Sexuality and Gender
Submitted by Doc GP
Chapter 4 Learning Objective Menu

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- LO 10.2 Gender
- LO 10.3 Influence of biology and learning on gender development
- LO 10.4 Theories on gender role learning
- LO 10.5 Gender stereotyping
- LO 10.6 Androgyny
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- LO 10.15 Sexual dysfunctions called paraphilias
- LO 10.16 Sexually transmitted diseases
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Primary sex characteristics – sexual organs present at birth and directly involved in human reproduction.

Vagina - the tube that leads from the outside of a female’s body to the opening of the womb.

Uterus - the womb in which the baby grows during pregnancy.

Ovaries - the female sexual glands.

Testes (testicles) - the male sex glands.

Scrotum - external sack that holds the testes.

Prostate gland - gland that secretes most of the fluid holding the male sex cells or sperm.
Male and Female Physical Differences

• **Primary sex characteristics** – sexual organs present at birth and directly involved in human reproduction.

  • **Female Primary Sex Characteristics**
    • **Vagina** - the tube that leads from the outside of a female’s body to the opening of the womb.
    • **Uterus** - the womb in which the baby grows during pregnancy.
    • **Ovaries** - the female sexual glands.
Male and Female Physical Differences

• Male Primary Sex Characteristics
  • Penis – male sex organ.
  • Testes (testicles) - the male sex glands.
  • Scrotum - external sack that holds the testes.
  • Prostate gland - gland that secretes most of the fluid holding the male sex cells or sperm.
LO 10.1 Physical differences between males and females
Male and Female Physical Differences

- **Secondary sex characteristics** - sexual organs and traits that develop at puberty and are indirectly involved in human reproduction.
  - **Female Secondary Sex Characteristics**
    - Growth spurt
    - Onset of the **menstrual cycle** - monthly shedding of the blood and tissue that line the uterus in preparation for pregnancy when conception does not occur
    - Breast development
      - **Mammary glands** - glands within the breast tissue that produce milk when a woman gives birth to an infant.
    - Widening hips
    - Pubic hair
    - Fat deposits
    - Further growth and development of the uterus, vagina, and ovaries
Male and Female Physical Differences

- **Male Secondary Sex Characteristics**
  - Enlarged larynx (Adam’s apple)
  - Deepening voice
  - Facial and chest hair
  - Pubic hair
  - Coarser skin texture
  - Large increase in height

- **Estrogens** - female sex hormones.
- **Androgens** - male sex hormones.
Gender

- **Gender** - the psychological aspects of being male or female.
- **Gender roles** - the culture’s expectations for masculine or feminine behavior, including attitudes, actions, and personality traits associated with being male or female in that culture.
- **Gender typing** - the process of acquiring gender role characteristics.
- **Gender identity** - the individual’s sense of being male or female.
Biology and Learning Influences on Gender

- **Biological influences** - hormones and chromosomes
- **Environmental influences** - parenting, surroundings, and culture on the formation of gender identity.
Gender Roles

- **Social learning theory** - gender identity is formed through reinforcement of appropriate gender behavior as well as imitation of gender models.

- **Gender schema theory** - theory of gender identity acquisition in which a child develops a mental pattern, or schema, for being male or female and then organizes observed and learned behavior around that schema.
FIGURE 10.2  Depression as Influenced by Negative Life Events
These bar graphs show that men who are masculine and women who are feminine in their gender roles experience a significant increase in depression when they are exposed to an increased number of life events. The same is not true for people with an androgynous gender role. How might being androgynous allow a person to be more adaptable?
Gender Stereotyping

- **Stereotype** - a concept held about a person or group of people that is based on superficial, irrelevant characteristics.
- **Gender stereotype** - a concept held about a person or group of people that is based on being male or female.
- **Sexism** - prejudice about males and/or females leading to unequal treatment.
- **Benevolent sexism** - acceptance of positive stereotypes of males and females that leads to unequal treatment.

Menu
Androgyny

- Androgyny - characteristic of possessing the most positive personality characteristics of males and females regardless of actual sex.
Other Male and Female Differences

• **Cognitive differences** - male advantage in mathematical and spatial skills and a female superiority in verbal skills (decreasing differences).

