

Exploring gender identity and community among three groups of transgender individuals in the United States: MTFs, FTMs, and genderqueers

ABSTRACT

Transgender, MTF, FTM, genderqueer, sociology

A United States sample of 166 transgender adults including 50 male-to-females (MTFs), 52 female-to-males (FTMs), and 64 genderqueers (neither completely female nor completely male), were surveyed about identity development, levels of disclosure of transgender status, and relationship to community. There was no difference among transgender groups in age of first experiencing oneself differently from assigned birth sex. MTFs first identified as other than their assigned sex earlier than FTMs. However, they did not present themselves to others in a gender-congruent way until much later than FTMs. MTFs were less likely to disclose their gender identity to their parents than were FTMs. Disclosure of assigned birth sex was more common among younger participants. There was no difference in the extent to which individuals felt connected to the transgender community. Genderqueers felt more connected to the lesbian, gay, and bisexual community than did MTFs or FTMs. Implications for health care professionals and transgender communities are discussed.

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use many terms of self-identity (to be described later), we chose to use the term 'genderqueer' as this was used most frequently (by 62.5% of respondents).

We also compared these three trans groups with their non-transgender brothers and sisters. Using siblings as comparison groups was important given the lack of prior research comparing trans with non-trans individuals. For results comparing these five groups on demographics, social support, and violence and harassment, see Factor and Rothblum (in press). Not surprisingly, we found the three trans groups to experience significantly less social support from their family than their non-transgender brothers and sisters. Transgender people were also more likely to experience a variety of types of harassment and discrimination than their non-transgender sisters and brothers.

In addition, we explored the nuances of diverse trans people's gender expressions, experiences,

Introduction

The present study was planned as a large United States sample of people who identify as transgender. Comparisons were planned across the following groups: those assigned male at birth who experience themselves as female (MTFs)¹, those assigned female at birth who experience themselves as male (FTMs), and those who do not identify as male or female. Though people who do not identify as men or women

and identities, and that is the focus of the present paper. Thus, we compare MTFs, FTMs, and genderqueers in the current socio-historical moment. We examined the extent to which these three trans groups participated in transgender communities and the extent to which they disclosed their transgender identity to others.

Gender diversity is a longstanding interest of the first author. The initial ideas for this project emerged from her gender experiences and sensibilities. The dissonance she encountered between her gendered self and the ways in which gendered selves have been described (and not described) in the psychological literature was a primary motivation for undertaking the study. The second author has been researching lesbian, gay and bisexual (LGB) communities for many years and developed a sibling comparison method that she has utilised with LGB individuals. In an effort to develop further insight into contemporary LGB(T)/Queer communities, she suggested extending this method to trans people and served as the dissertation advisor of the first author.

Theoretical and historical background

It has been over thirty years since 'homosexuality' was removed as a mental illness from the *Diagnostic and Statistical Manual of Mental Disorders* in 1973 (American Psychiatric Association 1980). Yet, the current DSM still includes the diagnosis of 'gender identity disorder' (GID), defined as a 'strong and persistent cross-gender identification (American Psychiatric Association 2000:581). The majority of social science research in the past two decades on lesbian, gay and bisexual (LGB) people has focused on affirming the lifestyles of sexual minorities and reducing barriers to health and mental health care. In contrast, there has been much less research on transgender people. Instead, the majority of the over 1,000 articles published on GID or transsexualism since the 1950s have used very small samples and focused on people in clinical or medical settings.

Despite over fifty years of pathologisation by health and mental health professionals, few studies

have illuminated key aspects of transgender people's lives. Ekins has described how the medical and scientific professions '... were in the service of a reactionary gender politics—a reinforcement of a rigidly perceived binary gender divide' (2005:308). Transsexuals were expected to have surgical treatment, 'pass' as members of the reassigned gender, and live heteronormative lives (Ekins 2005).

