partnered with masculine-presenting "butch" women. Due to the dynamics of these relationships, this early construction of femme identity often centered on attraction to non-cis masculinity and emphasized the need for allyship to gender-nonconforming women, who were more likely to be targeted with more overt forms of discrimination and harassment. Additionally, this femme expression of femininity was considered nonnormative due to the femme women's nonheterosexual orientation and performance of femininity for themselves and other women, rather than for cis men. Thus, embracing this femme identity corresponded with a politicized resistance to traditional femininity that prescribed a particular heterosexual dynamic with men.

The concept of femme has since evolved to become more diverse and inclusive. Now, *femme* may refer to anyone who is perceived to have failed at, or who actively rejects, any of the traditional assumptions of femininity. Thus, femme within LGBTQIA+ communities is a label that is used by individuals with a range of identities, rather than just those who are lesbian identified or AFAB, or even who currently identify as a woman. *Femme,* in contemporary LGBTQIA+ communities, is an identity label and alternative expression of femininity that is embraced by individuals with a range of gender and sexual identities. There is an effort among femme-identified people to define femme vaguely and leave it up to individual interpretation in order to be as inclusive as possible. Additionally, the historical legacy of resistance in femme–butch lesbian communities has continued in this contemporary iteration of femme, in which there is an emphasis on both resistance to traditional notions of femininity and empowerment in alternative expressions of femininity. It is associated with both intentionality of expression and reclaiming aspects of femininity that feel identity congruent for the individual. Furthermore, as part of empowered resistance, many femme individuals

present with bold aesthetics in order to come across as more visibly queer.

It is important to note the ways in which femme identity manifests in contemporary LGBTQIA+ subgroups. As discussed above, feminine-presenting sexual minority (LGBQA+) women have historically faced less overt prejudice than masculine-presenting LGBQA+ women, due to presenting in a gender-conforming way. However, because of the conflation between gender nonconformity and sexual minority status, feminine-presenting women are often invisible as LGBQA+ individuals. This presents a different kind of stressor for femme LGBQA+ women, as they must regularly out themselves in order to have their sexual identities recognized and respected. This trend holds even within the LGBTQIA+ community, in which femme LGBQA+ women often have to reiterate and justify their sexual minority status. Otherwise, they are assumed to be heterosexual, resulting in an invisibility and even denial of an often salient aspect of their identities.

Femininity among trans individuals is also devalued within mainstream society, owing to the devaluation of both femininity and transness. Trans women, in particular, face prejudice because they both reject their assigned masculinity and express femininity, thus putting them at increased risk for discrimination and violence. For example, trans women make up the vast majority of trans individuals murdered each year. Additionally, in order to be accepted in society as women, trans women are expected to perform traditional femininity. If they perform too little femininity, they may be accused of not trying hard enough, and if they perform too much femininity, they may be accused of caricaturing women. Adopting a femme identity can help trans women to embrace femininity and reject the masculinity that was forced upon them. However, it is also worth noting that not all trans women want to embrace a queered femininity in this way. There are many trans women who welcome the invisibility associated with traditional femininity because it affords them the opportunity to live as women without disclosing their trans status (i.e., be "stealth").

Trans men and nonbinary individuals may also identify with a femme identity. Many transmasculine AFAB individuals strongly reject femininity after coming out as trans but then reclaim aspects of femininity further along in their transitions after they become more affirmed and settled into their identities. This later reclamation of femininity is necessarily queer because it does not follow the traditional script for femininity that necessitates a cis woman status. Trans men who express femininity are presenting in a gender-nonconforming way (i.e., a queer way). Similarly, nonbinary individuals, regardless of sex assigned at birth, have an inherently queer gender and thus an inherently queer expression of femininity. Furthermore, trans individuals often present in particularly bold ways to overtly signal their queer identities, further adding to the queering of their femininity.

Femmephobia

Femmephobia is defined as prejudice against people perceived to be feminine, especially prejudice against nonnormative femininity (i.e., femme individuals). Femmephobia differs from misogyny in that misogyny is defined as prejudice against women as a group, whereas femmephobia focuses on femininity itself. Femmephobia may thus include prejudice not only against cis women but also against feminine cis men and binary and nonbinary trans individuals. Additionally, because femmephobia often manifests as prejudice against individuals for being perceived as failing to embody traditional femininity, it also has an inherently intersectional focus, as these perceived failures are often the result of deviations from Western beauty standards that privilege individuals who are white, young, thin, able-bodied, cis, and heterosexual. Thus, other axes of marginalization are also brought to the forefront.

In addition to these broad considerations of femmephobia, it is also relevant to look at specific examples of how femmephobia manifests within subgroups of the LGBTQIA+ community. It is well documented that femininity tends to be devalued within communities of gay men. This is thought to be due to the privileging of masculinity within the dominant, patriarchal society and the assumption that gay men are inherently feminine for being gay. Within this context of societal heterosexism and femmephobia, many gay men have culturally valued masculinity and attempted to act more heterosexual and gender conforming in order to regain

sociopolitical privilege. Femmephobia among gay men is strengthened by society at large, as men who are more feminine face greater prejudice and discrimination, which, in turn, is linked to lower psychological well-being and lower self-esteem among feminine gay men relative to masculine gay men.

Intersectionality

Given the deliberately broad, inclusive definition of *femme* and the multiaxial marginalization of femmephobia outlined above, the concept of femme offers an inherently intersectional approach to femininity. Additionally, femininity as a concept is othered in society; thus, other identities that are similarly marginalized and devalued also become feminized. This allows for other minoritized identities to complement femme as a way of queering femininity, in contrast to traditional prescriptions of femininity. Femme identity has been an avenue of empowerment through which individuals who adopt this queer version of femininity are able to take back femininity from its heterosexual and otherwise dominant societal construction. In general, femme individuals have not only reclaimed and politicized traditional feminine expressions of fashion and makeup but also have created a space for those left out of traditional ideas of femininity (e.g., people who are of color, fat, old, disabled). This celebration of different types of femininity is inherently radical and queer because patriarchal society pits individuals against each other to best suit the ideals of traditional femininity. In contrast, femme identity embraces diverse expressions of femininity and does not require other forms of femininity to be disparaged and disregarded in order for it to be valued.

Femmes of color face challenges related to expressing femininity in the context of racism. Femmes of color can reclaim fashion and other feminine expressions based on their heritage, rather than adhering to the white prescriptions of femininity seen in mainstream society. This serves as both an act of resistance to traditional femininity and a means of empowerment through which femmes of color can become more attuned with their cultural backgrounds. Additionally, the experiences of femmes of color provide an example of how even within femme communities, there is not a universal understanding of queer femininity. For example, one fashion trend among young white queer women has been to embrace a vintage, 1950s aesthetic, which signifies a time period before rampant consumerism and, for some, a reclaiming of working-class roots. For some women of color, however, this fixation on 1950s fashion as an ideal is problematic, as it minimizes the racist social policies and practices of that era. This shows that, even within femme communities, what feels empowering for some may be disempowering for others, and some expressions may perpetuate harmful ideas.

Femmes of color also face a paradox of being both invisible and hypervisible for not fulfilling the traditional feminine role. They share this paradox with fat femmes, along with the subsequent societal message that they should take up less space on the basis of their hypervisible statuses as nonwhite and fat. Through reclaiming femininity, both groups also send a similar message that they refuse to be policed into taking up less room.

Traditional femininity prescribes that individuals must be thin, thereby inherently queering fat femininity. To embrace femininity while being fat is considered a taboo in mainstream society, which lends itself to a queer femme status. This idea is most evident for women and AFAB individuals, but it holds for people of all genders; the genders of fat people can be considered inherently queered because normative genders (i.e., cis men and cis women) are prescribed as inherently thin.

Similarly, the requirement of traditional femininity that one must be young means that aging is also an inherently queer (i.e., nonnormative) aspect of femininity. Under dominant societal norms, aging women are expected to fade into the background and relinquish their femininity; thus, to embrace femininity while aging is inherently queer and lends itself to a femme conceptualization of femininity and to a femme identity. Continuing to wear fashions prescribed for younger individuals and deciding how much or what types of makeup to use become queer acts of resistance to traditional femininity.

Disabled femmes likewise demonstrate inherent queerness by embracing their femininity due to the traditional feminine prescription that to be feminine, one must be able-bodied. Physically and mentally disabled individuals are often stereotyped

as nonsexual and thought of as sexually nondesirable, which means that disabled femmes need to reclaim their sexuality along with their femininity. Femmes with visible physical disabilities often strategically use fashion and makeup in order to acknowledge both their femininity and their disability.

Nat L. Bricker and Kimberly F. Balsam

See also Femininities and Femme; Femmephobia; Gender Expression; Gender Nonconformity; Racialized Femininities; Racialized Masculinities

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R

Racialized Femininities

The modern binary gender system is a historical product of colonialism, moderated and informed by whiteness. Therefore, people who are *outside* of modernity and coloniality experience gender differently than white people. Black and brown people's genders are also marked and perceived differently than white binary genders because of the effects of racial stereotypes. *Racialized femininities* refers to the various manifestations and perceptions of femininity embodied by Black and brown people; the term takes into account how gender intersects with racism and colonialism. An examination of the racialization of femininities reveals how "true" femininity is defined by whiteness and how racism and colonialism rob or impose femininity on people of color to dominate and control them.

Colonial Gender Systems

Scholars in Indigenous Studies have illustrated how gender as a modern construct was socially constructed by coloniality. María Lugones outlines how coloniality naturalized the gender binary and therefore naturalized sexual differences between men and women. Binary and hierarchical gender ("man versus woman") did not operate as a concept for many precolonial societies. Rather, European colonial forces imposed the cis-heteropatriarchal binary gender system as a tool of domination in order to destroy Indigenous belief systems. For example, Oyèrónkẹ́ Oyěwùmí argues that in precolonial Yoruba society, power was not determined by gender because different genders were not binarily opposed; rather, the binary gender system was introduced through the violence of colonialism.

Postcolonial Studies has also revealed how colonial discourse described colonized women as exotic and orientalized in relation to white women's virginal innocence. For example, Gayatri Spivak unveils how canonical European novels like *Jane Eyre* capitalize on the contrast between the savage, mad, and hypersexual colonized woman of color and the pure white woman. While many colonized men were also portrayed as savage and barbaric in colonial discourse, they were simultaneously feminized to show their "failed" masculinity. Moreover, many representations of African and Asian geography in European literature feminize the colonized land, exposing the Western premise that "masculine" colonial forces should plunder and control "feminized" land. These historical impacts of colonialism continue today, as neocolonial and imperialist forces continue to use gendered militarism and orientalism to justify Western and white dominance.

Ungendering Under Enslavement

Scholars in Black Studies and Decolonial Studies have outlined how the modern understanding of humanness is based in Western and colonial knowledge production. They have also outlined how Black people were cast outside of the category of human and rendered less than human or nonhuman

under coloniality and enslavement by forcibly being transformed into commodities or rendered beastly in the Western imagination. Sylvia Wynter argues that the notion of the Western Human is rooted in a cisgender, heterosexual man. Frantz Fanon also argues that Black people were forced into the "zone of nonbeing," since the white colonial gaze rendered them less than human. Since binarily opposed genders are a requirement of the human, to be excluded from humanness also means an exclusion from the binary gender system. Therefore, those rendered nonhuman under enslavement were also forced out of colonial gender norms.

Hortense Spillers delineates how Black people were "ungendered" during slavery because of their violent transformation by the white gaze into commodities. Since Black people were "thingified," or turned into "things," all the traits that came along with the notion of the human, such as gender and kinship, were stolen from them. According to Spillers, the captive female body was unnamed and ungendered because it existed without the potential for family roles and kinship bonds. Distinguishing between the sentient "body" and the contained "flesh," Spillers shows that the body is the privilege of the free, while flesh is all that remained for Black people who were "thingified" by white enslavers. Since flesh is nameless and, therefore, ungendered materiality, it becomes a tool to racialize Black people. Flesh emerges when the idea of the full breathing body is stolen from Black people. Therefore, the concept of womanhood or femininity was denied to Black women because the white colonial gaze perceived them as flesh.

This concept of the ungendering of Black people under enslavement has been used in Black Trans Studies to examine what Marquis Bey calls the *Blackness of transness* and the *transness of Blackness*. C. Riley Snorton argues that "Black" and "trans" are not distinctly separate categories. Since both Blackness and transness are excluded from the Western binarily gendered human, these categories constitute each other. Snorton shows that the fungibility of Black flesh under enslavement created conditions of gender manipulation and rearrangement, hence giving birth to different forms of trans experiences. Black women who were ungendered or rendered flesh, therefore, occupied a trans space. Since Black and trans identities are interrelated and co-constitutive, Black feminism and trans feminism are also interrelated. According to Kai M. Green and Marquis Bey, Black feminism offers a trans feminist perspective because it challenges the limitations of the (white) gender binary and ruptures the category of "womanhood," exposing how "true" womanhood and femininity are available only to white cis women.

Racial-Gender Stereotypes

Since we live in an anti-Black global system that operates through a colonial framework, the white gaze conceptualizes the genders of women and femmes of color as excessive, failed, exotic, or underdeveloped. Racialized people are often perceived by the white gaze as monstrous; this monstrosity is particularly attached to women and femmes of color who refuse to embody the ideals of white womanhood. For example, Black and brown Muslim women who wear attire that white society deems abnormal, such as hijabs or burqas, are often considered monstrous or dangerous. Furthermore, Black women in general are often stereotyped as angry, loud, and excessive and thus rendered monstrous by the white colonial gaze.

Different women of color are also sexualized differently on the basis of race. Black and Latina women are often perceived as hypersexual or sexually excessive. This leads to a larger perception of a lack of Black innocence, due to which Black girls are often robbed of their girlhood because white society prematurely renders them grown sexual women. The white cultural perception of Latina women as exotic and oriental is also revealed in many contemporary cultural productions that fetishize Latina women as simultaneously othered and desirable. In contrast, Asian women are considered undersexual or passively sexual, and they are therefore infantilized. Arab and South Asian Muslim women are also perceived as undersexual or sexually repressed, based on stereotypes of Islam. The violent stereotyping of Black women as hypersexual results in a colonial need to police, control, and regulate Black feminine bodies, while the harmful stereotyping of brown Muslim women as undersexual results in a white savior complex, or an effort to "save" these women from their so-called repressive cultures.

Racialized femininities are not only produced through negative stereotypes but are also co-opted

and tokenized by imperialism. Erica Edwards argues that the binary of normativity and antinormativity is inadequate to understand the paradoxical position of Black women's sex and sexuality in the post–World War II U.S. nationalist and imperialist imaginary. Edwards argues that in the contemporary moment, Black sexuality is not only made monstrous, but it is also incorporated into the U.S. imperial imaginary. The co-optation of Black women by the United States often perpetuates imperialist feminism and homonationalism, which refers to the state's appropriation of liberal gender and sexual politics solely for the purpose of justifying the "War on Terror" and other neocolonial missions.

Coercively Assigned Femininities

While ungendering and commodification have historically robbed Black women of femininity, coloniality has often imposed femininity on Asian men. Discussing the "racial castration" of Asian cis men, David Eng contends that under the white gaze, the Asian American penis is rendered invisible. Because the Asian man is racially castrated and feminized, he is also queered, hence perpetuating the notion that colonized societies are queer, while white Western societies are heterosexual. Eng ties the feminization of Asian American men to migration and economic histories, showing how many Asian men traditionally worked in professions that were stereotypically perceived as feminine, such as laundries and tailors' shops. Furthermore, Chinese exclusion laws that prohibited the migration of Chinese women to the United States also contributed to the stereotype that Asian communities were homosocial queer communities, where men could substitute for women. Therefore, Asian American men were excluded from heterosexual reproduction and normative kinship bonds.

Since masculinity is normatively understood to be dominant and violent, and femininity is conceptualized as weak and passive, the perception of Asian men as passive feminizes them. Scholars in queer Asian studies, such as Nguyen Tan Hoang, contend that since Asian men are feminized, they are believed to be "forever bottoming" during gay sex, an idea that is based on the premise that bottoming equals passivity, and passivity means feminine. Hence, sexuality is always intertwined with racialized gender. In such instances, there is a clear link between oriental passivity, racial castration, and sexual bottoming.

Oriental fantasies and fears of brown femininity also extend to brown Muslim or Sikh men, who are likewise considered a failure of masculinity. Jasbir Puar demonstrates how the "War on Terror" produced the notion of the feminized brown man. Puar discusses how the image of the feminized, turbaned man was created in order to justify the anal raping of imprisoned cis men in Abu Ghraib. For example, after 9/11, feminized and sexualized images of Osama bin Laden were frequently circulated to demonize racialized Muslims and transform them into the sexual "bottom" during acts of military rape. The "War on Terror" constructed Muslim and immigrant communities as sexually repressive and exceptionally homophobic, as well as created the perception of the Muslim/terrorist body as a demonic kind of queer by representing it through perverse femininity. While perverse queerness has historically been associated with many communities of color, contemporary imperialism also portrays the West as liberal and gay-affirming, hence demonizing communities of color as homophobic to produce and perpetuate homonationalism. Homonationalism espouses the false narrative that the United States promotes the "right" kind of queerness by abiding by Western notions of masculinity and femininity, while racialized Muslims stand outside the "right" kind of queer identity because of their presumed perverse femininity and pathologically homosocial culture.

Take-Aways

Since Black and brown women and femmes are differently located from white women, racialized femininities should be examined through the power structures of the modern-colonial gender system. The white colonial gaze dictates that "true" femininity must correspond to the qualities embodied by white cis women, and "true" masculinity must correspond to the qualities embodied by white cis men. Therefore, Black and brown women and femmes are often perceived by the white gaze as inadequately feminine for being outside of the white binary gender system. Black women and femmes are perceived as masculine by the white gaze and ungendered in the afterlife of slavery because of the forced "thingification" of

Blackness. At the same time, Asian, Arab, and brown Muslim men and masculine people are often forcibly rendered feminine by colonialism. Therefore, different markers of gendered excess or lack thereof are attached to people based on the complex and, at times, contradictory ways in which they are racialized.

Aqdas Aftab

See also Asian American People, Black People; Femininities and Femme; Indigenous People; Intersectionality in Research; Muslim People; Racialized Masculinities

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Racialized Masculinities

The term *racialized masculinities* describes the intersection of masculinity and race. The phrase is often used by scholars and others to describe the behaviors, styles, and identities of cisgender men of color. Yet, trans masculinities taken on by a broader range of individuals who are not cis men are also racialized. A critical examination of whiteness indicates that white masculinities are racialized masculinities as well. Resources and privilege that often accrue to masculinity in a heteropatriarchal culture play out differently according to race, as well as class, sexuality, and ability. Differential experiences of safety in public spaces and material outcomes in the workplace illustrate how Black and Latinx trans masculinities, as well as other trans masculinities of color, do not necessarily confer the same advantages of white trans masculinity. This entry uses the concept of intersectionality to define and provide examples of racialized trans masculinities, mostly in the United States, and illustrates how these masculinities differently shape experiences of privilege and safety for transmasculine people.

Defining Racialized Masculinities

The phrase *racialized masculinities* refers to a specific, interconnected relationship between socially constructed categories of masculinity and race. Masculinities are practices and styles that are associated with men in a given time and place. Referring to masculinities, instead of a singular masculinity, is a reminder that there are multiple ways to express masculinity and a range of categories of masculinity. It would be easy to think that everything men do is masculinity, but people who are not men or who are not assigned male at birth can be masculine, and femininity is not the sole arena of women. Race is a social construct and

system of dominations in which laws, policies, and social practices assign people into groups by a combination of physical characteristics and geographic origins. Race refers to, but is not reducible to, those bodily features or places. Racism has very real effects, but race itself is a culturally and historically constructed category that varies over time and place. In critical masculinity studies, the masculinities associated with working-class Black and Latinx men are often defined as protest masculinities in relation to dominant or hegemonic masculinities that are associated with whiteness and middle- or upper-class status.

Intersectionality and Racialized Masculinities

Masculinity and race intersect at individual, group, and systemic levels. The concept of intersectionality, a phrase coined by critical legal scholar and Black feminist Kimberlé Crenshaw and an idea that largely comes out of Black feminist theorizing and activism, illustrates that gender, race, sexuality, class, and other aspects of difference are not separate from one another but interconnected. At the individual and group level, intersectionality does not just describe the experiences of people of color but how all people simultaneously experience various aspects of their social positions and how those positions affect and shape one another. Most important, the lens of intersectionality elucidates how race, sexuality, gender, and class are imbued in social structures and institutions as interlocking systems.

Different aspects of gender also intersect with one another. At the intersection of transgender and masculinity, trans masculinities encompass a range of identities and social positions that most often refer to people who were assigned "female" at birth and who identify with or perform masculinities. This category includes trans men, a range of nonbinary genders, and people who identify as women and engage in styles, dress, and ways of moving that reference masculinities. The most expansive definition of trans masculinities encompasses identities like butch, drag king, and tomboy, although not all of these individuals would consider themselves trans. In this instance, the term attempts to capture a range of identities that cross normative expectations for gender through engaging with masculinities. Earlier understandings of these ways of being referred to them as *female masculinities,* although the term has since fallen out of popularity. *Transmasculine* is often used as a shorthand for describing trans people who are assigned female at birth, whereas *transfeminine* is a shorthand for trans people who are assigned male at birth. Yet, trans women who identify as butch, as well as female-assigned nonbinary people who reject masculinity, do not fit neatly into those categories.

Racialized Trans Masculinities

Using the broadest definition of trans masculinity, there are a number of trans masculinities linked to people of color. *Masculine of center* (MOC), popularized by B. Cole of the Brown Boi Project, is meant to be an inclusive term for transmasculine people to describe themselves. In its original conception, MOC is also meant to signal a desire to engage in political coalition with others and to work toward societal transformation of gender, race, class, sexual, and other inequitable inter- and intragroup relations. *Stud* and *aggressive* are masculine identities taken on primarily by Black individuals who were assigned female at birth and who adopt styles of clothing, ways of speaking, and other characteristics of working-class Black masculinities associated with street cultures and rap music. Like other racialized masculinities, the toughness of stud and aggressive styles can act as a way to navigate the violence of white supremacy, as they do for cis Black men. This toughness can also protect Black transmasculine people from homophobia and transphobia in Black communities. These tough presentations also, at times, translate into relationships that mirror some of the misogyny of heteronormative intimate dynamics.

The relative raced, gendered, and classed locations specific to other racialized masculinities, such as Asian American and Latinx masculinities, also shape the trans masculinities of people in those racial or ethnic groups. Native North American or other Indigenous trans masculinities might be captured in the term *two-spirit*. There are also a variety of non-Western trans masculinities, such as the Indonesian *tomboi* or Thai *tom.* Indigenous and non-Western categories might resemble trans masculinities that are more familiar in the U.S. context, but they originate within their cultural ways of understanding gender overall and are not necessarily reducible to

one another. Naming white masculinities as racialized masculinities offers an opportunity to understand how racialization affects white transmasculine individuals and groups rather than only how racialization affects people of color.

Masculinities in general and each of these racialized trans masculinities hold specific meanings in the geographic context and particular local communities where they circulate. Whiteness often operates as an unmarked category in white supremacist or white-dominated societies. Whether white, Black, or another racialized group, racialized trans masculinities are also shaped by socioeconomic class, sexuality, ability, and other aspects of difference. These racialized masculinities do not determine the masculinity of an individual but represent the cultural and social meanings that they contend with in their everyday lives and over the course of their life in larger cultural contexts. They are not just styles or neutral groupings, because the intersection of race and masculinity produces actual effects on people's lives.

Effects of Racialized Masculinities

Masculinity is often associated with a variety of social and material privileges in patriarchal and heteronormative societal contexts, but race affects this relationship to privilege. Transmasculine people who are recognized as men by other people often experience a range of social and material benefits associated with men as a group. These moments of privilege include things like being listened to and seen as more competent by others, as well as being given more physical space in everyday interactions than cis women and transfeminine people typically receive. Masculinity is also often valued within trans and queer communities where transmasculine people frequently hold more positions of power or receive more visibility within some communities or social and political organizations. It is important to note that although masculinity may confer some advantages, especially for individuals who appear to be heterosexual and white, gaining privilege in not usually a motivation for transition or adopting a transmasculine identity. Consider the intersection of race and gender: Being recognized as a particularly racialized man or being racialized as transmasculine in a specific way may lead to more negative consequences. Differences in safe access to public space and workplace experiences exemplify the varying privileges and subjugations connected to racialized trans masculinities.

Raced and gendered experiences in the workplace, as a context where people earn their living, illustrate the potential material effects of the complex relationships to privilege for differently racialized transmasculine people. A new sense of being seen as competent at work upon gender transition means that trans men or other transmasculine people may be more likely to be promoted and seen as potential leaders by managers and coworkers. Yet, these benefits may accrue only to white transmasculine people, especially those who perform normative masculinities and appear to be able-bodied and heterosexual. Black or Latinx transmasculine people face a different set of racial stereotypes and structural conditions of racism than do Black and Latinx cis women or transfeminine people, and those workplace conditions are damaging in different ways. For example, a Black trans man who works as a nurse might be seen as less competent due to stereotypes and cultural images of Black men as violent, whereas a white trans man is more likely to be promoted as a leader in this feminized profession. Coworkers and managers might view Asian or Asian American transmasculine people through stereotypes about intelligence and passivity, where they are perhaps seen as an efficient worker but not suitable for leadership.

Racialized Masculinities and Public Space

Differing experiences in public space further illustrate the effects of racialized masculinities on transmasculine people. Transmasculine people who were assigned female at birth might have been socialized in their early lives by families, schools, and through broader cultural messages that they were not safe walking alone in public spaces at night due to the gendered threat of sexual assault. Upon being recognized as men or masculine, trans men or other transmasculine people may find that they no longer fear being sexually assaulted in public spaces, which allows a sense of freedom, although they themselves may now become an object of fear by women who are working to protect themselves from assault. The threat of gender or sexual violence may span across white-dominated spaces and communities of color for transmasculine people

whose gender appears to others as visibly nonconforming, ambiguous, nonbinary, or queer. The effects of hatred or exclusion on trans people of color might be particularly impactful within communities of color because those communities are often necessary for support and survival in a white supremacist society.

For Black men or transmasculine people in particular and, to a lesser extent, non-Black Latinx transmasculine people, access to public space is often curtailed by the threat of police and state violence. White transmasculine people may find that an individual woman on the street is wary of them. Yet, the gendered and racialized cultural image of Black men as inherently threatening, and both hype violent and hypersexual, means that they are more likely to be seen as a physical and sexual threat, especially to white women. Based on this imagined threat, people are more likely to call the police on Black transmasculine people and police are more likely to stop them in public places. In a similar vein, transmasculine people who appear to be of Middle Eastern origin or who wear clothing associated with Islam may also be perceived as threatening and a terrorist. Regardless of the actual behavior of some racialized masculine people, their presence in public space becomes threatening due to cultural ideas about race, masculinity, and danger. Treatment by agents of the state, such as police, immigration, or other security officers, as well as court officials and policymakers, may lead to experiences of violence and less access to public space for some racialized groups of cis and trans men and masculine people. To fully understand racialized trans masculinities means acknowledging the different social and material consequences at the intersection of gender and race.

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See also Intersectionality in Research; Masculinities; Racialized Femininities; Tom; Tomboys (Philippines); Trans Men

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Rapid-Onset Gender Dysphoria

See Anti-Trans Theories.

Reality TV

Reality TV is a form of entertainment television that focuses on unscripted interactions and ordinary people rather than actors or professional media personalities. At the turn of the 21st century, reality TV began to emerge as a popular television genre, and over the next two decades, it became a mainstay of television broadcasting in the Western world. During this time, there were significant shifts in the amount and types of representations of trans people in screen media, and reality TV was one of the key sites of these changes. Reality TV has proven a valuable and distinctive platform for mainstream representations of trans people. More than light entertainment, over the last two decades, reality TV has directly contributed to trans politics and debates.

It is the nature of reality TV that its participants are presented as ordinary but at the same time also “special” for having been singled out and made the focus of a television show. In keeping with this motif, trans people featured in reality TV tend to be presented as ordinary, and therefore

knowable, while also standing out as individuals and being celebrated as such. In its most positive capacity, reality TV has increased the general public's familiarity with trans people and particular trans experiences, working to normalize certain trans identities and create greater acceptance of them. In many cases, it has also directed attention to the real-world discrimination and transphobia trans people face. Yet while some reality TV representations of trans people have been affirmative, educational, and/or celebratory, others are exploitative and even transphobic.

As with many mainstream media representations of trans people, in reality TV, there has been a much greater focus on trans women than on trans men. Furthermore, of those trans people who have appeared in reality TV, there has been a disproportionate representation of white, able-bodied, and middle-class people, and reality TV also tends to privilege transnormative modes of trans identity. Within these representations, there is often the problematic underlying theme that trans people have a responsibility to use the platform to educate cis people about trans lives and politics.

Since the turn of the century, reality TV has acted as something of a gauge for the shifting position of trans people in the social consciousness. This entry follows the broad history of trans representation in reality TV since the beginning of this century, focusing on competition shows and docusoaps, which are the two subgenres of reality TV that have most significantly included trans people.

Early Trans Representation in Reality TV

One of the first reality TV competition shows to substantially include a trans person was the U.K.-produced *There's Something About Miriam,* which starred Mexican trans model Miriam Rivera. *There's Something About Miriam* was set in Ibiza and ran for one season in 2004. It was relatively popular with mainstream audiences and aired in a number of countries, including the United Kingdom, United States, Australia, Poland, and Argentina. Following the formula of dating reality TV franchises such as *The Bachelor,* its focus was six cis men vying for Rivera's romantic affection and a £10,000 prize; the twist, however, was that the contestants did not know Rivera was a trans woman. This fact was revealed to them as a "shock" revelation in the season finale once the winner had been announced. All the advertising for *There's Something About Miriam* emphasized Rivera's being trans as a "secret," and each episode underscored and sensationalized that Rivera was a trans woman who had a penis. For example, the show would often, problematically, make a point of identifying Rivera as a "preoperative" trans woman. It also took advantage of Rivera being a voluptuous and stereotypically attractive woman, with the camera often concentrating on her breasts and buttocks.

Although many reality TV shows have since included trans people in more positive and progressive ways, *There's Something About Miriam* relied on regressive modes of representation that portrayed trans people as duplicitous, which were common in 20th-century screen media. *There's Something About Miriam* evoked transmisogyny and transphobia in the ways it positioned Rivera as deceptive and implied the main purpose of her femininity was to entice and "trick" the cis male contestants, rather than it being an expression of her authentic gender identity. When it was revealed in the finale episode that Rivera was trans, the cis man who won the competition became the butt of transphobic jokes. Furthermore, after it was broadcast, the contestants sued the show's producers for defamation, breach of contract, personal injury, and conspiracy to commit sexual assault.

A number of commentators and critics have condemned the show for its representation and dissemination of transphobia. *There's Something About Miriam* was a mainstream media product that centered on a trans person and depicted her as charming, warm, and attractive, which in some ways worked to validate trans subjectivities. However, ultimately it exploited Rivera's physicality and erroneously aligned her being trans with deception, undermining the legitimacy of her gender identity. Nevertheless, the positioning of trans people in reality TV would change from this point onward. Indeed, such was the shift over the following years that in 2008, the United States offered something of an antidote to *There's Something About Miriam* with *Transamerican Love Story*. Working to a similar reality TV dating formula, *Transamerican Love Story* featured a group of cis men contestants competing for the

romantic attention of trans woman Calpernia Addams. Unlike *There's Something About Miriam,* however, all the contestants knew from the outset that Addams was a trans woman, and the show was praised for not sensationalizing Addams being trans.

Big Brother Franchise

In the early years of the new century, *Big Brother* became a reality TV phenomenon, one that, over many years and across many countries, has amassed a relatively significant cohort of trans contestants. Originally airing in the Netherlands in 1999, *Big Brother* was soon syndicated in a range of countries across the world. Each season features a group of contestants, or "housemates," locked together in a house under extensive video surveillance. They are systematically eliminated by public vote until the final remaining contestant emerges as the winner. Trans contestants have featured in *Big Brother* in the United Kingdom, United States, Australia, Netherlands, Brazil, Spain, Sweden, Philippines, and Italy. The international appeal of trans contestants indicates their particular aptitude for fulfilling the formula of being a successful reality TV contestant, which is that contestants are seen as both special and ordinary. On *Big Brother,* trans contestants are usually identified as being distinctive and special for being trans but at the same time rendered ordinary via reality TV's imperative of "ordinariness."

The particular format of *Big Brother* means it has been especially productive in presenting trans reality TV contestants as ordinary. Like all *Big Brother* housemates, trans housemates appear in a domestic space performing everyday activities (e.g., sleeping, chatting, cleaning) over an extended period. These mainstream television depictions of trans people in everyday scenarios are noteworthy because of the media history of trans people being presented as deceitful, as theatrical spectacles, or exploited on tabloid talk shows. In contrast, in many ways, *Big Brother* has often depicted trans people as real, complex people with whom mainstream audiences can become familiar. Nevertheless, while *Big Brother* has often provided affirmative inclusions of trans contestants, trans contestants on *Big Brother* have also dealt with transmisogyny and transphobia.

Big Brother (U.K.)

Big Brother (U.K.) stands out for its relatively high inclusion of trans contestants. A notable early and formative example of *Big Brother*'s ability to offer audiences familiarity with a trans person while establishing them as a celebrity came in 2004 when Portuguese trans woman Nadia Almada won *Big Brother*. Almada's presence on *Big Brother* and her popularity as a reality TV contestant functioned as counterpoint to *There's Something About Miriam*'s exploitative mode of trans representation and marked a turning a point in how trans people were included in reality TV. The voting audience of *Big Brother* Series 5 chose boisterous but endearing contestant Almada as the winner (with 74% of the final vote), after which she maintained her fame and became the most prominent trans person in the United Kingdom. During her time on the show, *Big Brother* producers and the viewing public knew that Almada was trans; however, she chose not to tell her fellow housemates, and they assumed her to be cis. Almada expertly fulfilled the reality TV formula for success; she was interesting and distinctive because of her social transition, and at the same time, cis audiences came to be comfortable with her because, among other things, she appeared over months in the domestic space of the *Big Brother* house. This circumstance gave mainstream U.K. audiences the unusual opportunity to become familiar with a trans woman from a place of knowingness while also watching her function as a cis woman. Almada was generally deemed an authentic reality TV contestant and avoided being perceived as deceptive because she was able to convey—largely through confessionals in the *Big Brother* "diary room"—that her authentic identity was that of a woman; not identifying herself as trans to her housemates actually gave her a chance to be treated as such.

Nevertheless, Almada's presence in the show was certainly not dealt with in an entirely affirmative manner. First, the show maintained a focus on the fact Almada was a trans woman and often used it to create tension. Furthermore, outside of the house, the U.K. press made many transphobic jokes about Almada's appearance. After her *Big Brother* victory, Almada remained a popular celebrity for a number of years and returned to *Big Brother* as a contestant on *Ultimate Big Brother* in

2010. However, audiences turned against Almada while she was in the house. In the days following her subsequent eviction, Almada received hate mail and transphobic abuse on the street, and in less than a week of her eviction, she attempted suicide, all of which was widely publicized. Her participation in *Ultimate Big Brother* and its aftermath demonstrated how close to the surface transphobia can be and how fragile acceptance can be for trans women, including those who are celebrities.

After Almada's negative experience, *Big Brother* (U.K.) went on to include popular and unpopular trans contestants. In doing so, it significantly contributed to the increasing presence of trans people in mainstream media at the time. For example, in 2012, trans man Luke Anderson won the 13th season of *Big Brother;* in 2013, trans woman Lauren Harries came in third on *Celebrity Big Brother;* and in 2018, *Celebrity Big Brother* included the United Kingdom's first trans television newsreader India Willoughby, who was the first housemate on the show to be evicted. These inclusions again enabled cis audiences to engage with trans people and their lives in often, but not always, productive ways beyond shock headlines. Notably, for example, in 2014, trans woman Kellie Maloney entered the *Celebrity Big Brother* house. Maloney had been a successful boxing manager before retiring in 2013, and her appearance on *Celebrity Big Brother* came at the beginning of her social transition. The U.K. press had emphasized the apparent "jarring" effect of a "tough-talking" boxing manager disclosing she was a woman, but during her time on *Big Brother,* Maloney shared and humanized her experiences.

U.S. Competition Shows

A range of competition reality TV shows, such as the international *Idol* and *Got Talent* franchises, have occasionally included trans contestants, who have experienced varying degrees of success and fame as a result of these appearances. As in most Western countries, trans reality TV contestants in the United States have tended to appear as a "special" type of contestant, with shows playing up the fact they are trans to mark them as distinct and interesting but often also having the effect of bringing trans-related issues into public consciousness. For example, in 2008, *America's Next Top Model* (*ANTM*) included trans woman Isis King. Each season, *ANTM* follows a group of aspiring fashion models compete for an elite modeling contract. When King first appeared on the show, her inclusion was widely viewed as a step toward the acceptance of trans women; however, the show gave exaggerated focus to her having a penis. Moreover, the show depicted other contestants making transphobic comments about King, which were widely condemned, including by the creator and host of *ANTM,* supermodel Tyra Banks. King was eliminated in Episode 5 but was a popular contestant and returned in 2011 for *ANTM All Stars*. In this season, a problematic emphasis was again given to her genitals, this time in relation to her having undergone gender confirmation surgery. She was also shown to again face transphobic comments from fellow contestants. King was eliminated in the third episode but has maintained celebrity status since, including as the star of a reality docusoap series (discussed in the following section).

In the same year that Maloney appeared on *Celebrity Big Brother* in the United Kingdom, *Time* magazine in the United States declared that the "transgender tipping point" had arrived. In response to increasing trans visibility in mainstream media, in its 17th season, *Big Brother* in the United States included its first trans contestant in 2015. Indeed, just weeks after *Vanity Fair* magazine famously featured Caitlyn Jenner, trans woman Audrey Middleton entered the *Big Brother* house. The press sensationalized Middleton being trans to some extent during the lead-up to the season starting but also likened Middleton to Jenner, including Jenner's role as an advocate for trans people. Middleton disclosed that she was trans to her fellow housemates on the first night of the competition and was met with a resoundingly affirmative response. She quickly became unpopular with her housemates, however, because of her competition strategies, and she was the fourth evictee of the season, with all but one of her housemates voting for her to leave. After her eviction, Middleton asserted that she saw her presence on the show as having contributed to the visibility and acceptance of trans people.

RuPaul's Drag Race (*RPDR*) has also proven a reality TV space in which issues of transphobia have been brought to the fore. Starting in 2009, each season of *RPDR* features a group of drag

performers competing to become "America's next drag superstar." The show is, in part, a queer parody of *ANTM*. *RPDR* has become a hit queer-themed show around the world and has inspired a number of spinoffs. Despite *RPDR*'s close affiliation with the queer community, it does not have a reputation for easily including trans people, largely due to controversial comments made by the show's creator and host RuPaul. RPDR thus brings to light certain tensions within the LGBTQIA+ community. Most contestants on *RPDR* are gay men, but trans contestants have become a larger part of the show as the seasons have progressed. In Season 2, Sonique was the show's first openly trans contestant, disclosing that she was trans in her season's reunion special. In Season 5, Monica Beverly Hillz apparently surprised those on the show when she disclosed that she was trans. Her fellow contestants and RuPaul appeared supportive and accepting of her announcement.

It was not until Season 9 of *RPDR* that an out trans woman was a competitor in the show from the beginning of a season. Season 9 was widely identified as a hallmark for the show and the trans community when trans woman Peppermint was a successful contestant, ultimately becoming the final runner-up. Although her gender identity was acknowledged, it was not a point of contention or drama. *RPDR* has affirmed its place as an important contributor to cultural discourse regarding gender, as a number of the show's alumni have announced they are trans, genderfluid, and/or genderqueer after their season has concluded and have received press attention for these announcements precisely because of the fame they acquired from being on the show. Notably, since being on the show, Carmen Carrera, Kenya Michaels, Stacy Layne Matthews, Jiggly Caliente, and Gia Gunn have all publicly disclosed they are trans women, and Courtney Act, Violet Chachki, Jinkx Monsoon, Valentina, Aja, Adore Delano, Honey Mahogany, Sasha Velour, Gigi Goode, and Bob The Drag Queen have all publicly identified as trans, genderfluid, or genderqueer.

Docusoaps

Docusoaps are a documentary-style subgenre of reality TV that has become a locus for trans representation in television. Docusoaps combine documentary aesthetics with the drama and serial format of soap opera. Docusoaps follow their subjects over the course of a series and, as such, are distinct from reality programming that features trans people as one-episode participants, such as makeover and medical reality shows. When makeover and medical reality shows include a trans person in an episode, they tend to focus on aspects of the person's physical transition and on bringing the trans person's physical appearance into line with expectations of binary gendering. A notable exception to makeover reality TV shows that only include trans people in one-off episodes is *TRANSform Me* (2010), a U.S. makeover show that was produced by and starred trans celebrity Laverne Cox, in which cis women received a makeover from three trans women stylists. This show has been critiqued for its emphasis of heteronormative ideals of feminine beauty but also applauded because it was the first show to be produced by, and star, an African American trans woman.

Like all reality TV, docusoaps present their subjects as "authentic" and "ordinary," knowable and familiar, despite the shows being heavily managed and edited. When docusoaps are about trans people, this sense of authenticity and ordinariness can be impactful, as they can offer mainstream viewership sustained engagement with trans people being presented as authentic, not deceptive, ordinary, and not sensationalized. There were precedents for contemporary docusoaps that focus on trans lives, from the United Kingdom's *Change of Sex* in 1979 to *Paddington Green* (1998–2000), in which trans sex worker Jackie McAuliffe was among the selection of "ordinary" British citizens the series followed. With the growing interest in trans lives after the turn of the century, a selection of one-off series was produced in the United Kingdom and the United States, including *My Dad Diane* (2005), *Lucy: Teenage Transsexual* (2007), *My Transsexual Summer* (2011), *Transsexual Teen: Beauty Queen* (2012), *TransGeneration* (2005), *Trantasia: Every Boy Has a Dream* (2007), and *Becoming Us* (2015).

A noteworthy selection of docusoaps also has capitalized on the existing fame of certain trans people. For example, Canadian docusoap *Brave New Girls* (2014) featured trans woman Jenna Talackova, who had gained fame in 2012 for legal action she took to be allowed to compete in Miss Universe Canada. *Brave New Girls* features Talackova and her two closest friends. It follows

Talackova as she moves to Toronto, works to further her media and modeling career, and goes out on the dating scene. Talackova has reportedly turned down offers to star in other reality series, including a dating reality TV show reminiscent of *There's Something About Miriam* in which her being trans would have been a "shock twist" revealed to her suitors at the end.

In 2015, two successful trans-themed U.S. series began, Caitlyn Jenner's E! channel docusoap *I Am Cait* (2015–2016), and trans YouTube star Jazz Jennings's TLC network docusoap *I Am Jazz* (2015–). Both of these shows have not only further increased the fame of their respective trans celebrity protagonists but also portrayed these trans women's normal lives as integrated with concerns and issues specific to trans people. *I Am Cait* opened at the time Jenner's cover story in *Vanity Fair* was first released and documented her life following this celebrated disclosure. *I Am Cait* depicted Jenner in her home, visiting friends and interacting with family, as well as activities related directly to her social transition such as visiting a trans support group and discussing trans issues with a group of new friends who are trans. Comparably, *I Am Jazz* has followed the life and family of Jennings through her teenage years and into early adulthood. Jennings first came to public attention as a trans child when she was age 6 and from there built a sustained media presence through her YouTube channel before her docusoap furthered her celebrity. *I Am Jazz* portrays Jennings's "ordinary" life, which includes trans-specific activities such as doctor's appointments regarding medical transition, talking with teenage friends who are also trans, and contemplating the specificities of dating as a trans person. Exemplifying reality TV's ability to cross-pollinate celebrities, in 2016, trans reality TV star Isis King (discussed above) was the focus of Oxygen network's *Strut,* a docusoap about a trans modeling agency. *I Am Cait, I Am Jazz,* and *Strut* not only have provided a platform for existing trans celebrities to be depicted in a manner that renders them "special" but at the same time ordinary and familiar—arguably working to normalize their trans identities—but also have given voice and visibility to noncelebrity trans people introduced as guest stars.

Joanna McIntyre

See also Cox, Laverne; Film; Gender Fluidity; Jenner, Caitlyn; Jennings, Jazz; Social Transition; Transnormativity; Transphobia

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Relationships With Children

An estimated one in three trans people are parents, yet scholars are only beginning to explore trans parents' relationships with children. This entry explores the unique circumstances of trans parenting, which warrant particular study within the LGBTQIA+ umbrella, and highlights the limited but growing research on trans parents and their children. It ends with suggestions for promising future directions for trans family studies.

The Uniqueness of Trans Parenting

As part of the LGBTQIA+ (lesbian, gay, bisexual, trans, queer, intersex, asexual) community, trans parents and their children face many of the same challenges that lesbian- and gay-headed families do, such as societal discrimination and lack of legal recognition. As is the case with LBG parents, courts have used ambiguities in the law and the best-interest-of-the-child rationales to withhold legal parental rights to trans people and break their families apart. Additionally, heterocentric social institutions, such as workplaces, medical centers, and schools, pose a problem for trans parents trying to obtain benefits or services for themselves or their children.

Trans parents' experiences are also markedly different from those of LGB parents: They often encounter various forms of transphobia, medical pathologization, and lack of adequate health care services that shape their experiences as individuals and parents. Whereas gay and lesbian parents increasingly turn to nontraditional pathways to parenthood, most trans parents have conceived their children in heterosexual or same-sex relationships prior to transitioning. For those who transition mid-parenthood, their developmental process of "coming out" occurs alongside their partners' and children's own developmental progressions. Thus, in such contexts, all family members interactively adapt to interpersonal and intrapersonal changes in the midst of a parent's transition, including name and pronoun modifications as well as changes in the parent's behavior (e.g., gender expressions that are more in line with how one defines oneself) and the parent's sexual orientation. These issues differ greatly from one's parent coming out as gay or lesbian, pointing to the need for research in this realm while complicating the idea of LGBTQIA+ families as an umbrella term.

Trans Parents and Their Children

A small but growing body of literature provides clinically informed accounts of some of the complexities facing trans individuals and their families, including the process of developing one's trans identity, "coming out" to family members, and shifting intimate relations and family life posttransition. In most of this literature, partners, not children, are the reference group. Furthermore, while a few studies include children of trans people under the LGBTQIA+ umbrella, children of trans people are not necessarily represented in the methodological samples.

Few studies have focused on the children of trans people exclusively. Drawing from clinical notes about 18 children of trans people in the United Kingdom, Richard Green's research published in 1998 concludes that a parent's trans identity does not have an effect on these important indicators of children's well-being: children's gender identity, experience of peer group stigma, or development. Instead, the challenges children of trans people face arise from divorce. In 2002, David Freedman, Fiona Tasker, and Domenico di Ceglie second Green's findings in clinical accounts of 18 children of trans people, emphasizing that future research should focus on the quality of family relationships. In Tonya White and Randi Ettner's 2004 article, they explore consequences for children of trans people and summarize findings from 10 questionnaires completed by therapists with trans clients. The authors find that therapists perceive young children and adults to adapt best to a parent's transition, whereas adolescents adapt the poorest; family conflict worsened the child's adaptation across all developmental levels. Later, in 2007, White and Ettner drew similar conclusions through interviews with 27 trans parents. Thus, much of what is currently known about the children of trans people comes from few studies of therapist assessments and trans parents.

There are two exceptions to this pattern. First, in 2014, Amanda Veldorale-Griffin surveyed 48 trans parents and nine of their adult children to explore how both parties experienced the parent's disclosure and transition. She found that while parents and children felt similar levels of stress relating to the transition, the types of stress they experience differed: Parents expressed fears of familial rejection and job discrimination, while children worried about bullying, changes in how they perceived their parent, and being caught in the middle of family conflict. In 2019, Jaclyn Tabor conducted in-depth interviews with 30 adult children of trans parents to explore one challenge children faced in adjusting to a parent's transition: new parental titles and pronouns. Difficulties in parent–child relationship in the years following a parent's transition were due in part to the experience of *role-relational ambiguity:* an inability to reconcile the contradictory dimensions of a parent's new identity. Tabor's article is part of a larger

ongoing project exploring the challenges emerging from a parent's transition and the coping and social support buffering against said challenges.

Future Directions

In much of the existing research on trans parent–child relationships, children's voices are absent, leading to oversimplistic conclusions about the effects of a parent's transition on children. In giving voice to children themselves, both Tabor and Veldorale-Griffin step beyond superficial comparisons of children's outcomes in trans and other families to explore *how* parent–child dynamics change as a parent gender transitions. Even so, much more scholarly and clinical analyses are needed to understand the complexities underlying a parent's transition. This will require larger and more diverse samples (particularly those considering differences based on race, class, sexuality, physical and mental disability, and other aspects of identity), more varied methodologies, and more inclusion of parents' and children's own voices. Research can expand by focusing on the different parenting experiences of trans women, trans men, and nonbinary individuals, as well as second-generation LGBTQIA+ children of trans parents.

Jaclyn A. Tabor

See also Children With Trans Parents, Psychosocial Outcomes; Coming Out; Decisions to Parent; Families: Transnational and Global Perspectives; Gender Pronouns; Identity Development; Marriage, Divorce, and Parenting, Legal Issues; Parenthood, Transition to

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Relationships With Family as Trans Adults

For many trans people, families can be fraught. Certainly, some family members, including parents, siblings, grandparents, and other extended family members, can be affirming and inclusive. Such affirmation and inclusion are clearly related to positive mental health benefits for trans people. But for many trans people, family members can be a primary source of discrimination. Discrimination, including violence, from family members is related to adverse outcomes for trans people. By contrast, and echoing broader social norms whereby animals are often considered part of the family, trans people report positive kinship relationships with animal companions (i.e., domesticated animals who live in the home). Such relationships can help to mitigate experiences of marginalization by other family members. Research on relationships with family for trans adults has rarely focused on nonwhite participants. It is likely that, for trans people of color, the intersections of multiple forms of marginalization will compound experiences of family marginalization. Research on relationships with family for trans adults has explored the experiences of people of a diversity of genders, with some research suggesting that nonbinary people are more likely to experience family rejection.

Effects of Discrimination and Violence by Family Members

For many trans people, family members engage in forms of discrimination that are deleterious to

well-being. Discrimination can take the form of intentional misgendering (i.e., using incorrect pronouns or names) or pathologizing (i.e., saying that a trans person is sick, sinful, or otherwise deviant simply by the fact of being trans). Discrimination can take the form of indifference from family members, with family members indicating that they do not care either way about a family member being trans. This type of indifference can be experienced as rejection, by signaling an unwillingness to engage with a person's gender diversity.

Discrimination can also involve explicit rejection by family members. This can include acting as though a person no longer exists, telling other people that a trans family member is dead, and making acceptance contingent on a person not being trans. Rejection or discrimination by family members is related to increased psychological distress for trans people and a decreased sense of social connectedness. Family rejection specifically is related to an increased likelihood of suicidality and an increased likelihood of drug and alcohol use.

Finally, some trans people experience violence enacted by family members. This violence, in addition to discrimination and rejection, can include physical violence, sexual violence, and verbal abuse. It can include withholding money for medication or withholding medication. It can include threatening to out someone as trans or actually doing so. It can include destroying gender-related personal items, including hair, clothing, binders, packers, and makeup. Experiences of family violence are related to increased psychological distress and distrust of other humans.

Animal Companions Can Mitigate the Effects of Family Marginalization

Importantly, animal companions, who are experienced by many people as constituting kin, can provide an important corrective to family violence, discrimination, and rejection. This does not mean that family violence, discrimination, or rejection is acceptable or necessarily more bearable. Rather, it is to say that relationships with animal companions can help to supplement missing relationships with human kin, serving as an important source of love and companionship. Importantly, however, trans people who live with abusive family members with their animal companions acknowledge that abusive family members may use animal companions as an additional mechanism of control. This can include withholding food or medication from animals, physically abusing animals, refusing animals entry to the home, or threatening any of these in order to control a trans family member. The abuse of animal companions, importantly, may serve as a trigger for trans people to leave abusive familial contexts.

Beyond abusive family contexts, animal companions as kin provide an important buffer for many trans people against broader societal marginalization. This is because animal companions are experienced as providing unconditional love, positive regard, friendship, nonjudgmental support, and a space for healing from trauma. For some trans people, animals are the first people to whom being trans is disclosed. In this context, animals may be experienced as providing unwavering support for gender transition. As such, animals-as-kin are often vital and much-loved family members for trans people.

Importance of Support From Family Members

Importantly, not all trans people experience negative relationships with human family members. Some trans people experience emotionally close relationships with family members, and this is related to positive mental health outcomes, increased life satisfaction, and an increased sense of connectedness to society more broadly. As such, families have an important role to play in facilitating resiliency for trans people, especially given that closeness to family can help to mitigate the effects of broader societal discrimination.

Within their families, trans people have reported greater connectedness and support from women and less connectedness and support from men in their family. Connectedness is typically facilitated by affirming responses from family members. Such responses include emotional support, using correct pronouns and names, offering financial support (such as in relation to medical treatment), advocating for the inclusion of trans people, and providing mentoring.

Prioritizing Gender Transition Over Family

Some trans people may not experience discrimination from family members but may nonetheless feel that their family members are in other ways

holding them back from transitioning. Other trans people may have concerns about the effect that their transition may have on family members. As a result, some trans people may delay transitioning due to prioritizing the needs of family members, while other trans people may feel the need to leave otherwise supportive families in order to prioritize transitioning. For some people, health care professionals can play an important role in supporting family members to understand the needs of a trans family member.

Damien W. Riggs

See also Discrimination; Family Therapy, Trans Youth; Parents of Trans Children and Youth, Relationship Issues; Relationships With Siblings; Violence

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Relationships With Romantic/ Sexual Partners

Although the romantic and sexual relationships of cisgender (cis) heterosexual, lesbian, gay, and, to a lesser extent, bisexual and queer (LGBQ) people have been studied extensively, relatively little research captures the nuances of intimacies, relationships, and partnerships wherein at least one person in the relationship is trans. This entry explores the extant research and suggests future directions for scholarship on trans people and their relationships with romantic and sexual partners.

Coming Out as Trans

Coming out as trans, or disclosing one's trans identity in a relationship, can be challenging or, in some cases, life-threatening. According to the 2015 U.S. Transgender Survey, about 50% of respondents have experienced some form of rejection while disclosing their trans identity to others, and about 27% of respondents' romantic relationships ended as a result of coming out. Studies have also noted that coming out as trans is more likely to be received positively by cis LGBQ partners than cis heterosexual partners, but results are often complicated and dependent on additional social factors such as ethnicity, class background, and sexual identities of the partner and trans person coming out. For example, many Black and Latinx trans women have been assaulted and even murdered by cis men after coming out as trans, whereas white trans men and nonbinary people have tended to report relatively supportive reactions from their partners after coming out at trans or nonbinary, and the incidence of assault and murder is lower than for their Black and Latinx trans women peers. Trans people often gravitate toward trans virtual communities and resources to learn how to navigate relationships with romantic and sexual partners, and these resources have greatly proliferated over the past three decades.

Dysphoria

Gender dysphoria may be described as feelings of discomfort that one's physical embodiment—or how others perceive one's body in the world—does not match one's gender identity and felt sense of gender. Although not all trans individuals experience dysphoria, for those who do, it can be particularly challenging to navigate relationships with partners or potential partners. This is especially so if partners or potential partners have limited knowledge, experience, and communication skills around trans experience and identity. For example, coming-of-age novels about trans women's experiences, such as *Birthday* by Meredith Russo and *Palmetto Rose* by J. E. Sumerau, map complexities trans people face in

deciding when and how to disclose trans status in the context of romantic and sexual relationships. Similarly, existing empirical research finds that gender dysphoria may negatively affect romantic or sexual connections that trans people have with others if certain body parts that are often involved in intimate encounters, foreplay, and sexual activities between partners are off-limits for touching. Preferences around touching and intimate contact may also shift over time and contexts, including around social and medical transition processes.

Relationships and Transitioning

Undergoing processes of social and/or medical transitioning may produce additional opportunities and challenges for trans people when dating and cultivating romantic and sexual relationships. However, not all trans people receive gender-focused medical care or even basic wellness care. In part due to concerns about cisnormativity and anti-trans harassment and discrimination, over half of trans people in the United States do not receive any type of medical care. Disclosing processes around one's health and transition can be challenging, particularly if partners are unfamiliar with the barriers to trans people accessing safe, affordable, and effective basic and transition-related health care. Researchers have explored both cis partners' struggles around a trans partner's transition or broader gender expression and trans people's experiences navigating cis partners' actual and potential reactions to transition, or to broader gender expression within relationships. Although research studies provide a foundation for exploring both sides of such dynamics, more work is needed to tease out nuances and complexities about how transition affects relationships. Despite these documented transition-related struggles, many trans people also maintain rewarding relationships with their partners, whether the partner is trans or cis, and gain rich opportunities for mutual support, an often challenging but necessary process in a cisnormative and transphobic society.

Sexuality and Gender Identity Shifts

Experiences of dysphoria, transitioning, and coming out as trans play a part in shaping the sexual and gender identities of trans people and their romantic and sexual partners. Specifically, challenges and negotiations around identities can occur due to shifting desires and intimacies for both trans people and their partners. One of the most common assumptions around transition is that when a trans person transitions or broadens their gender identity and expression, their partners' sexual identity also changes. While this is certainly true for some trans people and/or their partners, it is not the case for all. Another common assumption is that trans people who transition or expand their gender self-expression will leave their current partners for someone better aligned with their "new" gender and sexual identities (e.g., a trans woman leaving a gay, cis man for a heterosexual, cis man). Although the sexual identities and relationships of trans people can and do change during transitions, these are not universal processes, and many couples, wherein one of the partners is trans, continue their relationships throughout the transition process. Nevertheless, some trans people may leave existing partnerships and embark upon new dating and relationship possibilities.

Self-Representation and Protection When Dating While Trans

In the parallel context of cultural fetishization and social oppression of trans people, members of these communities may engage self-protective strategies while dating and forming relationships with romantic and sexual partners. Author alithia zamantakis (2019) describes these strategies as "bodily and affective labour performed by trans/nonbinary individuals prior to and at the beginning of intimate relationships/encounters" (p. 294). These strategies may protect trans people from investing time and energy in dating those who are transphobic or who have internalized cisnormative beliefs about bodies, gender, and sexuality. Indeed, some trans women who have written autobiographical novels have noted tensions around relationships concerning bodies, gender expectations, and intimacy. Echoing these literary representations, academic researchers note how trans people often take careful measures while dating and engaging with others through online dating apps.

On online dating profiles, for example, a trans person might openly self-disclose their gender identity to ensure they do not interact with transphobic people. Trans people often engage in backstage management of what the sociologist Erving Goffman (1956) called the "presentation of the self" to ensure their own safety and to procure more appropriate dating matches. However, researchers have also described how some trans people may be compelled to engage in cisnormative desirability politics in dating contexts and to construct presentations of self driven more by cis people's desires than by their own. There are thus many factors that trans people must negotiate when dating and forming romantic and sexual relationships, such as disclosing experiences of dysphoria, social and/or medical transitioning, and coming out as trans.

Future Research Directions

With the rapid growth of social scientific interest in trans experience since the 1990s, research focusing on trans men, cis people who date trans people (although focused largely on trans men), and trans families and children has become more common. Literature on trans women and nonbinary people, however, remains comparatively scant. Because of this, researchers seeking literature on these communities typically must turn to literary studies and novels focused on and often written by trans women and nonbinary people themselves. Researchers may gain considerable insight from analyzing the literary works of trans women and incorporating systematic observations from this body of work into their empirical research. In so doing, scholars may begin to expand and more comprehensively study the relationships of trans people rather than continuing to focus largely on limited subpopulations of broader trans communities. At the same time, we may learn about nuances and variations in trans relationships within and between different groups within the trans population.

Existing research also tends to focus on the experiences of trans people's partners rather than on the dating and relationship experiences of trans people themselves. Future research on trans relationships is needed to expand beyond existing patterns in how trans relationships are studied. The factors that trans people must consider when dating and forming relationships with romantic and sexual partners are related to individual and interpersonal relationship dynamics in the context of a cisnormative and transphobic culture. Future research might well focus a sharper lens on the timeline of coming out as trans in relation to when trans people meet their romantic and sexual partners and form relationships. Additional research, both quantitative and qualitative, is needed on trans people's experiences in dating and relationships with romantic and sexual partners. As this research expands, greater attention is likely to be paid to how intersectional identity factors—such as race, ethnicity, age, social class, health, disability, nationality, and body size—interface with gender and sexual identities and embodiments to affect trans people's relationships.

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See also Intimate Partner Violence; Partners of Trans People; Sexual Fluidity; Sexualities/Sexual Identities

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Relationships With Siblings

Sibling relationships are typically some of humankind's most enduring relationships, often lasting a lifetime, yet they have received surprisingly little research attention. This is especially true regarding relationships between trans people and their siblings. These relationships can shift not only in response to gender identity disclosure and affirmation but also due to family dynamics, community interactions, and sociocultural forces acting on both the trans person and their sibling. For trans people, siblings can be sources of both support (e.g., as advocates) and stress (e.g., refusing to use a sibling's pronouns). Having a trans sibling can foster growth and altruism and also involves unique stressors. Professionals and families can nurture positive relationships for trans people and their siblings by encouraging communication, creating space for siblings' feelings, and working to remedy systemic stressors on trans people and their families—especially for youth.

Research on Sibling Relationships

The sibling relationship is common; approximately 80% of U.S. adults grew up with at least one sibling. It is often the longest-lasting relationship that people have, involving shared experiences across the life span. During youth, most siblings spend more time with each other than with parents. However, for such a formative relationship, relatively little research attention has been devoted to it, mostly relegating siblings to comparison subjects to control for genetics and/or upbringing in the study of other topics. Existing knowledge falls roughly into three realms: general sibling relationships, those of sexual minorities (e.g., lesbian, gay, bisexual, etc. [LGBQ+] people), and those of trans people, particularly youth.

General Sibling Relationships

Family systems theory holds that sibling relationships occur not just in the context of the one-on-one interactions between them but within that of the family system. A significant change for one family member can affect all members and their relationships. For example, a parent's new job with longer hours may force an older sibling into more of a caretaking role for a younger one. When a trans person comes out and begins gender affirmation, this can change multiple relationships within the family, including the sibling relationship.

Growing up, siblings exert influence on each other, with younger siblings especially affected by older siblings. Behaviors such as substance use, risk taking, and social aggression in children correlate with those of their older siblings, even controlling for other factors. Conversely, positive sibling modeling in childhood predicts more positive affect and better peer relations. Siblings may support a social transition for a same-gender trans sibling by helping them express their affirmed gender (e.g., loaning clothes) or explaining social customs (e.g., the "etiquette" of public restrooms).

Siblings are alert for and keenly aware of differential parental treatment; if such is perceived to be unfair, discord can arise between siblings. This can be more marked in societies that prize individualism, such as the United States. Because parents may need to temporarily devote more resources to trans children during transition, this may be a point of resentment for young siblings if they regard it as inequitable.

How strongly a family enforces cultural ideas about gender—whether intentionally or unintentionally—can have an impact on what roles siblings play within the family, affecting the nature of sibling relationships. For example, in certain families, sisters may be expected to help in the kitchen while their brother does not, or a son may feel freer not to marry if his older brother has already had children and "carried on the family name." A trans sibling's transition may alleviate or exacerbate such roles, depending on birth order, the "valence" of transition (e.g., whether the trans person's transition leaves their sibling as the only/eldest child of a given gender), and the strength of the existing sibling relationship.

Sibling Relationships of Sexual Minorities

Most sibling research with sexual minorities (SMs) has focused on the roots of SM orientation (e.g., twin studies) or compared life experiences of SMs with those of their non-SM siblings. A 2009 study of adolescent SM sibling relationships found that those who perceived that their sibling approved of their sexual orientation reported greater closeness in the relationship. Sisters were more often disclosed to *first* and perceived as more approving than brothers. This gendered pattern of disclosure may hold for trans people and their siblings; indeed, studies with trans youth show higher acceptance from mothers than fathers.

Sibling Relationships of Trans People

Most research including siblings of trans people (SoTP) focuses on the characteristics of trans people, using their siblings as comparison groups. That research has shown that, compared with their cisgender (not transgender) siblings, trans adults tend to have higher levels of education, live farther from their childhood home, perceive lower parental support, and be less likely to be religious, parents, or in a partnered relationship. Virtually no research to date has focused on SoTP themselves or the nature of trans sibling relationships. However, some patterns have emerged from qualitative studies from the 2010s and early 2020s with trans youth and their siblings, and others may be extrapolated from what is known about sibling relationships in general or SM sibling relationships.

Among All Ages

When a trans sibling discloses their gender identity and begins the process of gender affirmation (“transition”), this can cause significant changes in family dynamics that may affect both the trans person and their sibling(s)—positively and negatively. If SoTP have negative stereotypes about trans people or rigid ideas about gender, this may make adjustment more difficult, particularly for youth. For example, older siblings may wonder if they were partly “at fault” due to insufficient gendered role modeling (e.g., an older brother believing he should have helped “toughen up” a sibling who has come out as a trans girl). Previous exposure to factual information about, or interactions with, trans people may help SoTP adjust more quickly and easily to their sibling’s initial disclosure.

During the gender affirmation process, SoTP (like parents) may feel what psychologists call “ambiguous loss”—a sense of loss that is unclear or lacks closure—manifesting as a sense that they are “losing” a sister/brother even as they may also be happy at “gaining” a brother/sister. Transition may also change the ways that gendered scripts are enacted within families (e.g., a boy has to take on a trans girl’s former “boy chores”) and with each other (e.g., a man may ask his trans brother to be a groomsman at his wedding).

Communication between siblings about how the trans person would like their sibling to handle disclosure-related situations is key. For example, a trans person may be “out” to certain people and not others (including parents) and may want a sibling to help keep their secret. This can be a source of stress for SoTP due to fear of accidentally disclosing to the wrong person and the work of having to remember what can be shared and with whom.

Responses to the trans person from those both within and outside the family (e.g., religious community, neighbors) can affect the socioemotional well-being of their sibling(s) in two forms. First, SoTP can feel concern about how their sibling is or will be treated by others. For example, in schools and/or states without trans protections or with actively anti-trans sentiment, exposure to anti-trans discrimination may cause stress not only for trans people but for SoTP concerned for their sibling’s safety. Second, siblings themselves may experience stigma or discrimination (e.g., being cut off from extended family who do not approve of their sibling’s transition). They may also experience benefits from having a trans sibling, such as becoming activists and feeling pride at helping to improve conditions for populations experiencing oppression.

Among Youth

Perhaps due to the plasticity of youth and fewer years of habit to unlearn compared with adults, siblings are often the first family members to consistently use a trans youth’s new pronouns and affirmed name. Trans youth notice and appreciate this as a sign of support. Siblings notice their own mistakes and may judge themselves harshly for “slipping,” especially in households where a parent is seen as unsupportive.

Because they typically live in the same household, young siblings' perceptions of parental favoritism may affect the relationship more than it would for adults. In particular, the extent of parental resources that may be devoted to a trans child's gender affirmation may lead to temporary resentment by a sibling who perceives that treatment as unfair. However, siblings of children with disabilities have been found to view some degree of differential treatment as necessary and therefore acceptable; this may be true among certain SoTP.

SoTP may experience particular stressors in school environments. In many localities, trans youth are not explicitly protected at school, so siblings may feel distress about school-based mistreatment, especially at the hands of adults, and/or attempt to protect their sibling. In U.S. secondary schools, SoTP have been asked inappropriate questions about their siblings. This can be socially stressful, especially for adolescent siblings who may have heightened sensitivity to their own social standing or want to be seen as individuals, not "the trans kid's sibling."

Among Adults

As of the early 2020s, there were no known peer-reviewed studies of relationship quality among adult trans people and their siblings. The ways in which these differ from those of youth are likely to be related to length of time knowing the sibling as their assigned sex, attitudes about gender, and complexities of extended family relationships. For adult SoTP, the sheer length of time shared with a sibling prior to transition may make uptake of new name(s), pronouns, and so on particularly challenging. Siblings may also have their own children, to whom they must navigate explaining the transition in age-appropriate ways. In families with unaccepting parents, siblings may feel caught in the middle, taking on a mediator role.

Implications for Professionals

Professionals in various fields have the power to foster and protect strong and stable relationships between, and ensure positive outcomes for, trans people and their siblings. These relationships face unique challenges related to changes in family dynamics postdisclosure, the need for siblings to develop new frameworks and habits, and the influence of cultures that stigmatize trans people.

Family Counseling Implications

Because disclosure and transition affect the family system, family therapy and other family-focused interventions with trans youth should include siblings who wish to be involved, particularly during adolescence. Although separate support groups exist (both in person and online) for trans youth and their parents, few exist for SoTP. Adolescent SoTP have indicated a need for such sibling-specific spaces and appreciate them when provided; these may also be helpful for adults.

For youth, discussion and/or role-play may help families prepare siblings to handle disclosure, questions, and other common situations. Trans youth should be asked what can be shared, and these boundaries should be periodically revisited, as they may shift with age, stage of gender affirmation, or other circumstances. Adult siblings may need support to communicate similarly and discuss mutually acceptable ways the sibling can navigate other relationships that may shift due to the trans person's transition.

Trans people are highly attuned to usage of their affirmed name and pronouns. Youth may not yet have the cognitive or emotional capacity to understand the difficulty of learning new linguistic habits, so both trans people and their supportive SoTP should be reassured that (unintentional) slip-ups will happen during this process and that this is normal.

Legal and Educational Implications

Because SoTP may feel anxiety about the treatment of their siblings within communities and institutions, policies that negatively affect trans people may similarly affect siblings. For example, evidence suggests that LGBTQ people in states that pass anti-LGBTQ laws experience negative mental health outcomes (e.g., depression, suicide) at higher rates than non-LGBTQ people in the same state or LGBTQ people in similar states without anti-LGBTQ laws. Their siblings may therefore experience related distress.

In schools, SoTP report defending their sibling's right to access restrooms, fielding questions about

their sibling's anatomy by other students and even teachers, and facing social aggression themselves. School boards and personnel can ensure fair access to education by creating learning environments that protect trans youth and their siblings.

Research Implications

Owing to the dearth of extant research about sibling relationships of trans people (particularly among adult, nonbinary, and multiply marginalized populations), scholars in multiple fields have the opportunity to contribute meaningfully to this fairly nascent topic of inquiry. Interdisciplinary research may be particularly enlightening given the multiple sociocultural factors that mediate these relationships.

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See also Family Therapy, Trans Youth; Parenting of Trans Children; Qualitative Research; Relationships With Family as Trans Adults; Youth and Teens, School Experiences

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Religion/Spirituality of Trans People

The meaning and relevance of religion and spirituality differ across individuals. For many people, religion and/or spirituality (i.e., religion/spirituality) help them make sense of life, death, and reality and may be central to how they understand and organize life and make decisions; to others, religion/spirituality may be irrelevant. Many people find themselves reflected and affirmed in their religious/spiritual worldviews, communities, and practices. Many trans people also use religion/spirituality to make sense of their lives and experiences but may not find themselves reflected in the same way that cisgender (cis) people might. Religious/spiritual attitudes and actions toward trans people may vary from condemnation to celebration and often involve a lack of understanding or confusion about trans people and their experiences. Given the potential for negative treatment by their religious/spiritual tradition, trans people may not disclose their gender identity in order to stay connected to those communities. For those who do disclose or are known to be trans, being trans may be cause for rejection from some religious/spiritual groups or practices. Nonetheless, many trans people do find meaning and connection through participation in various religions/spiritual traditions, groups, and practices.

Definitions

Religion

Religion as a broad concept refers to an organized system of beliefs, practices, and rules that teach people an understanding of, and a formula for how to live, life. Religion is strongly connected to formation of values, concepts of right and wrong, good and bad, and justice and reward. Religion may be experienced as a supportive framework to build upon or a cage of suffering from which to escape. This experience may change during one's lifetime.

There are many religions worldwide. Some religions include belief in at least one divine being (i.e., theism/theistic), or higher power; some believe there is a spiritual essence or soul that lives in all things (i.e., animism); and others do not believe in any higher power or divine beings (i.e., atheism). Some religions include belief in repeated lives (reincarnation), while others believe there is nothing past this material life or outside human existence and focus solely on human needs and capabilities (i.e., humanism).

Spirituality and Spiritual Ritual

Spirituality refers to the activities (rituals) one engages in that often arise out of religious traditions,

which may be private and personal, public and social, or a blending of private and public. A person may use spirituality to connect to a deeper sense of themselves, to connect to others and/or to something beyond themselves, or to reach outside their physical existence. Some people describe spirituality as a mystical experience or pursuit or a way of disciplining their behaviors, thoughts, and desires. Spiritual rituals are repeated, often formulaic, actions and/or thoughts, words, sounds, and so on that are meant to bring about a state of mind, emotion, or focus for the practitioner, such as prayer, chanting, or meditation. Spiritual rituals may also be used as supplication or to express gratitude. Myriad spiritual practices across and within religions mark rites of passage (death, birth, marriage) as well as provide personal activities to feel connected (prayer, meditation).

Interconnectedness of Religion and Spirituality

Religion and spirituality are interrelated in complex ways, both containing beliefs, values, and approaches to living and dying. Spirituality is generally less formal than religion and typically without systemized rules or doctrines. While some people may speak of being "spiritual, but not religious," this frequently refers to the individual's personal rejection of organized religious institutions and may not automatically mean a rejection of religious beliefs or values.

Connections and Changes in Religion/ Spirituality for Trans People

Links Between Gender and Spirituality for Trans People

Trans people come from and embrace many religious/spiritual traditions, despite not all religions/spiritual traditions embracing trans people, and they interpret themselves through myriad beliefs about humanity and their place in the world. For some trans people, their gender and their spirituality are integrally linked. Some express a sense of their trans identity or trans experience as being a spiritual gift or a divine calling with an obligation to engage and embrace it fully as a key part of their purpose in life. Others describe a sense of divine direction or support/calling to embrace and affirm their gender that leads them to a deeper religious/spiritual experience of connection to a divine presence in their lives.

Some religious/spiritual traditions also link trans identity with unique spiritual gifts or spiritual powers. Some pagan traditions describe people who are intersex and/or trans as part of a larger divine or sacred purpose, whereas other religious/spiritual traditions treat trans people as a sort of spiritual conduit whose acceptance is necessary to develop the capacity to believe all people are sacred or holy regardless of gender or sex assigned at birth.

In some traditions and mythologies (e.g., Christianity, Judaism, and Islam), narratives speak about people on the margins of, or outcasts from, societies and the roles they play within a larger narrative of human interdependence and responsibility. Marginalized people may be used to illustrate responsibility to respond to suffering, to show hospitality, and to care for and protect the vulnerable, despite common views that may otherwise portray difference as threatening or unconnected to the interests and needs of the dominant group. Marginalized people may also appear in mythologies to demonstrate the capriciousness of life and the randomness of health and/or wealth. Some trans and other marginalized people may identify with these narratives, in which some may find a level of hope to deal with experiences of suffering and difference from the dominant group. However, even within traditions that include expectations of caring responses toward marginalized people, trans people may not feel or be included.

Religious/Spiritual Rejection of Trans People

Responses to trans people vary between groups and between official and informal views within religious/spiritual groups, as well as across members of various traditions. Some religions/spiritual traditions have broad definitions and beliefs about human differences in sex and gender, such as Native American/Alaskan Native, neopagan, and some Hindu traditions, and do not tend to reject trans people based on their gender identity. Other traditions may interpret anyone not cis and heterosexual as incompatible with their systems of belief and values regarding human biology and purpose,

such as placing human sexual reproduction at the forefront of one's purpose and obligation during life or prohibiting alteration of the physical body.

Additionally, religions/spiritual traditions and cultures may ascribe meaning and value to humans whose physical bodies do not appear distinctly male *or* female or whose understanding of themselves is different than expected on the basis of sex assigned at birth. This may result in categorizing trans people on a range from sacred to dangerous and immoral. Rejection may take the form of excommunication from a religious/spiritual community or restrictions on a person's participation in rituals, worship, or other community activities.

Rejection Based on Gender-Affirming Treatment

Religious/spiritual rejection may be related to what the trans person does in response to their gender identity. Different religious/spiritual traditions, beliefs, and values may prohibit, require, or tolerate gender-affirming hormonal and/or surgical changes. In particular, rejection may hinge on whether the person has altered their physical body through gender-affirming medical treatment. Rejection may be based on whether the gender-affirming medical treatment alters the function of reproductive organs, the perceived sexual orientation of the person, or when in life these treatments occurred, such as childhood or adulthood, prior to or after joining the religion/spiritual tradition, or prior to or after reproducing biological offspring.

Rejection Based on Fear

Rejection may also arise from intense social fear of trans and/or intersex people, who are not expected to exist according to religious beliefs and cultural expectations. The presence of social fear and violence toward what we know as intersex and trans people shows up in religious/spiritual texts as early as the ancient 12th century B.C.E., in cultures where many gods are portrayed as fearing and working to change or kill another divine being who possesses more than one sex (e.g., intersex) and gender. This historic fear of those who transgress sex and/or gender remains within many religions and cultures that consider trans people to be dangerous or immoral and hence may respond to trans people with rejection and real or threatened violence in life and after death through unending divine rejection or punishment and torture.

Rejection Based on Conflation of Gender and Sexuality

Overlaps between trans and LGBQ identities lead to mixed responses from religious/spiritual groups. Rejection may stem from conflating trans with sexual identities. There is disagreement on whether the physical body or the internal identity holds the definitive factor for determining gender in life or eternally. A few communities support actions to forcibly change a trans person's gender identity to cis. Called conversion therapy, this practice focuses on LGBTQIA+ people broadly and may include aversive techniques to suppress and/or attempt to change thoughts, beliefs, and behaviors that do not align with beliefs and values of the religion/spiritual tradition. Conversion therapy has been banned for use by mental health professionals in a number of U.S. states and in multiple countries, but trans people in many areas still encounter this type of attempt to change their gender identities.

Effects of Rejection

The relationship between religious/spiritual rejection and the struggles faced by trans people remains complex and uncertain. Trans people experiencing pervasive rejection on multiple levels often struggle spiritually, emotionally, and physically. They may carry an enduring sense of guilt, wrongdoing, shame, or self-hatred about their gender identity based on religious/spiritual teachings, beliefs, and values they have internalized and may respond with self-harming actions due to these negative internalized messages. Rejection from a religion/spiritual tradition may have an additional outsized effect beyond spirituality when medical and mental health professionals use conscience objection laws as grounds to refuse health care to trans people.

Many trans people also experience struggles with intersecting identities, expression, and belonging as they work to balance, interpret, and resolve the tension at the crossroads of learned beliefs and their experiences of themselves. Some trans people may possess resilience from remaining connected to otherwise trans-condemning religious/communities that

offer support for other experiences of marginalization and discrimination such as racism. Some trans people resolve the tension of intersecting identities through abandoning or changing religion/spiritual traditions. Some resolve the tension by working to suppress their gender identity and conform it to their sex assigned at birth. Some resolve the tension through suicide. Some remain in their communities and learn ways to manage the tension.

Trans Reconnection to Religion/Spirituality

Trans people may turn away from all religion/spirituality owing to rejection related to gender identity. Some reconnect by changing traditions, such as moving from Christianity to Buddhism. Some embrace blended or eclectic traditions like Unitarian-Universalism, and others create or join other independent communities or return to Indigenous traditions (e.g., see wernative.org). Some trans people may remain in or adopt religions/spiritualities that reflect their lives through representations of deities such as Hinduism's god/goddess Shiva/Parvati, who is half male, half female, or the Supreme Being, Brahman, who is completely genderless in name and definition.

Creating and Reclaiming Rituals

As part of reconnecting, trans people may recreate rituals to replace traditional rituals from their original religion/spiritual practices that exclude them. They may also make new rituals to celebrate and mark sacred milestones and developmental stages. Some create rebirth ceremonies to mark social and medical gender affirmations and renaming/rebaptism rituals to celebrate rites of passage in their lives.

Welcoming Communities

There are religions/spiritual groups that are welcoming and accepting of trans people. Often, they are welcoming within a broader context of embracing all LGBTQIA+ individuals. Few are officially affiliated with a religion. Examples of these groups include Dignity (Catholic), Kinship (Seventh Day Adventist), Keshet (Reform, Conservative, Reconstructionist Jews), Dina List (Orthodox Jews), and Masjid Al-Rabia (Muslim). Only one Christian denomination, started in 1968, was founded on a central outreach to LGBTQIA+ people (see mccchurch.org).

Ruben A. Hopwood

See also Ancient and Medieval Times; Muslim People; Religion/Spirituality, Support of/Opposition to Trans Rights

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Religion/Spirituality, Support of/Opposition to Trans Rights

Trans rights include the right to housing, employment, public accommodations (e.g., bathrooms), education, and health care for trans people. Support for the rights of trans individuals varies between and sometimes even within religious communities. Although some religious groups are supportive of trans rights and may even be active in promoting them, other faith communities stand in opposition to trans rights and may actively campaign against

them. This entry outlines the support of and opposition to trans rights, beginning with a discussion of the stances of religious groups found within what are called "Abrahamic" religions and ending with a range of stances on trans issues from other major faiths outside of Abrahamic traditions.

Abrahamic Traditions

Abrahamic religions are monotheistic, meaning that they believe that there is only one god. Abrahamic religions have their roots in the patriarch Abraham, a major biblical figure recognized by several religious groups, including Jews, Christians, and Muslims. Since about 2014, support for trans rights among Abrahamic traditions has been increasing, with greater inclusion and support for trans members and outsiders to the faith. Yet, support for the rights of trans individuals can vary drastically within individual churches, mosques, and synagogues, and official denominational policies regarding how trans people can participate in the faith community also vary. The first section of this entry will explore supports for and opposition to trans rights within Abrahamic faith traditions.

Catholicism

Pope Francis, the head of the Catholic Church since 2013, has been more conciliatory toward LGBTQIA+ people than past popes. For instance, he has held meetings with trans people to discuss their concerns, going so far as to invite them to the Vatican, and he has called for open dialogue and better understanding of the experiences of trans individuals. Yet the pope has criticized gender theory, stating that such theories ignore the way God designed the world. Officially, the Catholic Church's understanding of gender remains binary, meaning that gender is believed to be found in only two distinct forms, male and female. The Catholic Church also does not believe that gender identity is distinct from biological sex. As of 2015, trans Catholics are not permitted to become godparents (who are traditionally responsible for a child's religious upbringing in the event that something happens to the parents).

Formal church documents synthesize the Catholic Church's stance on trans rights. In 2019, the Congregation for Catholic Education published a statement called "Male and Female He Created Them: Towards a Path of Dialogue on the Question of Gender Theory in Education." This statement is designed to support those who work in Catholic schools and educational settings (e.g., parents, teachers, staff, bishops, priests). The document, which frames the fluidity of sexuality and gender as being situated within a particular cultural context, rejects the fluidity of gender and the separation of sexuality and gender. In sum, at the top of the Catholic Church hierarchy, trans individuals face exclusion.

However, within the Catholic Church are individuals, local congregations, and Catholic-based ministries that work to support trans individuals. For instance, New Ways Ministry, a blog devoted to Catholic LGBTQIA+ news, has a section specifically devoted to trans issues and supports. At the individual level, a 2017 Pew Research Report suggested that 46% of Catholics believe that gender is not determined at birth, which is higher than for other Christian groups (e.g., Evangelical Christians, Mainline Protestants). Additionally, support for trans students at Catholic universities and colleges is increasing, driven by student calls for more expansive protections for LGBTQIA+ students.

The Church of Jesus Christ of Latter-Day Saints

Like the Catholic Church, The Church of Jesus Christ of Latter-Day Saints has a central governing body and a hierarchical leadership structure. This structure means that decisions are generally made from the top down, with little input from those at the bottom (the local level). In early 2020, the church published an updated version of its "General Handbook: Serving in The Church of Jesus Christ of Latter-Day Saints," which included guidelines for what a trans person can do in the church. Yet trans members who elect to medically or socially transition, or who change their name and/or pronouns, may face membership restrictions and may not be able to fully participate in church life.

Overall, the church has softened its stance on trans rights issues. For instance, the church publicly supported the federal Fairness for All Act. The bill aims to protect LGBTQIA+ people from housing and employment discrimination.

Eastern Orthodox

The Eastern Orthodox Church lacks a central governing body. As of 2018, no council of bishops has put forth a formal policy on trans issues in the United States. However, many church leaders have spoken against and written about gender reassignment, considering it to be against God's plan for creation. There are inclusive Orthodox churches, generally located in larger cities in the United States (e.g., Boston, Washington, D.C.), that welcome all people regardless of sexual and gender identity.

Evangelical Christianity

Evangelical Christian beliefs about gender have excluded trans individuals from participating in Evangelical communities, which typically view nonnormative forms of gender and gender identity as unacceptable and even as a sin. Evangelical Christians, particularly those who identify as white, tend to support policies that allow the government and private businesses to discriminate against people who are trans in workplaces, housing, schools, and beyond.

Some Evangelical Christian denominations have published documents concerning their views on trans issues. For instance, in 2014, the Southern Baptist Convention (one of the largest Evangelical Christian denominations) published a statement entitled "On Transgender Identity," defining gender as being a male/female binary and stating that having a trans identity goes against the Bible's teachings. While the statement calls for love and compassion for trans individuals, it also opposes physical alterations (e.g., hormone therapy, gender reassignment surgery) and any efforts to normalize having a trans identity. The Nashville Statement, an Evangelical Christian statement of faith published in 2017 by the Council on Biblical Manhood and Womanhood, was signed by tens of thousands of Evangelical Christians (e.g., prominent church pastors, theologians, editors, professors). The Nashville Statement states that having a trans identity is inconsistent with God's creation and plan for the world.

Jewish

Judaism comprises three main branches, including Orthodox, Conservative, and Reform Judaism. The rights of trans individuals vary within these groups. Likewise, trans people face differing degrees and types of limitations and exclusions in these communities.

Orthodox Judaism

The Orthodox Jewish tradition is organized and socially structured by gender: Men and women occupy separate spaces and have separate roles. Trans people are constrained within Orthodox Judaism: If, for instance, they have not medically transitioned, the trans individual may face restrictions about where they can sit during services, particularly if they do not fit a rigid definition of male or female. Gender reassignment surgery is forbidden on the basis of scriptural teachings. Trans individuals from Hasidic Jewish communities face expulsion from their communities and shunning for their families upon coming out.

A number of nonprofits working to support LGBTQIA+ individuals from Orthodox communities include Jewish Queer Youth (JQY), Eshel, and the World Congress of GLBT Jews: Keshet Ga'avah. Organizations like these provide resources, family programming, and networking opportunities and actively work toward inclusion and acceptance in Orthodox Jewish communities.

Conservative Judaism

Conservative Jewish communities have mixed views on the rights of trans individuals. Yet some steps toward inclusion have been taken by Conservative Judaism at large. For instance, in 2003, the Committee on Jewish Law and Standards declared that gender-affirming surgery was permissible. In 2016, the Rabbinical Assembly, an international association of Conservative Jewish rabbis, passed a resolution affirming the right of trans individuals to be fully welcomed and accepted into Jewish life.

Reform Judaism

Reform Jewish communities, operating largely as individual entities, are generally fully welcoming and inclusive, with explicit policies on nondiscrimination regarding gender identity and membership/family life. For instance, Reform Judaism allows for the ordination of trans rabbis

and encourages its communities to be fully inclusive of trans individuals. Reform Jewish camps and the Reform Movement youth group (The North American Federation of Temple Youth) have become more inclusive of trans and gender-nonconforming children and young adults.

Mainline Christians

Mainline Christian denominations are mixed when it comes to supporting trans rights. For example, some are fully open: The Presbyterian Church (U.S.A.), United Church of Christ, and the Episcopal Church are affirming, and their churches support trans clergy serving in leadership positions. Other denominations, such as the United Methodist Church, have split or are planning to split because of differences in beliefs about LGBTQIA+ rights and inclusion.

Historically, Black churches, such as the African Methodist Episcopal (AME) Church, have long been influential in guiding day-to-day lives of African Americans within the United States. Yet these churches have largely been unwelcoming to people with trans identities, either downplaying the existence of these individuals or outright condemning them. However, while no largely African American denomination has issued a public statement about trans issues, some historically Black churches and related organizations, such as Many Voices, have made progress toward becoming more welcoming, publicly recognizing those of different gender identities and calling for their inclusion within faith communities.

Muslims

Because there is no central governing body in Islam, individuals and institutions range from welcoming and inclusive to being rejecting and even violent. As with other conservative religions, traditional readings of Islam's sacred texts have been used to oppress trans individuals. However, progressive scholars argue that the Qur'an is open to interpretation and does not explicitly speak of trans issues. Muslim organizations, such as Muslims for Progressive Values and the Muslim Alliance for Sexual and Gender Diversity, offer communities for those seeking more inclusive interpretations of Islamic texts. Some progressive mosques, such as Toronto's Unity Mosque, invite trans Muslims to attend and fully participate, without hiding their gender identity.

Unitarian Universalism

The Unitarian Universalist Church, a spiritual-minded community based on teachings rooted in science, philosophy, world religions, and individual experience, actively supports trans individuals in policy and practice, providing educational resources (e.g., websites, courses) for its congregations toward being inclusive. It has also supported the Employment Non-Discrimination Act (2007), calling for its members to speak out against intolerance against LGBTQIA+ people. The Unitarian Universalist Church hosts an annual Transgender Day of Remembrance. It has also ordained trans ministers.

Other Faith Traditions

Some non-Western religions offer a theological structure that allows for gender-variant beings—in other words, individuals who do not strictly adhere to the concept of an unchanging gender binary. Such a structure can lead to greater support of trans community members. This section explores these religions and their stances on trans rights.

Buddhists

Buddhism does not have a clear doctrinal statement on the treatment of trans people. Although some temples and monasteries may ban trans people from leadership positions, there is no overall consensus. The Five Precepts, which serve as moral guidelines for Buddhists, draw awareness to human suffering and call for compassion and kindness toward all people. Concepts of karma allow for manifestations of gender fluidity to be more readily accepted in Buddhist communities. Most American Buddhists favor laws protecting trans individuals from discrimination.

Hindus

Because there is no central Hindu authority, attitudes toward trans issues vary at different temples and ashrams. The Vedas (sacred texts)

refer to a "third sex," and some Hindu deities are gender fluid. Trans visibility within the Hindu community is increasing. For instance, in 2019, during Kumbh Mela, India's largest religious festival, Kinnar Akhara (a Hindu ascetic order founded, led, and composed of trans women) were welcomed to participate in the festivities and were given the same supports as other orders (e.g., housing, resources).

Native Americans

Traditionally, many Native American groups included the concept of "two spirit." Two-spirit people were those who possessed both male and female qualities, constituting a third gender. These people were considered sacred, possessing the spirit of a man and a woman, and seen as more spiritually gifted. When the actions of government agents, boarding schools, and white colonists resulted in the loss of many Native traditions and communities, two-spirited people and practices went underground or disappeared in many tribes. While some Native trans individuals may not identify with the term, given that it captures both masculinity and femininity, others are pushing for a revival of the two-spirit role.

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See also Gender Binaries; Gender Functions; Harassment; Microaggressions; Nonbinary Genders; Religion/Spirituality of Trans People; Two-Spirit People

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Reparative Therapy

Trans reparative therapy is an umbrella term for sustained efforts that seek to discourage behaviors associated with a gender other than the one assigned at birth and/or promote gender identities that are aligned with the person's gender assigned at birth. It is predicated on the view that being transgender or markedly gender nonconforming is pathological and that transitioning should be avoided if at all possible. Reparative therapies are known by many names: conversion therapy, reparative practices, the corrective approach, the psychotherapeutic approach, and the pathology response approach. Different terms highlight different aspects and subtypes of reparative therapy. This entry addresses the practices' current social context, the differences and similarities between reparative therapy targeting sexual orientation versus gender identity, the defining features of contemporary approaches, the practices' harmfulness and unethicality, and the legal regulation of reparative therapy.

Social Context

Although reparative therapy targeting sexual orientation is no longer described as clinically acceptable in the scholarly literature and most commonly takes the form of unlicensed faith-based practices, trans reparative therapy remains unfortunately common among licensed professionals. In the

United States, 9% of trans adults have reported that a professional tried to stop them from being transgender.

Trans reparative therapy by licensed professionals primarily targets prepubertal children because of the belief that gender is no longer malleable after puberty. However, recent years have seen a worrisome increase in clinicians seeking to justify extending reparative practices to adolescents and adults. The unsupported hypothesis of rapid-onset gender dysphoria, which posits that social pressures and mental vulnerability are leading adolescents to suddenly and falsely believe that they are trans, is being used by some clinicians and scholars to shed doubt on the identities of trans adolescents and delay or deny access to transition-related care. The leading international trans health organization, the World Professional Association for Transgender Health (WPATH), was the subject of a 2018 controversy when it elected a treasurer who had recently coauthored a paper arguing that trans reparative therapy on consenting adults can be ethical. Despite strong opposition by individuals working in trans health, the board of directors dismissed the concerns as unfounded, ideologically motivated, and defamatory.

Targeting Sexual Orientation Versus Gender Identity

Reparative therapy targeting sexual orientation and gender identity is often distinguished. Their histories diverge notably with regards to the age of patients, their relationship to faith, and whether they were theorized through peer-reviewed publications. However, neither solely targets sexual orientation or gender identity. Practices pathologizing same-sex attraction also pathologize being trans, while leading trans reparative practices target gender-nonconforming behaviors regardless of whether the children express a clear trans identity. One of the leading historical figures of trans reparative therapy, George Alan Rekers, figures in both traditions. Rekers employed behavioral techniques to prevent gender-nonconforming children from growing up gay or trans. He was motivated by religious belief and later served on the board of a leading gay reparative therapy organization, the NARTH Institute. While contemporary forms of trans reparative therapy reject the prevention of homosexuality as a legitimate clinical goal and do not adopt faith-based justifications, Rekers had a strong influence on their development. Rekers's coauthor, Ole Ivar Løvaas, is known for developing applied behavior analysis, which has been likened to reparative therapy for autistic children.