• **Emotional expression** - males tend to talk with each other in a “report” style, whereas females tend to talk to each other in a “relate” style.
**LO 10.7 Gender differences in thinking, social behavior, and personality**

**FIGURE 10.3 Male/Female Cognitive Differences**

**Tasks Favoring Men**

Men tend to perform better than women on certain spatial tasks. They do well on tests that involve mentally rotating an object or manipulating it in some fashion, such as imagining turning this three-dimensional object:

- ![Image of a three-dimensional object]

or determining where the holes punched in a folded piece of paper will fall when the paper is unfolded:

- ![Image of a folded paper and holes]

Men also are more accurate than women in target-directed motor skills, such as guiding or intercepting projectiles:

- ![Image of a dartboard and darts]

They do better on disembedding tests, in which they have to find a simple shape, such as the one on the left, once it is hidden within a more complex figure:

- ![Image of a complex figure with a simple shape]

And men tend to do better than women on tests of mathematical reasoning:

- If only 60 percent of seedlings will survive, how many must be planted to obtain 660 trees?


**Tasks Favoring Women**

Women tend to perform better than men on tests of perceptual speed, in which subjects must rapidly identify matching items—for example, pairing the house on the far left with its twin:

- ![Image of paired houses]

In addition, women remember whether an object, or a series of objects, has been displaced.

- ![Image of objects and a displaced object]

On some tests of ideational fluency, for example, those in which subjects must list objects that are the same color, and on tests of verbal fluency, in which participants must list words that begin with the same letter, women also outperform men:

- ![Image of a list of words starting with the letter L]

Women do better on precision manual tasks—that is, those involving fine-motor coordination—such as placing the pegs in holes on a board:

- ![Image of pegs in holes]

And women do better than men on mathematical calculation tests:

<table>
<thead>
<tr>
<th></th>
<th>14 x 3 − 17 + 52</th>
</tr>
</thead>
<tbody>
<tr>
<td>77</td>
<td>2(15 + 3) + 12 − (\frac{15}{3})</td>
</tr>
</tbody>
</table>

Intersexed Infants

- **Hermaphroditism** - the condition of possessing both male and female sexual organs.
  - **Intersex** - alternate term for hermaphroditism.

- **Intersexed, intersexual** - a person who possesses ambiguous sexual organs, making it difficult to determine actual sex from a visual inspection at birth.
Stages of Human Sexual Response

• **Excitement** – beginning of sexual arousal.
• **Plateau** – physical changes beginning in first stage continue.
• **Orgasm** - a series of rhythmic contractions of the muscles of the vaginal walls or the penis, also the third and shortest phase of sexual response.
  - **Seminal fluid** - fluid released from the penis at orgasm that contains the sperm.
Stages of Human Sexual Response

• **Resolution** - the final phase of the sexual response in which the body is returned to a normal state.

• **Refractory period** - time period in males just after orgasm in which the male cannot become aroused or achieve erection.
LO 10.9  Bodies of men and women during sexual intercourse
LO 10.9 Bodies of men and women during sexual intercourse

**Figure 10.4 The Male Sexual Response Cycle**
A male experiences sexual arousal (excitement), a plateau lasting a few seconds to a few minutes, orgasm, and then experiences a refractory period during which another erection is not yet possible. This refractory period can last for several minutes to several hours and tends to increase in length with age. Resolution, in which the body returns to its prearousal state, is last.

**Figure 10.5 The Female Sexual Response Cycle**
Women can experience several different patterns of sexual response. In pattern A, a woman experiences excitement, a plateau, and orgasm in a similar manner to a man. Unlike a man, the woman does not have a refractory period and can experience several orgasms before entering resolution. In pattern B, there is a longer plateau period but no orgasm, and in pattern C, the woman goes from excitement to orgasm to a quick resolution without experiencing a plateau period.
Masters and Johnson Study

• Used volunteers, some of whom were prostitutes, and both observed and measured their physiological responses during all phases of sexual intercourse.
Kinsey Studies

