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Answers About Transgender Issues

By [THE NEW YORK TIMES](#)

TAKING QUESTIONS

[Ask About Transgender Issues](#)

Dr. Laura Erickson-Schroth is working on “Trans Bodies, Trans Selves,” a resource guide for transgender and other gender-variant people.

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Following is the first set of responses from Dr. Laura Erickson-Schroth, who is working on “Trans Bodies, Trans Selves,” a resource guide for transgender and other gender-variant people, covering health, legal issues, cultural and social questions, history and theory.

Q.

What’s the difference between transgender and transsexual? I’ve had this debate with a number of people and we don’t know what language to use.

— *Posted by scorzi*

A.

Terminology can be intimidating when you’re first learning about anything, and terminology surrounding identities of any kind – racial, sexual, etc. – can be even harder because it changes so rapidly. Even at a given point in time, people within certain groups will disagree about the meaning of terms. The Transsexual Roadmap has a good [glossary of terms](#). I encourage you to ask the people who you speak with how they identify – it is their opinion that matters, after all. Here goes – I’m sure I’ll leave some out...

Transgender is an umbrella term, meaning it covers a wide range of identities, including crossdressers, genderqueer people, transsexuals and others. It has come to be embraced by a number of different groups whose sense of their own genders does not match those that our

society has impressed upon them. That said, there are some within the gender-nonconforming community that do not identify as transgender. In addition, young people have started to shorten the word transgender to just “trans,” and this shortened form can mean different things to different people.

Transsexual is an older term that was historically used to identify those who had undergone surgical procedures to change their sex, but some people who identify as transsexual have not had surgeries, and many people who have had surgeries do not identify as transsexual. On Web site and message boards you will sometimes see transgender and transsexual represented as TG and TS respectively.

The descriptors **male to female** (MTF) and **female to male** (FTM) are often used in medical and sociological literature to describe trans people, and sometimes they use them to talk about themselves. Many trans people prefer the terms “trans man” (same as FTM) or “trans woman” (same as MTF) because these terms affirm their chosen identities. Younger people call themselves “trans guys/boys” or “trans girls.” Some young trans men call themselves “bois,” a term that is also used by gender-nonconforming young women in the lesbian community. In medical and other academic literature, researchers are often unclear as to how to talk about nontransgender people in comparison with transgender people. I have seen the terms “biological male” and “biological female” used, but these can be confusing and also offensive, because many transgender people believe that their affirmed gender is biologically based. A more trans-centric term for nontransgender people is cisgender. (For all you science lovers out there, trans and cis are different orientations of molecules). On the Internet and on blogs, trans women often use the term “genetic girl” or GG to describe nontrans women.

Genderqueer is a relatively new term that is used by a few different groups. Some people identify as genderqueer because their gender identity is androgynous. Some use the term bi-gendered to describe themselves. Others identify as nongendered. Some people use the term genderqueer because they oppose the binary gender system. Genderqueer can be a political term.

Crossdressers, sometimes called just “dressers,” may be men who dress as women or women who dress as men, though men who identify as crossdressers are more common, probably because we are more tolerant of women dressing in traditionally male clothing. An older term for crossdresser is transvestite. Crossdressers often dress only in certain situations. They do not usually identify as transgender – most identify as straight men. Transvestic fetishism, often linked with crossdressing, is a psychiatric term used to describe men who are sexually aroused by dressing as women, and who find this distressing. There are many problems with this diagnosis, including but not limited to the fact that only men (and only heterosexual men) can

be diagnosed with it. This term is being [investigated for revision](#) in the next update of the Diagnostic and Statistical Manual of Mental Disorders.

Drag queens are men who perform gender as females in order to entertain. Drag kings are women who perform as men. People who participate in drag often have exciting stage personas that exaggerate gender stereotypes. These stage personalities are separate from their own gender identities, which are often in line with their assigned genders. It is becoming increasingly common for trans people to perform drag, but their identities are still separate from their stage personas when they are offstage. Female impersonator is a term that is similar to drag queen, but as I understand it, this group is more often attempting to appear realistically female in their acts.

Within racial and ethnic groups in the United States there are many other terms used. For example, an aggressive, or AG, is a person of color who is born female, but identifies as masculine. AGs are often lesbian or bisexual women, but may also identify as transgender.