In contrast to the medical model, contemporary transgender identities and communities are based on self-identity. Susan Stryker (2006) has described how over the past fifteen years a growing number of individuals have begun to identify as transgender. These individuals do not identify fully with the sex and/or gender to which they were assigned at birth. Some identify as male-to-female (MTF) or female-to-male (FTM). Some experience their gender as stable and relatively consistent with conventional gender expressions while for others it is fluid and complex. For example, an individual assigned female at birth may identify as FTM, take testosterone and present as a man, but experience his genitals as consistent with his gender. Others such as Kate Bornstein, author of *Gender Outlaw: On Men, Women, and the Rest of Us* (1994), experience themselves outside of the gender binary. Stryker (2006) has shown how the new academic discipline of transgender studies problematises stable categories of sex and gender, placing contemporary Western formulations in historical context.

Yet there is little research on the ways in which trans people experience community and connections. Transgender communities, both material and virtual, informed by sensibilities arising out of trans experiences and perspectives, have become increasingly visible. However, little is known about trans people's relationships to these communities. While most LGB events and organisations have added a 'T' for the word 'transgender', the extent to which trans people feel included in these communities is also unclear. Further, to what extent do trans people feel known by friends and family? To whom do trans people disclose their trans status and within what contexts?

Method

Participants

Participants were 18 years of age or older. They were recruited from a transgender population and divided into three groups: MTFs, FTMs, and genderqueers. (In addition, these individuals recruited a non-transgender sibling to whom they might or might not be 'out' as transgender. The current paper only presents results of the measures given to transgender participants, not their siblings).

Groups were determined by trans respondents' answers to three questions on the trans survey. If an individual was assigned the male sex at birth, felt most comfortable with the pronoun 'she', and felt 'very' or 'extremely' comfortable with the pronoun 'she', this individual was categorised as MTF. If an individual was assigned the female sex at birth, felt most comfortable with the pronoun 'he', and felt 'very' or 'extremely' comfortable with the pronoun 'he', this individual was categorised as FTM. All other trans respondents were categorised as genderqueers.

A total of 242 transgender individuals requested surveys and the response rate of transgender participants was 68.6%. Given the above criteria, this study included completed questionnaires from 50 MTFs, 52 FTMs, and 64 genderqueers. Assigned sex at birth of genderqueers was 28.1% male, 70.3% female, 1.6% unknown, and 1.6% intersexed.

Procedure

The first author sent numerous electronic communications, posted on numerous websites, and attended many U.S. transgender political (e.g. GenderPAC; Gender Public Advocacy Coalition), social (e.g. Southern Comfort), cultural (e.g. True Spirit Conference), academic (e.g. Transecting the Academy), and health conferences (Philadelphia Transgender Health Conference). She also attended transgender film showings, GLBT pride events, and benefit performances. At these events, she handed out paper flyers, left stacks of flyers in well-trafficked areas, and gathered email addresses. She approached more than 1200 transgender individuals for potential participation. Despite obtaining well over 600 e-mail addresses from enthusiastic potential respondents, fewer than

half of these ultimately provided the information necessary for her to send the survey(s) to them (and their sibling). It is not possible to know how many flyers were not picked up by potential participants or how many emails were incorrect.

The calls for participants sought transgender individuals 18 and over to participate in a study '... to illustrate the various ways we experience and express our gender identities ... [and] to explore ... similarities and differences [with individuals who identify fully with the sex/gender to which they were assigned at birth] by comparing our experiences with those of our 'conventionally gendered' siblings'.

Measures

Demographic information:

General demographic questions about age, ethnicity, religion, and parental socioeconomic status were included in order to determine the comparability of the five groups, and these have been reported previously (Factor and Rothblum in press).

Diversity of gender expressions, experiences, and identities:

The first author developed the Gender Expression/Experiences/Identities Questionnaire (GEEIQ) in collaboration with trans communities and trans researchers. Questions in areas of research important to trans people were developed through attendance at trans conferences, exploration of trans listservs, and consultation with trans individuals, mental health providers, and researchers. Previous research findings were also incorporated into the development of the questionnaire. Five qualitative pilot interviews were conducted. Empirical questions were developed based on the information elicited from open-ended questions. Drafts of the questionnaire were shown to consultants and feedback was incorporated into a revised version.