• Series of sexual behavior surveys in the late 1940s and early 1950s
• Revealed some highly controversial findings about the kinds of sexual behavior common among people in the United States, including:
  • Homosexuality
  • Premarital sex
  • Extramarital sex
These are actual headlines from various newspapers, all featuring the media’s response to Kinsey’s controversial survey of human sexual behavior, the Kinsey Report, first published in 1948. How might Kinsey’s research be treated today?
**Table 10.1 Kinsey and Colleagues' (1948) Rating Scale for Sexual Orientation**

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Exclusively heterosexual</td>
<td>Predominantly heterosexual; only</td>
<td>Predominantly heterosexual; more than</td>
<td>Equally heterosexual and homosexual</td>
<td>Predominantly homosexual; more than</td>
<td>Predominantly homosexual; only</td>
<td>Exclusively homosexual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>incidentally homosexual</td>
<td>incidentally homosexual</td>
<td></td>
<td>incidentally heterosexual</td>
<td>incidentally heterosexual</td>
<td></td>
</tr>
</tbody>
</table>

*Source: Reprinted with permission of the Kinsey Institute for Research in Sex, Gender, and Reproduction, Inc.*

LO 10.11 Kinsey’s study of human sexual behavior
LO 10.11 Kinsey's study of human sexual behavior

Table 10.2 Key Findings from Kinsey's Sexual Behavior Surveys

Males reporting anal sex with spouse: 11 percent.

Nearly 46 percent of males had bisexual experiences.

Between 6 and 14 percent of females had bisexual experiences.

Whereas nearly 21 percent of the males had experienced intercourse at age 16, only 6 percent of females had done so.

Males reporting premarital sex: 67 to 98 percent (varied by economic level).

Females reporting premarital sex: 50 percent.

Nearly 50 percent of all married males had some extramarital experiences, whereas 26 percent of married females had extramarital experiences.

About 10 percent of males were predominantly homosexual.

Between 2 and 6 percent of females were predominantly homosexual.

Males who reported masturbating: 92 percent.

Females who reported masturbating: 62 percent.

Janus Report

• Large-scale survey of sexual behavior in the United States in 1990s.

• Did not differ widely from those of Kinsey but looked at many more types of sexual behavior and factors related to sexual behavior, including:
  
  • **Sexual deviance** - behavior that is unacceptable according to societal norms and expectations.
### Table 10.3 Findings from the Janus Report

Full sexual relations by age 14: men—19 percent, women—7.5 percent.

Overall, nearly 80 percent of men and 70 percent of women said they had masturbated, with about a quarter to a third saying that it was rarely.

At least one homosexual experience: 22 percent of men, 17 percent of women.

Males reporting premarital sex: 67 percent.

Females reporting premarital sex: 46 percent.

About 40 percent of men and about 26 percent of women reported having at least one extramarital affair.

About 9 percent of males were predominantly homosexual.

About 5 percent of females were predominantly homosexual.

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Sexual Orientation

- Sexual orientation - a person’s sexual attraction preference for members of a particular sex.
- Heterosexual - person attracted to the opposite sex.
- Homosexual - person attracted to the same sex.
- Bisexual - person attracted to both men and women.
## Table 10.4 When Gay or Bisexual College Students Say They Became Aware of Their Sexual Orientation

<table>
<thead>
<tr>
<th>Age</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade school</td>
<td>11%</td>
<td>17%</td>
</tr>
<tr>
<td>Junior high</td>
<td>6%</td>
<td>20%</td>
</tr>
<tr>
<td>High school</td>
<td>46%</td>
<td>50%</td>
</tr>
<tr>
<td>College</td>
<td>37%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Sexual Dysfunction

- Sexual dysfunction - a problem in sexual functioning.
- Organic or stress-induced dysfunction - sexual problem caused by physical disorder or psychological stress.
  - Hypoactive sexual desire, sexual aversion, female sexual arousal disorder, male erectile disorder, male orgasmic disorder, female orgasmic disorder, premature ejaculation, vaginismus, and dyspareunia.
LO 10.14  Sexual dysfunctions causes by physical problems or stress

<table>
<thead>
<tr>
<th>Table 10.5  Organic or Stress-Induced Dysfunctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Desire Disorders</td>
</tr>
<tr>
<td>Sexual Arousal Disorders</td>
</tr>
<tr>
<td>Orgasmic Disorders</td>
</tr>
<tr>
<td>Sexual Pain Disorders</td>
</tr>
</tbody>
</table>
Paraphilias

- **Paraphilia** - a sexual disorder in which the person’s preferred method of sexual arousal and fulfillment is through sexual behavior that is unusual or socially unacceptable.