Defining Features

Trans reparative therapy commonly applies an etiological lens to trans care, looking for external causes under the belief that marked gender nonconformity and/or identification with a gender other than the one assigned at birth reflects abnormality rather than atypicality. This belief is often reflected in the language used, referring to people as their gender assigned at birth (e.g., calling straight trans women "male homosexuals") and labeling their gendered self-understanding "gender confusion" or "gender identity problem." The influence of psychoanalytic thought on trans reparative therapy is evident in the tendency to attribute to fault parents and especially mothers for causing or fostering patients' gender identities or expressions. Other proposed factors include social contagion, attitude toward rough-and-tumble play, past trauma, conflation of gender nonconformity with gender identity, co-occurring mental illnesses, sexual orientation, and cognitive development. Some authors have suggested that some children assigned as male at birth may prefer feminine toys and names because their lower cognitive development make them uncompetitive in masculine play. For adults, suggested causes include desire to attract gay men (among queer transmasculine people), desire to attract straight men or internalized homophobia (among straight transfeminine people), and paraphilic heterosexual self-eroticization (among queer transfeminine people). While biological factors are often acknowledged, they are downplayed in the analysis and treatment recommendations.

Whereas the trans reparative therapy espoused by Rekers and Løvaas employed behavioral techniques such as a token economy for punishments and rewards, contemporary approaches tend to employ a broader variety of techniques under the belief that behavioral approaches may fail to alter internal gender schemas. For adolescents and adults, systematic misgendering, psychotherapy

aiming at identifying causes for gender identity, and undue delays or barriers to transition are commonly employed. For children, suggested psychosocial interventions include play psychotherapy, parental counseling, and interventions in the naturalistic environment. Parents are encouraged to limit, discourage, and/or ignore gender-nonconforming behaviors at home while supporting and/or encouraging gender-conforming ones. Peer relationships with people of the same gender assigned at birth are also encouraged.

Proponents of trans reparative therapy claim that their approach is justified by the reduction of peer ostracism, the treatment of underlying mental illness, and the prevention of trans outcomes for its own sake. Early important statements of the approach viewed these justifications as obviously valid and consistent with prevailing ethics and as a result mobilized little effort in fleshing out their justificatory matrix.

The goal of preventing trans outcomes is associated with claims that the desire to medically transition is too radical to be part of normal human diversity, that the distress inherent to gender dysphoria makes it psychopathological, or that having a gender identity that does not correspond to one's gender assigned at birth is inherently a marker of distress. Proponents do not typically present empirical evidence that trans reparative therapy leads to better psychosocial outcomes than affirmative approaches, instead using vague references to common sense or clinical experience for theoretical support. The proposed ethical underpinnings of trans reparative therapy remain sorely undertheorized and appear to take root in gender normativity. If they were obviously consistent with the ethics of 1995—and this author would argue otherwise given contemporaneous critiques—they are certainly not so today.

While the literature acknowledges that gender identity is not malleable in adolescence and adulthood, it is more difficult to establish whether altering gender identity or preventing trans outcomes prior to puberty is possible. Early theorizations of trans reparative therapy relied on case reports as evidence of the malleability of gender identity, gender expression, and sexual orientation. Contemporary trans reparative therapy appeals to the research program known as *desistance research* as evidence that gender identity is malleable, since most children referred to gender identity clinics do not go on to medically transition. However, these studies have been starkly criticized for their failure to distinguish between youth who expressed a trans identity and youth who did not. Gender nonconformity frequently motivates gender clinic referrals. Data suggest that transgender and cisgender children sharing the same gender identity are highly similar and that childhood gender identity is a strong predictor of later gender identity. Critiques of desistance research have, however, challenged the usefulness of predicting adult gender identity, favoring an affirmative, flexible, and nonjudgmental approach.

Harmfulness and Unethicality

Trans reparative therapy appears to be harmful regardless of whether the person remains or grows up to be trans. Evidence of harm primarily appears in the self-report of ex-patients of clinics engaging in trans reparative practices. Drs. Sé Sullivan and Karl Bryant have recounted and theorized the harm they experienced at the hand of these clinics, and Erika Muse has testified before the Ontario legislature in support of a law prohibiting reparative therapy. Bryant (2006) explained that although he grew up to be cisgender and gay, the approach "made me feel that I was wrong, that something about me at my core was bad, and instilled in me a sense of shame that stayed with me for a long time afterward" (p. 25). Because the practices target gender nonconformity and negatively affect parental attachment, negative psychological outcomes are not dependent on later gender identity. Shame and parental attachment problems are strongly correlated with self-esteem problems, anxiety, depression, and suicidality. Kirk Murphy, who was lauded as evidence of the success of Rekers's approach in 17 of his publications, completed suicide in adulthood. His family has blamed Rekers's approach for his suicide.

Quantitative evidence of the harm of trans reparative therapy is rarer, and no randomized controlled studies exist. Trans adults having undergone reparative therapy show much higher levels of suicidality and depression, an effect that is even starker among those who underwent reparative therapy in childhood. By contrast, studies suggest that the gender-affirmative approach leads to lower psychopathology than reparative approaches.

Notably, trans children who socially transition show levels of anxiety and depression comparable to cisgender peers. While no randomized controlled trial exists comparing the two approaches, the currently available evidence suggests that trans reparative therapy leads to worse outcomes than alternatives.

Critiques of reparative therapy are not solely predicated on harm, however. Many leading professional associations oppose trans reparative therapy as unethical and maybe harmful, distinguishing the question of ethics from that of overall harm. Trans reparative therapy is arguably inherently demeaning of trans people. The validity of parental consent to reparative practices is also questionable, since they often hold transphobic beliefs or are misled by well-credentialed clinicians. Some of the proposed justifications of trans reparative practices are reminiscent of eugenic and victim-blaming logics. Given professionals' duty to respect the dignity of their patients and avoid unnecessary harm, the transphobic nature of trans reparative therapy and anecdotal accounts of harm are sufficient grounds to declare it unethical.

Legal Regulation

Many jurisdictions have passed laws prohibiting trans reparative therapy. These laws typically prohibit reparative therapy targeting sexual orientation, gender identity, and gender expression. While laws have a limited impact on practice, notably because of their ambiguous scope, they contribute to culture changes and offer trans communities an additional advocacy tool. In Canada, the 2015 Ontario law was instrumental to the closure of the long-criticized Toronto CAMH Gender Identity Clinic for Children and Youth.

Bans on reparative therapy have been accused of violating therapists' freedom of speech and of violating familial religious freedom, parental authority, or patient autonomy. Court challenges have been unsuccessful. Psychotherapy is considered an action rather than mere speech, since it seeks to effect a change in the patient rather than persuade them of something. While familial religious freedom, parental authority, and patient autonomy are relevant to health care decisions, they can only grant a right to refuse treatment. No right to demand a specific treatment exists. It is legally well established that governments can prohibit treatments that have not been shown to be safe and effective. Indeed, courts have not only refused to invalidate bans on reparative therapy, but some have begun to understand repeatedly discouraging and opposing transition as a form of family violence.

In the absence of reparative therapy bans, professional liability law and codes of ethics may provide a means of sanctioning trans reparative therapy. Professionals must act competently and respect the standards of care of their profession. Since many leading professional associations and the leading standards of care in trans health consider trans reparative therapy unethical, engaging in reparative practices may give rise to legal liability and disciplinary measures. However, effectively discouraging trans reparative therapy depends on effective enforcement and shifts in professional culture.

Political polarization and the rise of conservatism are unfortunately beginning to seep into trans health. Care for transgender youth has grown, increasingly receiving mainstream attention in recent years. The new, unsupported theory of rapid-onset gender dysphoria is being used to oppose affirmative care for adolescents, and newspapers in the United Kingdom are attacking the national gender clinics for allowing youth to transition, despite their approach falling on the conservative side of trans health. After a steady decline over the past decades, trans reparative therapy may be heading toward a dangerous revival.

Florence Ashley

See also Affirmative Theory; Anti-Trans Theories; Cisgenderism; Desistance; Gender Affirmative Model; Medicine; Therapy/Therapist Bias; Transphobia; WPATH

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Representations in Popular Culture

Popular culture and media representations are cultural narrators through which social norms are disseminated. As a result, media have the profound ability to shape the way we see and navigate the world and how others engage with us. Given this impact, it is important to consider how media have represented binary and nonbinary trans people. This entry will examine "looking relations" and how these produce the cisgender gaze. This gaze will be used to discuss early representations (e.g., gender code, proxy-representation, dominant tropes) and contemporary applications and issues, such as the transition narrative, oppression narratives, and transface. The entry concludes by discussing the importance of community-driven media.

Looking Relations

Much of trans representation can be understood through a primary analytical tool: the cis gaze. The cis gaze is a term derived from feminist film theorist Laura Mulvey's (1975) groundbreaking concept of the "male gaze." To oversimplify a complex analytical framework, the male gaze is a critical concept used to examine how women in film have been reduced to objects of fascination and something to be looked upon from a male perspective. This gaze is developed through a complex relationship between Hollywood's continued reliance on straight male directors, the placement of the camera within a film's scene, and the film industry's presumption that most film audiences are also predominantly straight, cis, white men. As a result, a male perspective or "gaze" becomes equated with "normal and natural," and women become seen as "Other"—something distinctly external from the intended point of view of the film. Audiences, regardless of gender, then internalize this perspective as the norm through which to view the world. This phenomenon is called *looking relations,* whereby those in power wield the gaze, while those marginalized are looked upon and seen through the eyes of those in power. In essence, looking relations promote the objectification and dehumanization of the subordinate group, as well as the hegemony of the dominant group. This objectification is facilitated by three principle cinematic elements (filmmaker, camera, and audience), which work in concert to promote and normalize the male gaze through an assumed "shared" experience. However, owing to the deeply ingrained nature of the male gaze in Western cinematography, almost all films, even those trying to subvert it, perpetuate some form of this gaze.

The Cis Gaze

What made the concept of the male gaze so impactful was its ability to uncover a way of seeing that had previously gone undetected or was taken for granted: the tendency to view the world through the eyes of men and to naturalize this perspective. In other words, the gaze was (and is) always already present—we just did not have the tools to identify, and thus decentralize, this omnipresent point of view. Conceptually, the male gaze provided an instrument with which to dislodge dominant cultural patterns of "viewing" the world. Like the male gaze, the cis gaze also helps identify the insidious patterns of viewing the world, and gender phenomena, through the eyes of a cis person.

The cis gaze was born out of Hollywood's ubiquity of cis filmmakers, a cis camera perspective, and the assumption of a cis audience. Most popular culture that features trans characters or narratives tends to focus on how trans lives are distinctly

different from a cis experience or codifies gender in ways that normalize conforming to one's sex as assigned at birth. Trans people become spectacle, inherently interesting simply because they are portrayed as "different" from the film's intended cis audience, even if the trans characters are doing little other than merely existing. Through the cis gaze, trans experiences are constructed as "Other" to a cis norm, even when the film seeks to cultivate compassion or produce a sympathetic narrative.

The concept of the cis gaze signifies an attempt to categorize and analyze film's development of trans narratives and not an inherent condemnation of it. Like the male gaze, the cis gaze is a tool that allows the audience to see and identify what is deeply ingrained within looking relations. Although a cis gaze sensationalizes trans experiences, which can lead to real-life trans people being seen as "weird" or "freakish," many films made with a cis gaze have helped to nurture a sense of sympathy and increased knowledge about the lives of trans people within Western cultures. A cis gaze is not a zero-sum game, neither wholly "good" nor wholly "bad," but simply a critical concept useful for discussing recurring themes and issues of gender within popular culture.

Gender Codes and Proxy-Representation

Within popular culture, the cis gaze codifies gender in a way that conveys particular sets of meanings and reproduces particular sets of norms. In other words, the cis gaze uses gender codes in a way that represents some gender expressions as normal, while others are constructed as deviant. Gender codes refer to how masculine and feminine signifiers are used to subtly convey meaning; typically, this is exemplified by cross-gender or gender-transgressive codes. Specifically, *gender codes* refer to clothing, mannerisms, behavior, intonation, and other aspects of oneself that convey masculinity or femininity. These codes come together to create proxy-representation of trans people, which, in turn, paint a picture to the public about what it means to identify as a gender that does not align with the sex you were assigned at birth. *Proxy-representation* refers to representations of gender that contribute to the dominant ideologies about trans people; these representations are not necessarily trans, but they inform how media consumers *think* about trans people. For example, the title figure in *Mrs. Doubtfire* was not trans, but Robin Williams's character did cross gender boundaries.

Of course, proxy-representations can be both good and bad: good, as they have allowed trans people to see themselves when representations have been limited or harmful, but bad, as they have a history of contributing to stigmatization and transphobia. Proxy-representations contribute to the dominant narratives and tropes in popular media outlets. Emerging from film studies, a *trope* is a universally identified image imbued with several layers of contextual meaning, as well as a commonly recurring rhetorical device or cliché in a creative work.

Dominant Tropes

To understand how trans people have been represented through a cis gaze requires more than the examination of explicit representations, since trans representation as we know it today has only become prevalent in the past few decades. Rather, we must analyze how, through the cis gaze, cross-gender codes function as a type of proxy-representation for trans people, which, in turn, discursively produce and instill cisnormativity. The following sections will examine three common tropes: the feminine joke trope, the deception and disguise trope, and the nefarious trope.

The Feminine Joke Trope

The *feminine joke* is a trope that uses cross-gender codes, specifically femininity, as the brunt of a joke or punchline and humor that relies on feminine gender coding. Typically, this is exemplified by men in dresses being depicted as inherently laughable or ridiculous, which has a clear dehumanizing effect on feminine people. This trope also contributes to the tendency to view femininity as artificial or inauthentic while supporting the idea that genders that "cross" are inherently worthy of ridicule. Some examples include Robin Williams in *Mrs. Doubtfire,* Eddie Murphy's Fat Mama in *The Nutty Professor,* Tyler Perry's Mabel "Madea" Simmons, Martin Lawrence in *Big Momma's House,* and Jack Lemmon and Tony Curtis in *Some Like It Hot.* And yet, while audiences may roar with delight at the sight of a presumable man dressed femininely, scholars have

noted how the same gender configuration would evoke fear, outrage, violence, and discomfort if encountered outside of a performance on stage or screen (e.g., on a bus or walking down the street). Given how the feminine joke contributes to the ideology that cross-gender codes are artificial or inauthentic, this trope fuels another common trope: deception and disguise.

The Deception and Disguise Trope

Deception and disguise refers to how cross-gender codes are used for deceptive purposes: having an ulterior motive or for the purpose of trickery or deceit. Similarly, this trope often uses cross-gender codes in the form of a "disguise" as a plot device, whereby the premise of the storyline revolves around a person concealing their identity and their "true" identity then being revealed. Such a device not only upholds the idea that gender conformity is more authentic, natural, and sincere but also upholds gender essentialism—the attribution of fixed, intrinsic, innate, and biologically determined qualities to men and women, as per their sex assigned at birth. Some examples of this trope include the Wayans Brothers in *White Chicks,* Disney's *Mulan,* Robin Williams in *Mrs. Doubtfire,* Nathan Lane in *The Birdcage,* Amanda Bynes in *She's the Man,* and even *Bugs Bunny.*

The Nefarious Trope

Finally, and perhaps most problematically, there is the nefarious trope, which uses cross-gender codes to depict people who "cross-gender" as villains and serial killers. The nefarious trope is a progression of the deception and disguise trope: *If someone is deceptive or is using a disguise, they must be up to no good!* Within this trope, cross-gender codes are used to signal that someone is a villain or to give someone a villainous persona. Oftentimes, these codes are covert and inconspicuous, as illustrated by many Disney villains, such as Scar in *The Lion King,* Jafar in *Aladdin,* Ursula in *The Little Mermaid,* and Tamatoa in *Moana.* Within these examples, characteristics such as flamboyancy, femininity, talking with a lisp, and being prim, wanton, or vain are used as gender codes to signal the characters' immorality. In addition, these gender codes accentuate a character's "insanity," serving no other purposes than to highlight their mental state (e.g., Buffalo Bill, *Silence of the Lambs;* The Goblin King, *The Labyrinth*) or to depict a disorienting or debaucherous scene (e.g., Frank-N-Furter, *Rocky Horror Picture Show*). The nefarious trope, in conjunction with the disguise trope, also produces the "surprise reveal" narrative, whereby a character "crosses" gender to either lure unsuspecting love interests or for some other ulterior motive (e.g., Einhorn, *Ace Ventura Pet Detective;* Dill, *The Crying Game;* Ava, *Nip/Tuck*). All of these tropes teach their audiences to be distrustful of people who transgress the sex they were assigned at birth.

The Rhetoric of Deception

These tropes come together to create the *rhetoric of deception:* a legitimizing discourse that uses the stereotype that trans people are deceivers to promote and excuse the violence they face. For example, when people who transgress the sex they were assigned at birth are depicted as worthy of ridicule, deceptive, having an ulterior motive, and nefarious, such a construction can serve as a justification for violent responses (e.g., the disproven panic defense) within the minds of popular culture consumers. Consequently, the outcome of these tropes is the ever-prominent dichotomous narrative of trans people as either victims or villains, which represents a cautionary tale for trans individuals. In other words, crossing the sex you were assigned at birth is characterized by victimhood or a tragic life—as is the case with Rayon (*Dallas Buyers Club*), Brandon Teena (*Boys Don't Cry*), or many of the trans victims on *Law & Order, Special Victims Unit*. These types of representation thus have a disciplinary and regulatory power.

Moreover, while popular media outlets have begun to show signs of change in terms of how trans people and gender in general are depicted, many of these tropes continue to surface in children's content. This is a particularly concerning pattern, given how children learn gender and are indoctrinated with gender norms from a very young age (e.g., the social construction of gender). The lesson begins with assigning culturally gendered colors and codes to an embryo (e.g., "It's a girl, we'll paint her room pink!") and progresses into lessons that regulate and caution young children not to deviate from their assigned sex—as deviations are for victims or villains. So, while

representations have begun to shift in terms of some of these tropes, many of them remain within children's content, which ultimately fails to uproot cissexism and transphobia in their systemic form: childhood gender socialization.

Contemporary Applications and Issues

While the issues of past representations have yet to be dispelled from modern cinema and popular culture, most representations of trans narratives in the early 21st century have developed a distinctly more compassionate view. However, even this welcomed trend has shortcomings that bolster cisnormativity.

While all films that feature "gender deviancy" could be placed within the framework of a cis gaze, it is worth discussing the cis gaze in a more modern context—a time when popular culture has begun to handle trans characters and storylines more explicitly, rather than relegating them to subtext. Revisiting the male gaze, films can adopt a male gaze without women being present in a narrative (e.g., framing more feminine men or men of color as "Other"), but the male gaze is best understood through explicit examples involving women characters—when the gaze is on women. Likewise, the cis gaze is best understood through explicit examples that gaze at trans people.

Hollywood's reliance on a cis gaze that privileges "fantastical" tales of the "Other," along with its historical tendency toward slightly left-of-center social progressivism, means that most explicit trans narratives have been sympathetic toward trans lives. However, as cinema is a visual medium that thrives on the power of juxtaposition, this has led these representations to fall into two major narratives: transition and oppression.

Transition Narratives

In transition narratives, the film's story focuses on how trans lives deviate from cis ones in a linear framework. This narrative is not surprising, given the cultural preoccupation with makeover stories, or "before and afters." Western audiences devour dichotomous, linear narratives that center on self-actualization or "improvement" (even home improvement). The story begins with a trans character living as an ostensibly cis person (i.e., as their sex assigned at birth). The film begins by centering this character's coming out as trans and their decision to live as the "opposite" gender. As the story progresses, the trans character begins to distinguish themselves by "diverging" from their assigned sex and aligning with cis people of their authentic identity. For example, a trans woman may take hormones to develop breasts, start wearing makeup, or undergo gender-affirming surgery. Mirroring a film's typical three-act structure, the transition narratives are sequenced as follows:

1. Beginning with a "normal" cis status quo
2. Entering a period of emotional and gender norm upheaval
3. Returning to a new "normal" status quo within another gender identity, typically one that is still accepted and commonly understood within a binary gender model

Transitions within this narrative typically move from a male-to-female or female-to-male experience, which is a by-product of the cis gaze. In other words, there is an assumed "destination point" that cannot encompass identities like genderqueer or nonbinary. This move to "opposite yet normalized" is intended to make the transition more understandable and palatable to an audience that is presumed to only be aware of and comfortable with male and female experiences. The Oscar-winning 2015 film *The Danish Girl* showcases such a transition narrative.

Oppression Narratives

Facilitated through the cis gaze, oppression narratives focus less on the visual or embodied distinctions between trans and cis lives and more on social distinctions. In oppression narratives, the story focuses on how trans people are subject to myriad forms of prejudice and discrimination while simply trying to live their everyday lives. As the story progresses, the trans character fights back against these injustices, often succumbing to the toils of their existence by death or punishment. Of course, the audience is meant to pity or become moved by the sheer magnitude of suffering that a trans person must endure simply for existing and how their lives are portrayed as horrendously

dangerous and unlivable. However, oppression narratives rarely allow for any understanding of what it means to be trans beyond the confines of oppression. Trans people in oppression narratives are depicted as not having the opportunity to enjoy life or to have interests that are not eventually overshadowed by pain. The films *Boys Don't Cry, Dallas Buyers Club,* and *A Fantastic Woman* are prominent examples of oppression narratives.

Oppression and transition are not discrete narratives; they often overlap. In fact, it is rare to find a film focused on a trans character's transition that does not also show them overcoming bigotry. Equally, it is rare for a film about a trans character overcoming oppression to not also include scenes devoted to them learning how to "properly perform" their gender and "pass."

Transface

The cis gaze also fuels recent conversation surrounding *transface:* the practice of trans characters being played by cis actors of the wrong gender (e.g., a trans man played by a cis woman). The colloquial term *transface* takes its name from the racist practice of blackface in vaudeville shows and early films. While there are certainly similarities between the two, the parallel has been criticized, mainly by members of Black communities in the United States, for failing to recognize the unique experiences of Black people within a white supremacist system. Although this discussion uses *transface,* as it is currently the most widely used term, readers are encouraged to analyze both the benefits and weaknesses of the comparison.

As trans characters are typically portrayed by cis actors, who identify with the assigned sex of their character, transface often reinforces the biodeterministic underpinnings of gender and gender essentialism. The practice instills the idea that, despite the growing recognition of gender diversity, trans women are still inherently men and trans men are still inherently women, even after they transition. To some, this may seem trivial, but given popular culture's role in crafting, communicating, and teaching cultural standards to the public, in conjunction with the rampant use of biodeterministic views to prop up transphobic rhetoric, the effects of transface should not be overlooked.

Transface also has negative consequences for trans actors because it limits their employment opportunities. Trans performers are typically only considered for trans roles, yet they often lose these roles to cis actors because cis actors are purportedly more successful and commercially viable. This creates a "transface cycle," whereby trans actors are not cast because they are not as successful as their cis counterparts, but they cannot achieve success because they are not selected over cis people. Solidifying the transface cycle, cis actors frequently receive accolades and praise for taking on a trans role, as exemplified by the Oscar and Emmy awards given to cis actors for portraying trans characters in films and television series like *Dallas Buyers Club, The Danish Girl, Transparent, Boys Don't Cry,* and *The Crying Game*. Thus, transface promotes a cycle that subtly reenforces biodeterminism and a cis-only film and television industry; this cis industry, in turn, reproduces a cis gaze.

However, the cis gaze became more nuanced in the 2010s. While most works that feature trans characters still invest significant screen time in reductively explaining what it means to be trans to their audience, high-profile works are increasingly featuring trans storylines that are not defined by how trans people diverge from a cis norm. Instead, trans people exist in storylines where their transness becomes simply *another* distinguishing characteristic, rather than a wholly defining attribute. For example, the Netflix series *Sense8* featured the character of Nomi, who is better defined by her hacking skills than her transness. Similarly, *Supergirl* introduced a superhero, Dreamer, in its fourth season who happened to be trans, and *Billions* showcased a nonbinary character dominating the finance world. The best example is *Pose,* a TV series focusing on 1980s New York City ball culture. *Pose* contrasts with other representations because, instead of having one trans person represent the entirety of trans perspective, *Pose* features dozens of trans characters of color and depicts a multitude of differing attitudes, experiences, and opinions on a myriad of issues, gender related and not. Moreover, *Pose* often casts trans actors for these characters and has trans and queer writers and directors. *Pose*'s representation of the diversity found within trans communities makes a significant contribution and pushes popular media outlets to move beyond a reductive cis gaze.

Community-Driven Representation

Popular media outlets often fall back on reductive plot devices, such as the cis gaze, transition or oppression narratives, or the tropes discussed earlier. By contrast, community-driven media allow trans people of various intersectional social locations to cultivate their own image through the use of social media platforms. In many ways, the introduction of social media platforms has reshaped and pushed back against some of the reductive narratives and looking relations put forth by popular media outlets. Community-driven media, such as the content produced by and for trans people on YouTube and Instagram, have provided opportunities for trans people across the globe to explore the diversity of trans experiences. Importantly, these platforms also enable trans people to find others who share aspects of their identities and who have very different identities (such as race, disability, social class, sexuality, and education). Such a globally accessible way of disseminating diverse representation to trans people marks an important shift that does not flatten the complexities of trans identities or the multifaceted ways of being trans. While many people feel isolated or alone in their difference, community-driven media help their audience to celebrate and connect across difference and to cultivate self-acceptance. The cis gaze's division between us/them and its reductive narratives and tropes disseminated by popular media representations create a voyeuristic relationship between an assumed cis audience and the object of their gaze (trans people), which contributes to feelings of isolation among trans people. In contrast, community-driven media spark global interconnectivity across diverse experiences, turn shame into self-love, and dislodge both the cis gaze and the victim/villain dichotomy (i.e., rhetoric of deception) by simply portraying trans people as complexly human. Thus, community-driven media "look back" to radically reclaim a gaze through which trans images and narratives have been constructed.

Rhea Ashley Hoskin and Jessie Earl

See also Cisgenderism; Cisnormativity; Coming Out; Film; News Media Representations; Online Communities; *Pose* (TV show); Reality TV; Social Media Influencers; Teena, Brandon; YouTube

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Reproductive Health

The World Health Organization (WHO) defines reproductive health as a state of physical, emotional, mental, and social well-being in all functions and processes related to the reproductive system. Reproductive health is critical to general health, well-being, and quality of life for all people. Trans people, however, often lack access to culturally competent and age-appropriate reproductive health care due to a variety of reasons. These reasons include a lack of medical providers with adequate knowledge of trans people's reproductive health needs, discrimination from providers and staff, clinic structure (both clinic names and configurations intended to address the needs of cisgender people, e.g., "Women's Health Centers"), and electronic health records and forms that are not inclusive of diverse identities and bodies. The significant socioeconomic disparities observed in trans populations compared with cis populations pose additional barriers to competent care. These barriers are particularly problematic because trans people have unique reproductive health needs. This entry highlights important reproductive health considerations when caring for trans populations, with a particular focus on

trans adolescents and young adults (AYAs). We focus on four key domains of reproductive health: sexual experiences, satisfaction, and function; contraception and pregnancy prevention; fertility and family building; and HIV/sexually transmitted infection (STI) prevention.

Many, but not all, trans people experience gender dysphoria (i.e., distress stemming from incongruence between an individual's gender identity and their designated sex at birth) and/or body dysphoria that may be related to their reproductive anatomy (e.g., genitals) or common erogenous zones (e.g., chest/breasts). Discomfort or distress related to one's gender and body can interfere with a person's comfort or interest in pursuing romantic and/or sexual relationships. Furthermore, trans people may pursue medical and/or surgical interventions to reduce dysphoria, and these interventions can also directly affect sexual and reproductive health functions.

Medical and surgical interventions offered to trans people vary based on an individual's age, developmental stage, and treatment goals. For trans youth in the early stages of puberty, medications to suppress endogenous sex hormone production may be offered. Gonadotropin-releasing hormone (GnRH) analogs are sometimes referred to as "puberty blockers" and will suspend pubertal progression at the pubertal stage at which GnRH analogs are initiated by shutting down the hypothalamic-pituitary-gonadal axis. This will prevent the production of gonadal sex hormones (i.e., testosterone and estrogen). GnRH analogs are generally considered *reversible* and are intended to provide time for trans youth to mature and consider fully whether partially irreversible and irreversible medical and/or surgical treatments are aligned with their long-term treatment goals. Should GnRH analogs be discontinued, the hypothalamic-pituitary-gonadal axis will reactivate and endogenous puberty would progress.

For trans adolescents in the later stages of puberty or for trans adults, gender-affirming hormones (i.e., testosterone or estrogen) may be prescribed to induce desired secondary sex characteristics such as facial hair and voice deepening (mediated by testosterone) or breast development (mediated by estrogen). Gender-affirming hormone treatment is considered *partially irreversible*. Some of the physical changes are reversible (e.g., fat distribution), meaning that if gender-affirming hormones are discontinued, physical changes would revert to be more aligned with pretreatment physicality. Other physical changes, however, are irreversible (e.g., breast development; voice deepening), meaning that if gender-affirming hormones are discontinued, hormone-mediated changes would remain.

Most surgical interventions are offered only to trans adults and may involve removing undesired reproductive organs (e.g., ovaries/uterus; testicles) and/or creating desired genital anatomy (e.g., vaginoplasty; phalloplasty). Surgical interventions are *irreversible*. Each of these medical and surgical interventions for gender affirmation have implications for reproductive health, which will be further elaborated in the subsequent sections, as relevant.

Sexual Experiences, Satisfaction, and Function

Knowledge about sexual experiences, satisfaction, and function in trans people is limited, particularly among adolescents. Much of the existing research on trans adults has focused on the effects of gender-affirming medical and/or surgical treatment on different indicators of sexual behavior and functioning, including frequency of masturbation, frequency of sexual activity with a partner, ability to reach an orgasm, and subjective reports of sexual satisfaction. The goal of testosterone treatment for trans men is to increase testosterone levels to be in a range comparable with that of adult cis men and to suppress endogenous estrogen. Testosterone treatment typically promotes clitoral growth, reduces vaginal lubrication, and increases sexual desire. The goal of estrogen treatment for trans women is to achieve estrogen levels in a range comparable to premenopausal adult cis women and to suppress endogenous testosterone. Estrogen treatment typically reduces spontaneous and nocturnal erections, reduces or eliminates ejaculate volume, decreases testicular size, and may lower sexual desire.

Specific to surgical interventions, masculinizing genital surgery in trans men may include removal of the uterus and ovaries, as well as the creation of a neophallus by phalloplasty or metoidioplasty. For phalloplasty, a skin flap from another part of the body (e.g., forearm, thigh) is used to form the

contours of a penis. This results in a neophallus similar in size to that of a cis man but lacking erectile properties, yet allowing for erogenous sensitivity through the clitoris, which remains present behind the neophallus. There are also options available for erection support, including penile prosthesis. As an alternative to phalloplasty, metoidioplasty creates a penis using the testosterone-exposed enlarged clitoris and involves release of the clitoral ligaments. Compared to phalloplasty, metoidioplasty results in a smaller penis with maintained erectile properties and erotic sensitivity; however, full penetration is typically not possible due to the length of the neophallus. Feminizing genital surgery typically consists of removing the penis and testicles and creating a vagina, clitoris, and labia. The most common method for vaginoplasty is the penile inversion method, whereby the skin of the penis is inverted to form the vaginal wall. In order to maintain the neovagina, daily dilation, either through vaginal dilators or vaginal sex, is typically needed. Notably, GnRH analog treatment early in puberty, by inhibiting genital development, may limit the option of penile inversion vaginoplasty.

In general, trans adults report lower sexual satisfaction and higher sexual dissatisfaction compared with cis adults, and research generally suggests that sexual satisfaction increases in the majority of trans men and women following gender-affirming medical/surgical treatments. Furthermore, gender-affirming surgery is also usually associated with increased sexual activity. Increases in sexual activity and sexual satisfaction are thought to be related to improved body image and body satisfaction following gender-affirming medical/surgical interventions.

Little attention has been paid to the sexual experiences of trans adolescents, with discrepant findings by cultural context. Data from the U.S. 2017 Youth Risk Behavior Survey highlights differences in sexual experiences between trans and cis adolescents. Trans adolescents were more likely to report experiencing first sexual intercourse before the age of 13 years and having sexual intercourse with four or more partners in their lifetime compared with cis adolescents. Trans adolescents also were more likely than cis adolescents to endorse using no contraception and using alcohol or drugs the last time they engaged in sexual intercourse. Trans adolescents in the Netherlands, however, were less sexually and romantically experienced than their cis peers. However, 77% had fallen in love, 50% had experienced a romantic relationship, 26% had experienced petting while undressed, and 5% had experienced sexual intercourse.

Contraception and Pregnancy Prevention

Contraception and other prevention strategies should be offered to all transmasculine people who have the potential to become pregnant and who wish to prevent pregnancy. In order to accurately assess an individual's contraceptive needs, health care providers must conduct a gender-affirming sexual health history that does not make assumptions about a person's internal organs, sexual partner(s), sexual behaviors, desires related to pregnancy/family planning, and knowledge of contraception. Few medical providers have sufficient education and training in trans health care and therefore may not feel comfortable addressing the reproductive health needs of trans people.

Research suggests that both trans people and medical providers may entertain misconceptions about transmasculine people's risk of pregnancy while using testosterone. Premenopausal transmasculine people with intact reproductive organs, including those whose menses are suppressed by testosterone, may experience pregnancy. Although exogenous testosterone is thought to impair ovulation, it does not do so absolutely; thus, spontaneous ovulation may occur. Several studies have documented unintentional pregnancies and abortions in transmasculine people, even in those who were using testosterone consistently and experiencing menstrual suppression. In some cases, trans people have reported that a medical professional counseled them that they could not become pregnant while using testosterone.

Concerns about potential interactions between testosterone and contraceptives may also contribute to underutilization of contraception by transmasculine people. Testosterone is not a contraindication to any form of contraception, even those containing estrogen; therefore, people should be counseled on all available forms of contraception. While research has not examined concurrent use of testosterone and combined hormonal contraceptives (CHCs), which contain estrogen and a progestin, it is unlikely

that using CHCs results in significant feminization for postpubertal people. Trans people who wish to avoid estrogen can be offered progestin-only contraceptives, and those who wish to avoid hormones altogether may use options such as condoms, the copper intrauterine device (IUD), and tubal ligation. Those who experience gender dysphoria related to their genitals may prefer to avoid an IUD or opt to undergo insertion under sedation.

Counseling regarding each option should include a review of its efficacy, hormonal composition (if any), route of administration, reversibility, and side effect profile. Particular attention should be given to side effects such as expected changes in bleeding patterns and chest tenderness. The likelihood of experiencing noncontraceptive benefits of contraception, such as reduction of menstrual bleeding or improvement in painful menses, should also be highlighted. Ultimately, accurate counseling promotes informed consent and shared decision making and enables trans people to identify an option least likely to trigger gender dysphoria and most likely to meet their contraceptive needs.

Fertility and Family Building

Studies have shown that the majority of trans adults desire to be parents, with about half specifically desiring genetically related children and about a third indicating that they would have accessed fertility preservation (FP) methods if these options were offered. There is more variability reported in the limited studies exploring parenting desires among trans youth accessing gender-affirming medical treatment in adolescence. Among trans adolescents, a quarter to a third express desires to have their own genetically related children, and a similar proportion express uncertainty about biological parenthood desires or recognize that their parenting intentions may change over time. The current standards of care recommend fertility counseling prior to any treatments for gender affirmation that can impair fertility. Gender-affirming surgeries that remove the ovaries/uterus or testicles cause permanent sterility. The literature is less clear regarding the effects of GnRH analogs and gender-affirming hormones on fertility. The consensus, however, is that these hormonal treatments are likely to impair fertility, at least while an individual is actively on treatment.

GnRH analogs are thought to suspend pubertal development without any long-term impairment to fertility. Pubertal development, however, is necessary for sperm production in those designated male at birth and for egg maturation in those designated female at birth. It is typically not until the later stages of pubertal development that mature eggs and sperm are present. Thus, trans youth prescribed GnRH analogs in the early stages of puberty, as recommended by the current standards of care, will not have mature gametes (i.e., eggs or sperm) at the time of GnRH analog treatment initiation. This is important, since most trans youth do not discontinue GnRH analogs before commencing testosterone or estrogen. Currently, there are no empirical data examining the long-term fertility outcomes in trans individuals treated with GnRH analogs in early puberty and initiating gender-affirming hormones without or before discontinuing GnRH analogs. We do not know whether fertility can be gained, either naturally or with assisted reproductive technologies, in this population.

Regarding the long-term effects of gender-affirming estrogen on testicular function and fertility, there has been little research specific to trans communities. Studies of estrogen-secreting tumors in cis men show that sperm production is possible after tumor removal even after months to years of abnormal hormone function. Studies of high-dose estrogen to treat prostate disease in cis men, however, document associations with azoospermia (i.e., lack of sperm in semen) and testicular atrophy, with variable reversibility. The limited studies of gender-affirming estrogen treatment in trans women also demonstrate variable impairment related to sperm production. Thus, it is unclear the extent to which loss of sperm production is dependent on estrogen dose or duration of estrogen exposure.

The long-term effects of testosterone on ovarian function and fertility are also considered unknown at this time. As mentioned earlier, there are numerous reported cases of trans men experiencing unplanned pregnancy when testosterone therapy, despite ceasing menses, did not suppress ovulation. Menstruation also typically returns within 1 to 2 months of testosterone cessation, suggesting that any impairment to fertility may be temporary or restricted to when an individual is actively on treatment. Notably, research examining ovarian tissue at the time of gender-affirming surgery reports

mixed results with regard to testosterone's effects on ovarian morphology. Some studies report a definitive adverse effect of testosterone on ovarian histology (i.e., a polycystic ovarian morphology), whereas other studies conclude there is minimal to no adverse effect of testosterone on the ovaries.

Given the uncertainty of fertility impairment associated with pubertal suppression and gender-affirming hormones and known sterility associated with certain gender-affirming surgical procedures, fertility counseling is recommended to include a discussion of FP methods. A range of FP methods are available to trans individuals depending on designated sex at birth and pubertal development. In postpubertal individuals, gamete cryopreservation is the standard FP method. In designated males at birth, sperm cryopreservation is considered a safe, established, and cost-effective FP method. While noninvasive retrieval methods are preferred (i.e., masturbation), sperm also may be retrieved surgically. In designated females at birth, egg retrieval requires 2 weeks of daily hormone injections to stimulate follicular development, monitoring via transvaginal or abdominal ultrasounds, and transvaginal oocyte collection conducted under conscious sedation. For postpubertal trans individuals, embryo cryopreservation also is considered an established FP method. Embryo cryopreservation requires a gamete (i.e., sperm or egg) from the target patient and a corresponding gamete (i.e., egg or sperm, respectively) from a partner or donor.

Mature gametes are not usually present before mid to late puberty. In cases in which FP may be desired before gamete maturation or when gamete maturation is not expected due to GnRH analog treatment in early puberty followed by gender-affirming hormone treatment, cryopreservation of immature gonadal tissue may be considered an experimental FP method. Immature germ cells can be collected via gonadal tissue biopsy and cryopreserved with the hope that this tissue may be used in the future as a source of mature gametes with advances in in vitro maturation technology. Immature gonadal tissue cryopreservation with in vitro maturation has demonstrated some success in animal models but has yet to be proven in humans. As such, patients considering experimental immature gonadal tissue cryopreservation should be counseled accordingly.

It is notable that among postpubertal trans AYAs in the United States who are offered gamete cryopreservation prior to gender-affirming hormone therapy, only a very small number—less than 5%—complete FP. It is also important to note that individual desires to have genetically related children is not the only consideration in FP decision making. A number of qualitative studies and case reports have identified barriers to FP related to risks of worsening gender dysphoria to pursue gamete cryopreservation, costs of retrieval and storage, and preference not to delay gender-affirming hormone treatment initiation.

HIV/STI Prevention

While sexual behaviors should not be viewed solely through the lens of infection risk, access to HIV/STI counseling, screening, prevention, and treatment services are elements of reproductive health that are critical to keeping bodies safe and free from infection and associated disease. Despite decades of HIV research, relatively little is known about HIV and trans women, and even less is known about trans men, since trans people have not been visible in national HIV research since the beginning of the epidemic. Studying the impact of HIV/STIs on trans people and developing specific strategies for prevention, treatment, and engagement in care for this population are critical to addressing health disparities and should be urgently prioritized in future research.

Trans women experience alarmingly high rates of HIV, with global prevalence estimated to be 19.1%, nearly 49 times higher than that of the general population. Although data on prevalence of STIs (e.g., chlamydia, gonorrhea, syphilis) vary widely between studies, rates are generally high. One large 2018 meta-analysis conducted by the Centers for Disease Control and Prevention (CDC) estimated HIV prevalence in trans women living in the United States to be 14.1%, with trans women of color disproportionately affected (i.e., 44% of African American and 26% of Latina trans women are living with HIV compared to 7% of white trans women). Additionally, growing research suggests that trans men living in the United States may experience higher rates of HIV compared with the general population, with the CDC estimating prevalence of 3.2%.

Elevated risk for HIV/STIs among trans people, particularly trans women, is presumed to be related to numerous, intertwined factors. Transphobia and discrimination foster economic and social marginalization through alienation from families and peers, disruption of educational and employment opportunities, and exclusion from community connections and legal protections. This often leads to poverty, unstable housing, trauma and victimization, incarceration, participation in sex work, substance use, and mental health problems. On an individual level, trans women who have sex with men are more likely to have receptive anal intercourse and may be less able to negotiate condom use. More research is needed to understand the risk of acquiring HIV/STIs in trans women who have undergone vaginoplasty and have vaginal sex. Trans men using testosterone are at higher risk of acquiring HIV/STIs due to atrophic vaginal tissue susceptible to abrasions during vaginal sex.

Trans people living with HIV are less likely to be aware of their diagnosis and less likely to be virally suppressed than cis people living with HIV. When asked about health concerns, trans people often prioritize gender-related health over HIV care. Offering comprehensive care may be an effective strategy to retain and engage patients in HIV care and, through "treatment as prevention," reduce HIV transmission. Trans people may have concerns about side effects of antiretroviral treatment (ART) and interactions with gender-affirming hormones. To date, research informing understanding of interactions of feminizing hormone treatment with ART has been extracted from research of cis women using estrogen-containing contraception. These suggest that while drug–drug interactions do exist with some medications, several preferred HIV treatment regimens do not interact with gender-affirming hormones.

Trans people should have access to all HIV prevention strategies and to other critical health services. Low rates of health care engagement not only pose challenges to identifying HIV/STI diagnoses but also compromise access to education about prevention strategies, such as condom use, HIV preexposure prophylaxis (PrEP), postexposure prophylaxis (PEP), and safer-sex strategies. Condoms, when used both correctly and consistently, reduce HIV/STI transmission. PrEP is a daily medication that is highly effective at preventing HIV acquisition, when taken as prescribed. Although no dedicated studies have demonstrated efficacy of PrEP in trans populations, trans people using PrEP consistently should be just as likely to receive benefit; however, adherence may be compromised by the myriad of socioeconomic factors described earlier. To date, low uptake of PrEP by trans women is attributed to factors such as lack of trans-inclusive marketing, lack of insurance and cost, and concerns about side effects and interactions with feminizing hormone treatment. PEP refers to medical treatment aimed at reducing HIV acquisition following a recent exposure to HIV. Safer-sex practices for both trans and cis people include routine HIV/STI testing, limiting one's number of sex partners, avoiding condomless anal and vaginal sex, and avoiding intravenous drug use. Finally, in addition to timely HIV/STI screening and treatment, trans people should have access to preventive services, including routine examinations, human papillomavirus vaccination, and age-appropriate cancer screening.

Reproductive Health Counseling

Rapport and trust are essential to facilitating open and honest patient–provider dialogue on any health topic, particularly those that involve sexual and reproductive health. Addressing patients by their chosen names and pronouns, asking about preferred language for body parts, understanding the sensitive nature of physical exams, and appreciating that discussions around aspects of health such as menses may provoke distress are critical. Rather than adopting a cis-heteronormative approach, providers should avoid making assumptions about sexual orientation, sexual behaviors, and gender identity and anatomy of partners, particularly as research confirms that trans people (like cis people) espouse a wide diversity of sexual orientation and behaviors. Respectful dialogue occurring in a clinical setting that welcomes trans people sets the groundwork for accurate education about sexual experiences, satisfaction, and function; contraception and pregnancy prevention; fertility and family building; and HIV/STI prevention.

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See also Fertility Preservation; HIV/STIs; Preventive Screening; Sexual Health

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Research, Questions About Gender Identity

Survey research is important in advancing our knowledge about the size, characteristics, experiences, and needs of the gender minority population, such as transgender (trans) people. One of the main methods for learning about the U.S. population is by nationally representative federal surveys, like the decennial census. Such surveys provide demographic, health, economic, and other key indicators for the United States, which are valuable in assessing public policy and resource needs of the population. Yet, few federal surveys ask questions to identify gender minority respondents.

Surveys typically ask a binary sex question to assess whether the respondent is male or female. This approach does not allow gender minorities to be identified as such. Federal surveys that do collect data about gender minorities do so using different approaches to measuring gender identity. These approaches continue to be tested and refined to identify gender minorities, especially as gender identity labels evolve over time.

Approaches to Gender Identity Measurement

In 2014, the Gender Identity in U.S. Surveillance Group (GenIUSS Group) published a guide to best practices for identifying trans people in surveys of the general population. The GenIUSS Group outlined two main approaches for measuring gender identity that have been adopted by some federal surveys, such as the Bureau of Justice Statistics' National Crime Victimization Survey (NCVS) and the Centers for Disease Control and Prevention's (CDC's) Behavior Risk Factor Surveillance System (BRFSS). The two approaches recommended by the GenIUSS group were developed over the preceding years and originated in community-based research efforts and in public health research efforts. The

first approach is a two-item measure to identify respondents whose gender identity differs from the sex they were assigned at birth. The second approach is a single-item measure to identify respondents who consider themselves to be transgender.

The two-item measure first asks respondents what sex they were assigned at birth, on their original birth certificate. Respondents select male or female in response to this question. The second item asks how respondents describe themselves: male, female, transgender, or another gender. These two items are then compared to identify those whose sex assigned at birth matches their gender identity (i.e., a cisgender person) and those whose gender identity differs from their sex assigned at birth (i.e., a gender minority person). The two-item measure was developed in the late 1990s by a Philadelphia-based advocacy organization, the Transgender Health Advocacy Coalition, for use in community-based research. The two-item measure was subsequently refined and used in transgender health needs assessments, led by Jessica Xavier, in Washington, D.C., and Virginia, and now appears on some state and federal surveys, such as the California Health Interview Survey (CHIS) and the NCVS.

The single-item measure to identify trans individuals asks survey respondents if they consider themselves to be transgender, with *yes* or *no* response options. A definition of the term *transgender* is provided either as part of the question or if respondents assert that they do not know the meaning of the word. This single-item measure is used in the CDC's BRFSS as part of an optional module states can add to their questionnaires. The definition of the term *transgender* provided in the BRFSS questionnaire optional module is as follows:

> Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation—straight, gay, lesbian, or bisexual.

This definition is only read by the interviewer to the respondent if the respondent has any question as to what the term *transgender* means.

The single-item measure was first developed in 2001 by trans community leaders and allied researchers in Boston and was incorporated into the Massachusetts BRFSS questionnaire in 2007. The CDC began offering the single-item measure for states to add to their BRFSS questionnaires in 2014. The CDC's BRFSS also added a follow-up question to the single-item measure, for use if a respondent replies yes, that they do consider themselves to be transgender. The follow-up question asks if the respondent considers themselves to be male-to-female, female-to-male, or gender nonconforming.

Considerations in Designing Gender Identity Measures

In designing questions to identify gender minorities in surveys, it is important to first consider who the survey respondents will be. For instance, will the survey respondents be a sample of the general population (i.e., a population-based survey) or a survey of a specific group or community (e.g., a survey of LGBTQIA+ people in a specific state)? If the survey is conducted of the general population, one must consider how to ask questions about gender identity that will be understood by both cis (i.e., non-trans) and gender minority people alike. Gender minority people comprise a small percentage of the general population. Therefore, if only a small percentage of cis respondents are confused by the questions and accidentally identify themselves as gender minorities, the resulting data about gender minorities would be "flooded" with respondents who do not belong in that category. This could obscure findings about gender minorities that are vital for public health, public policy, or other endeavors. In surveys of a specific group or community, questions can be tailored in a way that best meets the research needs for that group or community. For instance, more specific or regional gender identity terms could be used. It is also important to consider whether survey respondents will be adults, youth, or both. Questions for adults may not be appropriate for youth, depending on the ages of the respondents.

Another consideration when designing questions to identify gender minorities is that of shifting

terminology in gender identity labels. Oftentimes, surveys are designed to be repeated year after year. For instance, the CHIS is repeated in 2-year cycles. Questions about gender identity should use terminology that is not likely to soon fall out of common use. For example, the term *transsexual* was commonly used to describe those who have undergone, or desire to undergo, gender-affirming medical treatments, but that term is now considered taboo by many, and the term *transgender* is preferred. Similarly, the term *gender variant* was commonly used in the late 1990s and early 2000s but is no longer commonly used. Therefore, questions should be designed so that they will remain appropriate and relevant over time.

Finally, questions to identify intersex individuals should be given separate consideration from questions to identify gender minorities. Often, when reviewing and revising gender identity questions such as the ones described above, reviewers request the term *intersex* be listed as an answer option for sex assigned at birth or as a current gender identity label. However, intersex is not a sex that is assigned at birth, and *intersex* is not commonly used as a gender identity label among those who have physical intersex characteristics. Questions to identify intersex individuals have been developed, and revision and refinement of these questions continue.

Considerations in Administering Gender Identity Questions

How questions about gender identity are asked may affect the quality of the resulting data. Where in the survey the questions are placed, whether the survey is administered by an interviewer or self-administered, whether the survey is completed on paper versus a computer, and whether the questions are answered by the respondent themselves or by someone else on behalf of another person (i.e., proxy reporting) are important considerations for data quality. Gender identity questions are ideally included as part of the demographics section of a survey. Population-based surveys have sometimes included questions about gender identity and sexual orientation with questions about sexual risk behaviors. The BRFSS has included these questions in a separate optional module.

Surveys that are self-administered rather than administered by an interviewer may result in respondents being more willing to disclose a gender minority identity. Interviewer-administered surveys can take place over the phone or in person. In either case, a respondent may feel uncomfortable disclosing a gender minority identity to an interviewer. Whenever possible, gender identity questions should be self-administered.

Furthermore, surveys that are conducted via computer may limit participation by those who do not have access to computers or Internet service, which may skew the survey sample. Gender minority individuals are more likely to be low income or living in poverty, which may lessen participation in surveys administered via computer. Considerations should be made to improve access to surveys administered via computer, such as administering paper surveys for those without computer access.

Some surveys use proxy reporting. For instance, the American Community Survey asks one household member to respond to the survey on behalf of all members of the household. Having one individual report on the gender identity of another individual may affect the accuracy of the resulting data, particularly if the proxy reporter is unaware of their household member's gender identity. In 2015, the U.S. Office of Management and Budget (OMB) established the Federal Interagency Working Group for Improving Measurement of Sexual Orientation and Gender Identity in Federal Surveys to study issues surrounding the inclusion of gender identity measures in federal surveys, including the issue of proxy reporting. The working group includes over 100 representatives across 35 federal agencies. The working group continues to study the measurement of gender identity in surveys that use proxy reporting and has published several reports of their findings.

Gender Identity Survey Research With Representative and Nonrepresentative Samples

To better understand the characteristics and experiences of the U.S. gender minority population, it is vitally important to add questions to identify gender minority respondents in federally administered surveys, such as the American Community Survey and the Current Population Survey. Surveys such as these would expand knowledge of the demographics, size, experiences, and well-being of the

gender minority population in the United States. Yet, these surveys would provide only a part of the true picture of the lived experiences of gender minorities. To create a fuller understanding, community-based surveys and research that is tailored to the needs and experiences of the gender minority population are needed.

Surveys that are tailored for gender minorities, such as the 2015 U.S. Transgender Survey (USTS), conducted by the National Center for Transgender Equality, can ask questions not covered in federal surveys. Questions about experiences with discrimination, family rejection, access to gender-affirming health care, gender affirmation milestones, and other topics give valuable information about the experiences of gender minorities that has implications for public health, public policy, and other fields. Research that centralizes gender minority respondents can complement findings from federal surveys to describe the needs of this population and target resources and interventions to improve well-being. More and more federal surveys are adding gender identity questions, yet the vast majority do not include these questions. While federal gender identity data collection slowly expands, community-based research and research that centralizes gender minority people provide most of the relevant data and remain vital sources for understanding the characteristics and needs of this population.

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See also Demographics of the Trans Community; Gender Labels; Measurement/Assessment Issues in Research; Quantitative Research; Research, Recruitment and Sampling; United States Transgender Survey (USTS)

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Research, Recruitment and Sampling

Participant recruitment, or the identification, invitation, and selection of individuals to participate in research, is often viewed as one of the most challenging but essential steps in conducting research. Research with trans individuals, communities, and populations presents some unique considerations and challenges for effective recruitment and sampling, as discussed in this entry. A brief historical overview is followed by an examination of principles and recommended practices in research with trans people and communities, and the entry concludes with a description of the key recruitment and sampling strategies used by today's researchers.

Historically, research with trans populations has typically employed a variety of nonprobability sampling methods and approaches. With earlier academic scholarship being authored predominantly by cisgender (cis) medical professionals who interacted with trans individuals seeking out medical interventions for gender transition (e.g., hormones, surgery), it is unsurprising that most of these early works recruited individuals from clinical settings. Gender clinics that opened in the United States and Canada became the epicenter for much of trans medicine research

being published from the 1960s to 1980s. For numerous medical and sociocultural reasons, much of this research disproportionately focused on the experiences of individuals assigned male at birth. As a result, clinical research with trans individuals has historically rendered invisible the experiences of trans men and gender nonbinary individuals.

As scholars from other, nonmedical fields became increasingly interested in trans experiences, health, and well-being, research expanded from gender clinic samples to community settings. As a result, research questions have also expanded greatly and become increasingly complex as the larger body of literature has grown; this has necessitated a corresponding shift in sampling and recruitment strategies.

Methods, Considerations, and Challenges of Recruitment and Sampling

Participant recruitment involves a number of specific, sequential steps: (1) selecting eligibility criteria based on study aims; (2) identifying the eligible population of interest; (3) recruiting an adequate, representative sample; (4) providing accurate information about the study and its aims; (5) obtaining true informed consent; (6) retaining participants until study completion; and (7) minimizing costs to the individuals and community and maximizing benefits. As with any defined population, particularly one that experiences stigma, marginalization, and institutional invisibility, there are a number of challenges and considerations related to recruitment and sampling when conducting research with trans individuals, communities, and populations. These can be conceptualized *as practical/logistical* and *cultural and relational,* as discussed below.

Practical and Logistical

Practical and logistical challenges and considerations stem in part from the relative institutional invisibility of trans individuals in U.S. society and the consequent lack of information regarding key population characteristics. To date, large population-based surveys have typically assessed gender identity through a single question that often provides only two dichotomous sex category options ("male" and "female"). Some research has moved to incorporate additional category options of "transgender" and "other" in the same question, but research has shown that this leads to appreciably higher levels of missing data among trans individuals. Instead, researchers have recommended assessing gender with two questions: sex assigned at birth and gender identity. As a result, without consistent and accurate assessment and reporting of gender identity across general population studies, trans population characteristics, including size, remain largely unknown. Thus, challenges remain to evaluating the effectiveness of study methods for recruiting an adequate, representative sample when key characteristics of the larger population are unknown. Population estimates published by the Williams Institute in 2016 from numerous state-based health surveys have estimated the size of the U.S. population of trans adults to be 1.4 million people, or approximately 0.6% of the entire U.S. population. Because population-based surveys ask specifically about gender identity—and provide a more expansive set of gender identity options for respondents—knowledge of U.S. trans populations will presumably continue to grow. In turn, researchers will be able to tailor sampling and recruitment methods to more effectively reach the communities and populations of interest.

Some of the financial considerations for participant recruitment and sampling relate to the cost of recruitment materials, participant compensation, and the hiring of research study staff and/or research assistants. Recruitment materials may include the design and distribution of recruitment flyers that can be distributed either in person or online via email or on posts to Internet forums. Some researchers construct websites where prospective participants and community members are able to learn more about the study's aims and the composition of the research team. This increases the visibility and transparency of researchers within the community and can also provide a way for community members to interact directly with researchers. Furthermore, researchers can use their website as a dissemination tool for giving knowledge back to the community regarding completed research studies. This, in turn, can be a powerful recruitment strategy over time, with prospective participants being able to assess the meaningfulness of the research they are participating in, whether personally or to trans communities generally.

Research with trans communities may also require additional personnel beyond the time that study investigators are able to allot to a single study. When considering personnel decisions, investigators may find themselves choosing between hiring a graduate research assistant (GRA) or a community member into the role of paid study staff. Although GRAs often arrive to such roles having already received formal training in research methods and design, the financial cost of hiring a GRA may be higher due to the addition of tuition and benefits on top of salary support, a common institutional policy in graduate colleges across the United States. Moreover, while a GRA may be able to assist with the more technical aspects of the study's methods and with data analysis and manuscript preparation as a result of formal research methods training, a hired community member may be able to assist in ways that are invaluable to recruitment and sampling, among other research activities. For example, a research team that hires a community member who is already connected to key organizations and community leaders may establish credibility more readily within that community. Furthermore, if research team dynamics and structures are carefully attended to, with all members being able and invited to contribute to team decision making, a hired community staff member may provide invaluable feedback regarding the study's recruitment materials and approaches, heading off serious problems before they can emerge and/or increasing effectiveness in the strategy from the start. Thus, researchers should carefully weigh their needs when hiring research staff for a study, considering not only the primary aims of the study but also any secondary ones as well.

Cultural and Relational

Research recruitment and sampling decisions should also include relational and cultural considerations for the communities in which the research is taking place. Relational and cultural factors to consider could include not only the current relationship of researchers with trans communities but also historical relationships between researchers and community members as well as the larger historical context of trans–community relations. For communities where there may be a stronger awareness of gender-based trauma, particularly at the hands of academicians (e.g., a history of harmful clinical gatekeeping practices and/or conducting anti-trans research), researchers should tailor their approach to recruitment in light of this history. Some community reconciliation efforts may be warranted and can go a long way toward changing the dynamics between researchers and community members for ongoing research efforts. Furthermore, with the recent wave of anti-trans laws and policies being introduced in state governments across the United States, some communities may be understandably wary of participating in research out of concerns for safety and without assurance of research aims as being beneficial to trans communities.

To date, in online survey-based research with trans populations, samples have demonstrated more limited racial and ethnic diversity, with the majority of published research samples being disproportionately white. This has had the effect of rendering trans people of color (POC) invisible within the larger scholarship on trans concerns. Moreover, when stigma and health outcomes have been evaluated with data disaggregated by race, it is clear that trans POC experience far higher rates of prejudice, discrimination, violence, and adverse mental and physical health outcomes as a result of compounding effects of intersectional marginalization and oppression. In-person recruitment efforts that have occurred within defined and often urban communities (e.g., San Francisco, New York City) have tended to be more racially and ethnically diverse than those conducted online. Typically, sampling methods in these studies have involved researchers spending time in and recruiting directly from community settings. Notably, many of these same studies used community-based participatory research methods, which involved forming a research advisory board with members of the community who were integral to recruitment efforts and research design. Moreover, researchers who are active contributors to community life have been able to gain credibility and trust.

Contemporary Recruitment and Sampling Strategies

Convenience sampling methods with trans populations have included Internet-based participant

recruitment, in-person community recruitment through community health services, and respondent-driven sampling (RDS). Internet-based participant recruitment has involved researchers posting information about their study to email listservs, social media groups (e.g., Facebook), and other Internet forums and platforms (e.g., Reddit). These posts often include a link to the online survey platform where participants are able to complete the survey from their own home. This method allows researchers to collect data inexpensively and has been used effectively with other hard-to-reach populations who form large networks of online social communities. However, Internet-based convenience sampling is limited to those who have access to the Internet via a computer or smartphone and have the time and physical ability to complete the survey. Limited distribution of recruitment posts also increases sampling bias. Finally, scholars such as Luke Gelinas and colleagues have noted a number of ethical considerations related to social media recruitment that researchers should be aware of.

In-person community recruitment strategies are able to address some of the barriers to effective recruitment with Internet-based sampling, such as reaching members of the population who may not have access to the Internet and who may have a different ability status for completing an online survey. However, in-person recruitment can be costly, particularly in personnel time. Recruitment is also limited to that geographic location, which may affect the generalizability of study findings depending on study aims and scope.

Another convenience sampling method that addresses some of the limitations of each of the above methods is respondent-driven sampling (RDS). RDS is a method similar to snowball sampling where one participant passes along information about the study to other prospective participants. However, in RDS, referrals to the study are tracked and recruitment "trees" are carefully logged. RDS begins with a small number of "seed" participants who complete the research study activities. RDS is then initiated when participants give a limited number of referral coupons to other eligible individuals in the sample population. Individuals receiving a referral coupon who are interested in participating contact the research team to complete the study activities, then receive referral coupons themselves to pass along. In this way, recruitment trees grow as referrals succeed. Each referral coupon includes information about the study and a unique referral code in order to track referee–referral connections and compensate the referring participant for each coupon returned by a new participant. Typically, participants are compensated a certain amount for participation in the study and a different, often lower amount per successful referral. This method has some distinct advantages over other recruitment strategies: First, initial participants are able to vouch for the study to others, which can help dispel some concerns some community members might have about the research. Second, because referral coupons are carefully tracked, sampling bias can be statistically estimated. Despite these advantages, RDS can also be slower than other methods of sampling, and when referrals are unsuccessful, changes to the RDS protocol (e.g., increasing the number of referral coupons, adding new seeds) may have to be implemented in order to keep recruitment moving forward. RDS has been used successfully in a number of trans populations and communities around the world.

In sum, although trans populations are considered hard to reach, with recent methodological and technological advancements, researchers have greater means at their disposal to connect with trans populations. By carefully and critically attending to the various considerations outlined above, researchers can conduct meaningful and scientifically rigorous research with trans individuals and communities.

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See also Authorship of Trans Literature; Demographics of the Trans Community; Intersectionality in Research; Qualitative Research; Quantitative Research; Research, Questions About Gender Identity

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Resiliency

Trans people, in the face of gender minority stress, demonstrate remarkable *resiliency:* a constellation of individual factors, health behaviors, and social and community support that buffers the adverse impact of discrimination. Because of its central role in promoting trans health and wellness, resiliency has become a key construct through which scholars, activists, and practitioners conceptualize minority stress. It is often discussed as manifesting in two related ways: (1) at the *individual level,* whereby individual trans people develop personal agency, make meaning, and gain control in times of distress, and (2) at the *community level,* whereby trans people bounce back from adversity by embracing trans-affirming norms and values, finding role models, and receiving trans-specific community resources and care. Trans resiliency is also *intersectional,* in that trans people with multiple marginalized identities demonstrate unique factors, health behaviors, and community resources to bounce back from unique manifestations of marginalization. Providers working with trans communities are encouraged to collaborate with clients to buffer individual and community resiliency.

Trans Resiliency in Context

Psychological research has demonstrated across all groups that individuals who experience trauma or stress, even in their earliest years, develop creative and often lifesaving strategies to survive, make meaning, and thrive. Among diverse trans communities, resiliency is a key process by which individuals bounce back from chronic exposure to transphobia.

Trans Minority Stress

Trans resiliency is thus best understood in the context in which trans people live: an often-hostile culture of transphobia, as well as a time of social, legal, and cultural shifts in which trans communities are gaining visibility and collective organizing power. Given the systems in place that tend to marginalize trans people, it is important to examine resiliency within the context of minority stress. Minority stress (or *gender minority stress*) is a construct first explored empirically by Ilan Meyer, who explained processes by which sexual minority individuals have for decades reported disproportionately high levels of distress, adverse health outcomes, and sexual and behavioral risk. The concept of minority stress posits that minority individuals, in addition to contending with the typical stressors inherent in daily life, must also contend with the psychological impact of stigma and discrimination. The minority stress model describes two related ways stressors may occur in a minority person's life. First, minority individuals

experience *distal,* or external, stressors in their environment. Second, distal stressors may lead to *proximal,* or internal, stressors that occur within a person's internal experience. Distal and proximal stressors are connected, in that they bidirectionally affect each other *and* simultaneously affect adverse psychological and physical health outcomes.

Many studies demonstrate how these processes may occur for trans people. Examples of distal stressors are explicit experiences of violence, harassment, and rejection in relation to one's gender identity, as well as more subtle stressors such as the experience of nonaffirmation as a result of being misgendered (i.e., being referred to with gendered language that does not match one's gender identity), having to reveal one's sex assigned at birth while completing paperwork, or witnessing the erasure of trans identities in everyday life. Some examples of proximal stressors may include internalized transphobia (i.e., acceptance of negative beliefs about one's gender identity or trans people generally), negative expectations for interpersonal interactions and relationships, and the process of concealing one's trans identity by either conforming one's gender expression to their sex assigned at birth or living in "stealth" (i.e., hiding one's trans identity after medically transitioning enough to "pass" as cisgender). Each of these stressors has been shown to have direct and indirect associations with adverse health outcomes, including depression, anxiety, and suicidal ideation. Resiliency, on the other hand, has been shown to moderate, or decrease, the relationship between anti-trans discrimination and adverse health outcomes.

Trans Minority Strengths

Indeed, stress is not the only aspect of trans people's lives. Minority stress occurs in chronic, often insidious ways, yet trans people have also demonstrated creative, even heroic resiliency. How do trans people and communities build resiliency, even in the face of such a toxic culture? The relationship between stress and resiliency is often understood as a balancing act.

According to the foundations of stress theory within psychological research, the consequences of stressful events on a person's health are determined by the countervailing impact of two processes: (1) *pathogenic stress processes,* or factors and experiences that decrease health, and (2) *salutogenic coping processes,* or factors and experiences that increase health. Stress theory posits that the impact of stress is countervailed, or offset, by a person's ability to cope; as such, resiliency is a key protective mechanism in minority people's lives. An example of a pathogenic stress process in a trans person's life may be the shame or anger that a nonbinary person feels after being outed to a transphobic coworker. A salutogenic coping process may be that person's trans pride, or their decision to reach out to others to ask about employment opportunities in a trans-affirming workplace. These salutogenic coping processes are examples of trans resiliency. Given the ways trans people have experienced oppression, yet continue to build hope and connection, resiliency has become a core aspect of the ways that scholars and practitioners understand diverse trans communities' abilities to countervail gender minority stress.

Individual-Level Resiliency

Resiliency occurs at both individual and community levels for trans people. Individual trans resiliency is defined as person-specific factors that improve health outcomes and buffer minority stress. Recent studies have identified strategies commonly used by trans people to bolster individual resiliency. These factors tend to describe internal processes, such as how a person relates to their gender, society, and themselves as a gendered person in the world. Much of the foundational research on individual-level resiliency was led by Anneliese Singh, who conducted groundbreaking qualitative studies capturing themes of individual-level resiliency among trans people and, more specifically, trans people of color.

Individual-level recommendations are greatly important for the development of resiliency among trans people. The first and often most emphasized technique is the ability to self-define and conceptualize one's gender. The ability to understand and define one's own gender identity and gender expression can be both liberating and grounding for a trans individual. Because gender identity can be fluid in nature, it is important that the individual uses their own words and concepts to self-define, developing a skill that may be necessary for the rest

of their life. This is not a strategy that should be performed in isolation in order to build resiliency, as Singh notes, but rather, involving others can be vitally important for self-definition. Having a supportive space for open conversation, such as a counseling center, a likeminded community, or among one's family, can be extremely helpful for developing definitions and exploring specific words that can accurately depict the person's gender. As well, other strategies for developing a gender definition include journaling, acting, and activism.

Another individual-level recommendation that trans people have often noted in strengthening their resiliency is the reframing of techniques used to mitigate other challenges, such as mental disorders and racism. As discussed earlier, many trans people have multiple minority identities for which they must develop protective factors. Research has found that trans people often reframe resiliency techniques developed for their other identities so as to build resiliency in their identity as a trans person. These processes may include navigating hostile environments and defining their own gender. Cultivating an awareness of oppression is another possible individual resiliency strategy. Finally, going through social, legal, or medical transition has been shown to increase positive health outcomes for trans people. Although many trans people do not need or wish to pursue medical transition, studies have demonstrated that transitioning may increase resilience and protect from adverse health outcomes, including suicidal ideation and attempts, gender dysphoria, low self-esteem, and body image concerns.

Group-Level Resiliency

Individual-level factors differ from group-level factors, which tend to be external in nature and involve behavior and interactions with other people, events, and the ecosystems in which trans people live. Looking outside of the self, many strategies for developing resiliency involve community and the help of others. Group-level resiliency strategies may also have positive effects on individuals' mental health such as improving self-esteem, reducing anxiety, and protecting against internalized transphobia. These group-level recommendations include activism and community connectedness, supportive systems and proactive agency, and supportive family and friends. Activism and collective action can be an effective resiliency strategy as it provides individuals with a community of likeminded individuals who have similar life experiences. Building a community with other trans people can provide people opportunities to mentor and be mentored, both of which can help build resiliency.

An example of a group-level resiliency strategy is collective action, such as participating in trans activism and advocating for the well-being and rights of trans people in society. Feeling a part of movements for social change and helping to uplift others in the trans community may improve individuals' resiliency. Some research suggests, however, that involvement in activism may expose people to more discrimination or may lead to burnout, both of which may reduce its positive effects for some people.

Social support, which may include membership or participation in community social activities and gatherings, has been shown to be critical for trans survival. Social support and community connectedness may help buffer against social isolation and withdrawal, which have negative impacts on individuals' mental health. Having a support system of friends, peers, and trans-affirming mental health care providers can help trans people cope when mental health challenges and other barriers arise. Family support, especially among young people, has emerged as a key resilience factor; it has been shown to be protective against homelessness, low self-esteem, internalized stigma, and suicide.

Beyond social support, another group-level factor for strengthening resiliency is access to supportive ecosystems, such as a government, workplace, or school. Not only is it important for the system to have trans-affirming policies in place, but there should also be space for the evolution of regulations where there are gaps in the support of trans people. Resiliency can be strengthened if trans individuals are in a supportive environment that allows them to self-advocate when need be and to be heard.

Resiliency has become a key part of trans collective organizing over recent years. This has been exemplified by changes in major events honored and celebrated in trans communities. One example is the shift in language around the Transgender Day of Remembrance, an annual event established by trans activists in 1999 as a day of recognition

and mourning for the disproportionate number of trans people (especially trans women of color) killed each year due to transphobic violence. In 2012, trans activists and artists of color joined to institute a shift to honoring a Trans Day of *Resilience*. The goal of this newer event is to celebrate life beyond survival—to reframe the national narrative around trans people by emphasizing the positive, strength-based aspects of trans life in the face of violence and transphobia.

Intersectionality as a Key Component of Trans Resiliency

Feminist and intersectional frameworks have been used to explore how resiliency may manifest differently for diverse trans communities. Indeed, resiliency factors and access to such factors likely differ depending on both an individual's multiple social identities and the structural forces affecting people with such identities. Feminist and intersectional frameworks thus importantly highlight the fact that different systems of oppression (i.e., racism, classism, sexism, transphobia, etc.) tend to intersect in ways that uniquely marginalize trans people with multiple minority identities. For example, racism (i.e., oppression of people of color) and transphobia (i.e., oppression of trans people) coalesce and place trans people of color at unique risk for discrimination, minority stress, and adverse biopsychosocial health outcomes. Trans young people are also affected by adultism (i.e., the domination of young people by adults), and older trans adults are affected by neglect and oppression of elders in society.

Intersectional frameworks also posit that trans people with diverse identities engage in unique, culturally specific forms of resiliency. These manifestations of resiliency are informed by people's lived experiences. As such, resiliency among forced migrants reflects having grown by engaging with processes of migration and navigating systems of asylum, whereas resiliency among young trans people is informed by having navigated and overcome adultism. Similarly, nonbinary trans people may be less likely to build resiliency through processes such as transitioning or finding gender congruence through external appearance. As such, nonbinary trans people have reported fostering resiliency by defying gender roles, insisting on gender-neutral pronouns and/or nonbinary gender markers on identification documents, and connecting with other nonbinary people on social media.

Trans people of color must contend with transphobia and racism, as well as the compounding effects of both, and thus demonstrate sophisticated and creative ways to stay resilient. In a foundational qualitative study among trans young people of color, for example, the following themes of resiliency were highlighted: identity self-definition, awareness of adultism, self-advocacy at school, community support, and using social media to connect with other trans young people of color and affirm one's own identity. Key to resiliency among trans people of color is the process of naming and identifying the impact of discrimination, then making meaning of these experiences through social support and individual growth.

Trans people who have experienced forced migration, asylum, and immigration also demonstrate unique manifestations of resiliency. Examples of factors contributing to resiliency for forced migrants include optimism and hope, community and legal support, support from partners and friends, "doing whatever it takes," and lending support to other trans forced migrants after establishing more stable footing in a new country. Trans migrants have also reported how crucial it is to engage in "spiritual upkeep" (especially among African and Caribbean migrants) as well as create and sustain alternative kinship structures, or close emotional and psychological bonds with other trans people who become surrogate family members. Across studies, trans migrants have reported inviting other marginalized trans people into their homes, helping each other recover from refugee and asylum issues, loneliness, the impacts of the HIV epidemic, and homelessness and social isolation.

Common across diverse trans populations is the importance of capacity building through social support and community services. For example, many individuals find resiliency by engaging in psychotherapy groups, support groups, and/or social actions groups working toward trans liberation. In order for such support to be effective, it is important for groups to be intersectional in their focus and practice. Latinx trans Americans, for example, report finding a sense of home and community in monolingual Spanish-speaking trans groups. Similarly, trans people living with HIV often find

solace, resiliency, and strength in groups run exclusively by and for HIV-positive trans people. Networking in these groups can lead to finding jobs, connecting with legal services, and establishing care with affirming health care providers.

Strategies to Center Trans Resiliency in Research and Practice

Trans people have historically faced disproportionate barriers to health care access and quality. Yet culturally competent research and trans-affirming health care, including mental health care, is a key source of resiliency and strength. As such, recent studies have outlined both *targets* of resiliency research and practice, as well as novel *models* that center trans resiliency in process and outcome. These models include descriptions of important targets for clinical care and models to promote wellness in psychological interventions.

Targets of Resiliency in Research and Care With Trans Communities

Across studies, scholars and practitioners have identified key aspects of resiliency to target and thus promote in clinical work with trans clients. These include collaborating with clients toward the following goals: developing a self-generated definition of self; embracing self-worth as a trans person; developing critical consciousness about trans minority stress; connecting with a supportive community; building hope, goals, and dreams for the future; engaging in activism for trans rights; and seeking and/or becoming a mentor or role model for other trans people. When promoting resiliency with trans clients, it is important to be mindful of intersectionality. Providers may thus incorporate discussions and problem solving around unique forms of stress and strengths specific to a client's other identities. When working with young trans people, for example, it is important to cultivate an awareness of adultism and promote self-advocacy in educational institutions, as well as use social media and young people–specific resources for social support. When working with trans people of color, it is crucial to incorporate specific risks and promoters of resiliency, including the impact of police harassment and systemic racism, into case conceptualization and treatment planning. Studies demonstrate trans clients have better outcomes when providers engage in psychoeducation and discuss which factors of trans resiliency mitigate or countervail gender minority stress.

Affirming Approaches to Building Trans Resiliency

Recent models of trans resiliency have emerged that highlight strategies to frame resiliency as a primary outcome in both research and clinical work, including the Minority Strengths Model, the Transgender Resilience Intervention Model, and Transgender Affirmative Cognitive Behavioral Therapy. Each of these models reflects the ways researchers and scholars have shifted the way trans health is framed: from a deficit to a strengths-based paradigm. The former, the Minority Strengths Model, is a strength-based reframing of the minority stress model. Rather than exclusively measuring the negative impact of stigma and discrimination, the model focuses on the creative strategies individuals in minority populations use to survive and thrive in the face of oppression and adversity. It describes how resiliency may improve mental and physical health outcomes, including among trans communities who face considerable adversity and stress. In this statistical model, social support was significantly associated with identity pride, self-esteem, resilience, mental health, and positive health behaviors. Community consciousness also played a key role. This model describes cascading effects by which resiliency promotes proximal strengths (not stressors), coalescing in positive outcomes.

A second model is the Transgender Resilience Intervention Model (TRIM), which similarly suggests the importance of integrating individual-level factors (e.g., hope, self-acceptance, identity pride, self-definition, self-worth, and transition) with group-level resilience factors (e.g., being a role model, community belonging, family and social support, and transgender activism) in trans research and clinical care. This model presents opportunities for researchers and clinicians to evaluate the effectiveness of promoting particular factors within their clinical work, which holds promise for increased efficacy and nuance in psychotherapy. The model not only outlines particular pathways of minority stress to target in psychotherapy but also highlights key, multilevel strategies to increase

resilience. For example, clinicians can use the TRIM model as a roadmap to tailor interventions based on which aspects of resilience may be important for each individual client. The model suggests clinicians use multiple modalities (i.e., individual, group, family, or relationship therapy) to holistically target each client's experiences with minority stressors and strengths.

Recent expansions of cognitive–behavioral therapy (i.e., psychotherapy that focuses on a client's thoughts, feelings, and behavior) have begun to incorporate trans resiliency in their approaches as well. A specific example includes a model of Transgender Affirmative Cognitive Behavioral Therapy (TA-CBT), which outlines an eight-session trans-affirming intervention including psychoeducation, modifying problematic patterns of thought, enhancing social support, and preventing suicidality by buffering resiliency. The first step of the TA-CBT model is engaging in psychoeducation, or helping clients understand the impact of discrimination on key mental health outcomes such as feelings of stress, anxiety, depression, and suicidality. After clients are better able to understand the potential impact of anti-trans attitudes and behaviors on stress, clinicians help clients overcome negative internalized messages, foster hope for the future, and develop supportive identity-affirming social networks.

Finally, given the importance of group-level factors of resiliency, it is critical that researchers, practitioners, and advocates promote structural changes that improve health care quality and access for trans people. Each of these strategies to buffer resiliency empowers trans people to build individual- and group-level skills to mitigate the impact of discrimination on stress. Yet mental health disparities continue to exist at structural levels. Clinicians and researchers are thus encouraged to target system-level sources of stress and inequity that necessitate resiliency. The field must engage in a multilevel approach to societal transformation in order to dismantle the contexts that create a *need* for resiliency in the first place.

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See also Affirmative Therapy; Community Building; Discrimination; Gender Minority Stress; Mental Health

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Richards, Renée

Renée Richards was a U.S. trans woman tennis player who fought for the right to compete in women's tennis in the 1970s. She successfully challenged the use of the chromosome test as the sole criterion for entry into the sport. With the legal victory, Richards participated in the 1977 U.S. Open and lost in the first round. She continued playing on the women's circuit until 1981. Upon retirement, Richards returned to her ophthalmology practice and remained out of the headlines until the early 2000s, when she criticized the International Olympic Committee's (IOC) trans policy. Richards's legal battle not only served as a predecessor for later trans policies, but her legacy demonstrates the questions that surface when trans athletes participate in sex-segregated sport.

Richards was born on August 19, 1934, and excelled in athletics from a young age. As a college athlete, Richards won the Men's Eastern Junior Indoor Championships in 1953. She then enrolled in medical school, where she specialized in ophthalmology. During her medical internship and residency in New York City, Richards continued to play competitive tennis, winning the New York State men's clay court title in 1964. She was ranked sixth nationally in the men's 35-and-over division in 1970.

Despite her medical achievements and tennis successes, Richards was tormented. "A lot of times I was like a man form a foreign country trying to blend in with the population," she wrote in her 1983 autobiography *Second Serve: The Renée Richards Story.* Richards decided to undergo gender-affirming surgery in 1975 to start a new life as Renée. She moved to California, resumed practicing ophthalmology, and continued playing tennis.

During a 1976 tennis tournament in California, a reporter discovered that standout Rene Clarke was actually Renée Richards, participating under a pseudonym. The published exposé brought national attention to the local competition. People questioned the fairness of Richards's inclusion in the women's division and feared that her presence would encourage trans athletes to overtake women's sport. Critics pointed to her 6′2″ frame as evidence of an unfair advantage, disregarding her advanced age and effects of hormone therapy on her strength. Others argued that Richards sought to reap the financial benefits recently earned by female tennis players. Unlike many female athletes, women professional tennis players enjoy some level of pay equity; for example, the 1973 U.S. Open was the first Grand Slam tournament to offer equal prize money to men and women.

After winning the local tournament, Richards declared her intentions to compete in the 1976 U.S. Open. The governing bodies of tennis immediately barred her participation. The U.S. Tennis Association (USTA) and the Women's Tennis Association (WTA) implemented the Barr body test as a precondition for eligibility in the women's division. The Barr body test uses sex chromatin to determine chromosomal composition. Sport practitioners used the method to prohibit individuals with Y chromosomes from participation in women's tennis tournaments, disregarding opposition from the medical community that noted the falsity of using a single criterion in sex determination. The athletics federation had instituted the Barr body test in 1967, followed by the IOC in 1968. Despite the availability of the test for a decade, the USTA and WTA only enacted the method to ban Richards.

Richards responded with a lawsuit. One month prior to the start of the 1977 U.S. Open, Justice Alfred M. Ascione heard Richards's case in the New York Supreme Court. The legal challenge presented three critiques of sex testing. First, Richards questioned the reliability of the Barr

body test in sex determination. Her doctors argued that it was an inaccurate and discriminatory tool and instead pointed to a range of characteristics that confirmed Richards's sex, from anatomy to appearance. Second, Richards countered the tennis organizations' definition of womanhood. Sexologist John Money testified that an individual's sex is based on a variety of factors, including anatomy, chromosomes, genitals, hormones, and psychology. Finally, women's tennis players discussed competitive advantages. Tennis star Billie Jean King defended Richards's right to participate as a woman, positing that Richards did not possess an unfair advantage.

Ascione ruled in Richards's favor. He argued that the use of a chromosome check as the only determining factor for eligibility purposes was "grossly unfair, discriminatory and inequitable." He conceded that sport organizations could use a chromosome test as one component of an eligibility requirement; however, it could not be the sole factor in identifying a person's sex. His decision allowed Richards to compete in the 1977 U.S. Open, where she lost in the first round, 1–6, 4–6.

Although the decision pertained only to Richards, it had ramifications for other sports. Organizations instituted trans policies, with varying degrees of inclusiveness. For example, in 1991, the Ladies Professional Golf Association added a "female at birth" clause to its requirements to prohibit trans athletes. In contrast, Women's Golf Australia permitted trans athletes in 1999. The IOC also outlined a policy for trans Olympians in 2003.

Richards publicly opposed the IOC's decision. Although the policy would have allowed her to skip the courtroom to compete, she called it a "particularly stupid decision" in a 2007 *New York Times* interview. Her opposition to the Stockholm Consensus seemed to stem from notions of fairness. She believed trans athletes have an unfair advantage in sport; accordingly, her age was the reason why she did not dominate in the 1970s. Moreover, Richards distanced herself from the trans community later in life. In her second memoir, *No Way Renée: The Second Half of My Notorious Life,* written in 2007, Richards described her life after tennis as filled with personal hardships and mistreatment. She hesitated to celebrate her legal victory and seemingly regretted having served as a pioneering trans athlete in the 1970s. As with much of the controversy surrounding Richards, questions of sex, gender, and advantage coalesce regarding trans athletes in sport.

Lindsay Parks Pieper

See also Athletes, College Sports; Athletes, Pro Sports; Olympic Athletes

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Rivera, Sylvia

Sylvia Rivera is considered the mother of the trans rights movement. She was known for cofounding Street Transvestite Action Revolutionaries (STAR) in 1970, a New York City organization that also formed STAR House for homeless youth. Throughout her life, Rivera was an outspoken advocate for LGBT rights. Using she/her pronouns, Rivera's primary identifications over time were drag queen, transvestite, and transgender person of color; her sexual orientation was to men and trans women.

Early Life

Rivera was born (July 2, 1951) in the Bronx, of Puerto Rican and Venezuelan descent, and was

named Rey; Sylvia Lee was the name given to her by the transvestite community. Her mother died by suicide when she was 3, her father was not involved, and she was raised by her maternal grandmother. As a child, Rivera was interested in female makeup, hair, and fashion; she contemplated gender-affirming surgery but did not receive any.

In response to bullying for being gay/trans, she left home at age 10. She then became, in her words, a "streetwalker" in New York City's Time Square. She was arrested for loitering and prostitution many times, sometimes bailed out by her grandmother. Rivera may have experienced sexual abuse prior to leaving home and been introduced to sex work by relatives.

Advocating for Trans Rights

From her earliest advocacy until her death at age 51 (February 19, 2002) from complications of kidney cancer, Rivera insisted the mainstream gay rights movement center the experiences of trans people. She criticized major lesbian and gay rights organizations for sidelining gender identity and held more conformist LG people accountable for discounting and trying to hide the drag queens who put their bodies on the line for gay liberation. During her life, Rivera presented her gender identity in a spectrum of ways, including effeminate boy/male, "half-sister," transvestite, drag queen, street queen, gay boy, gay girl, and transgender. Rivera is associated with her lifelong friend and fellow activist Marsha P. Johnson, whom she met at age 12 in the community of sex workers and transvestites in Times Square.

Although she is often named as one of the participants in the Stonewall Riots of June 1969, historical sources present conflicting information as to whether Rivera was inside the Stonewall Inn or outside during the night of the initial riot. Rivera is one of the central figures in Martin Duberman's 1993 *Stonewall* but is not mentioned in David Carter's 2004 *Stonewall: The Riots That Sparked the Gay Revolution*. Although in multiple interviews, Rivera speaks of being at Stonewall, historians have pointed to inconsistencies in her story. Clearly, Rivera knew of the riots the night they occurred, was there in the following days of continued riots, and had a role in many post-Stonewall protests.

Activism in the 1970s

In the wake of post-Stonewall activism, Rivera with Johnson cofounded STAR after having been a member of Gay Activists Alliance (GAA). Rivera maintained, and many historical sources confirm, that she was marginalized within GAA for her gender presentation and ethnicity. Protesting, organizing, and even testifying at City Hall, Rivera worked for equality. While fighting for gay rights laws, she consistently advocated to other gays for the inclusion of gender identity.

In 1973, Rivera spoke from the stage at the Christopher Street Liberation Day Rally in Manhattan's Washington Square Park. At that year's march, drag queens were told to walk at the back because organizers wanted to present gays more prominently, on the grounds that they were regarded as more palatable by the rest of the world. In what is called Rivera's "Y'All Better Quiet Down" speech, she asks, "What the fuck's wrong with you all?" for marginalizing her role and that of STAR in gay liberation and ignoring people like her—street transvestites of color who are often jailed. STAR was "trying to do something for all of us, and not men and women that belong to a white middle-class club—and that's what you all belong to! GAY POWER!" This brief speech seems to have marked Rivera's stepping back from the movement. Shortly after, STAR was disbanded and Rivera struggled with mental health, substance use, and homelessness. She moved just outside of New York City, worked, and organized drag shows.

Honored as "Mother" of LGBT Rights Movement

By the late 1980s, Rivera's activism and her role in the movement gained more recognition. Eric Marcus (1992) interviewed Rivera for *Making History: The Struggle for Gay and Lesbian Equal Rights, 1945–1990. An Oral History*. She was prominently featured in Duberman's 1993 book about the Stonewall era. Rivera participated in the 1992 Pride March with Johnson, who died a week later. Johnson's death marked a difficult transition for Rivera, who became homeless for many years. The two best friends had always promised each other they would "cross the River Jordan together," meaning die together.

In 1994, Rivera was given a place of honor in the Stonewall 25 pride march, according to her obituary in the *New York Times*. Rivera gained more stability and moved into a trans group home, and she started working and being politically active. In June 2000, she was invited to speak at World Pride in Rome, Italy. She said, "I didn't think, 31 years ago [Stonewall] that I would have so many children, but I am proud to have liberated you . . . continue your struggle all around the world." In the last year of her life, Rivera revived STAR as Street *Transgender* Action Revolutionaries, organizing and speaking for equality of trans and poor people as well as people of color and those in prison.

Rivera has been honored with many monuments, murals, awards, organization names, and public recognitions of her contribution to trans rights. The Sylvia Rivera Law Project was established in 2002 after her death. The corner of Christopher and Hudson streets (two blocks from the Stonewall Inn) was renamed "Sylvia Rivera Way" in 2005. Rivera is the first trans activist featured in the National Portrait Gallery (2015). With Johnson, Rivera is the focus of children's books about trans women of color.

Jessica Morris and Monica Keller

See also Crossdressers as Part of the Trans Community; Drag Queens; Gender Minority Stress; Johnson, Marsha P.; Latinx People; LGBTQ Movement, Trans Inclusion In/Exclusion From; Sex Workers; STAR; Stonewall Riots; Sylvia Rivera Law Project

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Scripted TV

Images of minoritized individuals matter, in terms of both quantity and quality. Historically, trans people were largely invisible in the media, including on television. On the rare occasion that a trans character made it on to the small screen, the representation was one of a pariah or a punchline. Recognizing the power of the media, trans advocates fought for increased visibility and more accurate representations. In the 2000s, the contours of the television landscape have changed dramatically, but most trans advocates maintain that further changes are necessary.

Historic Firsts

The history of depictions of trans people on television includes these firsts.

- In 1977, *All That Glitters* featured the first trans regularly occurring character in a television series, played by Linda Gray of *Dallas* fame. This short-lived series, produced by Norman Lear, was a primetime soap opera that took a satirical look at a world ruled by women.
- From 2006 to 2007, Zoe Luper, played by Jeffrey Carlson, became the first trans character on a U.S. daytime soap opera, *All My Children* (ABC). Zoe first appeared as Freddie Luper, an English rock star millionaire who was suspected of being a serial killer. Zoe was attacked by the real killer and survived, thus clearing her of suspicion.
- In 2007, Candis Cayne became the first trans actor to play a recurring trans character on a primetime series, in *Dirty Sexy Money* (ABC). The character was the mistress of one of the series' main characters. Cayne later had a recurring role as a trans character in Season 6 of *Nip/Tuck* (FX). She also had ongoing appearances in *RuPaul's Drag U* (Logo TV), *I Am Cait* (E!), *Elementary* (CBS), and *The Magicians* (Syfy).
- In 2013, Laverne Cox was the first openly trans person to be nominated for a primetime acting Emmy Award for her portrayal of Sophia Burset on *Orange Is the New Black* (Netflix). Burset was a prison inmate found guilty of credit card fraud, which she committed to fund her gender-affirming surgery. Cox later won a Daytime Emmy Award in Outstanding Special Class as executive producer for *Laverne Cox Presents: The T Word*. She had recurring appearances on *Doubt* (CBS), *I Want to Work for Diddy* (VH1), and *TRANSform Me* (VH1).
- Asia Kate Dillon was both the first nonbinary trans actor to appear on a television show and the first actor to play a nonbinary trans character, with their role as a hedge fund intern in *Billions* (Showtime) beginning in 2017. Dillon was nominated for a Critics' Choice Television Award for their portrayal. Prior to this series, Dillon played a white supremacist inmate in *Orange Is the New Black*.

- In 2018, trans actor Nicole Maines played the first trans superhero, Nia Nal/Dreamer, in *Supergirl* (CW). Born with precognition superpowers, the character works as a speechwriter for the White House press secretary. Of note is the fact that Maines and her family sued her school district for barring her from using the female bathroom. The case went to the Maine Supreme Court, which ruled that the district had violated the state's Human Rights Act and had to provide bathroom access consistent with students' gender identities.
- The show *Pose* (FX) made television history in 2019, when it premiered with the largest number of trans actors in a scripted series, including five trans women of color: Dominique Jackson, Indya Moore, MJ Rodriguez, Angelica Ross, and Hailie Sahar. The series spotlighted New York City's African American and Latinx LGBTQ ballroom culture in the 1980s and 1990s. The series was nominated for both Golden Globes and Primetime Emmys.

Negative Representations

Historically, most roles for trans characters on the small screen were peripheral to the ongoing storyline or appeared in one episode. In the earliest storylines, trans people served as objects of confusion, ridicule, and sensationalism. Some early portrayals conflated sexuality and gender. For example, Billy Crystal's character in the hit series *Soap* (ABC) began the first season wanting gender-affirming surgery but then realized he was a gay man.

Historically, trans stock characters were developed as villains, ranging from psychotic killers to deceivers, especially in crime shows. For example, *Nip/Tuck* based an entire season on a storyline about a trans woman who is a baby-stealing sexual predator who had sex with her own son. Trans characters were also commonly represented as sex workers, victims, or both, as in the case of a trans character on *Ally McBeal* (Fox), who was murdered while engaging in sex work. GLAAD, an organization that monitors LGBTQIA+ representations in the media, found in a 10-year study of television programs (2002–2009) that trans characters were villains in 21% of episodes, were in a "victim" role 40% of the time, and that the most common profession of trans characters, in 20% of shows, was sex worker.

In addition, dialogue and camera work often fetishized and hypersexualized the trans body. Like other media, scripted television often distorted the truth of gender identity, locating it in outward gender markers, like the Adam's apple, breasts, vocal pitch, and genitalia. Television historically reduced trans characters to their physical state, rather than developing them as well-rounded, complex characters. For example, in *Dirty Sexy Money,* the two trans characters were depicted as engaging in extramarital affairs and incestuous relationships. These exploitive images sensationalized trans people.