Gender dysphoria is a term used by the medical community. It refers to a person's discomfort in their assigned gender.

Q.

As a professor of law, specializing in workplace law and policy, I often consult with business organizations where employees are undergoing gender transition. One question that frequently comes up is whether transgender employees are mentally ill, given that the American Psychiatric Association still includes "gender identity disorder" (but not homosexuality). Some express concern that transgender co-workers will pose a sexual danger in the workplace. While I explain that there is no need to fear such a result based on my research with many hundreds of companies, I have difficulty explaining away the diagnosis. Can you provide a better explanation for the presence of "gender identity disorder" in the Diagnostic and Statistical Manual of the American Psychiatric Association?

— *Posted by Dr. Jillian T. Weiss*

A.

As you describe, Dr. Weiss, individuals who identify as transgender are classified as having gender identity disorder (GID) in the A.P.A.'s Diagnostic and Statistical Manual of Mental Disorders (D.S.M.), which mental health providers use to diagnose mental illness. The fifth edition of the D.S.M. is expected to be released in May 2013, and there has been a lot of controversy over the G.I.D. diagnosis. The A.P.A.'s Web site allows you to see the current G.I.D. criteria, as well as [some of the proposed changes](#) for the new edition. The group most active in

opposition to the categorization of transgenderism as a mental illness is [GID Reform Advocates](#).

One of the reasons for retaining the G.I.D. diagnosis in some form in the D.S.M. is that many people use the diagnosis to receive psychological services and medical care, such as hormones and surgery. In the medical field, diagnostic codes are very important for billing. In order to be reimbursed for assessment or treatment, health care providers must write down the suspected diagnosis along with its code.

While it's obvious that our billing system is flawed, my guess is that it will not change anytime soon. There are health providers and researchers who argue that transgenderism should change from a psychiatric diagnosis to a neurological or endocrinological diagnosis. However, diagnoses outside of the D.S.M. are mostly derived from International Classification of Disease codes set by the World Health Organization and thus not up to American physicians alone, as the D.S.M. diagnoses are. (Interestingly and unfortunately, we set the worldwide agenda for psychiatric diagnosis).

I see the switch from a psychological to a neurological or endocrinological diagnosis as a reasonable alternative because it avoids the stigma of mental illness, but retains the access to care. Of course, many insurance policies explicitly deny coverage for medical treatment for gender-transitioning purposes anyway – regardless of diagnosis.

In my opinion, gender-variance is not a mental illness, but is instead a normal variation. We sometimes forget that just because something is less common, that does not mean that it is abnormal or unhealthy. Our ideas about gender norms and roles make it very easy for us to jump to the conclusion that those who don't fit our stereotypes are mentally ill, but that is only because it is easier than challenging our own assumptions about gender. Long before we are born, the world is preparing for our entrance in blue or pink. When it takes inhuman strength to reject the innumerable labels and expectations placed on us based on our sex, is there something wrong with us or with society?

Intersex is the modern term for people we once called hermaphrodites – those whose bodies do not conform to the sexual binary. Examining the way we treat intersex people demonstrates how difficult it is for us to allow anyone to exist outside the two categories we have created. Even with evidence of many sexes, we continue to insist on just two. Until recently, many physicians attempted to erase intersex people by performing surgeries on them in early childhood and insisting that they choose a gender in order to fit in.

The D.S.M. is a measure not just of our scientific knowledge, but of social and cultural understandings at this particular point in history. That is to say, the D.S.M. is written by people,

and therefore is influenced heavily by culture. Because our culture is so dependent on male and female gender roles, we have a very hard time understanding those who do not conform to these. Homosexuality and bisexuality challenge our cultural assumptions in much the same way, because they confront the expectations we have for the gender roles of men and women in sexual relationships. Homosexuality was categorized as a mental illness in the D.S.M. until 1973, when cultural changes convinced people that we had placed social norms before science.

I became a health care provider, and specifically a mental health provider, so that I could help people live healthy, productive and happy lives. Studies of transgender people so often seem to be about building theories around causes of transgenderism. More of our research should investigate how we can make life better for people who happen to fit in this category.

