

Helpful Terms for Prevention Specialists and Healthcare Providers

As with many other populations, there are terms and definitions that are specific to LGBT populations. Creating awareness and understanding of these terms is essential to promoting cultural competence among prevention specialists and healthcare providers, as well as ensuring sensitivity toward LGBT individuals. While not exhaustive, the following is an overview of terms and related definitions related to gender identity, gender expression, and sexual orientation that people use to self-identify. When addressing LGBT individuals, prevention specialists and healthcare providers should always ask clients how they identify and/or wish to be addressed.

Note: Prevention specialists and healthcare providers should be aware that language is dynamic and evolves over time. Therefore, terms, definitions, and how LGBT individuals identify varies based upon a number of factors, including geographic region, race/ethnicity, and socioeconomic status, among others.

TERMS AND DEFINITIONS SPECIFIC TO GENDER IDENTITY

Term	Definition
Bigender	A person whose gender identity encompasses both male and female genders. Some may feel that one identity is stronger, but both are present.
FTM	A person who transitions from female-to-male, meaning a person who was assigned the female sex at birth but identifies and lives as a male. <i>Note: Also known as a transgender man.</i>
Gender identity	A person's internal sense of being male, female, or something else. Since gender identity is internal, one's gender identity is not necessarily visible to others.
Gender non-conforming	A person whose gender expression is different from societal expectations related to their perceived gender.
Genderqueer	A term used by persons who may not entirely identify as either male or female.
MTF	A person who transitions from male-to-female, meaning a person who was assigned the male sex at birth but identifies and lives as a female. <i>Note: Also known as a transgender woman.</i>
Transgender	A person whose gender identity and/or expression is different from that typically associated with their assigned sex at birth. <i>Note: The term transgender has been used to describe a number of gender minorities including, but not limited to, transsexuals, cross-dressers, androgynous people, genderqueers, and gender non-conforming people. "Trans" is shorthand for "transgender."</i>

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Term	Definition
Transgender man	A transgender person who currently identifies as a male (see also “FTM”).
Transgender woman	A transgender person who currently identifies as a female (see also “MTF”).
Transsexual	A person whose gender identity differs from their assigned sex at birth.
Two-Spirit	A contemporary term that references historical multiple-gender traditions in many First Nations cultures. Many Native/First Nations people who are lesbian, gay, bisexual, transgender, or gender non-conforming identify as Two-Spirit. In many Nations, Two-Spirit status carries great respect and leads to additional commitments and responsibilities to one’s community.

TERMS AND DEFINITIONS SPECIFIC TO GENDER EXPRESSION

Term	Definition
Cross-dresser	A person who dresses in clothing typically worn by people of the opposite gender, but who generally has no intent to live full-time as the other gender.
Drag king	A woman who dresses as a man for the purpose of entertaining others at bars, clubs, or other events.
Drag queen	A man who dresses as a woman (often celebrity women) for the purpose of entertaining others at bars, clubs, or other events. <i>Note: The term drag queen is also used as slang, sometimes in a derogatory manner, to refer to all transgender women.</i>
Gender expression	The manner in which a person represents or expresses their gender identity to others. <i>Note: Gender expression may be conveyed through behavior, clothing, hairstyles, voice, and/or body characteristics.</i>
Passing	A term used by transgender people to mean that they are seen as the gender with which they self-identify. For example, a transgender man (assigned the female sex at birth) who most people see as a man might say that he is passing as a man.
Transition	A term used to describe the period during which a transgender person begins to express their gender identity. <i>Note: During transition, a person may change their name, take hormones, have surgery, and/or change legal documents (e.g., driver’s license, Social Security record, birth certificate) to reflect their gender identity.</i>

TERMS AND DEFINITIONS SPECIFIC TO SEXUAL IDENTITY AND SEXUAL ORIENTATION

Term	Definition
Bisexual	A person who self-identifies as having an emotional, sexual, and/or relational attraction to men and women.
Coming out	The process through which a person identifies, acknowledges, and decides to share information about their sexual orientation and/or gender identity with others.
Gay	A man who self-identifies as having an emotional, sexual, and/or relational attraction to other men. <i>Note: The term gay may be used by some women who prefer it over the term lesbian.</i>
Lesbian	A woman who self-identifies as having an emotional, sexual, and/or relational attraction to other women.
MSM	An acronym used to identify men who have sex with men. MSM is a term used to identify and describe a behavior among males and is not the same as a sexual identity or sexual orientation.
Outing	The act of exposing information about a person's sexual orientation and/or gender identity without their consent.
Queer	A term usually used to refer to specific sexual orientations (e.g., lesbian, gay, bisexual). <i>Note: Some individuals use queer as an alternative to gay in an effort to be more inclusive, since the term queer does not convey a sense of gender. However, depending on the user, the term can have either a derogatory or an affirming connotation.</i>
Sexual orientation	A person's emotional, sexual, and/or relational attraction to others. Sexual orientation is usually classified as heterosexual, bisexual, and homosexual (i.e., lesbian and gay).
WSW	An acronym used to identify women who have sex with women. WSW is a term used to identify and describe a behavior among females and is not the same as a sexual identity or sexual orientation.