- **Pedophilia** - deriving sexual arousal and pleasure from touching or having sexual relations with prepubescent (nonsexually mature) children or fantasizing about such contact.
  - **Pedophile** - a person who has recurring sexual thoughts, fantasies, or engages in sexual actions toward prepubescent (nonsexually mature) children.
Other Paraphilias

<table>
<thead>
<tr>
<th>Paraphilia</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Festishism</td>
<td>An object or part of the body becomes the focus of sexual interest and arousal, such as shoes, feet, or underwear.</td>
</tr>
<tr>
<td>Exhibitionism</td>
<td>The exposure of normally clothed parts of the body to unsuspecting and typically unwilling viewers, such as a &quot;flasher.&quot;</td>
</tr>
<tr>
<td>Voyeurism</td>
<td>Obtaining sexual arousal and gratification through watching other people engage in sexual behavior or undress, such as a &quot;Peeping Tom.&quot;</td>
</tr>
<tr>
<td>Frotteurism</td>
<td>Becoming sexually aroused or gratified through rubbing up against an unwilling person, usually in a crowded public place.</td>
</tr>
<tr>
<td>Necrophilia</td>
<td>A kind of fetishism in which the sexual arousal comes from touching or having intercourse with a corpse.</td>
</tr>
<tr>
<td>Transvestism</td>
<td>A kind of fetishism in which sexual arousal and pleasure comes from wearing the clothing of the opposite sex.</td>
</tr>
</tbody>
</table>
Sexually-Transmitted Diseases

- Sexually transmitted diseases - can affect the sexual organs and the ability to reproduce and may result in pain, disfigurement, and even death.
- Common bacterial sexually transmitted diseases are Chlamydia, syphilis, and gonorrhea.
  - Treatable with antibiotics.
Sexually-Transmitted Diseases

- Viral sexually transmitted diseases include genital herpes (caused by the herpes simplex virus that also causes cold sores) and genital warts (caused by the human papillomavirus).
  - Neither can be cured and both can lead to complications such as increased risk of cancer.
- AIDS or acquired immune deficiency syndrome - sexually transmitted viral disorder that causes deterioration of the immune system and eventually results in death due to complicating infections that the body can no longer fight.
  - There are drug treatments but no cure.
### Table 10.7 Common Sexually Transmitted Diseases

<table>
<thead>
<tr>
<th>STD</th>
<th>Cause</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>Bacterial infection that grows within the body's cells like a virus.</td>
<td>Swollen testicles, discharge, burning during urination. Women may experience no symptoms.</td>
</tr>
<tr>
<td>Syphilis</td>
<td>Bacterial infection.</td>
<td>Sores that appear on or in the genital area and can spread to other body parts and the brain.</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>Bacterial infection that grows rapidly in warm, moist areas of the body</td>
<td>In men, a foul-smelling, cloudy discharge from penis, burning upon urination. In women, inflamed cervix, light vaginal discharge.</td>
</tr>
<tr>
<td>Herpes</td>
<td>Herpes simplex virus.</td>
<td>Sores on the genital area. Itching, burning, throbbing, &quot;pins-and-needles&quot; sensations where sores are about to appear.</td>
</tr>
<tr>
<td>Warts</td>
<td>Human papillomavirus (HPV).</td>
<td>Warty growths on the genitalia.</td>
</tr>
<tr>
<td>AIDS</td>
<td>Human Immunodeficiency virus (HIV).</td>
<td>Severe malfunction and eventual breakdown of the Immune system.</td>
</tr>
</tbody>
</table>
How to Protect Spread of STDs

- Using condoms
- Having only one partner
- Abstaining from sex
- Avoiding IV drug use
- Knowing the symptoms of the various diseases
- Getting regular physicals
Not too many years ago, no one would have dared to advertise condoms in such a public manner. The only consequences of unsafe sex were unwanted pregnancies and serious, but not necessarily life-threatening sexually transmitted diseases. With the onslaught of the AIDS virus, safe sex has taken on a whole new meaning.
Transgender and Gender Variant People
Who is transgender?

