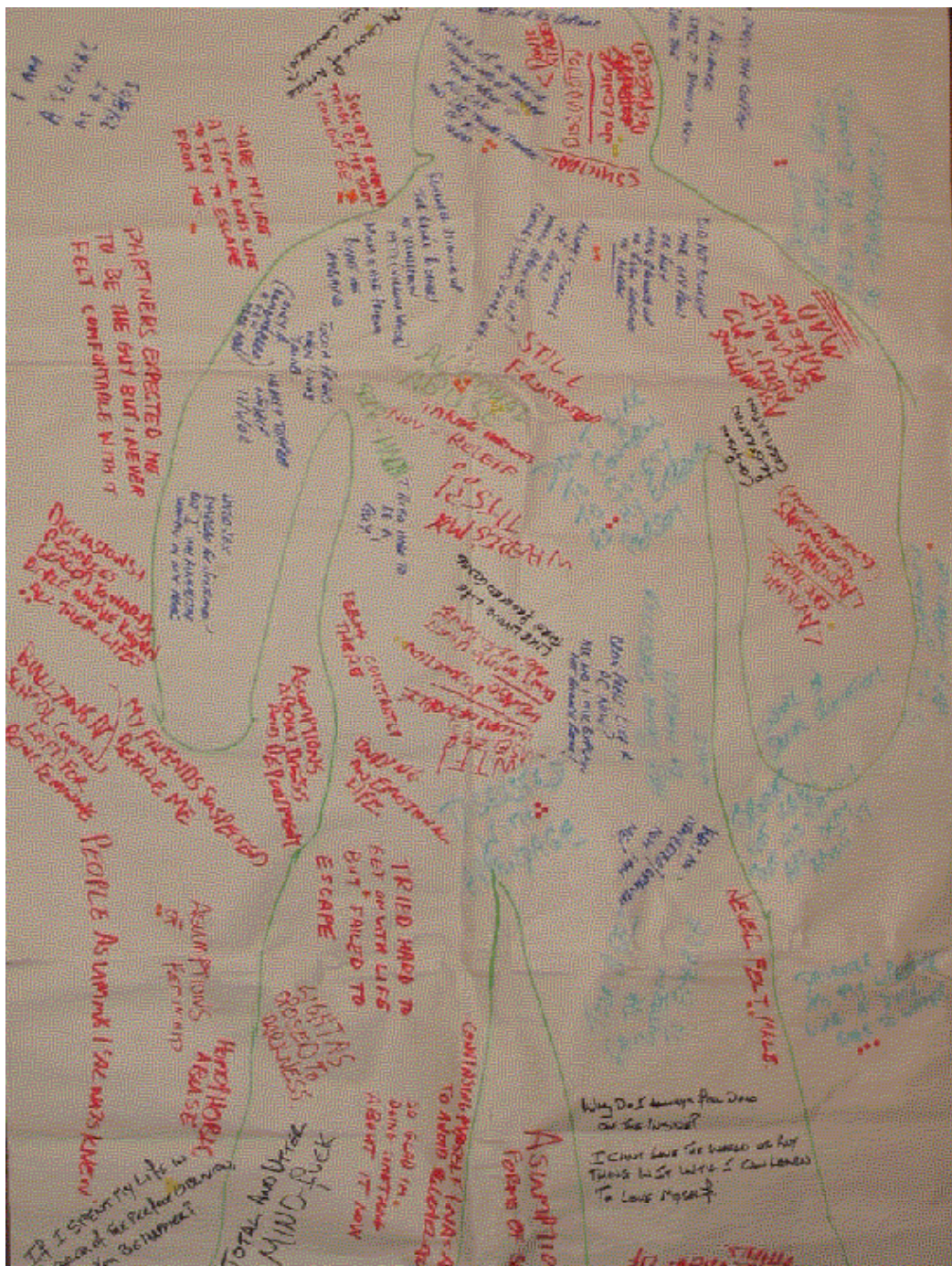


Participatory Appraisal Transgender Research

Nick Laird and Laura Aston
Glasgow
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Acknowledgements

Thank you to the following people:

- Everyone who freely gave their time and shared their experiences in the workshops for providing us with the information for this report.
- Alastair Pringle for commissioning pioneering research into transgender issues in Scotland.
- The Sandyford Transgender Support Group, Transmen Scotland and Crosslynx for participating in the workshops.
- Beyond Barriers and LGBT Centre for Health and Wellbeing for premises.
- Mark McAllister from GGHB for teaching us everything we know about Participatory Appraisal.
- Nicky Coia for getting Mark McAllister to teach us everything we know about Participatory Appraisal.