The GEEIQ consists of questions about nine main areas: (1) Gender Identity (assigned sex, current gender identity, stability and/or fluidity of gender, use of personal pronouns, and use of male/female bathrooms), (2) Use of Medical Procedures (hormones, genital surgery, chest surgery, hysterectomy, speech therapy, removal

of Adam's Apple), (3) Name Change (current name and who calls one by this name), (4) Identity Development (ages when participants reached milestones in gender identity, and first disclosure to others), (5) Initial Attempts to Deny Transgender Status, (6) Other's Perceptions of Gender Identity, (7) Clothing and Presentation (items of clothing, simulating body parts such as breasts or penis, dressing as an erotic experience or sense of relief, and frequency of dressing, experience of 'cross-dressing'), (8) Sexual Attraction and Sexual Identity, and (9) Relationship to Transgender Community and to LGB Community. The GEEIQ is unique in its ability to capture complex gender experiences that lie outside dichotomies, that may incorporate gender fluidity, that may or may not be associated with eroticism, that may manifest in 'gender inconsistent' bodies, and that may be associated with a wide range of sexual attractions and identities. Information gained from the GEEIQ helps identify, clarify and honour the variety of ways individuals experience gender and negotiate their lives in a rigid binary gender system.

Levels of disclosure of transgender status:

The Outness Inventory originally created for lesbians and gay men (Mohr and Fassinger 2000) was adapted for use with a transgender population. The Outness Inventory assesses level of outness to different people in different spheres of functioning. For trans people, level of outness about gender identity as well as level of outness about assigned birth sex were explored.

Results and discussion

Demographic information

The vast majority of respondents in the study identified as white, including 88% of MTFs, 86.3% of FTMs, and 95.1% of genderqueers. There was no significant group difference in race/ethnicity. MTFs in this sample were significantly older than FTMs and genderqueers. Their average age was 44.6 (SD=11.7) years while the average age of FTMs was 31.4 (SD=9.2) and that of genderqueers was 33.8 (SD=11.3) years. The overwhelming focus in both published research and visibility in mainstream media has been on MTFs, and so it is possible that MTFs identified as trans during an

earlier historical time. It may be that individuals who experience their gender in ways similar to FTMs and genderqueers were unlikely to identify as such before the relatively recent emergence of a visible and vocal transgender community in the past 15 years. For example, Crawley (2002) has argued that those who previously would have identified as 'butch' lesbians are currently identifying as trans.

Factor and Rothblum (in press) compared the three trans groups on demographic variables with their non-transgender brothers and sisters. All trans groups had more education than non-trans groups. MTFs, FTMs, and genderqueers had an average of a college degree in addition to some graduate or professional training. Non-trans sisters and brothers, on average, had less education than a college degree. Groups were similar in occupational status and individual income. Analyses of individual yearly income, both among all participants as well as among only those working full-time, did not reveal any differences that were significant. There was a significant difference in having children. Between one-third and one-half of non-trans sisters, non-trans brothers, and MTFs reported having children while only one-fifth of genderqueers and less than one-tenth of FTMs reported having children. There were no statistically significant differences across groups in the population density of participants' current residence. Sizable percentages of each group reported living in large cities, medium-sized cities, small cities or towns, suburbs, and in rural areas. However, there were differences in geographic mobility. MTFs reported living in their current residence significantly longer than both FTMs and genderqueers. FTMs in particular lived far away from their parents. For more detail about how trans people differed from non-trans brothers and sisters on demographic and other variables, see Factor and Rothblum (in press).

Tables 1-4 present the gender expressions, experiences, and identities of MTFs, FTMs, and genderqueers. Analyses of variance were performed on select continuous variables, and chi-square tests were performed on select categorical variables. Means and percentages are displayed for the remaining continuous and categorical variables, respectively.

Gender identity

As indicated in Table 1, approximately 70% of genderqueers were assigned female at birth and 30% were assigned male. A larger percentage of MTFs (6%) were born intersexed than either FTMs or genderqueers. The most commonly endorsed gender identity term among MTF was 'MTF' (70%), among FTMs was 'FTM' (50%) and among genderqueers it was 'Genderqueer' (62.5%). Of the gender identities listed, all 35 were endorsed by at least one participant as a way of describing their gender experience. As Table 1 shows, many terms such as fem male, butch, sex radical, omnigendered, and many others, were endorsed, demonstrating the complexity and multidimensionality of gender identity.