Visibility

The number of trans characters in both leading and support roles increased in the 2000s across varied platforms (broadcast, cable, and streaming). *Time* magazine went so far as to declare in 2014 that the U.S. media had reached a "transgender tipping point" and featured Laverne Cox on its cover. Whether this observation was accurate remains contested. According to GLAAD's 2019 *Where We Are on TV* report, there were 433 regular and recurring LGBTQIA+ characters on scripted broadcast, cable, and streaming programs that year. Six percent of these characters were trans, including 17 trans women, 5 trans men, and 4 nonbinary characters. These characters were racially diverse, including 11 white characters, 5 African Americans, 6 Latinx, and 4 Asian Americans. Half of the characters were heterosexual; six were lesbian, gay, or bisexual; and seven were "undetermined." Cable and streaming featured more trans characters than broadcast networks. Although the number of trans characters has increased and diversified, the amount of screen time remains limited, and the number of roles is growing faster than the number of television series. More than a quarter of the trans characters depicted in 2019 came from two series, *Pose* and *The L Word: Generation Q* (Showtime).

Contemporary Challenges

Although the era of trans invisibility in scripted television may be over, and television programming is less likely to rely on trans stock characters

today, critics have identified several other troubling trends. First, storylines have been much more likely to center on trans women than trans men. *Good Girls* (NBC), *The Chilling Adventures of Sabrina* (Netflix), and *Grey's Anatomy* (ABC) were among the few shows to offer visible trans male characters in the 2010s. The failure to depict trans men is a missed opportunity to affirm their identities and inform cis viewers about their experiences.

Second, storylines have been much more likely to center on trans characters who identify as either masculine or feminine, seldom depicting nonbinary individuals. Asia Kate Dillon's character in *Billions* and Bex Taylor-Klaus's character in *13 Reasons Why* (Netflix) have been among the only programs to feature nonbinary actors and roles. In this regard, scripted television fails to challenge the gender binary and privileges gender-conforming modes of trans embodiment.

Third, storylines have typically focused on trans coming-out narratives at the expense of other, more varied possibilities. In the vast majority of episodes with trans characters, their identities have been the source of narrative conflict that propelled the plot forward. Being trans was often reduced to the physical and/or social transitioning process, and these coming-out narratives frequently unfolded in very predictable ways. The focus on coming out also often functioned to reify a gender binary.

The casting of trans roles in television has remained a significant point of contention. Even though the number of trans characters has increased, most of these roles have been cast with cis actors, diminishing opportunities for trans actors. For example, the decision to hire cis actor Jeffrey Tambor for the lead role in the hit series *Transparent* (Amazon Studios) stirred controversy. Furthermore, when trans actors are called in to read for a show, they are typically considered only for parts written for trans characters. For this reason, trans actors face the difficult question of whether to come out professionally and whether to pursue trans and/or cis roles. Efforts are just beginning to increase the availability of a wider number of roles for trans actors. For example, Jen Richards of *Blindspot* (NBC) is one of a small but growing number of trans actors playing characters who are not explicitly trans.

Industry Response

In an attempt to address some of these criticisms and increase representational accuracy, more executives are hiring trans people behind the scenes as show consultants and to write, cast, and produce television series. Joey Soloway, who directed *Transparent,* earned respect for employing trans people, both on- and off-screen, as well as for creating a trans-supportive work environment for the cast and crew. In 2019, Netflix signed a 3-year, multimillion-dollar deal with trans actress and activist Janet Mock for exclusive rights to her television and film projects. Mock was also hired to serve as executive producer and director of *Hollywood*. The ability for trans people to tell their own stories is critical to future improvements in scripted television.

Despite the criticisms and challenges, programs featuring trans characters have earned both commercial success and critical acclaim. *Orange Is the New Black* received five Primetime Emmys and *Transparent* won two Golden Globes. Asia Kate Dillon earned a Critics' Choice Television award nomination for Best Supporting Actor in a Drama Series, after being allowed to submit to either the Best Supporting Actor or Best Supporting Actress category. This gender binary was a catalyst for the MTV Movie and TV Awards to combine their gender-segregated acting categories in 2017. These types of honors help future projects with trans characters to be greenlighted and encourage television executives to pay more attention LGBTQIA+ viewership.

Impact on Audiences

Because trans people are a small percentage of the population, many cis people do not have direct interpersonal experiences with trans individuals, and what they know about the trans community is limited to what they see in the news and entertainment media. If this information is unavailable or inaccurate, they remain uninformed and often maintain stereotypical views of trans people. At the same time, exposure to storylines featuring trans characters is associated with more supportive attitudes. Thus, television visibility has the potential to reduce transphobia and increase the social acceptance of trans people.

Television also has the potential to affect trans viewers. Being invisible in the media or represented in inaccurate ways can undermine their sense of self and agency. This is why the trans teen characters played by Jordan Todosey on *Degrassi: The Next Generation* (Epitome Pictures), Tom Phelan on *The Fosters* (ABC), and Hunter Schafer on *Euphoria* (HBO) are so critical. These representations provide important role models for young trans viewers who are struggling to accept themselves.

The regulation of trans identities continues on the small screen, as does the laudable work of trans advocates to challenge transphobia and cisnormativity. Trans activism has heightened awareness within the industry and among viewers, and it has pushed producers to be more trans inclusive. These efforts must continue to ensure that trans roles continue to grow and become more nuanced and varied.

Jamie C. Capuzza

See also Cox, Laverne; Mock, Janet; *Pose* (TV show); Reality TV; Social Media; *Transparent* (TV show)

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Sex Assignment

From gender reveal parties to birth registries and baby showers, presumed sex and sex assigned at birth continue to be cultural phenomena for U.S. families today. Its historical roots in Western cultures are based on arbitrary civil and cultural precedents that use assigned sex to bestow civil and legal rights. As human rights and social opportunities have become more equitable among the sexes and as binary assumptions about "maleness" and "femaleness" increasingly come under question, there are growing discussions about the nature of gender development and identity, with evidence suggesting that an inclusive and affirmative approach is most healthful for individuals and communities.

Sex Differentiation

Sex assigned at birth is the designation of male or female, in most instances based on the genitalia (commonly a penis or vulva) found on prenatal ultrasounds or evidenced at birth. This one characteristic of sex, which typically results from chromosomes and hormones during fetal development, is the basis for the female/male sex marker on birth certificates that indicates someone's "legal sex."

Sex differentiation is a progression of genetic, gonadal, hormonal, phenotypic, and psychological stages of development. It is dependent on testosterone and Mullerian inhibiting substance (MIS)–based virulization; absence of these hormones results in default progression into a traditionally female physical development.

During fertilization, the egg contributes an X chromosome, and the sperm contributes either an X or Y chromosome. Sex development is a multistep process with bipotential gonads that develop into ovaries or testes, depending on the presence or absence of the *SRY* gene on the male Y chromosome. Absence of the Y chromosome or *SRY* gene allows gonads to develop into ovaries. Individuals who are assigned as male at birth usually have external genitalia that include a penis and two testes because of the effects of the Y chromosome (XY). Individuals who are assigned female at birth usually have a vulva, vagina, and uterus with two ovaries because of having two X chromosomes.

It is estimated that intersex individuals—that is, people who are born with a chromosomal pattern, a reproductive system, and/or sexual anatomy that does not fit typical binary notions of male or female bodies—occur at a rate of 2.2 per 10,000 births. Available medical evidence strongly suggests that variations in sex development are part of the biologic norm and that these variations are better addressed through approaches that accept and affirm, rather than pathologize, the difference. Thus, it is more appropriate to counsel families during prenatal and early childhood wellness visits that an intersex variation should not be attempted to be "corrected" through surgeries unless absolutely medically necessary. Families should also be advised that the child's sex assigned at birth will mostly likely be congruent with their gender identity, but not always, and that gender diversity is a normal aspect of human development.

Gender Roles and Gender Identity Development

At birth, someone's visible genitalia typically determine the sex they are assigned. In Western cultures, this designation of male or female often leads to expectations from families and communities about how the person should express and enact their gender. These assumptions might include specific roles to which a person has to adhere and ways that they are to present themselves physically through hair, makeup, clothing, and accessories. However, the cognitive, emotional, and behavioral traits that are ascribed to being female or male are not innate but are socioculturally and arbitrarily determined. Children and adolescents are socialized directly and indirectly by parents, other adults, institutions, and their peers to conform to established gender roles.

Another nodal point for gender development diverging from sex assigned at birth is around the onset of puberty. Changes in hormones at this time often lead to the development of secondary sex characteristics that contribute to a person being perceived as male or female. Emotionally, puberty is an important time to reflect on a developing adult persona, which includes one's gender identity. For many youth, their gender identity will be the same as their assigned sex at birth (i.e., they will identify as cis), but for others, there will be differences between these two aspects (i.e., they will identify as trans women, trans men, nonbinary). Nonetheless, gender identity can be fluid and, for some, can change over a person's lifetime. Gender affirmation, or the acknowledgment, respect, and equity for all gender identities, is a core professional medical value, as well as a fundamental human right.

Individual abilities do not appear to be based solely or largely on sex assigned at birth, and as such, the imposition of limits on social and cultural opportunities on the basis of assigned sex is increasingly recognized worldwide as unjustified. Gender stereotypes can be arbitrary and restrictive by not allowing people to fully accept, express, and live their authentic selves. Enabling all people to have equal access to opportunities and not have these experiences and resources be restricted by gender is a relatively new but critical aspect of reproductive justice and basic human rights.

Michelle Forcier

See also Gender Expression; Gender Functions; Gender on Legal Documents; Intersexuality; Parenting of Trans Children

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Sex Therapy

Sex therapy with trans people requires that a clinician have a sex-positive perspective on sexual health and consensual sexual practices and experimentation. The World Health Organization (WHO) defines sexual health as including physical, mental, emotional, and social well-being. Trans sexual health sits at the intersection of gender identity and expression, sexual orientation, and individual desire landscapes. Historically (1950s–early 2000s), sex therapy has emphasized sexual performance and centered the experience of able-bodied, heterosexual, monogamous people. Beginning in the 2000s, clinicians began to *queer* sex therapy, which allows for sexual identities and practices that exist outside the two-gendered binary and are inclusive of erotically marginalized trans people.

History of Trans Sexuality and Sex Therapy

Sex therapy that specifically attends to trans concerns, and specifically to gender identity experiences and sexual identities and practices, is mired in the discourse of 18th- and 19th-century sexology that promotes an ideology of sexual health and pleasure through the lens of heteronormativity. In 2004, Arlene Istar Lev published *Transgender Emergence,* the first clinical text addressing therapeutic competency in individual, couple, and family mental health care for transgender people. Lev was the first to acknowledge that theories of sexual orientation and practice are founded on the binary constructs of "same" and "opposite" partnerships in sexual relationships. Due to binary concepts of gender "sameness" and "opposites" in the sexual health field and in sexual health research, trans sexual and erotic identities and desire landscapes are often missing from clinical sex therapy education programs, sex therapy trainings, and academic research and literature.

Recent publications, however, have begun to address this. In 2017, Anneliese A. Singh and lore m. dickey published *Affirmative Counseling and Psychological Practice With Transgender and Gender Nonconforming Clients*. Singh and dickey offer a guide to clinical competency in working with transgender clients, as well as those who identify outside of the gender binary (including gender-nonconforming, genderqueer, nonbinary, and agender identities). Most recently, in 2019, the concept of erotic marginalization was introduced in the clinical text *Sex Therapy With Erotically Marginalized Clients,* by Damon Constantinides, Shannon Sennott, and Davis Chandler. *Erotic marginalization* is a term that refers to people who are at risk of being pathologized and oppressed on the basis of their gender identities, sexual orientation, and their sexual practices. Trans people are erotically marginalized and are at a higher risk of being oppressed both inside and outside of clinical settings. The possibility of clinical misattunement is even higher when talking about gender identity and sexual practices and orientation with trans clients; therefore, training and education in sex therapy with a specific focus on trans affirmative sex therapy are ethically advised.

Queering Sex Therapy

Sex therapy with trans people has only been properly acknowledged as its own field since around 2010, at the earliest; some would say it is still not offered the recognition that it deserves. One of the reasons for the lack of recognition as a field is an absence of language and theory to describe the nuances of gender identities and sexual practices that are encompassed in the lived experiences of trans people. The approach of *queering* the theoretical lens of sex therapy means a clinical shift away from a heteronormative two-gendered binary

perspective of sexual practices, sexual orientation, and gender identity. Queering sex therapy is a way of affirming the nuances and subtleties of trans sexual identities and expansive gender identity experiences. An affirming sex therapy model for working with trans clients is founded on three theoretical positions. The first theoretical concept is the transfeminist clinical approach, pioneered in 2011 by Shannon Sennott; the second is an understanding of the stages of gender-nonconforming identity emergence, as detailed in Arlene Lev's publication *Transgender Emergence;* and the third is the use of a "queered" therapeutic lens that emphasizes allyship and attunement to both trans clients and their partners.

Sexual Experiences and Challenges

Gender dysphoria and genital dysphoria both have an enormous impact on the sexual practices of trans people; however, it is also true that many trans people celebrate the ways that their bodies and sexual experiences are complex and unique. Pride is cultivated through redefining and renaming sexed body parts, including genitalia and erogenous areas, to allow for affirming language to be used in communication about intimacy and erotic templates with sexual partners. Trans people do not only explore their sexuality through partnership; in fact, many use online gaming, fantasy, cosplay, and cybersex to explore and affirm their sexual practices and identities. In existence is a robust subsection of trans people who build kink and BDSM communities, both in person and virtually, all over the United States. The most recent research shows that a majority of trans people identify as actively dating, but only around one third identify as sexually satisfied. Online dating can feel isolating, as trans people often feel there is no category for them in dating apps, so that they are therefore subject to more oppressive and intrusive questions and experiences with prospective connections and must deal with more rejection in online dating.

Medical Treatments and Sexuality

Affirming medical and surgical interventions for trans people can have a wide range of effects on the erotic template and sexual satisfaction of individuals. It is common for gender-affirming hormones and surgeries to have a positive impact on trans people's sense of embodiment and feelings of gender identity authenticity. Research shows that transmasculine, nonbinary, and transfeminine people generally feel more sexual and erotic fulfilment after having gender-confirming surgeries and treatments. Medical and hormonal treatments increase feelings of belonging in one's body and the experience of authentic and true selfhood. It is important to note that not all trans people seek surgical or hormonal treatments, and a clinician should never assume that they are a desired aspect of a person's identity landscape.

Clinical Considerations for Trans Sex Therapy

Trans people may or may not be partnered when seeking out sex therapy. If someone is in the early stages of awareness and understanding about their gender identity, it is valuable for them to build a support system within which they find others to confide in, as well as try on new identities. If a trans person is partnered, it can be useful to meet with both (or all—some might have multiple sexual partners) people together, to increase comfort in communication about sexual feelings and practices.

As therapists Arlene Lev and Shannon Sennott assert, the sex therapist's role in supporting trans sexuality and practices is three-pronged: self-awareness, self-education, and transparency. Clinicians must be aware of their own countertransference related to diverse gender identities and expressions; the way to achieve this is through self-awareness, self-education, and transparency with clients. These three concepts enable therapists to co-create language and understanding with clients, bringing meaning to gender journey experiences and then supporting them in finding comfortable ways to communicate about their erotic landscape and sexual practices. Sex therapy for trans people and their partners calls for clinical practice based on models that incorporate trans feminist principles, therapeutic advocacy and allyship, and the concept of preemptive radical inclusion. Therapists will generate an accountable environment for sexual partners to explore their erotic templates and intimate desires.

Self-Awareness

Self-awareness on the part of the clinician is a critical component of a therapeutic relationship with trans clients. The therapist must be aware of their reactions to clients stemming from personal beliefs. Most important, a therapist should not subject their clients to personal prejudices and biases related to aspects of trans identity development. If a therapist realizes that they are not able to support a client due to personal beliefs, they are advised to seek out an American Association of Sex Educators, Counselors and Therapists (AASECT) certified supervisor, explicitly trained in sexuality and gender identity, to support them in providing gender-affirming therapy to their trans clients.

Self-Education

Self-awareness could lead a clinician to realize they lack the appropriate knowledge to support their trans clients. If this is the case, then self-education can be the most effective way to move forward. Educating oneself does not include asking the client to educate the therapist. Many trans people have experienced retraumatization when a therapist seeks to be educated by them. At the least, clinicians must educate themselves about sexual practices and erotic desires for queer and trans sexualities; otherwise, they will likely reenact transphobic and oppressive dynamics in the therapeutic relationship. If the therapist can model a depathologizing stance, it will encourage relational connectedness and openness between trans people and their partners. Most critical to self-education is taking a therapeutic position of affirming curiosity while mirroring the language used by clients regarding sexual identification, names of sexual practices, and body parts.

Clinical Transparency

Clinical transparency is the foundation of the therapeutic alliance with trans people. Once a therapist has engaged in a personal inventory that leads to self-awareness and then sought out the clinical supervision and other resources that they need to self-educate, they are able to offer their clients transparency that is clinically appropriate. It is the transparency with clients that is the action of relational social justice, the therapeutic offering from a therapist to the client. Clinically appropriate transparency sends a message that the therapist understands their own position of privilege and the power that accompanies that privilege. It also allows for clients to see their personal sexual and gender journey as unique and nuanced, as one of a kind. As Lev and Sennott point out, transparency allows for a complex and personalized sexual and gender journey to come to life in the therapeutic room and also support the integration of past identities with present and future experiences. Clients are also more able to share fears about sexual practices, sexual attractions, and any physical or social transitions. Most important, therapeutic transparency allows for the clinician to offer their authentic care and support to a client's newly emerging sexual narrative and confirm that they do not need to fit into any predetermined arc of what sexual experiences as a trans person might feel like.

Shannon L. Sennott

See also Nonbinary Genders; Therapist Training; Therapy/Therapist Bias; Trans Men; Trans Women

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Sex Work

Sex work is an umbrella term that refers to a wide range of forms of erotic products and services, including commercial sex, erotic webcamming, exotic dance, and pornography. Carol Leigh, commonly known as The Scarlot Harlot, coined the term *sex work* in the 1970s as a way to assert that selling sex is a legitimate form of labor. Research suggests that trans people have participated in various sex work industries for thousands of years.

The majority of academic literature on trans sex work focuses primarily on trans women; however, a 2020 book by Angela Jones asserts that the focus on transfeminine people overlooks transmasculine and nonbinary sex workers. According to data from the both the 2015 U.S. Transgender Survey (USTS) and the National Transgender Discrimination Survey (NTDS), 12% to 13% of respondents reported performing sex work at some point in their lives, with transmasculine people comprising between 19% and 25% of all trans sex workers. Furthermore, between 16% and 30% of respondents were nonbinary sex workers. These findings suggest that more transmasculine and nonbinary people sell sex than previously expected, thereby highlighting the need to attend to their workplace experiences to fully understand those of trans sex workers (TSWs). This entry aims to heed this call, taking a systems perspective with regard to sex work. It briefly covers intersectional factors, legal issues, discrimination, and activism and advocacy, in relation to sex work.

Intersectional Factors

The majority of academic literature on trans sex work views trans people (and trans women specifically) as a public health threat that needs to be resolved, rather than addressing their workplace experiences and needs. Activists and academics thus call for intersectional approaches that examine how intersecting systems of power may contribute to TSW workplace needs and experiences. This section, while not exhaustive, outlines some salient intersectional experiences that may enhance stigma and marginalization.

Whorephobia and Transphobia

Whorephobia is a term predominantly used by sex workers to refer to negative attitudes toward people participating in sex work. In many countries around the world, whorephobic attitudes affect legislation and cultural norms that render sex industries as sectors where workers experience enhanced marginalization.

Transphobia refers to negative attitudes, aversion toward, and hatred of trans people. Research around the world suggests that, due to pervasive transphobia, trans people are more likely than cis people to experience poverty, family rejection, trans-antagonizing victimization, and lack of legal protections against discrimination and violence, among many others. Taken together, these factors can increase the likelihood of experiencing discrimination on the basis of trans identity or work.

Migration

Around the world, activists advocate for attention to TSWs who are also undocumented migrants. Emerging research suggests that trans immigrants leave their country of origin due to trans-antagonistic victimization and prejudice, family rejection, poverty, and/or the hope of a better life in a new country. For some trans immigrants, sex work may represent a way to make ends meet in their country of origin, during their migration journey, and/or in a new country.

Although New Zealand and parts of Australia have decriminalized sex work, legislation exists that can criminalize trans migrants participating in sex industries. TSWs who are immigrants are subject to "raid and rescue" campaigns, under anti-trafficking policies and legislation worldwide. Multidisciplinary research suggests these policies may emerge from a lack of understanding and conflation between sex work and sex trafficking. Consequently, like other migrant sex workers, migrant TSWs may be at increased risk for incarceration, detention, and/or deportation.

As of 2020, the factors that push and pull trans immigrants into sex trades are unclear.

Legal Issues

In many countries, sex work industries are criminalized, directly and/or indirectly, for trans people.

Few countries have decriminalized sex work and sex workers, yet even in those countries, trans people selling sex may face unique challenges.

Criminalization of Sex Work and/or Trans Identity

As of 2020, most countries have punitive laws against sex work that result in varying levels of criminalization. Specifically, nations across the globe have varying levels of criminal penalties for commercial sex. Countries employing prohibitionist models, such as Trinidad and Tobago, China, Russia, and Sudan, criminalize all aspects of commercial sex. In nations that adopt neoabolitionist models, including Sweden, Norway, and France, selling sex is legal, whereas buying sex remains criminalized. Scholars and activists alike have criticized this approach, as it pushes sex workers into situations devoid of protections and support. In abolitionist frameworks, employed in countries such as Kazakhstan, Finland, and Paraguay, commercial sex is legal and unregulated, although organized industries like brothels and pimping are criminalized. Other nations, such as Chile, Senegal, and Turkey, adopt legalized—or regulationist—frameworks, where commercial sex is legal and regulated. Finally, in countries where prostitution (and sex work, broadly) is decriminalized, sex workers receive the same rights and protections as workers in other industries.

In addition to policy regarding sex work, TSWs are also subject to policy about their existence as trans people. As of 2020, several countries criminalize crossdressing and/or homosexual behavior, including Jamaica, Guyana, Sudan, Namibia, and Malaysia. In these countries, trans people are seen as crossdressers and/or partaking in homosexual behavior, thereby criminalizing trans identity. In countries like Algeria, where an abolitionist framework is employed, existing as trans is criminalized, thereby limiting TSWs' access to support and resources.

Very few countries have legal structures or government-funded programs that protect and support TSWs in the workplace or when interacting with justice systems and police. In places where certain protective guidelines or recommendations exist, such as the United States, there are reports of government bodies and agencies (e.g., Immigration and Customs Enforcement) neglecting to adopt these guidelines.

Regulated Systems

Within regulated systems, sex worker registration may be inaccessible to TSWs if only cis people are entitled to apply or if operating from a framework based on genitalia. Prior to registering as sex workers, trans people may have to undergo medical gender-affirming interventions to be able to access legal transition, both of which can be long and expensive processes. Additionally, in certain countries, transition may come with requirements of sterilization, assessment of competency and self-determination, or a diagnosis of gender identity disorder (GID). Activists around the world have labeled such requirements as breaches of human rights, as these requirements can deter TSWs from registering as sex workers. As such, TSWs may choose to work unregistered, thereby limiting their access to otherwise available resources and support services, as well as increasing the potential for experiences of victimization.

Discrimination

TSWs encounter discrimination across systemic, institutional, and interpersonal levels, which has implications for people's experiences across domains, including education, employment, housing, health care, and law enforcement systems. Individuals' experiences with these vary greatly across different sociocultural contexts and may influence their paths of entry into sex work, experiences as a sex worker, and ability to exit the sex trade.

Education/Employment

Discrimination in education and employment disproportionally affects trans people and is fueled by cissexism and racism. According to data collected in 2008–2009 for the National Transgender Discrimination Survey (NTDS), within the United States and Puerto Rico, rates of unemployment among trans people are twice that of the national average, with nearly all trans respondents reporting experiences of workplace harassment and approximately half of respondents reporting being

fired from a job or not hired. Research suggests that trans sex workers in the Dominican Republic face higher rates of harassment from employers and classmates compared with trans people who are non–sex workers. Similarly, among trans women of color who sell sex in San Francisco, many report experiencing unemployment and living below the poverty line. In addition to overt forms of discrimination, people may experience microaggressions within education and employment. Limited access to employment and means for affording essential needs (e.g., food, shelter, health care, transition-related care) are often cited in research as a primary force driving trans people's entry into sex work, which may be viewed as the only option for employment.

Housing

Trans people in the sex trade may experience unstable housing or homelessness and face additional barriers to accessing housing services. Qualitative research conducted in Canada and parts of Africa provide accounts of TSWs facing violence and exploitation at the hands of landlords, who force them to trade sex under threat of eviction. For TSWs experiencing homelessness and seeking housing services, discrimination may be encountered on the basis of their gender identity and expression as they engage with agencies lacking affirming and inclusive policies and staff. As such, TSWs may be forced to choose between experiencing harassment and the threat of violence within an agency (i.e., from staff or other residents) or sleeping on the street. Given gender segregation policies at many homelessness services providing shelter, nonbinary and gender-nonconforming people likely face barriers accessing shelter and may be at increased risk of trans-antagonizing victimization.

Health Care

A primary focus of extant research related to trans sex workers has framed around public health and HIV transmission and prevention, particularly given higher prevalence rates of HIV within this population. However, as of 2020, research and interventions have begun to shift to focusing on the health needs of TSWs themselves. Research exploring TSWs' experiences with health care has pointed to significant barriers to accessing general health care in addition to gender-affirming health care. Fear of harassment and discrimination, immigration status, language barriers, lack of financial resources, transportation, and knowledge have emerged as barriers to health care. Even when health care is accessible, agencies working with this population still need to ensure that their providers are educated regarding trans health issues (e.g., Informed Consent Models of Transgender Care; WPATH Standards of Care). In the absence of gender-affirming health care, TSWs may engage in transition-related behaviors such as uncontrolled use of hormones and silicone injections, which can have negative health consequences. Sex workers cite the criminalization and stigmatization of sex work as significant barriers to accessing sexual health care, including testing and treatment for sexually transmitted infections, treatment of injuries resulting from sexual assault, and limited access to condoms and lubricant.

Police and Court Interactions

Harassment and assault may be experienced by TSWs at high rates both within and outside the context of their work. However, incidents of harassment, discrimination, and physical or sexual violence are often underreported to the police. TSWs report fears of their concerns being dismissed or experiencing secondary victimization by the police. This reluctance to report crimes to the police is often informed by a context in which police perpetrate physical and sexual violence against trans sex workers, as has been reported across Africa and Latin America, India, Canada, and the United States. Additionally, in the United States, popular press articles and personal accounts point to experiences of sexual violence while detained in Immigration and Customs Enforcement (ICE) facilities. If incarcerated or in detention, TSWs are often placed into facilities according to their sex assigned at birth rather than gender identity, putting them at heightened risk of violence.

Activism and Advocacy

Trans sex workers' activism and advocacy take place at varying levels: individual, informal

networking, and organizational. International umbrella organizations (e.g., Global Network of Sex Work Projects) as well as local groups work to promote health and human rights, drive research, and build platforms for policy change. Such organizations are driving movements aimed at decriminalizing the sex trade. Many organizations are self-organized by and for sex workers, facilitating peer support and community networks that respond to needs, whether those be educational, financial, or building trade-specific and general skills. Examples of community responsiveness include the South Africa–based Sex Workers Education and Advocacy Taskforce (SWEAT), which engaged in mutual aid during the COVID-19 pandemic. SWEAT also created and distributed materials on how to minimize risk of exposure to COVID-19, which may potentially disproportionality affect TSWs.

Other examples include challenging specific policies targeting TWS. The "Don't cut my hair" campaign was launched in Hong Kong in response to discriminatory policies enacted by law enforcement agencies. One of these policies included forcing incarcerated trans women sex workers to cut off their hair when detained while allowing cis women sex workers to keep their hair. Finally, although not an organization specifically for TSWs, the TransLatin@ Coalition's advocacy and activism support undocumented trans people during and after detention to facilitate reintegration via resources related to housing, employment, and health care.

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See also Activism; Discrimination; Health Care, Discrimination; Health Care Access, Legal Issues; Informed Consent Model; Migrants, Legal Issues; Sex Workers; Violence; WPATH

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Sex Workers

Owing to the systemic, interpersonal, institutional, and occupational discrimination that trans individuals face, some trans people turn to sex work. Sex work is broadly defined as the exchange of sexual products or services for money or material goods. Despite the high number of trans sex workers, there is scant research on the nature of sex work for trans people as compared with cis sex workers, although it is generally recognized that trans sex workers' experiences differ in important ways from those of cis sex workers. In this entry, risk factors for trans individuals' engagement in sex work are identified, such as economic disadvantage. This entry also addresses related topics—such as work- and family-related issues, drug usage, and human immunodeficiency virus (HIV) diagnoses.

Contributing Life Factors of Trans Sex Work

One of the most common life factors experienced by trans people who engage in sex work is economic disadvantage. Indeed, trans people are unemployed at a rate double that of the national average. A major contributor to this social plight is discrimination during the hiring process. Trans individuals who disclose their identity with potential employers may face an increased likelihood of not receiving callbacks or being removed outright from the list of potential hires on the basis of discrimination.

Additionally, while it is difficult for trans individuals to secure employment, it is also difficult for these individuals to maintain employment, as many employers foster hostile, prejudicial work environments. Almost all trans people report experiencing some harassment or maltreatment on the job. Trans individuals are often subjected to overt and subtle forms of discrimination in the

workplace, including transphobic jokes, pointed isolation, sexual harassment, and, at extreme levels, threats of violence. In addition, many mandatory antidiscrimination programs implemented by employers fail to discuss or acknowledge transphobia. Workplaces also often have inadequate policies against transphobia, if they have any at all. This perpetuates a lack of knowledge, sensitivity, and protection for trans individuals and the conflicts that they may face, which further contributes to an uninviting work environment. The combination of all of these factors results in the impoverishment of trans individuals, which, in turn, creates a pathway to engagement in sex work.

In addition to facing biases and prejudice at the institutional level, trans people also face discrimination in their interpersonal lives. Trans youth often undergo rejection and abandonment from family members who struggle to grasp the notion that biological sex and gender are different concepts and who may not accept a youth's gender identity. Consequently, trans youth often live in homes riddled with tension and conflict. In worst-case scenarios, trans youth are the target of violence and abuse in their own homes because of their gender identity. Families' refusal to accept trans youth can lead to youth becoming homeless. Indeed, sometimes trans youth are expelled from the family home for their gender identity, or they choose to leave homes that do not feel safe or supportive. Moreover, homeless shelters and group homes are not always safe and accepting; sometimes, homeless trans populations are not able (or allowed) to shelter within these facilities. For these young trans persons, sex work provides an effective means of securing money and other basic necessities. This type of sex work, defined as survival sex, is the exchange of sexual favors for basic necessities such as food, shelter, and clothing. Survival sex is a common practice not only among trans youth but also among trans populations as a whole. A common theme in trans engagement in sex work is financial support or gain.

Another common life factor contributing to trans involvement in sex work is the desire to feminize or masculinize one's appearance. For trans women, customary practices of feminization include breast augmentation surgery, genital reassignment surgery, estrogen treatments, and feminizing facial surgeries. For trans men, frequent methods of masculinization include male chest reconstruction therapy, testosterone treatments, genital reassignment surgery, and masculinizing facial surgeries. These gender-affirming surgeries and procedures are extremely costly and often not covered by insurance companies. The desire for trans individuals to validate their identity physically and to garner positive self-esteem is yet another factor that leads to sex work, either as a primary or supplemental form of income.

While there are few large-scale studies focused on trans sex workers, self-reports and personal narratives give insight into the nature of sex work for trans individuals. One major theme that emerges from these accounts is the co-occurrence of violence and sex work. As with any form of sex work, an individual's safety and health is compromised during the solicitation of clients. For sex workers, stable housing and Internet access are the defining features that designate whether or not they are able to work in an outdoor or indoor space. For those with stable housing and Internet access, sex work is much easier to navigate safely. However, for sex workers who may be homeless or constrained to working in areas characterized by economic disparity, the risk of violence is much higher. This is relevant to the context of trans sex work because many trans individuals are barred from indoor sex work environments due to transphobia and the enforcement of economic hierarchies in sex work professions. Thus, by being limited to working almost exclusively in outdoor environments, trans sex workers face a much higher rate of violence than cis male and female sex workers. Personal accounts from trans sex workers denote that common types of violence inflicted upon them include forced sex, physical beating, and threat of death. The risk of violence for trans sex workers is ever present, but many trans sex workers report feeling resigned to accept this issue. Indeed, reporting violence to law enforcement can threaten the safety of trans individuals; sex work is criminalized in most of the United States. In short, trans sex workers' fear of arrest, lack of intervention from law enforcement, and/or discrimination from law enforcement contribute to high rates of unreported violence.

Drug Abuse

The link between sex work in general and drug abuse is complex. First, owing to high levels of violence perpetrated against trans sex workers, some may abuse drugs as a means of escape or in order to self-medicate for relief from pain. Indeed, some trans sex workers experience posttraumatic stress disorder (PTSD) stemming from sexual violence. Experiences with PTSD may cause trans sex workers to self-medicate with drugs. Second, trans women experience rates of depression and anxiety at higher rates than the general population. Due to the disenfranchisement of trans people collectively, resources to combat mental health issues in this population are not readily available. In the absence of adequate mental health care, some trans individuals cope with mental health struggles via drug usage. Third, trans individuals may experience interpersonal issues that lead them to use drugs. For instance, many trans individuals are denounced by, and exiled from, family and friends after disclosing their gender identity. These negative experiences serve as risk factors for drug abuse and addiction within trans populations.

The connection between sex work and drug abuse is undeniable. Indeed, while some trans sex workers use drugs to escape the trauma of sex work or alienation from friends and family, others engage in sex work as a means of affording drugs. The combination of sex work and drug abuse compromises not only the mental health of trans sex workers but also their physical health.

Sex Work and the Risk of HIV

Individuals engaging in sex work and drug use have a higher chance of contracting HIV and other sexually transmitted illnesses, regardless of gender identity. Members of the trans community have a higher rate of engagement in sex work and drug abuse than those in the general population; for this reason, trans people are at higher risk of contracting HIV. One risk factor for the contraction of HIV and other sexually transmitted infections is the occurrence of condomless sex while engaging in sex work. Many trans sex workers are offered more money for condomless sex, which of course increases vulnerability to HIV and other sexually transmitted infections. Likewise, some trans sex workers choose to have condomless sex at their own discretion, as condomless sex is perceived as more pleasurable. In addition, for some trans sex workers, feminizing hormone therapy can decrease the likelihood of achieving and maintaining erections. In order to combat this, some trans individuals may forgo condom usage in order to achieve and maintain erections. With regard to drug or alcohol use, intoxication may lower a person's ability to negotiate condom usage during sex work. In addition, using needles to inject drugs is a risk factor for contracting HIV. Taken together, some or all of these behaviors surrounding sex work (and/or drug use) can increase the likelihood of trans sex workers contracting HIV.

The Criminalization of Trans Sex Work

Trans sex workers are more likely to face criminalization for engaging in sex work than their cis counterparts, for several reasons. First, due to commonly working in outdoor environments, trans sex workers are at increased risk of being visible to—and coming into official contact with—law enforcement officials. Moreover, in prostitution-free zones, trans sex workers are targeted by law enforcement more than their cis counterparts, on the basis of discrimination. In some countries, trans sex workers are routinely picked up by law enforcement officers as a means of securing bribes in exchange for their freedom.

Not only do trans sex workers face a higher threat of arrest, but they also face a higher probability of being abused within detention facilities once arrested. Importantly, trans individuals are often forced to reside in jails or prisons on the basis of biological sex, rather than gender identity. Importantly, trans women are common targets of sexual violence and harassment within detention facilities, perhaps due to their feminine appearance or their lessened ability to fit in with other incarcerated people.

Many detention facilities lack proper sensitivity training for guards on the subject of trans issues; simply put, ignorance and transphobia are common within most prison systems. Many trans inmates perceive a lack of protection, and they may face violence at the hands of prisoners and guards alike. In addition, the absence of proper information and training on trans issues for

correctional officers may cause them to perceive trans individuals as deserving of, and/or responsible for, the violence perpetrated against them. Some prison guards feel that trans inmates should adhere to their assigned sex rather than their gender identity. In many ways, the trans population as a whole is discriminated against, and dehumanized, within the criminal justice system.

The Way Forward

Trans sex workers—and trans people in general—would benefit greatly from affordable and accessible mental health and physical health care services. More accessible shelter space is needed, and existing shelters willing and able to house trans people should be easily identifiable to those in need. Finally, improved training for police officers and correctional officers is desperately needed.

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See also Discrimination; HIV/STIs; Sex Assignment; Sex Work; Substance Use; Trans Men; Trans Studies; Trans Women; Transnormativity; Transphobia

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Sexology

Sexology is typically understood as the study of human sexuality. The field is primarily associated with natural scientific methodologies—biomedical and clinical psychological frameworks. The field has a history of over 100 years and has been chiefly concerned with the etiology (cause) and treatment of “sexual disorders.” This has been problematized for taking heterosexuality and cisgender status for granted as “normal” and, correspondingly, conceptualizing gender and sexual diversity as pathological or deviant. This entry provides a brief history of the field of sexology, touches on adjacent areas of study, and highlights the work of key contributors. Next, the relationship with early research and clinical interventions for trans people is discussed. The entry concludes with an overview of contemporary developments in sexology. Extensive conceptual critiques of sexology (particularly from the social sciences and humanities) have led to the emergence of critical sexology, which will be considered.

A Brief History of Sexology

The early development of sexology originated in the second half of the 19th century, specifically through the work of key researchers trained in medicine, primarily practicing across psychiatry and psychology. These included the German psychiatrist Richard von Krafft-Ebing, who authored one of the earliest formal medical works on sexual disorders, *Psychopathia Sexualis,* in 1886. This work paid particular attention to male homosexuality and began the popularization of various terms as clinical concepts, such as sadism and masochism, particularly following the book's translation into English. Havelock Ellis, an English medical doctor, published the work *Sexual Inversion* in 1897, the first English-language textbook engaging with the topic of homosexuality, and six volumes of *Studies in the Psychology of Sex* between 1897 and 1910. Magnus Hirschfeld, together with Iwan Bloch and Albert Moll, are credited with conceptualizing "sexology" formally as a new scientific discipline. Hirschfeld was a further key figure, not just for his writings but for founding the Institut für Sexualwissenschaft (Institute for Sex Research) in Berlin. The institute operated from 1919 until 1933, when its library was ransacked and burned by the Nazis. This illustrates how supposedly "objective" scientific research does not only contain contemporary political and social values but also is sharply subject to them. To put it differently, while the ways researchers of sex frame their topics of interest (e.g., as "perversions") will be informed by their beliefs and social contexts, the values held by those with power will also shape what research is possible. In general terms, this may be through influencing popular opinion, limiting funding, passing legislation, or, as in this case, violence.

The early work of these researchers included many topics that would be of central importance to sexologists over the course of the 20th century. The emergence of new terminology to capture particular sexual practices (such as *homosexual* and *transsexual*) had several outcomes. The first was to allow for clearer communication of research interests and agendas, as different researchers had come up with different names for broadly the same phenomena. Second, the gradual arrival of terms into popular knowledge created new possibilities for identity formation, although the ramifications for community organization mostly came later. Third, the capturing of these phenomena as psychosexual disorders or "perversions" constructed those phenomena as deviant relative to social norms, as pathology requiring treatment, and special attention to causation. A major topic of early interest was "perversions," now termed *paraphilias,* or sexual arousal to "atypical" stimuli. For the majority of the 20th century, this included any non-heterosexual desire or identity but also virtually any non-procreative sexual practice. Early highlighted topics (sometimes by a range of technical names that have not persisted) included asexuality, hypersexuality, sadism, masochism, crossdressing, exhibitionism, voyeurism, pedophilia, autoeroticism, and necrophilia.

There was variation in the beliefs and approaches that different sexologists took to their topics of research. For example, Richard von Krafft-Ebing regarded non-procreative sexual activity to be a perversion of a natural order, while Magnus Hirschfeld, who was gay (to use contemporary language unavailable at the time), argued that homosexuality was a natural manifestation of human sexuality. While positions could differ on whether the articulation of particular sexual behaviors was "disordered" or not, sexologists shared a sense that through the application of scientific inquiry, a taxonomy (labeling system) of sexual behaviors/"disorders" was possible, together with understandings of causation and suitable treatment.

Scientific or clinical scholarship of human sexuality has been a key topic across a range of academic disciplines. This can blur the boundaries of which publications are considered sexological and which scholars are considered sexologists. Examples of academic journals that are sexologically focused include the *International Journal of Sexual Health* (the official journal of the World Association for Sexual Health, formerly the World Association for Sexology), the *Journal of Sex Research* (produced by the Society for the Scientific Study of Sexuality), the *Journal of Sexual Medicine* (the official journal for the International Society for Sexual Medicine), and *Archives of Sexual Behavior* (the journal for the International Academy of Sex Research). Journals

of adjacent relevance but with inclusion or emphasis of social scientific methods include the *International Journal of Transgender Health* and *Sexualities*.

Outside of biological and psychiatric contexts, cross-cultural study of sexuality was important in the work of anthropologists such as Margaret Mead and Bronisław Malinowski in the first half of the 20th century, while sexological work also influenced the development of psychoanalysis by Sigmund Freud. These examples certainly diverged from classical sexology methodologically, although psychologists and psychiatrists influenced by Freud (or the analytic psychology of his colleague Carl Jung) would shape the conceptualization of sexual disorders and behavior over the 20th century, in parallel with sexologists such as Alfred Kinsey, William Masters, Virginia Johnson, and Harry Benjamin. Kinsey's most famous works on sexuality are collectively known as *The Kinsey Reports*. These generated great controversy for addressing taboo sexual topics, and while they have been methodologically criticized, the central ideas of diversity in sexual practices being more common than generally believed, the idea that women are less sexually active than men, and sexual orientation being a spectrum rather than a binary (the "Kinsey Scale") are ideas that have endured in the popular imagination. The sexological research by Masters and Johnson was groundbreaking in that rather than the interviews Kinsey's work was based on, they directly observed sexual acts in the laboratory setting. This included gay and lesbian partners, as well as identified phenomena including the (cisgender male) refractory period for orgasm and physiological indistinguishability of orgasms caused by clitoral versus vaginal stimulation. Their work significantly influenced talking therapy for heterosexual couples with a sexual problem. However, their eponymous research foundation also operated conversion therapy between 1968 and 1977, offering "treatment" for homosexuality. Homosexuality was only removed from the list of mental disorders in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) in 1973, yet "ego-dystonic" homosexuality—where the orientation causes distress and a desire to change—was to remain in the *DSM* until the revised third edition of 1987.

Sexology and Trans

During the 19th and the early 20th centuries, a clear distinction between the concepts of sexual orientation and gender identity had not been made. For example, while different terminology was being coined for various sexual phenomena in an overlapping manner, Krafft-Ebing used *sexual inversion* to refer the idea of a "feminine essence" within men and vice versa. "Inverts" were analogous to "homosexuals" in one sense but to "transsexuals" in another, through the use of an internal sex/gender concept being in disalignment with external appearance. The earliest examples of individuals we would now describe as trans were accessing support to facilitate social and medical transitions before the terminology of *transsexual* was widespread. Hirschfeld coined *transvestite* in 1910, which did not distinguish well between individuals articulating gender identity as opposed to crossdressing for sexual gratification. While Hirschfeld used *Transsexualismus* in German from 1923, the American sexologist David Cauldwell is credited with using *transsexual* in English in 1949.

Harry Benjamin was arguably one of the most influential post–World War II sexologists as pertains to trans people, due to his publication of the 1966 book *The Transsexual Phenomenon*. In it, he created the *Sexual Orientation Scale* (later, the Benjamin Scale), which approximated the intensity of gender dysphoria—with "transvestite (pseudo)" at one end of the scale and "transsexual (high intensity)" at the other. He had begun assisting trans people in the late 1940s (with an initial referral coming from Kinsey), before hormonal or surgical interventions were more generally available, since the standard psychiatric approach was to practice conversion therapy. The Harry Benjamin International Gender Dysphoria Association (HBIGDA) was founded in 1979, changing its name to the World Professional Association for Transgender Health (WPATH) in 2007.

Over the 20th century, multiple typologies of trans experience were constructed from psychoanalytic and sexological perspectives, particularly on the basis of sexuality. The majority of this work has not stood the test of time and has been problematized by a range of academic and grassroots community voices for making stigmatizing, psychopathologizing assumptions about trans

experiences and identities. Such work focused overwhelmingly on trans women and contributed to the long-time norm that individuals were only "suitable candidates" for gender-affirming medical interventions if they would be socially legible as heterosexual following transition. For example, Ray Blanchard's typology of "transsexualism" specifically delineates trans women as either "homosexual transsexuals" or "autogynephilic transsexuals" on the basis of attraction—to men, or themselves as women, respectively. The motivation for access to gender-affirming medical interventions is thus framed in terms of sexual gratification. Somewhat similarly, Ethel Person and Lionel Ovesey conceived of "primary and secondary transsexualism," where the primary group were considered asexual, while the secondary group collectively comprised trans women attracted to men and trans women attracted to women (who would be delegitimized as "tranvestitic transsexuals"). While some sexologists have been remembered as deeply sympathetic to trans people and facilitators of early access to medical interventions (most notably Hirschfeld and Benjamin), psychopathologizing assumptions have troubled the usefulness and benevolence of the field among some trans people and their allies.

The Present Day and Critical Sexology

As (dominant Western/Euro-American) values regarding gender and sexual behavior have shifted between the 1950s and 2020s, so too have the goals of sexological research and the values held by sexologists. An early example would be efforts to replace the moralistic term *perversion* with *paraphilia,* led by sexologists such as John Money. Criticism from across the social sciences (such as sociology, social psychology, gender studies, and trans studies) has argued that the construction of clinical typologies and diagnostic designations not only modulates power dynamics between different "types" of practitioners and their patients but also constructs and reinforces binaries of "normal" versus "abnormal" sexual experiences and interests. In the fifth edition of the *DSM,* paraphilias are distinguished from paraphilic disorders, where the latter are defined as causing distress, harm, or risk of harm. Questions may still be raised about how harm may be defined or operationalized, particularly in relation to practices such as sadomasochism.

The increasingly recognized value of qualitative methodologies and theoretical consideration (in fields such as bioethics) has seen attempts to integrate and update sexology with a broader, interdisciplinary remit. Charles Moser, for example, has critically engaged with how categories of "mental disorder" are produced or removed, particularly regarding conceptualization of paraphilias. The critical sexologist might ask why erotic asphyxiation, for instance, would fulfill a diagnosis of Paraphilic Disorder Involving Solitary Behaviour or Consenting Individuals in the 11th edition of the *International Classification of Diseases* (ICD) due to the risk of injury, yet an enjoyment of extreme sports does not similarly render an individual "diagnosable" with a mental disorder. Contemporary sexology uses (broadly) scientific methods to try and answer research questions pertaining to human gendered and sexual behaviors and sexual functions. Critical sexology further engages with how and why these questions are being conceived and answered.

Ben Vincent

See also Anti-Trans Theories; Benjamin, Harry; Cisnormativity; *DSM;* Hirschfeld, Magnus; Medicine; WPATH

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Sexual Configurations Theory, Inclusion of Trans People

Sexual configurations theory (SCT) is a trans-inclusive theory, model, and measure of gender/sex and partnered sexuality that destabilizes ideas of universal gender truths and recognizes individuals' authority to self-define. SCT makes space for binary and nonbinary trans existences and provides a visual medium for trans people and their partners to communicate their genders and/or sexualities with or without identity labels for themselves or others. It was published in 2015 by Sari van Anders and is rooted in trans lived experiences and scholarship, feminist and queer approaches, and marginalized and majority gender and sexual experiences. This entry summarizes the concepts in SCT and explains their relevance to trans understandings and experiences of gender, sex, and sexuality.

Gender/Sex and Trans People in SCT

Most academic measures of gender/sex tend to be built on a cisnormative sex binary. They presume that women have sex characteristics tied to femaleness, like vulvas and vaginas, and were designated girls on this basis and that men have sex characteristics tied to maleness, like penises and scrotums, and were designated boys on this basis. SCT does not make these presumptions. It focuses on sex diversity and gender diversity, so that people of any gender/sex can represent themselves, including people who are questioning or in a process of becoming. In SCT, sex refers to bodily and/or evolved physical features of femaleness, maleness, and sex diversity, and gender to sociocultural aspects of masculinity, femininity, and gender diversity, although people can also self-define these terms in ways meaningful to them. SCT attends to both gender and sex unlike mainstream approaches that privilege sex over gender or approaches that erase sex for gender.

SCT uses the term *gender/sex* as an umbrella for gender and/or sex. Gender/sex can also refer to whole identities like woman, man, nonbinary, genderqueer, or specific features that can involve sociocultural and/or bodily aspects. On its visual models, SCT makes room for trans individuals to indicate how gender/sex matters to them in self-defined ways. For example, in SCT, one trans man might note that his sex is now male and was assigned female at birth. Another trans man might note that his gender/sex is "man" and his sex is "female." Another trans man might note that his body has always been male and that a different birth assignment of gender/sex does not overrule his self-knowledge. In empirical research using SCT's diagrams, trans and/or nonbinary participants reported appreciating the autonomy within SCT to define the relative scope and boundaries of gender, sex, and gender/sex.

SCT offers another tool useful for trans people: gender/sex strength. Instead of presuming that gender, sex, or gender/sex are all equally important or important at all, SCT makes space for people to indicate the degree of importance. People can thus show the importance or irrelevance—from 0% to 100%—of any aspect of gender/sex. This allows people to center gender/sex or decenter it, as meaningful to them.

Branched and Coincident Gender/Sex in SCT

SCT makes space for trans self-definition and autonomy in ways that academic theories of gender/sex and sexuality rarely do. It also offers the value-neutral terms *branched* for when gender, gender/sex, and sex may not coincide (e.g., for someone who is a feminine woman with some male and female sex aspects) and *coincident* for when they do. These terms matter because researchers and others often use different terms in ways that pathologize branchedness and valorize the coincidence common for cisgender people.

Branching can happen in other dimensions as well, including over time. Temporal branching can be useful for trans people who want to discuss their gender/sexes as multiple, changing, and/or transitioning over time. For example, someone might indicate with SCT that they went through childhood as a boy and socially transitioned in early adulthood to the young woman they are. Gender/sex can also branch between ideal and current, in ways that relate to pain, power, and oppression. For example, a nonbinary trans person might indicate that, ideally, they do not want others to read them as a woman or a man, but presently most strangers treat them as a man. And, gender/sex can branch by context and power. For example, a trans woman may be able to present in butch ways with close friends but feel pressured to present in feminine ways in work contexts because of transmisogyny.

Partnered Sexuality and Trans People in SCT

Sex binaries are implicated in sexualities too, via terms like *heterosexual* and *homosexual*. These presume that people are either women or men attracted to women and/or men. Accordingly, most sexuality measures require that a person has a binary sex and that the people they are sexual with, or sexually attracted to, also have a binary sex. Many trans and/or nonbinary people, and others attracted to or partnered with them, have criticized this, since it can invisibilize their gender/sexes and their sexualities. SCT does not require individuals or the people they are attracted to or partnered with to have cisnormative binary sex or binary sex at all.

SCT describes two aspects of partnered sexuality. *Gender/sex sexuality* refers to the gender/sexes of whom people are attracted to and partner with (including none): for example, women who challenge cisgender norms, femmes, people of all genders, and agender people. This is key for trans folks, binary and nonbinary, since many academic approaches define trans sexualities on the basis of birth assigned sex and ignore gender/sex diversity. *Partner number sexuality* is the number of partners a person has or wishes to have: for example, none, one, or more than one as with consensual nonmonogamy. SCT makes room for other sexualities, like kink. And, it acknowledges sexuality can branch or coincide into "nurturant" or "erotic" aspects.

Sexual Diversity Lens

SCT introduces a "sexual diversity lens" that thinks from the margins and considers general and particular features of socially located groups and individuals. This allows for people to study diversity within trans and others' experiences that attends to power dynamics, avoids inaccurate generalizations, and allows for shared understandings. For example, researchers could explore the specificities of trans experiences for binary women or men, men or women outside binary norms, or nonbinary people while attending to cisnormative oppressions common among these different groups but not flattening diversity of experiences. And, researchers could explore overlaps and differences between trans and intersex individuals, like oppressive but starkly differing experiences with medical authority.

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See also Gender Binaries; Gender Expression; Gender Fluidity; Measurement/Assessment Issues in Research; Nonbinary Genders; Queer, Intersections With Trans; Sexualities/Sexual Identities

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Sexual Fluidity

Sexual orientation is a term that is broadly applied to refer to both sexual and romantic interests. As a multidimensional construct, sexual orientation encompasses three aspects: sexual attraction, sexual behavior, and sexual identity. It is important to note that not all three of these dimensions have to coincide, nor should they be expected to. Sexual fluidity is the idea that an aspect of a person's sexual orientation (i.e., attraction, behavior, identity) changes or fluctuates over time. Sexual fluidity is relevant to understanding the experiences of trans people.

Sexual identity specifically references how an individual understands their own sexuality, which can be communicated to others by the use of sexual identity labels. Traditional sexual identity labels are dependent on a conceptualization of gender identity as both binary and static across time. For example, traditional sexual identity labels (e.g., heterosexual, lesbian, and bisexual) reference the relation between an individual's gender identity (e.g., male and female) and the gender identities of those to whom the individual is attracted. In this way, sexual identity labels and gender identity labels are inextricably linked, such that one's sexual identity may imply to others one's gender identity. Because of the narrow cisnormative assumptions communicated by traditional sexual identity labels around gender as being both binary and static, sexual fluidity presents unique considerations for understanding trans people's experiences.

Sexual Fluidity

Psychologist Lisa Diamond introduced the concept of sexual fluidity after studying the lived experiences of cisgender (cis) women who were predominantly sexual minorities (i.e., lesbian and bisexual). Over years of research, Diamond observed that sexuality was not experienced as a fixed concept but instead was naturally responsive to evolving intrapersonal and interpersonal contexts across an individual's development and life span. As such, Diamond asserts that sexual fluidity represents shifts in the directionality of one or more dimensions of sexual orientation over time. These shifts can be represented as changes in sexual identity label, attractions, social sex role, gender identity, or sexual responsiveness. Inherent within the definition of sexual fluidity is the idea that sexual orientation does not rigidly predict an individual's sexual desires consistently over time. Diamond's model of sexual fluidity details that as an individual shifts in one area of life, internal factors (i.e., thoughts, hormones, beliefs) can have a direct effect on external factors (i.e., relationships, interactions, community), resulting in a change in the experience of sexuality. Overall, this model has been used to understand changes in sexuality as a natural process that develops across the life span.

A limitation of Diamond's initial work was the singular focus on the experience of sexual-minority cis women. In response, others have extended the research on sexual fluidity to document its natural occurrence among cis men and trans individuals. Diamond's model of sexual fluidity can be readily applied to trans individuals as they develop their understanding of gender. Trans individuals frequently endorse sexual fluidity as it is expressed through fluctuations in both identity and attraction. Therefore, sexual fluidity among these individuals is most often the result of three situations unique to having a trans identity. First, the shifting of gender identity labels during transition may result in subsequent changes to sexual identity labels; second, through fluid gender presentations and attractions that may best be captured through the use of a queer identity label; and third, through the experience of gender affirmation, which allows previously ignored or unrecognized attractions to become realized.

Shifting of Gender Identity Labels

The first way in which sexual fluidity of trans individuals may be understood is through the shifting of gender identity labels. Traditional sexual identity labels are dependent on a binary

gender identity that is considered static across time. In this way, sexual identity labels and gender identity labels are dependent on one another and inform the way in which identity may be understood and socially negotiated. For example, if a cis man identifies as heterosexual, then others are likely to infer that he is attracted to women. Similarly, if an individual uses a sexual identity label of lesbian, then others are likely to infer that she identifies as a (cis) woman who is attracted to other women. This idea of sexual identity as being linked to gender identity is problematized among trans individuals whose gender is transgressed or made null.

When trans individuals progress through a social transition, they begin to express a gender identity that is different from the one they were assigned at birth. This evolving gender identity may render their current sexual identity label inaccurate. For example, if an individual who is attracted to women no longer identifies as a woman, then the label of lesbian may no longer fit with their experience. Since trans individuals choose a sexual identity label that is reflective of their gender identity and not their sex assigned at birth, trans individuals often report experiencing multiple changes to their sexual identity label across their lifetime.

Furthermore, societal readings of an individual's gender can affect sexual identity and the adoption of new sexual identity labels. For example, a transmasculine individual who is attracted to men may have understood their sexual identity to be heterosexual prior to transitioning. However, with transition and recognition of their male identity, they may now be read by society as a gay man. Thus, while this individual may not have internally switched their sexual identity or attractions, society now reads their identity differently. Therefore, as trans individuals shift their gender identity label, a corresponding shift in sexuality identity may be undertaken. As such, trans individuals' sexuality can be viewed as fluid, although their sexual attractions and behaviors might not actually have changed.

Fluidity in Identity

A second way in which sexual fluidity among trans individuals may be understood is through fluidity in identity. For nonbinary individuals in particular, who often experience fluidity of their gender, traditional categories of sexual identity are wholly inapplicable. *Nonbinary* is a broad identity term that can include individuals who view their gender as existing outside of binary conceptualizations of man or woman, individuals who view their gender as a combination of genders, or individuals who view their gender as fluid and without constraints or borders. For these individuals, sexual identity labels such as lesbian, gay, or heterosexual do not work, as they require the individual to endorse a binary gender identity. In response to the limitations of binary-focused sexual identities, the identity label *queer* has become increasingly used.

Queer as a sexual identity is distinctly different from other plurisexual labels such as *bisexual* or *pansexual*. The historical roots of queer identification involve a rejection of mainstream culture and an endorsement of nonnormative expressions of sexuality and gender. These radical roots are evident today with individuals using the term to distance themselves from both a binary gender identity and binary attractions. Furthermore, the sexual identity of queer is used by some to represent their sexual fluidity. Queer-identified individuals have been shown to have sexual attraction, romantic attraction, and sexual behavior that are fluid across time and context.

In alignment with Diamond's sexual fluidity model, individuals with fluid gender identities would express more fluidity in their sexuality as they oscillate through gender expressions or identities. Research has begun to support this claim, demonstrating that instances of gender fluidity are often accompanied by sexual fluidity, in terms of changes in sexual and/or romantic attractions and in the use of sexual and gender identity labels. However, it is not just nonbinary trans individuals who experience fluctuations in their sexual attractions; similar fluctuations are seen among binary trans individuals as well. Several studies have found that trans individuals are more likely to use a queer identity label as well as to report changes in sexual and/or romantic attraction over time. Thus, trans individuals are using *queer* not only to escape binary constraints but to express the fluidity of their sexual attractions as they transition across gender identities.

Gender Affirmation

A third way in which sexual fluidity among trans individuals may be understood is through the process of gender affirmation. Gender affirmation refers to a process by which an individual engages with medical interventions, such as hormone replacement therapy (HRT) and gender affirmation surgeries, to allow for the acquisition of secondary sex characteristics that are more congruent with an individual's gender identity. It can also refer to the interpersonal process by which society begins to read the individual as their gender identity and interact with the individual according to societal scripts for that gender. Prior research has found a connection between HRT and shifts in sexual attraction. These studies have shown that transmasculine individuals who have begun testosterone therapy are more likely to experience a shift in sexual attraction than those who have not. However, this is not to say that testosterone creates a change in sexual attraction but rather that testosterone increases the experiences of interpersonal gender affirmation, which translates into increased sexual exploration. This societal affirmation that follows increased bodily gender congruence results in the individual feeling more comfortable in exploring what it means to be their gender and what it means for their sexuality.

Transmasculine individuals have reported that prior to being affirmed in their gender identity, they were hesitant to explore attractions to certain individuals for a fear of being misgendered or treated in a way that did not align with their gender identity. These same individuals explained that after undertaking HRT or gender-affirming surgeries, they began to be read more easily as their affirmed gender and were able to safely explore new aspects of sexual attractions or sexual experiences. Other transmasculine individuals reported that being affirmed in their gender opened sexual attractions they had not previously experienced. Regardless if the shift in sexual attraction was expected or not, trans individuals view the shift as resulting from the experiences of gender affirmation.

This fluidity in sexual attraction resulting from the experience of gender affirmation is reflective of Diamond's model, where the individual experiences a change to societal inputs, which results in a change to their sexual attractions. While it can be hypothesized that HRT could have a similar effect on the sexual attractions of trans women, there is a paucity of research in this area. Additionally, there is a need to explore the effects of gender affirmation on sexual attraction within nonbinary populations as well.

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See also Gender Affirmative Model; Gender Fluidity; Gender Labels; Nonbinary Genders; Queer, Intersections With Trans; Sexualities/Sexual Identities;

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Sexual Health

Sexual health can be defined as a state of physical, emotional, mental, and social well-being in relation to sexuality and not merely the absence of disease, dysfunction, or infirmity. For transgender and gender-diverse (trans) people, who account for 0.4% to 0.6% of the adult population, the concept of sexual health is complicated by the fact that some may experience distress due to having physical characteristics, including genitals, that do not align with their gender identity. Sexual health in trans people is understudied and mostly studied in its relation to HIV risk and sexually transmitted infections (STIs). Much of the available sexual health research is focused on women who were assigned male at birth (transgender women, trans women, or women of transgender experience). Few studies related to sexual health have been conducted in men who were assigned female at birth (transgender men, trans men, or men of transgender experience), and even fewer among those who identify outside the gender binary of male or female such as gender nonbinary, genderqueer, gender-nonconforming, or gender-fluid people who account for about one third of trans people. This entry reviews what is currently understood about sexuality, sexual health, sexual health promotion, and care of trans individuals.

Sexual Orientation and Gender Identity

In the 2015 U.S. Transgender Survey (USTS), which surveyed over 27,000 trans people, sexual orientation identities among trans people were found to be diverse. Respondents predominantly identified as queer (21%), pansexual (18%), gay/lesbian/same-gender loving (16%), bisexual (14%), or asexual (10%); however, these identities on their own do not provide information on sexual risk. Sexual orientation is multidimensional and is considered to have three main domains: sexual attraction, sexual behavior, and self-identification. Although there are best practices on how to construct questions that capture all three domains, many research studies only include self-identification (e.g., lesbian/gay, straight, or bisexual) as the measure of sexual orientation. Since self-identification may be discordant with sexual behavior, this will not accurately determine or capture an individual's risk for STIs and pregnancy. For trans people, labels for self-identity may be even less relevant because sexual orientation identity may be more fluid over time and may not fit traditional constructs. A trans man who is attracted to men and identifies as gay may have a heightened or lower risk for STIs depending on whether his sexual partners are cisgender (cis) or trans men. For some trans individuals, their sexual attraction may change when they initiate hormone therapy. Clinicians working with trans individuals should be aware of the complexities of assessing sexual orientation and seek to obtain a comprehensive sexual health history that provides information on sexual behaviors and past and current sexual partners, including whether they have sex with cis men, cis women, or other transgender or gender nonbinary people, in order to provide appropriate counseling and screening.

Sexual Health and Gender Affirmation

Some trans individuals may undertake medical interventions (hormones and/or surgery), in addition to social and legal interventions, to improve gender dysphoria and congruence with their gender identity. The use of gender-affirming hormones has effects on sexual function. Trans men who use testosterone may initially experience an increase in libido. Trans women who use estrogens and androgen blockers may experience with low sexual desire and loss of erections. The results from a multisite prospective study suggest that these changes in libido are temporary and that for both trans men and women, sexual desire returns to baseline levels over time.

The incidence of gender-affirming genital surgeries conducted in the United States has increased in the past decade, and clinicians are more likely to encounter postoperative clients who have sexual health concerns related to surgery. In the USTS, only 12% of trans women had undergone vaginoplasty surgery, although about half were

interested in future surgery. Because most trans women have not had gender affirmation genital surgery, they may engage in insertive oral, vaginal, or anal sex using the penis as well as receptive oral or anal sex. The surgery to create the neovagina (vaginoplasty) frequently uses penile and scrotal skin; however, other techniques may incorporate peritoneal or urethral tissue. Less commonly, the neovagina is constructed using intestinal tissue or split-skin grafts.

Trans women who undergo vaginoplasty surgery may experience a loss in sexual desire, with about one in five meeting criteria of hypoactive sexual desire disorder (HSDD). Some of the dissatisfaction of trans women may be related to low testosterone levels occurring after gonadectomy or to the lack of lubrication seen in skin-lined neovaginas. In general, however, satisfaction with function, pleasure, sensation, and ability to achieve orgasm is high. Complications after vaginoplasty, such as vaginal stricture and pain, may reduce sexual satisfaction.

Some of the sexual function scales have not been validated in trans people. For example, the Female Sexual Function Index (FSFI) includes a lubrication score. Because split-skin or penile-inversion vaginoplasty does not allow for lubrication, this may result in higher rates of measured sexual dysfunction.

Trans men may undergo gender-affirmative genital surgeries, such as metoidioplasty or phalloplasty to create a neophallus. The USTS found that only 5% of trans men participants had undergone one of these surgeries. Since they may have undergone other related procedures, such as hysterectomy, oophorectomy, scrotoplasty, or vaginectomy, clinicians need to get a detailed surgical history to determine what organs are still present and the impact on cancer screening and sexual health screening. An example is an individual who had a metoidioplasty but may or may not have had a hysterectomy, vaginectomy, and/or urethral lengthening, a procedure that allows voiding while standing up. This will affect whether they require cervical cancer screening, have potential for pregnancy, or require vaginal versus urine-based screening for STIs. Fewer studies have been undertaken in trans men who have had gender-affirming genital surgery; however, sexual satisfaction appears to be high, and rates of HSDD are much lower compared with trans women unless they are dissatisfied with the phalloplasty results.

Sexually Transmitted Infections

Data on STIs among trans people are limited due to the lack of consistent reporting of surveillance data that includes gender identity. Trans women, especially trans women of color, have unique vulnerabilities to HIV and other STIs due to multilevel stigma, resulting in high rates of sex work, condomless anal receptive sex, sex with substance use (“chem sex”), early sexual debut, and increased number of sexual partners. Less is known about trans men; however, studies have also demonstrated risk factors such as sex work, substance use, condomless sex with cis men, and low rates of STI screening. Recent studies have demonstrated that trans women have an elevated prevalence of HIV infection, both in the United States (14%) and internationally (19%), and HIV incidence often exceeds that of cis men who have sex with men (MSM). Trans women of color have disproportionate HIV risk with prevalence higher among Black (44%) and Hispanic/Latino (26%) trans women (Becasen et al., 2018). Fewer estimates exist for trans men; however, a recent metanalysis found a lab-confirmed HIV prevalence of approximately 3%.

There are few data on sexually transmitted infections other than HIV in trans people; however, prevalence of bacterial STIs, including *Neisseria gonorrhoeae* (GC), *Chlamydia trachomatis* (CT), and syphilis, in trans women has been found to be equivalent to, or higher than, rates among cis MSM. Viral STIs, including human papillomavirus (HPV) and hepatitis B and C, have also been reported among trans women at high rates. STI risk factors in trans men are highest among those who have sex with cis men. In some studies, trans men were found to have similar rates of GC, CT, and viral hepatitis compared with trans women. A recent study that used data from the Sexually Transmitted Disease (STD) Surveillance Network and obtained STI prevalence among 506 trans women and 120 trans men demonstrated extragenital CT and GC infections in 16.8% and 15% of trans women and 14.3% and 12.1% of trans men, respectively. Urogenital CT and GC infections were higher in trans men, 4.1% and

7.1% versus 0.2% and 2.8%, respectively. There are few data on STIs for gender-diverse people, although one health center found STI positivity among cis MSM, trans women, trans men, and nonbinary people to be 35%, 25%, 13%, and 26%.

No large studies have reported on STI prevalence among trans people who have had gender-affirming genital surgeries. There are a handful of case reports describing neovaginal STIs, including herpes simplex, HPV/genital warts (in penile-inversion vaginoplasty), *Neisseria gonorrhoeae,* and *Chlamydia trachomatis*. If the vaginoplasty used an intestinal graft, there may be a risk of other diseases such as inflammatory bowel disease, adenocarcinoma, diversion colitis, and adenomatous polyps that can cause vaginal discharge or pain.

STI Screening

Data indicate trans individuals are less likely to undergo STI screening compared with cis individuals. Trans men are less likely to undergo cervical cancer screening, and all trans people have lower rates of HIV screening compared with cis MSM. Trans individuals face multiple socioeconomic and structural barriers to care that negatively affect health care utilization and result in missed opportunities for HIV and STI prevention services. The USTS documented high rates of health care avoidance, even for urgent care needs, due to actual or fear of health care discrimination.

Reproductive Health Services

Trans people are often not considered during implementation of reproductive health services, including fertility preservation, contraception, and pregnancy termination services. Trans people at risk for pregnancy may be unaware of, or not be interested in, contraception options or may mistakenly think that testosterone prevents pregnancy. Other barriers to reproductive health care include providers who lack knowledge of the sexual and reproductive health needs of trans patients and environments that are not welcoming, including use of incorrectly gendered language (e.g., the assumption that users of contraception or people who are pregnant are always women). Patients may avoid oral contraceptives due to a fear these will negatively affect testosterone or not wish to take additional estrogens. Trans people should be advised that testosterone does not reliably prevent ovulation and that trans men on hormones may still get pregnant. Trans people with capacity for pregnancy should be offered reliable contraceptive methods, including long-acting reversible contraceptives (LARCs), such as intrauterine devices (IUDs) or subcutaneous implants.

Best Practices to Improve Sexual Health Screening

Providing an environment that is welcoming and inclusive of trans individuals is key to improving patient experiences and engagement in sexual health screening. The U.S. Centers for Disease Control and Prevention (CDC) STD Guidelines includes a section on special populations that indicates that providers should screen for STIs based on anatomy and sexual behaviors, but the guidelines do not provide detailed advice on how to take a sexual history or perform an exam in trans patients.

The sexual history should not assume sexual behaviors, sexual identity, or gender of sexual partners. The history will also need to obtain information about any surgeries undertaken that could affect acquisition or screening of STIs. There are several suggested ways of obtaining a sexual health history, including the CDC's Taking a Sexual History. A modified risk assessment is included in Table 1.

Table 1 Sexual Risk Assessment

Topic	*Appropriate Questions to Ask*
Pronouns	What are your pronouns?
Partners	What are the genders of your partners? How many sexual partners in the last 12 months?
Parts	What words do you prefer to use for your body parts? Have you ever had any surgeries or other procedures?

Practices	What kinds of sex are you having? Which behaviors might expose you to your partners' fluids?
Protection	How do you protect yourself against STIs?
Prevention of pregnancy	Are you using contraception? Are you concerned about pregnancy?
Past history of STIs	Have you ever been diagnosed with an STI?
Prevention of HIV	Prior or current use of preexposure and postexposure prophylaxis

Source: Authors.

For those who have had gender-affirming genital surgeries, the date and type of surgery should be documented, as well as any postoperative complications. For those who have had neovaginal surgery, providers can ask about dilation frequency, dilator size, pain, discharge, bleeding, and problems with urination and sexual intercourse.

When conducting the physical exam, providers should be mindful that many trans people have experienced past sexual violence, including child sex abuse. This, in addition to underlying gender dysphoria, can result in trans patients finding the physical exam stressful and may even provoke triggering flashbacks. All patients should be screened about prior sexual trauma. Using a trauma-informed care approach is one way to promote resilience through the principles of safety, trustworthiness, transparency, cultural sensitivity, collaboration, and empowerment. Providers can create a gender-affirming environment through consistent use of correct name and pronoun(s). The reason for and format of the exam should be explained while the patient is dressed and permission requested in order to proceed as well as the fact that the exam can be stopped at any point on their instruction. Having a chaperone or friend present and asking patients for their preferred terms for body parts can improve sense of trust and safety. Patients should be offered choices, for example, to do a self-collected swab for cervical cancer screening rather than a speculum exam.

Neovaginal exams may be conducted with a small speculum or an anoscope to examine for lesions, ulcers, or discharge. STI screening for gonorrhea and chlamydia using nucleic acid amplification techniques can be done with a vaginal swab or urine collection. Because there is no cervix, screening for cervical cytology is not performed. The prostate can be palpated anteriorly instead of using an anal approach. Transmasculine individuals who have had genital surgery but retained the vagina may have a narrowed introitus. Those who use testosterone may experience vaginal atrophy and discomfort on exam. In both instances, use of a smaller speculum with lubricant may be helpful. Trans men using testosterone may also have a higher frequency of unsatisfactory results.

The comprehensive sexual health encounter offers an opportunity to counsel about interventions such as HIV preexposure prophylaxis (PrEP), postexposure prophylaxis (PEP), emergency contraception, and immunizations (hepatitis A, hepatitis B, and HPV).

Conclusion

Sexual health is understudied in trans people; however, there is evidence they may have elevated risk for STIs but lower rates of screening due to multilevel barriers to health care. Trans people may require the full spectrum of sexual and reproductive health care, including contraception, fertility preservation, and abortion care. Clinicians should be aware of the diversity of sexual identities, sexual partners, and behaviors. The key rule is not to make assumptions and to ensure that a culturally competent and comprehensive sexual history is

obtained. Engagement in sexual health may be improved by using a trauma-informed approach.

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See also HIV/STIs; Hormones, Adults; Informed Consent Model; Medicine; Reproductive Health

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Sexual Violence

Sexual violence is a significant human rights and public health issue, with negative consequences for health and well-being. Definitions of sexual violence may include sexual assault; forced sexual activity perpetrated by intimate partners, strangers,

or individuals known to a person and sexual harassment; and unwanted behaviors that make people feel uncomfortable because of their sexual nature and that serve to offend, humiliate, or intimidate. Sexual violence is not a reflection of sexual desire; it is a hostile and aggressive act, most commonly perpetrated by men against women, reflecting feelings of anger and hostility toward women, as well as a need to exert power and control. As such, sexual violence is grounded in misogyny, gender-based discrimination, and inequality. Rates of sexual violence are higher in the transgender population compared with the cisgender population and contribute to higher rates of depression, anxiety, and suicidality reported by trans people.

Rates of Sexual Violence in Trans Populations

Sexual violence is underreported, with barriers to disclosure and differences in operationalizing what sexual violence is resulting in prevalence rates being significantly underestimated. However, international research indicates that trans people experience a significantly increased risk of physical and sexual assault. Across studies, around 50% of trans individuals report sexual violence, compared with around 10% of the cisgender (cis) population. Trans individuals also experience high rates of verbal and physical sexual harassment, which has been directly linked to their transgender status.

Across cultures, sexual violence experienced by trans people includes verbal and physical sexual harassment and sexual assault. Sexual violence experienced by trans people is grounded in misogyny and gender-based discrimination, as well as transphobia and homophobia, described as transmisogyny. It has been argued that non-trans people have a sense of entitlement about trans bodies, often associated with fetishization, which may be a contributory factor in sexual harassment and assault. LGBTQ people who are more visibly “out” or identifiable are more likely to experience violence. There is strong evidence that visibly appearing different heightens the risk of physical and sexual violence for trans people, with the period during and after gender affirmation a time that trans people are at highest risk of sexual violence. This leads to the conclusion that sexual violence, or the threat of violence, serves as gender policing.

Successive reports by the National Coalition of Anti-Violence Programs indicate that trans women experience lifetime prevalence of sexual violence at rates significantly higher than all other groups in the broader LGBTQ community. However, a number of studies have suggested that sexual violence is more prevalent among trans people assigned female at birth, compared to those assigned male at birth. For example, in a 2019 survey of trans and gender-diverse Australians in which 53.2% reported sexual assault compared to 13.3% of the broader Australian population, lifetime rates were 61.8% for trans men and 39.3% for trans women. Another 2007 study reported that 35% of trans men living in the U.S. state of Virginia had been sexually assaulted, compared with 23% of trans women. Conversely, in a 2005 study conducted in the U.S. state of Pennsylvania, 69% of trans women reported having experienced forced sex, compared with 30% of trans men. It is not clear why these findings are different across U.S. states; however, it is widely recognized that sexual violence often follows verbal violence and may be accompanied by physical violence. The primary perpetrators of sexual violence against trans people are family members, predominantly male, and other known people. Intimate partners are also responsible for significant rates of sexual violence and abuse against trans women, as are clients of those engaged in sex work. There is some evidence that trans women are more likely than cis women to be sexually assaulted by a stranger.

Intersecting Identities: Gender, Sexuality, and Ethnicity

Trans individuals who are lesbian, gay, bisexual, or queer (LGBQ) may be vulnerable to sexual assault or harassment on the basis of the intersection of gender and sexuality diversity. LGBTQ people are significantly more likely to experience physical and sexual assault, sexual harassment, and for the perpetrator of sexual violence to be a stranger than exclusively heterosexual people.

Trans people of color face discrimination and violence on the basis of the intersection of their gender and racial identities. For example, the largest transgender survey to date in the United States, the 2015 United States Transgender Survey (USTS), found lifetime prevalence rates of sexual

violence at 45% for white participants compared with 53% of Black, 58% of Middle Eastern, 59% of multiracial, and 65% of Indigenous participants. Sexual violence is often accompanied by other acts of physical violence, with trans people significantly more likely than cisgender people to experience physical violence and murder. Trans women make up 8.6% of the LGBTQ community in the United States but constitute 44% of total murder victims. The majority of trans people who are murdered are women of color, poor women, and/or sex workers, with many murder victims being all three categories. This reflects the layers of racial and transphobic aggression experienced in everyday life by trans people of color and has led to the plea to centralize race and social class as well as gender when attempting to understand sexual and physical violence against trans people.

Sex Work and Sexual Violence

Engagement in sex work is a common experience for trans people, providing financial security, independence, and a sense of community among sex workers. Sexual violence is a common experience for sex workers, with trans women sex workers at higher risk, attributed to male clients' self-loathing and rejection of the trans woman after sex. As such, many trans women are subjected to a pervasive and very real threat of danger in the pursuit of their basic survival. International research indicates that irregular, low, or negligible condom usage with clients and partners of trans sex workers is not uncommon and is often accompanied by threats of violence or the threat of withholding money, food, or shelter. Additionally, some trans women report being subjected to regular unprotected sexual encounters with police, particularly in contexts where sex work is criminalized, in order to avoid arrest or violence.

Trans women of color are more likely than other trans women to enter and stay in sex work, due to a combination of racism and transphobia, which affects schooling and employment, combined with the impact of immigration restrictions and language barriers. This may be one factor that explains the higher rates of sexual violence reported by trans women of color.

Impact of Sexual Violence

Experiences of sexual violence are a significant contributing factor in the distress and mental health problems reported by trans people. A meta-synthesis of the qualitative literature pertaining to the lived experiences of trans individuals across a range of cultural contexts found a range of physical problems and psychological distress, associated with discrimination, social exclusion, and sexual violence. For example, the first trans mental health study conducted in Australia in 2014 found that trans people were 4 times more likely to experience depression and 1.5 times more likely to experience anxiety disorders compared to the cisgender population. High self-reported rates of depression for trans women worldwide have been explained within a minority stress model, which examines the impact of the chronic stress on LGBTQ people due to stigmatization and violence within a heterosexist and transphobic society. High rates of drug and alcohol misuse are also prevalent among trans populations, especially among those who also engage in sex work, which may partly result from sexual violence that causes posttraumatic distress.

However, many trans people demonstrate agency and resilience in behavioral responses to sexual violence, including naming sexual violence, seeking legal redress, hypervigilance in the public sphere, and the avoidance of men and intimate relationships. Many individuals also adopt a range of positive strategies to make meaning of their experiences and to facilitate coping, including seeking out the positives in their experiences, self-acceptance, prioritizing the self, talking about sexual violence, and seeking support from health care professionals. Some trans women adopt a psychological strategy of rationalization and normalization of violence as a means of defense against the psychological impact of abuse. Some women chose to view sexual harassment experienced as being directed at participants as women as gender affirming.

Positive relationships with a partner, friends, or other trans people can serve as protective factors against distress and facilitate coping when experiencing difficulties in life, including sexual violence. Indeed, trans people who experience sexual violence are not passive "victims" but are survivors of sexual violence.

Professional Support and Acknowledgment

Support from health care professionals can be central to resilience and survival following sexual violence. Support in gender affirmation, through facilitation of access to hormone therapy, reduced the risk of transphobic violence. Some trans people describe positive support from doctors, nurses, and psychologists following experiences of sexual violence. However, others report encountering health care professionals and ancillary staff who are openly transphobic, hostile, and dismissive, or they report having been refused support altogether. Negative experiences with police and the legal system are also experienced by many trans people, who report feelings of judgment, blame, mistrust, and a lack of acknowledgment that sexual violence had occurred. This can include physical and sexual violence from police, revealing a strained relationship between trans people and the police. In combination, this transphobia reinforces the suggestion that sexual violence against trans people is viewed by the health care professionals, the police, and wider society as unproblematic.

Conclusion

Violence against transgender people is a serious issue that has been described as a hate crime. All forms of violence, including sexual violence, against transgender people need to be taken seriously in order to recognize and acknowledge human rights, as well as address this gender-based hate crime.

Trans people are clear that they want the public, health care professionals, and the police to become more aware of sexual violence against trans people, to recognize the specific needs and experiences of trans people of color, and to receive education and training about gender and diversity in order to prevent sexual violence from occurring. Such awareness and education must be accompanied by legislation and policy to address sexual violence experienced by trans people in order to provide protection and support, including visibility and recognition, legal redress, and inclusive language and practice.

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See also Criminal Justice System; LGBTQ Movement, Trans Inclusion In/Exclusion From; Mental Health; Sex Work

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Sexualities/Sexual Identities

This entry, focusing primarily on the U.S. context, describes trans sexualities through the discussion of sexual identities, desires, cultural representations, and practices drawn from the work of researchers and from the diverse knowledge and experiences of trans people and their partner or partners (hereafter "partners"). Also discussed are understudied topics in research on trans sexualities, including focus on sexual embodiments, language, social media, dating sites, pornography, and sexual health. Given limited research in this area, the entry concludes with suggestions for future research, underlining the critical need for expanded research on trans sexualities and sexual identities.

Sexual Identities and Cultural Representations

Sexual identities of trans people, much like those of cisgender (cis) people, are complex, are dynamic, and can change or stay the same throughout the life course. Sexualities and sexual identities are understood as socially constructed and reinforced by structural, interactional, and identity processes. As such, trans people and their partners can identify with any sexual identities they choose. Some examples of sexual identities include bisexual, asexual, queer, gay, lesbian, demisexual, and heterosexual/straight. Individuals can self-identify with the same or a different sexual identity as their partners. The 2015 U.S. Transgender Survey reported that out of 27,715 respondents, 21% of respondents identified as queer; 18% identified as pansexual; 16% identified as gay, lesbian, or same-gender loving; 15% identified as straight; 14% identified as bisexual; and 10% identified as asexual. These results provide just one example of how diverse trans people's sexual identities can be.

Embodied changes associated with social and/or medical transition can alter the sexuality of a trans person and their partners. Gender may be considered an interactional practice or cultural exchange that can occur between people through sexuality or sexual practices. For example, after recovering from chest reconstruction surgery, a trans man may want to be touched in different ways that affirm his gender identity and masculinity. These embodied changes can positively or negatively affect the sexualities and sexual relationships of trans people, depending on the dynamics and history of a given relationship. While many trans people experience embodied changes associated with social and/or medical transitioning, many others do not. Frequent communication about feelings and desires is imperative as bodies or expressions change throughout the relationship.

Social scientists are devoting more attention to trans sexualities and identities. Researchers have explored how inequalities persist and challenges arise in trans people's sexual relationships and how sexual pleasure and power often involve identity work and negotiations for trans people. They have also noted how cis people negotiate their sexual identities when dating and forming relationships with trans people.

The sexual behaviors and practices of trans people, just like those of cis people, vary on the basis of both sexual identification and preferences of oneself and one's partners—who may be cis or trans themselves. Historically, the sexual behaviors and practices of trans people have been viewed as problematic or pathological. Very little academic research has been conducted on the specific sexual behaviors and practices of trans people. Mostly, publications on sexual behaviors and practices derive from narrative accounts written and published by trans people and their partners within autobiographies, novels, edited collections, and self-published magazines ("zines"). Many memoirs and novels, mostly written by white trans women, have centered trans experiences in relationships, intimacies, and sexualities. Media representations of trans people and their diverse sexualities are growing, with examples such as Mj Rodriguez in *Pose,* Hunter Schafer in *Euphoria,* Asia Kate Dillon in *Billions,* Trace Lysette in *Transparent,* Ruby Rose in *Batwoman,* Jamie Clayton in *Sense8,* and Theo Germaine in *The Politician.*

Sexual Embodiments

When considering the sexual behaviors and practices in which trans people and their partners engage, it is necessary to understand trans embodiments. As with cis people, there is no one type of body among all trans people. Trans people may engage in various forms of body modification (including but not limited to use of hormones and/or surgeries) that affect sexual interactions. Some trans people who use hormone replacement therapies discuss undergoing a second pubertal period. The effect of hormone replacement therapy on libido varies widely, with some reporting that hormone administration heightens their body's response to sexual stimulation, while others report no effect or even reduced sexual sensation and response. These responses may also shift across time and may be partner or context dependent (as with all people's sexual response).

The initiation of hormone replacement therapy may generate gendered embodiments that may be read as gender ambiguous by others. This transition period may be strongly associated with others misgendering those undertaking hormone replacement therapy, which may produce additional stress for some. Gendered embodiments that include, for example, vocal pitch changes to a midrange, sparse or patchy facial hair, and increased acne may make it difficult for some people to be recognized in accordance with their felt sense of gender and gender identity. Sexual and romantic relationships may be especially affected by these shifts in embodiment and embodied responses to sexual stimulation. Some of these impacts are described as exciting and welcomed, others as stressful and unwelcome.

For those whose gender identity is more aligned with the binary, the passage of time may have a positive impact on hormone replacement therapy. Once hormones have feminized or masculinized the body, individuals often report greater interpersonal and public recognition for their gender and less frequent or even absent misgendering. Gender recognition within the binary, however, is not something all trans people aspire to or have access to. Some nonbinary people report that while hormone replacement therapy may positively affect some aspects of their daily lives, being misrecognized as a man or a woman when their actual gender is nonbinary can be quite disconcerting. Just as among cis people, there is no single way to be, look, or feel like a man, woman, or nonbinary person.

Research also suggests that nonbinary gender expression, or gender expression that is deemed ambiguous by others, may place trans people who are in the early phase of medically facilitated transition in particular danger due to cultural cissexism and transphobia. Western culture simultaneously ridicules, fetishizes, and exoticizes trans embodiments. There are many reports of cis men engaging in homicidal violence against trans women to whom they were sexually attracted. Finding potential sexual and romantic partners who are well informed about trans identity and embodiments and who actively support the rights of trans people may be challenging but necessary for well-being and survival. Many trans individuals in sexual and romantic relationships with other trans people report that shared experiences and understanding cultural oppression toward trans people facilitate relationship formation.

Innovations in Sexual Language, Culture, and Practices

Language holds extraordinary power to shift understandings and interactions in both sexual and nonsexual contexts and the capacity to affirm and support, or stigmatize and oppress, trans embodiments and sexualities. Some terms are already in wide usage (e.g., breasts, chest, vagina, penis) but may simply be used in ways that are intentionally divorced from sex categorization at birth. For example, a trans man or nonbinary person may refer to their *chest* rather than their breasts. A trans woman's or nonbinary person's anus may be referred to (and interacted with) as a *vagina* or *pussy.* Other terms that trans people have created to articulate their sexual embodiments include *front hole* or *bonus hole* to describe the vagina and *dicklet* or *cock* for the clitoris.

Language is not the only way that gender may be explicitly tied to various forms of embodiments and identities. Sexual practices themselves tend to be explicitly and implicitly tied to gender and sexual identities. For example, cultural associations between gay men and anal sex and lesbians and oral sex are quite strong, although members of all sexual identities may engage in these sexual practices. Particular sexual practices may be culturally

coded in ways that make engaging in them uncomfortable for some trans people, notably if they are early in their transitions or broadening their gender expression. However, as individuals become more comfortable in their own bodies or receive affirmation, they may incorporate sexual behaviors and interactions previously off-limits; however, this is not always the case. Some trans individuals hold sexual identities that explicitly involve *no-touch* or *stone* sexual embodiments, wherein a partner's ability to sexually touch or stimulate their bodies may be highly restricted or even fully prohibited.

Trans people and their partners may also shift or broaden previous sexual practices in ways that further affirm trans embodiments. For example, some trans women and their partners practice *muffing* (digital penetration of a trans woman's inguinal canals). Further, some trans women and their partners describe referring to these inguinal canals as *cunts* (plural intentional). A trans woman who has not had bottom surgery may not feel comfortable engaging as a penetrative partner in sexual intercourse or may prefer to use a prosthetic penis if she does. A trans man in a sexual relationship with a woman may become less comfortable with being the receptive partner during oral sex or may wish for partners to adjust their sexual technique to one more closely resembling oral sex performed on a penis (with or without the use of a prosthetic penis). As with cis people, sexual permutations are both myriad and meaningful; sexual expression and practices may run the gamut from vanilla to kink; and partnerships themselves may be sexual, asexual, monogamous, or polyamorous. Trans people may use static or fluid language to describe their sexual embodiments and may also engage in static or flexible sexual practices. These innovative strategies for recoding bodies, language, and sexual practices are often integral to sexual practices between trans people and their partners.

Online Connections: Social Media, Dating Sites, and Pornography

In biographies, autobiographies, and research narratives of trans experience, a frequent trope is isolation and not having connections or models for what trans embodiments or sexualities might be or become. The advent and widespread availability of the Internet via smartphones, tablets, televisions, and computers, along with the growth of Internet social media, dating sites, and pornography, have expanded *trans imaginaries*. Imaginaries offer considerations and conceptualizations of what might lie within a realm of possibility for an individual, a group of people, or an entire society. In this way, online social media, dating sites, and pornography each contribute in their own way to shaping imaginaries around embodiments and sexualities for trans people today.

Social media sites such as Facebook (and, previously, MySpace and LiveJournal), Twitter, YouTube, Instagram, and TikTok allow individuals to find and connect with one another in public and private groups and to document and share images and descriptions of their bodies, lives, and relationships in great and sometimes intimate detail both publicly (e.g., Tweets, posts, photos, recorded video, live video, and comments) and privately (e.g., using restricted access settings or through DMs—direct or private messages, photos, and videos) with people across the world. Social media have provided a medium to connect and create both public and private online groups and forums to share experiences and form interest groups. Using public and private groups, targeted searches, and hashtags, trans people now find one another (as well as potential sexual and romantic partners) to document and offer suggestions and support around embodied changes such as clothing and hair choices, hormone replacement therapies, and gender affirmation surgeries. Social media facilitate fundraising efforts (e.g., GoFundMe) and efforts to create online awareness and action (e.g., Change.org in the form of petitions) around issues connected to trans rights.

Online dating sites like Match.com, Tinder, FetLife, Bumble, HER, and Grindr allow people to find one another for intimate connections ranging from one-time sexual hookups and play to potential marital partners. Trans-specific online dating sites provide additional options—meaning that a broader cross section of trans people have access to representations of a more diverse reflection of trans embodiments and sexualities than ever before. This new social landscape also creates possibilities for exploitation and danger because individuals must invest trust in the stated intentions

and motivations of strangers as they initiate these online-mediated connections. The creation and expansion of online social media and dating sites are just one example of the slippage between the local and global and public and private in everyday social and sexual lives today. While these online platforms are often discussed as pivotal to development of trans identity and community, another controversial online platform may also hold critical although less discussed importance—trans pornography.

Pornography, or explicit written, audio, and/or visual depictions of sexual activity for the purposes of reader or viewer sexual arousal, via print and digital sources, is both ubiquitous and taboo in sexually obsessed and repressed cultures such as that found in the United States. Pornography is a controversial yet stunningly popular enterprise, specifically in the Internet era, with many adults accessing Internet pornography on a regular basis. Given abstinence-only sexual education in many regions of the country, many young people's first connection to sex and sexuality is through accessing pornography. Pornography has long been controversial, with concerns that range from those grounded in religion to those grounded in feminism. While some object to pornography on moral grounds, others criticize sexual commodification, objectification, and exploitation of those involved in its production. Despite these objections, there are many proponents of pornography. Some pro-sex feminists argue that feminist pornography offers a frame shift for pornography, ushering in a wave of pornography directors, producers, actors, and distributors that subvert existing norms in the industry and pave the way for greater inclusion and leadership among women and trans people.

Pornography that includes trans representation is not new. Indeed, it has been a thriving subgenre of pornography commonly referred to by the pejorative term *tranny porn*. The most frequent consumers of this subgenre of pornography consist of heterosexually identified cis men, which may lead to its frequent classification as fetish porn. However, inclusion of trans actors and various forms of trans embodiment have broadened. Trans porn magazines (zines) created by and for trans people and their partners—such as *Original Plumbing* and *Fucking Trans Women,* both of which were circulated in print and digital formats—offered venues through which trans bodies and sexualities could be seen and celebrated on their own terms. Trans people may also engage in camming, which involves using webcams to connect with customers who pay to chat with performers and/or watch (and sometimes direct) them as they engage in sexual talk or performances solo or with others. Camming generally offers a more interactive sexual experience for customers than traditional forms of pornography.