A Discussion About Gender Identity

A Discussion about Gender Identity

For many, the acronym LGBT reflects a community of individuals who, in some way, are attracted to members of the same sex. However, many people fail to realize that the “T” in the acronym does not relate to sexual attraction at all; rather, it refers to a person’s sense of gender (referred to as gender identity).

There are several schools of thought or theories about how a person develops, accepts, and expresses their gender identity. These include, but are not limited to, psychoanalytic theories, gender essentialism, cognitive development theories, and gender schema theories, among many others. While not exhaustive, the following is a brief overview of some of these perspectives.^{1,2,3,4}

GENDER VS. SEX: A FUNDAMENTAL SHIFT FROM AN EXCLUSIVE BINARY PARADIGM

Before the 19th century, the terms *gender* and *sex* were synonymous, as these were based on an exclusive binary paradigm (i.e., male/female). Until then, the only determinant of gender was a person’s assigned sex at birth. However, in the mid-1920s, German sexologist Magnus Hirschfeld published an article making the first differentiation between the desire for same-sex acts and the desire to live and/or dress as the opposite sex.^{5,6,7}

It wasn’t until the 1950s that the concepts and theories about gender, gender roles, and gender identity were introduced and defined in the literature. Psychologists, such as Jerome Kagan and John Money, initially believed that gender identity was the extent to which a person felt masculine or feminine. This fundamental feeling, coupled with the ability to meet cultural standards for specific gender roles (referred to as sex typing), was thought to be necessary for possessing a secure sense of self and overall well-being.^{8,9,10,11,12}

During the mid-1960s to early 1980s, researchers such as Richard Green, Robert Stoller, Harry Benjamin, and Sandra Bem furthered the understanding of gender and gender identity. For example, Bem’s research focused on the effects of normative behaviors and argued that adhering to gender-related standards could, in fact, promote negative rather than positive adjustment. Benjamin, Stoller, and Green believed that incongruence between a person’s assigned sex at birth and their gender identity was of a biological, rather than psychological nature and went on to pioneer the establishment of gender identity clinics, as well as gender-related medical and surgical treatments.^{13,14,15,16}

The ongoing work of these and other pioneer researchers in the field of gender identity development raised awareness that gender is not exclusively determined by an assigned sex at birth, but determined by a person’s sense, belief, and ultimate expression of self.

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GENDER IDENTITY DEVELOPMENT: NATURE OR NURTURE?

DEVELOPMENTAL PERSPECTIVE: NATURE

In the 1990s, psychologist and researcher Diane Ruble suggested that gender identity is developed in three stages: construction (ages 0–5), consolidation (ages 5–7), and integration (ages 7 and up).¹⁷

During construction, children seek information about gender and do not necessarily react strongly to norm violations (e.g., a boy may play with a Barbie doll). In the consolidation phase, children have well-developed gender stereotypes and show rigidity about their gender beliefs (e.g., a boy may avoid or refuse to touch a Barbie doll). Lastly, in the integration phase, children may show more flexibility and individual differences in how they think about gender (e.g., a boy may choose to play with certain types of dolls).

ENVIRONMENTAL PERSPECTIVE: NURTURE

Contemporary perspectives on human development challenge the notion that the process of identity development is intrinsic to an individual or that one construct can explain such a dynamic process. Many researchers believe that identities develop as a result of complex interactions between an individual and their environment.^{18,19,20,21}

For example, some research suggests that three external factors may influence how a person develops and ultimately expresses their gender identity: centrality, evaluation, and felt pressure. Centrality refers to how important gender is to a person's overall identity; evaluation refers to how a person views his or her gender in terms of cultural standards, beliefs, and norms; and felt pressure refers to a person's feelings about the need to conform to these cultural standards, beliefs, and norms.²²

GENDER IDENTITY DISORDER: A MEDICAL PERSPECTIVE

Though many people, including clinicians, do not consider transgender people to have a disorder, the medical community developed a specific diagnosis now known as Gender Identity Disorder (GID), for children and adults whose gender identity and gender expression are not aligned with their assigned sex at birth.²³

