

2015

## Social Inequality and Marginalization of Transgender Individuals

\_ Anonymous

*Georgia College & State University*

Follow this and additional works at: <http://kb.gcsu.edu/thecorinthian>



Part of the [Medicine and Health Sciences Commons](#)

---

### Recommended Citation

Anonymous, \_ (2015) "Social Inequality and Marginalization of Transgender Individuals," *The Corinthian*: Vol. 16, Article 8.  
Available at: <http://kb.gcsu.edu/thecorinthian/vol16/iss1/8>

This Article is brought to you for free and open access by Knowledge Box. It has been accepted for inclusion in The Corinthian by an authorized administrator of Knowledge Box.

## Social Inequality and Marginalization of Transgender Individuals

Dr. Bruce Gentry  
Faculty Mentor

### Introduction

The purpose of this paper is to assess the numerous issues of marginalization, discrimination, and health disparities experienced by transgender individuals in U.S. culture. These experiences include those fostered by the cisgender heterosexual majority as well as the LGBT community. Legal issues, biological essentialism, and social inequality will be addressed, with a focus on transgender women as at high risk for hate crimes. Intersectionality is frequently addressed due to the multitude of identities transgender men and women occupy at a single time and throughout their lifespan (Gutierrez, 2004).

While the terms “sex” and “gender” are considered common nomenclature in U.S. discourse, their conceptualizations are susceptible to various subjective definitions according to use. From a scientific perspective, sex is reflective of biological disposition while gender is influenced by psychological state as well as social and cultural location. According to Yarber and Sayad (2013) sex refers to “whether one is biologically female or male, based on genetic and anatomical sex.” (p. 8). In addition, sex includes genetic factors such as chromosomal arrangement

and hormonal levels as well as anatomical genital representation (Yarber & Sayad, 2013). In the U.S., anatomical sex is commonly used to assign gender at birth (Brill & Pepper, 2008). Two critical concepts within gender include gender identity and expression, each of which plays a significant role psychological, emotional, and social development of the individual (Brill & Pepper, 2008). Gender identity “refers to a person’s internalized, deeply felt sense of being male, female, both, or neither. [...] Because gender identity is internal and personally defined, it is not visible to others” (Brill & Pepper, 2008, p.4). Gender identity is therefore the part of gender that is up to the individual to determine; it can vary greatly from one’s gender assigned at birth. It is not uncommon, however, for gender identity to align itself with the biological sex. A person is considered to be cisgender if they identify with the sex they were assigned at birth. For example, someone with the designation F on their birth certificate who identifies as female would be categorized as a cisgender woman (Serano, 2007).

Gender expression “is how we externalize our gender” (Brill & Pepper, 2008, p.4). This includes the aspects of gender that are visible to the naked eye, ranging from the clothes worn and the mannerisms of an individual. Gender expression can be considered a tangible extension of the intangible gender identity. The word “transgender” refers to anyone who does not identify with the sex they were assigned at birth (Brill & Pepper, 2008). However, just because someone has an atypical gender expression does not mean they are transgender; here, it is up to the individual to self-identify. There are a multitude of terms to describe all nonconforming people in the Western

**The Corinthian: The Journal of Student Research at Georgia College** world; there is also evidence of similar people in other non-Western cultures, though they would not necessarily be called transgender.

Transgender people are not the only ones who are marginalized because of conflicting identities—the lives of intersex people are similarly stigmatized. The word intersex covers a broad range of conditions, but can simply be defined as “when an individual’s body present ambiguities, anomalies or inconsistencies in the biological components of his or her sexual identity, i.e. in his or her sex chromosomal, hormonal, and/or morphological sex” (Fraser & Lima, 2012, p.358). It has been estimated that one to two children per one hundred births have an intersex condition, and it has been estimated that nearly 13% of the world population is transgender (Preves, 2009; Witten & Eyler, 1999).

## **Essentialism and Social Constructionism Theory**

The theory of biological essentialism (or just essentialism) suggests one’s anatomic and genetic sex play a role in determining the gender of the individual (Johnson, 2005). Essentialism embraces a hard determinist perspective, where sex and gender are conflated as being one and the same (Gilden, 2008). While biology itself is not problematic, it has become an issue surrounding the rights of both trans men and women (and non-binary trans people) with regard to their birth assignment. The assigned sex of transgender people (their birth sex) is viewed as more natural, more real, than the gender they identify as, and the problems lies here. The problem is the focus on the birth sex and anatomy of the trans woman

as a means of preventing her from living life as a woman. These views contribute to cissexism, which Serano defines as “the belief that transsexuals’ identified genders are inferior to, or less authentic than, those of cissexuals (i.e., people who are not transsexual and who have only ever experienced their subconscious and physical sexes as being aligned)” (2007, p.13).