Queer feminist pornography directors and producers have taken control to form their own distribution companies and websites (such as Shine Louise Houston's Pink and White Productions and PinkLabel.tv; Courtney Trouble's Indie Porn Revolution, formerly NoFauxxx.Com; and Courtney Trouble and Tina Horn's QueerPorn.tv). In addition to paid pornography sites, which provide regular employment for some trans sex workers, free and amateur Internet pornography continues to expand. Pornhub (Pornhub.com) is currently the largest and most frequently visited source of online pornography featuring both professional and amateur performers and paid and free content. Amateur users here, and on other sites, may post videos that are then streamed to others across the world. This expansion of online pornography markets has meant greater and more inclusive representation of trans actors in contemporary pornography on both for-pay and free/amateur websites. The types of sexualities and sexual interactions depicted are wide-ranging, queering cisnormative and heteronormative notions of gender and sexuality. The expansion of trans pornography has also resulted in the emergence of some rather high-profile (and sometimes controversial) trans porn stars (e.g., Buck Angel, Ts Madison [Maddie], Jiz Lee, Kimber James, Venus Lux, Syd Blakovich, Allanah Starr, and Bailey Jay). This visibility of diverse queer and trans embodiments and sexualities, particularly when these representations are under the direct control of queer and trans people themselves, is producing new possibilities and realities for trans people and their partners today.

Sexual Health and Well-Being

Despite the general paucity of research focusing on trans sexual health and well-being, one area has received considerably more attention than others—sex work and the risk of contracting and

transmitting HIV. This research tends to focus largely on transmission among trans women of color who live in poverty and those who engage in survival sex work. Prior to the advent and uptick in use of preexposure prophylaxis (PrEP), this was one of the few areas of research focusing on trans populations that regularly received federal research funding. Because of systemic racism and barriers that low-income trans women of color experience with regard to racial profiling, violent transphobia, and accessing social support, affordable and trans-affirmative health care, and educational and employment opportunities, members of this group tend to be overrepresented among intravenous drug users, prison inmates, and survival sex workers.

Some groups of trans people engaging in sex work may face increased threats to their sexual health based on uneven access to PrEP and the fact that riskier sexual behaviors often yield greater income. For example, not using condoms, or *barebacking,* despite the additional HIV transmission risk that it carries, often draws a monetary premium in terms of the exchange of sexual services for pay. Sex workers also report coercion to engage in sexual intercourse without condoms in their personal and/or working lives. Paradoxically, broader availability and use of PrEP may increase pressure to engage in less-protected sex due to decreasing fears about contracting and transmitting HIV, leading to associated increases in other sexually transmitted infections (STIs) such as gonorrhea, syphilis, herpes, human papillomavirus (HPV), and chlamydia.

Consumers of sexual services from trans sex workers tend to be disproportionately cis men who predominantly wish to engage as the penetrative sexual partner. Trans sex workers report primary provision of sexual services as receptive partners, placing them at disproportionate risk for contracting HIV from infected clients, especially those who engage in receptive anal sex with clients without condoms. Despite assumptions that sex work would be the primary pathway for contracting and transmitting HIV, research suggests that trans sex workers are most commonly infected through sexual contact with partners outside of work. The majority of primary and casual partners among trans women engaged in sex work are cis-heterosexually identified men who have sex with men (MSM) and trans women. Relatively little research has been conducted on the clients and primary partners of trans men and nonbinary people involved in sex work. Existing research on the risk of contracting and transmitting HIV among trans sex workers has tended to view this population as a monolith and may depict them primarily as public health risk vectors. Rarely has this research called for the dismantling of systemic racism and associated structural and institutional barriers to accessing educational and employment opportunities among those whose lives exist at the intersection of systems of racism, classism, heterosexism, and cisnormativity.

Future Research Directions

Trans people, identities, and bodies remain simultaneously exoticized and marginalized. Within this social context, there are concerns about exploitation of trans people and their partners. One strategy for addressing these concerns is to ensure that trans people and their partners have opportunities to produce and disseminate knowledge about their own lives, identities, and experiences. Providing education and training around sexualities that is accurate, comprehensive, ethically produced, and nonstigmatizing is another strategy.

Existing sexualities research tends to focus on populations that are white, middle class, and highly educated. Trans sexualities research sometimes serves as an exception to this general limitation given the previously discussed focus on HIV risk among trans sex workers, many of whom are poor or working-class trans women of color. Future research could expand to include topics such as sexual pleasure, power, consent, and negotiation. Research on trans sexualities tends to privilege in-depth interview studies. Future research might broaden this to include surveys, literary and other content analysis, and ethnographic approaches to studying trans people and their sexualities.

Future research could examine the experiences, intimacies, and desires of older trans adults and how their sexualities and sexual identities shift across the life course. Social scientific research on sexualities tends to assume monogamous or couple-based relationships and to skirt discussion of sexual behaviors. Future research could expand to include poly and other nonmonogamous relationship forms and actual sexual practices. Focus on a broader, nonclinical cross section of the trans population may allow future researchers to deepen knowledge

about the diverse sexual behaviors and practices in which trans people and their partners engage.

Nonbinary people's experiences are complex and intertwined within broader societal patterns of race, class, sex, gender, and sexual inequalities. As such, studies of nonbinary people's experiences with dating, relationships, and sexuality may offer fertile ground for further social scientific research. Researchers may seek to ask nonbinary people specifically how they negotiate their sexualities, bodies, and intimate relationships. Examination of nonbinary and trans women's experiences may be compared with findings from studies focused on trans masculinities, cis partners of trans people, and trans children and youth.

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See also Consensual Nonmonogamy; Dating; Embodiment; Heteronormativity; Partners of Trans People; Relationships With Romantic/Sexual Partners; Sexual Fluidity; Sexual Health

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Sexually Transmitted Infections

See HIV/STIs.

Sissy Boy Experience

Sissy boy experience is about not being a "real" boy or man and the social trouble that this causes. The scholarly work about sissy boys and their experience tends, on the whole, to consider the term to denote young people whose assigned sex at birth is male and who do not conform to the expected performance of gender that is understood to be properly masculine. This entry considers the way in which sissy boy experience has been considered in some literature and outlines a way in which the experience of naming boys as sissy might afford a disruptive resource for reworking systems of sex and gender.

Sissy Boys

Sissy boys are gender nonconforming: They do not think, feel, or act the way that "boys" are supposed to. Sissy boy experience then would describe the experience of "boys" who do not conform to the

normative standards of masculinity. Sissy boys are sensitive and they act in ways that are soft, weak, quiet, or too "feminine"; they like to do things that girls are supposed to do—play with dolls, sing, dance, make believe, read, and be creative. Much of the published work about sissy boys is *by* sissy boys, recounting their experience of being out of place, singled out as different, and being troubled by this. Many of these discussions involve accounts of the way in which the experience of sissy boys *troubled* other people, causing concern for their parents or caregivers, teachers, and peers—that is, other children whose response to the sissy boy's gender nonconformity led to verbal and physical abuse, ostracism, and marginalization for the sissy boy. Accounts of growing up sissy have been very important in providing insight into the experience of abuse, vilification, and ostracism and the ways in which people have been affected by this type of experience. People have shaped their lives in these contexts, working against the powerful impact of such experiences.

Source of the Sissy Boy

The source of the sissy boy as a psychological and social problem has sometimes been attributed to a too-attentive mother, an overly strong attachment to a mother, or an absent father. In some discussions, the sissy boy is an aberrant form of human identity that might have a spiritual or genetic source. A good deal of scholarly work, particularly in childrearing literature and psychological and psychiatric literature, has been oriented to "fixing" sissy boys, seeing their gender nonconformity as a problem that needed to be solved through forced coaching into the ways of masculinity, psychological and therapeutic treatment, or religious intervention. Interestingly, a good deal of the literature sees the sissy boy's experience as a precursor to adult homosexuality, thinking of the sissy boy as proto-gay, with sissy boy–ness as an indicator of an emerging sexuality. Those writing in the psychological/psychiatric literature and those writing from a personal standpoint with the aim of reducing discrimination and the negative and abusive experience of sissy boys tend to take this view—that sissy boy experience is a foreshadowing of adult homosexuality. The poststructuralist perspective taken by some researchers has critiqued much of what has been written about sissy boy experience, on the grounds that it is informed by thinking about, and being in, the world and human relationships in ways that support heterosexual and patriarchal structures that align maleness, masculinity, and heterosexuality.

Violence

Social practices of linguistic and other kinds of violence are used to publicly "name and shame" young males who are insufficiently masculine/problematically too feminine. The term *sissy boy* differentiates a type, signaling deviation and variation, as well as simultaneously signaling that some terms (and ways of being) are more authentic, clear-cut, and unproblematic than others. The term also signals the grounds for differentiation: Being too feminine for a "boy" is troubling and shameful.

The word *sissy,* yelled across the playground or more quietly spoken close to a young person's ear by peers, parents, or teachers, is a kind of linguistic violence enacted against boys by those who are discomforted by gender nonconformity and signals an anxiety inherent in the maintenance of socially produced identities, particularly the fragile and anxious figuring of masculinity as *the* taken-for-granted, key term in our social semiotics of identity.

When language is used violently to call out sissy boys who do not conform to gender norms, our social order is offered a critical resource, an opportunity to consider how and to what effect the iterative, performative production of identity might do otherwise than sustain systems of sex/gender/sexuality. Naming an identity—boy, girl, gay, straight, male, female—is always violent because naming constrains the proliferating and dynamic performance of self into the regulating system of social semiosis making our "selves," our sexes, our genders, and our sexualities appear "real." Left uncritiqued, this reality-iterating operation of the naming identities prevents us seeing the terms through which identity is understood. Without observing this, we miss how these terms are merely a part of a theory of sexed and gendered identity, not a reality, and, as such, are always in the service of power/knowledge formations.

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See also Embodiment; Gender Nonconformity; Heteronormativity; Masculinities; Sexual Violence; Youth and Teens, School Experiences

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Social Class

Social class is an important component of trans people's identities and lives. Social class can illuminate not only the economic resources needed (or lacking) to navigate systems like health care, education, and obtaining accurate identity documents but also the agency and comfort that some have (or do not) when engaging these systems to help trans people navigate life.

This entry discusses the concept of social class and what is known about trans people in the United States along various aspects of social class, including economic factors like income, educational attainment, home ownership, and employment. It also addresses changes in social class that may accompany gender transition. Additionally, it discusses the work that needs to be done to better understand cultural aspects of social class for transgender people.

What Is "Social Class"?

Social class is a broad term, generally referring to the social and economic status of an individual or a group of people, such as the "working class," "middle class," or "upper class," although other terms exist. This status or class can be actual (as in the actual experiences of a person or group) or perceived (as in the assumptions or stereotypes about that person or group). Whereas people tend to think of social class mainly in terms of a person's income, social class is actually made of many factors. It can include economic factors such as income or wealth, but it can also include or be measured by other, related factors such as educational attainment, job type or stability, and economic mobility. For example, take two individuals who, on paper, make roughly the same income, but one is paid an hourly wage and one is paid an annual salary. If an unexpected event occurs—such as an accident that temporarily prevents them from working, or a shift being canceled, or a holiday called—the hourly worker is much more likely to lose their income than the salaried worker. That is one of many potential distinguishing factors between those of one social class and those of another, or at least those with more economic stability than others.

Social class can also include a broader cultural background or "lifestyle" markers, such as a person's clothing, hobbies, mannerisms and language, food options, media preferences, and much more. For example, in terms of hobbies or sports, NASCAR racing and water polo may have very different connotations for many people with respect to the assumed social class or background of those who are interested or participate in them.

Because class also reflects a broader cultural background and experiences, this means that while a person's income or economic status may change over time, their cultural background does not necessarily change. A person who grew up as working class but now has what may be considered a middle-class income or job security nonetheless still comes from that working-class background, and they likely still have working-class family members that they need to support. Their experiences of growing up working class may still greatly inform the way others perceive them or how they think about their own social class, irrespective of their present-day income, property, education, or other factors.

Experiences of social class—as well as the perceptions and valuations that undergird social

class—can vary substantially by race and ethnicity, gender, where one lives, and more. Experiences of discrimination in hiring or salary can make economic mobility and stability more difficult for people of color, women, or trans people to obtain. For example, a 2019 study by researchers at the U.S. Census Bureau showed that Black Americans have substantially lower rates of upward mobility and higher rates of downward mobility than whites, leading to large income disparities that persist across generations. In other words, Black Americans are less likely than whites to move up the economic ladder during their lifetime and instead more likely to move down—meaning that they are more likely than whites to be worse off as adults than they were as youth. Additionally, what it means to be middle or upper class in rural communities may be quite different than in urban areas. And societal perceptions of class can also be affected by race or gender: American society generally has very different responses to Black women versus white women who work as parents rather than taking paid work outside the home.

Social Class and Trans People

Trans people grow up in communities around the country and come from any and all social classes. Trans people are also diverse in their race and ethnicity, religion, and other characteristics that all further diversify trans people's experiences of social class. That said, some aspects of contemporary trans experiences may shape social class in important ways.

Shifts in Social Class

Although research generally suggests that for many people in the United States, social class is often shared between parent and child, research also suggests that for LGBTQIA+ people, and perhaps trans people even more so, the ruptures in family that can result from living openly as LGBTQIA+ may affect their economic stability or social class over time. For example, in the 2015 U.S. Transgender Survey (USTS)—the largest survey of trans people in the United States, with nearly 28,000 respondents—nearly half of trans people who were out to their immediate families reported they had experienced at least one form of family rejection. Trans people who had such experiences were far more likely to report experiences of unemployment, homelessness, and doing sex work, as compared to trans people who were out to their immediate families but did not experience familial rejection.

Research also finds that many trans people have experiences of discrimination that threaten overall economic, emotional, and social well-being and can contribute to shifts in actual and perceived social class. For example, a person who built a career as a well-respected university professor and then comes out as trans and lives her life as the gender she has always known herself to be may find herself without a job and struggling to meet her most basic needs. The 2015 U.S. Transgender Survey shows that trans people routinely experience such discrimination. For example, 27% of respondents who said they had or applied for a job in the past year reported being fired, denied a promotion, or not hired at all due to their gender identity or expression. These experiences of discrimination, especially as they accumulate over a person's lifetime, can significantly undermine a person's economic stability and shape their overall experience of social class.

Additionally, as a person navigates life as a trans person, they often have to simultaneously navigate how their gender intersects with their social class, along with other key characteristics such as race, sexuality, and geography. For example, the societal expectations, privileges, and benefits given to an upper-middle-class white woman in the United States differ greatly from those of a working-class Latina woman. When a trans person begins to transition or otherwise live as the gender they know themselves to be, they may experience surprise or difficulty in navigating new sets of expectations and perceptions based not only on their gender identity but also on class-related assumptions and intersections with their gender.

Economic Measures

Overall, the economic picture for trans people is often described as one of vulnerability and resiliency in the face of increased risk of poverty and economic instability, often resulting from experiences of family rejection and discrimination. Research consistently finds that trans people are more likely to report living in poverty. According

to a 2019 analysis of federal data from the Centers for Disease Control and Prevention (CDC), an estimated 30% of transgender people live in poverty, compared with 16% of non-transgender, heterosexual people in the United States. This disparity is even bigger for trans people of color, those with disabilities, and trans women.

This is the case despite the fact that trans people who are age 25 and older have higher rates of educational attainment compared with the general U.S. population: According to the 2015 USTS, 53% of trans people reported having a bachelor's degree or higher, compared to 31% of the U.S. population.

Notably, a very small percentage of trans people reported owning their own homes compared to the national population; just 16% of people who participated in the USTS said they lived in a house, apartment, or condominium that they owned, compared with 63% of the overall U.S. population. At the same time, trans people are far more likely than the general population to report having experienced an episode of homelessness—sometimes as a result of family rejection or because of housing discrimination or other economic insecurity that left them unable to find stable, secure housing.

Cultural Measures

Given the extent to which trans people are more likely to experience poverty, unemployment, and discrimination, it is likely that many trans people also disproportionately share cultural markers or experiences often associated with lower-income or working-class communities. However, while social class comprises more than only economic factors, comparatively little research currently exists on these more cultural elements of social class for transgender people.

In one study of trans people that included discussion of social class, titled "Intersectional Identities and Conceptions of the Self: The Experience of Transgender People," researcher Kylan Mattias de Vries explored the intersections of race, class, gender, and sexuality. The white trans people interviewed described social class and sexuality being more a core part of their gender than their race, in the ways that social class may, for example, dictate family relationships, relationships, or comfort with violence as a means to solve problems. Trans people of color, on the other hand, described how social stereotypes about the intersection of race and social class influenced their gender presentation. For example, one participant who identified as Latino was often perceived as being working class by virtue of his being Latino. As a result, he often dressed in suits and ties to counter this perception, particularly in his work.

Another study, by Miriam Abelson, focusing only on transgender men in rural areas, showed that trans men in rural communities were able to find acceptance if they adhered to "appropriate rural working-class heterosexual masculinities." This illustrates how class (in intersection with geography, sexuality, and gender) influences the experiences of trans men in this study and likely trans people more broadly. Further research is needed to better understand the complexities and experiences of the cultural aspects of social class for trans people.

In conclusion, social class is an important lens—alongside and in interaction with race and ethnicity, gender, geography, and more—for understanding the experiences of trans people. Given what is known about the economic lives of trans people, there is evidence that trans people likely have a range of experiences in terms of social class. Yet, what is critical is that discussions of social class and the privilege (or lack thereof) that it affords can ease, or make more challenging, the experience of being trans.

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See also Demographics of the Trans Community; Discrimination; Feinberg, Leslie; Poverty

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Social Media

The Internet, specifically the rise of social media platforms, is frequently seen as an indispensable tool for trans community building as well as identity exploration and knowledge sharing. Social media, broadly defined, encompass a variety of websites and applications that enable users to create and share content, whether in textual, visual, or auditory form. The continued marginalization of trans people in society and their sensationalized treatment by mainstream media are often cited as reasons for why many trans people go online to find community and information. Despite the opportunities afforded to marginalized groups by new technologies, it is, however, also widely documented that social media can simultaneously promote the discrimination against, harassment, and surveillance of trans communities. Because of ongoing political efforts to legalize anti-transgender discrimination at local, state, and federal levels, many trans activists are strategically using social media as a means of shaping public discourse and participating in the political process.

Community Building

The rise of various Internet technologies has given trans people—who often experience isolation, fear, and harassment in their everyday lives—the unprecedented ability to communicate and connect with other physically distant trans community members across the United States and the world. To understand the importance of community building for trans people via social media today, it is useful to consider the formation of earlier online communities engendered by the digital revolution. In the late 1980s, new digital communication platforms, such as bulletin board systems, enabled trans users to share information and communicate with one another securely and anonymously for the first time. While originally only available to technology- and coding-savvy users, by the mid-1990s, the Internet became more widely accessible. Trans users specifically used Usenet, a distributed discussion system, which only required an email address for access, to create a plethora of content and discussion threads pertaining to various topics. From the early to mid-2000s, other messaging boards and journaling services such as AOL's Instant Messenger and Livejournal also provided trans users with important community spaces. By 2007, trans users began to migrate to increasingly popular social media platforms such as Tumblr, Facebook, and Twitter. In particular, the growing use of hashtags, which is signaled by the pound sign and allows for the grouping, organizing, and indexing of content on social media platforms, allowed for unprecedented online trans community building and knowledge production. Tagging practices that use specific trans subcultural knowledge and terms—for example, #trans, #boi (usually masculine-of-center), #nonbinary, #afab (assigned female at birth), #genderqueer #enby (a person who identifies as nonbinary), #t4t (trans person interested in other trans people romantically/sexually), #qtpoc (queer and trans people of color), and #pretestosterone—make it easy for users to find one another and connect around a specific topic, shared interest, and/or identity.

Identity Exploration and Knowledge Sharing

For trans youth who may not know or have access to other trans people in their day-to-day offline lives, social media often provide a crucial educational source for identity exploration and identity formation. In particular, the video-sharing platform YouTube has become a rich depository and archive of trans user-generated content that addresses a wide variety of trans topics and issues. A significant number of videos specifically feature journeys of transitioning (e.g., chronicling experiences with health care providers, hormone administration and dosage, or gender-affirming surgeries). Due to the dearth of trans competent medical providers, these vlogs (video blogs) serve

as valuable educational tools and medical resources for many trans people. Many of these videos, however, are created by white, straight- and binary-identified trans men whose experiences do not necessarily speak to those of trans women, trans people of color, and those who identify as nonbinary and/or queer. Other topics commonly featured in trans YouTube videos include "coming out" to friends, family, and employers; fashion and dating advice; and sharing information about changing one's legal name and gender markers on identification documents. These YouTube clips and vlogs thus provide crucial information and guidance for trans audiences, and they may also increase the cisgender majority's understanding of and empathy for trans people and the challenges they face.

Tumblr especially, a formerly independent microblogging site, was long regarded as a quirky subcultural space because its queer- and trans-friendly features enabled more fluid, nonlinear, nonnormative, and ambiguous identity presentations. Tumblr has been praised for enabling new modes of trans self-representation and self-definition that challenge and resist the commodification and tokenizing of transnormative imagery and figures by mainstream media. For example, in response to Caitlyn Jenner's much-publicized coming out on the cover of *Vanity Fair* in July 2015, many young trans people took to Tumblr to (re) create, curate, and share their own cover art. Under the hashtag #MyVanityFairCover, users asserted that not every trans person has the financial means to access or desires to embody the white, cisnormative beauty standards promoted by Jenner's transition or to be neatly re-boxed into the gender binary. Instead, these subversive do-it-yourself covers portrayed a wide range of diverse trans people of different genders, sexualities, ethnicities, classes, abilities, and nationalities.

Discrimination, Harassment, and Surveillance Online

Despite these positive developments around community building, identity exploration, and knowledge sharing, the anonymity and transience of online spaces also leave trans people vulnerable to online harassment, trolling, and bullying. Several studies extensively document trans users' hostile experiences online, which can involve anything from transphobic slurs and deliberate misgendering to deadnaming and death threats. Such harassment is often worse for trans women and trans people of color, which speaks to the intersections of racism, sexism, homophobia, and transphobia. Oftentimes, trans users find social media platform policies and protocols ill-equipped to address such harassment and to provide protections from abusive users.

Many platforms have also been critiqued for the surveillance and monitoring of trans users. Most prominently, Facebook's enactment of an "authentic names" policy in 2014 resulted in the suspension of the accounts of many trans, drag, and indigenous users whose online names did not necessarily match their legal names. Despite Facebook's expansion to more than 50 custom gender options, analyses of Facebook's underlying codes and algorithms illustrate that user identities are still stored as binary data points, presumably because binary user data can be sold more profitably to advertisers and marketers.

Similarly, in the wake of the 2018 enactment of FOSTA (Fight Online Sex Trafficking Act) and SESTA (Stop Enabling Sex Traffickers Act), Tumblr announced that the site would no longer allow "adult" content, including sexually explicit material and (with some exceptions) nudity. In addition to driving away and censoring artists and sex workers, this policy change specifically affects trans users because Tumblr's algorithms are notorious for flagging transition-related content as "adult." Tumblr's fear of being held legally liable, paired with its parent corporation Automattic's drive to monetize user data and content for advertisers, effectively marginalizes and harms trans Tumblr users. As a result, many no longer see the platform as a welcoming space for queer and trans expression.

Activism

Because intersecting oppressions often place trans people at the margins of various social justice movements, social media have provided a crucial platform for trans people to have their own voices heard and organize for political and sociocultural change. Twitter, in particular, has become a key site for trans hashtag activism and movement building.

For example, the hashtag #GirlsLikeUs coined in 2012 by trans writer, director, and activist Janet Mock has created a significant following. Conversations by trans women of color who challenge their erasures, misrepresentations in popular discourse, and the ongoing violence they face have proliferated. Driven by her own experiences with transphobic remarks while she was transitioning, trans actress Laverne Cox specifically coined the hashtag #TransIsBeautiful to assert that all kinds of trans embodiments, practices, and identities are, indeed, beautiful, not just the ones who "pass" as gender conforming.

In addition to the #BlackLivesMatter and #GirlsLikeUs hashtags, which have brought attention to police brutality and anti-Black violence, #TransLivesMatter has become a rallying cry to combat the disproportionate murder rates of trans women of color. When CeCe McDonald, a Black trans woman, was charged with murder for killing her attacker during a racist and transphobic assault in Minneapolis in 2011, activists effectively garnered nationwide attention for her case by rallying around the hashtag #FreeCeCe. Paired with on-the-ground protests and direct-pressure tactics, the #FreeCeCe campaign effectively exposed news media's racialized and transphobic framing of the case and the state-sanctioned violence enacted against McDonald. The convergence of both on- and offline activism in the campaign resulted in a raised public consciousness about the disposability of the lives of trans women of color.

Many of these hashtags specifically seek to highlight and emphasize intersectional trans experiences as a means to confront the persistent harmful centering of cisgender whiteness in much LGBTQ and feminist organizing. Some also specifically dissect how the seemingly all-inclusive term *women of color* still renders invisible women who are not cisgender or who fall outside the black–white binary. Globally, annual vigils for the Transgender Day of Remembrance (TDOR) on November 20, which have been held since 1999, are now also extensively documented online with #TDOR. Similarly, celebrations of the International Day of Transgender Visibility on March 31 are archived under #TDOV, which showcases the accomplishments and survival of trans people worldwide. With the ongoing attacks on trans people and the rollback of many legal protections for LGBTQIA+ individuals more broadly, it remains to be seen whether trans activism spurred by historically excluded and marginalized voices may be able to use social media platforms for generating truly intersectional movement building.

Mia Fischer

See also Activism; Coming Out; Identity Development; Online Communities; Representations in Popular Culture; Transnormativity; YouTube

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Social Media Influencers

With the rise of social media platforms since the mid-2000s, the social media influencer has become a central figure in digital media production. While various terms have been used to describe these figures, including content creator, guru (particularly within beauty communities), and microcelebrity, for the purposes of this entry, the term *influencer* will be used to encompass a diverse range of individuals who have achieved a level of mainstream celebrity based primarily on their social media output (as opposed to working in more traditional media industries, such as film and television). Platforms commonly used by influencers include but are not limited to Instagram, Tumblr, Twitter, and YouTube. This entry focuses on two subsets of social media influencers, each of which exemplifies a different aspect of social media production. Trans beauty influencers are generally more invested in educating the broader public about their experiences, showing that trans people are just like everyone else. Meanwhile, trans activist influencers take advantage of low-cost social media platforms to raise awareness about diversity and social justice issues.

Existing research on social media influencers, focusing primarily on cisgender individuals, has examined the differences between influencers and traditional celebrities. These differences include their usage of social media platforms as their primary source of visibility; their reliance on self-taught, do-it-yourself (DIY) media production; and their more direct engagement with their audiences. Additionally, they are typically compensated through alternative funding models, including corporate sponsorships, ad revenue, and direct donations from audiences through platforms such as Patreon.

While many of these features are also applicable to trans social media influencers, little research has focused specifically on trans influencers' unique circumstances. Emerging research in this area has identified, for example, the ways in which trans video bloggers (vloggers) use their platforms to educate their viewers about their experiences. The following sections focus on two major groups of trans social media influencers—beauty influencers and activist influencers—to discuss how trans influencers use social media and how they appeal to both cis and trans audiences.

Beauty Influencers

The beauty community, which is primarily active on YouTube and Instagram, remains one of the longest standing and most prominent communities of social media influencers. Beauty influencers have had a significant impact on the mainstream cosmetics and fashion industries, including collaborations with cosmetics brands and launching their own successful cosmetics companies. While many high-profile beauty influencers are cis women and queer men, trans women have also become top beauty influencers.

Prominent trans beauty influencers include Gigi Gorgeous, Nikita Dragun, and Julie Vu. These women all began their YouTube channels pretransition, presenting as male but engaging in gender-nonconforming behaviors, such as wearing makeup and feminine clothing, before announcing their intentions to transition relatively early in their respective YouTube careers. Subsequently, many of their videos have focused on documenting their gender transitions, including their experiences with hormone replacement therapy and gender-affirming surgeries. Thus, in addition to producing beauty-related content, such as makeup tutorials, their videos also serve an educational purpose, both informing cis viewers about trans experiences as well as educating trans viewers about what to expect during transition. Notably, many successful trans beauty influencers conform to cis norms of female beauty and have undergone numerous cosmetic procedures, including facial feminization surgery and breast augmentation. It is likely that their popularity can be attributed at least in part to how well they pass as cis women.

While many trans social media influencers are famous for being openly trans and publicly discussing their experiences, others choose to keep their trans identity private. Nikkie de Jager, who began her YouTube channel NikkieTutorials in 2008, did not disclose her trans identity until 2020. By the time she came out, she had already amassed 12 million subscribers, making hers one of the top beauty channels at the time. Thus, de Jager's popularity is not predicated on being trans, but rather on other factors, such as her skill with makeup.

Activist Influencers

Although political activism is certainly no new phenomenon, social media have allowed for new ways for individuals to self-produce and distribute their own activist media at relatively low cost. Unlike trans beauty influencers, who may discuss trans politics but typically do not prioritize political activism in their media productions, another subset of influencers centers politically activist messaging in their social media production. These influencers use imagery, text, video, and other media to challenge normative beliefs about trans identity and social justice.

Some activist influencers primarily produce image and text posts on platforms such as Instagram and Twitter. These influencers include figures such as Alok Vaid-Menon (formerly of the South Asian American artist-activist duo DarkMatter), Chella Man, Aaron Philip, and Vivek Shraya, all of whom are known for their Instagram selfies. Unlike trans beauty influencers, who often conform to gendered beauty norms, these influencers instead challenge these norms and use their selfies to showcase alternative ideas of gender presentation. In addition to producing selfies, these influencers also work as artists, writers, performers, and models, parlaying their social media visibility into other fields of cultural production. Furthermore, as genderqueer people, people of color, and people with disabilities, these influencers address the intersections of transness with race, class, and disability.

Other influencers with more politically oriented goals work primarily on YouTube, such as Natalie Wynn (also known by her channel name ContraPoints) and Kat Blaque. These influencers have gained attention for their long-form videos where they discuss political issues surrounding trans identity, race, gender, and sexuality. Wynn, for example, first became known for her videos arguing against alt-right ideologies before she began her transition; her videos have since shifted focus to address issues such as transphobia and gender dysphoria. Thus, these influencers appeal to more politically minded audiences who are already invested in social justice, rather than those who are simply learning about trans experiences.

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See also Online Communities; Representations in Popular Culture; Social Media; YouTube

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Social Transition

Social transitioning refers to the changes a person makes in order to live socially in a way that matches their internal gender experience. Social transition is often, but not necessarily, the first step a trans person takes toward aligning their life experiences with their internal gender experience. This may take many forms, including but not limited to using a different name, using different pronouns, adjusting their physical appearance through the use of cosmetics and different clothing, using bathrooms that better match their gender, and legally changing their registered name and/or sex/gender on official documents. A person may decide to make one, some, or all of these changes during their social transition. Factors that may affect a person's decision to engage in social transitioning include but are not limited to concerns about physical safety, employment security, or lack of material resources. Age also may affect the timing of social transition. Social transition can take place at any point throughout the human life span and look very different

among prepubertal, adolescent, adult, and older adult populations. Notably, there is currently some controversy surrounding prepubertal children's social transitioning due to their young age. Practitioners and caretakers should familiarize themselves with different approaches to prepubertal social transitioning. Finally, because of the sociocultural nature of how gender is expressed and understood, social transitioning may vary among people of different cultures, socioeconomic classes, and disabilities. The present entry thus reviews social transition with particular attention to age and sociocultural considerations as factors that may affect the process.

The Social Transition Process

Social transitioning involves changes to the social aspect of one's gender expression. A trans individual may begin this process by formulating ideas about their transition goals. For some, this may mean adopting traditionally feminine or masculine pronouns, appearances, aesthetics, and social roles. For others, this may mean nonbinary and less traditional gender expressions. Some of these transition goals may be easier to realize than others. For instance, pronoun changes may require much less time in execution than growing out one's hair. Some of these transition goals may also come with significant financial burden, such as buying a new set of clothes, purchasing binders for chest binding, or purchasing penile prosthetics for packing penile contours. Some other transition goals may require learning new skills. For example, individuals may want to acquire specialized makeup skills in contouring to masculinize or feminize their faces through the use of cosmetics. They may also want to develop a new fashion and sense of aesthetic in order to present as feminine, masculine, gender neutral, or gender nonbinary. In addition, voice therapy may help individuals in attaining higher- or lower-pitched voices. For some individuals who have less traditional and more gender nonbinary transition goals, it may be difficult to find online or real-life resources because of the cultural dominance of the gender binary. Nevertheless, choosing one's social transitioning goals is generally a highly personal process and requires some time and deliberation for many people.

A significant part of the social transitioning process is risk assessment. Because social transitioning often, although not necessarily, increases one's visibility as a trans individual, assessment of physical safety is often warranted in environments that expose individuals to transphobic/queerphobic victimization. Individuals may wish to consult other trans individuals, trusted friends and family members, or community resources during the process of risk assessment. For example, checking local laws and regulations regarding pronoun use may help manage the risk of workplace victimization. As of 2019, using the wrong pronoun for an employee or denying them access to preferred bathroom facilities is punishable by law in New York State. Trans individuals who are planning or undergoing social transition may wish to seek out this type of information to ensure their safety during transition. Another strategy one may wish to use is to identify allies within their environment. Social transitions can be especially daunting in environments that are hostile or unsupportive of trans individuals. Having allies and advocates may help tremendously in the transitioning process. While many social transitioning goals may increase the visibility of one's trans identity, some goals are still attainable without necessarily disclosing one's trans identity. For example, in some communities, long and short hairstyles are becoming less stigmatizing for men and women, respectively. Thus, a trans person may wish to grow out their hair to better reflect their inner gender experience while still remaining in the closet about their trans identity in order to ensure safety. Finally, a trans person may implement different sets of transition goals in different contexts in response to different levels of risk. For example, while a trans man may cut his hair short, he may only use masculine pronouns with his family and close friends and use feminine pronouns at his more politically conservative workplace.

After setting their transition goals and assessing for their safety, a trans person may begin to implement their social transitioning plans. Because social transitioning often covers many different aspects of one's gender expression, it is often more of a gradual process than an instantaneous change. Furthermore, social transitioning is relatively reversible and flexible compared with other forms of transitioning, such as surgical and hormonal

transitions. A person may thus easily revise their transitioning goals multiple times throughout the process as they test out how each change feels. As they experiment with different ways of expressing their gender, individuals may find out more about their gender identities, which may in turn help with devising new transition goals. For example, a person who previously adopted traditionally feminine clothes may realize that they are not fully comfortable with this transitioning goal. After some contemplation, they may realize that their gender identity aligns more with a nonbinary conceptualization. In this way, social transitioning does not necessarily take a linear form. More often than not, it is a process of continuous experimentation, reevaluation, and implementation.

Developmental Stages

Social transitioning looks different for people at different developmental stages. Young children, adolescents, adults, and older adults have various levels of independence, interact with different social systems (e.g., schools, workplaces, and retirement homes), and have different gender roles to fulfill. Furthermore, generational shifts in the conceptualization of gender may also have an effect on the specific ways people choose to implement their social transition goals.

Prepubertal Children

Learning about different gender roles and their social connotations is a normative part of children's psychological and social development. For children who do not align with cisgender identities, this developmental task may be especially challenging. In addition to allowing children to explore their gender expressions and identities, family members and care providers may wish to provide additional support to help children navigate a wider repertoire of gender expressions. Age-appropriate materials may be presented to children to introduce them to the complexities of gender in an approachable manner. Care should be taken to avoid assumptions about children's gender identities, as adults may inadvertently presume a fixed trajectory for children's gender development, which may hinder children's free exploration of their gender experience and desired ways of gender expression. Affirmative caretakers and care providers should respect children's agency in experimenting with different gender expressions and hold a neutral position while avoiding making assumptions about young children's gender outcomes. For example, instead of saying, "We will support our child in taking estrogen when she reaches adolescence," family members may instead say, "We will love and support our child whether she continues to identify as a girl, returns to feeling like a boy, or adopts a nonbinary identity in the future."

Notably, there are some controversies surrounding prepubertal social transitioning. There are three main approaches to treating gender-nonconforming children: supporting social transitioning, discouraging transitioning, and the wait-and-see approach. Part of this controversy stems from findings that suggest not all trans-identifying prepubertal children may continue to identify as trans after puberty onset. As of 2020, no consensus has been formed among researchers or clinicians. However, it is clear that no one approach is appropriate for all children, and care providers are highly encouraged to familiarize themselves with these different approaches. Within a gender-affirmative framework, supporting children's gender explorations and social transitioning is believed to be supportive of children's identity formation process, minimize shame, and affirm their identity at the present moment. The overarching message a gender-affirmative clinician conveys is that children's exploration of their gender identity is normative, and whether they eventually identify as cisgender or trans in later life has no bearing on their intrinsic value.

Adolescents

As children advance into their teenage years, one of their main developmental tasks is to gain more independence as individuals. During this stage of life, teenagers often spend increasing amounts of time with their peers and friends and decreasing amounts of time with their parents. Nevertheless, while they may take their social lives more seriously than before, parents and family members continue to be a major source of support, both psychologically and financially. Family members and care providers should take care to respect

the increase in agency and autonomy among teenagers and help them develop their own social transitioning goals.

Social transitioning can take place in many forms during this period. First, puberty suppressants can prevent the development of secondary sex characteristics, thus lessening the severity of gender dysphoria. Because the decision to suppress puberty or not may have a significant impact on one's physical appearance, adolescents may adopt different clothing, makeup, and other cosmetic strategies to better express their gender identities. Second, puberty is a period of gender role intensification. Schools, friend groups, and other social environments often emphasize gender differences much more than during prepubertal childhood. Thus, social transition during this period may involve the teenager navigating a world where cisgender and binary identities are the norm. Because of teenagers' growing intellectual capacity, family members and care providers may wish to discuss the social reality of gender roles with the teenager. Finally, sexual initiation commonly happens during adolescence. Because sexual behavior is an important form of social communication, teenagers may adopt different strategies in negotiating their sexuality in a way that feels most aligned with their gender identity. For example, while penetrative and receptive sexual behaviors are associated respectively with masculinity and femininity in many cultures, trans adolescents with diverse genital physiologies may choose to engage in a wide range of sexual practices that may defy these gendered associations. Unfortunately, while sexual education varies greatly in quality depending on local regulations, most do not cover sexual practices among LGBTQIA+ individuals. Trans teenagers may not have access to accurate and affirmative sex education, and they are often tasked with exploring their sexualities alone. Thus, care providers and family members may wish to discuss sexual practices with trans adolescents while paying special attention to discussions surrounding the intersection between gender roles and sexual behaviors.

Adults

Adults have much more independence and autonomy compared with underage children. They are often, although not necessarily, financially independent and generally able to choose their own communities and friend groups. They are also able to undergo medical transitioning, including hormone and surgical procedures, if they so desire. However, because adulthood is the longest period of a person's life, social transitioning can look very different depending on the person. Care providers should pay close attention to each individual's specific circumstance and transition goals and work collaboratively with the person to best assist in their social transitioning.

One common worry among adults who are first coming to terms with their trans identity is that they may be "too old" to socially transition. Research consistently shows that social transitioning is a protective factor among adults against poorer mental health outcomes, such as depression, anxiety, suicidality, and substance use. Major trans health care organizations, such as the World Professional Association for Transgender Health (WPATH), officially recommend social transitioning as an important factor in promoting trans well-being. While taking safety issues into consideration, care providers should encourage social transitioning among adults.

Another common worry among socially transitioning adults is the potential impact on their existing relationships. While social transitioning affects interpersonal relationships at all age levels, adults may experience additional anxiety because of increased entanglement of these relationships with their lives. For example, an individual who wishes to begin living as a woman may worry about her wife and children's reactions. Care providers who work with trans adults are advised to take a collaborative and affirmative approach, empathizing with and validating these very real concerns about the social impact their transitions may bring. Some strategies may include rehearsing challenging conversations beforehand, providing psychoeducation on trans issues and the importance of social transitioning, and enlisting help from community resources and/or other trans individuals who have gone through similar processes. When reconciliation between social transitioning and preexisting interpersonal relationships is impossible, techniques such as radical acceptance, reassessing core values, and exploring gender authenticity may promote a sense of dignity, agency, and authenticity in the trans individual.

Older Adults

While research on older LGBTQ+ individuals has increased significantly in recent years, there is still a lack of understanding of the experiences of older adults who are first embarking on social transitioning. Nevertheless, studies show that some common worries shared by older trans individuals include fear of accessing health services, internalized stigma, victimization, and lack of social support. A major concern of older trans individuals is that disclosure of their trans identity will expose them to discrimination and thus limit their choices in access to care. While older trans individuals may have less control over their living situations, care providers should take care to promote a sense of agency, independence, and dignity.

As with adults, a common worry among older trans adults who are first coming to terms with their gender identities is that they may be "too old" to socially transition. They may also have less experience exploring what their gender identity means due to the more conservative political climate during their younger years. Thus, care providers may want to work on psychoeducation about what gender is, how to explore one's gender, and how to navigate diverse gender spectra while promoting a sense of control and confidence. Because access to care from families and/or old-age care facilities is a major concern for older trans folks, care providers may wish to help identify ways to ensure healthy and secured living after social transitioning. This may mean giving LGBTQIA+ competency training to family members or care facilities, identifying existing LGBTQIA+ competent care facilities, or developing social transition strategies that help inspire a sense of authenticity about one's gender while addressing realistic concerns about victimization.

Sociocultural Considerations

Different communities have different ways of understanding, expressing, and embodying gender. Many factors can impact the way one may wish to socially transition. Culture, class, and disability are just some of the factors that one must take into consideration when it comes to social transitioning.

Culture

A Muslim woman may wish to wear specific forms of headwear to honor her beliefs; a Chinese man may take on different ceremonial roles during family members' weddings and funerals; a Japanese nonbinary person man may wish to adopt a gender-neutral form of self-address in the Japanese language. Each of these gender practices challenges the way European cultures have traditionally performed binary gender. Furthermore, many cultures around the world have existing conceptualizations of trans identities, such as the Samoan *fa'afafine,* the South Asian *kinnar/hijra,* or the Mexican Zapotec *muxe*. When trans individuals of diverse cultural backgrounds who live in predominantly European societies begin their social transition, they are often tasked with navigating multiple identities, negotiating their gendered presence with multiple groups of people, and all the while striving to find communities and establish positive social ties for their own well-being. Addressing these multifaceted concerns requires the trans individual and their care provider to engage in difficult but necessary conversations about race, culture, and gender. If care providers do not share the same cultural identity with the trans individual, initiative should be taken to educate oneself on relevant gender conceptualizations and work collaboratively with the trans individual.

Class and Socioeconomic Status (SES)

As one of the most powerful predictors of multiple health outcomes, class and socioeconomic status (SES) are important factors to consider in the social transitioning process. A homeless trans individual who is first embarking on social transitioning will have a very different process compared to their middle-class counterpart. Some common obstacles faced by impoverished trans individuals include but are not limited to the expense associated with social transitioning (e.g., purchasing new clothes and cosmetic items), increased concerns about workplace victimization and income security, and medical insurance coverage. The social reality of poverty can significantly affect one's transition timeline. Thus, care providers should work from a collaborative and

advocacy perspective. Helping trans individuals identify affordable transitioning items (e.g., connecting with local trans exchange communities where people exchange their pretransition clothing with each other), community resources (e.g., LGBTQ+ centers, churches, or charities), and health care providers that take their insurance or work pro bono may be key strategies when assisting a poor trans person's social transition.

Disability

Trans individuals and individuals with disability share many obstacles in common. Many face pathologization, discrimination, asexualization, hypersexualization, institutionalization, and dehumanization. Individuals who identify as both trans and disabled may experience exacerbated and complex forms of these challenges. For example, many care providers speak only to family members, rather than addressing the trans and disabled individuals directly. Furthermore, many people disregard the sexuality of trans and disabled individuals, and when they do not, the sexual relationship tends to be characterized by fetishization. Finally, the diverse body realities that trans and disabled individuals inhabit may require flexibility and creativity in social transitioning tactics. For instance, whereas electrolysis body hair removal may be too painful or otherwise unviable for some individuals, cosmetic techniques may aid in concealing hair growth. Another example is when neither mastectomy nor binders are viable choices for an individual. Wearing multiple layers of clothing, sports compression wear, or loose clothing for a more gender-neutral aesthetic may be considered alternatives. In general, the intersection of these different experiences can sometimes feel isolating. It is important for a trans and disabled individual to find sources of community support from others who share their identities. Online communities, Pride events, and local LGBTQ+ centers may be good sources where these social connections may be made. Care providers should also consider taking on advocacy approaches in order to help make sure that trans and disabled individuals are receiving the proper quality of care from their medical providers.

Conclusion

Social transition is an important part of a trans individual's transition process. Because it is often more reversible than other forms of transitions, individuals may use social transitions as a way to continuously explore, embody, and perform their genders. Social transitions can look very different across different ages, cultures, socioeconomic classes, and disabilities. Family members, caretakers, and service providers should take these considerations into account when providing support for trans individuals as they go through social transitions.

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See also Affirmative Therapy; Binding; Gender Expression; Gender Functions; Gender Pronouns; Intersectionality in Research; Physical Disabilities, People With; Voice Training

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Sororities and Fraternities

Social fraternities and sororities, which were originally established exclusively for "men" and "women," are private clubs that have the constitutional right to discriminate on the basis of sex. Trans members have historically struggled to navigate membership in fraternal organizations. In recent years, a growing number of fraternal organizations have revised their membership requirements to expressly allow trans individuals to become and remain members.

Before the Conversation

Before 2008, few fraternal organizations had policies addressing the membership eligibility of trans individuals. Even fewer had the tools to approach the topic. As a result, chapters and members had to navigate the issue on their own.

Some members who transitioned continued to be accepted by their chapters, while others limited their involvement after graduation, fearing a revocation of their membership. Some individuals remained actively involved from a distance under their dead (legal) names. Others notified their chapter of their transition, resulting in the loss of their membership. These less-than-ideal "solutions" became a catalyst for the necessary discussions about trans membership within the fraternal community.

LGBTQ+ Fraternal Organizations

Because of the uncertain climate for trans individuals (and LGBTQ+ individuals generally) within fraternal organizations in the late 1900s and early 2000s, many LGBTQ+ students sought the benefits of the fraternal experience by forming their own groups, including the following:

Alpha Lambda Tau, founded in 1999 for gay, straight, bisexual, and trans men.

Delta Lambda Phi, founded in 1986 for gay, bisexual, and progressive men; trans men were expressly included in November 2011.

Gamma Rho Lambda, founded in 2003 for gay, straight, bisexual, and trans women; membership was later opened to trans and gender-nonconforming individuals.

Omicron Epsilon Pi, founded in 2000 for lesbian women, with an emphasis on women of color.

Phi Tau Mu, founded in 2004 for transmasculine-identified students.

Sigma Phi Beta, founded in 2003 for gay, straight, bisexual, and trans men in college; the organization clarified in 2006 that a change in gender identity or expression would not affect an individual's membership.

Even with the growth of LGBTQ+-centered organizations, however, trans students still sought membership in other fraternal organizations. For these individuals, 2008 was a watershed year in moving the fraternal community forward on the topic of trans membership because of Sarah Fielding and Jessica Pettitt, who authored *Beginning the Conversation*, a fraternity and sorority trans resource guide.

Starting the Conversation

In the 2010s, trans membership gained additional attention because of increased dialogue between chapters and inter/national organizations. Specifically, questions arose as to whether sororities and fraternities were prevented from admitting trans members under Title IX of the Education Amendments of 1972. Research confirmed that Title IX does not place any requirements on the sex of their members.

Instead, as private clubs, social fraternal organizations have the right to determine their own membership criteria. As established by the U.S. Supreme Court in a series of decisions, this ability derives from the right to peaceably assemble under the First Amendment of the U.S. Constitution. Congress did not disturb this constitutional foundation when enacting Title IX. Title IX prohibits educational institutions that receive federal funding from discriminating on the basis of sex in their educational programs and activities. Thus, an institution cannot have sex-based inequalities in admissions and financial aid, as well as unequal access to curricula, student groups, and athletics. However, they are permitted

to recognize fraternities and sororities, if they choose, without violating Title IX.

Clarifying Eligibility

Understanding that Title IX does not restrict their membership or affect their ability to be recognized by colleges and universities, some national fraternal organizations developed and announced policies on trans membership. Others privately enacted such policies. Some organizations determined that a member who transitions is still a member because they have not violated any existing policies or constitutional provisions. Most organizations have not yet taken action on trans membership.

In the late 2000s and 2010s, more than 35 national fraternal organizations addressed trans membership in some way. Most defined eligibility to include all students who "identify" or "consistently live and identify" as a "man" or "woman." Some policies require providing legal documentation to be eligible for membership. All policies address eligibility requirements for potential new members, but many remain silent as to whether members who transition will retain their membership.

Eligibility of Nonbinary Individuals

Fraternal organizations are premised on a gender binary, in that they expressly exist as "men's" or "women's" organizations. Even the groups that have enacted a trans membership policy still require students to identify as either a "man" or "woman." Nonbinary individuals, therefore, would not be eligible to join even groups that expressly allow trans members.

One organization, Delta Phi Epsilon, has defined eligibility to include cis and trans women, as well nonbinary and gender-nonconforming individuals "who are committed to the advancement of womanhood." Their policy recognizes how including binary and nonbinary trans individuals is consistent with the organization's founding principles.

Moving Forward

Membership in a fraternal organization can provide vital affirmation and empowerment and serve as an important source of validation for trans students and their gender identities as they navigate a cisnormative world. Hundreds of chapters across the United States have created a space for trans individuals, and this number is expected to grow, as more students come out as trans and seek a place within the fraternal community.

Stevie V. Tran

See also Campus Policies/Campus Climate; College Undergraduate Students; Gender Identity Discrimination as Sex Discrimination

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South Asian Trans People

While use of the term *trans* in South Asia can be traced back no more than two decades, gender-variant communities have existed in the region for centuries. Following its use by transnational HIV/AIDS developmental funding programs in the 2000s, *trans* (expressed and institutionalized more often as *transgender* in South Asia) was adopted as an umbrella term by local communities and social

movements. This expansion of the term produces some conflicts between universalizing conceptions of trans identities and regional/local gender-sexual configurations and knowledges.

Contextualizing Regional Trans Formations

The use of the term *transgender* in South Asia has been prevalent since the early 2000s in its more popular form "TG" and was associated primarily with culturally recognized and historically documented *hijra* (India and Bangladesh), *meti* (Nepal), and *khwaja sira* (Pakistan) communities. There are further regional variations; hijras are also known as *kinnars* in North India, *shivshaktis* in Andhra Pradesh, *aravanis* in Tamil Nadu, and *jogtas* in Maharashtra. These communities comprise male-assigned, feminine-identified people who form distinct kinship networks/clans and perform ritualized blessings during weddings and childbirths or are pushed into sex work and begging. Under British colonial rule, these communities were collectively designated as "eunuchs," conflating hijras and intersex people, and included under the so-called Criminal Tribes Act of 1879, which categorized and persecuted some minoritized groups as habitual criminals. This legacy lives on today in the criminalization of begging and sex work, as well as the surveillance of gender-variant individuals, especially working-class and oppressed-caste people.

Historically, these communities have been constructed as a native "third gender" and have sought recognition as such. In 2007, the Supreme Court of Nepal granted fundamental human rights to gender-variant people by establishing *third gender* as a legal category alongside "male" and "female," and the term *third gender* was included on the Nepal Census in 2020. Similarly, legal recognition was granted in 2009 to khwaja siras in Pakistan and in 2013 and 2014 to hijra communities in Bangladesh and India, respectively. While considered a welcome development by many, it nevertheless forced hijras and other gender-variant people to classify themselves as "others" who are compulsorily outside the male/female rubric, and in the case of Bangladesh, "third gender" came to be coded as a disability pertaining to innate genital difference. At the same time, the courts in Nepal and India accepted people's self-definition of their gender identity.

Scalar Encounters: MSM, Trans, and HIV/AIDS Funding

Since the mid-2000s, *trans* has come to signify a broader term encompassing myriad gender-nonconforming identities and embodiments in South Asia. This more expansive iteration of the term occurred through transnational HIV/AIDS prevention programs targeting high-risk men who have sex with men (MSM)—a neologism devised for men who have same-sex relations but who cannot be categorized as "gay" or "homosexual." However, local and regional agencies included not just MSM but also effeminate male-assigned individuals, *kothis,* as part of their outreach. These networks of feminine-identified, male-assigned people were already in existence prior to the moment of "global queering" in South Asia but now gained institutional traction within the epidemiological taxonomy and political economy of "MSM."

The proliferation of "transgender" in HIV/AIDS interventions beginning in the mid-2000s resulted from the United Nations Development Programme's funding guidelines that sought to separate sexual orientation from gender identity. As a result, myriad feminine gender-nonconforming groups, such as hijra, kothi, and *dhurani,* were subsumed under the umbrella term *transgender,* which became the universalizing, hegemonic term to denote gender variance in South Asia. The use of *transgender* has bestowed legibility to the multitude of gender-nonconforming communities, but it has also minimized them as mere "local" variations.

Centering Trans Men

In addition to subordinating extant gender/sexual formations and terminology within the scalar hierarchy of transnational, national, and local, "transgender" in South Asia has also relegated trans men to an afterthought. Although regional terms for trans men such as *thirunambigal* (Tamil Nadu), *gandabasaka* (Karnataka), and *bhaiya* (North India) have been in circulation, many trans men's networks in India until the mid-2000s were primarily embedded in community-based groups that focused on lesbians, bisexuals, and trans men (LBT), with the exception of Sampoorna (a group dedicated to trans and intersex people). In response

to the nearly exclusive focus on gay men, hijra, and transfeminine people within HIV/AIDS prevention programs and in the broader urban LGBTQ+ social movement, these LBT groups maintained their commitment to lesbians, bisexual women, and FTM (female-to-male) people—seeing them as existing within a continuum of gender expressions among persons assigned gender female at birth (PAGFAB). This terminology had a mixed reception among trans men in India, with some finding it a biologically deterministic framework that counterproductively tethered trans masculinity to femaleness and others regarding it as an accurate descriptor of their gender transition. In the wake of the court verdicts recognizing "third gender," trans men in India, Bangladesh, Pakistan, and Nepal sought legal affirmation and rights alongside hijras, khwaja siras, and metis within the ambit of "transgender." In India and Nepal, trans men's networks and groups have flourished since, yielding a stronger and more organized transmasculine voice that is no longer collapsible into "LBT."

Trans Legislation

In 2016, the push for trans civil rights led the Indian government to table a bill with the double-speak title, "The Transgender Persons (Protection of Rights) Bill." This bill undid the right to self-define one's gender identity as ruled by the Supreme Court of India in 2014 and instituted District Screening Committees that would ratify applicants' gender identity. The bill also failed to provide any protections against discrimination and effectively criminalized the most vulnerable hijra livelihoods (begging and sex work), as well as their kinship networks. Despite stiff and widespread opposition to the bill by multiple trans organizations and individuals, it was passed in 2019. Thus, while trans rights have come a long way in South Asia, and there is tremendous diversity in governmental approaches, the increased visibility and legislative uptake of trans people's condition have not necessarily meant liberation or empowerment.

Rushaan Kumar

See also Geographies; Hijras; Third and Fourth Gender Roles; Transgender as a Term

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STAR

STAR (Street Transvestite Action Revolutionaries) was a multiracial trans liberation group organized in 1970 by Sylvia Rivera and Marsha P. Johnson within the Gay Liberation Front (GLF) of New York. Street transvestites, as the founders referred to themselves, helped create the gay liberation movement, attending GLF meetings, marching, and finding common cause with Gay Youth led by activist Mark Segal. They fought on behalf of those rendered vulnerable due to trans identity, youth, sexuality, race, ethnicity, and poverty. STAR also established a shelter for gender-variant youth who often found themselves homeless or otherwise without support.

STAR's militant outlook was shaped by childhood motifs of community, family, and identity. Rivera, then 12, met Johnson, then 17, panhandling on Manhattan's 42nd Street. In flophouses, high or sober, street transvestites talked politics and discussed their inherent rights as human beings. They experienced homelessness, family rejection, police confrontation, risk of imprisonment, racism, and violence. Trans activists were allies of androgynous street kids who participated in the 1969 Stonewall Riots, as did Johnson.

GLF activist Bob Kohler recalled that Johnson, an African American "street queen," was a force

unto herself. Rivera's Puerto Rican and Venezuelan background sharpened her acute awareness of discrimination and oppression. Trans activists created STAR because they were used, but not always respected, by other gay liberationists.

STAR's platform addressed prison abuse, an inimical legal and mental health system, and discrimination. It insisted on self-determination; the right to "be gay, anytime, anyplace . . . free physiological change and modification of sex on demand"; and freedom of dress and adornment. STAR opposed "job discrimination against transvestites of both sexes and gay street people" as well as exploitation by doctors and psychiatrists. The platform called for "free education, health care, clothing, food, transportation, and housing" and a "full voice in the struggle for liberation of all oppressed people." Equally telling was the proposition to end "exploitation and discrimination against transvestites within the homosexual world" (quoted in Jay & Young, 1992, p. 364).

STAR picketed with GLF and Gay Activists Alliance (GAA), publicized inmate mistreatment in prisons and mental institutions, and helped create the Gay Community Prison Committee. As many as 30 people regularly attended STAR meetings. Rivera was president and Johnson vice president. Outreach included articles, newspaper listings, flyers, demonstrations, conferences, gay liberation meetings, and word of mouth.

Homeless trans activists resolved to create a trans shelter after the gay liberation occupation and eviction from New York University's Weinstein dormitory. They founded STAR House on the Lower East Side of Manhattan. A STAR member known as Bubbles negotiated $200 rent with a gay Village mafioso. STAR House sheltered a rotating community of 15 to 25 young gender-nonconforming youth with their apparel crammed into four rooms.

Political posters (e.g., "Free All Political Prisoners" and "Free Angela Davis") adorned the walls. A scarlet STAR banner, hoisted at marches, sat folded. Residents included Rivera, Johnson, Bubbles Rose Lee, Andorra, Bambi L'Amour, Miss Pixie, Black Bobbie, Pookie (a drug-dealing security guard), and Pearlie May. They were guarded by the sanctity of colorful saints. Martha, protectress of transformation, shielded them from discovery and harm. They relied upon sex work and food "liberated" from the supermarket. Although potentially lethal, a combination of methadone and liquor was their cocktail of choice. Johnson was determined to break the cycle of drug use and homelessness via education.

From 1970 to 1973, STAR engaged in confrontational activism. Trans activists participated in gay liberation demonstrations, the Black Panther's People's Revolutionary Congress, and a Young Lords march. STAR members in numerous public protests reportedly chanted, "Go Left! Go Gay! Go Pick Up the Gun!" as did others, including the anti–Vietnam War Gay May Day Tribe.

Rivera and her close friend Bebe Scarpi, active in the Queens Liberation Front, attended city hall hearings on gay rights bill Intro 475 sponsored by the GAA. During her testimony, Scarpi quoted Jefferson's words inscribed on the ceiling, "Equal and exact justice to all men of whatever state or persuasion." Intro 475 failed; protests ensued. Rivera, high on "speedballs" after a night of hustling, kicked off her heels, braced herself with a swig of alcohol, and scaled city hall to cheers and chants. Climbing and praying, she reached a narrow ledge. The police exhorted her to jump and avoid arrest. She was jailed.

A maelstrom of ideological disagreement, personal demons, and ongoing hardship proved overwhelming to Rivera. The June 1973 Christopher Street Liberation Day March exposed deep ideological rifts based upon identity politics. The National Gay Task Force advocated an assimilationist path of incremental civil rights. Lesbians fighting sexism condemned drag and began to espouse separatism. The march organizers attempted to ensure harmony, but the plan backfired. Rivera—wearing the jumpsuit of deceased close friend June Bartel and fueled by alcohol and journalist Arthur Bell's hotheaded exhortation—stormed the stage at the Washington Square Park rally.

Rivera admonished the restive crowd to quiet down. Met by jeers, her voice rang out, demanding to know if they had been beaten up, raped, and jailed—as she had. She explained that trans women struggling to transition wrote STAR. She decried a society and prison system in which she had been raped by straight-identified men. She asserted the rights of forgotten gender-variant street youth. Her voice breaking, she called for "Gay Power."

Broken-hearted, Rivera retreated from the movement. Johnson, adorned in flower power finery, persevered, but without Rivera's raw rage and deft leadership skills, STAR faltered. Gay and trans liberation groups that had endeavored to end institutional oppression and overthrow the system gave way to organizations intent on winning gay rights. Even after STAR's disbandment and the subsequent death of its two leaders, it continues to inspire scholars, filmmakers, and transgender activists.

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See also Johnson, Marsha P.; LGBTQ Movement, Trans Inclusion In/Exclusion From; Rivera, Sylvia; Stonewall Riots

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STEALTH

Stealth is a term describing trans-identified people who do not disclose their trans status, so that most or all of the people in their lives do not know they are trans. Going stealth is related to passing—when a trans person's gender identity is properly recognized by others—particularly since both practices typically entail compliance with dominant gender norms. Yet while passing can be unintentional or sporadic, stealth usually connotes a deliberate and thorough practice. We might also relate stealth to the notion of being closeted. This entry shows how medical and legal regulations specific to trans populations, along with the roles that race and class play in gender norms, help distinguish going stealth from the more general concept of being closeted and position stealth as a regulatory practice in itself.

Although medical standards did not create the concept of passing or going stealth, the development of a formal diagnosis and treatment plan for trans people strongly reinforced such practices. Medical providers used these diagnostic guidelines, which were codified in the *Standards of Care* first published in 1979, as criteria for treating trans patients. In turn, trans people who sought medical care had to meet the criteria in order to be considered viable candidates for medical transition, including approved access to hormones and surgery. One significant benchmark was known as "real-life experience" or the "real-life test," which specified that before being allowed to medically transition, a trans person must demonstrate that they could maintain employment, healthy social interactions, and all other aspects of daily life in the gender role they wished to transition to. Such medical requirements contributed to wider perceptions that trans people wanted—and should work toward—a definitive break between their pretransition and posttransition lives.

The real-life test had several broad effects. It put many trans people at great risk by demanding adherence to strict gender roles while neither allowing medical transition nor intervening to counter the systemic discrimination and violence against gender-nonconforming people. It relied on individual medical providers' own views of what successful femininity and masculinity looked like, views that frequently both depended on and reinforced stereotypical binary gender norms. And it conveyed that successful trans people were those who were willing and able to completely erase their gendered pasts and conceal their trans status in order to pass as cisgender in every instance.

In its 2011 revision, the *Standards of Care* stopped specifying particular criteria for a real-life experience. But the requirement's effects had already moved well beyond the medical context. For example, many media representations, including trans autobiographies, have echoed the idea of making a clean break from one's previous

gendered life and have valorized the ability to avoid being perceived as trans. At the same time, part of the broader cultural investment in going stealth is the related notion that one's trans status will eventually be detected. Many film and television representations, for instance, dramatically reveal a character as trans; the shock and spectacle of these narratives bolster common beliefs that trans people are hiding something that can eventually be discovered.

Many trans people have limited access to formal health care, and many engage medical transition through informal or less regulated avenues. Thus, the medical industry's standards are only one possible factor in the decision to go stealth. It can also be a strategic response to widespread violence and discrimination. In this sense, the complete concealment of one's trans status may be, or be perceived as, necessary to gain employment or prevent being fired, to secure housing, to avoid violence or harassment, or to maintain personal or professional relationships.

The ability to live stealth is unevenly distributed. In the most basic sense, it can entail the challenge of rewriting of one's personal history. This may be the case, for instance, for trans men who attended women's colleges or participated in certain gendered sports, or for trans women who held gendered roles in the workforce or military service. Living stealth also depends heavily on one's ability to be perceived by others as cisgender, which is frequently aided by access to medical care and to wealth. In some cases, ensuring that one's past gendered life is effectively erased may require moving to a new location and starting over with a new job—actions that are often more available to those with formal education, financial stability, and no criminal record, among other privileges.

Moreover, the ability to pass without question generally requires adherence to gendered norms that encompass other aspects of our lives, such as race, class, and sexuality. Dominant norms of masculinity and femininity are based on standards of whiteness, wealth, and heterosexuality. This would include physical appearance (including hairstyle, height, and body size and shape) as well as behavioral norms such as how we walk, shake hands, speak, and interact with others. To be recognized by medical providers, employers, landlords, social service providers, and others as "properly" feminine or masculine means complying with racialized and classed standards for those categories. Additionally, in a social context structured by binary gender norms, going stealth is rarely an available option for those whose gender identity departs from those norms.

While recognizing its strategic benefits for some individuals, then, many trans scholars and activists have also critiqued the practice of going stealth. Stealth is a difficult and often impossible status for many trans people to achieve. It can demand that trans people adhere even more closely to normative gender roles than cisgender people do. And it can reinforce medical, legal, and social understandings of gender as a straightforward, rigidly enforced binary system, which in turn disciplines all gendered subjects.

Toby Beauchamp

See also Coming Out; Gatekeeping in the Transition Process; Gender Binaries; Policing of Trans Bodies; Social Transition; Therapy/Therapist Bias; Transnormativity

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Stonewall Riots

The Stonewall Riots, a series of New York City protests with significant trans participation, began in the early morning hours of June 28, 1969. The riots erupted after police raided the Stonewall Inn, a popular gay bar with clientele that included cross-dressers, drag queens, street queens, transvestites, and transsexuals. During the uprising, which lasted until July 3, thousands of trans, cis, lesbian, gay,

bisexual, queer, and straight people fought back against police persecution, business exploitation, and social condemnation. In the aftermath of the riots, the LGBT movement mobilized, diversified, and radicalized. In subsequent years, the rebellion was commemorated around the world with pride marches and parades. The riots are generally understood as a turning point in LGBTQIA+ history and an iconic moment in struggles for gender and sexual justice.

Before Stonewall

The Stonewall Inn, founded in the 1930s, was located at 51–53 Christopher Street in Greenwich Village. The Village, a lower Manhattan neighborhood, was home to a large number of immigrants, workers, artists, bohemians, leftists, and LGBTQIA+ people. The Stonewall did not have a queer or trans reputation until 1967, when four men with organized crime affiliations, at least one of whom was gay, transformed it into a gay bar. In this period, gay bar guides listed more than a hundred LGBT-oriented businesses in New York City. Although the guides did not generally describe the Stonewall as a drag bar, many trans people frequented the bar, and many gay, lesbian, and bisexual people transgressed dominant gender norms. Most of the Stonewall's patrons were probably white and middle or working class, but African Americans and Puerto Ricans also frequented the bar, and some patrons were poor and/or homeless.

There are multiple theories about why the police raided the Stonewall. Police raids on gay bars were common in this period, and local authorities often targeted those they associated with illicit sexual activity or cross-gender expression. Bar owners and managers commonly paid off the police to avoid harassment and closure, but sometimes the corrupt arrangements broke down, especially when police demanded higher payments. Some accounts indicate that the raid occurred because the Stonewall was violating liquor licensing laws or endangering public health. Others suggest that it happened in the context of investigations into police corruption, sex work, sex with minors, or blackmailing conspiracies. The timing also coincided with a mayoral election campaign; public officials often used anti-vice crackdowns to strengthen their appeals to voters. On a national scale, the election of Richard Nixon to the U.S. presidency in November 1968 and his inauguration in January 1969 likely emboldened the police, many of whom welcomed his "law and order" politics, rejection of liberal reform, and support for traditional moral values.

The Riots

Regardless of the reasons for the raid, the Stonewall's patrons responded with campy courage and forceful fury. When the raid began on Saturday morning, there were approximately 200 people in the bar. As was often the case in gay bar raids, the police singled out individuals who transgressed gender norms or engaged in public displays of affection; they also targeted sex workers, people of color, immigrants, bar employees, and people who challenged their authority. The police ordered most of the patrons to exit the bar, but instead of dispersing, the latter formed the core of an unruly crowd that gathered on the streets and sidewalks nearby. When the police subsequently attempted to leave the Stonewall with several people in their custody, the multiracial crowd erupted, throwing coins, stones, bricks, cans, bottles, and other objects at the police and bar.

There are conflicting accounts of who first fought back against the police. Some point to Stormé DeLarverie, variously identified as mixed race, African American, lesbian, and trans. Some single out other trans and genderqueer people, including Jackie Hormona (European American), Zazu Nova (African American), and Miss Major Griffin-Gracy (African American). Two gay transvestites, Marsha P. Johnson (African American) and Sylvia Rivera (Puerto Rican and Venezuelan), are often credited with initiating the riots, but although they definitely participated in subsequent developments, they likely were not there when the uprising began.

Regardless of who fought back first, multiple sources highlight the defiant resistance of trans people, street youth, sex workers, and people of color. Soon after the crowd erupted, the police retreated inside the bar, which several protesters unsuccessfully tried to light on fire. The police escaped after reinforcements arrived, but over the next several hours, they battled the protesters for

control of the nearby streets. Renewed battles erupted on Saturday night, smaller skirmishes occurred on the next 3 nights, and a final night of intense conflicts exploded on Wednesday night (July 2–3). More than 20 people were arrested over 6 days, several people were seriously injured, and there was extensive property damage inside and outside the Stonewall. In the months and years that followed, Stonewall was celebrated and commemorated for contributing greatly to the growth and success of the LGBT movement.

Historical Frameworks

Historians have used several frameworks for interpreting the Stonewall Riots. First, there is the notion that the riots built on the growth of the LGBT movement in the 1950s and 1960s and the rise of LGBT militancy in the late 1960s. By 1969, the LGBT movement could point to two decades of important achievements and a 5-year wave of direct action protests. Some homophile demonstrations marginalized transgressive gender expression, but others foregrounded trans empowerment. In 1965, for example, activists conducted two sit-ins at Philadelphia's Dewey's restaurant to protest denials of service to gay, lesbian, and trans patrons. In 1966, trans people demonstrated and rioted after they were mistreated at San Francisco's Compton's Cafeteria. A short time later, trans activists, sex workers, and homeless youth in San Francisco participated in a "Sweep-In" to highlight conditions on the streets. In 1967, Sir Lady Java, an African American trans woman, organized a protest at the Redd Foxx Club in Los Angeles after her employment as an entertainer there was discontinued. The Stonewall Riots thus can be interpreted as the culmination of two decades of LGBT activism and 5 years of LGBT radicalization.

Second, the Stonewall rebellion can be viewed as an outgrowth of more than a century of bar-based resistance practices that LGBTQIA+ people had used to challenge oppression. As well-known sites of congregation for gender and sexual "deviants," gay bars had long been vulnerable to harassment and violence by hostile outsiders and state authorities, who often targeted trans and genderqueer people. Resistance took many forms, some of which included physical and verbal confrontations with the police. Some pre-Stonewall commentators had predicted that it was only a matter of time before LGBT people followed the lead of other oppressed communities in rioting against police persecution. Police raids on three Los Angeles gay bars (the Black Cat and New Faces in 1967 and the Patch in 1968) led to major demonstrations, the largest of which included several hundred protesters. From this perspective, the Stonewall Riots can be understood as extending a long tradition of LGBT bar-based resistance practices.

Third, the Stonewall uprising can be situated in the context of social movement radicalization and the influences of antiwar, Black Power, countercultural, and women's liberation activism on LGBT communities. In the years leading up to the Stonewall Riots, mass mobilizations against the Vietnam War had radicalized many Americans. The Black Power movement had challenged the ideologies and strategies of the civil rights movement. Countercultural activism had critiqued dominant norms related to gender, sexuality, and the body. Women's liberationists had challenged liberal feminism and revolutionized the struggle against gender oppression. LGBT activists participated in these and other movements, absorbed their messages and meanings, and applied them to the situations they faced. In particular, LGBT people were influenced by the Watts rebellion of 1965, when African Americans in Los Angeles rose up against the police, and the eruption of multiple urban riots in 1966, 1967, and 1968. From this perspective, the Stonewall Riots can be interpreted as an important episode in the larger history of movement radicalization and urban protest in the late 1960s.

Fourth, historians have interpreted the Stonewall rebellion by making use of a contested sociological theory, often associated with the work of political scientist James Davies, about why political uprisings happen when they do. According to Davies, riots and revolutions frequently occur when a long period of improving social conditions is followed by rapid reversals; the resulting gap between rising hopes and dashed expectations can create revolutionary situations. This theory can be applied to LGBT history in the 1960s. In the pre-Stonewall era, LGBT social conditions had improved. The U.S. Supreme Court ruled against postal censorship of several gay-oriented publications. Illinois

and Connecticut repealed their sodomy laws. California, New York, and New Jersey courts granted limited victories to gay bars. New York City officials promised to suspend the use of sexual entrapment practices by the police. Los Angeles police agreed to stop enforcing its ban on cross-gender impersonation by entertainers.

In the months leading up to the Stonewall Riots, however, conditions took a turn for the worse. Nixon's election was ominous for communities that had benefited from liberal reforms but were vulnerable to police persecution. New York's mayor, generally seen as more gay-friendly than his political opponents, lost the Republican primary in his bid for reelection. *Drum,* the country's most popular gay movement magazine and a supporter of trans rights, was forced to cease publication after raids on related pornography businesses. In California, two gay men were killed by police and another man died after he was beaten by police in a public bathroom. Trans people, people of color, and poor people had reasons to fear that they would be increasingly vulnerable to police violence and state repression in the Nixon era. These and other factors aligned with the Davies theory may have contributed to the Stonewall Riots.

After Stonewall

In 1969, news about the riots spread through various types of communication networks. Media reports, when used alongside oral histories, can be helpful for thinking about trans participation in the rebellion. Some of the earliest stories in New York's mainstream press described the rioters as "homosexuals," but a week later, they also began depicting them as "gays," "fags," "fems," "girls," "nellies," and "queens." Alternative papers such as the *Village Voice* used many of the same terms but also referenced "fairies," "swishes," "dykes," "queers," and "sex changes." Confounding the notion of clear sexual boundaries, the author of a first-person account in the *East Village Other* described himself as neither gay nor straight.

Further confounding common expectations, two trans periodicals, the *Erickson Educational Foundation Newsletter* and *Transvestia,* did not cover the riots, but the gay-oriented *Mattachine Society of New York Newsletter* highlighted the roles of "sissies," "swishes," "drags," and "queens" in the uprising. Adding to the complications of interpretation is the fact that the words and concepts of 1969 do not always align with later words and concepts. In Stonewall's aftermath, for example, Sylvia Rivera and Marsha P. Johnson founded Street Transvestites for Gay Power, suggesting that they identified as gay and trans. More generally, homosexuality was commonly associated with gender inversion in this period, meaning that many references to "homosexuals" were understood to include trans people.

Debates and discussions about trans participation in the Stonewall Riots continued in subsequent years, especially in the annual pride commemorations that began in 1970. In some contexts, trans people were represented and recognized; in others, they were marginalized and excluded. Conflicts about this have often served as proxies for larger debates about LGBTQIA+ politics. These discussions also have influenced ongoing processes that construct and reconstruct boundaries, alliances, and coalitions within and beyond LGBTQIA+ communities. With so much at stake in these conversations, many have found it challenging to strike the right balance so that the roles of trans people in the Stonewall Riots are neither erased nor exaggerated.

After the Stonewall uprising, trans people participated actively in the growth and development of the gay liberation, lesbian feminism, trans liberation, and LGBTQIA+ movements. Although their contributions to the Stonewall Riots have not always been sufficiently acknowledged, trans people have forcefully argued for their recognition. They did so in 2013, when U.S. President Barack Obama declared in his 2013 inaugural address that "we, the people, declare today that the most evident of truths—that all of us are created equal—is the star that guides us still, just as it guided our forebears through Seneca Falls, and Selma, and Stonewall." They continue to do so in the aftermath of Obama's 2016 official designation of the Stonewall National Monument at the site of the 1969 Christopher Street riots.

Marc Stein

See also Compton's Cafeteria Riot; Cooper Do-nuts Riot; Johnson, Marsha P.; Rivera, Sylvia

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Substance Use

Trans people experience a high rate of substance abuse and dependence, which includes alcohol, tobacco, marijuana, other illicit drugs, and nonmedical prescription drug misuse. It is difficult to know the exact prevalence of substance use among trans people, as much of the data gathered from LGBTQ populations do not effectively separate out trans people. It is clear, however, that trans people experience very high rates of substance abuse and dependence—two to three times the rate of cisgender (cis) people. Disparities in substance use by gender identity are found as early as adolescence and across racial and ethnic groups.

Substance Use and Misuse

The 2015 U.S. Transgender Survey reported high rates of substance use among survey respondents. One quarter reported marijuana use in the past month. Seven percent reported using prescription drugs inappropriately, and 29% reported that they had used illicit drugs at some point in their lifetime. All of these types of substance use were substantially higher than have been reported in the general population, and use was highest in those individuals who reported working in the underground economy. Binge drinking, heavy drinking, and tobacco use were also reported more frequently than in the general population, particularly in those who reported underground work.

Not all substance use is the same. Many individuals use substances for recreation or for coping in ways that are not necessarily problematic. This is true both for legally available substances, such as alcohol and cigarettes, and for marijuana and illicit drugs. Substance use is considered problematic when it interferes with activities of daily life and relationships. From a diagnostic perspective, individuals are considered to have a substance use disorder if they have at least three concerns related to substance use—including experiencing withdrawal, cravings, and spending a lot of time using or recovering from a substance. A person does not have to have a diagnosed substance use disorder for their use to cause problems in their day-to-day lives. Trans individuals have elevated rates of substance use disorders as well as general substance use.

Gender Minority Stress and Substance Use

The increased risk of substance abuse and other forms of self-harm among trans people are not thought to reflect any inherent risks associated with being transgender but rather the difficulty of being transgender in a society that is often neither accepting nor affirming. Across both personal and professional domains, transgender people are exposed to many kinds of discrimination and stress, which may have a negative effect on health outcomes. The minority stress model is often used to explain how discrimination affects the health of minority populations, such as transgender people.

The gender minority stress model acknowledges that trans and gender-diverse individuals are at risk of experiencing acts of discrimination and rejection, such as harassment, violence, and discrimination. These external stimuli can lead to internal and subjective experiences such as identity concealment, internalized stigma, and expectation of rejection. Finally, both external and internal forms of stress can increase the risk of adverse health outcomes. These increased risks are both biological and behavioral, and one of the mechanisms through which stress can lead to negative health outcomes is through the development of

unhealthy coping behaviors, such as substance use. Minority stress may be further increased for individuals who experience multiple-minority status, such as trans women of color. Some studies have also reported higher rates of substance use among binary and nonbinary transfeminine youth.

Protective Factors

Not all trans individuals are at equal risk of developing substance use disorders. A number of factors have been identified that may protect individuals from experiencing problematic substance use. As would be expected from the minority stress model, many of these factors are those that reduce either the exposure, to or impact of, minority stress. Protective factors include being able to affirm one's gender and having adequate family and social support. Positive identification with a group also reduces risk, by increasing individuals' sense of belonging.

Co-Occurring Disorders

Substance use and misuse often co-occur with other important factors, such as HIV infection, mental health issues, and interpersonal violence. These should be considered related issues that, when they occur together, multiply both physical and mental health risks for transgender people. For example, injection drug use may increase the risk of infectious diseases, such as HIV. Depression and anxiety may make it more difficult to seek treatment or engage in other protective behaviors.

Issues With Substance Use Treatment

It can be difficult for transgender people to access safe, affirming substance use treatment. Trans individuals frequently report delaying or avoiding substance use treatment because of fears of maltreatment by providers or staff. Residential and/or inpatient treatment may be particularly difficult for trans patients to safely access, as it is often sex segregated, and programs may be resistant to housing patients according to their affirmed gender. This may be particularly problematic in states that do not have public accommodation laws, although even in theoretically affirming states, programs may still put up barriers. Programs may also have issues providing continued access to gender-affirming hormones during substance use treatment, despite the fact that doing so is critical to patient well-being.

In addition to issues with accessing treatment, the content of substance abuse treatment programs may also not be ideal for working with gender-diverse patients. Treatment, if not carefully created with the minority stress model in mind, can often focus more on minority status than on substance use. Training in working with transgender-diverse patients is not routine, and many counselors and staff members are poorly prepared to work with this population. Larger cities may offer treatment programs targeted to sexual and gender minority patients, and there are several facilities in the United States specifically geared to working with these populations. Where specialized programs are not available, treatment programs should be at minimum trauma informed and gender affirming.

Michelle Fitos and Elizabeth R. Boskey

See also Gender Minority Stress; Health Care, Discrimination; Health Determinants; Mental Health; Trauma, Trans People With

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Suicidality and Self-Harm

Death by suicide is the 10th leading cause of death in the United States, with rates rising over a 20-year period beginning in the early 2000s. While the trends related to death by suicide in the United States are generally concerning, rates of suicidality—suicidal ideation, attempts, and death by suicide—are disproportionately higher within trans populations relative to cis populations. Rates of self-harming behavior (also referred to in the literature as nonsuicidal self-injurious behavior [NSSI]), a common precursor to suicidality, are also disproportionately high within trans populations.

Given these concerning trends, researchers and health practitioners have sought to gain accurate estimates of the prevalence of suicidality within trans populations and to identify correlates of suicidal behavior to improve mental health supports. Some of these efforts are associated with intervention at the individual level by attending to psychological comorbidities associated with suicidality, such as NSSI or depressive symptoms. Other efforts are focused on identifying interpersonal and systemic risk and protective factors across various social contexts, such as experiences of peer and/or familial rejection, discrimination, harassment, and school-based victimization.

Gaining a more nuanced understanding of suicidality among trans populations is needed to better inform prevention and intervention efforts. Therefore, researchers have also sought to identify variations in the prevalence of suicidality and associated risk across diverse gender identities (e.g., gender nonconforming, genderqueer, nonbinary, trans man/trans woman). Notably, this is a field of study that garnered increased attention over the first two decades of the 2000s, yet there is still much that is not well understood. This entry addresses the theoretical frameworks that inform studies on suicidality within trans populations, the prevalence of suicidality across diverse gender identities, methodological limitations on what is known about the prevalence and correlates of suicidal behaviors, and factors that increase the risk of or protect against suicidality and self-harm.

Theoretical Frameworks for Understanding Suicidality Among Trans Populations

Two pivotal frameworks associated with mental health and suicidality have been instrumental in improving our understanding of suicidality within LGBTQIA+ communities (as discussed in the section on methodological limitations, gender identity is rarely considered independently of sexual orientation in the existing literature on suicidality). The first, Interpersonal-Psychological Theory (IPT), is a general theoretical framework developed by Thomas Joiner, a clinical psychologist specializing in suicidality. A central tenet of IPT is that suicidal behaviors are preceded by the desire to die. This desire typically emerges from two psychological traits: first, *perceived burdensomeness,* in which a person feels they are a burden to their friends, family, or society and that others would be better off without them, and, second, *thwarted belongingness,* in which a person feels socially isolated or that they are not a valued member of their family, peer groups, or community.

Joiner cautions that people tend to engage in riskier and more harmful behaviors, including NSSI, as a way to "work up" to suicide—that is, to work against the innate drive to protect oneself from death. NSSI is a common precursor to suicidality and can be an escalating behavior to which people become habituated. Those who engage in this behavior may therefore seek more extreme ways to harm themselves in order to get the same feelings of relief or pain. Recognizing NSSI as a risk factor associated with suicidality offers an important marker for intervention. It should be noted, however, that individuals who self-harm are not necessarily, and may never become, suicidal. Other reasons for higher rates of self-harm among trans people are discussed later in this entry.

The second theoretical framework, Minority Stress Theory (MST), was proposed by Ilan Meyer. This theory provided a major advancement in our understanding of mental health disparities that emerge from experiences of discrimination and victimization because of people's status as sexual or gender minorities. Non-heterosexual sexual orientations and trans identities having been historically classified and treated as mental health disorders led to early studies and treatment of suicidal behaviors among trans people to be focused on psychopathology—that is, treating divergent sexualities and gender identities as primarily a mental health issue within an individual. This conceptualization of non-heterosexual/non-cisgender (cis) identities therefore drew attention away from the root causes of mental health disparities among LGBTQIA+ populations. MST emphasizes that mental health disparities emerge as a result of exposure to stressors associated with social rejection, discrimination, and victimization and not as an inherent trait associated with identifying as a person with a minoritized sexual orientation or gender identity.

Using both IPT and MST offers a helpful way to better understand disparities in suicidal behaviors among trans populations. Specifically, these frameworks contextualize why trans people are at higher risk for suicidality and to recognize warning signs (e.g., NSSI) to inform prevention and intervention efforts. However, identifying these risk factors has historically been hindered by various methodological limitations.

Prevalence of Suicide

An increased focus on factors that negatively affect the mental health of trans people throughout the 2010s paints a clear picture of heightened risk for self-harming behavior and suicidality among trans people relative to the general population. As of the late 2010s, rates of suicidality in the general U.S. population were estimated to be around 4% for suicidal ideation and 0.6% for attempted suicide, with over 47,000 deaths by suicide in 2017. These rates vary by both age and gender (e.g., rates of suicidal ideation are highest among adolescent girls, and rates of death by suicide are highest among men over the age of 50). Although there is fairly wide variability in estimates of the prevalence of suicidality among trans people, estimates are consistently higher relative to the general population: An average of 56% (ranging from 29% to 97%, depending on the study) of trans people report lifetime suicidal ideation, and 29% (ranging from 11% to 52%) report having attempted suicide in their lifetime. Although limited in scope, a handful of studies outside of the United States find similar prevalence rates. For example, in both Australia and England, nearly 50% of trans people report having attempted suicide.

One of the first population-based studies to include a measure of gender identity, based on California middle and high school youth, found that 34% of trans youth seriously considered attempting suicide in the past year, relative to 19% of cis youth. Additionally, this study highlighted that both depression and victimization partially explained the relationship between gender identity and suicidality. These findings were reflective of another population-based study conducted in New Zealand, in which 20% of trans youth had attempted suicide in the past year, relative to only 4% of cis youth.

Unequal Risk Across Gender Identities

Current literature on suicidality highlights sex differences in suicidality between cis men and women, with cis men being more likely to die by suicide and cis women being more likely to attempt suicide. Recognizing these differences is important for informing targeted interventions. Given historical trends in studies related to suicidality among trans people, little is known about disparities in suicidality within trans populations. Nevertheless, studies in the later 2010s started to examine rates of suicidality across gender identities.

In a large-scale study of adolescents between the ages of 11 and 19 that included a nuanced measure of gender identity, Russell Toomey and colleagues found that among the trans youth in the study, 51% of those who identified as female-to-male (i.e., transmasculine), 42% who identified as nonbinary, 30% who identified as male-to-female (i.e., transfeminine), and 28% who reported they were questioning their gender identity reported having attempted suicide. This is in stark contrast to 18% of cis female and 10% of cis male adolescents in the sample who reported having

attempted suicide. Studies using community-based samples of adolescents and adults have also found that transmasculine and nonbinary people report the highest rates of suicidal behavior. Thus, these studies point to critical differences by gender identity that need to be further examined in order to effectively develop and target interventions designed to reduce suicidality. Qualitative research is best positioned to examine the nuances of these trends and allows those who are most at risk of suicidality to help guide the development of supports and protective factors that may attenuate these disparities.

Methodological Limitations

Attention to the mental health of trans people within the research and medical community emerged in the early 1950s. From this time until the mid-1990s, transgender health was viewed through what Walter Bockting describes as a disease-oriented lens, with focus on the "psychopathology of transgenderism" or, more simply, that deviance from normative gender identities was rooted within deeper psychological issues. Efforts were therefore focused on addressing underlying mental issues, such as through therapeutic interventions intended to decrease discomfort with a person's sex assigned at birth or to hormonally or surgically change one's sex to be congruent with their gender identity.

Such approaches ignored the experiences of discrimination and stress within various social contexts that were more likely at the root of mental health issues and suicidality. Studies began to address these contextual factors beginning in the mid-1990s. However, many of these studies through the mid-2000s considered LGBTQIA+ populations as a monolithic group and rarely differentiated between sexual orientation and gender identity (in fact, a vast majority of these studies did not attend to identities beyond lesbian, gay, bisexual, and/or trans). The few studies that did specifically differentiate between sexual orientation and gender identity were often limited in their generalizability owing to their sampling designs and small sample sizes.

Although disproportionate rates of suicidality and self-harm within trans populations are well documented, accurate estimates of these behaviors have historically been hindered by a lack of population-based studies that include measures of gender identity. This has led to wide variability in estimates of suicidality, especially in relation to gender identity. Many studies in the early 2000s tended to rely on convenience samples drawn from mental health clinics and LGBTQ organizations. Although informative, studies based on participants recruited from health clinics are limited in that they oversample those who have existing mental health concerns for which they are seeking support. Such samples may therefore overestimate actual rates of mental health issues, including NSSI and suicidality. Community-based samples, such as those recruited through LGBTQ organizations, may also introduce sampling bias in that they typically exclude participants who are not connected to such social networks. These are important considerations, as having connections to social supports is associated with better health outcomes, including those related to mental health, which could lead to underestimates of the prevalence of NSSI and suicidality among trans people.

Additionally, studies on suicidal behaviors among trans people in the early 2000s were primarily qualitative. Such studies offered valuable insight into risk and protective factors of suicidal ideation and attempts, such as experiences of discrimination and marginalization. Because of the small sample sizes of these studies, the findings were limited in their generalizability to a larger population, and it was not possible to determine the prevalence of suicidality more generally. Nevertheless, these studies provided valuable and much-needed insight into trans people's motivations for thinking about or attempting suicide, and they served as an important guide for larger-scale quantitative research.

A small number of population-based studies started to emerge in the late 2010s, providing more accurate estimates of the prevalence of suicidality within trans populations and highlighting the disparities in gender identity–related suicidality. However, there is still a paucity of studies that are population based, that accurately and comprehensively assess gender identity and expression (e.g., providing multiple options related to gender identity such as transgender, gender nonconforming, genderqueer, nonbinary), and that identify

other risk and protective factors that illuminate gender identity–related disparities in suicidality. Studies that address the complexities of gender identity (e.g., rather than just relying on gender identity self-reports, asking participants to report on their gender expression and others' perceptions of their gender) are needed to both identify populations that may be at higher risk of self-harming behaviors and better inform intervention and prevention efforts.

Our understanding of rates of people who die by suicide is also limited, especially in the United States, as death records rarely include a person's gender identity. Therefore, we know more about rates of suicidality but do not have accurate estimates of trans people who have died by suicide. Notably, studies consistently find that although cis women are more likely than cis men to have suicidal thoughts and to attempt suicide, cis men are over three times more likely than cis women to die by suicide. Recognizing these differences in the broader population, it is important to gain a deeper understanding of how rates of suicidal ideation and suicidal attempts/death by suicide vary within trans populations. For example, it is plausible that a similar pattern might be observed in that transmasculine and nonbinary people are more likely to have suicidal thoughts and to attempt suicide, whereas transfeminine people might be more likely to die by suicide. This information is vital for gaining a better understanding of the broader scope of suicidality within trans populations, especially with careful attention to the risk and protective factors associated with NSSI and suicidality among trans people.

Risk Factors Associated With NSSI and Suicidality

Research focused on suicidality that methodologically distinguishes between sexual orientation and gender identity did not begin to emerge until around the second decade of the 2000s. This lack of differentiation hinders our understanding of risk and protective factors that may be unique to trans populations. Nevertheless, qualitative studies, as well as a limited number of quantitative studies, have helped elucidate risk and protective factors associated with self-harming behavior and suicidality.

Risk factors for NSSI and suicidality within trans populations include those found within the general population, such as anxiety and depression, as well as gender identity–related experiences (e.g., gender dysphoria, discrimination). Additionally, various risk factors more salient to trans populations have been identified through both qualitative and quantitative studies. Such studies underscore that trans people have negative and stressful experiences across social contexts, including within families, schools, health services, and their communities more broadly. These negative and harmful experiences may contribute to, or exacerbate, issues related to substance use, psychological distress, and poorer physical and mental health.

Gender Dysphoria

Gender dysphoria—a feeling of dissonance between one's gender identity and sex assigned at birth, or dissonance between how one views oneself and how their gender is perceived by others—can be a substantive source of anxiety and depression. Indeed, research has found that gender dysphoria is associated with NSSI and suicidality. Yet it is important to note that just having gender dysphoria does not necessarily mean the person is suicidal. This is a very important distinction to consider in relation to Joiner's theory of suicide (IPT), which emphasizes that escalating behaviors are a warning sign for suicidality and therefore has implications for treatment and intervention. That is, clinicians should be cognizant of the unique underlying factors and motivations associated with NSSI among trans clients.

Family and Peer Rejection

As emphasized by IPT, perceiving oneself as a burden to families and friends and feeling a sense of thwarted belongingness within these groups are two primary drivers of suicidality. Various studies have identified that people who reported familial rejection because of their gender identity, including from their parents, spouses or partners, or children, report higher rates of suicidality. Those who have experienced violence within their families or relationships (e.g., intimate partner violence [IPV]) also report higher rates of suicidal ideation and

attempts. Trans people also frequently experience marginalization or exclusion from peer groups and from broader LGBTQIA+ communities. This social isolation can be especially acute for people who are nonbinary, as they may feel excluded from or marginalized within both LGBQA+ and trans communities. Therefore, while family and peer groups can be an important source of social support that tend to generally improve people's health and well-being, isolation from these groups can also result in poorer mental health.

Negative School Climates

Trans youth are more likely to be harassed and bullied at school relative to their cis peers, including those who are LGBQA+. Schools are also frequently hostile environments due to the pervasiveness of hearing anti-trans remarks from both students and teachers. These minority stressors contribute to poorer mental health outcomes, including suicidality, for trans youth. As one example, providing access to gender-inclusive bathrooms and changing rooms, which represent common spaces of harassment for trans youth, is one way to improve school climates for trans youth. Requiring professional development for teachers and staff that raises awareness and competencies around providing stronger social supports for trans youth is another avenue for creating safer and more supportive schools.

Protective Factors Associated With Self-Harming Behaviors and Suicidality

The key gender-specific factors associated with lower risk for suicidality among trans youth revolve around supporting trans people to live their lives authentically. These protective factors range from being referred to by one's chosen name and pronouns, receiving gender-affirmative support from at least one adult, access to gender-affirming spaces (e.g., restrooms that correspond to the person's gender), and, if applicable, having access to gender-affirming medical care. Much of the literature on protective factors associated with suicidality among trans youth has focused on behaviors, attitudes, or climates of youths' families, schools, and communities. A handful of studies document that these factors confer more protection for every additional context in which the factor occurs (e.g., a study by Stephen Russell and colleagues documented a marked reduction in suicidality when chosen name was used across family, school, work, and friend contexts).