Q.

I'm curious about the book "Trans Bodies, Trans Selves." I think it's awesome, since I held the "Our Bodies, Our Selves" closely through my late high school early college years as a reference and guide.

My question: How young does the book go? My daughter is 11 and trans. Her whole class is separated by male and female on a special day to go to "learning out your bodies" lectures. She is so sad she has none to go to. She takes out all the American Girl Library books like "The Care & Keeping of You: The Body Book for Girls," but it only addresses the social issues of being a girl for her, not the physical.

— *Posted by Meg Clark*

A.

First of all, thank you so much, Meg, for being the type of parent that gender-variant children dream of having. It takes courage to stand up for your child against what I'm sure is a litany of unsupportive voices.

Being a parent to a gender-variant child can be really hard. Most parents want to be understanding of their children, but recognize that the world can be an unkind and even dangerous place for those who don't conform. This group includes children who will grow up to be transgender adults, but also gender-variant children who will grow up to be nontransgender, straight, gay and bisexual adults. There's a great book my mom bought for my dad when she found out she was pregnant. It's called "[X: A Fabulous Child's Story](#)." It highlights the idea that we should encourage all of our children to challenge gender because, although people may have their own gendered feelings and thoughts, gender roles are socially constructed.

“Trans Bodies, Trans Selves” will be written by and for transgender and gender-variant people at a high school reading level so that it is accessible to older youth. It will contain a chapter specifically about children and adolescents, but I think that young people will want to read the rest as well. I’d especially love for adolescents to read the section on transgender history, because all too often generations of people are cut off from each other and prevented from coming together around common social and political goals.

To get connected right away, start with [TransYouth Family Allies](#). They have an online support group for parents called [TYFA Talk](#), a list of [frequently asked questions](#) (pdf), information for [schools and health care providers](#) and a [great reading list](#) for kids of varying ages. [TransFamily](#) has e-mail [discussion groups](#), not only for parents, but for children and teenagers. A good book for parents is “[The Transgender Child](#).”

Another great organization is [Gender Spectrum](#). Their Web site also has a [frequently asked questions section](#) and [great educational](#), [medical](#) and [legal resources](#). Gender Spectrum also hosts a [family conference](#).

There are a number of other conferences for gender-variant children and their parents, and many of them, including Gender Spectrum, offer scholarships. The [True Colors youth conference](#) is not specifically for trans youth, but is a great place for LGBT teens. [Models of Pride](#) also hosts an LGBT youth conference. The [Philadelphia Trans-Health Conference](#) is a FREE event aimed at transgender people of all ages, as well as health care providers. This year, TYFA will be putting on eight separate talks, including sessions targeted to trans kids, their parents and their siblings. TYFA also has office hours at this conference for families to come sit down and talk.

Many cities have in-person support groups where parents talk while children attend a playgroup (or if they are older, a youth group) with other gender-variant children. These include meetings in Denver at the [Gender Identity Center of Colorado](#), Indianapolis through a group called [Trans Kids Rock](#), Los Angeles at the [Children’s Hospital](#), Oakland at the [Children’s Hospital](#), and Seattle at the [Children’s Hospital](#). Contact TYFA or Gender Spectrum for information on support groups in your area. In New England, contact [Trans Youth Equality](#).

In New York, the [LGBT Center’s Gender Identity Project](#) has a drop-in group for family members of transgender people. For youth ages 13-21, the [LGBT Community Center](#) offers a wide variety of activities. The [Hetrick-Martin Institute](#), home of the [Harvey Milk High School](#), hosts kids ages 12-21 for free meals, afterschool programs, college prep and much more. [FIERCE](#) is a New York-based group especially for LGBT youth of color. Another diverse youth group is at [The Door](#).

Q.

I work at the National Center for Transgender Equality as its health policy counsel. My work is focused on increasing access to health care for transgender people and reducing health disparities.

My question is this: How can the medical profession be more culturally competent toward its transgender patients? Lambda Legal conducted a survey that found that 70 percent of its respondents experienced discrimination by medical providers. The doctor's office should be a place where a patient feels safe and comfortable to discuss his or her medical issues. Especially since transgender people face so much discrimination outside the doctor's office.