Diagnoses related to gender identity *first* appeared in the third version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) published in 1980 and included Gender Identity Disorder for Children, Transsexualism (for adolescents and adults), and gender identity disorder of adolescence and adulthood, nontranssexual type (added in the DSM III-R in 1987).^{24,25}

With the release of the DSM IV in 1994, the three gender identity-related diagnoses were collapsed into one, known as Gender Identity Disorder, with different criteria for children and adults that included a persistent discomfort with the assigned sex at birth; a persistent discomfort with the role typically associated with their assigned sex at birth; and significant discomfort or impairment at work, social situations, or other major life areas.²⁶

There are no comprehensive studies of the prevalence of GID among children, adolescents, or adults.²⁷ Nonetheless, there is stark contrast in the literature about the estimated prevalence of GID. According to researchers who use estimates from a government-subsidized gender identity clinic in the Netherlands as a benchmark, the prevalence rate of GID among men is approximately 1 in 11,900 and among women is approximately 1 in 30,400. However, it is important to note that this and other prior estimates are based solely on the transsexual minority of transgender people (i.e., those who present for a diagnosis of GID and referral for treatment for medical transition to the opposite gender). It is likely that many more transgender people do not present for such treatment and have not been included in these estimates.

TRANSGENDER

Nowadays, the term *transgender* is an umbrella term for people whose gender identity, expression and/or behavior is different from those typically associated with their assigned sex at birth. Since the 1990s, the term has often been used to describe groups of gender minorities including but not limited to transsexuals, cross-dressers, androgynous people, genderqueers, and gender non-conforming people.²⁸

To clarify gender differences among transgender individuals, transgender men had or have female body parts; however, they may identify and/or express themselves as male. Conversely, transgender women had or have male body parts; however, they may identify and/or express themselves as female.

RELATIONSHIP TO SEXUAL ORIENTATION

Research shows that gender identity, in many cases, is independent of sexual orientation. For example, transgender men may be attracted to men, women or both, and transgender women may be attracted to men, women or both.²⁹ Transgender men may also partner with other transgender men and transgender women, and transgender women may also partner with other transgender women and transgender men.³⁰

Prevention specialists and healthcare providers should be aware that beliefs around gender can, and often do, touch upon many aspects of life. These beliefs can manifest in a number of areas ranging from reactions toward clothing individuals wear to the pronouns used during clinical assessments. It is important for providers to demonstrate sensitivity to all clients, regardless of perceived gender, when communicating to and/or about clients.

This publication lists non-Federal resources to provide additional information. The views and content in these resources have not been formally approved by the U.S. Department of Health and Human Services (HHS). Listing of the resources is not an endorsement by HHS or its operating divisions.