Few studies have focused on intrapersonal factors that may promote resilience and lower rates of suicidality. As of the late 2010s, limited research documents that higher levels of self-compassion, for example, are associated with reductions in suicidality. Research with LGBQA+ people also suggests that having more positive feelings about one's identity is associated with lower levels of suicidality and other mental health problems. Much more research is needed, however, to identify individual-level protective factors that can be developed and fostered among trans populations living in contexts where trans negativity is the norm.

Conclusion

Higher rates of suicidality among LGBT populations are well documented. Although it is notable that a vast majority of LGB people never attempt suicide, rates of suicidality within trans populations are substantially higher than among LGB populations, underscoring a significant public health issue. Disparities in the prevalence of suicidality within LGBTQIA+ communities emphasize the importance of recognizing that experiences and risk factors unique to those who identify as LGBQA+ and/or trans necessitate targeted approaches of intervention and prevention. Tailored approaches may be particularly important given that the majority of risk and protective factors associated with NSSI and suicidality among trans populations are specific to the experiences of being a gender minority.

People who experience multiple minority stressors are at heightened risk of suicidal ideation and attempted suicide, underscoring the detrimental cumulative effects of discrimination, marginalization, and harassment. Studies conducted by Mark Hatzenbuehler and colleagues offer promising findings that anti-LGBTQ policies at the school, county, and state levels are associated with lower rates of suicidality. However, these studies have primarily focused on outcomes for LGB youth. It

is unclear whether these policies are also effective for reducing rates of suicidality within trans populations, but the limited available evidence suggests that such policies more effectively address the need of LGBQA+ people more than trans people. Beyond policy, the Trevor Project is a nonprofit organization focused on raising awareness of and providing support for LGBTQ mental health and suicidality. Such organizations provide vital resources, such as a 24-hour suicide hotline, especially for trans people who may lack them within their own communities.

Jack K. Day and
Russell B. Toomey

See also Gender Dysphoria; Gender Minority Stress; K–12 Policies/Climate; Mental Health; Substance Use; Therapy/Therapist Bias

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Sullivan, Lou

Lou Sullivan (1951–1991) was a founding father of the FTM (female-to-male) community. He connected individuals around the world whom we today describe as being trans men, or on the transmasculine spectrum. He helped define FTM identity through his publications and advocacy work and organized community under the FTM umbrella. Sullivan was both trans and gay and had to overcome the homophobic bias of medical professionals to physically transition. He was the first trans man diagnosed as having AIDS and ensured no one could deny the existence of gay trans men after he died.

Louis Graydon (Lou) Sullivan was born on June 16, 1951, and assigned female at birth. He was the third of six children in a white middle-class family. Sullivan grew up in a suburb of Milwaukee, Wisconsin, and attended private Catholic schools.

As an adolescent, Sullivan dreamt of being a writer or a social worker for "lost boys." His first crush was the musician Paul McCartney, and he was known as the "most Beatled kid" at school. Sullivan's social consciousness developed while he was a teenager, first through the civil rights movement and later the 1960s counterculture. He had an affinity for long-haired men and enjoyed being read as one himself. Sullivan both wanted men and wanted to be one and escaped into private gay fantasies.

Sullivan never formally attended college. However, his employment as a secretary in an academic department at the University of Wisconsin–Milwaukee allowed him to conduct personal research on sexual orientation and gender identity. He spent countless hours in the university library poring over scientific literature and scanning through old newspaper articles on microfiche trying to find mention of someone like him: a gay man assigned female at birth.

In his early 20s, Sullivan joined Milwaukee's Gay People's Union (GPU). Because gay trans men supposedly did not exist, at the time, he identified as a "female transvestite," or crossdresser. Under the tutelage of cisgender gay men, Sullivan learned how to mentor, network, organize meetings, and publish a newsletter, laying the foundation for his later trans activism. He was also welcome in

Milwaukee's gay bars but at times felt guilty having sex with the men he met there, thinking that being with him required them to be heterosexual.

In 1975, Sullivan moved to San Francisco. He was one of thousands descending upon the city in what would later be called the Great Gay Migration. But Sullivan did not find the same welcome in San Francisco's gay community. In the smaller Milwaukee community, his female embodiment was not suspect because *gay* served as an all-inclusive term. The immense San Francisco population, however, factionalized into gay, lesbian, and trans communities.

Sullivan joined the transvestite organization Golden Gate Girls/Guys (GGG/G) and soon became treasurer and newsletter editor. He also applied to the world-renowned Stanford University Gender Dysphoria Program to access the medically necessary services for transitioning. They would not admit Sullivan into their program because he identified as a gay man. Through his GGG/G connections, Sullivan found medical providers in private practice willing to help him transition, and he in turn helped them by popularizing this antiestablishment approach to transgender care.

In 1980, Sullivan began volunteering with the Janus Information Facility, where he answered letters from and about trans men. Sullivan was the first—and in many cases the only—fellow trans man these correspondents encountered. This personal connection proved as valuable to them as any information Sullivan provided because it alleviated their isolation. While at Janus, Sullivan also published *Information for the Female-to-Male Crossdresser and Transsexual.* The booklet was so well received by trans men and health care providers specializing in their treatment that he published a second edition in 1985 and a third in 1990, both with updated and expanded information. In 1990, Sullivan also published *From Female to Male: The Life of Jack Bee Garland,* the biography of a gay trans journalist, social worker, and veteran of the turn-of-the-century Filipino-American War. Sullivan's research into Garland led him to become a founding member of the GLBT Historical Society, where he published the newsletter and served on the Archives Committee.

On December 6, 1986, Sullivan held the first meeting of what would become FTM International. Everyone was welcome regardless of where they fell on the transmasculine spectrum or whom they loved. Through get-togethers, the *FTM* newsletter, and Lou's tireless networking, he organized individuals around the world into a community.

Tragically, the birth of FTM International coincided with Sullivan's AIDS diagnosis, which he received at the end of 1986. It was then a death sentence, and Sullivan resolved to make his life as meaningful as possible. It had taken more than a decade to access all the services he needed to physically transition, because health care providers would not acknowledge the existence of gay trans men. He feared other gay trans men being similarly denied, especially if he was not around to advocate for them. Sullivan's diagnosis as the first trans man with AIDS compelled providers to listen to him and, in doing so, broadened their understanding of gender identity to include all sexual orientations.

Sullivan died on March 2, 1991, at the age of 39. He said he had no regrets and felt lucky to have led such an interesting life. His peers have been quoted as saying they felt lucky to have known him and credit Sullivan with fostering the trans movement. In the years following his death, the movement would gain great momentum and seemingly explode into the mainstream a generation later. As Sullivan's panel of the AIDS Memorial Quilt says, he was indeed "one man who made a difference."

Brice D. Smith

See also Activism; Community Building; Gatekeeping in the Transition Process; History; HIV/STIs; LGBTQ Movement, Trans Inclusion In/Exclusion From; Sexualities/Sexual Identities; Trans Men

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Supportive Classroom Practices

In contemporary K–12 and postsecondary classrooms, habitual structures and routines enact assumptions about gender. For many transgender and/or nonbinary students, these structures and routines can be barriers to participation and wellbeing in the classroom. The supportive classroom practices discussed below are not about curriculum or pedagogy but pertain to aspects of classroom life that are often overlooked as barriers, precisely because they are routine. These practices are attendance, student introductions, and grouping and pairing. The following sections engage each of these aspects in turn, identifying how they can be a barrier to transgender and/or nonbinary students and suggesting how this may be avoided.

Attendance

For reasons ranging from student safety to program requirements, all K–12 and many postsecondary teachers must confirm whether enrolled students are present. Teachers access a centrally produced class list, whether downloaded on their own from an online system or received as hard copy from an administrator. Class lists are generally populated from government-issued identification such as a birth certificate, which states a student's legal name. On the first day of school or at the first class meeting, a teacher commonly reads the class list aloud or (in postsecondary) circulates the class list and asks students to append their signature or initials next to their name. These practices publicize the (often legal) name appearing in each student's institutional record. The assumption here is that a student would like to be publicly known by that name or, moreover, that publicizing it will *not* place a student at risk.

This assumption does not hold true for many transgender-spectrum students, who can be outed if their legal name does not align with others' interpretation of their gender expression and/or visible body. A student's birth-assigned legal name may be completely irrelevant to who they are today, such that being introduced to peers with this name is both invalidating and requires self-advocacy to ensure that others do not use the "real" (legal) name with which the student was initially, erroneously identified. While many North American jurisdictions allow legal name change for gender identity reasons, this can be costly and complicated, and the need to present one's self in person to apply for a name change on gender identity grounds can be a barrier if a transgender person believes they will experience discrimination or violence due to the outing this process requires. Transgender and/or nonbinary children or youth likely require parent/guardian consent to legally change their name, which may not be forthcoming. In other words, teachers cannot assume class lists contain public information.

Teachers can assume instead that *all* students' legal names are confidential, whether cisgender or not. Practices acting on this assumption include circulating a piece of paper with the first name they go by, last name, and/or student number columns for each student to fill in (with private follow-up if the teacher cannot match a name to the class list) and inviting students to create a nametag with their chosen first name, thereafter using nametags to take attendance (with private follow-up as needed, as chosen names can change).

Introductions

To cultivate a sense of community, or "break the ice," teachers commonly introduce themselves to the class and invite students to do so or to "interview" a partner using preassigned questions and introduce them to the group. As with attendance, here it is also important to explicitly invite students' *chosen* names or use an open question like, "Which name would you like to go by in this space?" instead of simply asking for names.

In recent years, and in some contexts, gender pronouns have made their way into such introductions. It is, however, inadvisable to *require* student pronoun sharing on the first day of class, as this prevents transgender-spectrum students from gauging whether this group of people can hold them safe if their pronoun comes as a surprise to others (i.e., if the act of pronoun sharing outs them). Requiring pronouns can feel like being asked to either expose one's self to risk or else to lie and thereby participate in one's own invalidation. A supportive practice for introductions is rather for the teacher to introduce themself and share their own pronouns; this is best followed by

an explicit message about why they did so (because not everyone's pronouns are "obvious," and assuming does not always yield accurate results) and a warm invitation either to come to the teacher for more information about gender pronouns or share their pronouns in confidence. If the latter happens, it is essential to be led by the student about whether and how they would like this information shared with the class.

Grouping and Pairing

Classroom life routinely sees students engaged in grouped or paired tasks. In postsecondary settings, this often happens via self-selection. Teachers may also elect to randomly group/pair students or to group/pair students for pedagogically significant reasons; both approaches result in students working with peers who may be strangers at best. An assumption of this practice is that students are necessarily safe with each other by virtue of being in the same class. However, much gender-based peer harm takes place away from teacher supervision, and requiring a transgender and/or nonbinary student to work with non-self-selected peers may expose them to harm and/or be a barrier to their participation.

It is a supportive practice to assume that a transgender-spectrum student is using their likely hard-won self-care and personal safety expertise to navigate both the classroom and broader institution in which it is situated and that they are the best judge of whom they would feel safe working with or not. In this and in many other situations, the teacher's best course of action is to consult with the student so that even a seemingly random grouping/pairing can result in a safe and comfortable learning experience.

Lee Airton

See also Campus Policies/Campus Climate; Classroom Experiences, Higher Education; K–12 Policies/Climate; Naming Practices; Teacher Training and Support; Youth and Teens, School Experiences

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Sylvia Rivera Law Project

The Sylvia Rivera Law Project (SRLP) is a collectively governed organization founded in 2002 that provides free legal services to trans, intersex, and gender-nonconforming people who are low-income and/or people of color. SRLP has been a leading organization articulating a racial and economic justice–centered trans politics.

SRLP was founded by Dean Spade in August 2002. Spade's initiation of the project emerged, in part, from his arrest for using the bathroom in Grand Central Station in February 2002. After news of his arrest spread, he received emails from dozens of trans and gender-nonconforming people across the United States who had experienced discrimination and police violence. Organizing around the arrest built on existing momentum in queer and trans communities responding to the June 2000 murder of Amanda Milan and the decades of efforts that had resulted, in April 2002, in the New York City Council passing legislation to extend the city's human rights law to prohibit discrimination on the basis of gender identity.

Sylvia Rivera was a long-time, multi-issue social justice activist who stood up against tranpshobia in gay and lesbian communities, participated in Puerto Rican resistance in New York City, and built community and shared survival strategies for homeless and criminalized trans and queer people.

She died in February 2002, and Spade named the project for her because of its focus on building trans liberation centering on poor people and people of color.

From the beginning, the organization was focused on trans people's experiences of criminalization and discrimination in housing, social services, legal services, health care, schools, and jobs. From the moment the organization had a phone number, it was inundated with calls from people facing crises. Community members wanted to harness the vibrant energy around the project to expand the organization's ability to meet the high level of need. Spade and others created a steering committee that researched collectively governed organizations to see how SRLP might build a structure that included governance and participation of many people rather than just being driven by a staff that was unlikely to grow quickly due to the unpopularity of trans issues to funders at the time. The steering committee shared a critical analysis of the problems of nonprofit organizations being frequently founded and run by white professionals, as well as shaping their work around the issues or tactics that interested funders rather than those that the communities being served believed should be prioritized. SRLP members were connected to feminist, prison abolitionist, and anticapitalist networks that shared an analysis that social movement organizations should not be run on the typical nonprofit model that tends to replicate many of the worst features of how businesses are organized. The steering committee designed a collective governance structure that aimed to ensure that the organization was governed by the people it served and could support the participation and mobilization of many volunteers, not just a small staff. Some noteworthy features of this model include equal pay for all staffers regardless of role or education and having no executive director.

SRLP also emerged in a time of mainstreaming of the lesbian and gay rights struggle. Spade and other members of the steering committee were part of the leftist queer and trans movement in the United States that worked to cultivate an explicitly antiwar, antipolice, antiracist, feminist, anticapitalist queer politics. They criticized the emergence of corporate-funded gay and lesbian organizations that fought for hate crime laws, marriage, and military service. They argued that the white, professional leaders of those organizations had created an agenda for reform that ignored the most urgent issues facing the most vulnerable queer and trans communities and propped up institutions that were the cause of much of this harm. The corporate-funded gay and lesbian rights organizations had mostly excluded trans issues up to this point but were beginning to slightly shift their messaging around this. SRLP became a leading voice arguing that the trans movement should not follow the pro-police, pro-military, pro-business strain of the gay and lesbian rights movement but should instead center the issues causing the most harm to trans people: poverty, immigration enforcement, criminalization, health care, and housing access.

The cases, causes, and activities that SRLP has been most known for demonstrate its political commitments. SRLP's decade of work to end the exclusion of trans health care from Medicaid in New York State is one clear example. SRLP was also vocal in opposing the REAL ID Act and other anti-immigrant legislation emerging as part of the "War on Terror." SRLP has also worked consistently to address access to homeless shelter and welfare systems and to advocate for prisoners. SRLP's 2003 report, "It's War in Here," was a significant tool in lifting up the experiences of trans women in men's prisons. In 2007, SRLP co-organized a national gathering of formerly incarcerated trans people and antiprison activists called "Transforming Justice" that bolstered this organizing work. In 2009, SRLP openly opposed federal and New York State hate crimes legislation that would have increased criminal penalties for people found to have been motivated by anti-trans bias and increase resources for police. As an organization committed to abolishing police and prisons, SRLP asserted that hate crimes legislation both failed to prevent harm to trans and gender-nonconforming people and expanded the capacity of the very systems that cause the most harm to these communities—policing and prosecution.

SRLP members also participated in Occupy Wall Street, working to integrate trans politics and the participatory anticapitalist politics of the Occupy movement. SRLP members have been vocal in fights against expansion of immigration and criminal punishment infrastructure in New York City and around the country, including in the

2018–2019 #nonewjails campaign in New York City. Throughout these decades of work, SRLP has continued to provide direct free legal services to people facing harm in shelters, foster care, jails, hospitals, prisons, public schools, welfare offices, immigration courts, and other sites of immediate harm. SRLP has also been a resource for other groups interested in creating organizational structures that are democratic, participatory, transparent, and accountable to the communities they serve, resisting the nonprofit norms that undermine social movements' growth and success.

Dean Spade

See also Activism; Gender on Legal Documents; Inmates and Incarceration; Migrants, Legal Issues; Poverty; Rivera, Sylvia; STAR

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Teacher Training and Support

Data for 2018 from the Centers for Disease Control and Prevention suggest that across the United States today, roughly 300,000 trans students fill the hallways of high schools—and they need the support of their teachers in order to succeed in their educational careers. Those same data indicate that these high schoolers are more likely to experience negative physical and mental health outcomes when compared to their cisgender peers. Students, especially trans students, may be more likely to feel supported and empowered to express their identities and interests at school if educators foster gender-inclusive environments that are affirming and help them move beyond the limitations of gender stereotyping. These types of school environments may facilitate enhanced educational outcomes and well-being of trans students. However, teachers require the necessary training and support to create gender-inclusive schools and classrooms starting as early as prekindergarten and elementary school, given that trans children can self-identify and begin social transition during their elementary school years. Training and support in this entry refer to the receipt of information from an expert in a given field who provides resources, training materials, and support that would enhance an educator's faculty to create gender-inclusive classrooms and schools. This entry consists of two sections. The first section elaborates on the importance of training teachers to create gender-inclusive classrooms and schools. The second section discusses the importance of supporting teachers as they work to create these inclusive environments.

Teachers require training to design and implement gender-inclusive practices in their classrooms and schools. This includes training on how to implement gender-inclusive language, practices, and messages in their classrooms. While there exist few formalized programs for educators, the Human Rights Campaign (HRC) Foundation—the nonpartisan research and public education arm of the world's largest LGBTQ civil rights organization—has trained more than 100,000 teachers on how to create gender-inclusive schools and classrooms through the Welcoming Schools program. Across 39 states in the United States, as well as in Canada and Mexico, HRC Foundation's Welcoming Schools Certified Facilitators conduct professional development training and provide technical assistance to educators in K–8 schools and lead systemic work in school districts. Of note is that the Madison, Wisconsin, Metropolitan School District is using the Welcoming Schools approach in 16 of its 32 elementary schools, with plans for full implementation in all 32 schools over the next 5 years. While some families are moving to Madison so that their children can attend Welcoming Schools, LGBTQ educators are also moving to Madison with the hope of a respectful work environment. HRC Foundation's professional facilitators help school staff work together to identify areas of change within the school and to

provide strategies to make sure that all students feel included. HRC's work includes training on how to intervene when students are limiting each other based on gender, how to proactively address gender-based bullying and educate students on why such bullying is harmful, and how to challenge students' ideas about gender and create environments that embrace trans students.

Teachers need formalized support as well as informal support from their administrators and colleagues to foster gender-inclusive schools and classrooms. Supporting teachers and their students may necessitate enumerating policies, such as anti-bullying policies, to include sexual orientation, gender identity, and gender expression. Allocating funds for mandatory professional development for learning gender-inclusive practices is another way in which to formalize support of teachers working to create gender-inclusive classrooms. Furthermore, making additional funds available for teachers seeking to pursue nonmandatory professional development monetizes strong support for teachers as they work to create gender-inclusive schools. Teachers will also benefit from having the support of their administrators, parents, and communities. On one hand, administrators are nicely positioned to galvanize interest and support of gender-inclusive policies and practices from an institutional level. On the other hand, parents and surrounding communities may also encourage or pressure schools to adopt policies and practices that enable teachers to more easily create gender-inclusive classrooms and schools.

Creating gender-inclusive classrooms and schools does not happen overnight. It requires many educators and students to challenge the assumptions they have about gender. With proper training, teachers can acquire the skills to create gender-inclusive classrooms and schools that support the educational growth and well-being of every student. This training may focus on providing teachers with the correct toolkit for using gender-inclusive language, creating lesson plans, and addressing and ending gender-based bullying in schools. Creating gender-inclusive classrooms and schools also requires that administrators, parents, and communities support their teachers. Administrators must provide financial support for the gender-focused professional development of teachers to undertake the task of fostering gender-inclusive schools and classrooms. Communities may also support teachers by encouraging school and local officials to implement policies that protect teachers in their efforts. Finally, investing in training and support of teachers can positively affect the education of trans children and youth—and the Welcoming Schools program lends evidence to this. According to one teacher, she was able to implement the skills she learned from the Welcoming Schools program in order to support one of her trans students. As a result, the student reported being able to focus better in school and improve his math skills by three grade levels. When teachers, administrators, and the communities they serve share the single vision of providing all children with the best possible education, the undertaking of creating gender-inclusive schools and classrooms becomes less a task of cultural shift and more of an integrated aspect of the professional and daily work of educators.

Charlie Whittington, Ellen Kahn, Johanna Eager, and Cheryl Greene

See also Classroom Experiences, Higher Education; Gender Binaries; Gender Pronouns; Supportive Classroom Practices; Youth and Teens, School Experiences

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Teena, Brandon

Brandon Teena was born in 1972 and assigned female at birth. He self-identified as male in his late teens. At age 22, his trans identity was forcibly revealed by two acquaintances, John Lotter and Marvin "Tom" Nissen. They raped him and days later murdered him in a transphobic homicide on December 31, 1993. Teena (used throughout this entry as his surname) has become a symbolic figure for trans activists within the LGBTQIA+ community, highlighting the extreme violence that can be experienced by trans people on disclosure of their gender identity.

Brandon Teena's birth name was Teena Renae Brandon. His Catholic mother, JoAnn Brandon, raised Teena and his sister Tammy in a trailer park in Lincoln, Nebraska. Teena's short life was marked by tragedy and sexual violence. His father died in an alcohol-related car accident before his birth, his uncle sexually abused him during his childhood, and he was raped in high school. Teena's story has repeatedly been told through local, national, and international print, online, theatrical, film, and artistic media (e.g., a pioneering online Guggenheim art project). A documentary film was released in 1998, *The Brandon Teena Story,* which included interviews with his family, friends, police, and his killers. It also emphasized the parochial attitudes of Middle America and the hostility of the local rural community in Falls City, Nebraska, toward trans people, but the film had limited reach. In 1999, however, the Oscar-winning film *Boys Don't Cry* globally raised awareness of Teena's case and the extreme transphobic violence he experienced. Although Brandon Teena identified as male, he was referred to as Teena (his birth name) by his mother and sister, who did not understand his trans identity. Teena also struggled with his gender identity. He attempted suicide and subsequently underwent crisis counseling, which validated his trans male identity and introduced him to surgical options in regard to which, despite speculation, his intentions were unknown. Teena lavished presents on his girlfriends, which were funded through multiple counts of thefts and forgery that brought him to the attention of law enforcement. Thus, his gender history was increasingly becoming known, thereby frequently exposing him to transphobic verbal violence until this lifestyle became unsustainable. At age 21, Teena left Lincoln, Nebraska, for Falls City, Nebraska, in mid-November 1993.

In Falls City, Teena began a new life dating local girls, such as Lana Tisdel, whose friends included John Lotter and Tom Nissen. Lotter and Nissen both had criminal histories, and the latter was suspected as belonging to a white supremacist organization called The White American Group for White America. They befriended Teena and integrated him into their community. His girlfriends frequently described him as the "perfect boyfriend" but that he could be controlling and possessive. His gender identity disclosures varied; he told Lana he was intersex, then said that he had lied and instead identified as a trans male. Teena resumed his fraudulent criminal activities to fund his lifestyle and was subsequently charged as a female and taken into custody. Lana posted his bail. The local police, however, outed Teena by releasing his trans identity to the local newspaper. This disclosure contributed to the fatal chain of events that may have been perpetrated as punishment for his disruption of the naturalized gender binary.

The discovery of Teena's trans identity led to John Lotter and Tom Nissen forcibly exposing his genitalia in order to verify his sex and simultaneously demean Teena and unequivocally out him to his girlfriend Lana Tisdel. Lotter and Nissen, confused, humiliated, and angry at the perceived "gender deception," kidnapped Teena on Christmas Eve. They then drove him to the countryside, where he was beaten and raped. This use of sexual violence was an apparent attempt to reinforce his gender identity. They also threatened to kill him if he reported the incident to the police, which he did. However, his case was not taken seriously despite physical confirmatory evidence. Sexism and institutional transphobia were evident in the

insensitive police response whereby Teena was objectified, dehumanized, and misgendered when questioned by Sheriff Charles Laux and Deputy Sheriff Jon Larsen. This secondary victimization may have exacerbated his trauma. Police questioned Nissen and Lotter 4 days later; they denied all charges and were released. The police also failed to take Teena's family's concerns seriously about his fearing for his life and hence his move to Humboldt, Nebraska. Deputy Sheriff Tom Olberding seemingly had grounds to arrest Nissen and Lotter on December 28. Nevertheless, Sheriff Laux's orders were to wait until December 31. This was too late for Teena, who was shot and stabbed by Nissen and Lotter earlier on New Year's Eve. They also shot Lisa Lambert and Philip DeVine (boyfriend of Leslie Tisdel, Teena's ex-girlfriend's sister). Lambert and Devine may have been killed for being witnesses or for their sexual and racial "deviancies"—Lambert's alleged sexual relationship with Teena and Devine, a Black man engaged in an interracial relationship. C. Riley Snorton speculates that the murders of Teena, Lambert, and Devine were to silence and punish them for transgressing heteronormative gender and sexual boundaries and engagement in interracial relationships. As of 2020, Nissen is currently serving terms for one first-degree and two second-degree murder counts at Lincoln Correctional Center; his appeals were rejected by the Supreme Court. Lotter is on death row at the Nebraska State Penitentiary; his appeals were also rejected by the Supreme Court in 2018. A wrongful death suit for $1 million in damages was filed by Teena's mother against former sheriff Laux and Richardson County, which was initially rejected by the district court judge. Subsequently, the Supreme Court overturned this judgment yet awarded only $98,223.20.

Teena's case emphasizes the evident institutional transphobia of the criminal justice system, which failed him because of his criminal history, trans identity, and the misogyny of local law enforcement, denying him legitimate victimhood and professional support. These factors also negatively affected the investigation of his rape and murder. In the widespread documentation of Teena's life, his choice of settling in a rural, isolated, conservative town suggests that not all queer or trans people seek out the obscurity of urban life, despite the likelihood of more freedom, anonymity, and the potential support of an LGBTQIA+ community in a city. Brandon Teena's death highlights the importance of raising social awareness and education to break down barriers, reject myths and misconceptions, and stimulate a positive change in attitudes to trans people.

Joanna Jamel

See also Gender Binaries; Misgendering; Trans Men; Transphobia

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TERFs

Popularized in 2008 by an online cisgender feminist community, TERF is an acronym for *trans-exclusionary radical feminist*. The community used the term to refer to the sex essentialist feminists who were flooding into their discussion space. TERFs asserted that "sex" was reducible to specific body attributes or to early socialization and therefore saw trans women as men and sought to remove them from "women's spaces" and the lesbian feminist movement. The term has been rhetorically helpful in distinguishing TERF activism from the long-term radical feminist community members who are inclusive of trans women and in recognizing that early radical feminist opinion leaders like Andrea Dworkin, Catharine MacKinnon, and Dana Densmore and pioneering radical feminist groups like the *Lesbian Tide,* the Olivia Collective, and Sisters were trans supportive.

However, TERF activists characterize the acronym as offensive, which spawned the "TERF is a slur" campaign to discourage its use. Many TERFs see no distinction between their politics and radical feminist analysis, but if such a distinction is to be made, they encourage opinion leaders to use the term *gender critical* instead of *TERF*.

Therefore, the rhetorical utility of *TERF* brings a not always welcomed linguistic nuance to feminist discourse, especially online discourse, wherein communication is frequently condensed through abbreviations, symbols, and acronyms. While *TERF*, as a lexical unit, can carry unflattering overtones in the same way that *bigot, misogynist,* or *racist* might, it nonetheless constructs a much-needed way to disentangle the sometimes subjugative, violent, and even murderous anti-trans behavior and rhetoric of TERF activism from radical feminism itself, even as TERFs work tirelessly to represent their activism as "radical feminism" on popular, social, and academic media platforms.

TERF Activism

The following is a timeline of TERF activism that proved structurally or culturally significant.

1973	**Daughters of Bilitis:** TERF activists organized to expel Beth Elliott, an out trans woman, from the organization.
	West Coast Lesbian Conference (WCLC) Disruption: A group of TERF activists calling themselves the Gutter Dykes physically attacked radical feminist cis performers Robin Tyler and Patty Harrison for attempting to protect WCLC co-organizer Beth Elliott from their attempted bashing. The disruption continued until Elliott fled the event. This attack represented the first time that anti-trans activism reached a national audience.
	TERF Activists Target Trans Rights Pioneer Sylvia Rivera: Angered that Rivera used "she/her" pronouns and the women's bathroom, TERF activists attempted to stop Rivera from speaking at the Christopher Street Liberation Day Parade. According to Rivera, TERF activists beat her for attempting to speak, precipitating her withdraw from direct activism.
1977	**The Olivia Collective:** TERF activists had long been opposed to Sandy Stone, an out trans woman, being a member of the Olivia Collective, an all-women group that produced records and concerts. A TERF organization named The Gorgons issued a death threat against Stone should she appear at an Olivia music event that she was co-organizing in Seattle. The Gorgons did come with guns to the event but were disarmed by the security personnel hired by Olivia. As threats against Olivia escalated, Stone left the group. In 1987, Stone wrote a document foundational to trans feminism, "The Empire Strikes Back: A Posttranssexual Manifesto."
1979	**The Transsexual Empire:** Janice Raymond published what has become the manual for TERF advocacy, the book *The Transsexual Empire: The Making of the She-Male*.
1980–2013	**Janice Raymond and Health Insurance Coverage:** In 1980, the congressionally mandated National Center for Health Care Technology (NCHCT) contracted Raymond to research the ethical nature of trans health care. Citing Raymond's work to support its findings, the NCHCT issued a 1981 report recommending that health care related to "sex changes" not be covered by public health care insurance. Based on the NCHCT report, a National Coverage Determination (NCD) excluding trans care from public health care insurance was issued in 1989 in the *Federal Register,* and private health care insurers began citing the NCD

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	in their exclusion of trans care. In 2012, a State of California study found that one of the most reliable predictors of suicide among trans women and men was not being able to access transition-related medical services. In 2013, the U.S. Department of Health and Human Services found that the 1981 rationale for excluding trans health care from public health care insurance programs was "no longer reasonable," and citing this finding, numerous public and private health care insurance policies lifted their bans against trans health care. TERF activists continue to advocate against trans medical care.
1991–2015	**Michigan Womyn's Music Festival (MWMF):** In 1991, Nancy Burkholder was ejected from MWMF for being trans, and the incident became a cultural touchstone for the issue of transphobia within queer and feminist communities. In both 1992 and 1993, cis lesbian feminist Janis Walworth organized an outreach and education effort to support trans inclusion at MWMF. In 1993, MWMF security informed Walworth that her outreach group was in physical danger and that their safety could not be guaranteed. Even though some MWMF "leather dykes" volunteered to provide the group with security, they decided to move outside the gates of the festival, establishing what became known as "Camp Trans." Outreach and education attempts continued until 2015, when MWMF ceased operations without officially lifting its ban on trans women.
1995–2019	**Vancouver Rape Relief & Women's Shelter:** Since 1995, the Shelter has fought to remain a cis-only space, and in 2007, the Canadian Supreme Court set a legal precedent by refusing to hear an appeal of a trans woman who had been denied entry into the group's volunteer counselor training program. In 2019, the shelter lost funding from the Vancouver City Council due to its commitment to anti-trans discrimination.

"TERF Is a Slur"

Following a 2012 right-wing "homophobe is a slur" campaign, TERF activists began organizing "TERF is a slur" and "cis is a slur" campaigns. TERF activists asserted that these terms were offensive and used to disparage (cisgender) women. While the "cis is a slur" campaign largely fell into obscurity after *cisgender* was added to numerous dictionaries, organizing around the "TERF is a slur" campaign continues.

Some activists and academics do not use *TERF*, as they wish to avoid the possibility of a controversy that would detract from their arguments. For example, The Conversations Project, a trans and radical feminist historical project, tends to use *sex essentialist activist* instead, as they are concerned that *TERF* would be perceived as "unsisterly." Other radical feminists reject the term because they do not believe that TERFs are truly "radical" or "feminist." Moreover, *TERF* is critiqued because its use is sometimes expanded, especially on social media sites, to refer to those who promote a TERF-style sex essentialist discourse, even if the anti-trans activist may not self-identify as being any type of feminist.

However, these critiques are applied to any descriptive term that carries a level of social repudiation, such as *homophobe*, *racist*, or *misogynist*. For instance, in 2012, Kari Simpson, a right-wing activist, filed a human rights complaint in Canada because some schools used the term *homophobic* to describe anti-gay hate. Simpson claimed that homophobe was a "made-up" slur and that it was used to "deliberately mock Christians." These terms are rarely accepted by those they describe and yet can be necessary, as they offer a means to name specific types of bias-based beliefs, rhetoric, behavior, and the resulting structural oppression, particularly for those who suffer the effects of this bias. At the same time, some sex essentialist activists, even a number of TERF opinion leaders, do, at times, identify with the term *TERF*.

"Gender Critical, Not Anti-Transgender"

In 2013, as *TERF* began to gain cultural currency on social media platforms such as Twitter, attorney and TERF opinion leader Elizabeth Hungerford began promoting *gender critical* as a feminist identity. Whereas *gender critical* had previously referenced a trans-inclusive, queer feminist critical analysis of the sexist aspects of gender, such as gender stereotypes, gender roles, and gender hierarchies, Hungerford promoted the term as a euphemism for beliefs, rhetoric, and behavior that were critical of trans people.

Hungerford's promotion of *gender critical* came in the form of an open letter to the hundreds of feminist opinion leaders and organizations who signed a letter opposing what the signatories referred to as "transphobic feminism" in academia and the wider society. Hungerford's rhetorical work was aimed at languaging a sex essentialist anti-trans ideology as feminism, radical feminism, and the critical analysis of gender itself. Since Hungerford's 2013 announcement, *gender critical* and *radical feminist* are the primary self-identities used by TERFs when publicly discussing the equality of trans people. For instance, the largest TERF recruitment site, with tens of thousands of members, is a Reddit forum named "Gender Critical" that describes itself as "a radical feminist subreddit."

Utility of *TERF*

The linguistic and cultural utility of *TERF* becomes apparent when one considers the reality that practically every contemporary anti-trans sex essentialist argument was originally asserted in Janice Raymond's 1979 TERF classic, *The Transsexual Empire*. A self-identified "radical feminist," Raymond pioneered the anti-trans rhetoric that has been employed by the likes of the Heritage Foundation, Tea Party politicians, and pundits; alt-right activists; and anti-LGBTQ+ hate groups like the Alliance Defending Freedom. Her goal, as she unambiguously stated in her work, was "morally mandating [transsexualism] out of existence" (p. 178). It is this shared vision of morality that discursively binds TERFs to the ideological right.

Since both the radical feminist and gender critical traditions have a history of strong trans support and advocacy, the use of *TERF*, especially within the context of social media, serves as an important rhetorical intervention against the effort by anti-trans sex essentialist activists to colonize "radical feminist" and "gender critical" identities. While the term *TERF* is critiqued as being antagonistic, it nonetheless fills a discursive void in that it concisely assigns a lexical identity to a set of ideas pioneered by the TERF movement, regardless of who makes use of these arguments. In this way, *TERF* can be used both to identify a specific morality-driven rhetorical tradition and to distinguish it from trans-inclusive traditions and movements.

Cristan Williams

See also Anti-Trans Theories; Feminism; Rivera, Sylvia; Trans Women; Women's Movement, Trans Inclusion In/Exclusion From

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Therapist Training

Although many psychology graduate programs offer a course devoted to working with the LGBTQIA+ population as an elective, it is rare to find a course specific to working with the trans population, let alone one that is required of all students. Gender dysphoria is typically briefly covered in courses on psychopathology and mental health, and gender identity development is often reviewed in developmental psychology courses, yet further training is required to truly understand the complexities related to the care of those who grapple with gender dysphoria. Many therapists feel unprepared to meet the unique needs of their trans clients, creating an additional barrier to accessing care for this population. The in-depth training that is needed for therapists to gain competency and confidence to work effectively with the trans population is typically left for the therapist to seek out independently. This entry addresses the main components of training, whether it be in graduate school or postgraduate training, for therapists to provide ethical and quality care to this population.

Trans-Affirmative Therapy

First and foremost, any training of therapists should emphasize using a trans-affirming therapeutic stance, which is defined by the therapist affirming the client's gender identity and not trying to change or repair it—the latter of which is the focus of reparative therapy (i.e., the goal is change the client's gender identity to match their sex assigned at birth). Importantly, all of the major professional psychological and therapeutic associations have condemned reparative therapy for the treatment of gender dysphoria and have published written statements supporting the use of the trans-affirmative model.

Gender and Gender Dysphoria

Those without exposure to the LGBTQIA+ population may be confused about the differences among sex assigned at birth, gender identity, gender expression, and sexuality. When considering these concepts, it is of utmost importance for the therapist in training to also understand the nuances and complexities that exist between the binaries of male/female, man/woman, masculine/feminine, and attracted to men/attracted to women. Examples of these nuances may be intersex, nonbinary, androgynous bisexual, and pansexual. While therapists need to gain understanding of the American Psychiatric Association's *Diagnostic and Statistical Manual* (*DSM*) and the World Health Organization's *International Classification of Diseases* (*ICD*) definition of gender dysphoria, it is also important for therapists to realize that the feeling of gender dysphoria is experienced differently by different transgender people, and some may not experience it at all.

Bias, Stigma, and Intersecting Identities

Awareness of the diverse minority stressors and intersecting identities possessed by their trans clients will aid the therapist in supporting those clients. Cisgender (cis) therapists need to be aware of the different biases and privileges that they hold and how their identities have the potential to affect the therapeutic relationship. It is important for all therapists to be cognizant of the fact that the process of identity development and expression is different for each trans person. And of course, trans clients seek therapy for a variety of different reasons, not all of which are related to their gender identity.

The Gatekeeper Dynamic

Therapist training should highlight the history of gender identity in the field of psychology. It was only as recently as 2012 that the diagnosis of Gender Identity Disorder was changed to Gender Dysphoria in the *DSM-5*. For decades, therapists have been forced into the role of evaluator/gatekeeper, beholden to following different guidelines to author documentation for clients to gain access to their desired medical interventions. While these guidelines have changed throughout the years, and some medical establishments now follow the informed consent model, the dynamic has already been established where many trans individuals distrust therapists and feel they have to portray a certain narrative of themselves in the therapy session.

Children and Adolescents

When working with children and adolescents, it important for therapists-in-training to have an understanding of child and adolescent development and family systems. Not all children who identify as trans will continue asserting that identity as adults, just as not all cis children who come to understand their identity as a child will grow up to be cis. Similarly, among adolescents who assert a trans identity, some may have shown evidence of cross-gender expression and interests as a child, and others may not have. Although members of a family system can benefit from support if and when a family member comes out at any age, family therapy and/or support groups for parents can be extremely beneficial when that member is a child or teen.

Vulnerabilities

A good therapy training program must stress the vulnerabilities of the trans population. Because of discrimination, stigma, and lack of understanding and acceptance in families and society at large, this population is at high risk for suicide, hate crimes, substance abuse, depression, anxiety, and other negative outcomes. From a clinical perspective, for individuals who have known of their identity for most of their lives but have not been seen as their true selves, developmental trauma may have occurred. The therapist's office becomes a safe container for the client's identity to be reflected and validated. Just using the client's chosen name and pronouns while reflecting their identities in session can be profoundly healing for some clients.

Social Transitions and Accessing Care for Medical Interventions

Therapists should be trained to understand that some but not all trans clients will seek both social and medical intervention to alleviate gender dysphoria. The World Professional Association for Transgender Health (WPATH) Standards of Care are a set of guidelines for therapists and other medical professionals to use in assisting their clients through this process. The WPATH Standards of Care act as a guide for aiding clients with social transition, hormone blockers, hormones, and surgical interventions. Therapists should have an understanding of how to support clients before, during, and after social and medical transitions.

Conclusion

While this entry highlights the necessary primary components of a therapist training program for working with trans clients, it is important to note that this is an ever-growing and changing population. There is a need to integrate these core components of training into academic therapy programs, while also expanding on this information and offering specialized postgraduate training in continuing education. These professional development opportunities should be available in real life and virtually (i.e., online), conducted by seasoned professionals specializing in the trans population as well as professional organizations committed to serving gender-diverse populations. Furthermore, investing in ongoing support and consultation/supervision is a desirable addition to a therapist's professional development regarding the trans population.

Melissa MacNish

See also Gatekeeping in the Transition Process; Gender Dysphoria; Gender Minority Stress; Informed Consent Model; Reparative Therapy; Social Transition

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Therapy/Therapist Bias

Therapists are called to provide affirming and culturally competent care for trans clients; however, various biases about gender diversity and trans identities can interfere with the delivery of truly affirming mental health care for trans people. Cisnormativity, or the false assumption that all people have gender identities that match their sex assigned at birth, can lead to several biases and barriers to the mental health care that trans people receive. Anti-trans prejudice also affects the negative attitudes, beliefs, and stereotypes that people may have about trans and gender-diverse people. Given such misconceptions about gender, therapists may also hold various biases about gendered roles, gendered expressions, and gendered identities of trans and gender-diverse people. Furthermore, many therapists report lacking *knowledge* of trans communities, *awareness* of their own gendered biases, and the *skills* needed to provide affirming mental health care for trans clients. Such deficiencies in knowledge, awareness, and skills leave many therapists unprepared to provide culturally competent care for trans clients, who experience a variety of barriers to accessing quality mental health care. This entry provides an overview of trans people's general experiences of therapy, therapists' misconceptions and biases, harmful conversion therapy practices, and ways to increase therapists' cultural competency to support the delivery of trans-affirming mental health care.

Experiences of Mental Health and Therapy

Trans people interact with therapists for various gender-related and gender-unrelated concerns. Trans people also face disproportionately high levels of mental health concerns and distress, which may be due, at least in part, to the minority stress that marginalized communities face. Minority stress theory explains that both external distal stressors (i.e., discrimination, victimization, harassment) and the proximal internal stressors that may follow (i.e., vigilance, fear of rejection, self-stigma) can help explain the higher rates of depression, anxiety, suicidal ideation, and distress among trans individuals. Furthermore, for trans people seeking gender-affirming surgeries, the need for a letter of support from specific medical professionals can increase the likelihood that trans people will seek out a therapist. Given their higher rates of distress and the need for a letter of support for gender-affirming surgeries, trans people tend to seek therapy at higher rates than the general population. Unfortunately, trans people also report various barriers to accessing mental health care, and when they are able to access care, trans people's experiences of therapy are often fraught with therapist biases and microaggressions. Even for well-meaning therapists, several stereotypes and biases can impede the delivery of trans-affirming mental health care.

Cisnormativity and Therapist Biases

Therapy with trans people should be affirming; however, therapists may possess biases that interfere with the delivery of culturally competent and affirming care. Even when therapists are trying to be affirming of clients' gender identities, cisnormativity—the belief that cisgender identities are the only normal and acceptable identities—often influences how therapists understand trans and gender-diverse people. These biases may be seen via therapists' beliefs in a gender binary, expectation that trans people have a linear transition, and gatekeeping around trans people's access to affirming medical care. Additionally, therapists' missteps can entail a reliance and burden on trans clients to educate their therapists about their trans identity and trans communities. Sometimes therapists will also either try to avoid conversations about gender identity or focus too much on gender at the expense of other areas of the client's life. Therapists also misstep when they assume that the experiences of trans clients are all the same and fail to consider the intersections of clients' various cultural identities. Such stereotypes, biases, and assumptions about how to work with trans people can lead to ineffective therapeutic interventions that can cause more harm than good for trans people. Therapist biases affect the therapeutic relationship, mental health outcomes of trans people, and trans people's willingness to seek therapy.

Binary Beliefs About Gender

Therapists may hold either explicit or implicit beliefs and misconceptions that gender is binary and there are only two gender categories, boys/men and girls/women. These biases can be particularly problematic for trans people who do not fit into this binary, including genderqueer, agender, bigender, and nonbinary identified people. Therapists who struggle to conceptualize gender outside of this binary may fall into common biases of assuming that (a) there are only two genders, (b) gender identity matches gender expressions, (c) binary and nonbinary trans people are always interested in medically transitioning across the binary, (d) nonbinary identities are not valid or real, (e) being nonbinary is a new fad, (f) gender identity is constant and stable over time, or (g) that all trans people have a goal of "passing." These misconceptions and biases can be harmful and invalidating, and they can lead to inappropriate treatment options for trans people who do not fit into this binary mold.

Assumptions of Linear Transitions

Some trans people may seek gender-affirming social, medical, and legal steps to transition from their sex assigned at birth to some other gender identity; however, not all trans people choose to transition in the same ways. Yet, many therapists may have outdated assumptions that there is a singular, normative, and linear transition path that trans people should follow, which often follows a binary transition path. Belief in this prescriptive and linear transition path often includes the notion that there are specific steps that trans people should follow. Therapists who do believe in a linear transition path with specific steps and stages may encourage their trans clients to move through various transition processes in a stepwise fashion that may not be accurate or indicated for that client. Instead, the transition process should be individualized, and therapists should follow their client's lead regarding their own unique transition journey.

Therapists as Gatekeepers

Trans people are often put in the position of having to be assessed by therapists and get a letter of support to access gender-affirming medical care, specifically surgeries. This process has been criticized for placing therapists in the role of being a gatekeeper for gender-affirming care. For trans people, having to get a letter from a therapist can create a barrier to care and can also cause a harmful dynamic between the therapist and the client such that clients many feel the need to prove they are trans enough to be granted access to gender-affirming medical care. Some research suggests that having to get a letter from a therapist to access gender-affirming care can negatively affect the therapeutic alliance, reduce benefits of therapy, add to oppressive experiences, and create barriers to transition. However, given the World Professional Association for Transgender Health (WPATH) Standards of Care Version 7 guidelines for these letters, therapists are in a position to choose how to conduct such assessments so as to minimize biases and decrease the potential for harm. As critics have noted, binary and nonbinary trans people should not be made to "prove" themselves as trans enough or pushed into a binary or linear transition path to access medically necessary treatments. Rather than being gatekeepers, scholars and activists suggest that therapists can learn to be liberators who work collaboratively with clients and support their trans clients' rights to self-determination.

Harmful Gender-Reparative Therapy Approaches

Some of the most harmful biases include assumptions that trans identities and gender-diverse experiences are pathological and need to be changed and that trans people need to be "fixed." These discriminatory practices and harmful interventions include gender-reparative or conversion therapies—misguided, problematic, and detrimental attempts to change a person's gender identity to match their sex assigned at birth. These gender-reparative therapies can include harmful efforts to coercively stop trans people from identifying as a gender that does not match their sex assigned at birth. These approaches can include encouraging trans clients to dress, act, and identify with the gender they were assigned at birth and actively discouraging gender-diverse expressions. This may include having clients behave, dress, and

speak in stereotypically masculine or feminine ways that match their sex assigned at birth instead of their stated gender identity. Research shows that these overt biases against trans people and gender-reparative approaches are harmful to trans and gender-diverse people, often increasing psychological distress and suicidal ideation. Gender-reparative therapy and conversation therapy approaches that attempt to change a person's gender identity to match their sex assigned at birth are now widely recognized as ineffective and destructive, and they reflect cissexist and transphobic biases.

Increasing Therapists' Cultural Humility and Trans-Affirming Care

Gender is complex, multidimensional, and ever expansive beyond binary categories of men and women. In order to provide affirming mental health care for trans people, therapists need to increase their cultural competency and humility by reflecting on their own gender attitudes and biases, developing knowledge about gender diversity and trans communities, and gaining the skills to provide affirming care for trans people across the gender spectrum. Importantly, therapists are also called to advocate for and with their trans clients who face challenges obtaining gender-affirming care, correct legal documents, or protections against discrimination. Therapists are increasingly being called upon to advocate, from a public policy and legal perspective, for the creation of systemic social changes that challenge the inequity and discrimination that trans people face. Liberation psychology provides a framework for creating such social change by examining the effects of power, oppression, and the intersections of multiple social identities on the experiences of both trans and cisgender people. Whether providing affirming or liberating psychological services for trans people, therapists are strongly encouraged to interrogate their own notions of gender and explore the explicit and implicit biases they hold about the diversity of trans identities and experiences. As discussed earlier in this entry, several intentional and unintentional missteps and biases can negatively affect the care trans people receive. However, by doing the work of learning, advocating with, and questioning biases about gender, therapists can help create affirming therapeutic experiences for trans clients across the gender spectrum.

Jay Bettergarcia

See also Affirmative Therapy; Cisnormativity; Gender Affirmative Model; Gender Minority Stress; Mental Health; Reparative Therapy; Therapist Training; WPATH

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Third and Fourth Gender Roles

Around the world and throughout history, third and fourth gender roles are occupied by people who do not fit easily into the category of cisgender man or woman and include trans persons in some contexts. Third gender roles, indicating a gender category neither cis man nor cis woman, are more commonly recognized than fourth gender roles. The fourth gender role is used to indicate gender identities in societies that recognize more than three genders. The idea of third and fourth gender roles can indicate not only how individuals or groups see themselves but also how they are perceived and the gendered place they occupy in their wider society. The idea of third and fourth gender roles can be used to refer to behavior and social roles as well as biological traits or identity depending on context. Importantly, the idea of third and fourth gender roles can be criticized for masking complex differences between different gender identities in different contexts as well as intersectional perspectives whereby class, race, age, sexuality, culture, and nationality shape gendered experience. However, third and fourth gender roles and categories are significant in contesting the simplicity of the binary gender order of cisgender men/masculine and cisgender women/feminine and in offering a framework that can be used by activists and others to claim nonbinary and queer space, identities, and ways of being. The following paragraphs highlight different examples of third and fourth gender roles in different societies, legal frameworks, and contexts.

Third and fourth gender roles are used in very context-specific ways. At different points in different societies, the third gender category has referred to gay men, trans persons, persons who are nonbinary or intersex, and cis women who occupy spaces or roles perceived as traditionally masculine. The two-spirit people in Indigenous North American society occupy a nonbinary, third gender role. Randolph Trumbach describes how gay men in early 18th-century England were understood as a third gender because they fell outside the expected parameters of masculine desire. The *muxes* in the Oaxaca region of Mexico are assigned male persons who often use dress or makeup to perform ideas of femaleness and do not generally identify as either female or male. The *fa'afafine,* an intermediate gender category in Polynesian culture, refers primarily to male-assigned persons who live in gender-liminal (in-between) ways. The term *xanith* in Oman has been used to refer to gay men who behave in so-called effeminate ways and are understood to be socially similar to women. Less commonly linked to the term *third gender* but sometimes framed as such are the *bacha posh* in Afghanistan, female children brought up as male, particularly where there is no male child within a family. These children fulfill the social function of a son for a time but can usually be expected to return to a female role in adolescence. Those occupying fourth gender roles have included lesbian women, as noted by Trumbach in his discussion of early 18th-century England, and trans persons. As discussed in the work of Sharyn Davies, the Bugis, a large ethnic group in South Sulawesi, Indonesia, have a nuanced and complex understanding of gender, recognizing four genders of *makkunrai* ("female women"), *oroani* ("male men"), *calalai* ("female men"), *calabai* ("male women"), and a meta-gender group, the *bissu* ("transgender priests"). So, while the third gender role has often been occupied by those who do not easily fit cisgender binaries, fourth gender roles are a further categorization to recognize different identities in more detail.

Persons who occupy third and fourth gender roles have often been understood as spiritually powerful, leading them to take a significant part in cultural ceremonies and rituals and to be treated with respect and reverence. At the same time, historically, third and fourth gender roles have been marginalized, even criminalized, by European colonial powers and settler colonial societies. One example of this is the treatment of the *hijras,* a third gender role in India. Under British colonial rule shaped by racialized ideas, hijras were treated as criminals and as threatening to the social order. This demonstrates the intersections of race and sexuality that have produced and policed ideas about third and fourth gender roles and compounded forms of discrimination and stigma around them in some contexts.

Today, the category of the third gender has been recognized in legal frameworks all over the world (including in Argentina, Denmark, the

Netherlands, New Zealand, Nepal, Australia, India, Iceland, Malta, Germany, and Pakistan). In Nepal, for instance, citizens can self-identify as third gender on their passports, in voter registration, and in the census. This is a vital political and rights-based victory brought about by sustained activism. Malta has particularly comprehensive intersex and trans-inclusive measures in place for its citizens. However, some uses of the third gender as a legal category can be restrictive, for instance, in Germany, where the selection of or change to a third gender option on legal documents requires medical certification to demonstrate intersex status. This restricts the category to biological or medical understandings, excluding other modes of identification that fall outside a binary gender construction.

In practical terms, although additional forms of legal and cultural recognition in certain countries and practices are important, the rights and safety of those who occupy the third and fourth gender role are precarious globally. Being LGBTQI+ is criminalized in multiple countries around the world, and those who occupy third and fourth gender roles can experience heightened social marginalization and numerous psychological, economic, and cultural pressures and stigmas linked to their gender role and identity.

Hannah Partis-Jennings

See also Cisgenderism; Citizenship; Fa'afafines; Gender Binaries; Hijras; Two-Spirit People

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Tipton, Billy

Billy Tipton (1914–1989) was a jazz and swing musician and entertainer who played piano and saxophone and sang in bands and trios throughout the Midwest and Pacific Northwest from the mid-1930s through the mid-1970s. Born Dorothy Tipton in Oklahoma City, Billy began living as a man at the age of 19. He died in Spokane, Washington, at the age of 74. He did not identify as a trans person. At his death, the revelation of his anatomy by paramedics stunned his adopted sons and everyone who knew him, including four of his five ex-wives, and set off very public debates about sex and gender that resonated throughout the then coalescing trans men's community.

The coroner, who had signed the autopsy report prepared by a pathologist certifying "that the body was that of a normal biological female past menopause," called a local journalist with a tip to check out Billy Tipton's death certificate. Since Billy had been a well-known figure in the entertainment industry, the journalist believed Billy's anatomy was something the public had a right to know about. The news traveled quickly. Billy's sons and his last ex-wife, Kitty, were besieged with requests for interviews, talk-show appearances, and film and TV offers to tell Billy's story. Kitty solicited Diane Middlebrook, a respected biographer who had grown up in Spokane, to consider the challenge of researching and documenting her ex-husband's remarkable life.

For trans people, Billy Tipton symbolized numerous problems, not the least of which were shame and confidentiality, and people who had been "cross-living" for many years without the benefit of gender-affirming surgery and its hoped-for promise of legal recognition as men called surgeons' offices to ask if they were then too old to undergo the procedure. Furthermore, many of the public discussions about the "masquerade," the "deception" that Billy's life suddenly represented, relied on sexist, homophobic, and transphobic premises that were painful to listen to, let alone refute. Jason Cromwell, trans community leader, anthropologist, and author of *Transmen and FTMs* (1999), referred to these talking points as "default assumptions." These are assumptions that are accepted as fact because they seem obvious—for example, the assumption that a

woman puts on men's clothing only because she wants to take something that belongs to men, as if the only reason a woman would wear a man's work shirt, coveralls, and steel-toed leather work boots would be to take a job that only a man would perform. In this line of reasoning, because Billy loved women, he had to pretend to be a man, and because Billy wanted to be a musician, he had to pretend to be a man, as if women were not able to be musicians or women could not love other women, both of which situations were not true.

Billy Tipton went to elaborate lengths to ensure that he was perceived as male and that no one would know that he was assigned female at birth. His wives never saw him without clothing. As a traveling musician, he was well aware of gay and lesbian venues and artists, as well as straight women who were singers and band members, and apparently he never made an effort to connect with gay or lesbian people as if he were "part of the family," nor did he ever try to form friendships with female musicians as if he were tempted to consider himself "one of the girls." Men who traveled with him and played in his trios were convinced of his maleness. He avoided doctors, and as he aged, he had to give up playing instruments because of arthritis in his hands, but he continued to work in the music industry, booking and mentoring young performers.

Although trans men worried about how the mainstream press reacted to Billy's "deception" and how that reflected on their own needs to live as men, they also admired Billy's determination and his self-confidence. Hormones and surgery were available during Billy's lifetime, and he could have, if he had wanted to, saved the money to obtain these treatments and banish the fear of exposure from his consciousness, but he never did. Toward the end of his life, he took some small steps to ensure that no one would find any binding garments or genital prostheses that he had used routinely for his entire adult life. The conflict between the body and the gendered self with which some trans people struggle was apparently not worth fighting any longer, and he may not have wanted those he left behind to be burdened with his evidence. The only evidence he left was everyone's certainty regarding his maleness. He knew who he was and what he was capable of, and he lived his life authentically. To say that he was "really a woman" simply because he was assigned female at birth would be to deny the truth about him. And all those who might claim that biology is destiny and use his anatomy to diminish him, all of his accomplishments, and all of the perceptions that others who knew him had about their relationships with him would also be denigrating women in the process. As Middlebrook notes, the truth was he was Billy Tipton, and he did all that he did and was everything he was, and his life is a testament to the power of the human spirit to express the truth of its own capabilities and feelings regardless of the form of a body.

Jamison Green

See also Aging; Death and Dying; Embodiment; Musicians; Representations in Popular Culture; Transphobia

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Tom

In the late 20th century, a number of societies in Southeast and East Asia adopted the English-language word *tomboy* as a name for masculine women, transmasculine people, and trans men. In Thailand, this became *tom* and has been used both by tom themselves and Thai society generally. Tom adopt various masculine-associated personal styles, demeanors, and manners of speech. Traditionally, tom romantically partner with feminine women, called *dee* (from the English word *lady*), but tom modes of masculinity, sexual expression, and social networks have transformed beyond Thai conventions of binary gender and sexuality.

Relative Acceptance

Tom experience less public oppression in Thai society than do masculine females and trans men in much of the world, and their gender identities

and sexual relationships are not criminalized. Since the 1980s, tom have been visible in Thai popular culture, particularly in pop music, where tom singers have developed an enthusiastic fan base. The first movie with a tom lead was the highly popular 2010 romantic comedy *Yes or No*. Thai tom are also social media celebrities, with followers across Asia. Apart from these elite examples, tom can be found in most spheres of Thai society, including working in stores and as bouncers in the sex trade.

Tom gender presentation reflects different Thai models of masculinity, often in step with international influences and consumer culture. Bangkok has shops catering to the tom market, and since the 2000s, binders have been available from Thai vendors and Asian mail-order businesses. Central Thailand has abundant plastic surgery clinics, and some tom with means opt for top surgery. There is also a slick, widely sold tom lifestyle magazine, *@tom*, pitched to middle- and upper-class readers. With the rise of the K-pop phenomenon, a subset of tom dress (and dance) like male K-pop stars, which is considered a more androgynous style.

Despite their relative acceptance compared with most other societies, tom's social location is more complex than their casual public presence suggests. Linguistically, while everyday spoken Thai commonly uses gender-neutral pronouns and allows a great deal of queer verbal play in formal and official situations, Thai requires speakers to use a male or female particle and often gendered first, second, and third pronouns, which render tom feminine. Thai authorities in the 20th century adopted Western psychological categories that labeled tom as sexual deviants. Even as this pathologizing view has eroded, tom still face constraint and harassment in their communities, including, in some cases, pressure to adopt feminine styles and marry a man. Schools, government jobs, and many businesses have had gendered dress codes based on legal sex. Because of these sartorial restrictions, tom often gravitate toward jobs that do not require skirts and pantyhose, such as working in small businesses. Tom cannot be ordained as monks, a highly respected role in Thai Buddhism.

Thai Gender Systems

Historically, the Thai sex/gender system recognized three categories: male, female, and *kathoey*—a Thai label for trans women or "lady boys." Until the late 20th century, non-LGBTQ+ people, especially older people, described tom as kathoey. But the term *tom* has since entered the Thai lexicon as its own identity.

The tom identity is rooted in a masculine gender, which in the Thai schema is intertwined with sexuality. Thai convention ascribes to masculinity an active sexual role that is oriented to feminine women. In the 21st century, new generations of tom introduced more diverse expressions of sexuality. An example is the category of *tom gay*—tom who have relationships with other tom. The erotic nature of tom's celebrity fandom has also become more explicit.

The recognition and self-concepts of tom are informed by the social context of Thailand. Some of the tolerance of tom is predicated on gender norms. For example, the prevailing cultural view is that sex requires the presence of a penis, so what transpires between two people considered female is treated as play rather than sex. The economic context is important as well. Thailand's lack of a robust welfare system, such as social security benefits, means that economically supporting parents is critically important. As a result, tom's gender nonconformity and same-sex relations can be accepted by many families, as long as tom remain appropriate (i.e., earn an income, support their family, avoid drama and scandal). Therefore, kinship patterns, political economy, and cultural values, especially the cultural differentiation of sexes, have all shaped tom identity. Thai society still positions most tom as female, regardless of their self-identification, although many tom identify as women/female in some way.

Tom and LGBTQ+

LGBTQ+ organizers combine *tom-dee-les* (*les* as a shortened form of *lesbian*) together as a name for queer people assigned female at birth. Tom concerns have been represented chiefly by the leading organization for lesbians, Anjaree, and by the LGBTQ+ organization Bangkok Sky. Socially, tom do not frequent the urban spaces created by Thai gay men or trans women, even though they lack their own cultural places. The Internet has allowed the formation of online groups and discussions that are shaping tom-dee-les subcultures and

self-concepts, which are shared across the country and with Thai speakers elsewhere.

In the 21st century, when the category of "trans men" became available to Thais, some assigned-female individuals began to identify as trans men (using the English term) rather than tom. Testosterone is available as an over-the-counter medication, so trans men who lack gender-affirming medical care often self-medicate. Trans men have formed groups like the Transmen Alliance of Thailand (TMAT), which is the public face of trans men in the country. But because Thailand does not allow trans people to change their sex assigned at birth, trans men and tom remain legally female.

Ara Wilson

See also Families: Transnational and Global Perspectives; Third and Fourth Gender Roles

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Tomboys (Philippines)

Tomboy (pronounced with two short o's in its Philippine pronunciation) is a local and diasporic/immigrant/migrant term that is currently used in the Philippines and the Filipinx diaspora. This entry's content comes largely from the global city of Manila and Central Luzon in the Philippines and mostly from a Tagalog perspective, which may also include diasporic Tagalog perspectives.

Tomboy Defined

Filipinx gender and sexual identities are not monolithic. There are approximately 175 different ethnolinguistic groups in the Philippines, and the diaspora currently includes approximately 10 million Filipinos. Tagalog is one of the primary languages spoken in Manila, and the national language of the Philippines—Filipino—is largely based on Tagalog. *Tomboy* broadly suggests or signals gender nonconformity, particularly for those who were identified as female, *babae,* and/or girl at birth in the Philippines or the diaspora. Tomboy signals "female masculinity" and also "trans masculinity and trans maleness." *Tomboy* as a term, an identity, a linguistic and cultural translation, and a figure is important in and to Trans Studies because Southeast Asia is well known for its significant sexual gender diversity and relative inclusiveness. The Philippines and the Filipinx diaspora are also both important sites of scholarship and activism for LGBTQIA+ and other sexual gender minorities. In other parts of Southeast Asia, similar terms, identities, and linguistic and cultural translations circulate, as well tomboy people and figures. This includes *tom* in Thailand and *tomboi* in Indonesia and Taiwan, among other locations. These variants of tomboy(s) suggest how, in Southeast Asia and transnationally, important cultural connections and flows exist across spaces and geographies.

Babae

Babae (females/girls/women in Tagalog) are traditionally taught to embody and practice conventional Filipina femininities. Key components of traditional embodiment of Filipina femininity include living strictly as heterosexual and thus sexually and romantically desiring *lalaki* (males/boys/men); identifying and acting like a babae (female/girl/woman) through bodily gestures, movements, and clothing choices; behaving modestly in pious and socially conservative ways (especially concerning sexuality and Catholicism); and prioritizing family and related heteronormative responsibilities and obligations (like being

obedient to one's parents and other elders and making personal sacrifices for the good of the family). This type of conventional Filipina femininity is personified in the character Maria Clara from Dr. José Rizal's famous late 19th-century groundbreaking novel, *Noli Me Tangere,* which is required reading in the Philippines.

Tomboys

Tomboys disobey the social imperatives and pressures to live as babae, and they resist conventional cisgender (cis) Filipina femininities for themselves. Instead, tomboys behave and live in male/masculine ways. Tomboys, for example, walk, talk, and behave as lalaki/boys/men or other tomboys. They wear clothing geared for traditional lalaki/boys/men. They may have lalaki-like/boyish/mannish/tomboyish physical mannerisms, are usually sexually and romantically attracted to cis girls and women, may work in traditionally male occupations, and usually choose not to participate in heteronormative reproduction and "motherhood."

While the term *tomboy* usually refers to a "boyish girl," one who is going through a childhood phase in English/European/U.S. American understandings, *tomboy* in the Philippine and Tagalog sense is usually not a short-lived childhood event but rather continues throughout one's adulthood. Considering linguistic and cultural translations is important because the Philippines has been colonized by several imperial powers: Spain, the United States, and Japan. Thus, Filipinx understandings of tomboy(s) include imperial/globalized influences, along with native or local elements.

Tomboy as Trans and Working Class

Contemporary queer and Trans Studies scholarship suggests that definitions of tomboys and tomboy-ness in Philippine and diasporic contexts need to be expanded, so that tomboys can also be understood as trans and, therefore, also as lalaki (male/boys/men). In other words, tomboys can be understood as individuals who were identified as babae at birth but who socially, emotionally, and/or physically transition to live as lalaki.

Class or economic position is also an important consideration when thinking about contemporary tomboys in the Philippines. The Philippines, overall, is a poor country with a poverty rate of 16.6%. The current average monthly salary for a local Filipinx is 48,800 Philippine pesos (or $993 per month). These particular economic circumstances may significantly affect whether or not a tomboy chooses to medically transition. It may be cost prohibitive to begin testosterone therapies or gender-affirming surgeries. In Philippine cinema and television, tomboys are often portrayed as working class and/or poor. Movie and television characters are often shown working in working-class men's service positions, such as bus conductor or security guard, or in jobs that do not require them to wear feminine uniforms.

Tomboys experience discrimination and gender policing at school and in many places of employment. For example, some tomboys may find it difficult to finish their educations because many schools in the Philippines require babae to wear feminine uniforms (e.g., skirt and blouse). Owing to institutionalized discrimination, homophobia, and transphobia, as well as the ways that the gender binary is managed and enforced in education and employment, tomboys may have difficulty finding jobs that pay higher wages, which contributes to tomboys remaining poor or working class.

Tomboy as Decolonial

With dominant medicalized definitions of transness (coming from the United States and elsewhere) reaching Philippine shores, local Philippine tomboys (who do not medically transition) are not widely seen or understood as male, lalaki, boys, trans, and/or trans men. This suggests that colonial, neocolonial, and/or global discourses in the Philippines may be affecting how tomboys are still viewed as "not trans." As such, tomboys also expose ongoing cultural tensions and differences in translations among and between different languages; different local, regional, and global identifications; and different gender ideologies, discourses, and practices. *Tomboy* as a term, identity and practice, therefore, also offers Filipinx and other Asians the possibility to decolonize and unsettle dominant notions of trans, and in doing so, the term, identity, and practice of *tomboy* potentially facilitate decolonizing Trans Studies as a field, as well as dominant trans activism.

Kale B. Fajardo

See also Immigrants and Immigration; Masculinities; Philippines, Gender Categories; Queer Theory and Trans People; Racialized Masculinities; Tom; Trans Men

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Trans Men

Trans men are people who were designated female at birth but who identify and often live their lives as men. Their existence cuts across boundaries of nationality, race, ethnicity, religion, sexual orientation, ability, and socioeconomic class. Historical records from the late 19th and early 20th centuries indicate that men who had been assigned female lived exemplary male lives without their birth status being known until their deaths or some mishap. However, even if their sex assignment was discovered during their lives, most trans men continued living as men. When hormones and gender-affirming surgeries became available by the mid-20th century, many trans men who could afford these procedures changed their physical sex to align with their gendered selves. These men played a key role in changing medical professionals' understanding and treatment of trans people and laid the groundwork for trans male social activism in the 1980s and beyond. As with other marginalized communities, trans male organizing has been significantly aided by contemporary communication technologies and the rise of social media.

1870s–1930s

Prior to being able to access masculinizing hormones and gender-affirming surgery in the 1940s, trans men navigated their social and occupational environments through the guise of maleness. They wore traditionally men's clothing and hairstyles, worked in typically male occupations, and socialized in male-dominated spheres. Some trans men also served in the military, coupled with cis women, and were fathers to children, which enhanced their standing in their communities as men. Being seen and treated as male enabled white (and white-passing) trans men to access the rights of citizenship (e.g., voting, inheritance, property ownership, and living-wage jobs) that were largely denied to people of color, immigrants, and women. According to historian Emily Skidmore in *True Sex: The Lives of Trans Men at the Turn of the Twentieth Century,* most white trans men lived quiet, ordinary lives in rural areas and small towns, where they were known as hardworking, law-abiding, patriotic citizens and good neighbors. One such individual was George Green (1833–1902), who married, worked, and lived in rural Pennsylvania and Virginia. When his assigned sex was discovered upon his death, local newspaper accounts portrayed Green as a good husband, worker, and friend, and rather than pathologizing him and his marriage, the new reports legitimized him as a faithful Christian and cautioned others against judging him.

Some trans men, like Jack Bee Garland (1869–1936), Dr. Alan Hart (1890–1962), and Dr. James Barry (1789–1865), distinguished themselves in professional and military careers. Garland worked as a journalist embedded with U.S. troops in the Philippine-American war and enjoyed their acceptance, both before and after his assigned sex was discovered. Barry served in the British Army, where he rose through the ranks as a military surgeon to become inspector general overseeing all military hospital operations. Hart was a pioneering epidemiologist who modernized the treatment of tuberculosis, cutting the number of known cases by 80%.

As Skidmore shows in her work, the often upstanding lives led by 19th-century white trans men, coupled with their racial and class privilege,

enabled many of them to escape social ridicule and rejection when their assigned sex was revealed. In such instances, trans men were forced to explain to authorities why they chose to live as men, and they framed their stories in terms of normative white, male middle-class citizenship: their desire to serve the country, find suitable employment, be independent, and help others. Local newspaper coverage of white (and white-passing) trans men's gender and sexual nonconformity tended to downplay their transgression of the gender binary; instead, news stories highlighted their roles as breadwinners and heterosexual family men, who were hard workers, were faithful to their wives, and went to church on Sundays. They downplayed sexuality in their marriages and gave circumstantial reasons for crossdressing. When Kenneth Lisonbee's sex was discovered in 1929 in Los Angeles, he explained his sartorial and job preferences as the result of helping his aging, infirmed father with farm work after his older siblings moved away. He portrayed his relationship with his companion Stella Harper as an innocent friendship originating when he was working on the farm. Lisonbee's rationales cleverly shielded him and his companion from the charge of sexual impropriety, which was considered more contemptible than crossdressing. It also kept him from being labeled a "female sexual invert," a sexological term pathologizing women who were sexually involved with other women.

These trans men lived normative white male lives, building good reputations in their communities, which proved to be of vital importance when their assigned sex was discovered. For example, Willie Ray lived in Booneville, Mississippi, where he had been known all of his life as an honest, hardworking man. In 1903, he revealed his assigned sex in a court trial, which made newspaper headlines throughout the South. After winning the trial, Ray continued to live in Booneville, working in traditional men's trades, wearing men's clothes, and living with a female companion.

However, this acceptance was specific to white (and white-passing) trans men in the 19th and early 20th centuries. While they supposedly gained important citizenship rights (e.g., suffrage, marriage, property ownership, military service, pensions) through transitioning, trans men of color and immigrant trans men were often denied these rights and benefits because of racism and xenophobia. Having to contend with white supremacy and anti-immigration policies, trans men of color who were born in or migrated to the United States did not necessarily have better, freer lives as men. On the contrary, their visibility as men exposed them to the risks of lynching, criminalization, incarceration, deportation, and exile.

1940s–1970s

By the late 1940s, the pathologizing of people who deviated from normative gender and sexual expression became the dominant discourse, with the witch hunts led by Senator Joseph McCarthy against "suspected homosexuals" being emblematic of the more conservative era. During this time, the police increasingly raided queer bars and other public enclaves to harass and arrest patrons; individuals who crossdressed were particularly targeted because their gender nonconformity was seen as a clear affront to what was considered "public morality." The raid on the Stonewall Inn in New York City in 1969 is the most well-known example of the police attacking members of the LGBTQ+ community. But it was just one of hundreds of such raids that took place across the country in the 1950s and 1960s to persecute people who crossdressed or who were suspected of being gay.

Despite the generally less tolerant era, some trans men, like Jim McHarris (1924–), still found ways to live as men. McHarris was a Black itinerant worker who moved around the South and Midwest, taking various menial-labor jobs and occasionally preaching. In 1953, he settled in Kosciusko, Mississippi, hoping to marry and become a deacon in a local church. But the following year, McHarris's dreams were dashed when police officers stopped his car and interrogated him, and he was forced to reveal his assigned sex. The police jailed McHarris and made him strip naked in front of the judge and arresting officers to reveal his genitalia, then ordered him to pay a $100 fine or serve 30 days in jail. With no money or job prospects, McHarris served the time and had to do so in a women's prison. McHarris's treatment highlights the significance of race and class in the ways society sees and treats gender nonconformity. Transitioning to Black manhood opened doors for him that were closed to Black women (e.g., religious ordination) but also made

him vulnerable to racial oppression (e.g., aggressive police profiling) encountered by cisgender Black men during the Jim Crow era. McHarris was also treated more harshly, experienced greater humiliation, and was given a heavier sentence than white trans men whose assigned sex was discovered.

Moreover, unlike the rural communities in which white trans men lived, McHarris's community did not defend him. This may have been in part because African Americans initially saw their push for civil rights as depending on moral respectability (or at least its appearance), and anything less threatened to undermine the cause. In 1955, for example, 15-year-old Claudette Colvin defied bus segregation 9 months before Rosa Parks, but the NAACP chose not to use her case to challenge segregation laws after Colvin became pregnant later that year, as the attorneys felt that her pregnancy would be used against her in the trial. African Americans were keenly aware of how their sexuality had been pathologized to justify racist social policies, and as a result, generations of Black people chose to adhere to Victorian sexual mores as part of their strategy to counter racism.

However, the mid-20th century was not entirely negative for trans men. Testosterone pills became available in the late 1930s, and a few trans men, such as Michael Dillon (1915–1962), took advantage of the opportunity to masculinize their bodies. For these men, white, middle-class privilege was integral to their access to the newly synthesized hormone. Dillon, for instance, attended medical school at Trinity College in Dublin, where he mingled with elite medical professionals who were sympathetic to his desire to be recognized by others as a man. Like many other trans men of his era, Dillon had moved to a small town—Bristol, England—where he settled into a normative white male existence. He mingled easily with cis men in traditionally masculine jobs and enclaves and was accepted by them. However, Dillon soon recognized the limits of hormonal transition; he lived in constant fear that his sex assignment would be discovered, especially in situations where his body would be exposed (e.g., locker rooms, hospitals), because he did not have a penis.

As a physician himself, Dillon had professional relationships with other doctors, including Dr. Harold Gillies, who was performing phalloplasties to reconstruct the genitalia of cis men injured in World War II. Gillies was driven by a passion for medical discovery and innovation, and Dillon was a self-made, adventurous trans man in need of a penis. Together, they made the perfect pair to test phalloplasty's potential use for female-to-male transsexuals. Dillon had his first surgery in 1946 and completed the procedure in 1949.

While Dr. Harry Benjamin is widely credited with recognizing transsexualism as a medical rather than a psychological condition, Dillon was actually the first physician to make this argument, which he did in his 1946 book, *Self: A Study in Ethics and Endocrinology.* He contradicted the dominant psychiatric belief that gender dysphoria could be "cured" through psychotherapy and argued instead that doctors should treat trans people like any other patient population (e.g., military veterans and people with disabilities) and use medical technology (i.e., hormones and surgery) to enable them to live with dignity and authenticity.

While Dillon personally and professionally furthered the access of trans men to surgical and hormonal transition, Reed Erickson played an instrumental role in building institutions that supported medical transitioning for trans people in the 1960s and 1970s. Erickson founded the Erickson Educational Foundation (EEF), which funded trans-supportive clinical research (including Benjamin's work), social activism, and educational resources. The EEF published materials for trans people and their families and maintained a referral network of counseling services and medical providers who treated trans people. In addition, Reed's foundation functioned as a clinical research clearinghouse for physicians, psychologists, clergy, legal experts, and others wanting to understand gender dysphoria. Funding from the EEF helped establish the first clinic to specialize in the medical transitioning of trans people—at Johns Hopkins University in 1967—and the creation of the Harry Benjamin International Gender Dysphoria Association (HBIGDA), a professional organization for trans health care providers in 1979 (it subsequently became the World Professional Association for Transgender Health or WPATH). More than 40 gender clinics emerged in the next decade in the United States, and hundreds of practitioners began offering medical services to trans patients.

1970s–Present

Trans men became more visible in the 1970s. The efforts of early pioneers like Mario Martino, Steve Dain, Jude Patton, Rupert Raj, and Lou Sullivan laid the groundwork for increasing trans men's visibility by advocating for better access to transition treatment and building community institutions that addressed their specific gender journeys. Martino contributed to trans men's emerging visibility in the 1970s with his autobiography, *Emergence: A Transsexual Autobiography* (1977), and later operated a counseling center (The Labyrinth Foundation) and postoperative recovery house for trans people in Yonkers, New York. Dain was outed in a civil lawsuit, which he won for wrongful termination after he was fired from his teaching position for being trans. He subsequently played key roles in the early trans movement as a therapist, educator, and advocate. Patton, who had his surgeries at Stanford's gender clinic in 1970, gave lectures to health providers, researchers, and college students and was the first trans person to serve on HBIGDA's board. Patton took over the trans advocacy work of the Erickson Educational Foundation and cofounded J2CP (with Sister Joanna Clark), a trans educational nonprofit. Working in Canada, Rupert Raj undertook similar initiatives to change the medical world's treatment of trans people and disseminate medical and civil rights information to trans people.

Although the gender clinics were a major breakthrough for trans people, most who wanted access to them confronted many obstacles. Hormones, surgery, and therapy were exorbitantly expensive and beyond the reach of many trans people. This was especially the case for trans men, who, assigned female at birth and sometimes presenting in traditionally masculine ways, faced workplace and wage discrimination because of sexism and heterosexism. Trans men of color and immigrant trans men encountered additional hurdles of systemic racism and xenophobia in gaining access to gender clinics. Moreover, clinical programs used a heteronormative admissions process, accepting only applicants who identified as binary (male or female) and who would be heterosexual after medically transitioning. Justifying this exclusion were psychiatrists' conceptualization of homosexuality and transsexualism as mutually exclusive identities and their inability to conceive of the possibility of female transvestitism. Hence, trans men had more difficulty accessing treatment in gender clinics than trans women, and gay and bisexual trans men were entirely shut out if they did not feign a heterosexual identity.

Louis Sullivan, a gay trans man who was active in San Francisco's gay community, changed the views of many medical professionals by showing them that gay and trans identities were compatible and not mutually exclusive. Stanford's gender clinic twice refused to treat Sullivan because he was gay, but he was nonetheless able to access hormones and surgery in 1979, when HBIGDA published its first Standards of Care for providers, which paved the way for trans people (who could afford to do so) to medically transition outside the gender clinics. In 1986, when he underwent metoidioplasty, Sullivan learned that he had AIDS, which, at that time, was largely untreatable.

Sullivan spent the next 4 years educating medical professionals about trans people and helping build an international trans male network, before dying in 1991. Like Patton, Sullivan published a quarterly newsletter, *FTM International,* which provided advice and information about hormones and surgery, listings of trans-friendly therapists and counselors, stories of transition journeys, and trans legal and civil rights news. More than a resource, newsletters like *FTM International* told subscribers that they were not alone but, instead, were part of a larger global movement. Sullivan also published a pamphlet of transition guidelines, *Information for the Female to Male Cross Dresser and Transsexual,* to help trans men in navigating their gender journeys.

As his health was declining, Sullivan asked Jamison Green to take over publishing the quarterly newsletter and running a transmasculine support group that Sullivan had started. Green also continued Sullivan's correspondence with trans men from around the world, offering support and information resources, as well as building broad national and international networks. In addition, Green was an early advocate for education and open discussions of transness, arguing that the world would not be safe for trans people if no one knew that they existed. He also advocated for legal reforms and more responsive and responsible treatment from medical professionals, which

ultimately led to him serving on the board of directors of WPATH.

In the 1990s, new communication technologies (the Internet, cell phones, and social media platforms) made it easier for trans men to discover information about medical transitioning, find one another across vast geographical distances and national borders, and organize a global movement. However, race, ethnicity, and poverty continued to play key roles in limiting trans men's social and geographical mobility and access to medical treatment, as the murder of Brandon Teena in 1993 poignantly illustrates. Teena lived in Falls City, Nebraska, with his girlfriend, who knew he was trans. He wanted to medically transition, but his job as a gas station attendant made it difficult, if not impossible, for him to save enough money to afford hormones and surgery or to move to a more trans-supportive area like San Francisco or New York City, where he would have found a community of others like himself. When he was arrested for a misdemeanor, his birth name and sex were published in the local newspaper, which led to his rape and subsequent murder. In 1998, a documentary about Teena's murder, *The Brandon Teena Story,* brought international attention to hate crimes against trans people and to their frequent mistreatment by law enforcement officials. A year later, Teena's short life (and death) was dramatized in the film *Boys Don't Cry,* for which Hilary Swank won an Academy Award for her performance as Teena.

By the turn of the millennium, trans men were becoming more visible to one another and in the media, as they published academic studies and autobiographies, organized and attended conferences, and increased their activist efforts and artistic productions. A number of highly regarded research studies of (mainly white) trans men's lives, gender transitions, and embodiments were published during this time, including Aaron Devor's *FTM: Female-to-Male Transsexuals in Society,* Jason Cromwell's *Transmen and FTMs: Identities, Bodies, Genders, and Sexualities,* and Henry Rubin's *Self-Made Men: Identity, Embodiment and Recognition Among Transsexual Men.* Complementing these scholarly works were trans male autobiographies, such as Jamison Green's *Becoming a Visible Man,* Max Valerio's *The Testosterone Files,* and Matt Kailey's *Just Add Hormones,* which gave trans men more control over the representation of their lives. Authors could critically engage academic theories of gender and sexuality, educate a cis public that conflated trans men with butch lesbians, and inspire other trans men to transition out of their gender closets. Documentary films, like *You Don't Know Dick: Courageous Hearts of Transsexual Men, Southern Comfort, Becoming Chaz,* and *Still Black: A Portrait of Black Transmen,* added a visual component to written discourses by and about trans men. Photojournalist books, such as Loren Cameron's *Body Alchemy: Transsexual Portraits* and *Man Tool: The Nuts and Bolts of Female-to-Male Surgery,* proudly displayed the diversity of masculinities and bodily transformations of trans men. As the Internet continued to expand in the 21st century, social media platforms like YouTube and Facebook gave trans men more control over the representation of their stories, as they documented their transition journeys in vlogs and blogs.

Trans men also made inroads in law and law enforcement. Stephan Thorne, Kylar Broadus, Dean Spade, and Shannon Minter emerged as leading advocates for progressive changes in social policy affecting trans people. Thorne transitioned in San Francisco's Police Department in 1994 amid national media attention and became the nation's highest ranking trans officer after being promoting to lieutenant in 2008. He worked with other trans officers throughout the country to conduct gender sensitivity trainings in police academies and prisons. Kylar Broadus merged his skills as an entrepreneur and attorney in 30 years of indefatigable service to advisory boards and nonprofits for LGBTQ+ rights. Broadus also founded justice coalitions for trans people of color and, in 2012, became the first known trans person to speak before the U.S. Senate when he testified in support of the Employment Non-Discrimination Act.

Another legal activist, Dean Spade, started the Sylvia Rivera Law Project (SRLP) in 2002 to provide legal help to trans people targeted by the police's enforcement of gender norms, especially trans people of color and immigrants, who suffered the simultaneous effects of poverty, racism, homophobia, and anti-immigration policies. The scope of SRLP grew over the next decade to serve trans people in prisons, public schools, foster care, psychiatric hospitals, and immigration proceedings.

Shannon Minter emerged as one of the nation's leading legal advocates for LGBTQ+ rights, defending trans and queer people against discriminatory family and constitutional laws before the California (Proposition 8) and Florida Supreme Courts and the U.S. Supreme Court (*Christian Legal Society v. Martinez)*. In 2002, Minter gained national attention when he won the case of a trans man, Michael Kantaras, who was trying to keep custody of his children. Although the Florida Supreme Court reversed the case on appeal in 2004, Kantaras achieved joint custody in a mediated settlement.

Trans men's organizing continued to expand in the first two decades of the 21st century, as more men took positions on the boards of LGBTQ+ nonprofits, policy institutes, health collectives, and city and state planning committees to change laws and social policies adversely affecting them. Trans men's establishment of businesses, film festivals, social retreats, nonprofits, support groups, independent presses, and annual conferences, as well as their increasing presence in academia, the military, law, and government, made them visible in a way that was unimaginable even a generation ago.

Trystan Theosophus Cotten

See also Dillon, Michael; Erickson, Reed; Garland, Jack Bee; History; Sullivan, Lou; Teena, Brandon; Trans Women

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Trans People of Color Coalition

Founded in 2010, the Trans People of Color Coalition (TPOCC) was the first national organization in the United States created to address the specific needs of trans people of color. Its mission is to provide a voice for trans people of color, foster community leadership, and advance justice for all trans people through trainings and presentations about the intersections of various forms of oppression, including racism, transphobia, and transmisogyny. At a time when the LGBTQIA+ right movement in the United States continues to be led primarily by white activists and often fails to focus on the issues that specifically affect trans people of color, TPOCC brings the experiences of trans people of color from the margins to the center of discussions and enables them to be seen as their full selves.

Early Activities

TPOCC was founded by trans attorney and activist Kylar Broadus after recognizing that the trans and larger LGBTQIA+ movements were often no better at addressing issues of racism and classism than the larger society. He hoped that the group could bring trans people of color together, consider their shared experiences, and then raise their concerns within the wider LGBTQIA+ and people of color communities and with local and federal policymakers and officials.

To foster community among trans people of color in its early years, the group hosted an annual hot dog roast in the Washington, D.C. area that attracted people from throughout the eastern United States. TPOCC has also sponsored gatherings for trans people of color at annual LGBTQIA+ and trans conferences, including holding an opening reception for years at the Philadelphia Trans Wellness Conference, and organized town halls in Los Angeles, Washington, D.C., and San Francisco to bring trans people of color together and hear their concerns.

In his role as executive director of TPOCC, Broadus testified before the U.S. Senate in support of the Employment Non-Discrimination Act (ENDA) in 2012. He was the first openly trans person to speak in front of Congress. TPOCC has also been on Capitol Hill to help organize the annual "OUT on the Hill" leadership summit with the National Black Justice Coalition.

Collaborations

TPOCC is perhaps best known for its collaborations with other LGBTQIA+ organizations to further the inclusion of trans people of color and their perspectives. It partnered with the National Center for Transgender Equality (NCTE) and the National LGBTQ Task Force on congressional lobby days to advocate for federal antidiscrimination and hate crimes laws that protect the rights of LGBTQIA+ people. TPOCC also worked with NCTE to recruit people of color for its two national studies of the trans community: the National Transgender Discrimination Survey (2011) and the U.S. Transgender Survey (2016). Both studies showed that trans people of color, especially trans women of color, were more likely to experience harassment, discrimination, and violence in all areas of life than white trans people.

TPOCC has also collaborated with trans-, LGBTQIA+-, and people of color–related conferences to include sessions focused on trans people of color. For example, the group has led workshops at the National Black Justice Coalition Conference and organized the first trans women of color panels at the National LGBTQ Task Force's Creating Change Conference and at the Trans Wellness Conference. The latter event was hosted by well-known actor and activist Laverne Cox, which helped draw attention to the hostile climate for trans women of color, including the fact that dozens of trans women of color are murdered each year, at a time when few people outside of trans people of color communities were discussing these issues. To further raise awareness about this pandemic of violence, TPOCC partnered with the Human Rights Campaign from 2015 to 2017 to release yearly reports that documented the individuals killed in the United States because of their gender identity or expression, the vast majority of whom were trans women of color. The group also worked closely with WITNESS Media Lab's "Capturing Hate" Project, which used eyewitness videos to document the extent of anti-trans violence.

Many people of color pursue careers in the military because other employment and education options are less readily available, and trans people of color are no different.

TPOCC was involved in challenging the Trump administration's ban on trans people being able to serve in the military. Working with GLBTQ Legal Advocates and Defenders (GLAD) and the National Center for Lesbian Rights, TPOCC reached out to trans people of color who were interested in enlisting, who were currently serving, or who had served in order to share their stories with the media as part of efforts to show the negative effects of the ban.

TPOCC has also partnered with some of the other trans people of color organizations that have been formed in recent years. With the TransLatin@ Coalition, TPOCC has sponsored panels and workshops at conferences and joined them in participating in rallies and marches. With Black Trans Media, TPOCC is organizing to address homelessness, food insecurity, and unemployment/underemployment among Black trans people and to respond to police violence against Black trans people, which is part of the larger targeting of Black people by law enforcement officials.

Significance

The dominant white society often treats "people of color" as a single, monolithic group, but there is tremendous diversity among people of color, and TPOCC is noteworthy for bringing different races of trans people together to address shared issues and be in solidarity with each other. Moreover, given that trans people of color often

feel marginalized in both predominantly white trans and LGBTQIA+ movements and predominantly cis racial justice movements, TPOCC has provided a space where trans people of color can be seen in their entirety and not have to de-emphasize a part of themselves. As a result, TPOCC has helped empower trans people of color and provided a sense of community to individuals who have often felt isolated, silenced, and invisible.

Kylar W. Broadus

See also Activism; Military/Military Ban; National Center for Lesbian Rights; National Center for Transgender Equality; Racialized Femininities; Racialized Masculinities; Transmisogynoir; United States Transgender Survey (USTS)

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Trans Pride Flag

The Trans Pride Flag was developed for trans people to have a specific image to represent themselves, similar to how the LGBTQIA+ community in general is symbolized by the Rainbow Flag. Over the past 20 years, the flag has been widely adopted, such that it is commonly seen at LGBTQIA+ and trans events, on a vast array of trans-themed merchandise, and in media coverage of trans people. Having a flag of their own has been critical to increasing the visibility of trans communities and to helping trans people feel included and recognized. The flag has also served as a unifying symbol, as it has been adopted by trans people around the world.

The Flag's Origins

The most popular version of the Trans Pride Flag was developed by U.S. trans activist Monica Helms in 1999. She was urged to create it by Michael Page, who had designed the Bisexual Pride Flag and felt that the trans community likewise needed to be represented by its own flag. She came up with a flag consisting of five horizontal stripes of equal width: light blue stripes on the top and bottom, pink stripes next to them, and a white stripe in the middle. Helms chose these colors because light blue is traditionally associated with boys and masculinity and pink with girls and femininity. The white stripe stands for nonbinary trans people. Helms also chose to design the flag to be horizontally symmetrical, saying in an article in *ThinkProgress* that "no matter which way you fly it, it is always correct, signifying us finding correctness in our lives."

Figure 1 Monica F. Helms With the Trans Pride Flag

Source: Courtesy of Monica F. Helms. Photo by Mara Kiesling.

Displaying the Flag

Helms, who lived in Phoenix, Arizona, at the time, debuted the Trans Pride Flag at the Phoenix Pride Parade in 2000, where she carried it as part of the color guard, as Helms is a Navy veteran. She subsequently took the flag to other LGBTQIA+ parades, conferences, and events, and it gradually started to be adopted by other trans people and groups. The flag began to be extensively used at Transgender Day of Remembrance events and pride parades around the world in the late 2000s, as it became a way to visually symbolize the trans community. The flag also appears widely today at International Transgender Day of Visibility events and other trans awareness activities.

Some U.S. state and federal officials have displayed the Trans Pride Flag to indicate their support for trans rights. The Philadelphia Mayor's Office began raising the flag over its city hall in 2015 to mark the opening of the Philadelphia Trans Wellness Conference, and California Governor Gavin Newsom ordered the flag to be flown from the state capitol in 2019 in honor of the Transgender Day of Remembrance. Other U.S. cities that have raised the flag to mark trans events include San Diego, San Francisco, and Salem, Massachusetts. Members of Congress have also hung the flag outside of their Capitol Hill offices in solidarity with trans people, beginning in 2019 with then newly elected Representative Jennifer Wexton from Virginia. For the International Transgender Day of Visibility in 2019, several dozen legislators, including 2016 and 2020 presidential candidate Bernie Sanders and House Speaker Nancy Pelosi, displayed Trans Pride Flags, which were provided to all members of Congress by the National Center for Transgender Equality.

On August 19, 2014, exactly 15 years after she came up with the idea for a Trans Pride Flag, Helms donated the original flag to the Smithsonian's National Museum of American History to be part of its LGBTQ+ history collection. Discussing the importance of the flag being acquired by the federally run museum, Helms stated to *ThinkProgess,* "It tells the world that trans people are part of this country" and that "we deserve to be recognized, and our history needs to be displayed like everyone else's." Along with being shown at the museum, the flag was included in a Smithsonian exhibit at the White House for the Obama administration's celebration of Pride Month in 2016. Another honor was the approval of a trans flag emoji in 2020 by the Unicode Consortium, the organization that oversees the creation of new emojis.