• What do you think of when you hear the terms “transgender” and “gender variant”?
• What do you know about transgender and gender variant communities?
• What types of contact have you had with transgender people?
• What more do you want to know about transgender people?
The Transgender Community

• “Transgender” refers to anyone whose gender expression and/or identity does not fit into the traditional notions of “male” and “female”.

• The term “gender variant” is sometimes used interchangeably with “transgender”, and is a somewhat newer (and sometimes more inclusive) term.
Gender Non-specific Terms

- Transgender
- Transsexual (pre-op, post-op, non-op)
- Gender queer
- Androgynous
- Genderbender/blender
- Two-spirit
Gender-specific Terms

**Female-to-male (FTM) spectrum:**
- Transgender man
- Transman/guy
- Trannyboy/boi
- Stud/butch
- Drag king
- Male

**Male-to-female (MTF) spectrum:**
- Transgender woman
- Transwoman
- Trannygirl/girl
- Crossdresser
- Drag queen
- Female
Gender & Sex

- **Assigned Sex**=“Biological sex.”
- The sex assigned at birth typically based on examination of the genitals.
- **Gender Identity**: An internally felt sense of gender. The self-image or belief a person has about their gender as being female, male, both, or something altogether different.
- **Gender Role**: All of the duties, qualities, and expectations society requires of you based on your gender assignment.
- **Sexual Orientation**: The internal experience that determines who we are physically and/or emotionally attracted to: Homosexual, Heterosexual, Bisexual, Asexual.
Gender & Sex

- Binary Gender System: The division of human beings into two, distinct categories of male and female. Each has its own biological and social characteristics.

- Chromosomes: Genetic material that carry the genes that determine height, eye color, etc. Two of them are related to biologic sex. XX and XY.

- Intersex: Individuals who are born with genes other than XX or XY or have hormonal changes that create a mixture of male and female anatomies. Estimate: 1 in 500 people have chromosomal variations from the “standard” of XX or XY.
**Gender & Sex**

- **BIOLOGICAL SEX** (chromosomes, anatomy):
  - female
  - intersex/hermaphrodite
  - male

- **GENDER IDENTITY** (psychological sense of self):
  - woman
  - third gender/two spirit
  - man

- **GENDER EXPRESSION** (communication of gender):
  - feminine
  - androgynous
  - masculine

- **SEXUAL ORIENTATION** (sex attracted to):
  - attracted to men
  - asexual/bisexual
  - attracted to women
Transgender People

• May or may not undergo surgical and/or hormonal treatment to alter their physical appearance and/or gender expression.
• Often adopt a new name to reflect their gender identity. Always use the name and pronoun of their preference.
• Are sexually diverse. Do not make assumptions about sexual orientation or marital status.
Behavioral Health Issues

- **High risk** for HIV infection, injection drug use, and other adverse health outcomes.
- **Social stigma** limits employment opportunities, forcing many MTF into commercial sex work.
- **Substance use** is often the coping strategy for dealing with an oppressive environment.
- **Psychosocial stress** including isolation, depression, and transphobia exacerbate HIV risk and drug use.
HIV Status

- Rates of HIV infection have been estimated at 13 – 68% for transgender women, and 2 – 8% for transgender men.

- Rates are higher for transgender people who are people of color, engage in sex work, and/or use injection drugs.
Why is HIV seroprevalence so high among MTF Transgenders?

Socioeconomic and psychological adversity contribute to high prevalence of HIV-related risk behaviors among MTF transgenders. Such factors include:

Socioeconomic:
- Unemployment, poverty and high-risk sex work

Psychosocial:
- Transphobia, depression, low self-esteem, gender affirmation, substance use, and low negotiation power
HIV Risk Behaviors among MTF Transgenders

We examined correlates of HIV-related risk behaviors among samples of African American, Latina, and API transgenders in San Francisco. Focus on specific HIV-risk behaviors such as:

• Sexual Behaviors: primary, casual, and commercial
• Health Outcomes: HIV/STD, Depression, Need and Access to Care
• Substance use: Substance use (lifetime, past 30 days), injection drug use, engaged in sex with primary, casual, or commercial partners while under the influence of drugs
• Psychosocial Factors (e.g., transphobia, depression, self-esteem, gender identity, social support)
<table>
<thead>
<tr>
<th>Income source(s) in past 6 months</th>
<th>Total (n=332) N (%)</th>
<th>Afri.Am. (n=112) N (%)</th>
<th>Latina (n=110) N (%)</th>
<th>API (n=110) N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full time job:</strong></td>
<td>92 (28)</td>
<td>18 (16)</td>
<td>24 (22)</td>
<td>50 (45)</td>
</tr>
<tr>
<td><strong>Prostitution:</strong></td>
<td>170 (51)</td>
<td>56 (50)</td>
<td>79 (72)</td>
<td>35 (32)</td>
</tr>
<tr>
<td><strong>Income in past 30 days ($)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-499</td>
<td>64 (20)</td>
<td>15 (13)</td>
<td>36 (33)</td>
<td>13 (12)</td>
</tr>
<tr>
<td>500-999:</td>
<td>110 (34)</td>
<td>51 (46)</td>
<td>35 (32)</td>
<td>24 (22)</td>
</tr>
<tr>
<td>1,000-1,999:</td>
<td>70 (21)</td>
<td>31 (28)</td>
<td>15 (14)</td>
<td>24 (22)</td>
</tr>
<tr>
<td>2,000 (and above)</td>
<td>84 (26)</td>
<td>15 (13)</td>
<td>22 (20)</td>
<td>47 (44)</td>
</tr>
<tr>
<td></td>
<td>Total (n=332)</td>
<td>Afri. Am. (n=112)</td>
<td>Latina (n=110)</td>
<td>API (n=110)</td>
</tr>
<tr>
<td>--------------------------</td>
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</tr>
<tr>
<td></td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td><strong>HIV Positive Status</strong></td>
<td>86 (26)</td>
<td>47 (41)</td>
<td>25 (23)</td>
<td>14 (13)</td>
</tr>
<tr>
<td><strong>Any STD, past 12 months</strong></td>
<td>46 (14)</td>
<td>20 (18)</td>
<td>21 (19)</td>
<td>5 (4)</td>
</tr>
</tbody>
</table>
Major Findings

1. About three-quarters of the participants had recently engaged in receptive anal sex with primary, casual, and commercial sex partners.

2. A significantly higher proportion (47%) had recently engaged in URAS with primary partners than with casual (26%) and commercial partners (12%).

3. Current URAS with primary and casual partners, but not commercial partners, was significantly and independently correlated with having had sex under the influence of drugs.

4. HIV positive participants were 3.8 times more likely to engage in receptive anal sex as well as URAS with casual partners than HIV negative participants, controlling for other variables.
Major findings continued:

5. Although only 12% had reported URAS with commercial partners in the past 30 days, this risk behavior was significantly and independently correlated with African American race (4.5 times more compared with non-African Americans) and lowest income level (less than $500 of monthly income).

History of TRANS

After NIDA study, we developed Transgender Resources and Neighborhood Space (TRANS). TRANS developed as a drug abuse and HIV prevention intervention targeting MTF transgenders in San Francisco (P.I. Tooru Nemoto, Ph.D., SAMHSA: H79 TI 12592).

Objectives:

1. To increase awareness of available HIV/AIDS and drug abuse prevention and treatment programs.
2. To reduce drug abuse, hormone misuse, and HIV-related risk behaviors.
3. To facilitate enrollment into HIV/AIDS and substance abuse treatment services at a community-based drug treatment program.

Provide HIV and drug abuse prevention workshops at a store-front space with living room, showers, and meeting areas.
Issues facing all gender-variant people in San Francisco led us to expand the scope of TRANS. Five year grant from SAMHSA (P.I. Tooru Nemoto, Ph.D., Grant No: H79 TI15807) to provide pre-treatment services and establish a network of drug treatment service providers. Members of the network are provided with sensitivity training in order to better serve gender-variant populations.
Development of Community Interventions

- **Groundwork**
  - Service providers at AIDS service organizations and public health clinics
  - University Researchers at CAPS

- **Background Study**
  - Targeting MTF TGs
  - Community Advisory Board
  - Focus Groups
  - Survey Interviews

- **Intervention Projects**
  - TRANS I & II
    - Workshops
    - Outreach
    - Referrals to Treatment
  - TRP
    - TG Specific Substance Abuse Treatment
    - Sensitivity Training
  - TLC
    - Mental Health Service
    - Support Groups
Lessons Learned

A long term vision to address transgender needs in social and cultural contexts has helped to implement these innovative and successful interventions.