Social constructionism theory seeks to explain how reality is defined by human beings, and how what may be true in one culture or time period can be drastically different in another (Berger & Luckmann, 1966). This creation of reality takes place in several stages in the culture at large as well as in the individual. The law is a major factor in determining which behaviors and genders are normalized, sometimes with the name of science to back up such claims (Ussher, 1997). However, a body cannot be abnormal unless there is category defined as normal; bodies that fall along a continuum, like intersex and transgender people, are really only abnormal because they fall out of what is socially agreed upon as normal (Preves, 2009). The realm of biology, even for human beings, allows for unlimited variation; it is only through our minds that this science becomes limited.

In regards to intersex people, those born with ambiguous genitalia are often quickly operated on to ensure that they are categorized as either male or female. In this way, the sex categories of man and woman are kept mutually exclusive, and the threat to the binary is allegedly fixed (Fausto-Sterling, 2000; Preves, 2009). If such variance is able to consistently reproduce itself time and again, then it cannot truly be “abnormal” or “unnatural.” The socially constructed views of what is appropriate,

**The Corinthian: The Journal of Student Research at Georgia College** normal, or natural may result in the marginalization of individuals whose sexual identities are seen as inappropriate, problematic, or less genuine.

Transgender people, as do intersex people, often find themselves with limited options in life. The Diagnostic and Statistical Manual of Mental Disorders IV “categorizes [Gender Identity Disorder, GID] as a psychological disorder” and forms the basis for medical provider’s treatment of transgender people (Greenberg, 2011, p.209). The diagnostic criteria state that the desire to become the opposite sex must “cause clinically significant distress or impairment in social, occupational, or other important areas of functioning” (American Psychiatric Association, 1994, p.581). The approach to transition is typically three-pronged, with requirements of real-life experience in the desired gender role, hormone therapy, and sex reassignment surgery (Johnson, 2010). Essentially the choices that transgender individuals have to make are constrained to the gender binary (West & Zimmerman, 1991).

If GID were a mental disorder, by default the transgender person would be in distress. If this were the case, they would not be mentally competent enough to consent to surgery or the hormonal replacement that commonly accompany gender transition. Yet a lack of mental distress could mean a withholding of surgery or hormones, so the choices for the trans individual are limited (Johnson, 2010). However dysphoric individual trans people may feel towards their bodies, claiming the label of transgender can be a positive experience and therefore not be a cause for the aforementioned distress (Riggle et al., 2011). There is also a concern that children may be referred to clinics for evaluation, not because of their own distress,

but because of a parent or guardian's concern at their cross-gender behavior (McQueen, 2008). Some people will not fit the criteria for GID and will therefore have no access to medical resources; relying upon medical diagnosis, therefore, has major limitations (Bornstein, 1994; Herman 2012).

Medical standards for transsexualism also reinforce essentialism and cissexism, as many transgender people are required to behave in a stereotypical gender fashion that serves to reiterate the gender binary (Johnson, 2010, 156; Wentling, 2009). Even if a person is diagnosed with GID and is able to receive the treatments they need, they may still be denied significant legal protections. The Internal Revenue Service (IRS) audited Rhiannon O'Donnabhain in 2006 for the medical procedures she underwent as a transgender woman. They "maintained that O'Donnabhain's sex reassignment treatment was elective and cosmetic and thus not eligible for medical reduction," but the court ruled in her favor for the most part (Herman 2012, p.491). However, while they cited O'Donnabhain's various treatments as cosmetic and unnecessary, the IRS has "permitted medical deductions for facelifts, hair transplants, and hair removal" (Herman, 2012, p.498). According to this, surgery to change one's body for vanity purposes is perfectly fine, but those done to alleviate gender dysphoria are unnecessary. In addition, anti-discrimination laws extend only to sexual orientation; unless otherwise stated, they exclude gender identity (Johnson, 2010).

Behaving in a heteronormative (even cisnormative) manner can have very different consequences for trans men and women, as heterosexuality does not create a

**The Corinthian: The Journal of Student Research at Georgia College** sexual norm alone (Solis, 2007). Femininity or feminine behaviors in people assigned male at birth have frequently been targeted as being at-risk for homosexuality (Burke, 1996; Pascoe, 2005; Serano, 2007). Femininity in cisgender women has frequently been used to discredit their intelligence. For trans women there is again a double standard; if she acts feminine, she is a caricature, a parody of true womanhood; if she acts masculine, then it is her “true” nature (her maleness) revealing itself (Serano, 2007; West & Zimmerman, 1991). Masculinity, then, is privileged over femininity in that sense, for if men and women are opposites, then so must masculinity and femininity; and if they are opposites, one must represent strength, power, authenticity, and the other must be weakness, fragility, and artificial (Fausto-Sterling, 2000; Serano, 2007; West & Zimmerman, 1991).