— *Posted by Mul Kim*

A.

There are a number of relatively simple things that health care providers can do to make clinics and hospitals more inviting places for transgender people. I think that the most important factor is probably the environment. Staff training goes a long way, and a good nurse manager can set expectations for a respectful and knowledgeable front desk and nursing staff.

Gender neutral bathrooms are essential. This doesn't mean that all bathrooms have to be gender neutral (I know how hard this can be with old buildings), but it does mean that there should be at least one easily accessible nongendered bathroom that patients do not have to ask special permission to use.

On intake forms, leaving a blank space after the question on gender or offering a "transgender" option indicates to patients that their physician is conscious of their existence. Using gender neutral language like "partner" when asking about a patient's sexual or relationship history allows individuals to be more open about their lives. Near the space for the person to write their name, include an extra space for "preferred name" so that those who have not legally changed their name can tell you what they would like to be called. As hospitals change over to electronic medical records, they will want to consider these changes before they are locked into a system that does not record the necessary information.

Finally, take a walk into your own clinic or hospital and imagine you identify as transgender. For example, if you were a transgender man and needed to visit the gynecology clinic, it might be awkward to sit in a waiting room full of cisgender women. Is there another place you could set up for these patients to wait?

Cultural competence is an issue in health care for many communities – sexual minorities,

different racial and ethnic groups, those with disabilities, incarcerated people – the list goes on. For future physicians, medical school should be a place where these issues are discussed and taught. Currently, medical schools do a poor job preparing students for the health issues of lesbian, gay, bisexual and transgender people. Stanford is completing an [LGBT Medical Education Assessment](#) to learn more about what is being taught. I encourage students and deans to participate.

The [American Medical Student Association](#), where I worked this past year, has been addressing LGBT health issues for many years, and their [Gender and Sexuality Committee](#) offers free [downloadable presentations](#), an online [transgender health guide](#), LGBT white [coat pocket cards](#), [rainbow pins](#) that identify students to LGBT patients and assistance with [curricular reform](#). A.M.S.A. teams up with the [Gay and Lesbian Medical Association](#) and [Women in Medicine](#) to put on an [LGBT Student Leadership Institute](#). A.M.S.A. and G.L.M.A. also [sponsor an award](#) that recognizes a medical school, student group or individual student for LGBT advocacy at that school.

For health care providers looking to educate themselves further about transgender health, the [Group for the Advancement of Psychiatry](#) and the [Association of Gay and Lesbian Psychiatrists](#) provide an [online module](#) about transgender health, with a pre and post-test. Robin Williams, a psychiatrist and photographer, also distributes booklets and white coat cards on transgender health through a project called [My Right Self](#).

For those who are ready to tackle more advanced reading, [Vancouver Coastal Health](#) provides very detailed information on providing primary care, adolescent care, mental health care, and endocrine care. Dr. Nick Gorton and Dean Spade also co-produced a guide to [Medical Therapy and Health Maintenance for Transgender Men](#).

My medical school was in a rural area, so I traveled to do electives in other places. Medical, nursing and physician assistant students can find electives in LGBT health on the [A.M.S.A. Web site](#).

Finally, there are a number of medical conferences where providers can learn more about transgender health. G.L.M.A. hosts an annual conference. The [International Federation for Gender Education's Conference](#) offers a [special provider day](#). The [Philadelphia Trans-Health Conference](#) is coming up in June and is FREE to attend. In addition, the [World Professional Organization for Transgender Health](#) has a conference every two years, and the next symposium is in Atlanta in September 2011.

Q.

I'm a new graduate of a health professional program, and during my internships I often met patients who were transgender. However, I was not always sure how to address them before I learned which gender they preferred to be identified by; i.e. "Mr. Jones" or "Ms. Smith", as their charts often did not indicate this. What is a tactful way to ask a patient (or anyone) how they would prefer to be identified, especially if you just met this person?

— *Posted by Jessica*

A.

I'm glad you're asking about this issue, Jessica. This conversation can be nerve wracking but doesn't have to be. My advice: keep it simple. "How would you like to be addressed?" and "What would you like me to call you?" both work well, and they have the added advantage that they seem completely routine and benign to someone who does not identify as transgender. I ask many of my patients, especially older people, how they would like to be addressed, so that I know whether to use their first names or some variation of Mr./Mrs./Ms.

