Transgender Identity

Gender Variance Model

(available at www.gender.org/resources/dge/gea02006.pdf)

Jessica Xavier’s Gender Variance Model, offered below with accompanying materials, helps us to understand both the wide variety of possibilities for gender variance, as well as the oppression faced by those deemed variant. Xavier’s model makes clear that most of us could be deemed “gender variant,” and that the more extreme one’s variance, the more extreme the oppression one might face.
Gender-Based Oppression

Gender "Norms"

Reproduction
Occupations
Grooming
Maservations
Sexuality
Identity
Part-time Expression
Full-time Expression

The Straight Social Identities
Gay, Lesbian, Bisexual
Transgender and Transsexual

Guide to Using the Gender Variance Model
A Multipurpose Gender Educational Tool developed by Jessica Xavier
(available at www.gender.org/resources/dge/gea02007.pdf)

Why Use This Model?

Transgendered people are the most stigmatized and misunderstood of the larger sexual minorities (Gay, Lesbian, Bisexual, Transgender). Since gender follows physical sex for most people, transgenderism and even transsexualism are almost impossible to understand by those who are not transgendered themselves. Thus one of the primary challenges facing gender educators is to place transgendered experience into a context by which it can be readily understood. While transgendered people are most familiar with gender variant expressions and cross-gender identities, there are many other forms of gender variance exhibited by all kinds of people - regardless of their social or gender

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identities. Revealing these other forms of gender variance will show an audience how common it really is – and thus provide the all-important context for them to understand transgendered people.

**The Staple Concepts**

The single most important concept that an audience must grasp to be able to understand transgendered people is the distinction between sex and gender – two terms that are commonly used interchangeably. Thus:

- **Sex** is the physical anatomy and biology that determines whether someone is male, female, or intersexed (formerly called *hermaphroditic*) while
- **Gender** is a psychosocial construct used to classify a person as male, female, both, or neither. Gender encompasses all of human behavior, *including sexuality*.

The second most important concept for an audience is that neither sex nor gender are binary, static states but dynamic continuums. Gender, like sexuality, is fluid and can vary across time, in individuals and in human society. Although sex is not as fluid as gender, it can be changed through surgical procedures.

- **Gender Identity** is a someone's sense of their own gender, which is communicated to others by their
- **Gender Expression**. Since most people conform to societal gender norms, they have a Gender Identity congruent with their Gender Expression and physical sex.

Those people who cannot or choose not to conform to societal gender norms associated with their physical sex are **Gender Variant**. It is very important to stress that many people choose to be gender variant in some form and do not consider themselves 'born that way'.

**Transgender** is an umbrella term used to describe visibly Gender Variant people who have gender identities, gender expressions or gendered behaviors not traditionally associated with their birth sex. Transgender can also mean anyone who *transcends* the conventional definitions of 'man' and 'woman', and who use a wide variety of terms to self-identify.

Transgendered people are usually categorized by their **Gender Vector**, which describes the direction of the gender change. The two gender vectors are Male-to-Female (MTF), or Female-to-Male (FTM).

It's important to clarify two common misconceptions about transgenderism:

Transgender is not a sexual orientation. However, it is a sexual identity that has become politicized, and so it is now commonly added to the list of other sexual minorities, which are sexual orientations – as in *Gay, Lesbian, Bisexual and Transgender*.

Transgender is often mistakenly understood to mean **Transsexual**. Transsexual people, who have undergone or seek to undergo sex reassignment, comprise a minority within the transgender population. Most transgendered people do not wish to change their sexual anatomy.
Explaining the Gender Variance Model

There actually many ways to be gender variant. Some people seem to be "born that way" but many others make conscious choices not to conform to rigid cultural gender 'norms' traditionally related to their physical sex. The model shows the range of ways to be gender variant across social identities. The arrow coming from the right side of the model represents Gender-based Oppression, which attempts to force all forms of gender variance back to the baseline bar of Gender Norms at the left side of the model. Note that Gender-based Oppression adversely affects women and the sexual minorities overtly but also straight men covertly. All of the forms of gender variance along the Spectrum line in the middle of the model apply to the Spectrum of Social Identities along the bottom.

The Categories of Gender Variance

REPRODUCTION and MARRIAGE: Due to the Women's Movement of the Seventies, it's common today for many women to choose not to get married, nor to have children. However, in some geographical areas and within some traditionally conservative cultural groups, making these choices is clearly going against gender norms – and thus gender variant.