University researchers and community service providers can work together for common goals if they develop mutually supportive and trusted relationships and have clear understanding of the goals and methods of the projects.
Intersex
“Intersex” is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male.

http://www.isna.org/faq/what_is_intersex
In other words...

Their bodies are neither wholly Female nor wholly Male
There are Hundreds of Different Intersex Conditions

- Congenital Adrenal Hyperplasia (CAH), Androgen Insensitivity Syndrome (AIS), Kleinfelter Syndrome, Persistent Mullerian Duct Syndrome, etc etc

- Different Problems
- Different Concerns
- Different Needs
- Different Treatment Required
Medical, Not Sexual or Gender

• Separate from Sexual Orientation
  • May be attracted to Males, Females, Both, Neither....

Each person’s experience of AIS is different but there are probably very few of us who don’t feel their sexuality isn’t affected by it in some way. It’s very difficult not to feel some degree of insecurity about your sexuality when your reproductive organs and/or genitals are different from the norm.

http://home.vicnet.net.au/~aissg/sexuality_relationships.htm

• Separate from Gender Identity
  • May self-Identify as Male, Female, 3rd Sex, “Other”

Unlike transsexualism and/or transgender where 100% of people have gender identity issues, only a small portion of people with intersex conditions (probably about 5-10%) have an issue with their gender.

http://home.vicnet.net.au/~aissg/transgender_and_intersex.htm
Issues

- Health
- Psychological
- Social
- Sexual
- Gender
- Legal
- Privacy
- Ignorance
Health Issues

- **Some conditions are life threatening**
- Fertility is usually compromised
- Physical effects of childhood persecution (beatings, rape)
- Hormonal imbalances and mood swings
- Effect of “corrective” neonatal surgery
- May not be aware of condition
- Lack of awareness of surgical and hormonal therapeutic options
Gender Issues

• Many identify as female, and usually want to conceal their condition
• Many identify as male, and usually want to conceal their condition
• A few identify as Intersexed, a 3rd alternative, and are usually out and proud
• Some are just plain confused – questioning
• Some suffer from surgically-induced Transsexualism
Actual Example – Legal Issues

- UK birth certificate
- Australian Dept of Health
- UK passport
- Australian passport
  DENIED
- Australian Tax Office
- Australian Electoral Office
- ACT Registrar of Births, Marriages and Deaths
- Zurich insurance policy
- Westpac insurance policy
Issues of Ignorance

• Ignorance in Medical Service Providers
• Ignorance in the General Population
• Ignorance in the Government
  (Bureaucracy, Legislature, Judiciary)
• Ignorance in Academe
  • Philosophy: “gender is a social construct” vs. medical reality
  • Sociology: how many TS or IS people are there?
  • Medicine: what are the causative mechanisms?
• Ignorance in the GLBITQ lobby
• Ignorance amongst the Intersexed themselves
How to Help : Recommended Principles (IMHO)

- Empowerment of the student is the key
- Do NOT treat as per usual GLB situation
- Each case different
- Emphasise choice – we just provide the facilities, they choose their way forward
- Emphasise “it's OK to be straight” “it's OK to conceal” as well as “it's OK to be gay” and “it's OK to be out”
- Their way, not your way
Transsexuality vs. Intersexuality

His Honour, Justice Chisholm said obiter:

In my view the evidence demonstrates (at least on the balance of probabilities) that the characteristics of transsexuals are as much "biological" as those of people now thought of as intersex. The difference is essentially that we can readily observe or identify the genitals, chromosomes and gonads, but at present we are unable to detect or precisely identify the equally "biological" characteristics of the brain that are present in transsexuals.


Transsexuality is not Intersexuality – it’s probably an Intersex Condition (we think)