As difficult as it may be for some health providers to ask about gender identity, it can be even more difficult for patients if they feel like they have to be the ones to bring it up. In my experience, people would much rather be asked than have you take a stab at it and get it wrong.

Finally, remember that if the system isn't working, you can change it. Talk with hospital or clinic administrators about updating your intake forms.

Q.

Are you actually talking to any trans-folk, or are you just relying on the "expertise" of people with limited exposure to the trans community?

If you don't expand your horizons exponentially beyond the quack practices of John Money, your project will be doomed. Along with fact finding, read some GOOD trans-based literature. If you didn't read Jenny Boylan's "She's Not There," you should. There was a great piece of fiction titled "TransSister Radio." And then there's "Middlesex" by Eugenides. And please try not to be too sensational; we already have plenty of that.

— *Posted by Daralyn Maxwell*

A.

"[Trans Bodies, Trans Selves](#)" is an attempt to give voices to trans people themselves, who I agree are often left out of these discussions. It will be written by trans people for trans people. All of the chapters will have transgender authors, and we are using [an online survey](#) of self-

identified transgender and genderqueer people to collect quotes and stories that will appear in the text. Oh, and Jenny Boylan is writing the introduction! Thank you for writing. I agree that it's tacky to sensationalize trans people.

Q.

My questions deal with medical issues. It's problematic enough finding health care professionals who can deal with ordinary and trans-related medical care, but one vexing issue is medical insurance. Insurance companies get really confused over things like prostate exams for women, or gynecological exams for men. It's either that or they'll classify the insured as the wrong sex, and then not deal with HRT. Some insurers deny payment for ordinary treatment even if it is not related to a trans care exclusion. Is there anything in the recent health insurance reform that addresses insurance discrimination against trans people?

— *Posted by Joann Prinzivalli*

A.

Under many insurance plans, transgender-related care is excluded, meaning that insurance does not cover mental health care (if it is related to transition), hormone treatment or surgeries. Furthermore, many insurance companies do not cover care if it can be related (by them) to the policyholder being transgender – and I have heard about all sorts of things, including cholesterol tests, somehow related to the policyholder being transgender.

The Human Rights Campaign has a specific project that investigates [transgender-inclusive benefits](#) and provides tips on how to find out what your particular [insurance plan covers](#) without putting your job in jeopardy. You may be able to gain some information about your company if it is listed in the [Corporate Equality Index](#), a project that rates LGBT workplace policies and benefits. Insurance companies are often willing to offer benefits for transgender employees if they are requested, especially if the company that has the contract with the insurance provider is large. Because transgender surgeries (the most costly part of transgender care) are rare, it costs pennies for a company to add transgender benefits. Though it is not as difficult as you would think to add transgender coverage, many employees are afraid to ask or unaware that they can.

There are certainly some promising signals that things may improve soon. President Obama just released a memo on hospital visitation for [LGBT families](#), demonstrating that the health

care concerns of these populations are on his radar.

The [Employment Non-Discrimination Act](#) (ENDA), if it passes, will also benefit transgender people by protecting them from job discrimination, and therefore ensuring that more of them have employer-sponsored health care.

The new health care legislation also bans insurance companies from denying or dropping a patient based on a pre-existing condition. Some companies have considered their transgender identity a [pre-existing condition](#) worth denying them general coverage.

In terms of coverage for transgender-related care, it is not yet clear what, if anything, will change with the new health care reform legislation. As part of the legislation, the Department of Health and Human Services will determine the standard minimum benefits to be included in health plans that are offered in public exchanges.

Finally, the health care reform bill that passed did not contain some of the language that many LGBT health organizations hoped it would. There is no language prohibiting discrimination based on sexual orientation or gender identity, and no provision to mandate data collection inclusive of LGBT people.

In preparing this column, I talked with representatives from the [Human Rights Campaign](#), the [Transgender Law Center](#), the National Coalition for [LGBT Health](#), the [Gay and Lesbian Medical Association](#) and the [National Center for Transgender Equality](#). These are all great resources for more information on insurance and health care reform.