REFERENCES

- 1 Freud, S. (1905). *Three essays on the theory of sexuality*. Standard Edition. London: Hogarth.
- 2 Cosmides, L., Tooby, J. (1994). Origins of domain specificity: The evolution of functional organization. In: Hirschfeld LA, Gelman SA, editors. *Mapping the Mind: Domain Specificity in Cognition and Culture*. New York: Cambridge University, 85-116.
- 3 Liben, L.S. (2008). Cognitive approaches to gender development. In: Blakemore JEO, Berenbaum SA, Liben LS, editors. *Gender Development*. New York: Taylor & Francis, 197-226.
- 4 Martin, C.L., Halverson, C.F. (1981). A schematic processing model of sex typing and stereotyping in children. *Child Development*, 52, 1119-1134.
- 5 Di Ceglie, D. (2010). Gender identity and sexuality: What's in a name? *Diversity in Health and Care*, 7, 83–86.
- 6 Drescher, J. (2010). Queer diagnoses: Parallels and contrasts in the history of homosexuality, gender variance, and the diagnostic and statistical manual. *Archives of Sexual Behavior*, 39, 427–460.
- 7 Hirschfeld, M. *Die Transvestiten; ein Untersuchung uber den erotischen Verkleidungstrieb: mit umfangreichem casuistischen und historischen Material*. Berlin: Pulvermacher, vi, 562 pp1910. English translation by Michael A Lombardi-Nash. *Tranvestites: The Erotic Urge to Cross-dress*. Buffalo: Prometheus Books. 424 pp 1991.
- 8 Kagan, J. (1964) A cognitive-developmental analysis of children's sex-role concepts and attitudes. In M. L. Hoffman & L. W. Hoffman (Eds.), *Review of Child Development Research* (Vol. 1, 137–167). New York: Russell Sage Foundation.
- 9 Money, J., Hampson, J.G., & Hampson, J.L. (1955a). Hermaphroditism: Recommendations concerning assignment of sex, change of sex, and psychological management. *Bulletin of Johns Hopkins Hospital*, 97, 284–300.
- 10 Money, J., Hampson, J.G., & Hampson, J.L. (1955b). Examination of some basic sexual concepts: Evidence of human hermaphroditism. *Bulletin of Johns Hopkins Hospital*, 97, 301–319.
- 11 Di Ceglie, D. (2010). Gender identity and sexuality: What's in a name? *Diversity in Health and Care*, 7, 83–86.
- 12 Lurye, L.E., Zosuls, K.M., & Ruble, D.N. (2008). Gender identity and adjustment: Understanding the impact of individual and normative differences in sex typing. In M. Azmitia, M. Syed, & K. Radmacher (Eds.), *The Intersections of Personal and Social Identities: New Directions for Child and Adolescent Development*, 120, 31–46.
- 13 Drescher, J. (2010). Queer diagnoses: Parallels and contrasts in the history of homosexuality, gender variance, and the diagnostic and statistical manual. *Archives of Sexual Behavior*, 39, 427–460.
- 14 Lurye, L.E., Zosuls, K.M., & Ruble, D.N. (2008). Gender identity and adjustment: Understanding the impact of individual and normative differences in sex typing. In M. Azmitia, M. Syed, & K. Radmacher (Eds.), *The Intersections of Personal and Social Identities: New Directions for Child and Adolescent Development*, 120, 31–46.
- 15 Bem, S.L. (1981). Gender schema theory: A cognitive account of sex typing. *Psychological Review*, 88, 354–364.
- 16 Bem, S.L., & Lenney, E. (1976). Sex typing and the avoidance of cross-sex behavior. *Journal of Personality and Social Psychology*, 33, 48–54.
- 17 Lurye, L.E., Zosuls, K.M., & Ruble, D.N. (2008). Gender identity and adjustment: Understanding the impact of individual and normative differences in sex typing. In M. Azmitia, M. Syed, & K. Radmacher (Eds.), *The Intersections of Personal and Social Identities: New Directions for Child and Adolescent Development*, 120, 31–46.
- 18 Ashmore, R.D., Deaux, K., & McLaughlin-Volpe, T. (2004). An organizing framework for collective identity: Articulation and significance of multidimensionality. *Psychological Bulletin*, 130, 80–114.
- 19 Egan, S.K., & Perry, D.G. (2001). Gender identity: A multidimensional analysis with implications for psychosocial adjustment. *Developmental Psychology*, 37, 451–463.
- 20 Bandura, A. (1991b). Social cognitive theory of moral thought and action. In W. M. Kurtines & J. L. Gewirtz (Eds.), *Handbook of Moral Behavior and Development* (Vol. 1, pp. 45–103). Hillsdale, NJ: Erlbaum.
- 21 Martin, C.L., Ruble, D.N., & Szkrybalo, J. (2002). Cognitive theories of early gender development. *Psychological Bulletin*, 128, 903–933.

- 22 Lurye, L.E., Zosuls, K.M., & Ruble, D.N. (2008). Gender identity and adjustment: Understanding the impact of individual and normative differences in sex typing. In M. Azmitia, M. Syed, & K. Radmacher (Eds.), *The Intersections of Personal and Social Identities: New Directions for Child and Adolescent Development*, 120, 31–46.
- 23 American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.). Washington, DC: Author.
- 24 Shechner, T. (2010). Gender identity disorder: A literature review from a developmental perspective. *Israel Journal of Psychiatry & Related Sciences*, 47, 42–47.
- 25 Drescher, J. (2010). Queer diagnoses: Parallels and contrasts in the history of homosexuality, gender variance, and the diagnostic and statistical manual. *Archives of Sexual Behavior*, 39, 427–460.
- 26 American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.). Washington, DC: Author.
- 27 Shechner, T. (2010). Gender identity disorder: A literature review from a developmental perspective. *Israel Journal of Psychiatry & Related Sciences*, 47, 42–47.
- 28 National Center for Transgender Equality. (2009). *Terminology*. From <http://transequality.org> (accessed May 31, 2011).
- 29 Drescher, J. (2010). Queer diagnoses: Parallels and contrasts in the history of homosexuality, gender variance, and the diagnostic and statistical manual. *Archives of Sexual Behavior*, 39, 427–460.
- 30 Xavier, J., Honnold, J., Bradford, J. (2007). *The health, health-related needs, and lifecourse experiences of transgender Virginians*. Richmond, VA: Virginia HIV Community Planning Committee and Virginia Department of Health. Available from <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/documents/pdf/THISFINALREPORTVol1.pdf>.