## **Male Privilege and Trans Men**

In a study on gender in the workplace, Schilt (2006) documented the experience of twenty-nine transgender men, whom she divides into groups of “open FTMs” and “stealth FTMs.” The former included trans men who transitioned openly and remained in the same job; the latter included trans men who transitioned in secret, and have since gotten jobs as men, with no hints to their transgender status. Schilt found that in both the blue collar and professional jobs, trans men felt that their experiences prior to transition greatly shifted once they transitioned and worked as men (Schilt, 2006). Several, if not all, of the interviewees could cite specific instances where, had they still been female-identified, they would have faced dis-

crimination (Schilt, 2006). Several of them also reported a major drop in sexual harassment, especially those who were stealth.

In studies regarding trans men and sex work, transgender men reported sex work within the past year at a rate of 18.8% out of 16 participants, a rate much lower than studies that focus on transgender women involved with sex work (which have reported rates as high as 67%) (Brennan et al., 2012; Reisner et al., 2010) However, open trans men were often asked invasive questions about their sex life and genitals. Many trans men in Schilt's study reported having opportunities opened to them as a result of transitioning, as opposed to remaining gender nonconforming. Wayne reported that, before his legal and medical transition, a previous employer would not allow him to work at the front because "when I would put the uniform on, she would say, "That makes you look like a guy"" (Schilt, 2006, p.396). Wayne's boss would not allow him to the front for fear that customers would no longer come to the business. Since transitioning, Wayne has not encountered that issue. He believes, with good reason, that remaining gender ambiguous would have lost him many economic opportunities. Other studies report that trans men fear losing their jobs if they come out, and that trans men often experience slight pay increases after transitioning (Dietert & Dentice, 2010). This is in direct contrast with studies on trans women, who experience "significant decrease in pay and status" (Dietert & Dentice, 2010, p.126).

Male privilege is something that extends to all men, but in different ways (Johnson, 2005). A white man experiences male privilege in a way very different from a

**The Corinthian: The Journal of Student Research at Georgia College**  
man of color. Race and ethnicity negatively affected many of the men in the previously mentioned study after their transition (Schilt, 2006, p.399). Keith, the man mentioned in the previous paragraph, felt that he had to be more careful in expressing his anger because of his race. “I went from being an obnoxious Black woman to a scary Black man,” he said, feeling that his anger is viewed as more threatening by white people (Schilt, 2006, p.399). Another black trans man, Aaron, described how his employers constantly remark at how “threatening” and “aggressive” he is (Schilt, 2006). The racist imagery of black men often portrays them as “wild beasts, criminals, and rapists,” so it should not be surprising that such would be extended to the black trans man as well as the black cisgender man (Collins, 2004).

Christopher, an Asian trans man, felt that he was viewed as less of a man by coworkers due to his race, as passivity is a stereotype of Asian men. “People have this impression that Asian guys aren’t macho and therefore aren’t really male. Or they are not as male as [a white guy],” he remarked (Schilt, 2006, p.399). The sexuality of Asian people has long been held up as hermaphroditic when compared to white sexuality, as have Asian genders (Lee, 1999). Racist notions are indeed gendered notions, as racist stereotypes differ by the gender of the individual and are often upheld by heterosexist notions of gender (Collins, 2004; Lee, 1999; Somerville 1994). When male privilege is mentioned alongside transgender men, this is meant to call attention to how masculinity and maleness are favored over femininity and femaleness. This does not mean that all transgender men have the same experiences or even an easier experience, however.

Ariel Levy harshly criticized transgender people assigned female at birth in her book *Female Chauvinist Pigs*, claiming that nonbinary people (who were assigned female at birth) who transition medically are women who just want male privilege; she asks why anyone would need hormones and surgery “if gender is supposed to be so fluid in the first place” (Levy, 2005, p.127). But recall that medicalized transition is not easy to obtain, especially not for nonbinary individuals, because of how rigid the World Professional Association for Transgender Health (WPATH) standards are, a fact that Levy never points out or is aware of (Greenberg, 2011; Levy, 2005). Not surprisingly, Levy did not deal with the issues of hypersexualization of trans women (or women of color, for that matter). While trans men clearly are men and should be called out on their misogyny, this was about misgendering them and disrespecting their identities.

There is also the question of male privilege, and whether or not trans women have it. The fear is that trans women, having been socialized and raised with male privilege, will disrupt a woman’s space. This forms the basis for much discrimination of transgender women; for example, many all-female colleges will outright refuse to admit transgender students (Kraschel, 2012). Their reasoning is based off of Title IX. Universities feared that admitting trans women would somehow jeopardize federal funding; despite a trans woman’s female identity, there was an essentialist slant to the counterarguments (Kraschel, 2012). But Title IX can extend to protect transgender individuals, who are of a disadvantaged gender (Kraschel 2012). In the case of Jennifer Miles, a transgender student harassed by a professor, the courts ruled, “there is no

**The Corinthian: The Journal of Student Research at Georgia College** conceivable reason why such conduct should be rewarded with legal pardon just because [...] plaintiff was not a biological female” (Kraschel, 2012, p.468). In addition, women’s only colleges have worked towards ending gender discrimination and seek to empower their students. If openly transgender students were allowed into women’s colleges, these universities would challenge “the notion of a static gender dichotomy” and give aid to a “disadvantaged gender” (Kraschel, 2012). In short, allowing trans women into an all-women’s college would only strengthen and expand the message of women’s liberation. Whether or not trans men should be admitted is an entirely different matter altogether.

