

Gender Definitions

(from www.wikipedia.org)

Within the transgender community, these definitions are changeable, but the following are generally accepted at this time.

Transgender is the state of one's gender identity (self-identification as woman, man, neither or both) or gender expression not matching one's assigned sex (identification by others as male, female or intersex based on physical/genetic sex). Transgender is independent of sexual orientation; transgender people may identify as heterosexual, homosexual, bisexual, or other. “Transgender” has also come to be used as an umbrella term including, amongst others, transsexuals, transgenderists, cross dressers and anyone transitioning.

Transsexualism is when an individual identifies with a gender inconsistent or not culturally associated with their assigned sex, i.e., in which a person's assigned sex at birth conflicts with their psychological gender.

Intersex is a variation in sex characteristics including chromosomes, gonads, or genitals that do not allow an individual to be distinctly identified as male or female. Such variation may involve genital ambiguity, and combinations of chromosomal genotype and sexual phenotype other than XY-male and XX-female.

Some people are not aware that they are intersex—unless they receive genetic testing—because it does not manifest in their phenotype (observable traits).

Research has shown gender identity of intersex individuals to be independent of sexual orientation, though some intersex conditions also affect an individual's sexual orientation. Recent legal and regulatory developments in Australia have distinguished "intersex status" from both gender identity and sexual orientation.

Gender identity disorder (GID), now called **gender dysphoria** in the *Diagnostic and Statistical Manual of Mental Disorders (5th edition)*, is a formal diagnosis used by psychologists and physicians to describe people who experience significant dysphoria (discontent) with the sex they were assigned at birth and/or the gender roles associated with that sex. Affected individuals are commonly referred to as transsexual or transgender.

Evidence suggests that people who identify with a gender different from the one they were assigned at birth may do so not just due to psychological or behavioral causes, but also biological ones related to their genetics, the makeup of their brains, or prenatal exposure to hormones.

Estimates of the prevalence of gender identity disorder range from a lower bound of 1:2000 (or about 0.05%) in the Netherlands and Belgium, to 0.5% in Massachusetts to 1.2% in New Zealand.

Treatment for gender identity disorder is controversial, as changes made are typically irreversible. The current approach to treatment for people diagnosed with gender identity disorder is to support them in physically modifying their bodies so that they better match their gender identities.

The question of whether to counsel **prepubescent children** to be happy with their assigned sex, or to encourage them to continue to exhibit behaviors that do not match their sex - or to explore a transsexual transition - is controversial.

Some clinicians report that a significant proportion of young children with gender identity disorder no longer have such symptoms later in life.

There is an active and growing movement among professionals who treat gender identity disorder in children to refer and prescribe hormones, known as a puberty blocker, to delay the onset of puberty until a child is believed to be old enough to make an informed decision on whether hormonal gender reassignment leading to surgical gender reassignment will be in that person's best interest.