Significance of the Flag

The importance of having a trans flag is indicated by how quickly and widely the Trans Pride Flag has been adopted by trans communities and the larger society. For the unprecedented number of younger people who are out as trans today, the flag provides a sense of empowerment and community and a way to communicate their identity to others. For trans individuals who are not out or who are struggling with being trans, the flag offers a sense of belonging and enables them to feel less isolated; they may not feel comfortable being involved with the trans community, but they can benefit from knowing that there are trans people who are open and proud of their gender identity. The flag also brings visibility and legitimacy to the trans community. Just as the Rainbow Flag has become almost universally known as a symbol of LGBTQIA+ communities, the Trans Pride Flag is increasingly recognized internationally as an emblem for trans people. Its growing prominence helps raise awareness of trans communities and, with it, hopefully greater acceptance.

Genny Beemyn and
Monica F. Helms

See also Activism; International Transgender Day of Visibility; Transgender Day of Remembrance

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Trans Studies

Trans Studies, also known as Transgender Studies, is an interdisciplinary field that approaches the study of sex, gender identity, gender expression, gender stereotyping, and the social constructions of gender in historic and contemporary contexts. Through intersectional approaches, Trans Studies considers the complexity of sex assigned at birth and the social constructions of gender within the contexts and constructs of race, ethnicity, socioeconomics, national identity, global location, physical and mental (dis)ability, decolonial recovery, and religion, as well as other identities. As an interdisciplinary field, Trans Studies crosses the humanities, social sciences, and behavioral and medical sciences, bringing together insights into art, culture, history, literature, lived experiences, media, medicine, politics, and social practices. In particular, Trans Studies draws upon the legacy, insights, and practices of other social justice–oriented fields of study, including Ethnic Studies, Women's and Feminist Studies, Cultural Studies, Labor Studies, and Queer Studies. This entry examines the evolving field of Trans Studies in contemporary and historic contexts.

Academic Roots: Ethnic, Feminist, Queer, and Trans Theories

Trans Studies has its academic and theoretical roots in the intersections of ethnic, feminist, and Queer Studies, which, beginning in the late 1960s and early 1970s, became burgeoning fields of study evolving from the civil rights movement, the United Farmworkers movement, the American Indian movement, the Women's movement, and the LGBT movement. Within these social justice movements, there were robust discussions focused on intersecting oppressions and intersecting resistance. In response to these grassroots social justice movements, academic institutions began offering courses in Ethnic Studies and Women's Studies and/or Feminist Studies (in some cases also including the works of LGBT activists and authors). Feminist Studies, by its nature, explores the difference between sex assigned at birth (often referred to as biological sex or chromosomal sex) and gender as a social construct. Sex and gender are often conflated; however, Feminist Studies disentangles the difference between the biological and chromosomal sex and the social and cultural constructions of gender that become tied to sex. Feminist Studies in the late 20th century focused on both sex and gender within a binary frame: female or male and what it meant to be a woman or a man. During the late 20th century, there was less consideration of gender diversity such as the rich cultural heritage of Indigenous communities that had, historically, honored third gender identities and, in some cases, fourth and fifth gender identities. Many of the theorists defining the field of Feminist Studies during this time focused on white cisgender women. However, starting in the early 1970s, numerous books and essays penned by various women of color resisted these specifically white and often middle-class definitions of feminism. Essays like the 1977 Combahee River Collective Statement, written by a collective of radical Black lesbian feminists, and Cherríe Moraga and Gloria Anzaldúa's 1981 anthology of collected works by women of color, titled *This Bridge Called My Back: Writings by Radical Women of Color,* not only presented writings by feminists of color, but part of the critique within these two works and others focused on stereotypically Eurocentric definitions of femininity and masculinity. Although most of these writings do not discuss trans people per se, they do interrogate inherently fixed racist notions about gender identity and gender expression.

Feminist Theory and Controversy

In the late 1970s and early 1980s, some Women's Studies and/or Feminist Studies courses did include trans materials—specifically the groundbreaking text *Mother Camp: Female Impersonators in America,* by Esther Newton, which was originally published in 1972 and reissued in 1979. Today, the language in Newton's book might seem disrespectful; however, at the time it was written, Newton was taking trans experiences seriously. Another pivotal book was also published in 1979: Janice Raymond's *The Transsexual Empire: The Making of the She-Male.* Raymond's text, however, argued that trans women were not "really" women and that trans issues should not be considered within feminist theory. Newton's and Raymond's books exemplify some of the theoretical controversies

that some feminist writers had around trans inclusion within Feminist Studies. It is important to note, though, that just because a writer, activist, or theorist was part of the 1970s and 1980s feminist movement, that does not automatically mean they were against trans rights.

Feminist Theory as Gender Theory

In 1987, Teresa de Lauretis wrote a groundbreaking book titled *The Technologies of Gender.* In this text, de Lauretis theorizes multiple gender possibilities by arguing that gender is inextricably linked to issues such as race, socioeconomics, and other intersectional factors. Her work, which focuses on literary and film theory, specifically opened up possibilities of multiple gendered readings outside of a male/female binary. Indeed, de Lauretis's book was one of two major works that began to change the ways that gender was written about and discussed within the areas of literary and film theory. Three years later, Judith Butler published the second major work, *Gender Trouble: Feminism and the Subversion of Identity* (1990). Butler theorizes that gender for all people, regardless of whether they are cis or trans, is a performance. Butler's philosophical take on gender identity and gender expression is complex and continues to be used within Trans Studies today. *Gender Trouble,* in particular, is recognized as one of the core texts in queer theory, which began in the late 1980s and early 1990s.

Queer Theory

Grassroots political activism in the early 1990s—a decade into the AIDS pandemic with no foreseeable cure—and political groups like Queer Nation helped establish a new area in academia: queer theory. Reclaiming the label "queer" was crucial to creating queer theory because by reclaiming the term, there was ownership and empowerment. In the 1990s, the term *queer* was meant to be an umbrella term that embraced everyone in the gay, lesbian, bisexual, and transgender community. Queer Studies, like Feminist Studies, initially focused on predominantly Eurocentric narratives such that lived experiences of queer people of color were often not represented in queer scholarship. And, as many lesbian feminists argued, Queer Studies predominantly focused on cis white gay men. Similarly, Queer Studies often overlooked both bisexual and trans experiences as well. For example, some initial explorations of the Harlem Renaissance within Queer Studies focused solely on identifying some of the African American artists as solely gay or lesbian, whereas in reality, many of these artists were actually bisexual and/or gender "outlaws" like Gladys Bentley. Over time, Queer Studies has evolved to become much more inclusive of multiple lived experiences and has become, like Feminist Studies, a robust interdisciplinary field focusing on the intersections of sexual orientation, gender identity, gender expression, race, ethnicity, socioeconomics, and other intersecting factors.

Trans Studies

The 1990s are popularly marked as the decade in which trans activism emerged. However, with trans activists of color like Sylvia Rivera, Marsha P. Johnson, and Miss Major Griffin-Gracy—all part of the resistance against police brutality at the Stonewall Riots in New York City in June 1969, or the decade before that, in 1959 in Los Angeles when a group of trans and queer people of color rioted for one night against police abuse—it is clear that trans activism and trans resistance, particularly for trans people of color, existed well before the 1990s. In 2004, Susan Stryker, a trans theorist, historian, and filmmaker, wrote the essay "Transgender Studies: Queer Theory's Evil Twin," which became one of the first theoretical pieces to move Trans Studies out from under the queer umbrella and to illuminate Trans Studies as its own field. Prior to Stryker's 2004 essay calling queer theory to task for excluding trans people's experience, there were already a growing number of scholars in the field of what, today, we call Trans Studies. Leslie Feinberg, a trans activist and author, published an autobiographical booklet in 1980 titled *Journal of a Transsexual,* and then in 1992, Feinberg published *Transgender Liberation: A Movement Whose Time Has Come.* Four years later, ze published *Transgender Warriors: Making History From Joan of Arc to Dennis Rodman,* which covers the history of trans people around the world and focuses on the intersections of race, global location, and gender diversity in Indigenous cultures throughout history. In 1997, Aaron Devor, a trans sociologist, published one of the first books

to focus on transmasculine experience in *FTM: Female-to-Male Transsexuals in Society*, and in 1998, Dallas Denny, an independent trans researcher and scholar, published *Current Concepts in Transgender Identity*. Like Feminist Studies and Queer Studies, Trans Studies initially focused on white trans experience within Western medical frameworks in part because the terminology of *transgender* has come through Western medical modes.

In the first two decades of the 21st century, Trans Studies has established itself as a robust interdisciplinary field. Trans Studies continues to evolve to explore Indigenous narratives of gender diversity, decolonial narratives focused on gender outside of the male/female, and the intersections of gender expression, race, socioeconomics, and (dis)ability. From the late 1990s on, various trans documentary films have also chronicled the lives of trans people around the world. The 2001 documentary by Kate Davis, titled *Southern Comfort,* explores the life of Robert Eads, a trans man living in poverty in rural Georgia, who is shunned by doctors when he seeks cancer treatment. This film illuminated the ways that U.S. medical practice can be transphobic. That same year, the documentary film *Georgie Girl* focused on Georgina Beyer, a Māori trans woman in New Zealand who was the world's first known trans person elected to parliament. This film focuses on the intersections of colonial violence and decolonial recovery, race, sex work, and trans identity. Also, in 2001, the Hawai'ian film, *Ke Kulana He Mahu: Remembering a Sense of Place,* focused on third gender identities in Indigenous Hawai'ian culture. Hinaleimoana Wong Kalu (also known as Kumu Hina) is *māhū* and teaches ancient Hawai'ian cultural traditions in a middle school. The film focuses on her decolonial activism and teaching; she continues to teach about intersecting identities and intersecting oppressions within Western trans frameworks and is featured in two other documentaries. In 2005, an Indian documentary, *Harsh Beauty,* explored the 4,000-year-old tradition of *hijras*—a third gender group—in India. The film also focuses on the devastating ramifications of colonial violence and the imposition of the English language on a group of people who already had a name in their own language and who already had a specific social and cultural purpose as hijras. A large part of Trans Studies in the 21st century has interrogated and moved away from the Eurocentric definitions and Western medical models that established Western notions of trans identity and medical gender transition protocols.

History of Trans Studies Within a Western Scientific Model

The evolution of Trans Studies within a Western scientific model is linked to the field of sexology, which was a burgeoning area of European study in the 19th century. Sexology came out of the 19th-century theories of Enlightenment and the practice of using taxonomies to identify people, plants, and animals. Richard von Krafft-Ebing (1840–1902), an Austrian scientist, became famous for his massive study of sexuality in *Psychopathia Sexualis: With Especial Reference to Antipathic Sexual Instinct: A Medico-Forensic Study,* which was published in German in 1886 and then translated into English in 1892. Krafft-Ebing was one of the first scientists to research and write about people who did not identify with their sex assigned at birth. He conducted hundreds of interviews over several years to create this taxonomy of sexual differences. In so doing, Krafft-Ebing inadvertently created a model that conflated sexual orientation and gender identity. Some of Krafft-Ebing's case studies proved to be the first known European studies of trans people. Krafft-Ebing helped define the field of "abnormal" sexuality as well as "abnormal" gender presentation because the model he used as a measure of normalcy was male, heterosexual, and cis (although the terms *heterosexual* and *cis* were not in use at the time). Krafft-Ebing's intent was to move away from the Catholic Church's model of sin toward a medical model in order to gain sympathy for the people he studied. The dangerous precedent Krafft-Ebing inadvertently set was one that would label gay, lesbian, bisexual, and trans people as sick. This stereotype has continued into the 21st century.

One of Krafft-Ebing's students was a young gay Jewish scientist, Magnus Hirschfeld (1868–1935). In 1919, Hirschfeld opened the Institute for Sexual Science (Institut für Sexualwissenschaft) in Berlin, where he and his colleagues welcomed people of all gender expressions, gender identities, and sexual orientations. At the time Hirschfeld opened the

institute, Weimar Berlin was one of the most progressive cities in the world as far as gender and sexual orientation diversity were concerned. Although Berlin was progressive, Paragraph 175 of the German Penal Code, which made male homosexuality illegal, was still the law of the land. In many cases, Hirschfeld noted that people assigned male at birth who wore women's clothing were often arrested under Paragraph 175. (This same type of law was also present in England, and countless people who, today, might identify as trans women were arrested for male homosexuality.) Hirschfeld studied the people assigned male at birth who often risked their jobs, their homes, and their families to be able to wear women's clothing. Hirschfeld found that these particular people were very different from the people assigned male at birth who enjoyed performing in feminine drag at the various cabarets. In the first two decades of the 20th century, Hirschfeld became one of the first sexologists to argue that there was a difference between gender identity and gender expression and sexual orientation. Hirschfeld used the term *transvestite* for people assigned male at birth but who dressed and identified, to varying degrees, as female. He and his institute worked to get legal recognition for transvestites so that they would not be arrested under Paragraph 175. In 1930, the Danish artist Lili Elbe underwent one of the first gender affirmation surgeries at Hirschfeld's institute. Elbe died a year later after complications from a follow-up surgery. Two years after Elbe's death, the Nazi Party invaded the institute and burned the extensive library full of pioneering texts on sexology. Magnus Hirschfeld died in exile in 1935 in Nice, France.

In 1966, Dr. Harry Benjamin, who had been one of Hirschfeld's students in Berlin, published a book that completely changed the landscape for trans people as well as research in sexology and Trans Studies. His book, *The Transsexual Phenomenon,* was published in English in nonscientific language so that it was accessible to the general public. Benjamin's book became the basic guidebook for trans people seeking medical and surgical gender affirmation. In 1979, the Harry Benjamin International Gender Dysphoria Association (HBIGDA) was founded and created standards of care for trans health care. In 2007, the group renamed itself the World Professional Association for Transgender Health (WPATH). These standards of care have helped many trans people to go a long way toward living their authentic lives.

The Western medical model, however, has notoriously proven to consistently pathologize trans people. For example, the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) established a series of mental disorders starting with "Transvestic Fetishism" in 1952 and continuing with "Gender Identity Disorder" in 1980, until publication in 2013 of the fifth edition (*DSM-5*)—when the term *gender dysphoria* was introduced as an effort to destigmatize. The *DSM,* a product of the Western scientific model, also works as a gatekeeping mechanism, since trans people who want to and are able to seek medical transition have to abide by the diagnosis. This model often works for people with privilege, and it still focuses on gender that is binary. This Western scientific model resists people who do not identify specifically as male or female; they struggle with agender, nonbinary people, and two-spirit people. For many trans people who would like hormone therapy or other types of medical help, Western medical care is not fully accessible because it is still very expensive. Many trans people do not want any sort of medical modifications; they fight for the right to identify themselves without medical intervention.

History of Global Cultures and Language Around Gender Diversity

The Western medical model and the German sexologists are one place to search for the evolution and history of trans people and are a crucial part of Trans Studies. However, these 19th-century scientists were, in some cases, thousands of years behind numerous global cultures that already recognized and respected gender identities outside of a male/female binary.

Part of the complexities of understanding Indigenous gender identities and cultures that honored multiple and diverse gender identities is the violent intervention of European imperialism and subsequent European colonization. Prior to colonization, Indigenous languages, cultures, and customs already reflected and often embraced gender diversity; however, European cultural ideals, including the binary sex and gender system and codes of dress, were forced upon various cultures.

In India, for example, the hijras existed for 4,000 years before the British established the East India Company in 1600. Once the British were established in India, the hijras were mislabeled "eunuchs" and criminalized under British law. Hijras are male-assigned individuals (although some hijras are born intersex) who traditionally underwent a penectomy (the removal of the penis) as a sacrifice to the goddess Bahuchara Mata, who then granted them the ability to confer fertility to others. Historically, hijras have been very important in Indian society, even though they often existed at the bottom of the caste system. Hijras have always been thought to have special powers of blessing nuptials, newborns, and even businesses. Serena Nanda's 1989 publication *Neither Man nor Woman: The Hijras of India* explores the history of hijras.

In the Indigenous cultures of the Americas, almost every tribal nation had a specific name for a person who embodied gender diversity. The Navajo culture distinguishes a five-gender system based on age and honors the figure of the Nadléeh, who embraces all genders. The third gender, *asegí,* in the Cherokee Nation and the *winkte* in Lakota culture illustrate that gender diversity was honored within Indigenous communities prior to colonization. In 1990, a gathering of Indigenous peoples offered *two-spirit* as the best term to encompass indigenous gender diversity and sexual orientation. Numerous books, articles, and art installations explore Indigenous cultures and gender diversity. For example, in their 2016 book *Asegi Stories: Cherokee Queer and Two-Spirit Memory,* Qwo-Li Driskill explores the history of gender diversity and gender fluidity in the Cherokee Nation. Kent Monkman, a Cree two-spirit artist, focuses his paintings and performance art on decolonial recovery and empowerment. For example, in his 2019 painting, *The Deluge,* Monkman depicts the two-spirit figure rescuing Indigenous children from the side of a cliff as the coming storm of colonialism is ready to break on the horizon.

Into the Future

Trans Studies continues to be an ever-evolving, interdisciplinary field. Books and articles that are Trans Studies in focus can be found in Ethnic Studies, humanities, arts, Social Justice Studies, law, medicine, history, psychology, anthropology, Gender Studies and Feminist Studies, and LGBT Studies and Queer Studies. There are entire programs around the world that focus on Trans Studies, such as the University of Victoria's Trans Archives, the world's largest trans archive, which holds a biennial global Trans Studies Conference—Moving Trans History Forward. At the University of Arizona, Susan Stryker founded the Trans Studies Research Cluster (TSRC), which supports the journal *Transgender Studies Quarterly,* published by Duke University Press. The TSRC also hosts trans activists, researchers, and artists from around the world. There are Trans Studies courses all over the United States from the community college level through doctoral programs. Internationally, there are a growing number of Trans Studies scholars and researchers doing work, from trans medical studies in Thailand to growing research in Trans Studies in India that focus not only on hijras but also on trans men, trans women, and nonbinary trans people.

Ardel Haefele-Thomas

See also Agender People; Benjamin, Harry; *DSM;* Hijras; Hirschfeld, Magnus; Māhū; Nonbinary Genders; Two-Spirit People

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Trans Women

The identity *trans women* emerged in 20th-century Europe and North America, but traditions and identities in European and non-European societies anticipated the emergence of contemporary trans identities. While a universally accepted definition of *trans woman* is not possible, trans women are becoming more visible and gaining greater acceptance in the United States and other countries, even as they continue to experience pervasive discrimination, harassment, and violence.

Trans in Premodern Non-Western Societies

It is important to recognize that while the terms *trans* and *transgender* are of late 20th-century origin, people who anticipated contemporary trans women date back centuries. In fact, evidence suggests that individuals assigned male at birth who took on traditionally female roles and dress existed in many premodern cultures and were often connected with indigenous shamanic traditions. There are many such examples from South and Southeast Asia, including the *hijra* of India, who undergo ritual castration in order to devote themselves to the Hindu goddess Bahuchara Mata—a tradition that has survived in India to the present day. Vietnam also has an ancient indigenous tradition of goddess worship known as *dao mau,* which is presided over by shamans, many of whom might be understood as trans women, using contemporary terminology. Another such tradition is that of the *bissu* of South Sulawesi in the Indonesian archipelago. Korea has the tradition of the *paksu mudang,* the male shaman who traditionally might have lived as a woman or at the very least donned the garb of the *mudang* to perform sacred rites and rituals.

Premodern Pacific Islander cultures had what anthropologist Gilbert Herdt (1994) called "third sex/third gender subject positions" (p. 69) for individuals assigned male at birth who evinced a feminine gender identification; these included the *māhū* in Hawaii, the *fa'afafine* in Samoa, the *fakaleiti* in Tonga, the *faka sa lewalewa* in Fiji, the *rae rae* in Tahiti, the *fafafine* in Niue, and the *akava'ine* in the Cook Islands. The Māori of New Zealand had several different terms for those whose gender identity was different from their assigned sex, including *whakawahine, whakaaehinekiri, tangata ira wahine, hinehi,* and *hineua* for those who might be termed, in contemporary terminology, trans women and *tangata ira tane* for trans men.

Trans in Premodern European Societies

It is not only non-Western societies that had third sex/third gender subject positions. Premodern European societies also had traditions that anticipated contemporary trans identities, such as the male-assigned individuals with feminine comportment in Viking and pre-Viking Nordic societies who participated in *seiðr* (which can be translated from Old Norse as "prophecy" but also included what would be understood as "sorcery" or "witchcraft"). The *galli* were the eunuch priestesses of the

Phrygian goddess Cybele, whose practices were documented in the ancient Near East and later in parts of the Roman Empire, including Gaul. There is evidence of similar practices among the Druids in pre-Christian Ireland, Britain, and Gaul.

Charles-Geneviève-Louis-Auguste-André-Thimothée d'Éon de Beaumont (1728–1810), a French diplomat and spy, was the first known individual in European history whom contemporary trans women might see as anticipating their gender identity. After presenting for nearly 50 years as mostly a man, she spent more than 30 years living as a woman. Louis XV sent the Chevalier d'Éon to St. Petersburg, Russia, where she represented the French king at the court of the Empress Elizabeth. Accounts suggest that while there, d'Éon privately dressed as a woman, and rumors circulated that she was actually female. In 1775, Louis XVI wrote to d'Éon in London, requiring that the Chevalier adopt a permanent feminine gender presentation as a condition of her return to France, a stipulation that she accepted with some ambivalence. She spent most of her later years in England, where she publicly identified as a woman, the Chevalière d'Éon, and became a celebrity. Upon her death, she was discovered to have been assigned male at birth. Her fame led physician Havelock Ellis to coin the term *eonism* in 1920 to describe male-assigned individuals who presented and/or lived as women. A British association for crossdressers named themselves the Beaumont Society in 1966.

d'Éon may have been the first documented male-assigned public figure in European history to live as a woman, but she would be followed by other well-known individuals in the coming century. For example, Ernest Boulton presented herself as "Lady Stella Pelham Clinton"—and claimed to be married to Lord Arthur Pelham Clinton—in 19th-century Victorian England. With her friend Frederick William Park (a.k.a. "Fanny"), Boulton was arrested on charges of sodomy while exiting the Royal Strand Theatre in London in 1870 after the two had used the ladies' room in the theater.

The 20th Century

It is of course in the 20th century that trans women became publicly recognized as such (even though terminology evolved considerably over the course of the last century). Magnus Hirschfeld's pioneering work *Transvestites: The Erotic Drive to Cross-Dress,* the first major academic study of trans people, which profiled several individuals who would be considered trans women today, was published in 1910. Hirschfeld opened his Institute for Sexual Research, the world's first institute devoted to the study of sex and gender, in Berlin in 1919; it also performed the earliest recorded genital transformation surgeries.

Advances in gender-affirming surgeries and hormone replacement therapy (HRT) made it possible to reconfigure anatomy and biology in a way that was not possible before the 20th century (other than crude castration or amputation of the penis and scrotum). The earliest documented cases of gender-affirming surgeries were those of Dora Richter, Toni Ebel, and Lili Elbe (Lili Ilse Elvenes). Richter, who was born into a poor German family, is the first trans woman known to have undergone genital transformation surgeries, having had an orchiectomy (removal of the testicles), a penectomy (removal of the penis), and a vaginoplasty (construction of a vagina) at Hirschfeld's institute, where she worked as a domestic servant to pay for treatment. There is no record of her after an attack on the institute by a Nazi mob in 1933, so it is unlikely that she survived it.

Toni Ebel, who was also German, lived and worked as a woman in her 20s before reverting to living as a man, which included marrying a woman and having a son. But, unhappy presenting as a man, Ebel attempted suicide several times, and after the death of her wife, she resumed living as a woman. Like Richter, Ebel moved into and worked at Hirschfeld's institute, where she underwent gender-affirming surgeries. After the Nazi takeover, Ebel fled to Prague, and after World War II, she settled in East Berlin, where she worked as an artist. She died at the age of 80 in 1961.

Lili Elbe, the most famous of the women who had early gender-affirming surgeries, also was an artist in her native Denmark; she died tragically in 1931 at the age of 48 from an infection after her immune system rejected a transplanted uterus. Elbe's story became the subject of *The Danish Girl,* a 2000 novel by David Ebershoff, which served as the basis for a 2015 film of the same name.

Public consciousness of trans women exploded with the media attention given to Christine

Jorgensen's hormone replacement therapy and gender-affirming surgery (a penectomy performed in Copenhagen) in 1952. When Jorgensen returned to the United States the following year, she became a sensation, generating front-page headlines. What made Jorgensen such a celebrity when other trans women had had surgery before her was how she fit into dominant U.S. tropes of the time. She had been a serviceman, the epitome of masculinity in post–World War II America, and had been reborn into a "blonde bombshell," the embodiment of 1950s white feminine beauty. News stories fixated on Jorgensen's appearance and how she looked and acted like a "regular" woman, which was reinforced by a deeply heteronormative discourse about her having been "a woman trapped in a man's body." But, despite the tabloid-like coverage, the publicity about Jorgensen's transition was the first time that most trans women had heard about someone else like them, which enabled many to better accept themselves and realize that they too could medically transform their bodies in ways that would affirm their gender identity.

After Jorgensen, the next trans woman to become widely known was Renée Richards, who successfully sued the United States Tennis Association for discrimination under New York City law when the organization barred her from competing as a woman in the 1976 U.S. Open. While Richards set an important legal precedent and helped set the stage for trans women to participate in women's sport, she has since regretted her decision to challenge the ban on trans women playing professional tennis and expressed opposition to the Olympics allowing fully transitioned trans women to compete, because of their supposed biological athletic advantage.

Contemporary Trans Women

By far the most widely covered transition of a trans woman in the early 21st century was that of Caitlyn Jenner, who had become a national sports hero when she won the gold medal in the men's decathlon at the 1976 Summer Olympics and who subsequently achieved fame as a reality television star and a member of the Kardashian family. Jenner's public acclaim and ubiquity before her transition contrasted with the relative obscurity of Jorgensen and Richards before their transitions, making Jenner's transition particularly culturally significant. Her coming out as a trans woman in 2015, which included a primetime interview on ABC and a cover story in *Vanity Fair* magazine, generated national and international headlines and enormously enhanced the visibility of trans women and the trans community more broadly. However, her public image was subsequently tarnished within and outside the LGBTQIA+ community when she made positive comments about Texas Republican Senator Ted Cruz and Donald Trump before Trump's election as president of the United States in 2016. But even though Jenner's reputation has declined precipitously among trans people, her transition nonetheless helped educate many cis people about the trans community and received a largely favorable response in the mainstream media and among the general public.

Most of the trans women who have historically achieved fame have been white, and many have had the resources to afford surgeries to look more traditionally female, such as facial feminization surgery, and to have extensive and expensive wardrobes. In contrast to white trans women like Jenner, who have always enjoyed white privilege even while struggling with their gender identity, a small but increasing number of trans women of color are achieving prominence in the public sphere, such as Janet Mock and Laverne Cox. Mock publicly came out as trans in a 2011 article in *Marie Claire* and subsequently became a contributing editor at the magazine. She also served as an editor at People.com and hosted an online MSNBC talk show. In 2018, Mock was hired to be a writer, director, and producer for *Pose,* becoming the first out trans woman of color to serve in these positions on a television show. The following year, she agreed to develop her own television series for Netflix, making her the first trans woman of color to have such a deal with a major television/streaming company. Her 2014 memoir of her youth and teen years, *Redefining Realness,* was similarly the first bestselling autobiography by a trans woman of color. Her subsequent memoir in 2017, *Surpassing Certainty,* focused on her experiences in her 20s, when she was seeking to break into the white, male-dominant world of magazine publishing.

Laverne Cox first became known in 2008 for appearing on VH1's *I Want to Work for Diddy,* a reality show in which contestants competed to be

hired by music mogul Sean "Diddy" Combs. She was the first out Black trans woman to appear on a reality TV show. Cox became famous for her role in the Netflix series *Orange Is the New Black,* for which she was the first openly trans person to be nominated for a Primetime Emmy Award in an acting category. She would receive three Primetime Emmy Award nominations for the role and won a Daytime Emmy Award in 2015 for "Outstanding Special" as executive producer of *Laverne Cox Presents: The T Word,* an MTV documentary about the experiences of trans youth. Cox was also the first openly trans person to be appear on the covers of *Time* and *Essence* magazines, in 2014, and *Cosmopolitan* magazine, in 2018.

Of course, most trans women transition outside the public eye, and Jorgensen, Richards, Mock, Cox, and above all Jenner are extremely unusual in their celebrity status, as well as in their ability to medically transition in ways that fulfill cis feminine standards of beauty. Some trans women are not interested in fully medically transitioning or cannot afford to do so; instead, they might limit medical treatment to taking hormones or just socially transition by changing their names, pronouns, and how they present. At the same time, an increasing number of trans people are identifying as nonbinary, including some trans women. Even if they could be seen as strictly "women," they choose not to do so, challenging the notion of "man" and "woman" as fixed identity categories.

Discrimination, Harassment, and Violence

The unhappiest aspect of life for trans women is the pervasive discrimination, harassment, and violence that they face in most countries around the world. While the data are not comprehensive, studies suggest that trans women, especially trans women of color, in the United States and other countries are regularly subjected to discrimination and violence because of the intersecting oppressions of transphobia, misogyny, and racism—what is known as *transmisogynoir.* The National Coalition of Anti-Violence Programs (NCAVP) reported 12 "hate violence homicides" of trans women of color in the United States in 2013, 10 in 2014, 13 in 2015, 17 in 2016, and 22 in 2017. Of the 30 trans people known to have been killed in the United States in 2019 because of their gender identity or expression, 27 were trans women of color. Internationally, 331 trans and gender-nonconforming individuals, the vast majority of whom were trans women, were reported murdered in 2019. Murders are only the most extreme form of violence, of course, and these figures are undoubtedly an undercount, since anecdotal evidence suggests that most violence against trans women and especially trans women of color is not reported either to the police or to LGBTQ advocacy organizations such as the NCAVP. Moreover, the police and mainstream media may not recognize a murder victim as being trans or classify their murder as a hate crime.

One factor that contributes enormously to violence against trans women in the United States and other countries is the pervasive discrimination in employment that forces many into survival sex work, which makes them much more vulnerable to police harassment and brutality, as well as to violence from clients and others and to sexually transmitted infections. Decriminalizing sex work, which is gaining support in the United States, would significantly improve the lives of many trans women.

The 2015 United States Transgender Survey is the largest study to date to measure the extent of discrimination, harassment, and violence against trans people. It found pervasive mistreatment, with 46% of respondents reporting verbal harassment, 9% physical assault, 10% sexual assault, and 30% being fired, denied a promotion, or experiencing some other form of mistreatment in the workplace because of their gender identity or expression in the year prior to completing the survey. Trans women, especially trans women of color, were more likely than other trans people to have been verbally harassed or physically attacked in public by strangers and were more likely to indicate having lost a job because of being perceived as trans. However, the survey also found growing visibility and acceptance for trans people in the dominant U.S. society.

Trans Women in Popular Culture and Public Consciousness

The greater visibility of trans women results not only from more trans women being out and willing to become public figures but also because of more frequent, largely sympathetic representations

in popular culture and the mainstream media. Some of the first positive images of trans women were through their appearances on daytime talk shows like those of Merv Griffin, Phil Donahue, Sally Jessy Raphael, and Oprah Winfrey beginning in the 1970s. The importance of such representations is demonstrated by a story told by trans actor Alexandra Billings. She was about to take her life in 1980 when she saw three trans women on *The Phil Donahue Show.* It was the first time she had seen other people like herself who were leading successful lives, and it enabled her to know that she was not alone and could have a future.

Portrayals of trans women in films and television shows in the 2000s greatly increased awareness of trans women, but many of these representations did not enhance the visibility of trans women as actors because the roles were played by cis women or men. These portrayals included Felicity Huffman in *TransAmerica* (2005), Jared Leto in *Dallas Buyers Club* (2013), Eddie Redmayne in *The Danish Girl* (2015), Rebecca Romijn as a recurring character in *Ugly Betty* (2006–2010), and Jeffrey Tambor as the lead character in *Transparent* (2014–2019). However, *Transparent,* which was created, written, and produced by nonbinary director Joey Soloway, did include many trans women in front of and behind the camera, including Billings.

Other recent television shows have also featured trans women playing trans women characters. In addition to Laverne Cox in *Orange Is the New Black,* Nicole Maines was added as a superhero to *Supergirl* in 2018, and many trans women of color appear in *Pose* (2018–), including actors Indya Moore, MJ Rodriquez, Dominique Jackson, Angelica Ross, and Hailie Sahar. A number of recent movies have likewise cast trans women as trans women, most notably Michelle Hendley in *Boy Meets Girl* (2014), Kitana Kiki Rodriguez and Mya Taylor in *Tangerine* (2015), and Daniela Vega in *A Fantastic Woman* (2017). A few highly acclaimed documentaries have also centered on trans women, including *Cruel and Unusual* (2006), which looks at the experiences of trans women in the U.S. prison system; *Call Her Ganda* (2018), which examines the murder of Filipina trans woman Jennifer Laude by a U.S. Marine stationed in the Philippines; and a profile of trans activist and whistleblower Chelsea Manning, *XY Chelsea* (2019).

Trans Women in Public Office

The election of trans women to office has also enhanced awareness and helped advance trans rights. In the United States, dozens of trans women have been elected to public office in the 2000s, including Danica Roem, the first openly trans person to be elected to and take a seat in a state legislature when she was elected to the Virginia House of Delegates in 2017. In the same series of elections, Andrea Jenkins became the first openly trans African American woman elected to office when she won a seat on the Minneapolis City Council. In 2020, Sarah McBride was elected to the Delaware state senate, becoming the first openly trans person to serve as a state senator. Trans women have also been elected to office in Canada, Europe, Latin America, Asia, and the Pacific Islands, including Georgina Beyer, who became the world's first openly trans mayor in 1995 and the world's first openly trans member of a national parliament in 1999. Beyer, a former sex worker, helped persuade New Zealand's parliament to enact the Prostitution Reform Act of 2003, which decriminalized sex work in the country. As more trans women are elected to public office around the world, legislation is more likely to be introduced and enacted that addresses the pervasiveness of discrimination, harassment, and violence against trans people, especially trans women.

Pauline Park

See also Cox, Laverne; Elbe, Lili; Elected Officials; Film; History; Jenner, Caitlyn; Jorgensen, Christine; Mock, Janet; Queering Femininities; Racialized Femininities; Representations in Popular Culture; Richards, Renée

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Trans Women of Color Collective

The Trans Women of Color Collective (TWOCC) is a grassroots organization that was founded in 2013 to focus on the experiences of trans women of color in the United States and globally. It was the first—and, as of 2020, continues to be the only—national organization in the United States run by and for trans women of color. TWOCC has been instrumental in not only raising societal awareness of the lives of trans women of color but also in improving their lives through initiatives that address their health, well-being, and community connections.

Origins

The Trans Women of Color Collective was started by Lourdes Ashley Hunter, a Black, disabled, trans woman, and Vanessa Victoria, a Puerto Rican trans woman, after the beating death of Islan Nettles, a 21-year-old Black trans woman in New York City in August 2013. Nettles was attacked by a Black cis man who had been attracted to her until he learned that she was trans; she died 5 days later from head injuries sustained in the assault. For Hunter and Victoria, the murder of Islan Nettles highlighted the disproportionate rate of violence experienced by trans women of color, which was not being covered by the media, much less addressed. They founded TWOCC to call attention to this violence, as well as to the high levels of discrimination against trans women of color. The organization began in the greater New York City area, but it later moved its national office to Washington, D.C. It also has regional offices in the Midwest (St. Louis) and the South (Atlanta). TWOCC is fiscally sponsored by the Washington Peace Center and has a private donor base of over 3,000 individuals and organizations.

Philosophy

TWOCC's approach to organizing is based on Black feminist ideologies that recognize the interconnectedness of various forms of oppression and the belief that Black trans women are inherently valuable. It seeks to dismantle the exploitation of trans women of color through highlighting how the intersections of colonization, anti-Blackness, imperialism, misogyny, and transphobia directly affect their lives. In keeping with its philosophy of centering the narratives of those most affected by global systems of domination, TWOCC's leadership team is composed entirely of trans women of color.

Initiatives

TWOCC seeks to fulfill its mission through four initiatives. The first, the Healing and Restorative Justice Initiative (HRJI), includes various projects that empower individual trans women of color and help build community. These include holding public protests in support of trans women of color; offering writing clinics, cultural arts events, and healing retreats to help trans women of color address the trauma they have experienced from oppression; participating in anthropological research studies; and holding advocacy workshops for trans allies. For example, TWOCC led a "Justice for Islan Nettles" campaign in the New York City area in August 2014, which brought attention to the case against the person who murdered her and provided a space for healing and fellowship among trans women of color and their allies. The group also launched a "#BlackTransRevolution Liberation Tour," in which rallies and healing retreats we held

across the United States, including in Columbus, Ohio; Boston, Massachusetts; Baltimore, Maryland; Charlotte, North Carolina; Pittsburgh, Pennsylvania; and Ferguson, Missouri, where Michael Brown, an 18-year-old Black man, was killed by a white police officer in 2014.

As part of its restorative justice approach, TWOCC has collaborated with governmental and international agencies, such as the New York City Police Department and Department of Homeless Services, the United Nations Office of the High Commissioner on Human Rights, the White House Anti-Violence Task Force, and the Federal Bureau of Prisons, to implement trans-affirming policies and practices. In addition to raising awareness of the lived experiences of trans women of color, the group's Healing and Restorative Justice Initiative fosters kinship through actions that engage with the arts, culture, and media.

TWOCC's other projects also center on improving the lives of trans women of color. Their second initiative, the Black Trans Health Initiative, seeks to raise awareness of the barriers that trans women of color frequently encounter in obtaining health care, such as a lack of health insurance and having less access to safe hormonal therapy. As part of the Black Trans Health Initiative, TWOCC has collaborated with Gilead Sciences, Black Women's Health Imperative, HBO Studios, *National Geographic,* and other organizations and sponsored events such as the Philadelphia Trans Health Conference and online webinars that focus on issues of health and wellness in social justice movements. The Trans Women of Color Collective's third initiative, *The Super Princess Saves the Night* children's book series, produces fictional stories about trans youth of color that affirm and celebrate their identity. The last initiative consists of community funds that provide financial support to trans women of color for their education, wellness, and basic survival.

The Trans Women of Color Collective seeks not only to address the erasure of trans women of color but also to fill this gap by building a global network of successful trans women of color. In this regard, Hunter and Victoria, as TWOCC's founders, serve as leadership role models, demonstrating how trans women of color can thrive, rather than just survive. The supportive atmosphere and affirming space that TWOCC fosters allow trans women of color to move beyond survival strategies, such as passing as cisgender or being stealth. TWOCC illustrates the importance of collective action and kinship formation through cultivating economic and sustainable opportunities for trans women of color within their local communities, organizations, and governments.

Victoria E. Thomas

See also Activism; Black People; Community Building; Femininities and Femme; Trans People of Color Collective; Transmisogynoir; Violence

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Transexual Menace

The Transexual Menace (which used the original spelling of *transsexual* with one "s") was a direct action trans organization founded in 1994 to challenge the erasure of trans people from the what was then the LGB (now LGBTQIA+) movement. The group became known for holding demonstrations to call attention to the killing of trans people and to the media's lack of coverage or biased reporting of these murders. At its height in the late 1990s, the Menace had chapters in 42 U.S. cities. Besides raising awareness of the high rate of violence against trans people, the group helped make the trans movement more visible and more political.

Origins

Despite trans people having been central to the 1969 Stonewall Riots, the 25th anniversary march in New York City in 1994 did not include "transgender" in the name of the event. In response, trans activists, including Phyllis Frye, Sharon Stuart, Denise Norris, and Riki Wilchins, protested the march. For the occasion, Wilchins and graphic designer Montine Jordan designed and printed black "Transexual Menace" T-shirts. The word *Menace* was written in blood-dripping red letters in the style of *The Rocky Horror Picture Show* to mock the "horror" that trans people represented to much of mainstream society and to transphobic lesbians and gay men. The name was a takeoff of the "Lesbian Menace," a group of lesbian feminists who protested the exclusion of lesbians from the feminist movement by taking over a 1970 feminist event wearing lavender-colored "Lesbian Menace" T-shirts.

Although the Menace's protest of Stonewall 25 did not result in much attention from either onlookers or the media, their subsequent demonstration at the *Village Voice* was more noticeable. *The Voice* had run an article in April 1994 by lesbian writer Donna Minkowitz about Brandon Teena, a 21-year-old trans man who had been raped and subsequently killed several months earlier because of his gender identity. Much to the outrage of trans activists, Minkowitz's piece refused to see Teena as trans but instead characterized him as a confused, crossdressing butch lesbian. Several dozen trans people wearing Transexual Menace T-shirts and carrying hand-lettered signs and pictures of Teena protested the newspaper's coverage outside its East Village offices. At a time when few trans people wanted to be out, much less publicly visible, the idea of a large group of trans activists protesting in public was entirely new and politically transformative.

Another early protest by Menace members and allies was at the annual Michigan Womyn's Music Festival, which had forcibly evicted Nancy Jean Burkholder for being trans in 1991 and announced a policy to exclude trans women in the future. Wilchins and Boston activist Janis Walworth organized Camp Trans, an education gathering of trans people and supporters in 1994 across the road from the festival's main gate, and distributed scores of Menace T-shirts, which festival attendees wore inside the event to show their solidarity for the inclusion of trans women.

Demonstrations to Call Attention to the Murders of Trans People

The success of the demonstration at *The Village Voice* led Wilchins and Menace activists Tony Baretto-Neto and Nancy Nangeroni to call for a memorial vigil to be held in May 1995 outside of the Falls City, Nebraska, courthouse where one of Teena's killers was to be sentenced for murdering him and two other individuals. Approximately 40 trans activists, including authors Leslie Feinberg and Kate Bornstein, attended the event, as did filmmaker Kimberly Peirce, who was developing her feature film on Teena's life and death, *Boys Don't Cry.* The activists remained all day, even after a local neo-Nazi group came and started to harass and threaten them. Eventually, local law enforcement officers had to surround the activists to prevent them from being harmed.

The following day, as activists were debriefing about the vigil, they learned that Deborah Forte, a 56-year-old trans woman in Boston, had been violently killed. Coming so quickly on the heels of the Teena vigil, the news of Forte's murder created a sense of despair and anger. More and more trans people were reportedly being killed each year, but their deaths were largely ignored by the mainstream media and by local and national lesbian and gay media outlets and political organizations. When there was coverage, it was inevitably sensationalized, as in the case of Teena's murder.

Wilchins, Baretto-Neto, and Nangeroni decided that the Menace would focus its work on raising awareness of anti-trans violence. The three began to hold vigils at cities around the country where trans people had been murdered, reasoning that a public demonstration by trans people in Menace shirts would force media coverage and thereby bring public attention to the epidemic of violence, especially against trans women of color.

Among the trans people whom the group protested on behalf of were Deborah Forte, Christian Paige, and Chanelle Pickett. The vigils also led to the establishment of Menace chapters, as local trans people emerged as "out" activists, organizing their own groups to move beyond the vigils to

protest the many injustices against trans people in their own communities. Wilchins supported these efforts by printing and shipping "Transexual Menace" shirts with each chapter's city on it for activists to wear at the demonstration.

Legacy

The Transexual Menace waned by the start of the 2000s, as its lead organizers focused on other projects (Wilchins had founded GenderPAC, Nancy Nangeroni had started Gender Talk Radio, and Baretto-Neto led Transgender Officers Protect and Serve). But the group had achieved its main aim. Predominantly lesbian and gay organizations and some mainstream media outlets began to pay attention to the murders of individual trans people and to the extent of violence against the trans community, and the establishment of the Transgender Day of Remembrance in 1999 ensured that the deaths of trans people would continue to be acknowledged.

In addition, the Menace helped usher in more subtle, but no less important, changes in how the trans community viewed itself. "Transgender" increasingly shifted from being seen as an issue of personal acceptance to a valid civil rights issue. The Menace also helped move the emphasis from acceptance by cis society to protesting its many injustices. Perhaps most important, it showed that trans people could put aside longstanding beliefs in the importance of "passing" in favor of being "out, loud, and proud."

Riki Wilchins and Genny Beemyn

See also Activism; GenderPAC; Identity Politics; Teena, Brandon; Transgender Day of Remembrance; Violence

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Transgender as a Term

Considering *transgender* as a term is complicated given that its history weaves through medical, activist, and academic realms while also being adjusted or rejected altogether depending on one's race, class, ethnicity, culture, or geographic context. As of 2020, *transgender* typically operates as an umbrella term that describes someone whose gender identity does not align with the sex they were assigned at birth, based on societal norms. Use of *transgender* tends to center on identity and community, although this was not always how the term was conceived of or used, especially by the medical establishment. While simply descriptive and/or empowering to many white, middle-class, trans people, Western academics, and activists, there are concerns about *transgender* as an umbrella term erasing the intersectional aspects of identity and community for people who inhabit a variety of other social locations. Criticisms of *transgender* have come from a variety of stakeholders with complex relationships to the term and its usage both in the past and present.

The Structure of the Term

Transgender is a combination of the prefix *trans-* (meaning "across," "on the other side of," "beyond," or "through") being paired with *gender.* Based on this, "transgender" people are those who have "crossed" gender lines in some way (e.g., someone who was assigned female at birth and does not identify as a woman might be considered, or might identify as, "transgender"). This is in opposition to *cisgender,* whereby *cis* means "same" or "on the same side of." Cisgender individuals have a gender identity that aligns with the sex they were assigned at birth, according to normative gender assumptions in society (e.g., in most societies and cultures, someone who was assigned female at birth and identifies as a woman would be cisgender). *Transgender* has been used as both an adjective and a noun. While appropriately and most commonly used as an adjective (e.g., "a transgender person"), offensive usage as a noun also occurs (e.g., "a transgender"). Importantly, *transgender* only references gender identity and should not be confused with sexuality; trans people have both a gender identity and a sexuality, just as cisgender people do.

Early Medical Use of *Transgender*

Although the history of *transgender* as a term is difficult to pinpoint, it seems to have had its initial iterations in the medical community in the 1960s. Prior, terms such as *transgenderism* and *transgenderist* were used alongside *transsexual* and *transvestite* by the medical establishment. In the 1960s, the medical community used *transsexual* to refer to an individual who was seeking gender affirmation surgery, while *transvestite* was used to refer to someone who crossdressed. In the 1970s, *transgender* began to be used alongside, or as a replacement for, *transgenderism* and *transgenderist* in the medical field, which is when the term began to be used more commonly by the lay public as well. At that time, *transgender* first emerged as an umbrella term that included anyone who crossed normative gender lines in any way. However, noted older medicalized terms such as *transsexual* and *transvestite* did not leave the gender lexicon and were still commonly used into the late 1970s and 1980s.

The Virginia Prince Controversy

Although most academic texts have been relatively clear about the medical origins of *transgender* and how it was revised and adopted by trans people, communities, and activists over time, a notable historical development of the term remains questioned. According to K. J. Rawson and Cristan Williams, Virginia Prince claims to have referred to herself as "transgenderal" in 1969. A decade later, she used the term *transgenderist* to refer to people who lived as the "opposite sex" without a desire for surgical procedures; this linguistic move was made to distinguish herself from people who were labeled "transsexuals." By the 1980s, people began more regularly using *transgender* as an umbrella term to refer to anyone who shifted away from their sex assigned at birth, and this grew into more widespread usage in the 1990s and 2000s. Prince, however, was adamant that she had coined *transgender* (presumably as it was a part of the other terms she was using), that it refers to a very specific group of people (those who did not desire any gender affirmation surgery), and that is not an umbrella term that includes all people who move across or against the binary gender structure.

Activism in the 1990s and Current Uses of *Transgender*

Despite Prince's objections, many trans people, academics, and activists have consistently used *transgender* as an umbrella term since the 1990s. In 1992, Leslie Feinberg published a pamphlet, *Transgender Liberation: A Movement Whose Time Has Come*. Feinberg's discussion of *transgender* in that document outlines a need for a term that includes everyone who experiences gender oppression of some kind. Feinberg argues that we cannot fight oppression without pride and that self-definition using *transgender* is a way to use language in order to connect people and encourage community pride. With a recognition that the term would not work for everyone and would always be imperfect, Feinberg promoted the use of *transgender* with the premise that it would help trans people form an alliance and reduce social and political oppression. In this way, *transgender* became tied to social justice work and progressive gender politics in the 1990s. A number of activist groups began using the umbrella term of *transgender* due to the publicity of its political use. For example, Transgender Nation was formed as a specific trans interest group, working to eradicate the oppression of trans people. Other organizations that focused on gay and lesbian politics and activism started including *transgender* as part of their name or in their mission statement (although including *transgender* does not necessarily mean the organization is fully inclusive of trans people). Feinberg's activism and the subsequent use of *transgender* by activist groups had a dramatic impact on the term's acceptance.

As of 2020, *transgender* is still used as an umbrella term to refer to anyone whose gender identity does not normatively align with the sex they were assigned at birth. While used in this descriptive umbrella manner, it is also used as a gender identity itself, with many people identifying as "transgender" or "trans," with some individuals adding additional terms after using *transgender* as an adjective (e.g., trans[gender] man, or trans[gender] woman).

Additionally, *transgender* is a term that is applied to community, activism, health care, and politics. For example, people often speak of the transgender community, transgender activism, transgender health care, and transgender politics. That said, *transgender* is somewhat falling

out of favor in some realms, and many people use *trans* for these nonperson entities or issues, similar to how people often use *trans* to refer to identity. Of note, the medical establishment has largely moved to using *transgender* instead of the more antiquated terms noted previously. This is a direct result of trans activism that pushed *transgender* to be the generally accepted appropriate term.

Who Counts as "Transgender"?

One primary issue with *transgender* is that there are people who are either brought under the umbrella without wanting to be there or are left out when they wish to be included. For example, some argue that those who are cisgender but who do drag or crossdress should not be included under the trans umbrella. Others argue that the term means "across gender" and that those who do drag or crossdress are doing exactly that, despite the fact that the moving "across" is temporary. In addition, those who occupy gendered positions that are not in direct relation to the Western gender binary (e.g., *hijra*, two-spirit, *travesti*) may not feel an affinity to *transgender,* although these gender identities and cultural positions are oftentimes included under the umbrella. In addition, including people under a Western umbrella when they do not wish to be included may be considered a colonizing act, as *transgender* largely came from white people in a Eurocentric context. This is difficult to rectify, because policing who gets to count is a problem in and of itself, regardless of whether that is about inclusion or exclusion. Furthermore, *transgender* can eclipse the nuances of trans identities that are specifically tied to race, class, ethnicity, geography, and culture.

Exclusionary policing around who can claim "transgender" as an identity or use it to describe themselves has sometimes come through the rhetoric of whether or not someone is "trans enough." In other words, a person might be questioned about whether they are *really* trans, which is often decided by exclusionary members of some trans communities based on markers of social or medical transition. Although *transgender* is currently the most widely accepted umbrella term that is generally intended to be the most inclusive, some policing continues regarding who can claim it.

Criticisms, Challenges, and Ongoing Discussions

While *transgender* has had significant and normalized usage in the past few decades, one notable shift has been with a preference by many to simply use *trans* instead. This abbreviated term is seen to be more inclusive of a wider range of identities, as some people view *transgender* as referring only to those individuals who shift from their sex assigned at birth into another binary category. In other words, some interpret *transgender* to essentially mean *transsexual.* Viewed in this way, *transgender* leaves out people who may identify as genderqueer, nonbinary, gender nonconforming, androgynous, or any number of other genders that do not fit neatly into the gender binary or challenge it. The term may also not resonate with those who do not wish to seek gender affirmation surgeries or hormone replacement therapies. That said, many people *do* use *transgender* to mean the same thing as *trans*—as a term that arguably includes everyone who is not cisgender. Therefore, conflicts about the use of *trans* over *transgender* are fairly common in academic, activist, and community realms, often with the claim that those who choose to use *transgender* are less inclusive than those who use *trans.* This is similar to claims that those who use *trans* are less inclusive than those who use *trans**.

Transgender is laden with identity politics, and challenges to the term come from a variety of constituents and communities. For example, *transgender* may not be used by people in some older generations or from certain racial and ethnic backgrounds; other terms may be used that refer to someone who crosses gender lines or does not completely identify with the sex they were assigned at birth (e.g., aggressive, butch, two-spirit). Although younger individuals may prefer *transgender* or *trans,* some people from older generations may be more used to using *transsexual,* depending on the time period in which they grew up and/or began identifying as a gender that does not normatively align with the sex they were assigned at birth, since language and commonly used terms have changed over time.

Avery Brooks Tompkins

See also Cisgender as a Term; Gender Labels; History; Identity Politics; Nonbinary Genders; Prince, Virginia

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Transgender Day of Remembrance

The Transgender Day of Remembrance (TDOR) is an annual event begun in 1999 and held on November 20 to honor those lost at the hands of anti-trans violence. The event was the first internationally recognized event focusing on trans people, and over two decades, it has helped to lay the groundwork for worldwide activism surrounding trans lives. The TDOR has also highlighted the fact that the preponderance of anti-trans murder victims are Black, women, and poor.

History

The TDOR was an outgrowth of "Remembering Our Dead," a website with information about people who had been murdered because of their gender identity or expression, developed by Gwendolyn Ann Smith following the killing of Rita Hester, a 34-year-old Black trans woman. Hester was murdered in Allston, Massachusetts, on November 28, 1998, three years after another Black trans woman, 23-year-old Chanelle Pickett, was killed in nearby Watertown, Massachusetts. The trial of Pickett's murderer had ended just 15 months before Hester's murder, and although the two cases were not directly linked, the fact that both involved a brutal attack on a young Black trans woman, where the killer was never apprehended (in Hester's case) or received a light sentence (in Pickett's case), caught the attention of Smith. She created Remembering Our Dead to address the lack of trans community memory surrounding violence and murder. The website initially profiled 30 trans individuals, but this number immediately grew, as others began to share news about the deaths of additional trans people.

The TDOR also has its roots in a 1999 demonstration in San Francisco that called attention to the high rate of violence against trans people. Members and supporters of the now-defunct trans rights organization TG RAGE stood outside a theater that was showing *The Brandon Teena Story,* a documentary about Teena's life and murder, with signs that had the names and dates of death of anti-trans murder victims. The success of this action led Smith and a Massachusetts trans woman, Penni Ashe Matz, to organize a protest to coincide with the first anniversary of Hester's murder. This first Transgender Day of Remembrance was held in Boston and San Francisco. The following year, 16 cities across the United States held events, and the number of locations continued to grow in subsequent years. Today, it is commemorated worldwide in hundreds of communities.

During its first few years, the TDOR was held on the anniversary of Hester's death, November 28, but it was moved to November 20, the anniversary of Pickett's death, so as not to interfere with U.S. Thanksgiving events. Also, while initially called just the "Day of Remembrance," the word *Transgender* was added in 2002, so that the event would not be confused with commemorations for the victims of the September 11, 2001, terror attacks in the United States.

Format and Content

The TDOR does not have a set format, allowing local organizers flexibility in designing an event that will best fit their community. Common types of commemorations include candlelight vigils, marches, screenings of trans-related films, and educational events designed to raise awareness of anti-trans violence. Some governments also honor the day, such as by illuminating public structures

in the colors of the trans flag, flying the flag on public buildings, or presenting a proclamation. The majority of events include attendees reading aloud the names of those murdered.

The only expectations for the TDOR are that it not be made "commercial" or turned into a "celebration." The latter restriction has resulted in disputes, as some organizers want the event to send a more uplifting message. This conflict ultimately led to the creation of the International Transgender Day of Visibility, which is held every March 31. Another debated issue is the inclusion of trans people who killed themselves. The event does not typically include suicide victims, so as to remain focused on those murdered due to being perceived as trans.

Because the event is about individuals killed because they are thought to be trans, some of those who are remembered did not actually identify as trans or were not at a point in their lives when they were killed that they identified as trans. Thus, the TDOR includes young children who were murdered because a family member or caregiver viewed them as not appropriately fitting into a given gender and people like Willie Houston of Nashville, Tennessee. He did not identify as trans, but his murderer assumed that he was because he was carrying his fiancée's purse and walking arm in arm with a blind male friend, whom he was escorting to a restroom.

Impact

Although trans activism did not start with the Transgender Day of Remembrance, it became the first event centered on trans issues to be marked nationwide and then worldwide. To date, the day has been commemorated on every continent except Antarctica. The TDOR has also brought much-needed attention to the horrific rate of anti-trans violence, with such murders reportedly occurring worldwide roughly every 18 hours and, in the United States, approximately every 2 weeks.

Another important effect of the TDOR is showing that anti-trans violence is intersectional, with most victims in the United States being Black and Latinx trans women. It also helped uncover the especially high murder rates in many Central and South American countries. Unfortunately, while the TDOR has raised awareness, it has not helped curb the violence. In the United States, the rate of known anti-trans murders remained static for much of the past decade but actually rose in the first 3 years of the Trump administration.

It is important to note that the information about anti-trans murders is limited. For the early years of the TDOR, murders were often not reported in the media or were not characterized as anti-trans hate crimes. While coverage has improved, in large part due to greater trans activism, many parts of the world still ignore violence against trans people. For example, anti-trans murders have rarely been reported in China, Russia, and many African countries because of the lack of human rights monitors and a free press. In some instances, the death of a trans person may be viewed as "un-newsworthy" or as outside of the public interest. This can be further compounded by racism, misogyny, and anti-sex worker sentiment.

Gwendolyn Ann Smith

See also Activism; International Transgender Day of Visibility; News Media Representations; Teena, Brandon; Violence

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Transgender Law Center

The Transgender Law Center (TLC) is the largest trans-led organization in the United States advocating for trans rights and the self-determination of all people. Grounded in legal expertise and committed to racial justice, TLC employs a variety of community-driven strategies to support trans

and gender-nonconforming people in all facets of their lives. It has won precedent-setting legal victories in areas including employment, prison conditions, education, immigration, and health care. In addition, the group's organizing and movement-building programs have assisted, informed, and empowered trans individuals and communities throughout the country, which has further contributed to the rights and agency of trans people.

Early Years

TLC was cofounded by Chris Daley and Dylan Vade in 2002 as a California-focused, fiscally sponsored project of the National Center for Lesbian Rights. TLC's first office, which was located in San Francisco at the LGBT Community Center, provided legal services, policy advocacy, and community education. The following year, TLC became an independent organization and seated its first board of directors; in 2004, it formally incorporated as a nonprofit.

The group's early advocacy focused on public accommodations, employment, housing, and health care through the Safe Bathroom Access Campaign (SBAC) and the California Endowment's Health Care Access Project. TLC successfully advocated for the passage of California's groundbreaking Gender Non-Discrimination Act of 2003 and created know-your-rights resources to help trans people understand the new law. TLC began piloting Transgender Health Law 101 workshops in 2004, and in an early victory, it won approval from an administrative law judge for a client to have their top surgery covered by Medi-Cal, California's Medicaid program. Through the SBAC, TLC released the popular "Peeing in Peace" bathroom guide in 2005 and launched Project Health the next year to help community health clinics in Alameda, Contra Costa, and Los Angeles counties provide trans-competent care. In addition, TLC released the groundbreaking report *Good Jobs NOW!,* a survey of the economic health of trans people in San Francisco, in 2006 in collaboration with the *San Francisco Bay Guardian*.

Cecilia Chung, a prominent trans advocate, joined TLC as deputy director in 2005, which enabled the organization to take on issues and cases that would have a national impact. This expanded scope included testifying before the National Prison Rape Elimination Commission on the federal Prison Rape Elimination Act and overturning a Bush administration immigration policy that denied rights to married binational couples if one spouse was trans.

Growth

After Masen Davis became its executive director in 2007, the organization expanded its work across California and opened a Los Angeles office. TLC took a leadership role in building a consensus in the LGBTQ community in favor of including gender identity protection in the Employment Non-Discrimination Act (ENDA) and organized a 24-hour vigil in front of House Speaker Nancy Pelosi's office. In 2008, TLC established a statewide Leadership Summit and conducted the California Transgender Economic Health Survey. In 2009, TLC formalized the organization's strategic shift to California-based work and won *Somers v. Superior Court*, a case that affirmed the right of trans people living outside of the state to change California birth certificates.

In 2012, TLC won the landmark Mia Macy case, a key moment in the organization's decision to focus on impact litigation. In *Macy v. Holder*, the Equal Employment Opportunity Commission (EEOC) ruled that discrimination against trans employees in hiring and firing was prohibited under federal sex discrimination law, Title VII. TLC's victory in another case 3 years later expanded on that ruling, making it illegal for employers to intentionally misgender their employees and deny them access to the gendered restroom consistent with their gender identity.

A National Organization With a Racial Justice Focus

As it became national in scope, TLC recognized the need to center racial justice in its work and internal culture. Kris Hayashi, former codirector of the Audre Lorde Project, joined TLC as its deputy director in 2013 and became its executive director in 2015. He was the first trans person of color to lead a large, national civil rights organization. Between 2014 and 2020, TLC more than doubled in size and shifted from a majority white organization focused on impact litigation, leadership development, and eradicating discrimination to a majority trans people of color organization that united legal advocacy and movement building to further trans liberation.

TLC closed its Los Angeles office in 2013 and phased out the California Leadership Summit in 2014, holding in its place a national meeting of 100 trans leaders at the Color of Violence Conference in 2015. TLC also opened an Atlanta office in 2015 with the launch of the TLC@SONG program, a collaboration with Southerners on New Ground (SONG). TLC@SONG was the first of several new innovative movement-building programs begun by TLC in the 2010s. Cecilia Chung launched Positively Trans, a program by and for trans people of color living with HIV, with a national needs assessment and advisory board in 2015. TRUTH, a trans youth storytelling and leadership program, also started in 2015 in collaboration with the GSA Network. In the late 2010s, TLC began several groundbreaking projects, including the Black LGBTQIA+ Migrant Project (BLMP), Black Trans Circles, and the Disability Project.

This growth in programmatic work buttressed significant legal victories and marked a shift toward a model of working in partnership with community organizers. Precedent-setting victories included rulings affirming the rights of trans women in prison to access transition-related medical care and the right of a trans high school student to use school bathrooms in keeping with his gender identity. Ongoing litigation includes a class-action lawsuit against the Colorado Department of Corrections for the mistreatment of trans women in their custody and a case against the U.S. government and private immigration detention facilities for the death of Roxsana Hernandez, a trans woman from Honduras who died in federal immigration custody.

In response to the introduction of anti-trans legislation in state legislatures across the country in 2016, TLC launched a National Training Institute to assist local and state-based trans leaders. It also formed a diverse national coalition of trans leaders to improve collaboration and build a cohesive vision for trans liberation. These efforts culminated in 2020 with the Trans Agenda for Liberation, a five-pillar blueprint for legal, policy, and cultural change.

Kris Hayashi and Masen Davis

See also Activism; Discrimination; Gender Identity Discrimination as Sex Discrimination; Inmates and Incarceration; Migrants, Legal Issues; National Center for Lesbian Rights; Youth and Teens, Legal Issues

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Transgender Law Conference

See International Conference on Transgender Law and Employment Policy.

Transmisogynoir

Whereas the term *transmisogyny* labels the oppression of trans women through the intersections of transphobia and misogyny, the term *transmisogynoir* adds another variable—race—to delineate the intersections between transphobia, misogyny, and racism. Transmisogynoir serves as a way to understand the violence, prejudice, and oppression that specifically target Black trans women and transfeminine people, as well as why they experience higher rates of individual and institutional discrimination and more negative health and welfare outcomes overall than other population groups.

In transmisogynoir, prejudice against trans women and transfeminine individuals is further compounded by racial prejudice against people of color in general and Black people specifically. The label, adapted from the word *misogynoir,* applies to acts of misogyny against Black trans women that invoke both race and gender bias, which inflame and complicate each other. Acts of transmisogynoir are predicated upon the idea that Black trans women should be targeted as lesser or Other for, simultaneously, not conforming to bigoted perceptions of a biological gender binary, existing

outside of cisnormative understandings of what constitutes a "real" woman, and belonging to a race other than the white identity perceived to be the U.S. default. If misogynoir explains what queer Black feminist scholar Moya Bailey (2013) called "the particular fuckery that Black women face in popular culture," then transmisogynoir describes the exponentially more complicated fuckery faced by Black trans women.

In a society in which all gender-nonconforming people can be targets of institutional and public vitriol and hate, trans women and transfeminine individuals are especially vulnerable to physical and verbal violence because they are women and more often read as trans than trans men and transmasculine people. And among trans women and transfeminine people, those who are of color are even more likely to face harassment and discrimination. The need for the term *transmisogynoir* stems from the long history of social, physical, and mental violence and other forms of abuse endured by trans women of color, particularly by Black trans women. Transmisogynoir highlights the way that implicit and explicit biases tied to different aspects of their identities not only increase the discrimination they face but also multiply it exponentially, as transphobia, misogyny, and racism all act to inflame the negative stereotypes and treatment of Black trans women. Although transmisogynoir has occasionally been applied to the prejudiced experiences of trans women and transfeminine people of color generally, it most often appears in reference to the specific lived experiences of Black trans women and transfeminine people.

The 2015 U.S. Transgender Survey provides copious evidence of transmisogynoir. For example, 38% of the Black trans women who were surveyed reported having been verbally harassed in public by strangers in the previous year, and 9% reported being physically attacked, compared with 34% and 6%, respectively, of the white trans women. Trans women of color were nearly four times as likely as white trans women to report having been attacked by a gun, with 11% of Black trans women indicating a gun-related assault. Transmisogynoir appears not only in trends of physical and verbal violence perpetuated against Black trans women but also in the social stereotypes others hold about them. For example, 15% of Black trans women had experienced a police officer assuming they were a sex worker. And Black trans women face higher rates of poverty, homelessness, and HIV than the U.S. population overall. In 2019, a year that included the murders of at least 26 trans people in the United States because of their gender identity or expression, the American Medical Association called the country's wave of trans violence an "epidemic." This epidemic affects trans women of color disproportionately: Most of the 2019 deaths, as in previous years, were of trans women of color. According to the Human Rights Campaign, more than three fourths of the 26 anti-trans homicides in 2018 resulted in the death of a trans woman of color. Furthermore, the number of such murders may be an undercount, due to homicides not being covered by the media, misreported victim identities, and a host of other factors.

Transmisogynoir is enacted and made visible by a variety of institutions, including judicial, prison, and educational systems, as well as popular and news media depictions of trans women of color. Moreover, Black trans women experience this oppression from communities that share aspects of their identities, including feminists, other Black and queer people, and even members of Black queer communities that have not escaped the influence of centuries of subjugation by a white patriarchal system. The combination of identity-based historical oppression faced by Black women of color can be traced to critical historical influences, such as slavery, colonialism, and centuries of symbolic annihilation in popular culture. For example, Black trans women are rarely represented in news and entertainment media, and when they are, they regularly appear as victims of murder and other crimes or as the butts of crass jokes. This type of representation does little to humanize a population that is critically vulnerable to numerous forms of institutionalized violence and abuse. At the same time, some trans advocates believe that the increased visibility of trans people of color in media in recent years may have made the population a greater target for violence and vitriol. *Orange Is the New Black* star Laverne Cox, a Black trans woman, has spoken out against a history of street harassment in which she has frequently been the target of transmisogynoir.

Finally, it is important to note that transmisogynoir describes a specific intersection between three identity characteristics and systemic oppression,

but it does not include all aspects of identity. The lived experiences, including harassment and violence, of Black trans women are additionally affected by other elements of their identities, including class, (dis)ability, and religion.

Kelsey N. Whipple

See also Black People; Cox, Laverne; Racialized Femininities; Racialized Masculinities; Transmisogyny; United States Transgender Survey (USTS)

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Transmisogyny

The term *transmisogyny* (also written *trans-misogyny*) was coined by Julia Serano in the mid-2000s as an intervention in discussions about anti-transgender prejudice. At the time, such prejudice was generally conceptualized in terms of transphobia, which targets people for their failure to conform to gender norms. Serano pointed out how, in a male-centric culture, gender transgressions toward the female or feminine—as typically occur in assigned-male-at-birth (AMAB) trans people—tend to garner more public sensationalization, consternation, and demonization than their trans male/masculine counterparts. Transmisogyny (a portmanteau of *transphobia* and *misogyny*) was intended to better capture this disparity.

Transmisogyny and the “Lesser Sex”

A rudimentary understanding of transmisogyny follows from the fact that women have historically been viewed as inferior to men in Western, North American culture, and therefore people tend to view AMAB individuals who express a desire to be female or feminine as more perplexing or pathological than assigned-female-at-birth (AFAB) individuals who desire to be male or masculine. This premise is supported by research showing that feminine AMAB children are viewed far more negatively and are brought in for psychotherapy more often than masculine AFAB children. Furthermore, throughout the mid-to-late 20th century, trans-related psychiatric studies, diagnoses, theories, and therapies were centered on “effeminate” boys and men, AMAB crossdressers, and trans women—Serano called this tendency *effemimania* (an obsession with “male femininity”). During this same time period, the media exhibited a similar effemimanic focus, often depicting these same AMAB groups as either potential threats (e.g., predators, murderers) or objects of ridicule (e.g., cliché jokes about men who dress or behave femininely or want their “penis cut off”). The pervasiveness of these stereotypes, and the fact that they were constantly reproduced by media creators who were not personally familiar with trans people, indicates that they were primarily rooted in sexist presumptions about women and men.

Transmisogyny, Femininity, and Artificiality

Transmisogyny also relies heavily on sexist presumptions about gender expression. In our culture, femininity is marked relative to masculinity, with the former garnering far more attention and scrutiny. Furthermore, feminine dress and behaviors are often interpreted as “frivolous” and “artificial,” whereas their masculine counterparts are taken for granted as “serious” and “natural” (as evident in the notion that women get “all dolled up” while men simply partake in “grooming”).

Given these disparities, it is not surprising that those who wish to portray trans people as "fake" women and men will be inclined to dwell on trans female/feminine individuals. In her aforementioned analysis of media depictions, Serano showed that, even though trans women vary in how femininely they dress and act (just as cisgender women vary in these ways), they are almost always portrayed in a hyperfeminine manner, and feminine accoutrement (e.g., displays of putting on clothing or cosmetics, slipping while wearing high heels) is regularly employed as a device to emphasize their supposed "fakeness." In contrast, because masculine dress and mannerisms are viewed as "natural" and "practical," it is more difficult to depict trans male/masculine individuals as putting on an "artificial exterior"—this may contribute to the media's relative disinterest in such individuals (i.e., trans male/masculine invisibility).

Transmisogyny and Sexualization

Sexualization may be the most blatant manifestation of transmisogyny. Trans female/feminine individuals are routinely depicted in sexually provocative and objectifying ways and often have sexual motives attributed to them. Historically, the two most common stereotypes of trans women have been the "sexual deceiver" (i.e., "men" who "impersonate" women in order to "trick" or "trap" straight men into having sex) and trans women who do not "pass" as female but transition anyway in order to fulfill some personal sexual fantasy. Serano has chronicled the proliferation of these two stereotypes in media depictions and psychiatric discourses alike, noting how they both center hetero-male sexual desire. In stark contrast, sexual motives are rarely projected onto trans men; in fact, the most common lay theory to explain trans male/masculine individuals is that they must be attempting to attain male privilege and status. Thus, the popular assumptions that trans men transition in order to become men, but that trans women must be doing it for sexual reasons, implies that women as a whole have no worth beyond their ability to be sexualized.

Interpretations and Critiques of Transmisogyny

As the term has caught on, *transmisogyny* has increasingly been used as shorthand for any prejudice expressed toward trans women, regardless of content. However, while trans women are certainly targets of transmisogyny, any person who is perceived as, or presumed to be, a feminine or feminized "male" may be subjected to these same derogatory, pathologizing, and sexualizing attitudes (albeit to varying extents).

Some have critiqued transmisogyny for downplaying the role that misogyny plays in policing trans male/masculine identities. While said misogyny undoubtedly occurs, it may take on different forms—for example, a trans man may be perceived as, and ridiculed for, being a feminine man (which undoubtedly falls under the umbrella of transmisogyny described here), or alternatively, he may be invalidated as a "woman pretending to be a man" (which comes with a very different set of sexist assumptions and social meanings); see Serano's distinction between *traditional sexism* and *oppositional sexism* for further discussion.

While transmisogyny strives to describe the interplay of transphobia and misogyny that many trans female/feminine people experience, the concept has been criticized for potentially excluding or erasing other forms of marginalization. As but one example, victims of transphobic violence are disproportionately trans women of color; if one were to cite this as an example of "transmisogyny," it would render invisible the critical role that racism plays in this phenomenon. Others have forwarded new terms (e.g., transmisogynoir) to expand upon or reframe the intersection of these various forms of marginalization. Thus, rather than view transmisogyny as a "single issue" unto itself, it should be recognized as a broad category of sexist attitudes and sentiments that intersect with other social forces and that may play out in various ways in different individuals' lives.

Julia M. Serano

See also Femininities and Femme; Feminism; Trans Women; Transmisogynoir; Transphobia

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Transnormativity

Transnormativity is a regulatory, normative ideology that holds trans people's experiences and identities accountable to a binary, medical framework. In other words, the legitimacy of trans people's identities is socially evaluated, and trans individuals are rewarded or sanctioned based on how closely their experience aligns with these normative standards. As such, transnormativity has a noteworthy impact on the lived experience of trans people in intrapsychic, social, and cultural domains. This entry provides a brief conceptual overview of transnormativity, discusses its empirical applications in studies since 2016 of dominant themes and narratives, and suggests directions for future research.

Conceptual Overview

A noteworthy body of academic literature has called attention to how normative understandings of sex and gender, characterized by binary essentialism, have permeated medical, academic, and legal discourse and are enacted through institutional and interpersonal accountability or gatekeeping practices. For instance, early trans care clinics in the mid-20th century often required trans women (trans men were infrequently considered at this time) to perform stereotypical European femininity, profess a heterosexual sexual orientation, and narrate their identities as some variant of being "born in the wrong body" in order to access gender-affirmative medical care of any kind. Today, many governments still require proof of *complete* and *irreversible* surgical medical intervention that medically changes a person's sexed body before they will grant court orders for legal gender marker changes. In reality, trans people report a wide range of gender identities, sexual orientations, and transition trajectories. However, these normative standards (e.g., traditional gender expression, binary gender identity of male or female, and "complete" linear medical transition involving hormones and surgeries) have remained a metric by which the legitimacy of trans identities are measured across social contexts and institutions, from health care and the criminal justice system to education and the family.

In an attempt to synthesize these normative standards into an overarching conceptual framework, scholars have invoked the construct of *transnormativity,* defined as a regulatory, normative ideology that holds trans people's identities accountable to a medicalized, binary framework. In a 2019 paper titled "Transnormativity in the Psy Disciplines: Constructing Pathology in the *Diagnostic and Statistical Manual of Mental Disorders* and *Standards of Care,*" Damien Riggs and colleagues identified the history of how transnormativity has been codified and institutionalized within such documents as the fifth edition of the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*) and the World Professional Association for Transgender Health's (WPATH) *Standards of Care (SOC) for the Health of Transsexual, Trans, and Gender-Nonconforming People, Version 7* (SOC-7). In 1980, "Gender Identity Disorder" was listed in the *DSM-III* as a psychological disorder with defined diagnostic criteria. Even with the 2013 change in *DSM-5* to "Gender Dysphoria," little has changed in the way psychiatric taxonomies have regarded trans experiences, and these guidelines still arbitrate what constitutes legitimate trans experiences. For example, a psychiatric diagnosis of gender dysphoria is often still required for individuals to pursue gender-affirmative medical interventions, meaning that individuals must narrate their trans identities in a way that sufficiently conforms to the *DSM* criteria in order to access gender-affirmative health care. Likewise, WPATH's SOC is used by most gender-affirmative surgeons to determine eligibility for genital surgery, such as metoidioplasty, phalloplasty, and vaginoplasty. In SOC-7, access to these genital surgeries includes the requirement that patients undergo 12 continuous months of hormone therapy and 12 continuous months of "living in a gender role congruent with their gender identity." Although perhaps well meaning, such standards impose a normative transition trajectory that assumes all trans people seeking genital surgeries must also desire hormone therapy. This narrow medical model of trans identity transcends health care and operates as a normative accountability structure for trans people across social contexts and institutions, including the state and national vital records, the criminal justice system, and trans community groups.

In other words, trans bodies can be "normalized" and assimilated within cis-heteropatriarchy through their approximation of mainstream norms, beliefs, and expectations related to sex and gender. In turn, the legitimacy of trans people's identities is socially evaluated, and trans individuals are rewarded or sanctioned based on how closely their experience aligns with these normative standards. For example, trans people who are nonbinary, or those who do not pursue gender-affirmative medical interventions such as hormone therapy or surgery, may be deemed not "really" trans or not "trans enough" by friends and family, service providers, or even other trans people. On the other hand, trans people who are perceived to have wholly crossed from one side of the gender binary to the other, while upholding normative standards of heterosexuality and physical appearance, may be less socially disruptive, as their gender nonconformity is still "contained" within normative understandings of sex and gender. In this way, transnormativity may be understood as theoretically situated alongside heteronormativity and homonormativity as a regulatory ideology that is both constraining and empowering, dependent on an individual's position relative to normative bodily, behavioral, and narrative standards of trans experience.

Empirical Applications

In a 2016 paper entitled "Transnormativity: A New Concept and Its Validation Through Documentary Film About Transgender Men," Austin H. Johnson conducted a content analysis of documentary film centered on the experience of trans men and identified two prominent themes of transnormativity in the public, educational discourse on trans experience: (1) an adherence to *born in the wrong body* discourse and (2) an emphasis on *the medical model*. These themes suggest, first, a discovery narrative of trans experience wherein transness is etiologically, and essentially, located in the psyche of individuals and must simply emerge from within. Second, these themes suggest that trans experience should be understood within a medicalized framework as requiring hormonal and surgical intervention in order to be successful. Similarly, Joanna McIntyre applies the concept to trans-focused reality television in a 2018 book chapter entitled "'They're So Normal I Can't Stand It': *I Am Jazz*, *I Am Cait*, Transnormativity, and Trans Feminism," finding that transnormativity as an ideological construct also privileges trans men's experiences of gender, eclipsing the experiences of trans women who are unable to conform to social expectations of embodied femininity and objectifying the experiences of trans women who do.

In a 2018 journal article, "On the Limits of 'Trans Enough': Authenticating Trans Identity Narratives," Spencer Garrison interviewed 17 nonbinary and binary trans people to understand the work they do to prepare and present transnormative identity narratives. Garrison found that these two groups employ distinct rhetorical strategies; binary trans participants tended to favor fluid notions of gender identity, while nonbinary participants relied on tropes of gender as a lifelong, unidirectional pull. Garrison explains that nonbinary people experience intense scrutiny, with identities easily rendered invisible or deemed unintelligible, while binary trans people have the freedom to express more complicated identities or expressions that may challenge conventional notions of trans identity. Taken alongside the existing body of literature, this suggests that trans people are acutely aware of transnormativity and the expectations it sets for the identity narratives available to and useful for them across social contexts and institutions. In a 2019 journal article, "Rejecting, Reframing, and Reintroducing: Trans People's Strategic Engagement With the Medicalization of Gender Dysphoria," Austin H. Johnson revealed that trans people recognize the social power of meeting transnormative expectations and strategically shift their identity narratives accordingly.

In a 2019 journal article, "Transnormativity and Transgender Identity Development: A Master Narrative Approach," Nova Bradford and Moin Syed used qualitative focus groups with trans adults in the United States to identify seven aspects of transnormativity that arose in participant discourse. Two prominent themes included medicalization, or the hegemonic expectation that all trans people should seek gender-affirmative medical interventions, and gender binarism, or a preference toward "binary" trans identities (trans man/trans woman). These themes echo the aspects of transnormativity described in previous literature.

However, Bradford and Syed identified additional themes, including *gender roles,* which may be applied unevenly or more strongly to trans people than their cisgender counterparts; *nascence,* the idea that trans people are "born trans" or must develop trans identities very early in life; *victimization,* or the expectation that trans people's lives must inexorably consist of violence and rejection; *gatekeeping,* or structural barriers to accessing health care, resulting from transnormativity; and *legitimacy,* or the role of transnormativity in determining which trans identities are legitimate or "more legitimate" than others.

Future Directions

The existing body of literature on transnormativity has broadly aimed toward theoretical development, such that empirical research exploring the impact of transnormativity on individuals has remained relatively underdeveloped. Researchers have identified the salience of transnormativity in trans people's discourse and social interactions, but the concrete effects of transnormativity on trans people's social and emotional well-being warrant future investigation.

In the past 5 years, there have been promising developments in psychotherapeutic models that subvert transnormativity and affirm the full spectrum of gender experiences. For example, the Gender-Affirmative Lifespan Approach (GALA) centralizes the needs of nonbinary clients by identifying that the experience of stigma and internalization of oppressive beliefs about gender contribute to health disparities facing nonbinary people. Similarly, the Minority Stress Model draws attention to the role of transphobic and cissexist discriminatory and violent acts, their anticipation by trans and gender-diverse people, and the internalization of their meaning by those at risk in the rates of psychological distress and suicidality among trans people. Future researchers must explore the role of transnormativity in the stigmatizing, discriminatory, and violent events in the daily lives of trans people and imagine structural, cultural, and interactional interventions that would interrupt these processes.

Future research should also aim to assess the extent to which transnormativity permeates all health disciplines and structures patient–provider interaction, providers' ability to deliver the highest standard of care to trans and gender diverse people, and trans people's bodily autonomy within health care interactions. Further, future research should be geared toward the development of pedagogical and clinical care models that maximize health and autonomy of people of all genders without ascribing normative standards or value judgments to individual transition trajectories. Likewise, steps have been taken within institutions to depathologize trans identities (e.g., the reclassification and renaming of Gender Dysphoria in the transition between the World Health Organization's *International Classification of Diseases, 10th and 11th Revisions* [*ICD-10* and *ICD-11*] and between the *DSM-IV* and *DSM-5*), and such efforts should be coupled with enabling the greatest possible degree of autonomy and individual choice for trans people accessing health care.

Nova J. Bradford and Austin H. Johnson

See also Cisnormativity; Gatekeeping in the Transition Process; Gender Binaries; Genderism; Nonbinary Genders; Policing of Trans Bodies

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Transparent (TV show)

Debuting in 2014, *Transparent,* an Amazon Original series, was created and directed by Joey Soloway and filmed in the Paramount Studios in Hollywood, California. It received acclaim, notoriety, and criticism during its four full seasons and fifth-season single-episode musical finale. *Transparent* cut its fifth season short after acknowledging sexual harassment allegations against Jeffrey Tambor, the show's protagonist, Maura (née Mort) Pfefferman. While *Transparent* was credited with challenging the dominant cisgender imagination among media portrayals of trans individuals, it was also the focus of scholarly analysis and social praise and opprobrium based upon its narrative, casting decisions, portrayals of trans individuals, explorations of sexualities, and representations of Jewish themes.

Initial Reception and Praise

During its first season, *Transparent* was lauded by trans activists, journalists, and viewers who praised the show's depiction of Maura, an older, overweight trans woman. During the drama's pilot, Jeffrey Tambor was 70 years old, playing a character who had just retired from a long teaching career at the University of California, Los Angeles (UCLA). Thus, the protagonist was older, well educated, and not stereotypically feminine, all of which were praised among viewers and media critics. As the narrative developed, the show was likewise greeted with some degree of resistance as some argued that it was classist, ableist, and reinforced whiteness as culturally dominant.

Content and Themes

The pilot introduced viewers to a nervous father, Mort Pfefferman, fumbling to light candles for the Jewish sabbath on a Friday evening. As his adult children discuss the recent developments of their lives, their interactions suggest that since their parents' divorce in 1994, their father has provided financial and emotional support while encouraging them to develop their relationships with one another. Mort's ex-wife, Shelly (Judith Light), meanwhile appears self-involved, somewhat narcissistic, and distanced from their three adult children. The oldest Pfefferman child, Sarah (Amy Landecker), struggles through marital problems that include her own infidelity with her old college flame, Tammy (Melora Hardin). The family's middle child, Josh (Jay Duplass), becomes increasingly unpredictable and unsuccessful in his career as a music executive while struggling to cope with an affair he had as a child with the family's housekeeper. Meanwhile, the family's youngest adult child, Ali (Gaby Hoffmann), squanders winnings from *The Price Is Right* while experimenting with drugs, returns to college, engages in a romantic relationship with a faculty adviser, and ultimately identifies as a nonbinary individual named Ari. Mort transitions to Maura ("Moppa" to the adult children) and serves as a focal point for the Pfefferman family, yet the show's narrative focused not on her gender transition but on her family's reaction to it.

Trans Representation

In addition to challenging gender stereotypes, the show gained a significant group of followers who appreciated its "transfirmative" action, the intentional hiring of trans writers and actors. Our Lady J, Zackary Drucker, and Rhys Ernst, all trans individuals, contributed as writers, while Alexandra Billings, also trans, appeared as a supporting character throughout all four seasons and the fifth-season finale. Despite this, *Transparent* received criticism over its casting of a cis male (Jeffrey Tambor) in the role of Maura Pfefferman. This disapproval over casting, however, was met with nearly equal approval. Scholarship analyzing the show's portrayal of trans individuals criticized the show's lack of trans men and people with disabilities. While Ian Harvie (a trans man) made a brief appearance, his character was written out of the show after acting in an ambiguous sex scene involving himself, Ali/Ari, and a dildo that dropped

to the floor. Other trans men appeared briefly in support groups as recovering addicts. Despite its underrepresentation of trans men, disabled trans people, and trans individuals of color, *Transparent* developed a following of significant numbers as viewers and critics praised the show's complex narrative, which explored gender, sexuality, and Jewish identity.

Jewish Themes

Adding an extra layer of complexity to the journey of each character's identity discovery, the show explored the Pfeffermans' Jewish heritage, often making parallels between the struggle for social justice for trans individuals and the trauma of World War II on the Jewish psyche. As the storyline developed, the family's Jewish identity moved from the periphery to a more central role. Indeed, Judaism seems a catalyzing force of strength for Maura, who becomes increasingly empowered by her persona as not merely a woman but as a Jewish woman. Scholarship on the show's treatment of Jewish themes praised its unapologetically complex examination of Jewish heritage within contemporary contexts.

The Finale

Transparent had entered a contract for a fifth season with Amazon Studios when multiple trans women colleagues on the show levied sexual harassment allegations against Jeffrey Tambor in the fall of 2017. Following an internal investigation, Amazon Studios decided to terminate its contract with Tambor. To give the narrative closure, Soloway created "Musicale Finale," a feature-length musical conclusion in which it was revealed that Maura had died of a heart attack while sleeping and left her estate to her best friend, Davina (Alexandra Billings), to use for charity. Ultimately, the show's finale was not well received by viewers, as *Transparent* had never before depicted the Pfefferman family breaking into song in choreographed harmony.

Conclusion

Offering viewers a unique opportunity to consider gender not as fixed and individual but as inevitably linked to the past and communal, *Transparent* challenged media stereotyping of trans individuals. In so doing, it was the first streaming television show to win a Golden Globe for Best Series. While *Transparent* made some strides for the advancement of social justice for trans individuals living in the United States, where they suffer systemic injustice in nearly every social realm, its ultimate demise underscored the need for more aggressive gender-expansive and gender-inclusive programming.

Steven Seth Funk and Jaydi Funk

See also Jewish People; *Pose* (TV show); Scripted TV

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Transphobia

Transphobia is defined as an intense antipathy toward people who do not conform to normative gender roles or, more commonly, a fear and disgust of trans people. It is a system of beliefs, values, and

psychological motivations for anti-trans discriminatory behavior and attitudes. Confusingly, it is not really a phobia (not an irrational fear); rather, it is a portmanteau word derived from *homophobia*. Transphobia is often understood to be a part of homophobia, and they often co-occur, but the former applies to anti-trans prejudice (more commonly, transprejudice), and the latter refers to anti-LGBQ discrimination. Transphobia is sometimes equated with genderism or cisgenderism, but transphobia is a psychological bias, and genderism and cisgenderism are sociological and cultural biases—the systemic version of the more interpersonal transphobia. This entry on one of the central concepts of trans studies reviews the origins and use of *transphobia* and its connection to gender, sexuality, racism, religion, and nation.

Origins and Use

Transphobia entered public discourse in the 1990s and quickly developed into a popular area of scholarly inquiry, as social science researchers explore the many factors at work and scholars in the humanities document transphobia in individual lives across the world. *Transphobia* entered the *Oxford English Dictionary* in 2013, and in 2020, online dictionaries and references have extensive entries for transphobia.

Early research focused on exploring the origins of transphobia (i.e., a cultural belief in dichotomous gender some researchers have called *genderism* or *cisgenderism*), how it works socially (i.e., stigma), and how to operationalize and ultimately reduce transphobia using interventions in empirical research. In the social sciences, the main controversy seems to be how to measure transphobia. Measures of transphobia proliferate, each with somewhat of a different focus and, in some cases, different languages; some measures are extensive, including behavioral measures of gender-bashing, whereas others rely on shorter self-report assessments.

In contrast, writers in the humanities document and analyze transphobic comments in popular culture, mostly from public figures such as athletes, social commentators, writers, musicians, and comedians. Trans memoirs, a vibrant genre that had fallen out of favor, have become popular again since the millennium, as writers wrestle with internalized transphobia, the transphobia of their friends, family, and lovers; since 2010, most also talk about a new world of positive and multidimensional trans lives. The most significant development, however, has been the identification and critique of trans exclusionary radical feminists, or TERFs, a group of feminist scholars asserting that trans women are not "real" women. The debate has largely been contained to philosophers in Britain and Australia reacting to proposed legislation that would permit people to self-select their gender. The so-called TERF Wars implicated the major feminist journal *Hypatia* after editors published a paper that compared being trans to being transracial, which was largely seen as harmful and transphobic. Scholars also called for the resignation of the editor of *Disability & Society* and for action to address transphobia in disability studies.

In legal discourse, transphobia is primarily used to argue for ending bias against institutionalized trans people, such as in efforts to establish trans rights in prisons, as well as for ending state control of "sex" on official identification documents. More broadly, transphobia has been used in legal discourse to understand the problematic nature of gender and sex, sexual citizenship, and police violence against trans people. By 2019, legislators in six states had banned the "trans panic" defense, a legal tactic used to defend killers of trans people. Federal courts have repeatedly found that sex discrimination laws such as Title VII and Title IX apply to trans people, giving federal protection against transphobic discrimination. Indeed, in 2020, a momentous U.S. Supreme Court decision ruled that Title VII extended to protect transgender people from employment discrimination.

Research has documented the extensive transphobia among health care providers, and medical discourse deploys transphobia to explain why health care professionals discriminate against trans people: stigmatization, refusing treatment, misgendering, and ignorance about trans medical needs. In response, medical educators are taking up the call to design more trans-inclusive curriculum to reduce transphobia in frontline medical care.

Transphobia, and efforts to reduce it, have been central to educational literature. In the spirit of inclusive and tolerant education, educational institutions—from grade schools to colleges and universities—have been developing policies and procedures to reduce transphobia.

Although transphobia is prohibited by antibullying campaigns, which now incorporate violence against nonnormative gender identities, it is still common in schools.

Regarding the factors that contribute to transphobia and its conceptualization, as of 2020, there is little research on transphobia conceived explicitly from an intersectional perspective. There are studies on the impact of gender, sexuality, race, nation, and religion, but few examine more than one of these factors at a time and so ignore the interactive nature of all these factors in transphobia.

Gender

Gender of the perceiver and gender of the person being perceived are both involved in transphobia. In terms of the perceiver's gender, research has shown that cisgender (cis) men are more transphobic than women. Sexual orientation is an interactive factor, as heterosexual cis men are the most transphobic. In terms of the gender of the person being perceived, trans people who pass (conform to gender expectations) are least affected, and trans women experience more discrimination than trans men. To put it into intersectional terms, hypermasculine cis heterosexual men report more transphobia overall and more toward trans women than trans men. Critics claim that approaching transphobia from a gender binary perspective (e.g., doing research on men's vs. women's transphobia) can feel othering and paradoxical to those who are nonbinary.

In 2020, the Netflix documentary *Disclosure* showed the aforementioned patterns in the transphobia of the television and cinema industry: Although fascinated with the "spectacle" of trans women, movies and TV shows portray them as sex workers and targets of fear and revulsion; in contrast, trans men are much more invisible (not evident in depictions of drag balls), except when they are discovered to be trans, and then are either positioned as women and sexually assaulted or rejected by cis men for being women and rejected by lesbians for being "traitors to womanhood." The documentary concludes that transphobia in the industry will end only when trans lives are portrayed positively and in a way that makes trans characters more than just a trans person.

Sexuality

Sexuality is also an important consideration. Trans people may experience hostility not only from the mainstream heterosexual cis public but also from others in the LGBTQIA+ community. In various studies, trans women report feeling especially dismissed by white gay men, and gay men are more transphobic than lesbian women. Other reports find that trans men may experience antipathy from lesbians, as lesbians are not exempt from perpetuating anti-trans prejudice either, especially white cis lesbian women. Perhaps the best illustration of the connection between sexuality and transphobia was the 2017 panic over trans people in public restrooms and the subsequent unsuccessful legislative actions ("bathroom bills") taken to restrict access to sex-segregated facilities to only cis people due to a fear that trans people might sexually assault cis people in public toilets.

Race

Although writers in the humanities acknowledge the link between racism and transphobia—that trans women of color specifically are the most discriminated against—there are few empirical studies testing this intersectional bias. Research is only beginning to document prejudice as trans people of color go to child custody and immigration hearings and interact with the police, white people, and other people of color. North American researchers tend to have mostly white trans participants in their studies. Research focusing on the impact of race on transphobia, both the race of the perceiver and the trans person, has yet to be conducted. For example, transphobia has been shown to affect health care for both trans people and racial/ethnic minorities, but trans people of color face both racism and transphobia when seeking health care, leading them to be denied health care or avoid seeking help.

Religion

Transphobia is commonly associated with conservative social views, and researchers have found that organized religion and religiosity are factors. Religiosity—frequency of attendance, importance of religion—is usually, although not always, associated with transphobia. Christians in Spain, for example,

who attend church regularly are less transphobic than U.S. Christian conservatives. In general, the more religious a person is, the more transphobic they are, with Muslims reporting more transphobia than Christians. Yet, it is important to attend to regional differences. For example, in Islamic Iran, being a trans woman or trans man is viewed as a medical problem, with a state apparatus to assist with transitioning, but being gay is viewed as the result of willful sin and is punishable by death. One might surmise, then, that there is less transphobia than homophobia in Iran.