Background

This is a report on the findings of three qualitative research workshops, which is part of a range of initiatives being undertaken to better understand the health needs and experiences of transgender people in Scotland by the INCLUSION Project.

The INCLUSION Project, working for Lesbian, Gay, Bisexual & Transgender (LGBT) Health, was launched in October 2002, a partnership between Stonewall Scotland, representing Scotland's LGBT communities and the Scottish Executive Health Department. Funded by the Health Planning & Equality Division, under the 'Patient Focus Public Involvement' umbrella, INCLUSION's aim is to ensure that the health needs of Scotland's LGBT population are addressed.¹

A gap in available evidence led to the INCLUSION Project commissioning the University of Glasgow to undertake a survey into the health needs and experiences of transgender people in Scotland. The key findings from this research will be available in 2005. In addition to the research being undertaken by the University of Glasgow, a number of qualitative research workshops are being undertaken throughout Scotland to ensure a broad perspective on transgender issues. This report will give full details of the findings of the first three workshops held in August 2003 in Glasgow.

Process

It was decided by a multi-agency steering group of academics, health professionals, transgender groups and individuals that peer-facilitated qualitative research should be undertaken using participatory research methods. This methodology was seen as a useful way of gaining a deeper understanding of the specific needs and experiences of transgender people. Participatory appraisal techniques have been successfully used in a number of health related initiatives, and through its informal but structured style of engagement and creative approach to information gathering, as well as its empowering ethos, was an ideal method to use.

Nick Laird, Laura Aston and Andrea Rowe were trained in participatory appraisal research methods by Mark McAllister from GGHB, to facilitate workshops throughout Scotland. This is a report on the workshops carried out in Glasgow during August 2003 at Beyond Barriers in the LGBT Centre. There were three separate workshops, one for transsexual women and one for transsexual men, co-facilitated by Nick Laird and Laura Aston and a transvestite workshop facilitated by Nick Laird. The reason for separate workshops was to ensure specific issues could be addressed. Participants were recruited from the Sandyford Transgender Support Group, Crosslynx TV/TS Support Group and Internet mailing lists.

Summary of Findings

- The term transgender as an all-encompassing umbrella term was viewed as being problematic because there is a huge range of diversity even within the transsexual label. It was felt that the categories of transsexual and transvestite being put together under transgender did not help with the understanding of any of the issues because both categories are very different from each other.
- Some of the most significant health related issues for MTF transsexuals included, alcohol abuse, suicidal feelings, constantly feeling stressed about gender and disgust with body parts.
- Some of the most significant health related issues for FTM transsexuals included, anxiety, fear of what people would think/say, suicidal feelings and distressed about body parts.
- Self harm and depression were also significant for MTFs and FTMs
- Transsexuals and transvestites can experience difficulties because of people making assumptions about sexual orientation and sexual expression.
- Transsexuals and transvestites can experience difficulties because in general people have very fixed ideas about what a man/woman should be like, i.e. 'not a real man'.

- Some of the most significant issues with health services for MTF transsexuals included, GPs with no knowledge of transsexual issues, psychiatrists with no understanding of transsexuals and having to pay for electrolysis.
- Some of the most significant issues with health services for FTM transsexuals included, difficulties getting good chest surgery, a psychiatrist giving the wrong information and a complete lack of information in health centres and for GPs.

Full Report on MTF Workshop – 23/08/03

Five transsexual women took part in the workshop, three from Glasgow and two from Ayrshire. The workshop ran from 12pm to 5pm and lunch was provided.

In order to create a safe and comfortable environment for participants and facilitators a group agreement was created and agreed upon by the group.