### **Crimes Against Trans Women of Color**

Those who commit crimes against transgender people, especially against trans women, will often cite trans panic as part of their defense (Greenberg, 2011). In the murder of Angie Zapata, an eighteen-year-old trans woman, the defendant Allen Andrade claimed that Angie had deceived him about her real gender, and this deception caused him to lose control upon learning the truth (Tilleman, 2010). There have been similar cases in the past where murders of gay men were justified using the gay panic defense (Tilleman, 2010). The trans panic defense asserts that the victim, by way of not immediately revealing their transgender status, somehow provokes a violent attack from an otherwise “reasonable man” (Tilleman, 2010). Yet there is no legal validity in claiming that a trans woman’s genitals, much less her existence, are sufficient to allow murderers to walk free (Tilleman, 2010).

But hate crimes against trans women cannot be excused with the trans panic defense because the victim has done nothing wrong; what was done was not defense of one's life, but reassertion of pride and wounded masculinity by eradicating the transgender individual (Kidd & Witten, 2008; Tilleman, 2010). The idea is that the very existence of the transgender person (especially the transgender woman) can enrage a cisgender person into a violent attack; it mirrors a similar argument that women can entice male perpetrators to rape for merely walking down the street (Kidd & Witten, 2008; Tilleman, 2010).

Such transmisogynistic notions are what make it difficult for a transgender woman to reach out for help; the perception of danger can translate to danger in reality for LGBT people (Robison, 2012). She may be geographically and emotionally isolated from her families for her transition; she may want to avoid strengthening their belief that "this is what she gets for being trans" (Greenberg, 2011, p.216). The police may label trans women as sex workers, and because of this, there may be reluctance to involve the authorities. If they do call for help, they may be arrested along with their abuser. Trans women are often incarcerated "according to her assigned gender at birth" (Greenberg, 2011, p.234). Placement in a male facility puts trans women at high risk for rape, as in the case of Patti Shaw. Shaw "had undergone genital surgery and had identification that reflected her gender as female," but was still placed in a cell with male prisoners, who harassed and raped her (Greenberg, 2011). Many states such as New York have laws that protect from discrimination based on sexual orientation, but not gender identity (Tilleman, 2010).

Domestic shelters for battered women and children are often varied in their treatment of transgender women. Many will not admit them, while others require proof of genital surgery or transition (Greenberg, 2011). This is problematic for two reasons: one, any type of genital surgery is expensive, and not every trans woman wishes to have her penis removed. Second, it places the needs of cisgender women above those of trans women. Some shelters “claim that if they were to admit trans women, the shelters could be faced with situations in which male abusers dress as women in order to access the facility,” but those shelters that do admit trans women have not reported such incidences (Greenberg, 2011, p.236). There have been cases of cisgender lesbian abusers acting as victims to enter a shelter, but none involving men dressed as women (Greenberg, 2011). The discomfort of the residents would not be a reason to deny any other kind of woman access—for example, a white woman’s desire to not be housed with a black woman wouldn’t be a good reason to discriminate for race. It would also not be fair to discriminate based on religion or sexual orientation.

It is interesting to note this fear of male perpetrators into women’s spaces is a common theme surrounding not only transgender issues, but (cisgender) women’s rights as well. This issue has raised itself most notably in the field of female athletics, with sex testing occurring as early as 1912 (Fausto-Sterling, 2000). As with the domestic violence shelters, there have been next to no incidences of male impersonators, save for one in 1936, though his maleness did not give him much of an advantage (Fausto-Sterling, 2000). Much of a person’s socialization will “exaggerate biological gender differences that already

exist” and causes those who stand out—the boys who are softer, the girls who are tougher—to hide or lessen their behaviors (Serano 2007, p.74). It is possible that men are only stronger because they are perceived to be stronger, and this perception enforces the so-called essential truths about gender (West & Zimmerman, 1991).

Much of the abuse of trans women is highly racialized, as “transgender women of color [...] are at high risk for adverse health outcomes because of racial/ethnic minority status and gender identity, as well as for depression through exposure to transphobia” (Nemoto, 2011, 1980). Many are at high risk for homelessness, with 43% in a study of 151 trans women having a history of homelessness and 67% engaged in sex work (Brennan et al., 2012). More than half of them had the thought of committing suicide, and 61% actually attempted it (Nemoto, 2011). The societal and individual discrimination towards trans women can “limit their employment opportunities and [change] the dynamics of safe sex negotiation with partners and increasing the risk of intimate partner violence” (Sanchez et al., 2010, p.352). Other studies have shown that transgender women are more likely to report exchange sex, higher rates of depression and social stigma compared to men who have sex with men, and unstable housing (Sanchez et al., 2009; Sevelius et al., 2009). Overall, 59.5% of transgender people report violence or harassment and 37.1% report economic discrimination (Kidd & Witten, 2008).