Nationality

One of the most significant trends in transphobia scholarship is an expansion beyond Canadian and U.S. scholars. There are scholars studying transphobia in Asia (e.g., China, Laos, Hong Kong, Thailand, and the Philippines), Africa, South America (e.g., Brazil), Australia, and the European Union (e.g., Poland, Portugal, Spain, Italy, and Belgium). Most languages have adopted the English version (e.g., *transphobie* in French and German; *трансфобия* in Russian), as well as conceptualization, but there are some differences among national conceptions of transphobia, and there has been very little work on exploring indigenous notions of transphobia independent of those in the West. Indeed, because of cultural and linguistic histories, the meaning and connotations of the term *transphobia* vary with country and culture.

Transphobia, a key concept in trans studies, has entered discourses in a range of fields and is a central focus of a great deal of theoretical and empirical analysis. Overall, while some writers do consider multiple interacting factors (gender, sexuality, race, religion, and nation) in their studies of transphobia, emphasizing the intersectional nature of anti-trans prejudice, most examine only one variable's impact on transphobia at a time.

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See also Cisgenderism; Discrimination; Genderism; Heterosexism

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Transpinay

Transpinay is a contemporary word to describe Philippine trans women, combing *trans* and *Pinay,* the local term for Filipina, a woman from the Philippines. Previously, Filipinos used the term *bakla* to describe all individuals who were assigned male at birth who had adopted a traditionally feminine gender expression, including trans woman. To this point, relatively few non-trans Filipinos embrace and use the word *transpinay.* Given that the Philippines is a predominantly conservative Christian country, where trans people lack legal rights and where trans women are disproportionately the victims of hate crimes, it is not

surprising that its cis population does not recognize the term *transpinay,* as they do not acknowledge trans people in general.

Precolonial Trans: The Babaylan

The Philippine islands were colonized by Spain from 1521 to 1898. During this time, Catholicism spread across the country and with it the repression and elimination of individuals whose gender identity and expression were different from their assigned sex. Depending on the specific province and dialect, they were called *babaylan, asog, catalonan,* and *bayoguin* and existed in most communities in the Philippines until Spanish colonization. In many cultures, they assumed roles as high priests, shamans, and community leaders and were venerated for their abilities to bless and feared for their abilities to curse. The societal recognition of third genders in the precolonial Philippines is comparable to the more well-known examples of Indonesia's *bissu* people and India's *hijras*.

Precolonial Filipinos were mostly animists and did not ascribe to a gender binary system, which was contrary to the Spanish teachings of Christianity. Nonbelievers were characterized as devil worshippers, and it is believed that many babaylan were persecuted and forced into hiding. They may have continued to exist in small pockets in more remote parts of the archipelago, and some may have publicly presented within the gender binary to avoid persecution. The United States controlled the Philippines following the Spanish-American War in 1898. But while the prevalent cultural and political influence became American, many Spanish legacies, including conservative Christianity, remained. More than three fourths of Filipinos today are Roman Catholic—one of the highest percentages among Asian countries.

Postcolonial Trans: Bakla and Transpinay

After World War II, the word *bakla* began to be used to refer to birth-assigned males who identify and/or express their gender in a variety of traditionally feminine ways. It is believed that the term is a melding of the Filipino words for "female" (*babae*) and "male" (*lalake*). *Bakla* is a lexical and conceptual conflation of gender identity, gender roles, gender expressions, and sexual orientation (as the common assumption is that those with feminine expressions are exclusively attracted to men). The term used in the Philippines to refer to birth-assigned females who identify and express themselves in traditionally masculine ways—*tomboy*—likewise conflates gender and sexuality. The mainstream media's use of the term *bakla* (and, rarely, another term, *binabae*) helped it become well known.

The terms *transvestite* and *transsexual* were rarely heard in the Philippines until the 1980s, when many baklas started working in Japan as entertainers. Most cis Filipinos do not make clear distinctions in terminology, using *bakla* to refer to all gender-nonconforming individuals. To the extent that *transvestite* and *transsexual* are used, the terms are reserved for individuals who are taking hormones and have undergone gender-affirming surgeries.

The bakla experience extensive prejudice and discrimination from the rest of Philippine society, including from the country's Catholic Church, which teaches that they are sinners and a moral abomination. But, at the same time, baklas are tolerated when they perform certain societal roles. They are perceived to be talented entertainers and knowledgeable about aesthetics and designs. For example, most of the hairstylists in beauty parlors are baklas.

Beauty pageants are very popular in the Philippines, and baklas are accepted in this culture. Although the pageants for cis women are more legitimatized, those for trans women are more abundant and regarded as more entertaining. Trans beauty pageants reached their height of popularity in the 1990s, when thousands were held annually. Outside of a few pageant contestants, it has been very rare to see trans celebrities in the media, except for Helen Cruz, then known as Lady Valerie (these celebrities were famous in the 1980s but became notoriously private thereafter). The actor Roderick Paulate, who is most frequently identified with portraying trans roles in movies and on TV, refers to themselves as *bakla* or *binabae*.

LGBTQIA+ and trans-specific activism are relatively recent developments. The country's first officially recognized LGBTQIA+ organization was started at the University of the Philippines in 1992. The group, UP Babaylan, took its name from

legendary precolonial high priests. The 1990s also saw the emergence of an LGBTQIA+ movement, with the first LGBTQIA+ pride march in the Philippines and the formation of the LGBTQIA+ political group, Ang LAdlad Partylist.

The first organization of and for trans women, the Society of Transsexual Women of the Philippines (STRAP), was formed in May 2002. In 2008, STRAP unanimously voted to begin promoting the use of *transpinay* as a term to refer to trans women in order to differentiate them from other baklas and address the conflating of all trans identities by the general public. The term reflects the Philippine trans woman's reclamation of her history and lineage and the embracing of her gender identity. By the 2010s, as more activists and researchers worked with STRAP, the country's media and universities began to use the term and recognize transpinays as a distinct group with their own unique experiences and challenges.

The development of *transpinay* paved the way for Philippine society to acknowledge the extent to which transpinays experience anti-trans discrimination and violence, such as the widely publicized murder of Jennifer Laude, a 26-year-old transpinay, who was killed in 2014 by a visiting U.S. serviceperson. In 2016, Geraldine Roman was elected to the Congress of the Philippines, becoming the first publicly identifying transpinay politician in Southeast Asia. As of 2020, the country's legislature has not passed any laws that recognize or protect transpinays and other trans people. Transpinays are also not acknowledged by the Philippine health care system, and because transitioning is not included in health insurance policies, most transpinays transition without medical supervision.

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See also Asian American People; Hijras; Indigenous People; Philippines, Gender Categories; Trans Women; Violence

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Trauma, Trans People With

Trans people experience disproportionate levels of trauma and traumatic stress. This entry defines trauma, identifies rates of trauma, and examines the causes, manifestations, and consequences of trauma for trans people. It identifies the historical roots of trauma for trans people in the context of mental and physical health services and defines the conditions that contribute to trauma and traumatic stress, as well as the social and emotional impact.

Defining Trauma

Trauma is commonly understood as experiencing or witnessing an event or events over which one is powerless, that causes or threatens injury, death, or the annihilation of self. Trauma exceeds the bounds of ordinary stressors and causes physiological and psychological responses that can fundamentally affect the brain and the nervous system. Neurophysiological, developmental, and psychological structures designed for survival and well-being respond and change in response to trauma. As a result, people can experience traumatic stress, which can include difficulties physically, cognitively, emotionally, and interpersonally. For trans people, gender identity is an undercurrent through which these symptoms are expressed.

U.S. Transgender Survey (USTS)

In 2015, the National Center for Transgender Equality conducted a nationwide online survey of nearly 28,000 trans adults from all 50 states as well as the U.S. territories of Guam, American Samoa,

and Puerto Rico. The survey represents the largest and most comprehensive look at the lives and complexities of the trans community to date and illuminates the magnitude of trauma experienced across this diverse community. For example:

- Nearly half (46%) of respondents were verbally harassed in the past year because they were transgender.
- Nearly 1 in 10 (9%) respondents were physically attacked in the past year because they were transgender.
- Nearly half (47%) of respondents were sexually assaulted at some point in their lifetime and 1 in 10 (10%) were sexually assaulted in the past year. In communities of color, these numbers are higher: 53% of Black respondents were sexually assaulted in their lifetime, and 13% were sexually assaulted in the past year.
- Seventy-two percent of respondents have done sex work, 65% of respondents have experienced homelessness, and 61% of all respondents reported being sexually assaulted in their lifetime. More than half (54%) of respondents experienced some form of intimate partner violence, including acts involving coercive control and physical harm; 58% reported having been harassed by the police.

Although the level of social and institutional awareness and knowledge of trans people has markedly increased, experiences of trauma remain disproportionately high. The occurrence of trauma, its symptoms, and its outcomes are informed by transphobia, microaggressions, barriers to social and interpersonal connection, and disruptions in the experience and expression of a felt sense of self.

History of Trauma for Trans People

Historically, medical and mental health systems unwittingly played a role in sustaining cisgender identity as a measure of health and wellness. The etiology of trans identity has undergone a transformation from psychosis to significant mental illness to identity diversity. In the course of that evolving etiology, trans people were forced to deal with medical and mental health systems that misunderstood and misrepresented the experience of inhabiting a body that does not match a felt sense of self. On an institutional level, the traumas experienced by trans people have been inappropriately used to explain the presence of trans identity and have further been used as criteria for denying access to gender-related care.

Standards of Care

The Standards of Care real-life experience (RLE) or real-life test (RLT) to gain access to care illustrates this dilemma. The RLE/RLT was a tool created as a means to confirm that a person is able to function in all aspects of life in their felt gender identity without the benefit of medical intervention. The original Standards of Care (1979) required a year of RLT, which proved to be painful, detrimental, and dangerous to those who endured it. Later versions of the Standards were more subjective, and the current (seventh) edition of the *Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People* requires only a referral letter from a certified medical professional to qualify an individual for treatment.

Even so, these requirements have the potential to put trans people at greater risk for social, emotional, and institutional violence. Additionally, trans people are more likely to experience systemic traumas such as barriers to accessing employment, housing, community, or any form of medical care. Finally, prolonging the wait for care creates an atmosphere in which trans people are likely to suffer intrapsychic/individual traumas such as the ongoing and profound distress associated with not living one's core or felt sense of self. Consequently, trans people often feel they must underreport experienced traumas for fear that the trauma itself will be misinterpreted as the cause of gender dysphoria and/or a sign of "instability" that requires resolution prior to accessing gender-related care.

The implications of the extended evolution from psychosis to identity diversity are significant. By making access to care conditional on social conformity, the medical and mental health systems inadvertently created an expectation that in order for trans people to access care, they needed to have a monolithic clinical picture devoid of trauma or any of its consequences.

Subsequent Standards of Care have evolved to identify gender dysphoria, the level of distress

associated with experiencing dissonance in the physical body and felt sense of self, as the point of intervention. The current SOC (seventh edition) recognizes the diversity of trans identities and the wide range of interventions that can aid in resolving distress. With the focus of intervention on resolving distress rather than resolving gender, trans people's experiences of trauma and its related symptoms can be integrated into treatment that is both gender and trauma informed. Medical and mental health systems have only recently had access to learning about trauma and trauma-informed care for trans people. Consequently, trans communities remain affected by that legacy and have more difficulty experiencing the connection, safety, and trust that is crucial to trauma care and healing.

Causes of Trauma for Trans People

Systemic Causes

Trans people experience a profound and disproportionate amount of trauma individually, interpersonally, and societally. Trans people experience disproportionate levels of physical assault, sexual abuse, verbal harassment, and domestic violence. The factors that contribute to trans people being disproportionately targeted by all forms of violence and trauma are multifaceted. People who are socially, emotionally, and financially underresourced; people who have internalized a negative or inaccurate sense of themselves; and people who are less likely to be supported, responded to, or believed are at greater risk for chronic traumatic stress and at greater risk of being targeted for abuse and violence. Trans people and the people around them may attribute experiences of trauma to gender identity or presentation when, more accurately, what leaves trans people vulnerable to trauma is the cumulative impact of societal oppression.

Social and Interpersonal Causes

The foundation of trauma for trans people is shaped by transphobia, microaggressions, social rejection, and disrupted attachments.

Transphobia

Transphobia is the pervasive and irrational fear and rejection of trans people as manifested in gender-nonconforming appearance, behavior, or role. Manifestations of transphobia on a systemic level can be seen in the ways in which gender conformity is established and reinforced by school settings, medical and mental health facilities, and work environments. Manifestations of transphobia on an interpersonal level can include the explicit exclusion of trans people in social or community events, interpersonal violence, domestic violence, intimidation, and verbal and physical abuse.

Microaggressions

Microaggressions refer to individual, interpersonal interactions that reinforce oppression. Trans people experience a level of chronic, cumulative, and traumatic stress in the form of microaggressions. Microaggressions may take the form of reactions by others to any perceived deviation from gender norms, gender identity, gender role behavior, or gender presentation. In the context of gender identity, cisgender (cis) identity, roles, expressions, and behaviors are actively socially reinforced, while deviation in gender identity, expression, and behavior is often met with hostility and social exclusion. Trans people describe and are often affected by daily harassment, rejection, hostility, and intimidation. That state of chronic traumatic stress creates a context for trauma.

Social Rejection

Social rejection describes the ways in which trans people experience barriers to forming relationships. Disruptions in attachment can occur as the trans person may not experience attunement to a core sense of self or experience. Trans people's experience of trauma often begins in childhood. Gender nonconformity in appearance, behavior, or role can be targeted for social alienation and rejection, along with verbal, physical, emotional, and psychological abuse from both children and adults. The chronic stress and cumulative trauma of a hostile environment affect trans people throughout their lives.

Disrupted Attachments

For trans people, inhabiting a body that does not accurately reflect the felt sense of self changes opportunities for attachment and care, social connection, societal interaction, and appropriate

medical care, as well as initiates a series of barriers to the resources that generate resiliency. This differential experience of and response to trans people on institutional, social, interpersonal, and individual levels can create a disproportionate experience of trauma.

Manifestations of Trauma

Body

Survivors of trauma often have difficulty feeling, experiencing, or being willing or able to take care of a body that has been the site of trauma. Awareness of hunger or thirst, body temperature, or bodily functions can be acute, incredibly diffuse, or absent, in part because the awareness of any bodily sensation can ignite some level of reexperiencing traumatic events. For trans survivors, this alienation from bodily sensations or needs is compounded by experiencing a body that not only is the site of trauma but also, at best, misrepresents the felt sense of self.

Inhabiting a body that may not reflect a felt sense of self and is the site of trauma can make accurately responding to bodily needs and caring for that body more difficult. Trans people can experience high levels of self-harm. The function of that self-harm may be to manage dysregulation, manage bodily sensation, or communicate levels of distress. Self-harm can also be a form of expressing anger, despair, or disgust with the body itself and can take the form of harming or attempting to modify genitals or other parts of the body that are considered gendering.

Trans people may also experience disordered eating. Eating disorders can be an expression of ambivalence to caring for the body. Manipulation of body size is also associated with efforts to shape the body toward a more masculine or feminine presentation or to render the body unappealing and therefore less available for social gaze.

Mind

Trauma changes the brain. The brain and body are designed to accelerate in the face of danger, respond, and then resolve or return to baseline. Without that resolution, the response system can be left to overrespond or underrespond. The consequences of chronic dysregulation manifest in a range of symptoms, which can include disruptions in attention, concentration, and memory; challenges in learning and social learning; disruptions in motivation; and negative self-concept and self-efficacy. For trans people, the experience of trauma and the present and real potential for rejection and violence can sustain a chronic level of dysregulation and exacerbate symptoms affecting the ability to process information and connection.

Relationships

Transphobia and microaggressions create the context for trauma in forming relationships and accessing community. Forming attachment and connection in emotionally underresourced, unsupported, or chronically traumatizing environments can be challenging. Barriers to employment and housing, as well as costs associated with gender care, are significantly at risk of abuses of power and domestic violence.

Trans people eager for connection and recognition, particularly in their affirmed gender, may accommodate familiar abusive patterns in connections or accommodate a level of transphobia, may take significant risks, and may experience the absence of overt transphobia as connection.

Boundaries in relationships can be complex. For trans people, an additional challenge can be gender identity and identity disclosure across relationships. A person may identify in the assigned gender at work, for example, and the affirmed gender outside of work. People may limit their experience of presenting as and living into the affirmed gender to specific relationships. Violations or threats of violation of those boundaries are abusive and can be a part of an abusive power dynamic in relationships.

Consequences of Trauma

Chronic Trauma

Trans people may come into care with chronic traumatic stress and multiple experiences of trauma. Traumatic stress and violence often begin for trans people at a very early age. The presence of that level of trauma may be so chronic that it becomes normalized by the individual. Without medical and mental health awareness, access, or knowledge of gender diversity, trans people may be well into adulthood before coming into care.

People who access gender care into adulthood often do so after years, even decades, of traumatic stress imposed by the attempts to live into the gender assigned at birth. Those years and decades can be characterized by notable over- or underachievement, limited or failed relationships, extreme personal or professional gender role stereotyped professions or behaviors (e.g., a trans woman who, prior to accessing care, works as a Marine or a firefighter), and significant, often completely undisclosed trauma(s). Coming into an affirmed gender identity in adulthood can also carry with it multiple, cumulative, and traumatic losses associated with the efforts to live in the gender assigned at birth. Threats to or loss of career, financial stability, social support, and loss of spouse or children are some of the possible costs of adult transitions.

Trauma Intervention and Care

Trauma intervention and care begin with establishing a connection, offering validation, identifying and restoring resources of safety, improving self-care, and increasing social support. Not being able to access resources, not being accurately seen and responded to, or being responded to with hostility and alienation is not only the absence of care but also can exacerbate the experience and impact of trauma.

Gender Binary in Treatment Services

Comprehensive trauma-related services are largely gendered. While trauma-informed services for cis male survivors are increasing, the default discourse for trauma-related care labels cis men as perpetrators and cis women as survivors. This gender designation is present in services, literature, self-help literature, and community support and resources, all of which are overwhelmingly segregated along the gender binary (male/female). This can affect not only trauma-related care but also affiliated care needs, including substance abuse services, eating disorder services, day treatment programs, care focused on suicidality, and treatment for self-harming behaviors. The gender binary is also present in trauma healing–related resources, community support groups, online resources, groups that support healthy relationship building between survivors, activist and artist groups, and groups focused on building awareness, social support, and care alternatives.

Gender Diversity in Treatment Services

Trauma-related resources that may be more informed and welcoming of gender diversity are not without complication for the trans person. If the person experienced trauma prior to "transitioning" or coming into their present, affirmed gender identity, identifying with any gendered group or service is likely to be complex. If the trans person is stealth, or does not openly acknowledge gender variance, identification with any gendered group may be stressful and, in some circumstances, may place the trans survivor at significant personal risk of further violence, isolation, and loss of housing, employment, and health care. Beyond community and relational constraints, trans survivors' own feelings, beliefs, or narratives regarding trauma(s) can be complex and painful. People identified or assigned female at birth (AFAB), or identified or assigned male at birth (AMAB), may have complex feelings or beliefs about the ways in which that identity, not the felt sense of self, contributes to a vulnerability to abuse and trauma.

Far-Reaching Effects and Mitigating Factors

The magnitude of a traumatic event or experience does not predict the effect that trauma will have on individual functioning. Instead, the magnitude of a trauma effect can be predicted by social and emotional context and any prior trauma(s) experienced by the individual. Family connection and support is consistently the strongest variable in mitigating the impact of trauma for trans people. Establishing a gender-affirming social and emotional context that includes a consistent and reliable home, a stable work/school environment, friends, and social groups creates a context in which a traumatic event can be experienced and resolved. If a person is confident that their family or caregivers are generally responsive to their needs, are concerned about their emotional and physical needs, and there are resources to meet those needs, trauma-related symptoms and their outcomes are significantly different.

Prior traumas that have overwhelmed both the neurobiological response system and the availability

of resources of resilience can also affect the likelihood and outcome of subsequent trauma. These include safe and stable housing, food, access to medical care and transportation, and community. Social and emotional resources available to restore the brain and body to a state of well-being are crucial to resilience. Access to interpersonal and social connection, responsiveness that accurately reflects one's felt sense of self and experiences, thoughts, and feelings are at the core of trauma recovery.

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See also Sexual Violence; Substance Use; Violence

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Travestis

Specific to South America, Latin America, and the Caribbean, *travesti* is a gender identity and sociopolitical identifier for those assigned male at birth who identify with feminine gender identities and perform feminine gender roles. Travestis differ from drag performers and crossdressers in that they medically feminize their bodies, as well as adopt feminine names and she/her pronouns. Travestis are also considered distinct from trans women, although differences have been debated, resulting in the homogenization of travesti experiences. As of the mid-2010s, South American trans social movements acknowledge travesti as a gender identity and political marker. This entry addresses the history of travesti identities, highlighting pivotal moments that shape understandings of travesti experiences.

Derived from *transvertir,* meaning "to transform," *travesti* challenges the overtly gendered and binary nature of language. *Transgender* and *travesti* remain separate due to different cultural linguistics. These differences mean that *travesti* remains untranslated. In some academic and political contexts, *travesti* is considered a derogatory word, but it remains a culturally important term by which people identify themselves. Gender freedom was commonplace, and travesti identities thrived prior to the imposition of colonial Western discourses of dichotomous gender, which drew from biblical texts with rigid gender laws. The newly colonized cultures repressed and punished individuals whose gender identities and

expressions were outside of binary categories. Gender elasticity was lost and has not been fully regained in postcolonial times.

Remnants of colonial thought permeate South American, particularly Brazilian, culture, with a thin line between tolerance of travestis and a need to attack and exclude them, owing to their ability to challenge patriarchal dominance and "queer" society. Travesti bodies question state-built gender binaries while simultaneously undermining the category of "woman," which serves to highlight the fragility of gender norm discourses. Travestis are subjected to the negative cultural assumptions of both male and female gender roles simultaneously. The use of culturally defined masculinity (*machismo*) and femininity (*marianismo*) expectations in Brazilian culture undermines and limits travestis' potential sociopolitical power.

Travestis mimic cis women through their gendered performance, thereby—perhaps subconsciously—reproducing the very norms that exclude them. Despite their typically low income, many travestis undertake feminization procedures, including hormone therapy, breast augmentation, and, regardless of the associated health risks, silicone injections. They do not desire to undergo genital surgery, which Western societies view as making them "less trans." South American trans communities criticize this form of *trans-meritocracia,* where those with more body modifications are perceived to be more validly trans than those with fewer. Although the right to change sex exists, the ability to remain outside of the gender binary remains elusive, reinforcing binary norms. Due to these gender-normative pressures, travestis are often unable to actualize their gender identity.

Travestis commonly experience poverty, abuse, and stigma, and few have formal employment because of a lack of education, which contributes to their social and economic marginalization. Many also have darker skin, which is culturally correlated with lower social and economic standing. Thus, travestis face numerous experiences of exclusion and discrimination as a result of the intersecting oppressions of transmisogyny, racism, and classism in their lives.

The marginalization that travestis experience due to the perceived social unacceptability of their bodies and lives leads Brazilian society to oscillate between viewing them as victims and as perpetrators. Much of the public associates travestis with sexuality, rather than with gender, which means that they are victimized by homophobia, and the extreme cultural intolerance of gender nonconformity means that they are viewed as criminal, sinful, and perverse. Through these beliefs, anticolonialists in Brazilian society unconsciously reinforce colonialist gender ideology. The result is that travesti bodies are viewed as bodies that do not matter. Although there are few well-developed methods for tracking incidents of violence in Brazil, the country has one of the highest levels of reported trans murders worldwide. Yet, even in South American LGB communities, the extent of anti-trans violence is perceived as less significant than other issues.

Gender in Latin American societies is grounded not in sex, like in Europe and North America, but rather on sexual behavior. However, it is a fallacy that being travesti results purely from their sexual behavior, and this belief shows how sex, sexuality, and gender are often conflated within South American society.

Since the 1970s, prostitution has become inseparable from travesti experiences, as social stigma has forced most to engage in sex work in order to survive. At the same time, the further stigma associated with being a sex worker means that travestis are unable to ever switch to a different occupation. Violence against travesti prostitutes, including by the police, is high, owing to societal perceptions that both travestis and prostitutes do not matter.

In response to violence and police discrimination, an increasing number of Brazilian travestis are relocating to mainland Europe. Becoming "Europeia" is the goal of many travestis because they perceive life there as safer and less oppressive. Marginalization, discrimination, and violence mean that travestis have little to lose by leaving South America, despite potential subjugation resulting from illegal emigration and the high levels of classism, racism, and anti-immigration sentiment seen across parts of mainland Europe.

For travestis who stay in South America, there is hope for the future. Although historically considered a pejorative term, *travesti* has been reclaimed as an identity and political noun. This reclamation seeks to decolonize attitudes toward gender roles and gender expressions within South

American cultures. Activists and supporters consider travestis to be parrhesiastic—that is, having the courage to say the truth. By simply existing, travestis practice parrhesia and serve to challenge historical gender norms, regardless of the potentially negative consequences. In highlighting the inequalities of society, travestis engage in a form of resistance that confronts social, economic, and political hierarchies and gives them opportunities to have a brighter future.

Danielle Julia Roe

See also Demographics of the Trans Community; Gender Expression; Identity Politics; Sex Workers

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Tri-Ess

Tri-Ess, or the Society for the Second Self, is an international social and support organization for heterosexual crossdressers and their partners and spouses. Because men who crossdress have long been subjected to discrimination from the dominant society, female-presenting crossdressers often feel ashamed of their identities and do not know others like themselves. Before the rise of the Internet, many believed that they were "the only one." Tri-Ess has helped many crossdressing men accept themselves—and for their partners and wives to accept them—and provided a supportive community for both groups. Through its publications and media appearances, the organization has also increased awareness of the experiences of crossdressers and decreased the stigma they feel.

Development

The organization that would become Tri-Ess was established by Virginia Prince, a female-presenting crossdresser from Los Angeles, in 1961. Prince had begun *Transvestia,* a bimonthly magazine for crossdressers, and the initial members of the group were local subscribers. Prince invited the magazine's readers to a meeting, telling them to bring stockings and high heels but not informing them that the other crossdressers would be there. When the group was assembled, Prince had them don the female apparel, thus disclosing to each other and ensuring that they would maintain their shared confidence. Because of its origins, the organization was initially known as the Hose and Heels Club, but Prince changed its name to the Foundation for Personality Expression (FPE or Phi Pi Epsilon) the following year.

Prince envisioned FPE as the Alpha Chapter of a sorority-like crossdressing organization that would have chapters throughout the country and internationally, and by the mid-1960s, she had chartered several other U.S. chapters. Prince set strict membership requirements. Only cis heterosexual male crossdressers—whom she referred to as "true transvestites"—could join, as she wanted to dissociate the group from both gay and bisexual male crossdressers and trans women. In so doing, Prince sought to address the two main fears of the wives and partners of cis heterosexual male crossdressers: that their husbands and boyfriends will leave them for men or that their partners will begin to identify as women. Prince maintained tight control over the organization until 1976, when FPE merged with the Mamselle Sorority, a Southern California crossdressing group led by Carol Beecroft, to become the Society for the Second Self or Tri-Ess.

Becoming Tri-Ess's first president, Beecroft worked to make the organization more inclusive and more visible. She made alliances with trans women and gay and bisexual men, as well as enlarged the group's outreach and programming. She began the group's journal, *The Femme Mirror,* which she edited for more than a dozen years, and started its annual Holiday En Femme event, in

which members would gather each November in a different city and go out crossdressed. For some members, the holiday gatherings were the only opportunity they had to be feminine in public. These events also gave crossdressers who lived far from a Tri-Ess chapter a chance to meet and socialize with others like themselves. Beecroft also initiated a confidential mail service, organized a project to donate books on crossdressing to local libraries, and encouraged the wives of the crossdressing men to become more involved through the creation of Couples Groups.

In 1988, after Beecroft was incapacitated in an accident, Jane Ellen Fairfax was elected chair of the Board of Directors and expanded the organization's vision, which was reflected in the acronym "FIBER":

Full personality expression, in both its masculine and feminine parts

Integration of masculine and feminine elements to live as a whole, fulfilled person

Balance between masculinity and femininity

Education of crossdressers toward self-acceptance and of society

Relationship building in the context of crossdressing

Fairfax also focused greater attention on the needs of the wives and partners of crossdressers. With her guidance, Tri-Ess decided to give them full membership status (previously, they had been considered "guests"); established *The Sweetheart Connection,* a quarterly newsletter by and for wives; and started the Spouses' and Partners' International Conference for Education (SPICE). During this time, Fairfax's wife, Mary, became editor of *The Femme Mirror* and greatly expanded its content. Also, Melanie and Peggy Rudd began the Dignity cruises, which, like the Holiday En Femme events, enabled crossdressers to be out in a safe, supportive environment and meet others like themselves.

Growth

Prince's vision of chapters across the United States began to come to fruition in the 1990s, as crossdressers and their families, who were eager to meet others like themselves and find support, formed Tri-Ess affiliates in different cities. At its height in the early 2000s, Tri-Ess had 25 chapters, including some in southern and midwestern cities that, until then, had few resources for trans people. The chapters sponsored not only social events but also sessions on topics like feminine dressing, legal issues, telling partners and children, and self-defense.

Decline

By the end of the second decade of the 21st century, the number of members and chapters had fallen precipitously. Because many men now find it somewhat easier to go out crossdressed, they feel less in need of an organization. Also, fewer young male-assigned individuals today identify as crossdressers; instead, they more often describe themselves with terms like *gender fluid, gender nonconforming,* and *genderqueer.* Internal factors have also played a role in the decline. Mary Fairfax became ill and could no longer edit *The Femme Mirror,* and Jane had to step back from Tri-Ess to care for her. As of 2020, only six chapters remain.

Impact

Even though the organization is seemingly past its heyday, Tri-Ess deserves a tremendous amount of credit for bringing formerly isolated crossdressers together and helping them recognize that they are not pathological or immoral. It has provided support to tens of thousands of crossdressers and their wives and partners and has increased the visibility of this often overlooked segment of the trans community.

Genny Beemyn and Jane Ellen Fairfax

See also Activism; Crossdressers as Part of the Trans Community; Crossdressing, History of; History; Prince, Virginia

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Two-Spirit People

Two-spirit (sometimes *two-spirited*) is a term used by Indigenous people in North America to describe individuals who combine masculine and feminine. The term harkens back to honored cultural roles for gender minority people in Indigenous nations across Turtle Island (North America) prior to the 1930s. This entry begins with an overview of the origins of the term *two-spirit;* discusses how the identity relates to earlier terms; briefly details the role of colonial schools in the eradication of Indigenous gender roles; identifies benefits, limitations, and cautions to consider when using the term *two-spirit;* and concludes with a discussion of the term's recent use.

Origins of the Term

The term *two-spirit* rose to prominence in the 1990s, and some trace its origin to a dream reported by Elder Myra Laramee (Cree/Ojibwe/Métis) to attendees at the Third Annual Gathering, which was organized by American Indian Gays and Lesbians in August 1990 and held at what was then the Dr. Jessie Saulteaux Centre near Beausejour, Manitoba, Canada (referred to hereafter as "the Annual Gathering"). Others assert that the term *two-spirit* was in use as early as the 1960s in San Francisco.

If the term did emerge in August 1990, it spread quickly and was soon being used in print. One month after the Annual Gathering, the term appeared in an essay by settler Canadian poet Daphne Marlatt in the literary journal *Tessera*. Marlatt attributed the term to a talk given by Indigenous poet Chrystos about lesbians among the Menominee (Mamaceqtaw), describing them as "Two-Spirit People." Social work scholar Bill Ryan notes that the fall 1990 edition of *Two Eagles: An International Native American Gay and Lesbian Quarterly* contained three letters using the term *two-spirit* or *two-spirited* from participants at the Annual Gathering. Such references suggest that the term was being adopted by Indigenous people who had previously (or, perhaps, also) identified as lesbian, gay, bisexual, trans, queer, intersex, or asexual (LGBTQIA+) and was also taken up by settlers to refer to Indigenous LGBTQIA+ people.

Historical Precursors

Although *two-spirit* became popularized in the 1990s, the gender roles it describes are much older. It has been estimated that over 160 Indigenous languages in North America contain a term to describe someone whom settlers might now describe as trans. Some examples include *lhamana,* a Zuni word some translate as "man-woman," and *nadleeh,* a Diné term often translated as "one in a state of change." The Anishinaabe language has several gender terms, the most well known being *agokwe*. Reports of agokwe that were written by settler men during the Indian Removal Era (1828–1849) highlighted what they viewed as cross-gender clothing and activities, as well as same-sex attraction, often conflating the two.

Those who popularized the use of *two-spirit* aimed, in part, to replace *berdache,* a term of Arabic origin settlers used to describe Indigenous people whose gender seemed to mix or shift between masculine and feminine. *Bur-dash* appears in *A Dictionary of the Chinook Jargon* from 1863 by ethnologist George Gibbs, where it is equated with being intersex. In the early 20th century, *berdache* was used in the fields of natural history, ethnography, and anthropology. The term appears in a 1902 article on the Jesup Arapaho Expedition (1899–1901) written by Alfred Louis Kroeber and published by the American Museum of Natural History. With the introduction of the term *two-spirit, berdache* became seen as archaic and is

now rarely used outside of anthropology, and even there it is often critiqued.

Impact of Residential or Boarding School Incarceration

Traditional Indigenous gender roles were targeted by colonial efforts to destroy Indigenous cultures and languages, as well as to assimilate Indigenous people into the settler population. Colonial governments in North America forcibly confined Indigenous youth to reeducation facilities as part of an effort to "kill the Indian in the child." In the United States, so-called Indian boarding schools numbered over 500 and ran from 1819 to 2007, incarcerating over 100,000 children. In Canada, "Indian residential schools" operated from 1884 to 1996, and although they numbered only 130, over 150,000 children served time there, amounting to three quarters of First Nations youth. Residential schools were usually operated by Christian religious orders, while boarding schools were mostly operated by the U.S. government. In Mexico, schools called *internados* operated sporadically from 1926 through the 1940s.

These obligatory "schools" compelled generations of Indigenous children to speak only settler languages, adopt Christianity, and conform to Christian gender and sexual norms. Upon arrival, school authorities separated boys and girls, cut children's hair to conform to gendered settler styles, and dressed them in gendered uniforms. Forcible regendering of two-spirit students, along with indoctrination into Christian traditions that viewed their difference as sinful, instilled animosity toward two-spirit people. By 1930, many Indigenous communities had lost their traditional roles for two-spirit people.

Scholars note that the impact of residential and boarding schools extends beyond damage done to those forcibly confined, negatively affecting descendants of survivors, as well as their communities. Attending residential or boarding school is correlated with increased psychological distress, depression, substance use, and suicidality. Two-spirit people also exhibit distinct and significant resilience to social and health stressors, drawing on multiple resources to support the mental, physical, social, and spiritual well-being of themselves and their communities.

Benefits of the Two-Spirit Label

Self-identifying as two-spirit emerged in the context of a broader movement to revert to Indigenous-language names for places and people. As a pan-Indigenous term, which spans Indigenous nations, *two-spirit* provides an English term around which to organize, supporting broad intelligibility. Indigenous terms, such as *lhamana* or *nadleeh,* may be unfamiliar to those outside the nation from which the word originates. Two-spirit identity enables Indigenous LGBTQIA+ people to connect their experience to the history of their Indigenous nation or to the history of Indigenous people more broadly.

As the name itself suggests, *two-spirit* asserts a spiritual element to identity that is largely absent from LGBTQIA+ communities. In the wake of forced Christianization, many Indigenous communities adopted negative attitudes toward LGBTQIA+ people, and some LGBTQIA+ people report having to leave their Indigenous community due to threats or violence. Qualitative studies with Indigenous people have found that LGBTQIA+ identity was sometimes a factor separating them from Indigenous community belonging and aligning them with urban, settler society. In tracing its lineage to traditional gender roles, two-spirit people framed themselves as insiders to their Indigenous nation. Indigenous scholar Alex Wilson (Opaskwayak Cree Nation) has described Indigenous LGBTQIA+ people as "coming in" (i.e., to Indigenous community), rather than "coming out," when they adopt a two-spirit identity. Growing awareness of two-spirit identity has assisted many Indigenous communities to revise or reimagine cultural and ceremonial roles for two-spirit people. Due to the intentional reference to Indigenous cultural belonging in the term *two-spirit,* its use by settlers to self-identify themselves is considered cultural appropriation.

The two-spirit label has increased the visibility of Indigenous people within LGBTQIA+ communities, where white supremacy, racism, and colonialism have made many Indigenous people feel unwelcomed. Some LGBTQIA+ organizations have now added a "2" or a "2S" (i.e., "LGBTQIA2+" or "LGBTQIA2S+") to represent two-spirit people, although this practice has also been criticized for mixing settler and Indigenous frameworks, potentially assimilating two-spirit identity.

In the field of HIV research, two-spirit identity has supported intersectional analyses of the HIV pandemic by enabling researchers to examine factors of gender (or, in some cases, sexuality) and Indigeneity simultaneously. Such intersectional analysis supports discussions of how HIV transmission in Indigenous communities is shaped by historical, intergenerational, and ongoing impacts of colonialism.

Limitations and Caveats

Although two-spirit identity has benefits, it also has limitations. There is a risk that pan-Indigenous terms may replace Indigenous-language concepts, furthering the erosion of Indigenous languages and cultures. Indigenous scholars note that *two-spirit* does not encompass all LGBTQIA+ Indigenous people and is used primarily by American Indian or First Nations people. The term is used by some Métis, as evidenced by the Manitoba Métis Federation adding a Two-Spirit Michif local to its federation in 2019. However, two-spirit identity has not been broadly adopted by Alaskan Native, Inuit, or Kanaka Maoli (Indigenous people of Hawaii), and its use internationally is sparse.

A second issue relates to disagreements regarding whether *two-spirit* applies to gender, sexuality, or both. A Canadian study of bisexual mental health in the province of Ontario, for example, found that 39% of the First Nations, Métis, or Inuit participants used *two-spirited* to describe their sexuality, while 29% used the term to describe their gender. Some scholars note that most Indigenous nations did not engage in sexual identity labeling and that historically, two-spirit roles were roles of gender. Two-spirit scholar Harlan Pruden (Cree) has emphasized that "two-spirit" is not a gender or sexual identity label but an Indigenous analysis of gender—that is, a thoughtful reflection on the structure and nature of being gendered. In contrast, Albert W. McLeod (Nisichawayasihk Cree, Norway House Métis), a founding member of the International Council of Two-Spirit Societies, has specified that two-spirit identity is about Indigenous people who identify as lesbian, gay, bisexual, trans, queer, and questioning.

For some Indigenous LGBTQIA+ people, "two-spirit" is one of many identities they use. Some Indigenous LGBTQIA+ people report using a non-Indigenous label, such as trans, to show solidarity against transphobia, identifying as two-spirit with Indigenous people to emphasize Indigenous cultural belonging and using an Indigenous-language term in their community to emphasize their connection to culture and history.

A third caveat regarding the use of *two-spirit* relates to expectations associated with the identity. In addition to describing a gender role, two-spirit identity may carry an expectation of Indigenous cultural and spiritual roles. Indigenous scholar Leanne Betasamosake Simpson (Michi Saagiig Nishnaabeg) notes that two-spirit people have been leaders in protesting colonial resource extraction and the occupation of Indigenous territory. The embeddedness of two-spirit roles into Indigenous nations is one of the reasons scholars caution against equating two-spirit with trans or queer. Scholars also caution against framing two-spirit people as transgressing gender norms, since they may be embraced by the gender systems of their Indigenous nation.

Recent Use

Many Indigenous organizations have adopted the term *two-spirit*. In 1992, for example, Gays and Lesbians of the First Nations, a Toronto-based organization, changed its name to 2-Spirited People of the 1st Nations. The Annual Gathering at which the term *two-spirit* is said to have emerged was the third in a series; the first gathering was held in 1987 and titled The Basket and the Bow: A Gathering of Lesbian & Gay Native Americans. Annual gatherings and related events now commonly use *two-spirit* in their titles and promotional materials.

As populations in North America become increasingly secular, questions have arisen as to whether two-spirit identity necessarily carries spiritual meaning. Some argue the term embraces a pan-Indigenous spirituality, in which two-spirit people embody a balance of feminine and masculine; others consider the reference to two spirits to be metaphorical.

Indigenous filmmaker Thirza Cuthand (Cree) coined the term *Indigiqueer* to describe Indigenous LGBTQIA+ people who do not embrace *two-spirit* due to its association with having two spirits, or with gender rather than sexuality. The term has

been used by poet Joshua Whitehead (Oji-Cree), whose 2017 poetry collection was entitled *Full-Metal Indigiqueer*. Whitehead's book was nominated for a Lambda Literary Award in 2018, prompting the author to withdraw from the competition, arguing that his nomination in the "Transgender Poetry" category misrepresented his identity as a two-spirit person.

The use of *two-spirit* as a pan-Indigenous term highlights the role of white supremacy and heteropatriarchy—the privileging of heterosexual and cisgender male authority—in colonialism. Some embrace two-spirit identity as a way to resist binary views of gender and sexuality, often as part of a broader effort to decolonize—remove colonial influences from their lives—and to Indigenize—increase their familiarity with the values, beliefs, and practices of their Indigenous nation.

Margaret Robinson

See also Cisnormativity; Heteronormativity; History; Identity Politics; Indigenous People; Intersectionality in Research; Muxes; Third and Fourth Gender Roles

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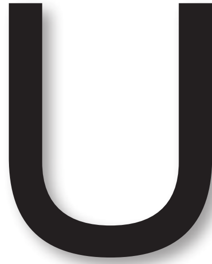

United States Transgender Survey (USTS)

The United States Transgender Survey (USTS) is the largest survey ever conducted to examine the experiences of trans people in the United States, with nearly 28,000 respondents. It is notable for its scope, sample size, geographical reach, and representation of a wide range of identities and experiences. As such, the USTS is one of the most important studies to document the experiences of trans people in the United States. It is an essential source of information for a range of disciplines and the general public. This entry provides an overview of the USTS, including its background and purpose, development, outreach strategy, data collection period, findings, and impact.

Background and Purpose

Advocating for the rights of trans people requires data to provide evidence of the population's unique experiences and outcomes, many of which are disparate when compared to non-trans people. However, advocacy has historically been hampered by the limited availability of such data. The National Center for Transgender Equality (NCTE) conducted the USTS in 2015 to address data needs. The USTS was the successor to the 2008–2009 National Transgender Discrimination Survey, which had 6,456 respondents and was the first study to broadly examine the experiences of trans people in the United States.

The USTS was developed to conduct an in-depth, comprehensive examination of experiences and outcomes and to become an indispensable advocacy resource. It also sought to fill gaps left by the lack of data collected about trans people in national surveys, including most federal population-based surveys, which do not capture critical life experiences for the trans population.

Survey Development and Outreach

The USTS questionnaire was developed using a collaborative, community-based research approach, involving individuals with lived experience, advocacy and research experience, and subject matter expertise. The survey covered a wide array of topics, including income, employment, health, education, family life, faith communities, housing, interactions with the criminal justice system, public accommodations, and harassment and violence. Among the study's unique aspects, the USTS included questions that mirrored federal and other existing surveys to allow for comparisons to the U.S. general population.

The main objective of the outreach strategy was to recruit a diverse sample of trans people that reflected the U.S. trans population. Outreach efforts also aimed to reach people who were most likely to be underrepresented or with limited access to the online platform. Over the 6-month outreach period, the strategy centered on creating multiple points of access for trans people to find and complete the survey. This occurred through sustained engagement with hundreds of supporting organizations

that promoted the survey to their members and through the USTS Advisory Committee, which provided guidance on outreach and promoted the survey through their networks. The strategy employed multiple outreach and communication methods to engage and recruit respondents into the study, including a USTS website, Facebook, Twitter, and other social media platforms, print media, blogs, a photo campaign, a survey pledge, and conference attendance.

Data Collection and Outcomes

The USTS was open to individuals 18 and older who were residing in the United States, U.S. territories, or U.S. military bases overseas at the time of the survey. The USTS was available in English and Spanish for 34 days in the summer of 2015. Several supporting organizations hosted survey-taking events to increase accessibility for those who had limited or no computer or Internet access or just wanted a safe place to take the survey.

Among the notable USTS outcomes is the unprecedented number of respondents (27,715), which created an opportunity for in-depth analyses based on various demographic categories. The sample included respondents from ages 18 to 87, representing a range of gender identities. The USTS sample also reflected wide geographical representation, yielding respondents from all 50 U.S. states, the District of Columbia, and several U.S. territories and military bases overseas.

Despite the USTS's large sample, sampling limitations affected its representativeness of the trans population. As a nonprobability sample, the results are not widely generalizable. The USTS also did not fully capture the experiences of populations who are often underrepresented in surveys, such as people of color, older adults, and people who live in rural areas. Furthermore, as an online survey, there is a known bias in demographic representation, since respondents are more likely to be white, be more highly educated, and have higher incomes.

Findings

NCTE published a series of reports, including a full report of the USTS findings and breakout reports that examine the experiences of respondents by state, race and ethnicity, and other demographic characteristics. The reports include various presentations of the findings, including experiences shared by the full USTS sample, comparisons to groups within the sample, and comparisons to the U.S. general population.

Among the thousands of data points yielded from the USTS, several overarching themes emerged. This includes evidence of widespread mistreatment, harassment, and violence in all areas of life for trans people, including experiences of verbal harassment, physical assault, and sexual assault at school, in the workplace, in health care settings, and in public accommodations. The findings also showed severe economic hardship and employment and housing instability, including large disparities between the experiences of USTS respondents and the U.S. general population. Respondents' accounts also demonstrated the detrimental effects of discrimination on physical and mental health. Furthermore, barriers existed for access to key services in a range of issue areas, such as obtaining accurate identity documents and receiving gender-affirming health care. Additionally, examinations by various demographic categories demonstrated the compounding impact of discrimination based on other aspects of identity, such as race and ethnicity, gender identity, immigration status, and disability.

USTS Impact

The USTS has had an unprecedented impact on advocacy due to the wide applicability of the data and the accessibility of the information. Given the multitude of issue areas addressed in the survey, the USTS provides vital data documenting pervasive issues, highlights vulnerabilities resulting from limited access and barriers to resources and systems, and demonstrates community and population needs. The USTS has been influential in increasing knowledge about the experiences of trans people, and the reports have become essential resources for advocacy, affecting numerous fields, including policymaking, legislation, litigation, health care, education, philanthropy, and the media.

Sandy E. James

See also Demographics of the Trans Community; Discrimination; National Center for Transgender Equality; Research, Recruitment and Sampling

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V

Veterans

Trans people are overrepresented among military veterans in the United States. More specifically, trans individuals are two to three times more likely to have a history of military service compared with cis individuals in the general population. The U.S. Department of Defense (DoD) has a history of policies that banned trans people from the Armed Forces. In contrast, the Veterans Health Administration (VHA) established policies for inclusion of trans veterans in 2011 and subsequently began providing medical and mental health care to trans veterans throughout VHA facilities. Research on trans veterans remains relatively limited, but scholars increasingly describe characteristics and experiences of this particular population. This entry summarizes available scholarly literature on trans veterans, including the prevalence of trans veterans in the United States, VHA policies and procedures for providing health care to trans veterans, and discrimination and mental health experiences among the population.

Prevalence

The trans veteran population mostly comprises individuals who served in the military as the sex they were assigned at birth and medically transitioned after being discharged. Prevalence rates of trans veterans are based on population-based estimates, community samples, and research on veterans who are enrolled in VHA services. In 2014, Gary Gates and Jody Herman estimated there were 134,300 trans veterans in the United States, thus comprising 0.6% of the veteran population (21.5 million). Although trans people make up a small portion of military veterans, this suggests that trans people are twice as likely to participate in the military compared with cis individuals. This estimate was further supported by data from the 2015 United States Transgender Survey (USTS), in which 18% of almost 28,000 respondents self-identified as military veterans, double the rate of veterans in the general population. Analyses of VHA medical records, identifying trans people by related diagnoses (e.g., gender dysphoria), additionally show trans people as overrepresented among the veteran population, being three times more common than cis veterans.

Veterans Health Administration (VHA)

The Veterans Health Administration (VHA) is the largest health care provider for trans people in the United States. Moreover, trans veterans tend to use VHA services more than cis veterans do. Preliminary research showed inconsistent treatment experiences reported by trans veterans who sought services from the VHA. A minority of individuals indicated positive experiences, such as being provided with trans-related health care (e.g., hormone therapy). However, more frequently, trans veterans described receiving prejudiced treatment, including being denied routine health care services available to other veterans.

Trans Policies and Programs

In 2011, the VHA established policies for providing health care for transgender and intersex veterans, thus directing VHA service providers to treat trans veterans with the same dignity and respect as other veteran patients. This was a significant change, especially as the VHA's policy became explicitly discrepant with that of the U.S. military, which maintained its ban on trans people. Beyond promoting inclusive services for trans veterans, the 2011 directive (VHS Dir 2011-024) mandated the provision of trans-specific health care by VHA service providers, including hormone therapy, mental health treatment, evaluations for gender-affirming surgery, and care following any trans-related surgeries. Under the policy, trans-related surgeries were not financially covered or provided by the VHA. Since 2011, the VHA has made minor revisions to its policy, but the coverage of services for trans veterans remains the same.

Shortly after the VHA enacted its 2011 directive, it also launched an LGBT program under the Office of Patient Care Services. The program developed extensive educational and training opportunities for VHA service providers across the country, including the following: an online repository of educational materials and a list of VHA support groups; online trainings, including specialty endocrinology (such as hormone therapy) and mental health trainings; access to interdisciplinary e-consultation for individual patient issues; and training and consultation for interdisciplinary teams through videoconferencing. In addition, the LGBT program created posters ("We Serve All Who Served") to display at VHA health care facilities to promote the inclusion of LGBT veterans. Finally, several VHA sites started psychology fellowships to encourage "LGBT veteran health care" specialization by training clinicians.

VHA Treatment Experiences

Research indicates that more trans veterans have used the VHA for health care services since the 2011 policy went into effect. Specifically, between 2011 and 2013, there were 985 new trans veterans enrolled in the VHA, making up 40% of trans veteran patients identified between 2006 and 2013. This makes sense, given that trans veterans were more likely to receive respectful and informed services, as outlined in the directive. More recently, the USTS found that 40% of trans veterans had accessed VHA health care services, exceeding the typical utilization rates of U.S. veterans.

Scholars have also examined rates of gender identity disclosure by trans veteran patients, given that disclosure is commonly avoided by trans people, if possible, because of anticipated discrimination and prejudice. The USTS found that 72% of trans veterans had disclosed their gender identity to VHA service providers. However, in a 2019 study of LGBT veterans, Michael R. Kauth and colleagues found that only 38% of trans veterans had disclosed their gender identity to VHA service providers, even though the majority (67.5%) of participants said they felt comfortable doing so.

Beyond treatment utilization and personal disclosure, scholars have also collected data about the experiences of trans veterans who are enrolled and receiving VHA services. In the USTS, nearly half (47%) of trans veterans reported they were always treated with respect at VHA facilities, compared with 3% who said they were never treated respectfully. In the previously mentioned study of LGBT veterans by Kauth and colleagues, 64% of all participants viewed their VHA site as either "somewhat welcoming" or "very welcoming," while 18% viewed it as "unwelcoming." There were no significant differences between the cis and trans participants, but trans men reported feeling less welcomed than trans women by VHA providers.

As illustrated above, quantitative research on the treatment experiences of VHA-enrolled trans veterans has had mixed results. A 2017 qualitative study of 201 trans veterans by Jessica A. Chen and colleagues found that the VHA was a source of both support and distress among trans veterans. In fact, 22% of participants described dealing with VHA services as among the hardest issues they faced as trans veterans. To the contrary, 20% of participants reported accessing VHA services as among the most positive aspects of being a trans veteran. Accordingly, additional research is needed to provide a more comprehensive understanding of VHA experiences among trans veterans.

Discrimination

Despite the implementation of VHA trans-inclusive policies, trans veterans still face the same elevated

rates and far-reaching experiences of discrimination as other trans people. It is unclear whether veteran status influences discrimination among trans veterans. However, as indicated by results from the USTS, experiences of discrimination are more prevalent among trans people with stigmatized identities beyond gender identity (e.g., people of color, undocumented immigrants, people with disabilities, homeless people, sex workers). Furthermore, additional stigmatized identities showed a cumulative effect on discrimination (e.g., a person of color who is also an immigrant and has a disability would be more likely to report experiences of discrimination than a person of color without those additional identities).

Minimal research has been conducted on the diversity of trans veterans, but it is assumed that findings from the USTS apply to trans veterans as well, such that discrimination is more common among those who are stigmatized in other ways. Another study found that Black trans veterans were disadvantaged in multiple areas of life, such as being almost two times more likely than white trans veterans to experience homelessness. In addition, Black veterans were almost three times more likely to have a history of incarceration compared with white trans veterans. Certainly, more research is needed to learn about the diverse experiences among the trans veteran population.

Other research also indicates that trans veterans tend to experience greater homelessness. For instance, a 2013 study found that 21% of trans veterans had a lifetime history of homelessness, compared with 18% of trans people overall (the rate of homelessness in the general population is 7%). The number of homeless trans veterans was also found to increase by 89% between 2015 and 2018, as reported by the U.S. Department of Housing and Urban Development. Employment discrimination, which can contribute to housing instability, was also reported more often by trans veterans, compared with other trans people, in the National Transgender Discrimination Survey (2011).

Discrimination in the Military

Scholars and trans rights advocates describe the military's history of bans on trans people as discriminatory and argue that the DoD's trans-prohibitive policies have promoted stigma and prejudice against trans service members. Therefore, it is not surprising that trans veterans have reported more frequent experiences of discrimination while serving in the military.

Trans veterans also report having experienced discrimination during active service related to the previous "Don't Ask, Don't Tell" (DADT) directive that condemned sexual minorities. For instance, trans veterans frequently described having been questioned by peers and superiors about their sexual orientation prior to the DADT repeal, as they were incorrectly assumed to be gay, lesbian, or bisexual. Regardless, this means that trans veterans, having served as their birth-assigned sex, had to hide their true identity in order to remain in good standing or risk being discharged under DADT or policies specifically directed to prohibit trans service members.

Military sexual trauma (MST) is an extreme yet common form of discrimination experienced by trans veterans. MST is defined as "a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while veterans were serving on active duty" (Title 38 U.S. Code 1720D, 2006). Research involving VHA-enrolled veterans shows that trans veterans, compared with their cis counterparts, report more frequent incidents of MST (15% vs. 6%). Among trans veterans, trans men, typically having served as women, report sexual assault twice as often as trans women, who typically served as men (30% vs. 15%). These numbers exceed the rates of MST reported by cis women and men: 1% and 20%, respectively.

Mental Health

The correlation between discrimination and mental health is well understood; marginalized populations, such as trans people, tend to face more discrimination and consequently suffer higher rates of mental health problems. However, research findings are mixed as to whether trans veterans experience the same or more frequent mental health issues compared with other veterans. The bulk of scholarly work has found that trans veterans are more likely than their cis

counterparts to experience mental health issues, especially depression, substance abuse, posttraumatic stress disorder, and suicidal behaviors. For example, VHA-enrolled trans veterans were found to be more than twice as likely to die by suicide than their cis counterparts. Moreover, when considering race, health disparities increase among trans veterans, as indicated by more frequent substance abuse and serious mental illness, among a host of other medical issues, for Black trans veterans.

Increasingly, researchers report similar rates of mental health problems for trans and cis veterans. Furthermore, research focusing on resilience has found that having served in the military may act as a protective factor against mental health problems for trans people. For instance, a history of prior military service has been shown to predict fewer depressive symptoms and improved aspects of psychological health among older trans veterans. In addition, prior military service significantly weakened the relationship between identity stigma and depressive symptoms; without military service, identity stigma was significantly related to more depressive symptoms and lower psychological health.

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See also Discrimination; Health Care, Discrimination; Health Care Access, Legal Issues; Military/Military Ban; Resiliency; United States Transgender Survey (USTS)

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VIOLENCE

Definitions of violence vary because violence is complex and multifaceted. A comprehensive definition is provided by the World Health Organization (2002), which characterizes violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation" (p. 4). Violence can take many forms, including microaggressions, verbal abuse, physical and sexual violence (e.g., battery, assault, murder), and even political or structural violence (e.g., policies that criminalize gender-nonconforming behavior or that authorize discrimination). This entry focuses on the high rates of verbal harassment/abuse and physical and sexual violence among trans people across the globe. It also addresses the risk factors that demonstrate which trans people may be at

greatest risk for experiencing violence, the characteristics of the perpetrators of this violence, and the effects of the violence on life course development.

Verbal Violence

Across various communities and methodologies, research has consistently demonstrated that trans people experience high rates of verbal violence, including threats, harassment, and abuse. Studies in a variety of countries and communities also show that the vast majority of trans people have experienced verbal harassment or violence throughout their lives. Verbal violence begins at a young age for many trans people, sometimes even before individuals report recognizing their gender difference, and this early violence is often perpetrated against youth by family members. As trans children's social circles expand with school and other activities, the types of harassers and abusers broaden as well, to include friends, teachers, religious leaders, and a variety of others. Research has consistently found that trans youth report experiencing verbal violence and bullying in schools, such as receiving disparaging comments about their gender presentation, admonishments to gender conform and act like "a real man" or "a real woman," and harassment about their gender identity itself. These verbal assaults convey the message that their gender identities are "wrong" or worthless and that they are somehow wrong about their own sense of their identity or expression. Verbal violence often persists into adulthood but can again broaden to become verbal harassment from intimate partners, coworkers, law enforcement officials, public workers, and even strangers on the street. In studies that have inquired about frequency of experiences (as opposed to a yes/no question asking, "Have you ever had the experience of . . ."), many trans people report multiple experiences of verbal harassment from a variety of perpetrators. Thus, verbal violence is not a one-time occurrence for a majority of trans people but often a series of negative incidents across their lifetimes.

Physical and Sexual Violence

While many studies find that nearly all trans respondents report experiencing verbal violence at some point in their lives, a disproportionate number of trans people, as compared with cis people, also report experiencing physical and/or sexual violence. Similar to the patterns of verbal violence, these experiences start in childhood, and perpetrators vary greatly. For example, comparisons of adult siblings have found that trans siblings report a greater number of lifetime violence experiences than their cis siblings, and among public school youth in the United States, studies suggest that middle and high school–age trans people experience more violence than their cis counterparts. The types of reported violence are also highly varied and include intimate partners' sexually assaulting them, strangers throwing objects at them on the streets, coworkers pushing and shoving them in the workplace, and a host of other types of physical and sexual assaults. In addition to experiencing physical or sexual violence directly, many trans people report knowing other trans individuals who have been physically or sexually harmed. Thus, the experience or perceived threat of violence due to their gender identity is nearly universal in the trans community.

The motives for violence against trans people are difficult to study. Relatively few studies disentangle violence that participants believed was motivated in whole or in part by their gender identity (violence that could be called a hate or bias crime in some jurisdictions) from non-bias-motivated violence. For example, someone could be robbed and beaten specifically because they are trans, or they could be mugged without the perpetrator's knowing or considering their gender identity. In the limited research that has attempted to examine these two types of violence as separate phenomena, the addition of bias-motivated violence explains at least some of the heightened rates of violence experienced by trans people, but bias motivation does not seem to completely account for the difference. Trans people also appear to experience non-bias-motivated violence at high levels. Some studies have suggested that the high rates of physical and sexual violence that are not directly motivated by someone's gender identity may be explained in part as due to the increased likelihood of trans people having multiple vulnerabilities, including being low-wage workers or unemployed, having high rates of homelessness, and/or engaging in sex work or other survival economy activities. However, trans people in those vulnerable situations still

often report higher frequencies of violence than do their cis counterparts, such as trans sex workers experiencing more violence than cis sex workers in the same community. Other differences between these types of violence have also been found. In studies that asked participants to compare experiences of violence that were motivated and seemingly not motivated by gender identity bias, the ones motivated by bias were reported to be more violent and injurious. More research is needed to help clarify the ways that anti-trans bias can account for increased rates of violence and when other vulnerabilities have an effect.

When looking more closely at the most extreme form of violence, murder, multiple studies suggest that the amount of force used to kill trans people frequently far exceeds the amount needed to cause their deaths. This phenomenon is called "overkill," where trans murder victims are destroyed or obliterated, rather than simply killed. Evidence of overkill includes a person being shot or stabbed multiple times or being beaten to death. Globally, the murders of trans people most often occur in public streets or personal residences, and they disproportionately affect young trans women who are racial/ethnic minorities and/or immigrants and who are economically vulnerable. However, information on the murders of trans people largely comes from advocacy organizations monitoring media reports, rather than from systematic administrative or public health data collection. Currently, there are no standard practices for confirming someone's gender identity as a part of generating death certificates, and thus there is no official mechanism for knowing how many trans people are killed.

Risk Factors for Violence

Studies that examine which trans people are most at risk of experiencing violence have identified several factors that may make someone more vulnerable to victimization. One of the clearer findings is that different groups under the trans umbrella experience violence at different rates. Many studies have shown that trans women bear a disproportionate burden of violence compared with trans men. In particular, advocacy organizations have consistently found that trans women, particularly trans women of color, are at a heightened risk of being murdered. However, recent studies that have examined more gender liminal identities (e.g., genderqueer, androgynous, nonbinary) have found that people who are seen as violating the gender binary may face equal, if not more, violence than trans women. These studies suggest that being "visibly trans" may increase a person's risk of experiencing violence. Some research also indicates that the risk of violence increases when someone's identity documents (e.g., a birth certificate) do not match their gender presentation or when a person chooses to disclose their gender identity to others. Being visibly trans, either by gender expression or disclosure, clearly provides an avenue for anti-trans bias to emerge and increases the likelihood of experiencing violence.

As previously discussed, other factors that increase risks overall, such as being economically marginalized, participating in survival economy activities, and having unstable housing, may also contribute to some trans people's increased violence risk. However, violence experiences appear to be quite common across demographic groups overall, with some trans groups bearing greater frequency or severity depending on these specific vulnerabilities. Like many other forms of violence, lower-income trans people are more likely to report experiencing violence than higher-income individuals. But, unlike violence generally, the reported acts of violence against trans people disproportionately occur in public, such as in transit waiting areas (e.g., bus stops, train stations), on the street, or in parking areas. In public urban spaces, a common form of harassment and violence is dubbed "walking while trans," in which visibly trans people, particularly trans women, are stopped and harassed by the police under the assumption that they are sex workers. These stops sometimes escalate from verbal harassment to acts of violence and/or sexual coercion.

An important factor in whether and where a crime occurs is the availability of victims, and in the case of violence against trans people, those who are more out, figuratively and literally, in the public and who are "visibly trans" may face heightened risks of experiencing violence. However, given that many trans people report violent victimization from family members and intimate partners, often separate from other forms of violence, more research is needed to determine whether public or private spaces hold greater risks for trans

people. Some preliminary data suggest stronger family ties may be a protective factor against experiencing violence, while people who have been expelled from their families of origin or struggle with those relationships may be more likely to experience violence. It is presently unclear if those additional reports of violence are due to violence perpetrated by family members or if the lack of social support and protection provided by a family leads to additional exposures and risk.

Perpetrators of the Violence

As with other types of crime, more information is available about the victims of violence than the perpetrators. Research demonstrates that the perpetrators of violence against trans people are disproportionately male, as is common in all types of violent crime. However, a greater proportion of anti-trans violence involves groups of perpetrators, rather than someone acting alone. In addition, a larger percentage of the perpetrators of violence against trans people are strangers to them than is the case for cis people. But this finding must be interpreted with caution, since violence within family systems (such as being charged with "child abuse") is often counted and treated separately than other forms of violence (such as charges of "assault").

Analyses of acts of violence identified as bias crimes against trans people suggest that perpetrators often conflate sexuality and gender identity (e.g., accusing trans women of being gay men), express multiple biases (such as race/ethnicity, sexuality, and gender identity biases) in their verbalizations during an attack, and/or find glee in harming trans people as a form of entertainment or sport. Prior research on bias crimes in general suggests that the violence against trans people is often not driven by one motive alone; rather, there are likely many types of perpetrators who target trans people for different reasons.

One defense seen in the courts, called the "trans panic defense," hints at a motive for the murder of trans women in particular. This defense is based on a defendant asserting that the discovery of someone being a trans female was so provoking that, in the "heat of passion," he murdered the victim. This claim has most often been applied in cases where a cis man was intimate with, or attracted to, a woman he assumed was cis but later discovered was trans. The defense exposes the cultural biases related to masculinity and the demands of "being a man" that preclude men from being attracted to trans women. Also underlying this argument is the idea that the use of violence against trans women for their gender transgressions is a "normal" response of a "typical" cis man to recover from the perceived threat to his masculinity. Thus, the perpetrators of violence against trans people may do so for their own individual reasons (e.g., bolstering self-esteem, enhancing a sense of their own masculinity) or for more social reasons (e.g., to reinforce a binary gender system, to "punish" transgressors). Perhaps more than any other area related to violence against trans people, more research is needed to understand the motives of perpetrators and the factors related to their victim selection.

The Effects of Violence

Experiencing violence has been found to be significantly related to a variety of negative physical health and mental health outcomes. Numerous studies of trans people who report having experienced any incidence of violence have found that they are at an increased risk for depression, anxiety, posttraumatic stress symptoms, and psychological distress, and they are more likely to engage in risk-taking behaviors, such as using/abusing alcohol and other drugs and having unsafe sex. Some studies that measure frequencies of violent victimizations have suggested an exposure–response relationship—that is, each incidence of anti-trans violence may increase the risk for negative physical and mental health outcomes, although these findings are preliminary. One particularly disturbing finding is the consistent relationship between experiences of anti-trans stigma and violence and suicidal ideation and attempts. In most research samples and in most of the countries studied, trans people report rates of suicidal ideation and attempts that are significantly higher than those for cis people. In addition, the constant threat or experience of violence causes many trans people to feel psychologically distressed and be worried that they will be victims of violence or die at a young age because of their gender identity. Many trans people also internalize negative messages about their gender, which can make them

more likely to accept violence as "normal" in their social and intimate relationships and less likely to recognize that what has been done to them is a form of violence and to report it to officials.

Experiencing violence has also been found to have a negative effect on trans people's social lives, including decreasing their willingness to go outside at night and to go to certain neighborhoods, as well as leading them to adopt protective behaviors, such as carrying a weapon when in public and refusing to go out alone. Because trans people, especially individuals who are visibly identifiable as trans, are potentially more at risk in public spaces, many limit their use of these spaces or are more cautious when outside. These behavioral changes are reported more frequently among trans people who have directly experienced violence but can also be common among trans people who learn of other trans people experiencing violence. Thus, anti-trans violence is both an individual and a community experience, and the negative physical and mental health effects of violent victimization can be experienced by trans people who did not experience the violence themselves. Research also seems to suggest that experiences of violence may harm trans people's relationships with others, including being a trigger for relationship dissolution with significant others, relationship strain, or relationship challenges within a family.

Although negative consequences have been more extensively studied, experiencing violence or other forms of bias-motivated conduct has also been found to lead to positive life changes or outcomes for some trans people. For example, after being victimized, a trans person might become more involved in LGBTQIA+ or trans groups or activities, participate in political action or organizing efforts, or mentor other trans people or seek to be mentored. On a larger scale, an act of anti-trans violence in a community can result in members of that community feeling marginalized and devalued, or it can lead to people finding ways to resist and organize, enabling them to regain a sense of power and control in their communities, rather than feeling the need to hide or limit their ability to participate in public life. The fact that some positive outcomes may result from violence clearly does not justify violence in any way, but it does show the ways that trans people and communities have built resilience and strength over time in the face of often lifelong exposure to violence and violence risk. Thus, violence not only affects individuals but can also affect the formation and resilience of entire communities of trans people.

Structural Violence

Policies or societal structures can also enact violence against trans people. A number of countries criminalize crossdressing or gender-nonconforming behavior or use laws against same-sex sexual relationships to persecute trans people. Many more jurisdictions, including more than half of U.S. states, allow discrimination based on gender identity in employment, housing, and public accommodations by not having trans-inclusive nondiscrimination policies. Additionally, many jurisdictions in the United States are seeking to further erode the rights of trans people, such as by preventing them from using the public restroom that matches their gender identity, participating in high school sports, and accessing or affording transition-related medical services. Taken together, these structural factors can lead to many of the same negative outcomes as the other types of violence described above: poor mental health, internalized oppression, a limitation of freedoms, and additional harms, like being unable to maintain employment or housing. These forms of structural violence may also help explain other negative outcomes in research on trans people, such as increased rates of homelessness or housing insecurity, greater participation in survival economic activities (including drug dealing and selling sex), and higher levels of unemployment and food insecurity.

Implications

While the prevalence of violence against trans communities and people should be of concern on its own, there are additional implications of the research on anti-trans violence. In terms of social implications, the fact that trans people alter their behaviors in public spaces in ways that frequently limit their freedom means that trans and cis people do not have the same opportunities to meet and interact with each other. In particular, the self-protecting behaviors that remove trans people from public life, such as not going out and avoiding particular neighborhoods, serve to eliminate the possibility of cis people interacting with, building relationships with, and learning about their trans community members.

While most people have intersecting identities that mean they must negotiate which spaces are safe and which are not, trans people bear this additional burden, and the consequences are shared by all of us.

From a social perspective, the research on violence against trans people exposes the ways that misogyny and patriarchy continue to exist in many cultures across the globe and remain destructive to anyone who violates gender norms. While tremendous strides have been made in the past decade toward increasing the visibility of trans people and challenging cultural constructions of gender as a binary, the ongoing prevalence of violence against trans people suggests that even more work needs to be done to reconceptualize gender in inclusive ways.

Last, as with other bias-motivated crime statistics, this body of research shows how cis people are creating the problem for trans people—that violence itself is not a condition inherent to being trans but one that is created and perpetuated by others. Ultimately, resolving the problem of violence against trans people lies in others' willingness to challenge their own understanding of gender in healthy and inclusive ways while sending clear messages that violence based on someone's gender identity is not to be tolerated.

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See also Criminal Justice System; Discrimination; Heterosexism; Intimate Partner Violence; Sexual Violence; Transgender Day of Remembrance

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Voguing

See Ballroom.

Voice Training

Binary trans people (trans men, trans women) frequently request voice training from speech–language pathologists (SLPs). Achieving an authentic vocal presentation congruent with their desired gender presentation is often central to their psychosocial well-being and quality of life. In turn, having those they interact with attribute their gender in

line with their desired gender, and vocal presentation is also important to their life satisfaction, mental health, and personal safety. Nonbinary trans people also seek voice training, although not to the same extent as binary trans individuals.

SLP literature on the voices of trans women has increased dramatically since the first publications on voice and voice training for these women in the late 1970s, albeit with most of this growth taking place since the late 1990s. This literature addresses issues such as the potential impacts of voice on everyday life and well-being, tools for voice-related assessment, voice training techniques and approaches to service delivery, the effectiveness of such intervention, and factors associated with the outcomes of training. Despite this substantial literature, the quality of the underpinning research needs to be strengthened.

In contrast to the substantial volume of literature on the voices of trans women, there is a dearth of SLP literature relevant to the voices of trans men and scant mention of voice and voice training for nonbinary people. Although there is little published research on voice and voice training for trans men, the small number of articles that present qualitative and mixed-methods research related to these men is of high quality.

Until around 2015, conceptual and theoretical formulations for voice and voice modification for trans people were virtually nonexistent. Prior to that time, SLPs and clients drew mainly on sociolinguistic research conducted in the 1930s to 1960s that focused on differences between cisgender (cis) female and male voice characteristics (i.e., voice markers of speaker sex). Fortunately, theoretical models relevant to voice training for trans people began to be articulated from 2015 onward (e.g., biological determinist, constructionist, and sociocultural mediation views of voice production and a more complex biocultural transdisciplinary model articulated in 2020 by David Azul and Adrienne Hancock). Researchers also began to investigate the voice features most salient to perceptions of speaker gender in trans and cis individuals, and social change led to a more comprehensive conceptualization of gender diversity and voice production. The purely binary categorization of gender became less common in the SLP literature, with voice production beginning to be viewed as a complex and dynamic communication practice influenced by both the speaker and listener. A range of biophysiological, environmental, and sociocultural factors, as well as the practices of SLPs and other health professionals, are also recognized as contributors to voice production.

Voice Training for Trans Women

Because estrogen therapy has no known impact on vocal fold anatomy or physiology in trans women, voice training is the primary approach to assisting these women to attain a more gender-congruent voice. Voice feminization surgery using vocal fold shortening procedures (e.g., glottoplasty) can be a valuable adjunct to voice training, particularly when the trans woman is unsatisfied with the change achieved in voice training or when she desires a reduction in the need to consciously control voice pitch. High-quality evidence from studies of voice markers of gender, voice features most salient to perceptions of speaker gender, and the voice change goals of trans women suggest that behavioral voice training target increasing average pitch (fundamental frequency) to approximately 180 Hz (i.e., the average fundamental frequency typically used by cis women) and feminizing vocal resonance characteristics (i.e., increasing the frequencies of the first four formants or resonances of the vocal tract by, for example, changing tongue position and/or lip spreading). Modifying both pitch and resonance has been shown to be more effective than targeting either aspect of voice alone. There is also evidence, albeit more tentative, indicating that maintaining pitch within the range of 140 to 300 Hz, increasing “forward” resonance, increasing both the upper and lower limits of the pitch range, using a “lighter” voice quality, increasing intonational variability (e.g., by increasing the proportion of rising tones while decreasing falling and level tones), and avoiding glottal fry in conversational speech, will increase the likelihood of the trans woman achieving a more gender-congruent voice. It is important to note, however, that the applicability of these targets is likely to vary depending on individual cultural, linguistic, and social factors as well as the woman’s other voice, speech, language, pragmatic, and nonverbal communication characteristics.

Studies of the effectiveness of voice training for trans women are limited to quasi-experimental studies without randomization and observational case series studies. These studies mostly used similar voice training techniques aimed at increasing average pitch, improving breath support and body posture for voice production, reducing laryngeal and perilaryngeal muscle tension, feminizing intonation patterns, and increasing forward and head resonance. Results demonstrated that average pitch, formant frequencies, the proportion rated by listeners as female, and self-ratings of voice femininity increased. Levels of satisfaction with voice training and voice outcomes were also high. Overall, there is moderately strong evidence for the effectiveness of behavioral voice training, but this conclusion needs to be accepted with caution because of studies' methodological limitations, inadequate long-term follow-up, and wide individual variability in outcomes. In addition, the prognostic indicators of successful voice interventions are unclear.

Voice Training for Trans Men and Nonbinary People

In contrast to the lack of effect of hormone therapy on the voices of trans women, testosterone therapy for trans men is expected to result in desired voice changes such as lowering of pitch and masculinizing vocal resonance characteristics due to an increase in muscle bulk and thickness of the vocal folds. Until the mid-2000s, hormone therapy for trans men was viewed as comparable to typical pubertal growth of the vocal folds and larynx experienced by cis males. As a result, many trans men and health care professionals assumed that voice production difficulties were minimal and that voice training was not warranted for this group of trans people. It was not until around 2014 that high-quality studies of the vocal situations of trans men were published. High-quality studies have now demonstrated that many trans men are not satisfied with the vocal outcomes of hormone treatment. Many experience vocal concerns such as inadequate pitch lowering; diminished voice quality, vocal endurance, and pitch range and flexibility; and testosterone treatment, which can have negative effects on vocal functioning. As a result, misgendering by others still occurs. SLPs have therefore begun to provide voice services for trans men, and a handful of clinical researchers have reported on the outcomes of voice training for this large group of trans people. Those few reports are promising, but the level of evidence for the effectiveness of voice training for trans men remains low. Similarly, voice masculinization surgery using procedures that aim to loosen the vocal folds or increase the bulk of the folds to decrease pitch has received little research attention.

Voice training for nonbinary people has received even more limited attention in the voice literature. Some SLP clinicians have begun to provide services for this diverse group, but no high-quality research has been reported as of mid-2020. It remains unclear how the targets and content of such voice training should be determined, although the likelihood of wide variability in the voice goals of these trans people and a desire for increased vocal flexibility and production of an authentic voice provide some guidance to clinicians. Furthermore, no voice training studies of even moderate quality have been published; only anecdotal, expert opinion, and case study literature is available.

Emerging Considerations for Voice Training in Trans People

Intersectionality is beginning to be considered in trans voice literature given that trans people are often multiply marginalized (e.g., via their trans status, being simultaneously unemployed/underemployed, and being socially disconnected and/or unsupported). Discrimination, disadvantage, and violence are common to this multiply marginalized group. The impacts on the process of, and access to, voice training and voice support are therefore substantial. Voice training for trans people is not prioritized in most health and social care systems, and some SLPs do not view working with trans people as core to their health care roles.

Jennifer Oates

See also Communication; Gender Expression; Hormones, Adults; Misgendering; Musicians; Social Transition

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Women's Colleges

The subject of trans students' inclusion at women's colleges is one that has animated vigorous internal and public debates, protests, and policy changes since at least the early 2000s. The issue began to gain prominence as an increasing number of students came out as trans men while attending women's colleges. The conversation then grew to include trans female and nonbinary students. As understandings of gender have broadened and deepened beyond the rigid binary in North America in the early 21st century, women's college students, alumnae/i, faculty and staff, administrators, and trustees have had to reevaluate their frameworks for thinking about gender. In so doing, they have had to determine what the implications are for colleges dedicated to the education of women.

Trans students, alongside their queer and feminist cis student allies, have lobbied and protested against trans exclusionary admissions policies at many women's colleges. These actions have often resulted in these policies being changed to allow for a greater inclusion of trans students. Going forward, women's colleges will need to grapple not only with which populations marginalized by gender should be allowed to apply to a women's college (i.e., whether to admit just trans women, trans women and nonbinary individuals assigned female at birth, or all trans people) but also how trans students are treated in every aspect of campus life.

Women's Colleges and Trans Inclusion: Historical Background

Women's colleges began in the United States in 1837 with the opening of Mount Holyoke Female Seminary in Massachusetts, now known as Mount Holyoke College. These schools were designed as institutions where (mostly white) women could receive an education at a time when higher education was a pathway open only to white men. Not to be confused with finishing schools or "charm schools," which focused on social etiquette and attracting husbands for wealthy white women, women's colleges have historically emphasized a rigorous academic curriculum. The Seven Sisters schools of the Northeast—originally comprising Barnard, Bryn Mawr, Mount Holyoke, Radcliffe, Smith, Vassar, and Wellesley—were established as the female equivalent of the then all-male Ivy League.

As previously male-only colleges and universities increasingly began to admit women during the 20th century, and as women made key legal gains (e.g., Title IX in 1972, formal workplace harassment protections under Title VII in 1980), enrollment at women's colleges dropped. Many of the schools were forced to close their doors or begin admitting men to maintain financial solvency. This trend continues today, evidenced by Pine Manor College in Massachusetts becoming coeducational in 2014 and Sweet Briar College in Virginia almost closing in 2015. Sweet Briar has remained open, after a backlash from students, alumnae/i, and

faculty led to a major fundraising push and lawsuits against the college's closing. Many current students and graduates of women's colleges, who have experienced their colleges as crucial for centering and building female empowerment, leadership, and academic excellence, are strongly opposed to their alma maters admitting male students. Because of this history, the issue of trans students at women's colleges has been especially fraught.

Arguments for and against admitting trans students to women's colleges often involve discussions of privilege and oppression related to gender and race. For example, some women's college community members have questioned why anyone male identified would want to attend a college established for women. According to these critics, any slot taken by a male student would be one less available to a woman who would benefit from the colleges' focus on female leadership. Allegations of white male privilege have often surfaced when discussing the presence of trans men at the mostly white-dominated campuses. Some women's college administrators have also voiced concerns that admitting students other than cis women would jeopardize their institution's unique protections under Title IX, even though the colleges that have enrolled trans students have not had their funding challenged.

Arguments against trans women's place on women's college campuses have tended toward questioning their status as female. Those opposed to trans women's inclusion have often contended that the applicants should be required to have already undergone gender-affirming bottom surgery. Trans advocates have countered that this focus on genitals unfairly implies that trans women pose a similar potential threat to cis women as do cis, heterosexual men under rape culture. Trans women and their allies argue that trans women deserve to have their safety considered as well, especially given the high rates of violence, particularly sexual violence, inflicted on trans women. Advocates for trans women also point to the considerable financial and health system barriers that limit the access of trans female teens to gender-affirming surgery, especially if they do not have familial support. On a more basic level, proponents of admitting trans women have asserted that any college designated "for women" must embrace *all* women. Those who seek to include trans women at women's colleges reject what they consider the trans exclusionary radical feminist (TERF) rhetoric driving many of the arguments against trans women's inclusion.

Activism for Trans Inclusion

At Smith College in Northampton, Massachusetts, the growing visibility of trans men on campus in the early to mid-2000s—including the participation of one student in the 2005 Sundance Channel documentary *TransGeneration*—accelerated debates about trans students at women's colleges, albeit with a focus on the experiences of trans men. Other women's colleges also began having similar discussions at this time. As more and more trans men started publicly coming out, often with the support of the LBQ student communities at their women's colleges, they found that campus administrators seemed reluctant to fully embrace them as members of the college. They also faced hostility, microaggressions, and overt discrimination from other students, faculty, and staff, such as students glaring at them in residence halls, professors refusing to use the right pronouns in classes, and being deadnamed at graduation. To combat these forms of discrimination, trans students and allies formed groups to support each other and to push for change.

Trans women were not as prominent in the debates about who "counted" as being able to attend a women's college until the fall of 2012, when a young trans woman named Rose Wong applied to Smith College. Her application garnered national media attention after Smith rejected her application, telling her she could not be considered for admission because her father had marked "male" on her federal financial aid form. Those coming to Wong's defense were incensed by the Smith administration's "case-by-case" approach to trans female applicants, arguing that there should be a uniform policy allowing trans women to apply. Wong's allies also pointed out the classed dimension of her being rejected based on a financial aid form, wondering whether she would have been considered had her family not needed to apply for financial aid.

After the Wong debacle, Smith students formed the group Q&A (said to stand for Queers & Allies) to advocate for an across-the-board policy

for trans women's admission. Q&A delivered a 4,000-signature petition in support of trans women to the Smith admissions office in May 2013 and continued protesting through the next school year. In a large-scale display of solidarity in April 2014, about 200 students signed up for shifts to take turns participating in an all-day rally on behalf of trans women outside the Smith admissions office. In May 2015, the Smith Board of Trustees—facing yet another protest—finally voted to admit trans women.

Meanwhile, other women's colleges were beginning to change their admissions policies in favor of admitting trans women. In the late summer of 2014, Mills College in Oakland, California, became the first to categorically include trans women in its admissions policies. Mount Holyoke followed closely behind that September. As more and more prominent women's colleges changed their policies, this put more pressure on those that had not, and student activists were emboldened to press their case even harder. As of 2020, 21 U.S. women's colleges will admit trans women based solely on those women's self-identification, and trans men are eligible to apply to six of the schools without restriction. Five campuses allow nonbinary applicants to apply, although two of those five specify that the nonbinary applicant must be assigned female at birth.

Who Is Included?

U.S. women's colleges vary in how they conceptualize and implement their missions in today's multigendered world. Some colleges, like Hollins University in Virginia and Smith College, accept trans women but not trans men or nonbinary students, in accordance with their identities as women's colleges. In contrast, schools like Mount Holyoke and Agnes Scott College in Georgia accept applications from any prospective student who is not a cis man. From 2007 to 2019, Hollins required enrolled students who realized they were trans men to leave the college, a policy controversial among students and alumnae/i until its repeal. Bennett College, Converse College, and Stephens College still do not permit students who transition to male while on campus to graduate from their schools. Even though these colleges essentially ban trans men from campus, they continue to have students who realize that they are trans after enrolling, thereby undermining the assumption that all students at a women's college are women.

A consensus remains elusive on whether women's colleges should admit only women—cis and trans—or whether, in line with their historical purpose of elevating those marginalized by their gender (i.e., cis women), they should extend their inclusion to everyone whose gender is minoritized. Accordingly, many current students of the historic Seven Sisters colleges now refer to the schools instead as the "Seven Siblings." At the same time, many students, including some trans students, strongly feel that admitting people who do not identify as women to a women's college undermines the unique importance of these spaces for women. They also argue that admitting trans men and nonbinary people to a so-called women's college delegitimizes the genders of those who are truly *not* women.

While trans men have been at women's colleges in increasingly visible numbers since the beginning of the 21st century, attention to the needs and experiences of nonbinary and trans female students has been more recent. Women's colleges are increasingly being called on to put into practice the values indicated by their mission statements and admissions policies and address the needs of trans students for safety, dignity, respect, and the experience of being fully integrated into the campus community. These aims must also take into consideration the other identities and subject positions that trans students (and cis students) bring with them, including race, class, sexuality, religion, nationality, and disability. Trans students and their cis allies at women's colleges are urging their campus administrations to increase trans course content, hire trans faculty, bring more trans speakers to campus for talks and workshops, and develop awareness trainings for faculty, staff, and administrators on how best to support the gender diversity of their students.

Shannon Weber

See also Activism; Campus Policies/Campus Climate; College Undergraduate Students; Community Building; Nonbinary Genders; Queer, Intersections With Trans; Trans Men; Trans Women

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Women's Movement, Trans Inclusion In/Exclusion From

The women's movement has had complex and often contrary views of trans people, particularly trans women, and their place in the movement. The question is not whether the movement should include trans women, as trans women were a part of the early feminist groups and helped create feminist and lesbian feminist cultures, but how the movement has responded to their presence. The ways in which feminists and feminism in general have addressed trans people rests on a sexed ontology—whether one asserts that sex is constructed or natural. It is this analytical divide that is absolutely fundamental to understanding how and why many radical feminist opinion leaders and organizations braved violence in order to be inclusive of trans women, as well as how and why sex essentialist activists who self-identify as "radical feminists" with a "gender critical" analysis are embraced by the likes of the Heritage Foundation and are financially supported by antiabortion hate groups.

Trans realities challenge ontological systems that see sex as natural and unchanging, which has inspired acts of ontological safeguarding. While some sex essentialist activists were primarily concerned with routing out trans people from the women's movement in the name of "radical feminism," early radical feminists rejected *ad naturam* (from nature), reductionist, and essentialist understandings of "woman." For instance, whereas Simone de Beauvoir famously asserted in 1949 that women are made rather than born, Ruth Herschberger attacked the very notion of a discrete body binary in 1948, noting that sexed body attributes exist on a spectrum and do not, in reality, present themselves in discrete binary sets. Herschberger's and other early social constructionist analyses informed the theoretical foundation of what became the radical feminist dialectic of the 1970s women's liberation movement, inspiring the likes of Monique Wittig, Andrea Dworkin, and Catharine MacKinnon to reject the notion of a natural, discrete, and unconstructed body binary. Table 1 indicates similarities and differences between radical feminist, trans feminist, and trans exclusionary radical feminist (TERF) analyses.

By the mid-1970s, a surge of prescriptivist ontologies, rooted in sex essentialism, had created a violent split within the women's liberation movement, inspiring some sex essentialist feminists to act out their ontological safeguarding upon feminist spaces and trans bodies. The primacy of sex essentialism led to violence, including attempted murder; the breakup or near breakup of several feminist organizations; and a largely successful attempt to end access to trans medical care within the United States.

The Liberation Divide

The women's liberation movement has had a long and painful history of exclusion. In the 1960s,

Table 1 Differences Between Radical Feminism, Trans Feminism, and TERFism

	Radical Feminism	*Trans Feminism*	*TERFism*
Sex	A political group defined by their material condition within society	A spectrum of sexed attributes regarded as genotypic and phenotypic ontologies	An essentialist-based body binary naturally existing outside of culture
Gender	The sexed experience	Personal: gender orientation, identity, and expression Cultural: gender roles, stereotypes, and hierarchies	Sexism
Analysis	Materialism	Queer	A reductive essentialism colloquially known as "Gender Critical"
Opinion leaders	Andrea Dworkin, Monique Wittig, Catharine MacKinnon, John Stoltenberg, Simone de Beauvoir	Sandy Stone, Leslie Feinberg, Emi Koyama, Susan Stryker, Kate Bornstein, Julia Serano	Janice Raymond, Mary Daly, Germaine Greer, Robin Morgan, Sheila Jeffreys

Source: Author.

lesbian women were excluded from the women's liberation movement, as they did not embody the type of "woman" that concerned mainstream feminism. Specifically, the National Organization for Women (NOW), then led by Betty Friedan, began excluding lesbian individuals, groups, and concerns because she viewed sexuality and women's oppression as distinct issues. However, a group of protesters, including some who would later become trans identified, organized themselves as the Radicalesbians and protested NOW's exclusionary feminism by distributing a "Woman-Identified Woman" manifesto that decoupled "woman" from middle-class heteronormative ideas of womanhood. As lesbian women gained inclusion within the women's liberation movement, other subgroups of women likewise began confronting issues of exclusion within feminism.

Perhaps the first feminist opinion leader to substantially take up the issue of exclusion faced by trans women was Andrea Dworkin. In her first book, *Woman Hating* (1974), Dworkin recounted a conversation she had with a trans woman friend. In her retelling, Dworkin noted that exclusion seemed to be the "primary emergency" facing trans women. Within the context of Dworkin's analysis, the term *primary emergency*" represented the injury of main concern to different subgroups of women. For instance, a Jewish woman in Nazi Germany would be oppressed as a woman, but her primary emergency would be a product of the anti-semitic oppression she faced. She likewise applied this intersectional analysis to Black women, American Indian women, and, of foremost concern to this analysis, trans women. In this regard, Dworkin noted that while her trans friend was oppressed as a woman, her "primary emergency" was an all-encompassing exclusion from both society and the movement to liberate women from oppression. Dworkin's analysis of what is known today as intersectionality led her to condemn the experience of exclusion, support access to trans medical care, and suggest that the trans experience undermined the sexism that defined the material experience of all women.

Dworkin's intersectional analysis was likewise shared by foundational feminist organizations and opinion leaders. Radical feminist legal scholar

Catharine MacKinnon, whose work on sexual harassment is foundational to the workplace protections of women, noted that her legal career began with advocating for a trans woman stuck in a men's prison. Iconic radical feminist organizations, such as the Olivia Collective, Sisters, the *Lesbian Tide* Collective, and the Daughters of Bilitis, were likewise inclusive of trans women. In fact, the Olivia Collective, a lesbian separatist organization known for pioneering women's music in the 1970s, paid for transition-related medical care for one of their members. And while out trans woman singer and activist Beth Elliott was the subject of verbal assaults and an attempted physical attack by sex essentialist feminists when she took the stage at the 1973 West Coast Lesbian Conference, which she had helped organize, most attendees voted twice for her to continue to perform, and she received a standing ovation when she did so. Elliott, who had been elected vice president of the San Francisco chapter of the Daughters of Bilitis before being pushed out by newer, anti-trans members, had also been included in the 1971 Gay Women's Conference in Los Angeles.

For feminists who understood "woman" to be a sexed class defined by one's material condition within society, the liberation of cis women could not happen without the liberation of all women, including intersex and trans women. For feminists who understood "woman" to be a discrete object defined by nature or god(s), "woman" was a class to be reified and protected. Sex essentialist activist Janice Raymond argued that trans women were not human in the way she was; instead, Raymond asserted that trans women were dangerous and decaying synthetic products that siphoned off women's creativity, spirit, and energy and that their nonnatural status served to hide their true male natures. Taking such objectifications further, Mary Daly stated that trans women were monstrous; Germaine Greer contended that trans women were like serial killers who murder their mothers, Robin Morgan declared that trans women were like rapists who wear blackface, and Sheila Jeffreys maintained that trans women violate the human rights of cis women when they use public restrooms and that the vaginas of trans women stink. However, at a University of Cambridge presentation, Greer proclaimed that trans women were not women because their vaginas did not smell bad enough.

Obloquy aside, in the same way racists access an illusion of empowerment by objectifying themselves as a racial ontology, some subgroups of women involved in the women's liberation movement likewise fought not for the destruction of their sexed class but for its reification as an ontology central to their spirituality, community, and selfhood. For these women, trans women embodied a challenge to their ontological dependence and responded by investing decades of time and attention into rooting out, stigmatizing, and ostracizing trans women. Some notable expressions of this ontological safeguarding include the public assaults of trans-supportive radical feminists Robin Tyler and Patty Harrison; the beating of the iconic trans activist Sylvia Rivera for attempting to speak at the 1973 Christopher Street Liberation Day rally; forcing the closure of the Sisters Collective and Cell 16's training space for being trans inclusive; organizing a national boycott against the Olivia Collective for having an out trans member, Sandy Stone; and attempting to murder Stone. Ginny Berson, cis cofounder of both The Furies and Olivia collectives, described the effects of the 1970s-era anti-trans activism she encountered as being harmful, malicious, and fundamentally foolish.

Perhaps the most destructive outcome resulting from the work of anti-trans activists was the issuance of a ban on trans medical care by public and private insurers. Janice Raymond's 1979 book, *The Transsexual Empire: The Making of the She-Male,* a work rooted in the ethics of *ad naturam* argumentation, together with a report Raymond created for the government regarding the ethics of trans health care, was used by the Reagan administration to justify prohibiting public insurance programs from covering transition-related health care as ethical. Once the ban went into effect, private insurers, citing the federal government's policy, likewise banned trans health care. Decades later, a State of California review of such exclusionary policies found that barriers to trans care constituted, more than any other variable, the most significant predictor of suicide in the trans population.