Group Agreement

Keep personal information anonymous

It's ok to leave if uncomfortable

Respect each other

One speaker at a time

Non-judgemental

Challenge the view not the person

Listen

Honesty

It's ok to make mistakes

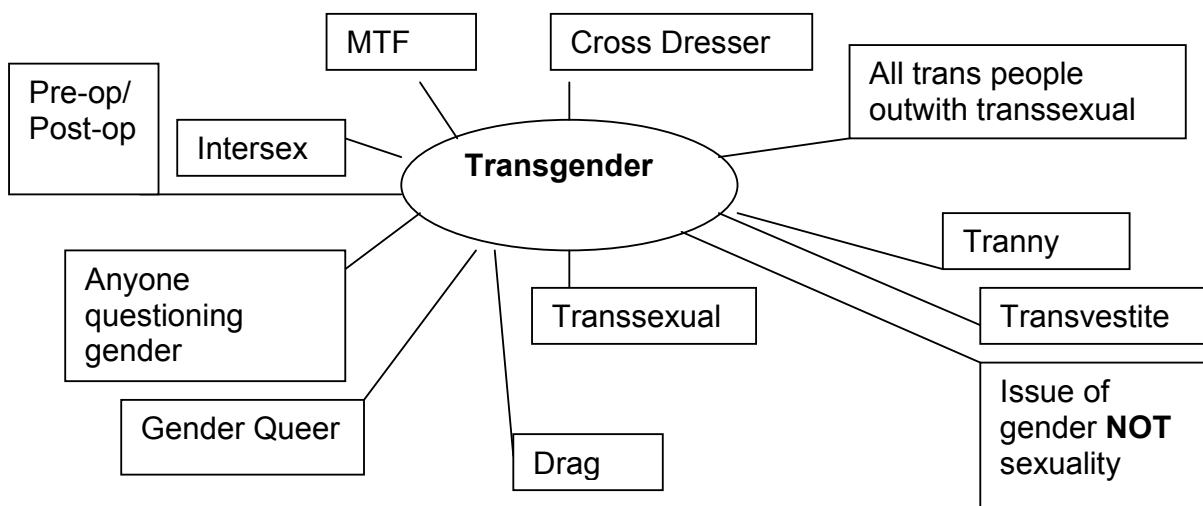
There's no such thing as a stupid question

Ice-breaker

After the group agreement was created there was an ice-breaker exercise to get know each other better. Everyone was given a piece of flip chart paper and asked to write their name in the middle, split the sheet into four sections and draw 'something I am good at', 'something I enjoy', 'a memorable day' and 'something I would like to learn'. Each participant and the facilitators then fed back to the whole group. The exercise took about half an hour and this time was felt to be very valuable for creating a comfortable atmosphere to carry out the exercises.

Spider Diagram

The purpose of the spider diagram exercise was to look at the umbrella term 'transgender' and discuss what is meant by it.



The group agreed that the categories they came up with for the spider diagram were just some of the labels used to describe people under the transgender umbrella and that many more categories could be added. The group also discussed the differences between transvestites and transsexuals and did not like to be perceived as transvestites. The group felt that both categories being put together under the transgender umbrella did not help with the understanding of transsexual or transvestite issues because both categories are completely different from each other. The group also acknowledged that there is often a perceived hierarchy of stage of treatment between transsexuals and this was felt to be damaging.

Body Map

This exercise involved joining six pieces of flip chart paper together and drawing a life size body, which was done by drawing around one of the facilitators. Each participant was given a marker pen and asked to write down, in the inside of the body, what it feels like to be a transsexual woman. The participants were then asked to write down their experiences, on the outside of the body, of how they have been treated, or perceived by society. For the next part of the process participants were given sticky dots and asked to vote for what they felt were the

most significant issues, both internal and external. Each participant had twelve dots to vote with, six each for internal and external issues.

The following is a list of the internal issues that were most significant for the participants:

6 points – Alcohol abuse

5 points – Wake up in the morning thinking of gender, think about it all day and last thing I think of at night

3 points – Disgusted with appendage (referring to penis)

3 points – Suicidal

2 points – Didn't like to conform to society as my external self

2 points – Disjunction

2 points – Never felt male

2 points – Did not actually hate my penis or body when growing up, or even looking in the mirror

1 point – So glad I'm doing something about it now

1 point – Avoiding emotions

1 point – Confusion, frustration, castigation

1 point – Tried hard to get on with life but failed to escape

The following is a list of all the other feelings that were written on the inside of the body:

- Brain felt like it was going to explode
- Panic attacks
- Still frustrated
- Assumptions about my sexuality make me mad
- Self harm
- Tried hard to be a guy
- Where's my tits?
- Taking hormones now = relief
- Always jealous of girls when growing up (clothes, looks, voice, etc.)
- Told a friend when I was young
- Nearly topped myself on 12/04/02
- Unsure of sexual orientation
- Avoiding relationships (gone, all gone)
- Hate being targeted by mindless idiots
- Like living life through frosted glass
- About genitalia – useless, uncomfortable, don't want to use it, never have
- Why do I always feel dead on the inside?
- I can't love the world or anything in it until I can learn to love myself
- Being me is cool now
- Finding an emotional life
- Convincing myself I was a gay man to avoid genital sex
- Total and utter mind fuck
- Assumptions about me in general make me mad

- Light as opposed to darkness

The following is a list of the external issues that were most significant for the participants:

5 points – I AM NOT A GAY MAN!