Within the prison system, transgender women are subject to significant and blatant abuses of person. Despite their identification as female, they are often housed with cisgender men; well above half (59%) report being

**The Corinthian: The Journal of Student Research at Georgia College**  
the victim of sexual assault, compared to the rate of 4.4% within the general population (Anderson, 2011). Incarceration of transgender women of color is quite common due to police profiling; many trans women are taken into custody for suspecting them of engaging in sex work, even if none was actually witnessed at the time (Anderson, 2011). The rates of incarceration for Latina and black women is higher than that of white women, with a black woman being 6.9 times more likely to be incarcerated in her life time, and a Latina woman 2.5 times more likely compared to a white woman (Crenshaw, 2012). Seeing as these rates are for cisgender women, it should not be surprising that the rates would be just as high, if not more so, for transgender women.

It would be accurate to say that transgender women are often considered to be subhuman, or nonhuman. Courts have compared transgender women's transitions as no better than "a person's decision to be surgically transformed into a donkey," have claimed that "to place a female name on a male is to combine incompatibles," and have overall regarded transitioning, at least from the male-to-female perspective, as distasteful (Johnson, 2010, p.160). In childhood, people come to the realization that "one's gender is not going to change: a man is a man even if he dresses like a woman" (Brill & Pepper, 2008, p.63). It is possible that this remains with people even in adulthood, and would explain at least part of why cissexism is so deeply ingrained in society, and the courts.

## **Feminism's Failures**

Within the feminist movement, there is a focus on

birth assignment as the determining factor in how one faces oppression; this has been the justification for the inclusion of trans men and the exclusion of trans women (Hill-Meyer, 2012; Serano, 2007). Even the queer feminist reclamation of traditionally harmful forms of media, such as pornography, feature trans men and cisgender women more so than trans women (Hill-Meyer, 2012).

There are places and events established by these feminists as “women-only” spaces (such as The Michigan Womyn’s Music Festival). The policy of this music festival “is intended to exclude transsexual people, whether they are male-to-female transsexual (trans women) or female-to-male transsexuals (trans men)” (Koyama, 2002, p.5). However, there are performers that enter into this “womyn-only” space who openly identify as transgender; indeed, transgender people assigned female at birth are frequently allowed in as performers and festival attendees, even if they identify as male (Koyama, 2002; Serano, 2007). The reason given is that these people, being assigned female at birth, could never authentically exhibit maleness or masculinity, even if they should take on masculine identities or even transition (Serano, 2007). It is important to remember that transgender women “face discrimination like cisgender women” and even more so because they are transgender (Kraschel, 2012, p.480).

Janice Raymond is critic number one of transgender women, having penned a book called *The Transsexual Empire* in 1979. She is especially hateful towards transgender women who identify as lesbians and the cisgender lesbians who would validate their identity, calling such behavior a mutilation of reality (Raymond, 1994). But her criticism does not just target transgender women, but

**The Corinthian: The Journal of Student Research at Georgia College** also cisgender women who use birth control or have had hysterectomies:

The various “breeds” of women that medical science can create are endless. There are the women who are hormonally hooked on continuous doses of estrogen replacement therapy. ERT supposedly will secure for them a new life of “eternal femininity.” There are the hysterectomized women, purified of their “potentially lethal” organs for “prophylactic” purposes. Finally, there is the “she-male”—the male-to-constructed-female transsexual. And the offshoot of this “breed” is the transsexually constructed lesbian-feminist (Raymond, 1994, p.35).

It seems out of character that someone who identifies as a feminist would find the use of birth control disagreeable, considering how patriarchal structures dictate that women should have no control over how many children they have, or what they do with their bodies in general (Johnson, 2005; Ussher, 1997). The criticisms of the birth control movement as pushing forward white supremacy, the religious tenants that preach of the uncleanliness of a woman’s sex organs, and the pathologizing of homosexuality are all valid criticism of both feminism and the medical community (Collins, 2004; Somerville, 1994; Ussher, 1997). But Raymond makes the statement that all of these medical procedures are bad and the medical model serves to legitimize and uphold the so-called transsexual empire (Raymond, 1994). The idea of the lesbian transsexual woman is, in her mind, a way for men to add themselves to the lesbian equation (Raymond, 1994). It is a common theme of heterosexism to project gendered roles onto same-sex relationships, hence the ques-

tion, “Which one’s the man and which one’s the woman?” (Wilton, 1996). Under patriarchy, it is assumed that all women want a good man, and that lesbians really want one too, but criticizing heterosexist structures, however, is not the issue at hand (Wilton 1996). Here she makes clear that her desire is to exclude trans women on the basis that they are not ‘real’ women.