Another great resource for legal issues related to health is the [Fenway Guide to LGBT Health](#), which contains a chapter on patient rights, health care decision making, marriage and adoption. [Fenway Health](#) is a great clinic for LGBT patients in Boston and also has great online resources on transgender health for [both patients and providers](#).

Q.

What do you think about gender-affirmative therapy as a way of treating those in conflict? Is it in conflict with your perspective?

— *Posted by Ed O.*

A.

It depends what you mean by gender-affirmative therapy. What I do see as valuable and important is talking to children and teenagers about the differences between gender identities and gender roles. While gender identities are internal to a person, gender roles are handed to us

by society. We should be teaching our children that whatever bodies they live in, they can choose to reject gender roles. For some gender-non-conforming people, it feels right to live in the bodies into which they are born, but to challenge gender-normative behaviors. For others, this is not their preference. Therapy should never be aimed to force people into gendered roles that don't feel right to them, and I fear that this is what "gender-affirmative therapy" has come to mean.

In general, the transgender population is one that is reluctant to seek help from mental health professionals because of a history of abuse and stigmatization. The fact that there are people out there attempting what I would call reparative therapy on transgender individuals makes it even more difficult for transgender people to trust anyone in the field, even though there are many trans-positive mental health providers.

Q.

What's the explanation for a person that goes from male to female (dating men) and after the procedure (hormones etc.) and surgery, starts to date women? Also, a female to male (dating lesbians) who, after the process, starts to date gay men?

— *Posted by Iliana*

A.

This is a question that comes up relatively often when I talk with people about transgender health. Sometimes people's sexual orientations change as they transition, which leads them to wonder whether the change might be related to hormones or surgery.

The short answer is that I don't know. It's possible that hormones may be involved. However, most people who go through a gender transition do not experience a change in their sexual orientation. Hormonal changes in the uterus during fetal development are hypothesized to be related to later sexual orientation, but hormone therapy in adulthood has not been shown to reliably affect sexual orientation. This kind of question is very difficult to answer because so little research has been done on transgender health in general. Many people, for example, are interested in the long-term effects of hormone use. There are some researchers, many at [the Fenway](#), who are starting to do these kinds of investigations.

Q.

As someone with a family member who is a MTF transgender, I would like suggestions on how to explain this situation to my children. They are young now, but at some point, they will look at old photos and wonder who that man is, and why we no longer have photos of him; and then

who is this woman who suddenly appears in family photos? What's the best way to explain how Uncle Larry became Aunt Laura? Also, I still see a man when I look at my relative – to me, there is little that is feminine about this person. I wonder if my children – since children can be both perceptive and blunt – will believe they are meeting a man in a skirt when Aunt Laura comes to visit.

– *Posted by Patricia*

A.

Patricia, it's great that you're so supportive of your family member and that you are looking for positive ways to explain the situation to your children. Children learn to differentiate between men and women at an early age and recognize and understand gender roles. However, they may, at a young age, not yet understand the (relative) immutability of gender, so they may actually be faster than many adults to accept a switch.

For young children, the conversation may be a little easier, so I'd encourage you to talk to your kids when they are young. Waiting can also sometimes make children feel like they have been somehow deceived. The conversation with little children may not involve much talk about how or why their aunt changed genders – it may be easier for them to see it as a simple fact.

Adolescents may want to talk through the whys and hows, and may be conflicted about how they feel. However, they are likely to be respectful because they understand the concept of a transgender person and can predict the pain they might cause by being insensitive. As you point out, it is probably the ages between very young children and adolescents that it is most difficult to figure out how to approach this subject.

If she is amenable, you might think about having a conversation with your children when Aunt Laura is present so that they can ask her questions. If so, you probably also want to set aside a time for them to talk with you privately about any questions they might have felt uncomfortable asking in her presence. You may want to explain that there are other people like their aunt, and that these people sometimes face discrimination from other people who hold prejudices. Follow your children's lead. Explain the situation to them in straightforward, honest terms. If they ask follow up questions, answer them until they are finished.

There are some great resources out there to prepare you for these conversations and also to give you and your children other people to talk with. The video "[No Dumb Questions](#)" explores the lives of three sisters, ages 6-11, who find out that their uncle is transitioning to become a woman.