3 points – Society expected things of me that I couldn't be

3 points – Assumptions about sexuality and forms of sexual expression

3 points – Daughter took to my lifestyle like a duck to water

3 points – If I spent my life in search of the perfect oblivion, would that make you happy?

2 points – I am not a gay man I am a penile lesbian

2 points – Assumptions about femininity

2 points – Sections of the general public need to be educated re: transgender issues

2 points – Not everyone has known all their lives

1 point – Feeling invisible within LGBT framework

1 point – Why does my choice of attire cause you so much concern?

1 point – Made my life a typical guys life to escape from me

1 point – Gay and lesbian community very supportive

The following is a list of all the other issues that were written on the outside of the body:

- I am asexual as at 23//08/03
- Partners expected me to be the guy but I never felt comfortable with it
- Brother not keen but his family are ok about it
- People assuming I always knew
- Homophobic abuse
- Assumptions about dress and deportment
- Nobody knew until I spilled my guts 12/04/02
- Work – cool
- Friends – mostly cool
- Family – need to wake up and smell the coffee
- Was chair of school board – resigned because a lot of people would make it an issue
- Neighbours – cool
- Kids – 3 uncool, 1 cool
- Ex wife and friend – uncool

Using post-it notes participants were asked to write down solutions to the problems they had written down on the body map. The following is a list of those solutions:

- Hormones to achieve a body I feel more comfortable in
- Transition

- Find ways of coping with poor mental health
- Raise awareness of T issues with LGB people
- Be myself
- Speak to people
- Education
- Develop resources of information
- Transgender awareness, but not through sensationalism
- Get people to understand that having to live as a man for them, to spare their feelings, causes such pain and torment to my soul
- Educate society that sex, gender and sexuality are 3 entirely separate things
- Alcohol abuse is a symptom of gender problem – address gender problem and the need for alcohol disappears
- Acceptance

H Form

The purpose of the H Form exercise was to look at the participant's experiences of health services. The participants were asked to write down positive and negative experiences, to vote on the most important issues for them and to write down solutions to the negatives.

The following is a list of the most significant negative experiences of health services:

5 points – My first psychiatrist told me I was gay because he didn't have a text book definition of transsexual and 'gay' was his closest guess

5 points – Sandyford admin staff are nice but errors are commonplace and it's worrying when this is my life they are helping me fix

3 points – Had already changed my name and gone 'full time', but my doctor still referred to me as 'Mr' – YUCH!

2 points – Issues with psychiatrist

2 points – Waited 4 months for 1st appointment at the Sandyford

1 point – My blood results went missing from the Sandyford, my file went missing twice and one never appeared again – I was worried about confidentiality

The following is a list of all the other negative issues that were written down:

- The girl in the chemist insists on calling me 'Mr' when I collect my prescriptions – I can't help feeling she does it for spite
- Length of time between appointments at Sandyford
- Having to pay for electrolysis
- My GP wouldn't refer me to the Sandyford
- My GP had no knowledge when I approached her
- GP surgery – not changed my details after 3 attempts
- Psychiatrist appointments cancelled at last minute and rescheduled for 3 months later
- GP surgery would not change gender on file. Their excuse was that I'd be sent out smear test requests

The following is a list of the most significant positive experiences of health services:

9 points – Support Group

3 points – My GP wished me luck

3 points – Since approaching the NHS for help my treatment has been excellent.

I've only ever dealt with the Sandyford

3 points – My female dentist winked cheerio at me the day I 'came out'

3 points – Lots of friendly staff at the Sandyford

3 points – Counselling service

The following is a list of the other positive experiences that were written down:

- Both GPs I've seen at my practice are very acceptable re: gender dysphoria

The following is a list of solutions that were written down:

- Funding for Electrolysis
- Importance of confidentiality
- Training across the NHS on transgender issues

Full Report on FTM Workshop – 24/08/03

Three transsexual men took part in the workshop, one from Glasgow and two from Edinburgh. The workshop ran from 12pm to 5pm and lunch was provided.

In order to create a safe and comfortable environment for participants and facilitators a group agreement was created and agreed upon by the group.