Radical feminism puts gender above all other forms of oppression—that is, that all women suffer alike under patriarchy regardless of other privileges or lack of privileges (Koyama, 2000). Assuming this to be true would mean that transgender women, by the circumstances of their birth, would have access to male privilege, making them more dangerous than if they had access to other privileges (white privilege, heterosexual privilege, etc) (Koyama, 2000). If trans women did have anything resembling male privilege, however, they would not be at such a high risk for rape, suicide, and other health disparities that also afflict cisgender women (Anderson, 2011; Brennan et al., 2012; Greenberg, 2011; Nemoto, 2011). Another flaw in this logic is that not all women suffer equally under patriarchy due to the multitude of privileges and oppressions they have in their lives; to be silent about one for the sake of the other is to risk assimilation and further oppression (Johnson, 2005; Koyama, 2000).

While the previous passage from Raymond’s book may be extreme, she has done far more than make inflammatory remarks. In 1981, she authored a report that essentially ended federal and state funding for transgender people in need, as well as caused insurance companies to place prohibitions on gender reassignment related claims (Roberts, 2007). The Human Rights Campaign has had a

**The Corinthian: The Journal of Student Research at Georgia College** similar outlook on transgender issues, with former executive director Elizabeth Birch having stated that transgender issues would be a legislative priority “over her dead body” (Roberts, 2007). Though her term as executive director has long since ended, the HRC has continued to ignore and stall inclusion of transgender people (Roberts, 2007).

## **Conclusion**

Transgender people, especially trans women, face multiple health disparities such as sexual assault, homelessness, lack of legal protections, and other pressing issues. Other factors such as race play into their oppression as well. Transgender people, especially women, will be able to have their rights fully recognized if all parts of their identities are not taken into account—their race, their class and education level, whether or not they have engaged in sex work, their sexual orientation, etc. All of these oppressions are connected; therefore they must all be eliminated. Some have suggested eliminating gender because of its socially constructed nature (Bornstein, 1994, p.56—57), but this is detrimental. Gender is something that many trans people have had to fight for, and to take it away would be dishonoring that struggle.

There is no correct way to fight for trans rights, but the focus should surely be on the issues that trans women face. While all transgender people are pathologized and identity-policed, harmful medical standards prevent trans women from getting the care they need. Terms like autogynephilia and transvestitic fetishism were featured in the previous DSM and, if not widely talked about, are still

believed to be relevant to trans women; no such terms exist for trans men (Moser). The male-dominated medical community has always mistreated women, whether they are cisgender or transgender, and this must be eliminated.

Some topics were not explored as greatly in this work, such as employment discrimination, parental custody rights in cases where a parent or child is transgender, aging transgender people, and the history of the transgender movement in the U.S. There are a number of issues that have yet to be fully delved into, but as stated prior, there is a lot of ground to cover when fighting for the rights of a marginalized group because there are so many at the axis of oppressions. There are very few people, aside from the most privileged, who do not experience multiple oppressions all at the same time, and ignoring even one can slow the movement towards freedom down.

## Works Cited

- Anderson, L. (2011). Punishing the Innocent: How the Classification of Male-To-Female Transgender Individuals in Immigration Detention Constitutes Illegal Punishment Under the Fifth Amendment. *Berkeley Journal of Gender, Law & Justice*, 25(1), pp.1—31.
- Ashbee, O., & Goldberg, J.M. (2006, February). Hormones: A guide for FTMs. *Trans Care Project*. Retrieved from <http://transhealth.vch.ca/resources/library/tcpdocs/consumer/hormones-FTM.pdf>
- Ashbee, O., & Goldberg, J.M. (2006, February). Hormones: A guide for MTFs. *Trans Care Project*. Retrieved from <http://transhealth.vch.ca/resources/library/tcpdocs/consumer/hormones-MTF.pdf>