WORKING IN STEREOTYPICAL GENDERED OCCUPATIONS: Men who are nurses or flight attendants, and women who are construction workers or police officers.

GROOMING: Men with long hair or earrings, and women with short hair, facial hair or tattoos.

MANNERISMS: Feminine mannerisms in men (such as high pitched voices) or masculine mannerisms in women (like assertive attitudes).

Note: Be sure to mention that none of the above forms of gender variance necessarily makes anyone transgendered – or for matter, gay or lesbian.

SEXUALITY: Since gender includes the entire spectrum of human behaviors, it must also include sexuality. Thus, even though most of them don't realize it, gay, lesbian and bisexual people also are gender variant, because they are defying cultural gender norms for their sexualities by having same-gender sexual relationships.

IDENTITY: This is the transgendered section of the gender variance spectrum. It includes both part-time (crossdressing) and full-time (gender transition) cross-gender identity shifts.

Note: While discussing the above categories of gender variance, be sure to show how common they are to all the social identities that appear on the bottom of the model.
Covert And Overt Forms of Gender Variance

Obviously, some forms of gender variance have become more socially acceptable than others, through a variety of social forces including the Women's Liberation and Gay Liberation Movements. However, gender variant sexualities and identities continue to bear a social stigma. When discussing the differences between the sexual minorities, it's useful to distinguish between the overt and covert forms of gender variance. Unlike overt gender variance, which is clearly visible to any observer, covert gender variance is hidden from public view and does not subject the gender variant person to the judgments of others.

Passing Privilege is passing as a member of the majority – white, straight, non-transgendered, or temporarily-abled. Because passing privilege explains the power imbalances created by the overt and covert forms of gender variance amongst the sexual minorities, it becomes equally relevant to gay, lesbian and bisexual people as well as to transgendered people. Members of sexual minorities with passing privilege can choose to conceal the stigma associated with their gender variance and thus escape its deleterious consequences. However, many are choosing to reveal their gender variance – to be out about it – usually selectively, but sometimes completely. Same gender sexual and romantic relationships are the most common form of gender variance amongst the sexual minorities, but it is a covert form, since it takes place mostly in private spaces. What anyone does in their bedroom is usually not public knowledge, if they are fortunate to have passing privilege and choose not to be out about their sexuality.

Although the majority of gay and lesbian people have passing privilege, a sizeable number do not – they are not 'straight-acting' or 'straight-appearing'. Some gay men are feminine ('nelly queens') and many lesbians are masculine ('butches'). Since their gender variant mannerisms are overt, they lack passing privilege. But most MTF crossdressers, who choose not to be out about their gender variance, do have passing privilege – they pass for majority of their lives as ordinary heterosexual men.

Most FTMs who gender transition (begin living full-time in a gender opposite their physical sex) quickly gain passing privilege and look like other men. However, most MTFs who gender transition lack passing privilege and thus must suffer the consequences of being visibly gender variant – or visibly 'queer'. Due to transignorance, transgendered people are commonly misperceived to be gay or lesbian because of their appearance, which is often that of a masculine woman or a feminine man – the cultural, gendered archstereotypes of lesbians and gay men.

Unlike most other forms of privilege, passing privilege can be gained by some but not all transitioning transgendered people through accessing the medical technologies of Transgender Care. However, it can take years to affect the physiological changes, as well as to adapt to new social roles. It also can be quite difficult to access Transgender Care, due to the lack of willing providers, the lack of health insurance coverage, and its expense. Lack of passing privilege explains why transgendered people are particularly subject to a disproportionate amount of homophobic violence, harassment and discrimination, which many of them call transphobia.

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Transitioning: Benjamin Standards of Care

While not all transgender individuals plan to have sex reassignment surgery (SRS) to transition from their birth gender to the opposite gender, those who do plan to transition under a doctor’s care will usually find themselves subject to specific medical guidelines. Those guidelines are meant to protect both the transitioning individual and the community of professionals who treat him or her. The most widely subscribed to standards are those put forth by the Harry Benjamin International Gender Dysphoria Association, Inc. (HGIBDA), which is a professional organization devoted to the understanding and treatment of gender identity disorders. The Benjamin Standards of Care can be found at www.hbigda.org/soc.cfm.