Group Agreement

Confidentiality

It's ok to opt out

Have fun

Respect each other

One singer one song

Non-judgemental

Challenge the view not the person

Don't interrupt people

It's ok to make mistakes

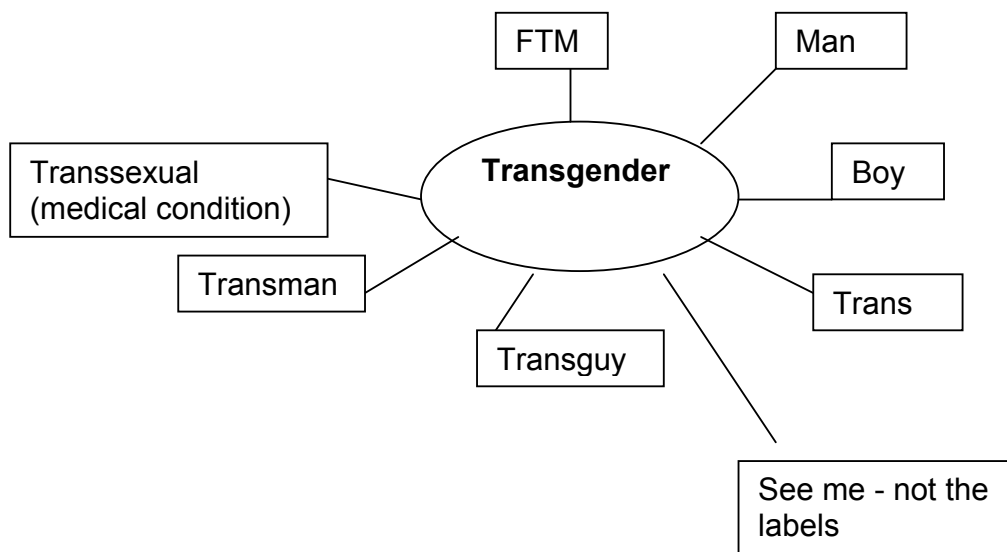
Ice-breaker

After the group agreement was created there was an ice-breaker exercise to get know each other better. Everyone was given a piece of flip chart paper and asked to write their name in the middle, split the sheet into four sections and draw 'something I am good at', 'something I enjoy', 'a memorable day' and

'something I would like to learn'. Each participant and the facilitators then fed back to the whole group. The exercise took about half an hour and this time was felt to be very valuable for creating a comfortable atmosphere to carry out the exercises.

Spider Diagram

The purpose of the spider diagram exercise was to look at the umbrella term 'transgender' and discuss what is meant by it. The group chose to name labels they would use to describe themselves and names used by other people to describe transsexual men.



The spider diagram exercise led to a discussion about the term 'transgender' and the group felt 'a bit uneasy with transgender as an all-encompassing term' because there is a huge range of diversity even within the transsexual label. The group felt the term transgender could be misleading because people might think

everyone under that umbrella is the same and that it is important to let people know the differences.

Body Map

This exercise involved joining six pieces of flip chart paper together and drawing a life size body, which was done by drawing around one of the facilitators. Each participant was given a marker pen and asked to write down, in the inside of the body, what it feels like to be a transsexual man. The participants were then asked to write down their experiences, on the outside of the body, of how they have been treated, or perceived by society. For the next part of the process participants were given sticky dots and asked to vote for what they felt were the most significant issues, both internal and external.

The following is a list of the internal issues that were most significant for the participants:

3 points – Fear of what people would say/think

3 points – Frightened of hurting my mum

3 points – Lots of Anxiety

3 points – Pre-transition I was suicidal

3 points – Testosterone and chest surgery made me feel much happier

2 points – Jealous of guys who have a penis

2 points – Torn between not wanting to upset my mum and wanting to be myself

1 point – I don't think of myself as male or female – I am both

1 point – No longer shy and self conscious

1 point – Thinking of suicide

1 point – Fatherhood ☹ Husband

The following is a list of all the other feelings that were written down on the inside of the body:

- Anxiety panic attacks
- Depression
- Suppressing feelings
- Alcoholism
- Cutting
- It's not fair
- Hated skirts and girls clothes
- Praying to God to let me wake up as a boy when I was a child
- Confused about sexuality
- Summer time was a nightmare (because of chest)
- Scared of others reactions
- Felt I had to conform to society
- Guilt
- Agrophobia
- Fear of never being a parent – dreams of being a parent
- Damned period – felt ashamed
- Wishing constantly that I had a penis

- Completely freaked out by periods
- Aggressive
- No commitment in relationships
- No penis!
- Wanted to just be one of the boys
- Not a loner anymore – finally have lots of friends
- Feel happy and normal now
- Just one of the boys as a kid, just one of the men now
- Made myself socially genderless at school and uni by being a very academic geek
- Puberty a nightmare – self harm, depression, aggression, anxious
- Totally avoided social situations pre-transition because it felt so wrong being labelled as a girl
- Felt dissociated from my body – didn't feel any physical pain hardly at all
- Starvation – no connection to body
- Adapting to suit the people around, or on my own
- No-one in my family is happy for me transitioning
- When being myself it was received wrong because I was perceived as female
- I thought all girls wanted to be boys

The following is a list of the external issues that were most significant for the participants:

6 points – No penis = no man (according to society)

3 points – Ostracised by peers as child and adolescent

3 points – Treated like public property

2 points – People ‘outing’ me!