**The Corinthian: The Journal of Student Research at Georgia College**

- Berger, P.L., & Luckmann, T. (1966). *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. Garden City, NY: Anchor Books.
- Bornstein, K. (1994). *Gender Outlaw: On Men, Women, and the Rest of Us*. New York, NY: Routledge.
- Brennan, J., Kuhns, L.M., Johnson, A.K., Belzer, M., Wilson, E.C., & Garofalo, R. (2012). Syndemic Theory and HIV-Related Risk Among Young Transgender Women: The Role of Multiple, Co-Occurring Health Problems and Social Marginalization. *American Journal of Public Health*, 102(9), pp. 1751—1757.
- Brill, S. & Pepper, R. (2008). *The Transgender Child: A Handbook for Families and Professionals*. San Francisco, CA: Cleis Press.
- Burke, P. (1996). Gender Shock: Exploding the Myths of Male and Female. In A.L. Ferber, K. Holcomb, & T. Wentling (Eds.), *Sex, Gender, & Sexuality: The New Basics* (pp. 255—263). New York, NY: Oxford University Press.
- Collins, P.H. (2004). Prisons for Our Bodies, Closets for Our Minds: Racism, Heterosexism, and Black Sexuality. In A.L. Ferber, K. Holcomb, & T. Wentling (Eds.), *Sex, Gender, & Sexuality: The New Basics* (pp. 115—136). New York, NY: Oxford University Press.
- Crenshaw, K.W. (2012). From Private Violence to Mass Incarceration: Thinking Intersectionally About Women, Race, and Social Control. *UCLA Law Review*, 59, pp. 1418—1472.
- The Diagnostic And Statistical Manual of Mental Disorders*. 4th Edition. American Psychiatric Association. Washington, DC, pp. 574—582.
- Dietert, M. & Dentice, D. (2010). Gender Identity Issues

and Workplace Discrimination: The Transgender Experience. *Journal of Workplace Rights*, 14(1), pp. 121—140.

Fausto-Sterling, A. (2000). Dueling Dualisms. In A.L. Ferber, K. Holcomb, & T. Wentling (Eds.), *Sex, Gender, & Sexuality: The New Basics* (pp. 6—21). New York, NY: Oxford University Press.

Fraser, R. T. D., & Lima, I. M. S. O. (2012). Intersex and the Right to Identity: A Discourse on the Civil Record of Intersex Children. *Journal of Human Growth and Development*, 22(3), pp. 358—366.

Gilden, A. (2008). Toward a More Transformative Approach: The Limits of Transgender Formal Equality. *Berkeley Journal of Gender, Law & Justice*, 23(n/a), pp. 83—144.

Greenberg, K. (2011). Still Hidden in the Closet: Trans Women and Domestic Violence. *Berkeley Journal of Gender, Law, & Justice*, 27(2), pp. 198—251.

Gutierrez, N. (2004). Visions of Community for GLBT Youth: Resisting Fragmentation, Living Whole: Four Female Transgender Students of Color Speak About School. In A.L. Ferber, K. Holcomb, & T. Wentling (Eds.), *Sex, Gender, & Sexuality: The New Basics* (pp. 463—469). New York, NY: Oxford University Press.

Herman, L. (2012). A Non-Medicalized Medical Deduction?: O'Donnabhain v. Commissioner & The I.R.S.'s Understanding of Transgender Medical Care. *Harvard Journal of Law & Gender*, 35, pp. 487—514.

Hill-Meyer, T. (2013). Where The Trans Women Aren't: The Slow Inclusion of Trans Women in Feminist and Queer Porn. In T. Taormino, C. P. Shimizu, C. Penley, & M. Miller-Young (Eds.), *The Feminist Porn Book*:

*The Politics of Producing Pleasure* (pp.155—163). New York, NY: The Feminist Press.

Johnson, J. (2010). Recognition of the Nonhuman: The Psychological Minefield of Transgender Inequality in the Law. *Law & Psychology Review*, 34, pp. 154—164.

Johnson, A.G. (2005). *The Gender Knot: Unraveling Our Patriarchal Legacy*. Philadelphia, PA: Temple University Press.

Kidd, J. & Witten, T. (2007/2008). Transgender and Transsexual Identities: The Next Strange Fruit—Hate Crimes, Violence and Genocide Against the Global Trans-Communities. *Journal of Hate Studies*, 6(1), pp. 31—63.

Koyama, E. (2002). A Handbook on Discussing the Michigan Womyn's Music Festival for Trans Activists and Allies. *Eminism.org*. Retrieved from <http://www.confluere.com/store/pdf-zn/mich-handbook.pdf>

Koyama, E. (2000). Whose Feminism Is It Anyway?: The Unspoken Racism of the Trans Inclusion Debate. *Eminism.org*. Retrieved from <http://www.confluere.com/readings/pdf-rdg/whose-feminism.pdf>

Kraschel, K. (2012). Trans-cending Space in Women's Only Spaces: Title IX Cannot Be The Basis For Exclusion. *Harvard Journal of Law & Gender*, 35, pp. 463—485.

Lee, R.G. (1999). The Third Sex: Asian-American Men in Popular Culture. In A.L. Ferber, K. Holcomb, & T. Wentling (Eds.), *Sex, Gender, & Sexuality: The New Basics* (pp. 322—334). New York, NY: Oxford University Press.

Levy, A. (2005). *Female Chauvinist Pigs: Women and the Rise of Raunch Culture*. New York, NY: Free Press.