Transitioning: Surgical Descriptions

While some transgender persons choose not to take advantage of available surgeries, opting instead to make no changes to their physical bodies, or else to limit their changes to those available through hormonal therapies, hundreds of transgender people choose surgery each year. (An estimate from a group of advocates for the reform of the psychiatric classification of gender diversity as a mental disorder states that the top three U.S. surgeons alone perform a total of 400 to 500 SRS’s per year. They note that in total, at least 800 – 100 male-to-female (MTF) surgeries are performed in the U.S. each year, with at least half as many performed on U.S. citizens abroad (www.transgender.org/tg/gidr/gid30285.html)).

Below is a list of common surgeries from which a transgender person may choose. It comes from the pages of LGBT Health Channel, an LGBT related consumer health care Internet community. The list is available at www.gayhealthchannel.com/transgender/surgery.shtml

**FTM (Female to Male) Surgery**

**Elective bilateral mastectomy** (FTM), the removal or reduction of the breasts (also called reduction mammoplasty, or "top surgery"), involves making a small incision near the nipple and removing most of the tissue and fat from under the skin. This results in a chest shape that appears more masculine. Some people also choose to have skin grafted from the existing nipple to create a new male-like nipple. The procedure has relatively few complications. The length of the hospital stay is dependent on the patient. Reduction mammoplasty is often all a FTM needs to comfortably assume a new gender role and pass in society.

**Metoidioplasty** (FTM) is the creation of a penis by extending the clitoris that has been significantly enlarged by testosterone hormone use. The skin around the clitoris is removed so that the clitoris can extend from the pubic region and appear as a penis. The resulting penis is smaller than the average size of an adult male penis and its use in sexual intercourse is limited. Some people also have the urethra lengthened, which makes it possible to urinate while standing. This requires removal
of the vagina. The fat of the pubic area is typically removed and the skin pulled
tighter around the area, creating a more male-like appearance. The vaginal opening
is closed and the skin of the vaginal labia (lips) is used to create a scrotum. Inflatable
expanders are placed in the scrotum either during or after surgery in order to expand
the skin of the newly created scrotum. Once expanded, the scrotum can
accommodate testicle implants.

Phalloplasty involves constructing a penis from the inner forearm skin (nondominant
side) and vaginal tissue and attaching it to the vaginal area. This is also known as a
free flap phalloplasty. The forearm skin is grafted along with its nerves, arteries, and
veins and formed around a plastic catheter tube, which will serve as the urethra and
allow for urination once connected to the female urethra. The forearm skin is used to
create the shaft, glans (head), and urethra. The nerves of the clitoris are attached to
the grafted nerves and will grow into the penis after surgery. The skin and tissue of
the vaginal labia is used to create a scrotum. The procedure may take 3 hours or
more. After 6 to 9 months of healthy recovery, cosmetic testicle implants can be
inserted in the scrotum. Erectile implants, those used in men with impotence (erectile
dysfunction), can be added to achieve erection in the new penis.

Hardening of the urinary tract and tissue death in the new penis are complications of
phalloplasty.

**MTF (Male to Female) Surgery**

Elective bilateral orchiectomy (MTF), the removal of both testicles, is done through
an incision in the scrotum. After each testicle is pulled from the scrotum, its
spermatic cord is clamped, double sutured to control bleeding, and cut, releasing the
testicle. The end of the cord is then placed back in the body. The procedure is done
on an outpatient basis under local or general anesthetic, depending on the patient.

Transitioning MTFs undergo orchiectomy because it significantly reduces
testosterone production. The reduction of testosterone may allow a person with a
male body to transition to a woman and to take less estrogen.

Tracheal shave involves surgically reducing the tracheal cartilage (the Adam’s
apple). A small incision is made at the front of the throat and the cartilage is carved
until it is flat. This results in a throat contour that is flatter and more feminine in
appearance. The procedure is done on an outpatient basis with local anesthetic.

Although uncommon, there is a risk of shaving too much cartilage and affecting the
vocal chords that lie just behind the trachea. This may permanently affect the voice.

Vaginoplasty, the surgical construction of a vagina through skin inversion, involves
removing the organs and erectile tissue of the penis. The skin and tissue is used to
create a vaginal opening, clitoris, clitoral hood, and labia (lips). The urethra is kept for
urination and the skin and nerves of the glans (head) of the penis can be salvaged
for sensitivity. The procedure takes several hours and is done under general
anesthesia. After surgery, the patient must progressively stretch the vaginal opening.
This is done with plastic dilation molds, which are supplied by a medical care team.
There is a risk for the rectum or urethra to join with the newly created vaginal canal. Although rare, these complications can result in gas, feces, and urine in the vagina. Other complications include hardening of the urethra and death of the vaginal tissue.