2 points – I am now accepted by my peers as a bloke

2 points – Being told I am not a real man

1 point – Family get-togethers

1 point – I feel pressured to squash all female experiences, but I like some female things

1 point – ‘Real life test’ was difficult because of society

The following is a list of all the other external issues that were written down, but not scored, on the outside of the body:

- People staring
- Aggression
- Mum being excited about my period
- Mum telling me that being a lesbian would be better than being a transman
- Inappropriate questions (about genitals)
- Made to wear female clothing
- Made to wear a holy communion dress (very distressing)
- Meeting other FTMs- 1st very strange and then I felt at home
- People giving me advice on what I should wear
- Friends telling me I have more confidence
- Kept sexual thoughts hidden

- Some doctors didn't seem to trust my decision to transition because I wasn't suicidal
- People at work very inquisitive
- Not had any bad reactions from strangers
- At school everyone thought I was a 'weirdo'
- People have been very kind and tolerant
- People are surprised at the successfulness of FTM transitions
- Some annoying questioning
- Finally seen as me
- Treated much better by friends than I expected
- All my doctors have been really good and helpful
- It was difficult for my mum at first but she is trying to be supportive and she's getting better all the time
- People make assumptions about my sexuality

Using post-it notes participants were asked to write down solutions to the problems they had written down on the body map. The following is a list of those solutions:

- Good NHS trans surgery available
- Transition
- Counselling services for trans people
- Support for trans people

- Education for everybody on TG issues
- The doctors doing more research
- More information for teenagers on trans
- Supportive, well-informed GPs as they are first contact for people who are trans
- A well publicised centre for all TG needs
- Promote examples of good practice
- Education within LGB communities on TG issues
- Support for families of trans people
- More information given to health centres and GPs

H Form

The purpose of the H Form exercise was to look at the participant's experiences of health services. The participants were asked to write down positive and negative experiences and to write down solutions to the negatives. The issues were not voted on in order of importance this time because the group felt everything was equally important.

The following is a list of the negative experiences of health services:

- Being made to feel other people's conditions are more important than yours
- Treatment depends on where you live – what surgeon you get
- Shit excuses for not getting chest surgery
- Practice Manager in health centre refuses to help me get my NHS medical card changed to new name

- Health Centre sending mail to me addressed as 'Miss'
- The psychiatrist I saw didn't give me the information I needed, delaying hormones and causing me all kinds of stress
- NHS never had any information about being trans in any of the places I went in the years before I found out I could transition
- Very difficult getting chest surgery in Scotland. Long waiting times and some bad surgeons
- One of the nurses at the health centre not treating me respectfully – she behaved as though I was wasting her time
- Where do we go for sexual health checks?

The following is a list of all the positive experiences of health services:

- GP very supportive and referred me to Sandyford GIC straight away
- All the receptionists in my GP surgery have been polite and always used the right name
- My GP treated me like I wasn't asking for anything any more extraordinary than an aspirin
- The clinic has a good support group
- Having patient support group at Sandyford
- Endocrinologist at the Western is really good and knows lots about trans stuff
- My GP is very supportive and is very sensitive to my issues about parts of my body and he always uses the correct pronouns
- GUM clinic in Edinburgh treated me as male no problem

- Lothian NHS Trust agreed my top surgery funding without any hassle
- Consultant getting me started on testosterone
- Patient support group at Sandyford

The following is a list of the solutions to the negative experiences of health services:

- Staff training on T issues across the NHS (Consultants, GPs, nurses, receptionists)
- Good NHS chest surgery provision
- Trans men should not be on the same waiting list as cosmetic surgery
- Understanding that trans men are not women having chest removed – are men having male chest reconstruction! Two completely different techniques!

Full Report on TV Workshop – 27/08/03

Three transvestites took part in the workshop, one from Glasgow. The workshop ran from 6pm to 10pm and refreshments were provided.

In order to create a safe and comfortable environment for participants and facilitator a group agreement was created and agreed upon by the group.