[COLAGE](#) is an organization started by children with LGBT parents. However, many of their

resources are helpful for situations where it is not a parent, but a different family member, who is LGBT. COLAGE provides general information for people with [LGBT parents](#), book lists for [children](#) and [teenagers](#) and [tips](#) for coming out to children. They also have [online communities](#) where children can communicate with others in their age groups, and they host a [family week](#) with workshops and activities for kids ages 8-18. [TransFamily](#) also has an online discussion group for children of transgender parents.

Q.

Thank you for opening your work to the public for questions. This is a difficult area for many, myself included despite generally liberal propensities. My question relates to a simple yet linguistically difficult problem: How does the transgender community deal with gendered personal pronouns? Is there a convention? If not, is there a community movement toward establishing a convention? Without control of the language used in personal, professional and public discourse (which I have yet to see), I feel this community will suffer. I hope to hear good news on the transsexual and transgender communities' efforts in this area.

— Posted by ml

A.

In English, we have very few options for those who prefer not to be addressed by the standard pronouns. We don't have gender-neutral pronouns that we can use to describe just one person. Our only mainstream options are she/he and her/him.

Many transgender people prefer to be addressed by one of the two sets of male or female pronouns that already exist.

Some people, however, have introduced [new terms](#) that are gender neutral. Some trans people prefer to be called ze or sie instead of she/he and hir instead of her/him. (Sie can rhyme with she or see, and hir can rhyme with her or hear, depending on who you are talking to – I've even seen [these declined](#)). Kate Bornstein is famous for using these terms in her book "[My Gender Workbook](#)." More often I've met people who ask to be described as "they" because it is a word we are used to hearing and saying.

When in doubt, always ask. People's pronoun preferences might not always match the outward appearance you are interpreting.

Q.

When I was in college we learned in a human sexuality class that approximately 10 percent of

the population is gay/lesbian. What percentage of the population is transgender? I think it helps to explain to children that 1 in 10 people is gay or whatever, to give them a frame of reference, and so they are not surprised when they meet someone.

— *Posted by Sandra*

A.

I asked a friend today and was told that the estimate of 10 percent comes from some of Kinsey's studies and has been largely disproven. From what I can find, most contemporary studies estimate that two to four percent of adults in the United States identify as bisexual or homosexual, with prevalence among big city inhabitants being two to three times the national average. Men are typically twice as likely to identify as bisexual or homosexual than are women.

The prevalence of transgender people is not well known, and is the subject of debate. One of the biggest problems for researchers is that it is hard to pinpoint exactly who they are measuring. People with many different understandings of themselves identify as transgender, including some people who have had or wish to have hormone treatment or surgeries, and some people who never intend to do so.

The first estimates were made in the 1960s in Europe and found a prevalence of 1 in 37,000 for male-to-female transsexuals and 1 in 100,000 for female-to-male transsexuals. Only those who were transsexual in the older sense of the term – that is, those who had surgeries to change their sex – were included in these estimates. Though surgeries became more widely available, these original numbers were continually quoted, and in fact, still appear in the Diagnostic and Statistical Manual of Mental Disorders today.

[Lynn Conway](#) analyzed the available data in 2002 and estimated a prevalence of 1 in 500 for male-to-female transsexuals. She did this based on estimates of the number of sex reassignment surgeries performed on United States residents from the 1960s to the 2000s. Ms. Conway has made [her report public](#).

Q.

What's the best way to ask for a pronoun preference in a situation like this? I don't want to automatically assume that a "feminine" looking bio male or "masculine" looking bio female are trans, which could lead to embarrassment; I'm totally aware that some folks are trying to carve out a space in between gender binaries; and I want to be respectful at all times, especially in order to set an example for students in my classes who maybe haven't encountered gender variance before. Help!

A.

First of all, I want to give you kudos for being aware of the needs of your transgender students and reaching out to let them know that.

If you're in this situation again, the easiest thing to do would be to ask about pronoun preference right away. As soon as students told you about their preferred name, if you realized this might be gender-related, you could immediately say, "Sure, of course, thanks for letting me know – and do you have any preferential pronouns?" The more routine it sounds, the better.

Of course, this advice only helps you for next time.