- McLeod, S. (2009). Jean Piaget. *Simply Psychology*. Retrieved from <http://www.simplypsychology.org/piaget.html>
- McQueen, K.S. (2008). *The Development of the Attitudes Toward the Atypically Gendered Inventory (ATAG-I)*. Indiana University.
- Moser, C. (in press). Autogynephilia in Women. *Journal of Homosexuality*. Retrieved from <http://home.net-com.com/~docx2/AGF.htm>.
- Nemoto, T., Bödeker, B., & Iwamoto, M. (2011). Social Support, Exposure to Violence and Transphobia, and Correlates of Depression Among Male-To-Female Transgender Women With a History of Sex Work. *American Journal of Public Health*, 101(10), pp. 1980—1988.
- Paoe, C.J. (2005). “Dude, You’re a Fag”: Adolescent Masculinity and the Fag Discourse. In M.B. Zinn, P. Hondagneu-Sotelo, & M. A. Messner (Eds.), *Gender Through the Prism of Difference* (pp. 464—475). New York, NY: Oxford University Press.
- Preves, S.E. (2009). Intersex Narratives: Gender, Medicine, and Identity. In A.L. Ferber, K. Holcomb, & T. Wentling (Eds.), *Sex, Gender, & Sexuality: The New Basics* (pp. 32—43). New York, NY: Oxford University Press.
- Raymond, J. G. (1994). *The Transsexual Empire: The Making of the She-Male*. New York, NY: Beacon Press.
- Reisner, S.L., Perkovich, B., & Mimiaga, M. (2010). A Mixed Methods Study of the Sexual Health Needs of New England Transmen Who Have Sex with Non-transgender Men. *AIDS Patient Care and STDS*, 24(8), pp. 501—513.
- Riggle, E. D. B., Rostosky, S. S., McCants, L., & Pas-

**The Corinthian: The Journal of Student Research at Georgia College**

- cale-Hague, D. (May 2011). The Positive Aspects of A Transgender Self-Identification. *Psychology & Sexuality*, 2(2), pp. 147—158.
- Robison, M.K. (2012). Through the Eyes of Gay and Male Bisexual College Students: A Critical Visual Qualitative Study of their Experiences. *Educational Policy Studies Dissertations*, Paper 89.
- Roberts, M. (2007). Why the Transgender Community Hates HRC. *Transgriot.blogspot.com*
- Sanchez, T., Finlayson, T., Murrill, C., Guilin, V., & Dean, L. (2010). Risk Behaviors and Psychosocial Stressors in the New York City House Ball Community: A Comparison of Men and Transgender Women Who Have Sex With Men. *AIDS and Behavior*, 14(2), pp. 351—358.
- Schilt, K. (2006). Just One of the Guys?: How Transmen Make Gender Visible at Work. In M.B. Zinn, P. Hondagneu-Sotelo, & M. A. Messner (Eds.), *Gender Through the Prism of Difference* (pp. 386—402). New York, NY: Oxford University Press.
- Serano, Julia. (2007). *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity*. Berkley, CA: Seal Press.
- Solis, S. (2007). Snow White and the Seven “Dwarfs”—Queercrippled. In A.L. Ferber, K. Holcomb, & T. Wentling (Eds.), *Sex, Gender, & Sexuality: The New Basics* (pp. 351—360). New York, NY: Oxford University Press.
- Somerville, S. (1994). Scientific Racism and the Invention of the Homosexual Body. In A.L. Ferber, K. Holcomb, & T. Wentling (Eds.), *Sex, Gender, & Sexuality: The New Basics* (pp. 284—299). New York, NY: Oxford

University Press.

- Tilleman, M. (2010). (Trans)forming the Provocation Defense. *The Journal of Criminal Law and Criminology*, 100(4), pp. 1659—1688.
- Ussher, J. (1997). Sexual Science and the Law: Regulating Sex—Reifying the Power of the Heterosexual Man. In A.L. Ferber, K. Holcomb, & T. Wentling (Eds.), *Sex, Gender, & Sexuality: The New Basics* (pp. 377—416). New York, NY: Oxford University Press.
- Wentling, T. (2009). Am I Obsessed? In A.L. Ferber, K. Holcomb, & T. Wentling (Eds.), *Sex, Gender, & Sexuality: The New Basics* (pp. 263—272). New York, NY: Oxford University Press.
- West, C., & Zimmerman, D.H. (1991). Doing Gender. In A.L. Ferber, K. Holcomb, & T. Wentling (Eds.), *Sex, Gender, & Sexuality: The New Basics* (pp. 43—57). New York, NY: Oxford University Press.
- Wilton, T. (1996). Which One's The Man?: The Heterosexualisation of Lesbian Sex. In A.L. Ferber, K. Holcomb, & T. Wentling (Eds.), *Sex, Gender, & Sexuality: The New Basics* (pp. 157—170). New York, NY: Oxford University Press.
- Witten, T.M., & Eyler, A.E. (1999). Hate Crimes and Violence Against the Transgendered. *Peace Review*, 11(3), pp. 461—468.
- Yarber, W.L. & Sayad, B.W. (2013) *Human Sexuality: Diversity in Contemporary America*, 8th ed. New York, NY: McGraw-Hill Press.