Group Agreement

Confidentiality

Respect others opinions

Challenge the view not the person

Use humour appropriately

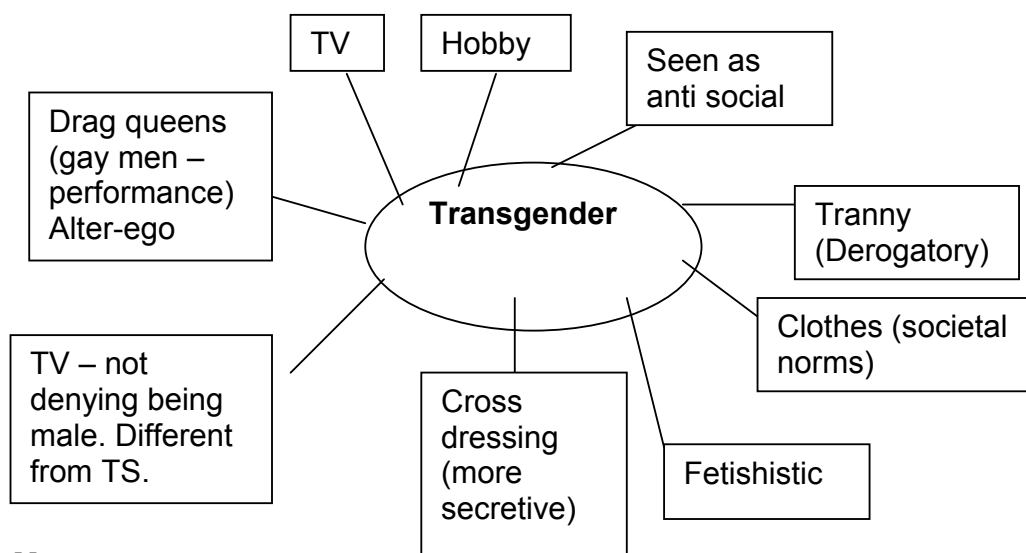
Use 'I' language – speak for ourselves rather than assume on behalf of others

Ice-breaker

After the group agreement was created there was an ice-breaker exercise to get know each other better. Everyone was given a piece of flip chart paper and asked to write their name in the middle, split the sheet into four sections and draw 'something I am good at', 'something I enjoy', 'a memorable day' and 'something I would like to learn'. Each participant and the facilitators then fed back to the whole group. The exercise took about half an hour and this time was felt to be very valuable for creating a comfortable atmosphere to carry out the exercises.

Spider Diagram

The purpose of the spider diagram exercise was to look at the umbrella term 'transgender' and discuss what is meant by it.



Body Map

This exercise involved joining six pieces of flip chart paper together and drawing a life size body, which was done by drawing around one of the facilitators. Each participant was given a marker pen and asked to write down, in the inside of the body, what it feels like to be a transvestite. The participants were then asked to write down their experiences, on the outside of the body, of how they have been treated, or perceived by society.

The following is a list of the internal issues that were most significant for the participants:

3 points – Passing is a buzz

3 points – Socialising

3 points – Take it for granted

2 points – Friendships

1 point – Content

The following is a list of all the other internal feelings written down by the participants:

- Peaceful
- Calm
- Why?
- Scary
- Exciting
- Nervous
- Secret
- Relaxed
- Public acceptance
- Escapism
- Self Revulsion

The following is a list of the external issues written down on the outside of the body by the participants:

- Rejection
- Confusion
- Enjoyment
- Disgust
- Fear
- Disappointment
- Pre determined views
- Hiding
- Violent
- Curiosity
- Friendship
- Ignorance
- Judging

The participants for this workshop did not feel it was necessary for them to do the H Form exercise on experiences of health services, because all three of them were accessing services as heterosexual males and did not feel their transgender status had anything to do with their experience of health services.

Instead of the H Form the participants wrote their views down on post-it notes.

The following is a list of what they wrote:

- People make assumptions about your sexuality – needs to be awareness raising about this
- Escape from male role
- Great to also get home and take female stuff off
- Progressed from closet cross dresser to extrovert TV
- Started dressing in childhood
- Since Internet things are easier
- Don't want to mix up female part of life with male part
- Should be information about it – education
- Crosslynx is very good
- Peer support extremely important
- Peer support for wife
- Good looking TVs get on better
- Really good social life if you're 'out' and good looking
- Wife loves the social life
- All about getting seen and passing
- Started it was a sexual buzz – moved to social rather than sexual
- Guys do it because they enjoy it
- Feel guilty

Limitations

All of the participants who took part in the workshops were accessing support groups and were recruited through them. There is still no information on the

experiences of people not accessing peer support groups. The transvestite group acknowledged that, although their experiences were largely positive, there are many men who cross-dress in secret and do not have such positive experiences. The very nature of this secrecy makes it practically impossible to access them. The workshops were carried out with a small number of people and should not be taken as representative of all transgender people in Scotland.

The Next Step?