Throughout the 1990s and 2000s, the Michigan Womyn's Music Festival came to embody the split between trans-supportive feminists and anti-trans activists after the festival expelled Nancy Burkholder, a trans attendee, in 1991. In 1992 and

1993, cis lesbian feminist Janis Walworth began an education and outreach effort, which included conducting a survey of 633 festival attendees that found nearly three fourths wanted the Womyn's Music Festival to be trans inclusive. However, festival security informed her that, owing to threats of physical violence, her proinclusion activities would need to be moved outside of the festival. Although a group of cis leather dykes volunteered to provide festival security, Walworth's group, wishing to avoid violence, set up an education and outreach tent across from the festival gates that became known as Camp Trans. In later years, the camp was facilitated by the Lesbian Avengers, who faced threats of knifing and other violence from sex essentialist festival activists.

As controversy around the festival intensified, online feminist spaces expanded, and it was out of one of these virtual spaces that, in 2008, the term *trans exclusionary radical feminist,* or TERF, was popularized by cis feminist Viv Smythe. Smythe noted that her community was overrun by virulently anti-trans activists who referred to their anti-trans hate as "radical feminism." Since this feminist space included radical feminists who were either trans supportive or neutral, Smythe began using "TERF" to distinguish between the anti-trans activists who were new to the space and the radical feminists who had been part of her online community. As the term *TERF* was propagated online, sex essentialists responded by launching a "TERF is a slur" campaign in 2013 to discourage the term's uptake within feminist discourse. At the same time, sex essentialist activists began colonizing the queer terminology *gender critical* as a euphemism for their anti-trans beliefs. While in its pre-2013 queer context, *gender critical* referenced a trans-inclusive, antisexist analysis of gender, the term has come to be closely associated with anti-trans sex essentialist activism.

Cristan Williams

See also Anti-Trans Theories; Feminism; History; LGBTQ Movement, Trans Inclusion In/Exclusion From; TERFs; Trans Women

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Workplace, Gender Transition

Since the 1990s, it has become increasingly common for trans people in the United States to openly transition on the job. In previous decades, trans people were more likely to transition in private and seek a new job in alignment with their gender—trans men in male-dominated occupations such as construction and trans women in female-dominated occupations such as office administration—where no one knew about their history. Trans women were advised to practice living on lower salaries in preparation for this transition due to the gender wage gap as well as having to hide their work history. Fast forward to the mid-2000s and beyond, and open workplace transitions have become so common that there is now extensive industry advice on best practices for human resource professionals and career development practitioners working with trans-identified and/or transitioning clients. However, most of the research to date on gender transitions in the workplace predominantly reflects

the experiences of white, binary trans people. Future research is likely focus on the workplace experiences of trans people of color as well as nonbinary people, especially given evidence that trans people of color experience higher rates of employment discrimination and economic insecurity.

Workplace Disclosures and Transition Plans

Not all trans people elect to disclose their identity at work. For some, particularly gender-nonconforming people and those who do not "pass," hiding who they are is not an option. Depending on their level of comfort, some may disclose to their boss and to human resources staff but not to colleagues. Opting not to disclose may be motivated by a sense of privacy and/or a desire to avoid discrimination. Fear of discrimination also leads some to delay transitioning on the job. One study found that those who stayed in the same job after transitioning waited 7 years longer to disclose than those who changed jobs after transitioning. Another study reported that nonbinary participants delayed disclosure longer than binary participants did. When making plans to disclose and/or transition on the job, many trans people research how others have handled workplace transitions, confirm their legal rights, and make decisions about whom first to approach (e.g., human resources, supervisor, union official). Some carefully craft a coming-out letter and work with human resources to educate their colleagues.

In several studies, trans respondents shared that their workplace transitions went better than expected, expressing relief along with greater job satisfaction and self-efficacy following transition. Many respondents attributed such positive feelings to their coworkers' acceptance and support. In expressing their support, some coworkers reinforced hegemonic gender norms as well as heteronormativity, regardless of the trans person's sense of gender and sexuality. Trans men found themselves asked to help move heavy objects and included in "guy talk" such as sexual banter while trans women were invited to cosmetic shopping trips and "girl talk" such as children and fashion. Although there has been very little research on the workplace experiences of nonbinary people, the emerging literature on nonbinary social experiences in general indicates that nonbinary people often feel pressured to conform to gender norms. Nonbinary people may present accounts of themselves that mirror dominant narratives that do not align with their actual sense of self in order to be seen as "trans enough."

Differing Experiences of Trans Men and Trans Women at Work

Trans women have also been found to transition, on average, 10 years later than trans men (in their 40s compared to their 30s), which some researchers attribute to the desire to prolong the advantages of working as men. As reported in a qualitative study by Bender-Baird, Audrey, an IT professional from the Midwest, attributed her six-figure income to an extensive work history, including corporate leadership positions, as a man pretransition. However, when Audrey was ready to transition, she was working as a corporate IT director for a small, private company. Audrey believed it would have been impossible for her to transition in such a visible position and instead found her way to a lower-paying position with a different company. Like Audrey, many trans women experience a decrease in earnings posttransition. One study found that average earnings for trans women fell by nearly one third while the average earnings for trans men increased slightly following transition. These dynamics, which reflect patriarchal norms, also appear when posttransition trans women are seen as less competent by colleagues while trans men are seen as more competent. Additionally, trans women risk accusations of gender inauthenticity if they display valued workplace characteristics like confidence and authority, which are gendered masculine. However, not all trans men tap into the same patriarchal dividend. For instance, shorter trans men and trans men of color generally do not receive the same workplace advantages posttransition as tall, white trans men.

Employment Discrimination

Many trans people report high levels of distress and anxiety around workplace disclosure, with some reporting suicidal ideation and others feeling transitioning at work is not possible. One source of such anxiety is the high rate of discrimination trans

employees face. Since the 1990s, community-based studies have found high rates of employment discrimination among trans people, including harassment, job loss, denied promotion, and failure to hire. A matched pair experiment found that half the test employers failed to hire the trans job applicant while extending a job offer to the non-trans applicant. Nonbinary trans people are less likely to be unemployed than binary trans people but more likely to be denied a promotion. Trans people of color consistently report higher levels of employment discrimination. When they are not fired, many trans people face mistreatment at work, including lack of access to appropriate bathrooms, being referred to by the wrong name and/or pronoun repeatedly and on purpose, being forced to present in the wrong gender in order to retain jobs, and being asked inappropriate questions.

As reported in one study, Carey, a college instructor in the Northeast who transitioned on the job, requested to send an email to colleagues, asking that they refer to him using his new name and pronoun and leave it to him to disclose this information to students. However, Carey's supervisor refused to circulate the email, claiming it was an inappropriate use of the faculty listserv and equating it with looking up pornography on an office computer. Such an equation implies that being openly trans in the workplace is inappropriate and perpetuates the sexualization of trans people. Because Carey was not protected by any workplace policy, he did not pursue a formal complaint.

Legal and Policy Protections for Trans Employees

A second source of anxiety is the existing patchwork of legal and policy protections, which leave many trans workers vulnerable. A psychological study found that legal protections may act as a buffer between discrimination and trans people's self-perception of being able to make career decisions while facing barriers. As of 2020, there exists no U.S. federal statute providing explicit protections for trans workers. Although introduced into nearly every Congress since 1994, legislation prohibiting employment discrimination on the basis of sexual orientation or gender identity has yet to become law. In 2019, the House of Representatives passed the Equality Act, which has a legislative history stretching back to 1974, adding gender identity and sexual orientation to the Civil Rights Act and expanding the definition of sex to include sex stereotyping. Such expansion follows the arc of jurisprudence coming out of the 1989 U.S. Supreme Court *Price Waterhouse v. Hopkins* decision, which established sex stereotyping as actionable sex discrimination. Since 2004, federal courts have begun interpreting federal sex discrimination laws to cover trans plaintiffs. Additionally, as of 2019, 21 states plus Washington, D.C., Puerto Rico, and Guam have passed laws explicitly prohibiting discrimination in employment and housing based on sexual orientation and gender identity.

Such legislative and judicial movement has pushed private companies to adopt trans-inclusive nondiscrimination policies. As of 2020, 98% of the more than 1,000 companies rated by the Human Rights Campaign provided employment protections on the basis of gender identity, up from 5% in 2002. Accompanying the spread of employment protections is growing public support for trans workers and their rights. In a 2017 survey published by the Williams Institute, nearly three in four respondents supported antidiscrimination protections for trans people, and a majority believed the United States should do more to support and protect trans people.

With greater social support and legal protections, more trans people may feel comfortable disclosing at work. Unless there is a restructuring of the workplace, trans people will likely be incorporated into existing workplace gender norms. Further research is needed to understand the full diversity of trans experiences at work. The workplace transitions of nonbinary people remain understudied. Furthermore, the experiences of trans people of color, beyond rates of discrimination, are largely left out of the conversation. The sociological literature on gender and work—based on cisgender men and women—consistently reports different patterns of employment for people of color.

Kyla Bender-Baird

See also Coming Out; Demographics of the Trans Community; Discrimination; Gender Identity Discrimination as Sex Discrimination; Nondiscrimination Laws, Federal, State, and Local; Social Transition; Workplace Climate; Workplace Policies

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WORKPLACE CLIMATE

Workplace climate refers to qualities of a workplace environment that shape the experiences of employees of that organization. Formal aspects of the workplace climate may include organizational policies or practices that govern overtime requirements, provision of benefits, or protection from workplace discrimination. Alternatively, workplace climate may reflect employees' subjective perceptions that they are valued and supported by the organization as a whole or by parts of the organization (e.g., one's supervisors or coworkers). Most adults who have the ability to work (i.e., barring major disability and/or chronic illness) and who are able to attain work do so and spend approximately 90,000 hours at work over their lifetime. It is perhaps unsurprising, then, that workplace climate affects the emotional, interpersonal, and economic well-being of all workers, regardless of their sociocultural background. However, given that workplaces are themselves embedded in societies, systems of privilege and oppression that are endemic to those societies—like cissexism, sexism, racism, or heterosexism—shape the workplace climates that employees occupy. This entry will define workplace climate and discuss aspects of the workplace that may be particularly salient for trans employees. Subsequently, scholarship documenting the impact of positive and negative workplace climates on the well-being of trans employees is discussed. The entry concludes with recommendations for how various stakeholders could improve workplace climate for trans employees.

Defining Workplace Climate

Workplace climate manifests in both formal and informal ways. Formal indicators of workplace climate include organizational policies or practices that shape employees' perceptions that they are valued. Such policies or practices could directly influence employees' economic, personal, or professional well-being by providing them with financial stability (e.g., reliable employment, adequate compensation), medical benefits, family supportive policies (e.g., leave time to care for sick children), flexible work schedules, or opportunities for training and advancement within the organization. Alternatively, the formal aspects of workplace climate could also shape how employees are treated at the job through transparency in retention, dismissal, or promotion processes; provision of timely, constructive feedback; or resolution of interpersonal conflict between colleagues. Workplace climates are considered more positive

when policies are fair and applied to employees similarly regardless of their demographic background. Formal antidiscrimination policies may be particularly effective for creating equitable workplace climates.

Workplace climate may also be communicated via interpersonal interactions. Employees feel more positively about the workplace when they believe that other members of the organization—coworkers and supervisors—value their work contributions and are invested in their well-being. Conversely, abuse, mistreatment, or interpersonal discrimination from others in the workplace lead to more negative evaluations of the workplace climate. Because supervisors tend to be perceived as more representative of the organization as a whole by virtue of their authority, their behavior is likely more influential on perceptions of workplace climate.

Workplace Climate for Trans Employees

A sizable and growing area of scholarship has documented trans employees' perceptions of workplace climate. Much of this research focuses on anti-trans workplace discrimination, a manifestation of negative workplace climates. The 2015 United States Transgender Survey (USTS) included data from 27,715 trans people living in all 50 states, the District of Columbia (D.C.), and U.S. territories. Seventy percent of the total sample had held or applied for a job the prior year, and 27% of these individuals reported that in the prior year, they had been denied employment, denied a promotion, or fired because of their gender identity or expression. Furthermore, 15% of all respondents who were employed in the prior year had been verbally harassed, physically attacked, or sexually assaulted at work because of their gender identity or expression. Almost a fourth (23%) of participants who had been employed in the prior year reported experiencing one or more other forms of mistreatment, including being forced to use a restroom that was not consistent with their gender identity, being forced to conceal a trans identity in order to retain employment, or having a supervisor or coworker disclose information related to their trans identity without permission.

Some research with trans employees has operationalized workplace climate as the presence or absence of policies or practices that are supportive of trans employees. For example, organizations could enact a policy that explicitly prohibits discrimination based on gender identity or gender expression or could include gender identity and gender expression in their definitions of diversity. Organizations could also address gender identity and gender expression in workplace diversity trainings or provide trans-specific resources or support groups to employees. Research with trans employees suggests that a common concern is access to restrooms that are consistent with their gender identities. Thus, guaranteed, safe access to restrooms may be a salient component of supportive workplace climates for trans employees. Finally, given that half of people in the U.S. receive health insurance from their employers, it is vital that organizations provide access to insurance plans that cover trans-affirmative health care, such as hormone replacement therapy or gender affirmation surgeries.

Having such policies in place can be particularly important for trans employees given their lack of legal protection. Federal laws—such as the Civil Rights Act of 1964 and the Americans With Disabilities Act of 1990—explicitly prohibit employment discrimination on the basis of race, color, religion, sex, national origin, or disability throughout the United States. No federal law explicitly ensures analogous protection from employment discrimination on the basis of gender identity, gender expression, or sexual orientation. This is somewhat offset by the fact that 21 states and the District of Columbia prohibit discrimination on the basis of gender identity (an additional seven states prohibit gender identity discrimination against public employees).

There have been legislative efforts to expand federal workplace protections to explicitly ban gender identity–based discrimination since 2009 (similar efforts to prohibit sexual orientation–based discrimination have been unsuccessfully introduced to Congress since 1974). On May 17, 2019, the U.S. House of Representatives passed the Equality Act, which would amend the Civil Rights Act to ban sexual orientation– and gender identity–based discrimination in employment, as well as other areas such as housing, education, access to federal funding, and credit. But the U.S. Senate did not vote on the legislation.

The question of whether or not extant civil rights law may be interpreted to prohibit workplace discrimination against trans and sexual minority employees has received scrutiny in the past decade. For example, in May 2015, the Equal Employment Opportunity Commission—the U.S. federal agency that administers and enforces workplace nondiscrimination civil rights law—interpreted prohibition of sex-based employment discrimination provided by Title VII of the Civil Rights Act as covering gender identity– and sexual orientation–based discrimination. This policy was reversed in October 2017 by the Department of Justice under U.S. Attorney General Jeff Sessions. This followed a July 2017 announcement by President Donald Trump that trans individuals would be banned from serving in the military, which several LGBTQ advocacy groups challenged in court, and which was then reversed in 2021 by the Biden administration. On June 15, 2020, the U.S. Supreme Court issued a ruling on the case *Bostock v. Clayton County, Georgia* that affirmed that Title VII's prohibition of discrimination based on sex necessarily also prohibits discrimination based on gender identity and sexual orientation. This landmark decision effectively provides trans and sexual minority employees across the United States with legal protection from workplace discrimination.

The Impact of Workplace Climate on Trans Employees

Workplace climate is closely associated with multiple facets of well-being for trans employees. Perceptions of positive workplace climates are associated with important career outcomes, such as greater job satisfaction and organizational commitment, and lower job anxiety and intentions to quit. Similarly, more supportive workplace climates are associated with greater satisfaction with life, an indicator of psychological well-being. With regard to interpersonal outcomes, positive workplace climates are associated with greater coworker and supervisor support. Furthermore, positive workplace climates are associated with greater disclosure of one's trans identity. Importantly, models of identity development for sexual or gender minority people generally posit that greater openness about one's identity promotes well-being by allowing for greater personal authenticity and closer, more supportive interpersonal relationships. One interpretation of the association of positive workplace climates with greater openness is that supportive climates allow trans employees to feel safe sharing their identities—which, due to cissexism, tend to be stigmatized—with colleagues. In turn, more openness about one's trans identity in the workplace is itself associated with better career and mental health outcomes.

Research has also examined the association of negative workplace climates—most often operationalized as perceptions of anti-trans discrimination in the workplace—with important outcomes. Importantly, positive workplace climate and workplace anti-trans discrimination tend to be moderately to strongly negatively correlated, which suggests that they tap into the same underlying construct. Workplace discrimination is negatively associated with job satisfaction, work volition (the perceived ability to make work-related choices), perceived employee–organization values congruence, life satisfaction, coworker support, and disclosure of trans identity. It also seems that trans employees are well aware of the potential negative impact of discrimination on their lives: More than three fourths of employed trans people in the USTS sample reported taking steps in the prior year to avoid workplace discrimination, including hiding their gender identity (53%), hiding the fact that they had already transitioned (25%), delaying their gender transition (26%), or even quitting their jobs (15%).

It is also important to consider the potential economic impact of workplace climate on trans employees. The ability to attain and retain work that provides the economic resources necessary to meet basic material needs—food, clothing, housing—is likely suppressed for trans people who encounter hostile workplace climates. The difficulty trans people have attaining decent work may account for why 24% of USTS participants kept a job for which they believed they were overqualified. Furthermore, the unemployment rate among participants in the USTS sample (15%) was three times the national average. This disparity was particularly pronounced for American Indian/Native American, Black/African American, Latinx, Middle Eastern, and multiracial participants (as compared to white/European American participants), which may reflect the dual, intersecting influence of racism and cissexism in the lives of trans people of color. Such high

levels of unemployment likely influenced the fact that 29% of participants in the sample were living in poverty, which was more than twice the national average (12%). Given difficulty accessing decent work, it is perhaps unsurprising that 20% of the USTS sample reported participating in criminalized work (e.g., sex work, drug sales) at some point in their lives. Again, reflecting the intersection of multiple systems of privilege and oppression, trans people who were undocumented, women, and/or people of color were particularly likely to work in the underground economy.

Improving Workplace Climate for Trans Employees

Workplace climate is associated with the career, emotional, interpersonal, and economic well-being of trans employees. Thus, it is vital that organizations create workplace environments, policies, and practices that support rather than marginalize gender minority employees. In 2016, the Human Rights Campaign published *Transgender Inclusion in the Workplace: A Toolkit for Employers* to serve as a resource for organizational leadership, management, organizational consultants, and human resource professionals seeking to create trans-affirmative workplace climates. Through individual counseling, vocational psychologists or career counselors may help trans employees explore the potential influence of poor workplace climates on clients' career development and well-being. In addition, these professionals may help clients identify organizational (e.g., human resource professionals) or community (e.g., civil rights organizations) resources to address organizations that are resistant to positive change. The recent extension of workplace nondiscrimination law to trans employees is a remarkable development that should improve the likelihood that trans employees are treated with the dignity they deserve.

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See also Campus Policies/Campus Climate; Career Development and Trajectories; Discrimination; Harassment; Microaggressions; Nondiscrimination Laws, Federal, State, and Local; United States Transgender Survey (USTS); Workplace, Gender Transition; Workplace Policies

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Workplace Policies

More than one in four trans people in the United States has been fired due to anti-trans bias and more than three in four trans workers nationally have reported workplace discrimination due to their gender identity and expression. Even more

than 50 years after the passing of the Civil Rights Act in 1964 (a federal bill prohibiting employment discrimination based on sex, race, color, national origin, and religion), trans people continue to face issues in the workplace, often manifested as refusal to hire, privacy violations (i.e., being "outed" as trans at work), harassment (i.e., bullying, violence, and mistreatment from employers and coworkers), and elevated rates of unemployment, poverty, and economy distress.

One reason such disparities exist is the continued lack of consistent *workplace policies:* laws and protocols established to both support trans people in the workplace and prevent anti-trans discrimination. As of 2020, 32 states (including Washington, D.C.) and over 200 local jurisdictions have instituted at least one such policy prohibiting discrimination based on gender identity. Similarly, hundreds of private employers have instituted trans-affirming policies that make the workplace safer for trans people by creating gender-neutral bathrooms, providing insurance coverage for gender-affirming medical procedures, and creating trans employee affiliation groups. Yet there is a continued need for inclusive, federal trans-affirming workplace policies, particularly to support multiply marginalized trans people (e.g., trans people of color, trans women, and those working in informal sectors that are not government regulated such as gig work, sex work, and home-based labor). As such, legal advocates are working with government agencies and community affiliates to codify the Equality Act: an amendment to the Civil Rights Act to nationally protect against discrimination based on gender identity and gender expression.

Toward a National, Trans-Inclusive Antidiscrimination Policy

After years of working at a funeral home in Livonia, Michigan, a funeral director named Aimee Stephens informed her boss in 2013 that she was beginning to live her truth as a woman at work. Stephens had been living as a trans woman outside work and wanted to present authentically at work with her employer and with clients by following her company's dress code for women on the job. Soon after writing a letter to her boss, however, Stephens was fired. This clear act of anti-trans workplace discrimination led to a groundswell of support not only for Stephens but also for trans people nationwide who continue to face harassment, discrimination, and elevated rates of unemployment due to bias and marginalization. Backed by the Equal Employment Opportunity Commission (EEOC), the federal agency that enforces workplace nondiscrimination laws, Stephens sued her former employer. In 2018, the U.S. Court of Appeals ruled against the funeral home, citing Title VII of the Civil Rights Act of 1964, which states that people cannot be fired on the basis of sex. The case was appealed to the U.S. Supreme Court, which issued a ruling on June 15, 2020, affirming the lower court decision that Title VII's prohibition of sex discrimination includes discrimination based on gender identity, as well as discrimination based on sexual orientation.

Even with the ruling in the Stephens case, the extent to which national laws render anti-trans discrimination illegal remains unclear. An example is the varied interpretation of the Americans With Disabilities Act (ADA), a civil rights law codified in 1990 that prohibits discrimination against people with disabilities in all areas of public life, but which explicitly excluded "transsexualism" and "gender identity disorder" as disabilities. However, in 2017, a federal district court ruled a trans employee could proceed with a discrimination claim under the ADA. Kate Lynn Blatt, a trans woman working at a hunting and fishing retailer, claimed she faced workplace discrimination as well as retaliation due to anti-trans bias. The court ruled that Blatt's gender dysphoria substantially affected her ability to maintain activities of daily life, thus rendering her legally disabled and protecting her from discrimination. Although many trans advocates problematize the notion that gender dysphoria should be considered a disability, activists continue to fight to codify protections for gender identity and expression through the fight for consistent, national antidiscrimination policies.

Trans-Affirming Workplace Policies in the Private Sector

Policies for trans workers in the private sector have historically manifested in two ways: (1) through instituting antidiscrimination policies that prevent anti-trans discrimination and (2) through enacting policies and/or structural changes to a workplace

that render it safer and more supportive of trans employees. In 2019, 85% of *Fortune* 500 companies had adopted gender identity nondiscrimination policies, up from only 3% in 2002. Furthermore, 62% of these corporations offer trans-inclusive health care as compared to 0% in 2002. While these figures are encouraging, Bureau of Labor Statistics data indicate only 17% of the approximate 27 million U.S. workers were employed by one of these companies in 2015. Because aggregated data from other major firms and small businesses concerning this matter are not readily available, it is difficult to characterize private sector policies.

Although the percentage of workplaces without trans nondiscrimination policies remains unknown, several studies have detailed a range of discriminatory workplace practices experienced by trans individuals. Trans people may work for companies that have gender-stereotypic uniform policies and may be required to wear attire that does not align with their gender identity. Changing one's legal name and gender marker on identification documents can be challenging, and the option to have a nonbinary gender marker is rare. Employers may require trans employees' legal name and sex assigned at birth to be used on company-issued documents and other forms of communication. Such practices represent a delegitimization of trans people's identities and increase the likelihood of an employee being outed. Gendered environments have commonly been identified as points of contention for trans persons and their employer, with many trans workers reporting being prohibited access to restrooms or locker rooms and/or experiencing assault in such environments. Negative reactions from coworkers are the most frequently reported complaint among trans employees in the private sector. Moreover, some companies' policies on appropriate dialogue in the workplace limit one's abilities to discuss issues affecting trans workers.

Although hundreds of companies report implementing strategies to ensure policies, benefits, and workplace culture are trans affirming, fewer businesses are familiar with strategies to support nonbinary trans employees. This is a critical step given nonbinary individuals report elevated rates of discrimination, with almost one in three reporting discrimination even in the hiring process. One contributing factor may be gender binary policies and practices, such as the need for employees to use a single-gender bathroom, limited use of gender-neutral pronouns, restrictive gendered dress codes, and the use of onboarding documents for human resources that ask future employees to identify as "male" or "female." Recommendations for nonbinary-affirming workplace policies include the following: provide employees with options beyond male and female on paperwork, remove gendered language from policies (i.e., replace "his/her" with the singular "their"), and allow employees to use gender-neutral prefixes (i.e., Mx.) and pronouns (i.e., they/them), and their chosen names on human resources documentation and client-facing nametags. Gendered facilities can also put nonbinary people at further risk of discrimination, which can be mitigated through the use of ADA-compliant, gender-neutral language and pictograms on bathroom and locker room doors.

Enacting Workplace Policies to Support Multiply Marginalized Trans People

A critical step toward trans inclusion and support in the workplace is supporting multiply marginalized communities, including trans people who also have racial, class, religious, and other identities that are met systemically with discrimination and marginalization. One key example is the mistreatment of working-class trans employees. Indeed, some trans employees working for companies with top-tier trans-inclusive policies have noted that they have been outed by managers, misgendered, misnamed, and denied the full benefit of trans-affirming health care benefits. These reports often come from lower-paid employees who tend to work in service delivery (i.e., custodial staff, retail workers, and public-facing employees) rather than from people working at the corporate level. These findings suggest that inequity in access to certain positions in the workplace is a critical factor in determining trans individuals' employment experiences. Unequal opportunity for employment attainment may be particularly damaging for trans people of color, with unemployment among trans people of color approximately four times that of the national average and nearly double that among trans populations in general. African American trans people report poorer employment-related outcomes than white trans people.

Misogyny, or systemic marginalization of women, also plays a role in the persistence of

issues for trans women in the workplace. The confluence of prejudice against women *and* trans people is often referred to as transmisogyny and creates further barriers for trans women to access vocation support and success. In the United States, studies reveal that trans women face harsher levels of discrimination in the workplace than trans men. One study, for example, found that trans men tend to earn more money posttransition, whereas trans women's earnings tend to fall by nearly one third after presenting as women at work. This dichotomy highlights pay disparities as work between men and women, which also manifest between trans people to marginalize trans women in particular. Similarly, trans men often receive more favorable performance evaluations after transitioning. This has been described in the literature as a *double dilemma,* whereby trans women are subjected to biased behaviors based on both their trans identity and negative gender stereotypes toward women. This is supported by data suggesting trans women who are posttransition experience elevated harassment from supervisors, often rendering work in the formal sector untenable or impossible.

Barriers to employment and high prevalence of workplace discrimination are often a major factor in trans women's decision to engage in sex work. Many trans women report sex work is their only viable option for survival; others describe positive experiences. Because sex work is an unregulated, criminalized industry, trans people engaged in sex work are at risk of violence and incarceration. Additionally, legal injunctions against sex work give merit to moralistic negative social views toward sex workers, which perpetuate violence against trans women involved in the sex work industry. These findings highlight the elevated vulnerability for bias-based abuses trans women face in all areas of work.

Recommendations for Trans-Affirming Workplace Policies

In 2002, the Human Rights Campaign (HRC) launched the Corporate Equality Index (CEI), which presented benchmarks for evaluating workplace climates for gender and sexual minority employees. The CEI considers several criteria: policies banning mistreatment based on sexual orientation, gender identity, and/or gender expression; equivalency between same- and different-sex spousal and domestic partner benefits; provision of trans-affirmative health care coverage; a supportive and inclusive culture; and corporate social responsibility.

Workplaces can create a supportive culture by educating employees about forms of anti-trans discrimination; incorporating gender identity and expression into diversity and cultural competency trainings; creating gender transition guidelines for employees and management with guidance regarding access to restrooms, dress code, and documentation; and collecting workplace climate data. Workplaces can demonstrate corporate social responsibility by actively recruiting trans employees, advertising within trans communities, donating to organizations that support trans rights, and voicing public support for laws affirming trans people's health and rights.

In 2016, the HRC published *Transgender Inclusion in the Workplace: A Toolkit for Employers*. This toolkit educates employers about workplace experiences of trans people, advocates for trans-affirmative workplace climates, and provides concrete guidance to evaluate policies and practices. Taken together, CEI and the toolkit work to inform the public, employees, human resource professionals, and top management about the best ways to enhance the workplace experiences of trans employees.

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See also Discrimination; Gender Identity Discrimination as Sex Discrimination; Gender on Legal Documents; Nondiscrimination Laws, Federal, State, and Local; Workplace, Gender Transition; Workplace Climate

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World Professional Association for Transgender Health

See WPATH.

WPATH

The World Professional Association for Transgender Health (WPATH) is a nonprofit, interdisciplinary medical and educational association that was organized by a small group of physicians, mental health professionals, researchers, and trans people who were concerned with the type of gender variance that, in the 1970s, was associated with the term *transsexualism*. Over the next 40 years, the group slowly expanded its membership, began taking public positions advocating for the health and human rights of trans people, and initiated professional continuing education aimed at increasing access to gender-affirming health care globally. Incorporated in 1979 as the Harry Benjamin International Gender Dysphoria Association (HBIGDA), the group convened biennial international meetings to share knowledge about the diagnosis and treatment of trans people. It also developed the first Standards of Care (1979), which have since evolved to become a globally powerful instrument supporting trans health and human rights.

Scholars and practitioners from fields that affected trans health—predominantly surgery, endocrinology, internal medicine, urology, gynecology, mental health, and law—who were mostly based in Western Europe and North America began holding educational meetings in 1969. These meetings were sponsored by the Reed Erickson Educational Foundation, a trans-led organization, along with different educational institutions. At the Fourth International Conference on Gender Identity in 1975, organizers named the conference after Dr. Harry Benjamin in recognition of his 90th birthday and his pioneering research on transsexuality in the United States. With the Erickson Educational Foundation ceasing operations, attendees at the Fifth International Gender Dysphoria Symposium in 1977 formed HBIGDA and named the group in his honor.

The first version of the Standards of Care (SOC), which was approved by the attendees of the Sixth International Gender Dysphoria Symposium and published in 1979, was 9 pages long and focused on hormones and gender-affirming surgeries for "gender dysphoric persons." By establishing its own ethical and clinical guidelines, HBIGDA hoped to legitimize trans health care and bring professional respect to the field, and thus it firmly linked the standards to the diagnosis of "Transsexualism" in the American Psychiatric Association's *Diagnostic and Statistical Manual, Third Edition* (*DSM-III;* 1980).

The second version of the SOC, published in 1980, rescinded a guideline from the first version that required candidates for hormonal therapy to have successfully lived "full-time in the social role of the genetically other sex." This expectation, which was referred to by trans people as the "real-life test," was a significant barrier for some people who sought to transition. However, the extent to which this and other guidelines limited access to treatment was overstated by many trans activists, as very few health care providers at the time were even aware of the standards, much less following them.

The third and fourth versions of the SOC, published in 1981 and 1990, respectively, loosened

the qualifications needed by the mental health professionals who evaluated trans clients. Whereas previously only licensed psychologists and psychiatrists could recommend hormone therapy and gender-affirming surgery, the new criteria enabled any clinical behavioral scientist with a minimum of a master's degree to do so in an effort to expand access to care. Nevertheless, the criteria for access to hormones and especially to surgery remained strict.

The fifth version, released in 1998, was renamed "The Standards of Care for Gender Identity Disorders," which reflected the diagnostic nomenclature being changed in the *DSM-IV* (1994) from "Transsexualism" to "Gender Identity Disorder." At the HBIGDA Scientific Symposium in 1997, trans protesters demanded and received entry to the membership meeting in which the proposed fifth version was to be discussed. More than 20 trans activists objected to the lack of content related to transmasculine people, and a "consultant" was appointed to suggest appropriate modifications. However, it was not until the sixth version in 2001 that the SOC began to reflect a greater comprehension of transmasculine experiences and medical needs. The sixth version also included the concept of harm reduction in a nod to the Informed Consent Model of access to care. The Standards Committee that worked on the sixth version included trans professional members, which gave trans people greater input than was afforded to the earlier "consultants."

HBIGDA changed its name to WPATH in 2007 in order to reflect its focus on the health of trans people and to indicate that it did not view being trans as a disease condition. This emphasis was also made explicit in the seventh version of the SOC in 2011. WPATH leaders subsequently worked with the American Psychiatric Association to replace the diagnosis of "Gender Identity Disorder" with "Gender Dysphoria" in the *DSM-5* (2013) and worked with the World Health Organization to replace "Transsexualism" with "Gender Incongruence" in the *ICD-11* and to move the diagnosis from the mental health/paraphilias section to a new physical health chapter.

Attendance at HBIGDA biennial scientific symposia throughout the 1990s averaged between 300 and 400 professionals, with a slowly increasing number of trans participants, who were either medical professionals or community health advocates. Symposia locations generally alternated between Europe and North America. In 2014, the symposium was held in Bangkok; attendance increased to more than 500 and membership increased to more than 700. In 2015, WPATH began offering professional training sessions in partnership with various hospitals, clinics, and health care organizations through a Global Education Initiative. WPATH also created regional chapters, which were encouraged to hold their own conferences in the years between the international symposia. In 2016, the symposium in Amsterdam drew over 1,000 attendees, double the organizers' expectations, and by the end of 2019, association membership numbered nearly 2,500.

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See also Benjamin, Harry; *DSM;* Gender Dysphoria; History; *ICD;* Informed Consent Model

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Youth and Teens, Legal Issues

Over the past 50 years, the transgender rights movement has made tremendous progress, expanding legal rights through litigation and legislative advocacy as well as increasing social awareness and acceptance. Despite the relatively fast pace of those gains, there are still many obstacles to formal equality and making that equality a lived reality. This is particularly true for trans young people, whose rights are under continual attack by legislators and government agencies, and in the media. This entry provides an overview of current legal protections that safeguard the rights of trans young people while highlighting areas of law that are still developing.

Bostock and Its Background

The U.S. Supreme Court's decision in *Bostock v. Clayton County, Georgia* (2020) was a watershed moment for the transgender rights movement and one that significantly improved the lives of trans people overnight, including trans young people. Prior to *Bostock*, federal courts across the country had consistently held that federal laws prohibiting sex discrimination protect transgender people. Nevertheless, employers, schools, hospitals, and other entities covered by those laws continued to disclaim any liability for discriminating against trans people. *Bostock* unequivocally dismissed those claims, holding that discrimination against trans people is necessarily a form of sex discrimination. The opinion also set an important example for courts when interacting with trans people. Throughout the opinions, the justices referred with dignity and respect to Aimee Stephens, a trans woman who had been fired for being trans. The majority's opinion used her correct name and female honorifics when referring to her. Even the dissenting opinions referred to Ms. Stephens by her last name only, a convention those opinions applied equally to each litigant.

Although *Bostock* focused on Title VII, a federal employment discrimination law, the Supreme Court's decision touched all federal laws that prohibit sex discrimination. Of importance to trans young people, *Bostock* reaffirmed that federal laws protect trans people from discrimination in schools and health care. Having those protections has significant practical effects on the daily lives of trans young people.

Title IX, the federal law that prohibits schools from discriminating based on sex, prohibits schools from engaging in actions or enforcing policies that discriminate against trans students or allow harassment—from either teachers or students—that creates a hostile school environment. For example, courts have repeatedly held that school policies that exclude trans students from accessing the facilities consistent with their gender identity violate Title IX. Federal courts have also unanimously rejected claims that permitting trans students to access those facilities would violate the rights of non-trans students. But Title IX applies to more than access to restrooms. Title IX would also prohibit schools, for example, from denying a trans applicant admission, preventing a trans student from enrolling in a class,

or placing additional requirements on a trans student as a prerequisite to participating in a school activity based on their transgender status. Like discrimination, harassment and bullying of trans students can take many forms, including persistently using the wrong name and pronouns when referring to the student, calling a trans student derogatory names, and inappropriately touching or physically assaulting a trans student. The key in each of those examples is that the school's actions—or failure to act—denies a trans student equal access to educational opportunity.

In the context of health care, Section 1557 of the Affordable Care Act protects transgender people from discrimination by health care entities that receive money from the federal government. This requirement applies to doctors' offices and hospitals as well as insurance companies. Courts have held that mistreating trans patients—whether by ignoring typical examination protocols because a patient is trans or by repeatedly using the incorrect pronouns when referring to a trans patient—violates federal law. Section 1557 has also been the basis for striking provisions in health insurance plans that exclude coverage for treatments that are medically necessary for trans people. Insurance companies are also not permitted to deny coverage for routine medical care because the patient is trans, including coverage for annual gynecological care for trans male individuals. To comply with Section 1557, insurance companies are increasingly eliminating or limiting the scope of exclusions for gender dysphoria treatments, increasing the ability of trans people, including young people, to access medically necessary care.

Federal law prohibits sex discrimination—and thus discrimination against trans people—in many other contexts, too. For example, federal law prohibits discrimination in housing, including access to homeless shelters, and in banking, including decisions to extend lines of credit such as home loans. There is currently no federal law that prohibits sex discrimination in public accommodations, which would include stores, restaurants, hotels, and other businesses. In 2019, the U.S. House of Representatives passed the Equality Act, a bill that would extend existing antidiscrimination protections to include sex discrimination in public accommodations. That bill has not yet been considered by the U.S. Senate.

Constitutional and Statutory Protections

The U.S. Constitution offers trans young people another layer of legal protection from mistreatment by local, state, and federal government entities. Those protections emanate principally from the Equal Protection Clause, First Amendment, and right to privacy. Under the Equal Protection Clause, the government cannot discriminate against trans people without having at least an "exceedingly persuasive justification" for the differential treatment. Laws and governmental policies that discriminate against trans people have failed to meet this high standard. In fact, in many of those cases, courts have held that the government was unable to provide even a rational basis to support its discriminatory treatment of trans people. The anti-trans bills that have been debated in state legislatures across the country, including criminalizing the provision of medical treatments for gender dysphoria and excluding trans athletes from sports, also run afoul of this basic constitutional principle, as a "desire to harm a politically unpopular group cannot constitute a legitimate governmental interest." Both the First Amendment and right to privacy give trans young people control of when and with whom they share their trans status. For example, a school district could not require a trans student to inform their classmates that they are trans, nor could the school district discipline a student for sharing that information.

A growing number of states are strengthening the legal protections available to trans young people through their state constitutions, statutes, and agency policies, creating yet another layer of legal protections. Many states have their own antidiscrimination laws. Some of those laws mirror the federal protections discussed above, but others provide even greater protections. For example, state antidiscrimination laws often include a prohibition on discrimination in public accommodations. Those laws can also apply to entities that are not covered by federal law, such as schools and health insurance companies that do not receive federal funds. States that have antidiscrimination protections commonly issue guidance documents through state agencies (e.g., a department of education, department of insurance) to help ensure compliance with those laws. Guidance documents provide critical information to entities subject to state laws regarding how to comply with

those laws. They also provide important resources such as model policies and official sources for additional information and support.

Trans people have also been successful in obtaining additional legal protections through federal and state statutes that prohibit discrimination based on disability. Qualifying for protection under those laws requires having a condition that impairs a major life activity or bodily function, which includes, for example, caring for oneself, learning, concentrating, working, or proper endocrine function—a standard that gender dysphoria easily satisfies. Using those laws, trans young people have challenged discrimination in schools and in government-run foster homes and have also obtained necessary educational services to enable them to access their curriculum. Although those claims have been less prominent in the trans rights movement, those claims have resulted in critical victories that have extended protections to trans young people living in states that do not have trans-inclusive antidiscrimination laws.

An area of state law where trans people, including young people, experience significant discrimination is in the patchwork of statutes, regulations, and policies surrounding the correction of gender markers on government-issued identity documents. Even with an increasing number of states modernizing their record keeping for birth certificates, many states still require trans people to undergo surgical treatment to correct the gender marker on their birth certificate. That requirement prevents many trans people from obtaining a birth certificate that accurately reflects their identity and is particularly onerous for trans young people who are unable to access surgical care and who rely heavily on their birth certificate as a form of identification. Courts have consistently concluded that state laws that prohibit any corrections to the gender marker on birth certificates are discriminatory against trans people. States that require surgery create a similar barrier for trans young people that exposes them to psychological harm and unnecessarily discloses their trans status to strangers, increasing the likelihood that they will experience mistreatment or physical violence because they are trans.

Nonbinary individuals seeking an "X" gender marker also experience significant barriers to obtaining accurate identity documents. Many government-issued identity documents—both state and federal—do not even provide an option for a nonbinary gender marker. This too, however, is rapidly changing, with increasing numbers of state agencies expanding gender marker options to include a nonbinary option.

Trans young people are also more regularly finding themselves at the center of custody disputes between their parents who disagree on whether to affirm their child's gender identity and whether to seek appropriate treatment for their child's gender dysphoria. When making custody determinations, family court judges are guided by the "best interests of the child" standard, but an unsupportive parent's use of fear, misinformation, and misconceptions about trans young people can often distort that analysis—a strategy that is often even enabled by unqualified experts and health care providers. Although courts had historically been hesitant—even openly resistant—to award custody or decision-making authority to the supportive parent, courts are increasingly recognizing that trans young people need to be affirmed for who they are and must have access to medically necessary treatments for their gender dysphoria, like any other medical condition. That trend has also resulted in many unsupportive parents becoming willing to resolve their disputes amicably, creating the possibility for them to become more supportive of their transgender child, a shift that is undeniably in the child's "best interests."

Even with these significant advancements in securing legal recognition and protections for trans young people, the work of the transgender rights movement is still unfinished. One area that courts are starting to grapple with is the extent to which the First Amendment—both the Free Speech and Free Exercise Clauses—exempts someone from complying with generally applicable and neutral antidiscrimination laws and policies. Following well-established precedent, lower courts have consistently held that educators who mistreated trans students in their respective classes were not protected by the First Amendment. Because the speech at issue was made in the context of the educator's job, the schools had the authority to discipline them for speech that violated the school's antidiscrimination policies. Those courts also held that those policies do not violate the Free Exercise Clause because the schools applied the policies neutrally to all employees.

Another emerging area that is still being explored in the lower courts is the interaction between a trans young person's constitutional right to privacy and the constitutional rights of their parents. For example, in one case, a parent sued her teenage daughter and the daughter's medical providers, among others, alleging that permitting her daughter to make decisions, such as consenting to medical care and registering for public benefits, violated the parent's constitutional right to parent her child. That case was dismissed, which was affirmed on appeal. Relatedly, several state legislatures have considered bills that would require educators to disclose a student's trans status to their parents, while school districts have developed policies to protect the safety and well-being of trans students by respecting the student's need for privacy while promoting family acceptance. Although courts have repeatedly held that trans people have a right to privacy in their trans status, which should apply with equal force in the context of schools, the specific question of whether a parent's constitutional rights can compel a school to disclose a student's transgender status in violation of the student's right to privacy remains unresolved.

With *Bostock* fortifying the legal foundation for transgender equality, trans young people have many of the protections they need to thrive. Over the coming decades, the transgender rights movement is prepared to continue to advocate, strengthen, and expand those rights both in court and in policies that will help make equality a lived reality for all trans people, including youth and teens.

Asaf Orr

See also Athletes, College Sports; Bathroom Discrimination; Discrimination; Gender Identity Discrimination as Sex Discrimination; Gender on Legal Documents; Harassment; Health Care Access, Legal Issues; High School Sports; K–12 Policies/Climate; Parents of Trans Children and Youth, Custodial Issues

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Youth and Teens, School Experiences

Youth spend a large proportion of their waking hours in school settings. Trans youths' experiences in school settings remain largely underrepresented in the extant literature. Notably, many of the educational studies that include trans youth do so by grouping them with youth who identify as sexual minorities (who are in turn referred to as LGBTQ). This entry specifically delineates which studies have focused specifically on the experiences of trans youth, compared with studies that describe LGBTQ youth as a homogeneous group. Similarly, studies that do focus on the school experiences of trans youth tend to do so as a homogeneous group without attention to the unique experiences of nonbinary youth (i.e., those who identify and/or express themselves outside of the gender binary) or the differential experiences of trans boys and trans girls. Important to note is that much of the research on trans youth experiences in schools has been conducted in the United States and Canada; research from trans youths' experiences around the globe is addressed when relevant. Also of note is that the research on trans youths' experiences in schools primarily focuses on high school settings rather than preschool, elementary, or even middle school educational settings, a limitation that will be discussed later in the entry.

The most comprehensive study of trans youths' school experiences in the United States is the National School Climate Survey conducted by GLSEN; this survey has been conducted every 2 years since 1999 and seeks to understand and track supportive and hostile school experiences of LGBTQ students in Grades 6 through 12. The most recent iteration of the National School Climate Survey was conducted online in 2019; the sample included more than 16,700 students in the U.S., Puerto Rico, American Samoa, and Guam, 48.8% of whom identified as trans, genderqueer, another

nonbinary identity, or questioning or unsure of their gender identity. This study is referenced throughout this entry, given that several other large-scale surveys of student experiences in schools have failed to use an inclusive measure of gender identity or expression.

Overall, the experiences of trans youth in schools are largely negative. The majority of trans youth report that they are not safe in their schools because of their gender identity or expression. This lack of safety stems from both relational experiences of bias-based victimization, harassment, and discrimination from peers or school adults (e.g., teachers, administrators), as well as from structural experiences of transphobia and cisnormativity (e.g., policies that exclude or oppress trans students). As an example, the 2019 GLSEN National School Climate Survey found that over 90% of LGBTQ students reported that they had heard negative remarks about gender expression at school, and nearly 90% heard negative remarks about trans people. These relational and structural experiences of transphobia and cisnormativity at school contribute to higher rates of absenteeism, poorer psychological well-being, decreased sense of school belonging, and lower academic achievement. Furthermore, qualitative studies of trans youth find that these negative experiences even explain some physical health disparities for trans youth, such as high rates of urinary tract infections due to the lack of access to safe and accessible restroom facilities. Beyond concurrent associations, research also finds lasting effects of bias-based victimization predicting poorer health and well-being outcomes in young adulthood among LGBTQ youth.

In sum, it is critical to understand how trans youth experience schools in order to prevent and intervene amid negative experiences, as well as more effectively foster and support positive experiences in schools for trans youth. This entry describes the relational and structural experiences of trans youth and teens in school, identifies what is known about fostering positive school experiences, and discusses future directions for research on trans youth experiences in school.

Relational Experiences in School

Relational experiences in school settings may include positive and negative interactions with peers and school personnel (e.g., teachers, administrators, monitors, bus drivers). Much of what we know about relational experiences at school for trans youth comes from research documenting their experiences of victimization, harassment, and discrimination or describing the safety net and protective impact of having supportive peer or adults. A novel area of research that just began to gain traction in the late 2010s focuses on the interaction between parents of trans youth and school personnel, such that parents may engage in school advocacy efforts to ensure or increase safety for their child.

Bias-based victimization, harassment, and discrimination represent a clear and strong risk factor for a multitude of compromised outcomes, including health, academic achievement, and psychosocial well-being. Trans youth are particularly at risk for experiencing chronic and high levels of victimization, harassment, and discrimination given that cisnormativity (social hierarchy rooted in the presumed immutability of the binary division of sex and congruence between gender and assigned sex at birth), cisprivilege (the unearned privileges that cisgender [cis] people are granted; the "normalization" of cis people, bodies, identities, and expressions), and transnegativity/transphobia (prejudiced beliefs about trans people) are pervasive systems of oppression operating in educational settings. These systems operate together to govern students' lives and punish students who violate these norms (i.e., trans students).

Indeed, the vast majority of trans youth experience bias-based victimization, harassment, and discrimination at school. A variety of surveys find that between 70% and 85% of trans students have experienced harassment and assault at school from peers on the basis of their gender identity or expression. Furthermore, over 50% of students in the 2017 GLSEN National School Climate Survey reported being referred to by the wrong name and pronoun. Beyond being misgendered or referred to using the wrong name, violence at school toward trans youth includes name-calling, threatening behavior, assault, and damage to property. As noted earlier, these experiences have negative consequences on trans youths' psychological, physical, and academic outcomes both concurrently and longitudinally.

Unfortunately, these violent experiences are not limited to experiences with peers: According to the

GSLEN 2019 survey, two-thirds of students heard teachers and other adults at school make bias-based remarks about gender. Moreover, over half of trans youth who have experienced bias-based victimization, harassment, or discrimination at school did not report the incident to school personnel because they believed that the adult would not intervene or that they would be targeted rather than assisted. Research does show, however, that trans youth are more likely to feel a greater connection to their school when they witness teachers and administrators implementing policies that are inclusive of LGBTQ youth and when they intervene in bias-based victimization, harassment, and discrimination. Thus, it is critical for school personnel to be trained in how to respond to bias-based events in their schools in timely and effective ways.

Having safe and supportive adults at school is associated with more perceived safety for trans youth. Several studies document the critical role that teacher care and connection plays in promoting school achievement and safety for trans youth. Notably, most trans youth can identify at least one supportive educator at their school. Research on teachers and frontline school health professionals (e.g., social workers, school counselors) does document that attitudes toward trans students are relatively positive. Yet, surveys of teachers and preservice teachers find that they have received little training about how to work with trans students and that knowledge of trans students is limited. Similarly, research documents that in the United States, specifically, only a small minority of school counselors, psychologists, and social workers feel confident in providing competent services to trans youth. Thus, it is critical that current and future school personnel receive professional development training on how best to serve and support trans youth in their schools.

In addition to interactions with peers and teachers, parent(s) and caregivers(s) of trans youth are becoming central advocates in schools for their children. Specifically, research documents the role that parent(s) and caregiver(s) play, particularly for younger trans students, in changing names and gender markers in school records; meeting with teachers and support staff to create transition plans, when applicable; and advocating for their students when they are experiencing violence or harmful interpersonal relationships at school. The 2017 GLSEN survey found that trans and gender-nonconforming students' (10.5%) parents were more likely to engage in school-based advocacy compared with their cis LGBQ peers (1.4%). Little is known about the effect that such parental/caregiver advocacy has on trans youths' outcomes. The 2017 GLSEN survey findings indicate that parent advocacy is associated with lower levels of depression and higher levels of self-esteem among LGBTQ students. These emerging findings as of the late 2010s indicate the promising role of parent/caregiver–school interactions.

Finally, little research has examined heterogeneity of relational experiences among trans youth in schools. A few studies have noted that trans boys were more likely to experience harassment and assault at school based on their gender expression compared with nonbinary trans youth and trans girls. However, this work is still emerging, as is research that examines heterogeneity by other sociodemographic characteristics such as race/ethnicity, (dis)ability status, or socioeconomic status. Additional research is needed to more comprehensively describe how cisnormativity in schools is experienced by different subgroups so that intervention and prevention efforts can be more effectively developed and implemented.

Structural Experiences in School

In addition to enduring negative relational experiences in school, trans students are also subject to oppressive or affirming school policies and practices that either negate or facilitate possibilities for thriving among trans students. School-related policies concerning trans youth range from national directives and protections to local school district policies about curriculum implementation. These policies include nondiscrimination polices, inclusive antibullying policies and practices, curriculum decisions and implementation, and available professional development training for school staff specific to gender identity and expression.

In the late 2010s and early 2020s, trans-related school policies dominated public discourse and debate. Perhaps one of the most defining moments for trans youth in the United States was when, in 2016, the U.S. Departments of Education and Justice released revolutionary guidelines that explicitly protected transgender students from

discrimination in schools, yet this guidance was rescinded in 2017 after the inauguration of President Trump. Notably, regardless of this guidance, Title IX in the United States is interpreted by federal courts to protect trans youth in schools that receive public funding. The Federal Equal Access Act in the United States also prohibits discrimination against students who are seeking to form a gender and sexuality alliance. Finally, the U.S. Family Educational Rights and Privacy Act (FERPA) guarantees that schools must keep information in school records, which includes gender identity, private and may not share that a student is trans without consent.

At the state and local levels, several U.S. states and local school districts have attempted to pass legislation or policies that ban trans youth from using restroom or locker room facilities that align with their gender. When trans students attend schools that have restrictive restroom or locker room policies, they report lower well-being and are more likely to report sexual assault victimization. Furthermore, legislation was proposed in several states in the late 2010s and early 2020s that attempted to ban trans students from participating in school athletics (this legislation passed in Idaho in 2020). Rare exceptions to these types of discriminatory policies do exist, but they tend to be located in more progressive locations of the United States. For example, in the early 2010s, California adopted a law that states that trans students must be allowed to use any sex-segregated facilities based on their gender identity.

From national surveys, it appears that the majority of trans students experience discriminatory policies at school. The GLSEN 2019 School Climate Survey found that the majority of trans students had experienced discriminatory policies at school. For example, students reported that their schools had policies that prevented trans students from using their chosen name and pronouns (44.5%) and from using a restroom or locker room that aligns with their gender (55.5%). More broadly, as of 2020, only 21 states in the United States prohibit bullying based on gender identity, and only 19 have laws that prohibit discrimination in schools based on gender identity; most states have neither protection for trans students.

For nonbinary youth, the school architecture is typically designed from a cisnormative perspective, such that restrooms and locker rooms are designed for men or women. Research documents that nonbinary youth are excluded from these spaces (and potentially from classes that use these spaces, such as physical education or extracurricular athletics) or they avoid these spaces due to perceived lack of safety. Curriculum is also typically constructed around gender binaries: The curriculum either denies or erases trans experiences and identities. This is particularly true in the case of sex education, where students often receive this information in segregated spaces based on gender, negating the experiences of nonbinary youth and potentially creating fear and hostility for binary trans youth.

Beyond actual policies that prevent trans youth from living authentically, trans youth are also subject to higher rates of school discipline, including detention, in and out of school suspensions, and expulsion. Emerging work demonstrates that discipline disparities by gender identity and expression are also compounded by race, ethnicity, and (dis)ability status. Additionally, many schools and districts do not have professional development opportunities or requirements for school staff focused on gender identity and expression, thereby limiting staff members' skills and knowledge regarding how best to support and affirm trans students.

Fostering Positive School Experiences

Since the early 2000s, four empirically supported methods for fostering positive school climates for LGBTQ students have been advocated for by researchers, educators, students, policymakers, and activists. They include (1) inclusive and supportive school policies, (2) inclusive curriculum, (3) access to supportive school adults, and (4) presence of a gender and sexuality alliance (GSA).

As noted earlier in this entry, the presence of inclusive school nondiscrimination and antibullying policies is associated with thriving among LGBTQ students. Best practices suggest that these policies are enumerated to specifically include gender identity and expression. These policies provide the basis for all other types of policies and practices to be effective in helping trans youth thrive in schools. Nondiscrimination and antibullying policies, as well as policies that allow for gender affirmation

(i.e., name and gender marker changes, access to gendered facilities that align with the trans student's gender), must be communicated to school staff and students in order for them to be effective. Furthermore, these policies should explicitly provide for guidance and institutional backing for staff to respond to bias-based victimization, harassment, and discrimination.

Another strategy that appears to be a robust predictor of thriving for trans youth in schools is access to trans-inclusive and related curricula. When trans students report that they learn about themselves in school and see themselves represented, they are more likely to report feeling safer, stronger connections to school, and less bias-based victimization, harassment, and discrimination. For example, the curriculum of history courses could incorporate the roles and contributions of trans people throughout history. Inclusive curriculum, such as the example provided, also allows cis students to learn about experiences and perspectives of people who experience life differently, potentially helping to create a more positive learning environment for all students.

Related to inclusive curricula, the third strategy is having access to supportive adults. Emerging intervention and evaluation research documents that professional development trainings have the potential to increase school staff's knowledge and skills related to how to support trans students and intervene in bias related to gender identity or expression.

Finally, a robust strategy for facilitating trans resilience and thriving in school includes students having access to GSAs. GSAs were originally founded to support sexual minority youth but now appear to be addressing issues of gender identity and expression. Variability exists in the activities that GSAs engage in where some primarily provide support while other provide opportunities for advocacy and leadership. It should be noted that much of the research on GSAs examines LGBTQ youth as a monolith rather than separately examining the experiences of LGBQ youth and trans youth. Furthermore, little research has distinguished or examined whether the efficacy of GSAs to predict thriving works similarly for trans youth as compared with LGBQ youth.

Future Directions for Research

Emerging research documents that there is heterogeneity within trans student populations in school experiences. Specifically, youth who identify as nonbinary or genderqueer report more hostile school experiences than do trans youth who identify and express themselves within the gender binary. Little research has examined other critical differences in trans youth experiences in schools, such as by race/ethnicity, socioeconomic status, age, or (dis)ability status. Intersectional research that examines heterogeneity in school experiences is critically needed for the development and implementation of appropriate and effective prevention and intervention programs.

Much of the research on trans student experiences in schools has focused on youths' experiences in high school. Given that many trans youth engage in social transition earlier, including as early as preschool, it is necessary to understand the school experiences of trans children and their families. It will also be critical to understand how the presence of trans youth who are open about their gender identities and expressions changes the culture of early childhood education and elementary school classrooms.

In sum, research on trans youths' school experiences is still emerging. Overall, the findings suggest that schools are sites of violence and fear for trans students. Much more nuanced information is needed for the development of multilevel interventions that respond to both relational and structural forms of cisnormativity and transphobia/transnegativity that persist in school contexts. Furthermore, this research needs to consider the enormous heterogeneity that exists within trans populations.

Russell B. Toomey

See also Classroom Experiences, Higher Education; Coming Out; High School Sports; K–12 Policies/Climate; Nondiscrimination Laws, Federal, State, and Local; Parenting of Trans Children; Social Transition; Teacher Training and Support

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Youth and Teens, Well-Being

Much of the research on trans youth and teens focuses on the presence of physical and mental health burdens, such as suicidality, depression, and anxiety. Thus, the research on trans youth is often driven by understanding rates and risks of illness and health-compromising behaviors rather than examining positive experiences: namely, experiences of happiness, good health, and ability to cope with stressors. In this entry, well-being is defined as being multidimensional such that it encompasses psychological, physical, and relational domains. For the purposes of this entry, psychological well-being includes positive affect and life satisfaction, as well as abilities to cope with stressors; physical well-being includes engagement in behaviors that maintain or improve physical functioning, as well as subjective ratings of overall health; and relational well-being includes abilities to develop and maintain supportive and meaningful relationships with others. This entry discusses the main theoretical frameworks that help researchers explain well-being among trans youth, the overall state of well-being for trans youth and teens, and key factors associated with fostering resilience among trans youth.

Much of the research used to guide this entry emerged from the United States and Canada; still critically lacking is research on the well-being of trans youth globally. In turn, this entry makes note when studies have been conducted outside of the United States and Canada. It is also worth noting that much of the research on trans youth and well-being has been conducted in studies with predominantly white populations. This limitation will be contextualized in what follows, given that trans youth of color have both risk and resilience factors that contribute uniquely to their well-being (compared to what is found in predominantly white youth samples). Finally, while this entry topic is that of well-being among trans "youth" and

"teens," many studies included here have focused on the experiences of trans youth aged 14 years and older. The definition of youth for this entry includes the periods of early through late adolescence (or ages 13 to 25 years) but will also discuss, when appropriate to do so, studies of children who are trans. The developmental needs of trans children and tweens (typically conceptualized as a population between the ages of 9 and 12 years) are distinctly different from youth in adolescence and are less represented in the empirical research.

Theoretical Models

Trans youth and teens face enormous battles and barriers with interpersonal, structural, and internalized oppression. Models and studies often paint an alarming picture of the disparate compromised health outcomes (both physical and psychological) that burden trans youth populations when compared with outcomes among cisgender (cis) youth. Yet, what is often lacking in the literature is attention to the reality that the majority of trans youth do not manifest markers of compromised health (e.g., suicidality, depressive symptoms). Albeit the lack of disease or compromising health does not necessarily mean that trans youth are "well" or thriving, it does provide an opportunity to understand how some trans youth survive despite the presence of considerable barriers.

One of the key theoretical models used to understand well-being of minority populations is Ilan Meyer's model of minority stress. This theoretical model was originally developed to understand health disparities experienced by lesbian, gay, and bisexual populations and has since been adapted for use with trans populations. This adapted model of trans minority stress posits that a trans person's health and well-being are driven by minority-specific stress and protective experiences and processes. Specific to the model of minority stress, minority stressors include both distal and proximal stressors: Distal stressors include those encountered in society (e.g., victimization, oppression, discrimination) while proximal stressors include internalized forms of distal stressors (e.g., internalized transnegativity, identity concealment, expectations of rejection). These stressors are posited to affect health and well-being above and beyond any general life stressors (e.g., death of a loved one, socioeconomic stress), are chronic across the life span, and are socially rooted. Among trans youth, the most studied experiences of minority stress include school-based experiences of victimization and discrimination, parental and familial rejection and victimization, and structural stigma (e.g., laws that seek to reduce autonomy among trans youth).

In the model of minority stress, coping and social support, particularly trans community support, are hypothesized to mitigate the negative effects of these minority stressors. Thus, while studies that invoke Meyer's minority stress model are often driven by research questions examining how minority stress contributes to poor health, it is also plausible to use this theoretical model to examine how minority characteristics, such as identity integration, and coping and social support contribute to well-being. Minority stress–ameliorating factors that are most studied among trans youth from this model include coping, social support, and identity safety (or, the notion of living authentically and having identity agency in safe environments).

In addition to Meyer's model of minority stress, other research on trans youths' well-being focuses solely on experiences related to access to and use of social and medial transitions. Social transitions refer to the ability to use and be referred to by one's chosen name and pronouns, as well as youths' ability to express their gender consistent with their identity. Medical transitions, on the other hand, refer to the use of medical interventions desired by the trans youth, such as puberty blockers, use of gender-affirming hormones, and, for some youth, access to gender-affirming surgery. Given that this entry is focused on youth and teens, however, medical guidelines in the United States and elsewhere suggest that surgeries (with the exception of chest surgery for transmasculine and nonbinary youth) are not typically scheduled until the person reaches the age of consent (e.g., 18 years in the United States). Much of this literature uses a gender-affirming model of care, in which trans youth are affirmed in their gender identity via medical, familial, social, and legal interactions. Notably, the bulk of this work stems from the Netherlands, albeit this research is generally limited to research on trans youth who identify within the gender binary (e.g., as trans boys or trans girls). Research on nonbinary trans youth—or youth who identify outside of the gender binary—emerged in the 2010s and is largely situated within the United

States or Canada. Regardless, this research clearly shows that when youth desire and have access to social and medical transitions, they report better psychological and physical well-being indicators compared with those who lack this access.

In sum, Meyer's minority stress model and the gender-affirming model of care have been two of the most widely used theoretical frameworks to understand well-being among trans youth. The next section summarizes the extant literature's findings regarding psychological, physical, and relational well-being among trans youth and teens.

State of Well-Being Among Trans Youth and Teens

As noted in the introduction to this entry, much of the research on trans youth and teens is framed within a disparity perspective. Thus, while ideally this section on the state of well-being would be informed by data that stem from narratives around surviving and thriving, the data available tell narratives chiefly of suffering and illness. Also, critical to state here is the tenet that any disparity or lack of well-being experienced by trans youth and teens is not an inherent characteristic of someone who identifies as trans and/or expresses a nonbinary gender. Rather, these disparities result from oppression, as described in the model of minority stress. Thus, part of well-being refers to the person's ability to cope with, and adapt to, these minority stressors. In considering well-being, it is important to attend to psychological, physical, and relational well-being among trans youth and teens.

Psychological Well-Being

Psychological well-being includes subjective ratings of positive affect, life satisfaction, and ability to cope with stressors. Descriptions of well-being often make synonymous the presence (or absence) of well-being to mean the absence (or presence) of compromised mental health; rather than conflating these constructs, however, it is important to have a full picture of the psychological well-being of trans youth that includes both positive and negative aspects of well-being. Indeed, upon reviewing the literature, it appears that there are no comprehensive studies of psychological well-being of trans youth that have emerged from a positive youth development or resilience perspective. In turn, this entry makes note of studies that are framed in ways that deviate from the general trend to frame psychological well-being in terms of disparity.

Although few rigorous population-based comparison studies of trans and cis youth exist, those that have been conducted find that trans youth are significantly more burdened by suicidality, anxiety, and depressive symptoms compared with their cis peers. Across studies, estimates of depression range from 35% to 50%, and estimates of anxiety range from 27% to 44%. Suicidality is more frequently experienced by trans youth than by their cis peers, with 17% to 50% attempting suicide, 31% to 51% ideating about suicide, and 17% to 46% engaging in self-harm without lethal intent. Thus, up to half of trans youth across these studies have reported compromised psychological health. The other half, assuming comorbidity exists across these indicators, are not experiencing psychological distress as measured by these outcomes. Given that the slight majority of trans youth are not experiencing or reporting compromised psychological well-being, it is critical to understand predictors of absence of these indicators as well as how trans youth fare on reports of psychological well-being indicators that are positively framed.

No known population-based samples have examined positive affect or life satisfaction among trans youth. Self-esteem has largely been studied as a predictor of compromised psychological health outcomes but not as an individual outcome itself. Studies that do examine self-esteem find that trans youth report lower self-esteem than do cis youth. Studies of trans adults, however, have identified that trans adults report lower levels of self-esteem and life satisfaction compared with cis adults and that these disparities are often explained by distal and proximal minority stressors. Future research is needed to examine positive affect, life satisfaction, and self-esteem for trans youth in order to understand the prevalence of well-being among trans youth, as well as to identify predictors of well-being—rather than of compromised psychological health.

A final facet of psychological well-being is the ability to cope with distress. Much of the research in this area is qualitative and community based rather than population based. These studies highlight how trans youth might respond to minority stress in healthy ways with adaptive coping skills. One of the coping skills referenced throughout extant studies is engagement in trans-related activism. For many

trans youth, this involves self-advocacy and advocacy for other trans youth at school to help achieve equity in access and resources or to dispel stereotypes (i.e., making trans identities visible). Thus, for many trans youth, activism and self-advocacy might be a necessary strategy for resilience, surviving, and thriving. A second coping skill that has been described throughout studies is the ability to live authentically and have pride in that identity and expression. Participants across qualitative studies discussed the need to balance the need for safety with authenticity and not to feel diminished pride just because one needs to be cautious and conceal that identity in order to survive. Although these are not the only coping strategies that trans youth use to maintain or build a positive sense of well-being, these are skills that were consistent across studies. Much more research is needed that examines well-being among trans youth from a positive youth development framework rather than through a disparity lens.

Physical Well-Being

Physical well-being includes subjective ratings of overall health, as well as behaviors that maintain or improve physical functioning (e.g., nutrition, activity/exercise, sleep). Like research on psychological well-being, much of the research on physical well-being examines the absence of well-being (e.g., lack of sleep, eating disorders, lack of exercise). Furthermore, nearly all studies of physical well-being among trans populations have been conducted with trans adults rather than trans youth. In a key study published in 2018, entitled "Health and Care Utilization of Transgender and Gender Nonconforming Youth: A Population-Based Study," Nic Rider and colleagues found that only 38% of trans youth reported that their general health was very good or excellent compared to 67% of cis youth. Furthermore, they found that trans youth were less likely to receive a preventive checkup compared to cis youth. Thus, the indicators of overall physical well-being of trans youth are concerning.

Beyond general health ratings and preventative visits, the three areas that are key to physical well-being are quality sleep, balanced nutrition, and engagement in physical activity or exercise. In studies of trans adults, stark disparities are noted in sleep quality and sleep duration, and research points to minority stressors as contributors to these differences. Trans youth are also overrepresented in youth populations with eating disorders. Studies report that trans youth experience disordered eating at two to three times the prevalence of cis youth. These disparities are largely driven by unique minority stressors, as well as potentially altering eating behaviors to attempt for their physical body to align with their gender. Finally, while there have been no comprehensive studies of trans youths' engagement in physical activity or exercise, it is critical to note that many trans youth are excluded from sports and physical education classes given that they are segregated by sex assigned at birth. Thus, trans youth might engage in fewer activities because of oppressive structures that exclude them from such spaces.

Relational Well-Being

Relational well-being includes abilities to develop and maintain supportive and meaningful relationships with others. There is a lack of studies that compare trans youth with cis youth on indicators of relational well-being. Yet, research clearly details that trans youth are more likely to feel isolated and less belonging in their schools, families, and communities. Despite these disparities in social connectedness, qualitative studies find evidence that trans youth might thrive in relational well-being indicators.

For example, qualitative studies find that trans youth report that they feel more empathy for others due to their own experience of discrimination. Thus, while forming and developing relationships with others, trans youth may be able to call on their own experiences of oppression when forming relationships with others who have experienced oppression. Furthermore, empathy is a key skill necessary for maintaining healthy relationships, which may help trans youth thrive, given that social connection is one of the primary contributing factors to other domains of well-being. Similarly, given the necessity of self-disclosure of trans identity to others, trans youth report in qualitative studies that such disclosure often results in the improvement of relationship quality and strength. As a result of self-disclosure, trans youth are likely afforded more opportunities to live authentically and to share more with others, which often results in greater relationship satisfaction.

In sum, the research on the state of well-being among trans youth is generally framed in terms of health disparities rather than from the standpoint of positive youth development. This research documents striking disparities in psychological and physical well-being when comparing trans youth with cis youth. Less comparative research is available on relational well-being, and this research is critical given that qualitative research indicates plausibility for trans thriving in this domain.

Key Factors for Fostering Well-Being

Given the limited scope of the literature on well-being of trans youth, this section highlights two broad categories of factors that appear to be effective in fostering well-being: (1) identity safety and gender affirmation and (2) family support and acceptance.

Identity Safety and Gender Affirmation

When trans youth feel safe to self-disclose their identity, are seen for who they are, and are affirmed in their gender, they are likely to survive and, perhaps, thrive. Several studies now document that when trans youth are supported in their identities, via behaviors like referring to them with their chosen names and pronouns, well-being is significantly less compromised. In a groundbreaking study published in 2018, Stephen Russell and colleagues found a drastic difference among trans youth when their chosen names were used in multiple contexts compared with trans youth whose chosen names were not used (or used less often): Suicidality and depressive symptoms decreased when chosen names were used.

In educational settings, trans youth are likely to feel safe and affirmed when they are referred to using their chosen names and pronouns and are represented in school policies, practices, and curriculum. Unfortunately, many trans youth encounter bullying and harassment at school, and few trans youth report access to trans-inclusive and trans-supportive policies and resources at school. Providing access to curriculum that is inclusive of trans people and trans histories, as well as access to trans-inclusive support systems in schools, can help youth feel seen and connect to other trans people or to the LGBTQIA+ community (such as through gender and sexuality alliances), which is hypothesized as a critical resilience factor in the minority stress model.

Beyond names and pronoun usage, research on gender-affirmative approaches to health and clinical care are clearly linked with better well-being. For example, youth who are supported in their social transitions show few to no differences when compared with their cis peers in terms of psychological well-being. Similarly, in longitudinal studies from the Netherlands, youth who can access and use medical intervention, when desired and warranted, show marked reductions in compromised health indicators and gains in well-being. Thus, one clear set of strategies for promoting and fostering well-being among trans youth is to engage in behaviors that allow trans youth to self-disclose and live authentically in safe contexts.

Family Support and Acceptance

Family support is essential when considering the well-being of all youth, particularly trans youth. Growing empirical support finds that family support is a strong predictor of psychological and physical well-being for trans youth. Indeed, a growing number of studies find that when trans youth have safe and close relationships with their families, well-being is just as high as it is among cis youth. Aligned with this conclusion, other studies find that parental relationships are more strongly related to well-being than are relationships with peers or other family members. Further research is needed to distinguish between general family support and acceptance and gender-specific support and acceptance. Furthermore, research is needed that examines how family relationships change and fluctuate over time (before, during, and after disclosure) and how these changes relate to well-being. Even though this literature is still emerging, opportunities for prevention and intervention development to foster and support well-being among trans youth must include efforts to include and support family members, particularly parental figures.

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See also Health Determinants; Mental Health; Parent Advocacy Groups for Trans Children; Parents of Trans Children and Youth, Relationship Issues; Resiliency; Suicidality and Self-Harm; Youth and Teens, School Experiences

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Youth and Teens of Color

The 21st century has witnessed a massive rise in the cultural visibility of trans people, including trans youth and children, but this phenomenon has largely not included trans youth and teens of color. Within the broader dynamics of trans hypervisibility, trans youth have become the focus in political and media debates over access to health care, the regulation of the public sphere, the role of the state in regulating sex and gender, and in the perhaps limited or imagined progress of trans recognition and acceptance. For example, trans young people have found themselves at the center of debates over gender-segregated restrooms and organized sports, in part because the regulation of these systems in public schooling is taken for granted to a degree that is not always the case in settings for adults. At the same time, the widespread acknowledgment that children might be trans has prompted a massive increase in cultural and media representation of trans youth. Add to this the possibilities for youth self-representation through the Internet and social media and it seems that trans young people are more omnipresent in the public and media sphere than ever. This entry identifies the gaps in the history of trans visibility, medicalization, and law that have created barriers to trans youth and teens of color, before exploring their unique experiences and areas where more research is needed.

Trans as a Racially Unmarked Category

The dominant image of trans youth that most often appears in the global North is much whiter and richer than trans youth as a demographic whole in those countries. Given that Anglo-American and Western European representations of trans youth and teens are also the dominant ones exported globally, this disproportionate whiteness has an international reach. This particular vision of trans youth—one that is white and relatively affluent—presents itself as general or universal. The narratives attached to this image typically revolve around problems of family acceptance or rejection and access to rarefied and expensive pediatric health care in the form of puberty-suppressing medications. In reality, such a family-centric and medically oriented experience

is the exception, not the rule, for trans youth, many of whom face poverty, homelessness, and other vulnerabilities as primary in their trans experience. The dominant image of trans youth that revolves around gender in isolation, then, is a relative privilege of wealth and whiteness in the global North. As a result, trans youth are represented in the media as a much more conceptually white and racially unmarked category that they might otherwise be.

To begin to understand and recognize the lives of trans youth and teens of color, then, is to begin with a problem of how "trans" as a social and cultural category is frequently racially unmarked and so, by default in many countries in the global North, raced white. The descriptor "of color" is also largely American in origin and joins a growing subfield in trans studies: trans of color theory and critique. This umbrella term should not, therefore, be assumed to be applicable in a universal or globally encompassing sense. Trans of Color Studies is not a unified collection of thinking and writing, either, but it does share a common critical orientation. Rather than referring to a shared group identity, *trans of color* is more often used by scholars to specify and map complex but common patterns of racialized gender oppression unique to gender-nonconforming people who are racially marked.

In the United States, for example, centuries-old anti-Black and settler colonial practices of dispossession and genocide join more recent regimes of immigration-based, ethnic forms of state regulation, exploitation, and enforced competition. Trans people from various racialized, ethnic, and immigrant communities may find points of commonality and affiliation under these regimes of power and subjection, but also coercion and incommensurability, in their patterned experiences of oppression. Trans of Color Studies is also intersectional in scope and practice, drawing attention not only to how trans individuals and populations are affected by their membership in racial and ethnic minority communities but also to how racially unmarked categories like sex, gender, and transgender have their own deeply racialized histories and significance.

Trans Medicine, Youth, and Race

Although terms such as *trans* and *transgender* have emerged as nonmedical umbrella categories for identity, they also preserve a racial history from medical concepts like *transsexuality,* which bears down upon the lives of youth and teens of color in particular ways. People of color have frequently been judged to be not plastic enough in their gender to merit access to transition under the dominant paradigm of medicalization. The origins of this perception in the contemporary medical model for gender transition emerged in the mid-20th century, as European, American, and colonial medical researchers began to categorize the wide variety of requests to "change sex" under the new clinical language of "transsexualism." The medicalization of transition took on in this period the broad outlines of its current standards of care, which include hormone replacement therapy, social and legal transition, and gender-affirming surgeries. As these medical therapies were grouped together and offered as the prescribed treatment for transsexuality, clinicians also produced the first systematic standards by which trans people would be judged eligible or ineligible for access to medicine. The assumptions of that process reveal the ways in which trans medicine has been a racial project since its inception. The scientific and medical concept of being able to "transition" or "change sex" through hormones and surgeries relies greatly upon the thesis that gender is *plastic:* that is, open to changes in form as it grows during the developmentally sensitive periods of childhood and adolescence.

Since the beginning of the 20th century, a wide variety of European and American scientists had studied the supposed "sex differences" of different human cultures, which they viewed according to an older concept of race. These anthropologists, biologists, sexologists, and endocrinologists made a number of racist claims about the supposed difference in sexual anatomy and the degree of sexual differentiation between different "races" (as they saw them). In this way, a racist hierarchy of "civilization" that placed white Europeans at the apex was mapped onto sex and gender, codifying them as racial characteristics. One of the outcomes of this several decades of research was that malleability in the openness to change in sexual differentiation was associated most with the childhood and youth of white populations. Endocrinologists, who were working on a wide array of animal and human experiments with hormones, felt that the applications of this research might be eugenic,

improving the "racial stock" of white populations by providing for optimal hormonal levels during the critical stages of childhood and puberty. As a result of this longer history, even when the explicitly racist veneer of the life sciences was disavowed in the aftermath of World War II, many of the hormonal and surgical techniques that founded postwar trans medicine relied conceptually and technically upon the same principle of plasticity. When the first university gender clinics began to open in the United States and the transsexual medical model began to gain more widespread currency, it was often extremely difficult for trans people of color to gain access. When trans people of color did, in some instances, gain entry and work extensively with sexologists, psychiatrists, and endocrinologists, the resulting theories of trans development and gender often obscured the racial and ethnic identities of those patients, whitewashing the medical model even further. People of color still bore the stigmas of earlier scientific perceptions that their bodies were less plastic and, therefore, less able to successfully transition.

Legal and Cultural Barriers to Trans Youth of Color

In the specific case of trans youth and teens of color, forms of legal, economic, political, and social marginalization affecting young people beyond transness also come into play. In the United States, as in many other countries, people who are legally considered minors do not enjoy full civil rights, citizenship, or personhood. Legally barred from working to secure economic autonomy, without the right to vote, and subject through various legal means to the authority of parents, guardians, and other parent-like entities and institutions, trans youth face particular hardships that are often framed otherwise as "in the best interests" of children. The various means by which children are rendered dependent on adults magnify the vulnerability that trans youth and teens of color face in relation to adults who do not support, or outright reject, them. The medical age of consent, for example, in many jurisdictions effectively prevents trans youth from seeking gender-affirming forms of health care without the prior approval of parents, and local laws may make reaching out to other adults for help—such as school counselors, social workers, or teachers—entail the risk of being outed, a potentially dangerous outcome.

The legal principles of protection, guardianship, and coercive dependency that have formed around children and youth are also part of racialized political histories. In the United States, they were forged out of larger settler colonial projects that cast sovereign Indigenous nations as "domestic, dependent nations," as described by the Supreme Court in its pivotal 1832 decision *Worcester v. Georgia*. For two-spirit and other trans Indigenous youth, then, the denial of self-determination spans two simultaneous dimensions of the same logic of dependency but often considered separately. For Black and Latinx trans youth and teens in the United States, who already face disproportionate policing and overincarceration, as well as structural racial disparities in education and access to employment, the racial logics already targeting them may only be compounded through forms of surveillance, coercion, and violence that treat gender nonconformity as an accelerant to violence and confinement. For instance, while antibullying statutes passed in many states were originally conceived of as a means of protection for LGBTQ youth, in practice, they tend to magnify existing school-to-prison pipelines and disproportionately target youth of color, whose trans expression or gender nonconformity is often framed as disruptive, aggressive, and threatening.

Social scientific research has described what is called the "social determinants of health" for trans youth and teens of color. These determinants refer to the ways in which structural poverty, political oppression, and overexposure to violence by the state can perpetuate a legacy of inaccessibility to health and well-being, transforming the parameters of the question of health care otherwise associated with trans young people and rendering them invisible in the existing literature. As sociological work with Black, Indigenous, and trans of color youth in the United States and Canada also shows, the lives of young people are far more complex than have been represented in the media or are described through the lenses of discrimination and violence alone. Systems of peer support, familial resilience, and sense of community that are intersectional, and thus less uniquely focused on gender as a single axis, can be overlooked. Many trans youth of color may approach their life experiences

and the question of support from a stance grounded in racialized oppression and resilience in their broader community. More research that centers the voices and perspectives of trans youth of color can build a more complex fabric of knowledge and recognition. And, more research from the global South can continue to displace the dominance of U.S.-based models of race and intersectionality in this research.

Youth and teens of color remain marginal within the contemporary frame of trans hypervisibility. Their patterned systems of racial and ethnic oppression that compound forms of legal, economic, and social dependency complexify the dominant narrative and representation of trans youth and teens today, as well as remind us that the very categories of "trans" and "youth" benefit from critical, intersectional analysis that does not presume them to be racially unmarked categories of life and experience.

Jules Gill-Peterson

See also Black People; Families: Transnational and Global Perspectives; Indigenous People; Intersectionality in Research; Juvenile Justice System; K–12 Policies/Climate; Latinx People

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YouTube

YouTube is the world's most popular online video-sharing platform, with over 2 billion users each month and more than a billion hours of video watched every day, as of May 2020. Owned by Google, with headquarters in San Bruno, California, YouTube has local versions in more than 100 countries. YouTube has transformed the media landscape by allowing anyone with an Internet connection to freely distribute videos to mass audiences. Whereas trans people have often been the object of representations made by and for cis people, YouTube has enabled hundreds of thousands of trans people to create and distribute images of themselves on a global scale. Trans YouTubers post many genres of video and have also innovated trans-specific genres, like transition video blogs (vlogs). Some trans vloggers have capitalized on YouTube's Partner Program and sponsorship opportunities to become professional YouTube celebrities with millions of followers. However, trans YouTubers have also accused the company of policies that discriminate against LGBTQ content creators, and Google is currently the subject of a class-action lawsuit on these grounds. Trans scholars have also criticized transition vlogs for instituting impossible, non-representative ideals for trans bodies and reinstating existing social hierarchies. YouTube is also an essential platform for distributing other kinds of inventive trans-created media, such as drama and comedy web series, short documentaries, short fiction films, and music videos.

Trans people have to be creative in order to envision and enact their true selves and build worlds that will sustain them. Since the birth of the Internet, digital network technologies have been important to the development of trans communities, spreading new possibilities for trans identification and political action. As a group with comparatively less capital and less access to media training and equipment, trans people have especially benefited from the democratization of audiovisual and digital distribution technologies. Thus, YouTube has been particularly transformative for trans people. But the platform is not without its problems.

YouTube was launched in 2005. Already by 2006, trans people like Grishno/Erin Armstrong had started posting vlogs. In May 2020, a search for the word *transgender* on YouTube returned 4.2 million results. Searches for terms used more commonly by trans creators revealed 926,000 results for *trans vlog,* 641,000 results for *FTM* (female-to-male), 263,000 results for *MTF* (male-to-female), and 112,000 results for *nonbinary.* Trans YouTubers

create videos in many genres, including beauty and fashion, education, comedy, gaming, music and dance, pranks and challenges, animation, and how-to videos. Trans YouTubers have also innovated trans-specific YouTube genres—namely, transition vlogs, transition timeline videos, and transition time-lapse videos. As discussed in what follows, these types of videos document, construct, and analyze the process of social and often medical gender transition.

Trans-Specific Genres

In transition vlogs, also called video diaries, the subject usually sits in a private space (often a bedroom) with their head and torso visible and talks directly to a webcam or cell phone camera, giving the impression that they are directly addressing the viewer. While transition vlogs were initially characterized by low production values, some vloggers today invest in higher-grade production equipment. Most vloggers assume that they are addressing audiences of trans viewers like themselves, thus marking a tremendous difference from mainstream commercial media that assumes and prioritizes cisgender audiences. Vloggers describe and display the physical differences they have noticed due to their hormone regimes (and occasionally from surgery), talk through emotional aspects of transition, and give advice. Some vloggers post every day, while others only post every few months. The title of the vlogs often names the amount of time on T (testosterone) or HRT (hormone replacement therapy), thus using hormone regimes to establish a novel temporality that trans media scholar Laura Horak (2014) has called "hormone time" (p. 573).

In transition timeline videos, vloggers compile still photos chronologically, starting from their childhood or the beginning of their transition to the present day, often accompanied by explanatory on-screen text and inspiring instrumental, light electronica, or pop music. Timeline videos tend to narrativize transition as a linear progression from an unhappy, confused, and closeted beginning to a happy, out, and fully transitioned ending, often using metaphors of rebirth and sunrises and ending with affirming advice for those considering transition. A search for *transgender timeline* on YouTube in 2020 yielded 120,000 results. Transition time-lapse videos are a subgenre of the timeline video in which subjects take a photograph of themselves every day for years and use a program to assemble the photos into a seamless video in which their face and hair miraculously transform within minutes. A search for *transgender time lapse* on YouTube in 2020 returned 53,700 results. These three transition genres may have become popular because they exploit YouTube's penchant for the combination of the personal and the spectacular.

Problems With YouTube

While trans creators have flocked to YouTube, some have complained that its algorithms disadvantage LGBTQ creators. In March 2017, LGBTQ people began complaining that YouTube was flagging their videos as "restricted," thus automatically filtering them out of Internet searches in schools, libraries, and other settings that limit "adult content," even though the videos did not merit the rating. Although YouTube has repeatedly apologized and claimed to have fixed the problem, LGBTQ creators continue to experience these and other biases. In August 2019, Canadian trans YouTuber UpperCaseChase1/Chase Ross and other LGBTQ YouTubers filed a class-action lawsuit alleging that YouTube continues to flag their videos as "restricted" without merit, thus lowering their potential audiences and removing the possibility of earning revenue from ads that precede the videos. They also claimed that YouTube excludes LGBTQ content from the "Up Next" recommendation sidebar and regularly plays anti-LGBTQ ads immediately before and after LGBTQ videos. Google filed a motion to dismiss the lawsuit in February 2020, but the case has not been resolved as of May 2020.

YouTube and Transnormativity

YouTube allows a wide diversity of trans people, such as Black trans porn entrepreneur Ts Madison, Pakistani American teenager Achilles Krishna/Krishna K, "hispanic nerdy chill gamer poly queer trans girl in a wheelchair" Kaley Kutie, and nonbinary provocateur Milo Stewart, to circulate media content that does not conform to the transnormative politics of respectability that ordinarily determines which trans people are invited into the mainstream media. At the same time, the trans

YouTubers with the most views and subscribers tend to be white, traditionally gendered, conventionally attractive, medically transitioned (or transitioning), and of comfortable means, thus reinforcing existing social hierarchies. YouTube's ranking algorithms make it harder to find YouTubers who deviate from these norms. Thus, while starting as a DIY alternative to mainstream media, trans-made YouTube videos may be instating uncomfortable new norms of what trans bodies should look and sound like. Trans and intersex studies scholar Hil Malatino (2019) describes transition vlogs as a form of "cruel optimism" (p. 636) whose promise of utopian posttransition happiness in fact makes it harder to survive in the present, when transition may not be possible or even desired. Furthermore, researchers training artificial intelligence systems to recognize human faces have taken images from YouTube transition videos without permission in order to help their system recognize faces before and after HRT.

Trans Professional YouTubers

In the 2010s, some trans YouTubers managed to become professional YouTube celebrities and have been able to make a living through a combination of YouTube ad revenue, sponsorship deals, product reviews, speakers' fees, and Patreon donations. The trans YouTubers with the most subscribers are conventionally attractive trans women beauty vloggers: NikkiTutorials/Nikkie de Jager (more than 13 million subscribers as of May 2020), a white Dutch trans woman who was forcibly outed in January 2020; Gigi Gorgeous (nearly 3 million subscribers), a white U.S. trans woman who started creating makeup videos in high school years before coming out as trans; and Nikita Dragun (2.75 million subscribers), a Belgian-born Asian-Latinx U.S. trans woman who also started making videos in high school 2 years before coming out as trans. MilesChronicles/Miles McKenna (more than a million subscribers) is the most popular among a group of young white trans men in the United States and United Kingdom who are known for their transition vlogs. ContraPoints/Natalie Wynn and Blaire White (both with more than 900,000 subscribers) are white U.S. trans women political vloggers on opposite ends of the ideological spectrum. Wynn is a leftist who posts stylish 20- to 40-minute video essays on topics ranging from "Incels" to "Opulence," while Blaire is a right-wing Donald Trump supporter who posts self-described "rants" criticizing individual trans people and trans politics more generally. Among the most popular nonbinary bloggers are MilesJaiProductions/Miles Jai, a Black nonbinary trans femme who posts a wide range of hair and makeup tutorials, sketches, parodies, vlogs, and music videos, and Ash Hardell, a white YouTuber from Minnesota who posts vlogs and educational videos.

The documentary *This Is Everything: Gigi Gorgeous* (2017), directed by Academy Award–winning documentary filmmaker Barbara Kopple and produced by YouTube Red, presents the life of an up-and-coming YouTuber as a thrilling fulfillment of the American dream. Gorgeous's self-actualization through facial feminization and breast surgeries is paralleled with her rising fame, income, and entry into modeling. In contrast, Wynn's feature-length video essay *Canceling* (2020) presents the negative side of trans YouTube fame, exploring Wynn's experience of being "canceled" by many trans Twitter and YouTube users after she cast controversial trans porn star Buck Angel as a voice actor in one of her videos.

Trans-Made Films and Web Series

YouTube has also become an important distribution platform for other kinds of trans-made content. The 2010s witnessed a wave of independently produced trans-made drama and comedy web series distributed on YouTube, from *Her Story* (2015) and *Eden's Garden* (2015) to the recently released *Razor Tongue* (2019) and *These Thems* (2020). YouTube has also become a new way to distribute an established trans film genre—the short documentary. Key examples include the historical educational shorts series *We've Been Around* (2016), interview-based educational shorts in the U.K.-based series *My Genderation* (2013–2020), and prison abolitionist activist shorts *Survived & Punished* (2018). Although many trans filmmakers distribute their short fiction films on Vimeo, some are also using YouTube, including Raven Davis (*It's Not Your Fault,* 2015), Rain Valdez (*If Trans Women Flirted Like Cis Men,* 2016), and Jana Bringlöv Ekspong (*@janabringlove,* 2018). YouTube is also a popular platform for music videos from

trans artists such as Shea Diamond, Laura Jane Grace, Anohni, Skylar Kergil, Star Amerasu, Laith Ashley, Shawnee, and Ryan Cassata.

Future Possibilities

Looking toward the future, YouTube seems like a permanent fixture in the trans media landscape. Trans-made YouTube videos will likely be one of the first sources of information young trans people encounter when they start wondering what it means to be trans. Transition vlog genre conventions have remained fairly stable since 2006 and seem likely to stay that way. On the whole, trans YouTube videos may continue to shift from amateur to professional approaches, as YouTube encourages its creators to professionalize through free online tutorials (YouTube Creator Academy) and in-person studios for creators who have more than 10,000 subscribers (YouTube Space) in cities such as Los Angeles, New York, Berlin, Rio, and Tokyo. While there are likely to be increasing numbers of trans YouTube celebrities, the proliferation of content, search algorithms that prioritize popularity, and YouTubers' increasing use of agents and publicists will likely make it harder and harder to break in. Indeed, in the future, YouTube may start to look more and more like more traditional media industries.

Laura Horak

See also DIY; Online Communities; Representations in Popular Culture; Social Media; Social Media Influencers; Social Transition

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Archives

These collections are the most noteworthy for supporting research in trans studies.

Digital Transgender Archives (DTA)

https://www.digitaltransgenderarchive.net/

Based at Northeastern University, the DTA has digitized trans resources for many other collections, thereby making this material widely available online.

National Transgender Library and Archives

https://guides.lib.umich.edu/c.php?g=282858&p=1884819

Housed at the University of Michigan, the collection includes a wide range of trans resources.

OutHistory.org

A website on LGBTQ history that includes articles and resources on trans history.

Queer Digital History Project

https://queerdigital.com/

A website that documents pre-2010 LGBTQ digital spaces online. It includes an archive of trans-related Usenet newsgroups and interactive maps of TGNet, one of the first international trans-specific BBS networks.

Transgender Archives

https://www.uvic.ca/transgenderarchives

Housed at the University of Victoria, the Transgender Archives is the world's largest trans archive. It includes the Reed Erickson collection, the University of Ulster's Transgender Archive, the

records of Fantasia Fair and the International Foundation for Gender Education, and issues of *Transgender Tapestry* and *Transvestia*.

Journals

These journals are the leading sources for research in trans studies.

International Journal of Transgender Health

https://www.tandfonline.com/action/journalInformation?journalCode=wijt21

The journal of the World Professional Association for Transgender Health (WPATH), the *International Journal of Transgender Health* (formerly known as the *International Journal of Transgenderism*) offers a multidisciplinary approach to research in trans health.

Journal of LGBT Youth

https://www.tandfonline.com/loi/wjly20

The journal is an international, interdisciplinary research forum dedicated to improving the quality of life for LGBTQIA+ and allied youth.

Psychology of Sexual Orientation and Gender Diversity

https://www.apa.org/pubs/journals/sgd

The journal is a publication of the Society for the Psychology of Sexual Orientation and Gender Diversity, a division of the American Psychological Association.

Transgender Health

https://home.liebertpub.com/publications/transgender-health/634

The journal addresses the health care needs of trans people over their life spans and prioritizes scholarship in areas where policy development and research are needed to achieve health care equity.

TSQ: Transgender Studies Quarterly

https://read.dukeupress.edu/tsq

TSQ publishes interdisciplinary work on the diversity of gender, sex, sexuality, embodiment, and identity.

Websites

Each of these websites was used as a resource for multiple encyclopedia entries.

International Pronouns Day

https://pronounsday.org

This site provides information not only about the annual event (held on the third Wednesday of October) but also about the importance of sharing and respecting pronouns.

Trans Advocate

https://www.transadvocate.com

Focused on the intersections between trans and feminism, the site includes the Conversations Project, a collection of interviews and other material on the trans-inclusive history of radical feminism.

Transgender Day of Remembrance

https://tdor.info

This site provides information about individuals killed each year because of their gender identity.

Trans Policy Clearinghouse

https://www.campuspride.org/tpc

Sponsored by Campus Pride, this site tracks trans-inclusive policies at U.S. colleges and universities.

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Activism and Resilience

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