The research workshops undertaken for this report were part of a range of initiatives to look at the health needs and experiences of transgender people. There will be more qualitative research workshops throughout Scotland in order to give a broader perspective on transgender issues. As well as the qualitative research workshops there will be a survey on the health needs and experiences of transgender people, which is being undertaken by the University of Glasgow. The results of this research will be ready in 2005.

As part of the participatory appraisal process the participants of the workshops will be kept informed, consulted and involved in future developments. There was a discussion with some transgender people about developing a training / awareness raising video for LGBT organisations, the NHS and other organisations. It was thought the video could be part of the dissemination of all the results of the transgender research commissioned by the INCLUSION Project.

This research also highlights the importance of peer support for transgender people and community development is required for transgender people in Scotland. This could be done by linking existing groups and individuals and developing a network of support and information.

Glossary of Terms

In common language the terms “sex” and “gender” are often used interchangeably. However, it is very important to distinguish between them as they have quite different meanings.

- **Sex** - this term refers to biological, anatomical characteristics, which can be defined as male, female, or intersex. Some of these sex characteristics can be altered by hormonal and/or surgical interventions.
- **Gender** - this term refers to those personality characteristics and social roles society normally attributes to masculinity or femininity. Gender identity refers to a person’s internal perception of themselves as male or female. It may also be something other in between, or not defined as male or female. Generally a person who has a male body will identify as male and a person with a female body will identify as female. However, this is not always the case.
- **Transsexual** – this is a medical term used to describe people whose sex and gender do not match up. This means someone whose biological sex is male, but whose gender is female, or someone whose biological sex is female, but whose gender is male. Transsexual people often feel like they were born in the wrong body. This can be extremely distressing and many transsexual people undergo hormone treatment and surgery to align their sex with their gender. There has been some research, which concluded that the brains of transsexual people are in fact the sex they have always known they actually are. The term transsexual is also known as **gender identity disorder**, or **gender dysphoria**.
- **Transgender** – this term was originally used to describe a person who identified as both male and female, or neither male nor female. There are people who identify as transgender in that sense. However, the term is now used as an all encompassing umbrella term to describe the whole range and diversity of gender identity and expression, including transsexual.
- **Transvestite** - this is a term used to describe people who dress in clothes associated with their opposite sex, as defined by socially accepted norms, but the person still identifies with their biological sex. An erotic transvestite is a person who gets sexually excited by cross-dressing. A social transvestite, however, simply enjoys or feels more comfortable in such clothes.
- **Intersex** - this is a term used to describe people who are born with chromosomal anomalies or ambiguous genitalia. Intersex people are usually assigned a male or female gender as babies by medical staff.

Some are subjected to surgical procedures to try and make them look male or female. Sometimes this works out and the person's gender identity matches the gender they were assigned, but some intersex people develop gender identity issues because they have been assigned the wrong gender. Some intersex people do not identify as male or female, but as intersex. Recently an intersex person in Australia won the right to have an 'x' on their passport rather than an 'm' or an 'f' for male or female because they are actually, biologically and psychologically, not male or female, but intersex.

- **MTF** - this is a commonly used abbreviation for male to female transgender people
- **FTM** - this is a commonly used abbreviation for female to male transgender people
- **Trans** – this term is often used instead of transsexual and transgender, either as a shorter term, or because the terms transsexual and transgender are not seen as phonetically appropriate
- **Trans woman / Trans man** - these are common language terms to describe MTF and FTM trans people
- **Cross-dresser** - this is another term for transvestite. The term transvestite usually refers to a man dressing in clothes society associates with women. However, sometimes women wear clothes society associates with men, but this is not usually called cross-dressing. An interesting social construction of what is and what is not accepted for men and women.
- **Gender-bender** - this refers to someone who pushes the perceived boundaries of gender, but it is often used as a term of abuse aimed at anyone who does not conform to societal ideas of masculinity and femininity.
- **Gender-blender** - this refers to someone who integrates masculinity and femininity and is also sometimes described as **androgyny**.
- **Drag queens** - the term DRAG originally stood for 'dress required as girl' in Shakespearian times when only men could be actors and played female parts. The term still refers to men dressing as an exaggerated caricature type female for performance, usually comic.
- **Drag kings** - this refers to women who dress as an exaggerated caricature type male for performance, sometimes comic.

Appendix

¹ Pringle A (2003) Towards A Healthier LGBT Scotland, INCLUSION Project

This report is available online at
www.beyondbarriers.org.uk

If you require further printed copies, please contact:
Beyond Barriers, 11 Dixon Street, Glasgow, G1 4AL,
email: info@beyondbarriers.org.uk