More than one-third of both MTFs and FTMs described their gender identity as fluid. Twenty-eight percent of genderqueers preferred pronouns other than 'she' or 'he' (this 28% includes respondents who felt equally comfortable with both 'he' and 'she'). Forty percent of genderqueers described their comfort with their preferred pronoun as varying. The variance may be associated with location, relation to individuals with whom one is interacting, or another aspect of the context. Over 20% of MTFs and FTMs do not consistently use the toilet congruent with their gender identity. Forty-nine percent of MTFs, 71% of FTMs, and 89% of genderqueers experienced some discomfort with having to choose a gendered toilet.

Table 1: Comparison of MTFs, FTMs and genderqueers on gender expressions and identities

Characteristic	MTF N=50	FTM N=64	Genderqueers N=52
Assigned Sex			
Male ^a	100%	0	28.1%
Female ^b	0	100%	70.3%
Unknown	0	0	1.6%
Born Intersexed	6.0%	1.9%	1.6%
Gender Identity			
Pre-op Transsexual	58.0%	19.2%	26.6%
Post-op Transsexual	18.0%	40.4%	9.4%
Non-op Transsexual	8.0%	5.8%	10.9%
m2f	66.0%	0%	14.1%
f2m	0%	55.8%	28.1%
Cross Dresser	6.0%	3.8%	20.3%
Transvestite	2.0%	1.9%	9.4%
Transgender/ist	24.0%	40.4%	45.3%
Intersex	6.0%	1.9%	4.7%
Hermaphrodite	0%	1.9%	4.7%
Fem Male	0%	1.9%	4.7%
Gender Blender	0%	9.6%	25.0%
Transman	0%	71.2%	32.8%
Transwoman	46.0%	0%	3.1%
Man	0%	53.8%	25.0%
Woman	44.0%	0%	15.6%
FTM	0%	84.6%	50.0%
MTF	70.0%	0%	14.1%
Butch	0%	9.6%	28.1%
Diesel dyke	0%	0%	4.7%
Stone	0%	3.8%	6.3%
Sex Radical	4.0%	7.7%	10.9%
Androgynist	0%	1.9%	18.8%

Characteristic	MTF N=50	FTM N=64	Genderqueers N=52
Intergendered	0%	1.9%	15.6%
Female Impersonator	0	0	1.6%
Male Impersonator	0	0	4.7%
Two-Spirited	8.0%	3.8%	20.3%
Drag King	0	5.8%	10.9%
Drag Queen	0	1.9%	4.7%
Genderqueer	2.0%	30.8%	62.5%
Gender Radical	2.0%	5.8%	14.1%
Differently Gendered	8.0%	9.6%	25.0%
Bigendered	0%	0%	20.3%
Omnigendered	0%	0%	14.1%
Queer	16.0%	55.8%	59.4
Other	4.0%	11.5%	12.5%
Fluid Gender Identity	34.7%	44.0%	79.0%
Preferred Pronoun			
She ^a	100.0%	0	16.7%
He ^b	0	100.0%	55.0%
Ze	0	0	5.0%
Co	0	0	1.7%
Other	0	0	21.7%
Degree of comfort with Preferred Pronoun			
Not at all	0	0	0
A little bit	0	0	6.5%
Moderately	0	0	33.9%
Very ^{ab}	24.0%	46.2%	11.3%
Extremely ^{ab}	76.0%	53.8%	12.9%
Varies	0	0	35.5%
Preferred Pronoun Changes Over Time	2.0%	11.8%	68.3%
Public Bathroom Currently Use			
Men's	0	76.9%	39.1%
Women's	78.0%	1.9%	20.3%
Varies	22.0%	21.2%	40.6%
Degree of Discomfort Having to Choose a Gendered Bathroom			
Not at all	51.1%	28.8%	10.9%
A little bit	12.8%	19.2%	18.8%
Moderately	8.5%	13.5%	15.6%
Very	14.9%	9.6%	21.9%
Extremely	10.6%	21.2%	20.3%
Varies	2.1%	7.7%	12.5%
Hormones ^c			
Currently taking indefinitely	88.0%	76.5%	34.4%
Would if had money	2.0%	11.8%	10.9%
Would if psych eval/counseling not required	0	3.9%	6.3%
Taking limited amount of time	6.0%	3.9%	9.4%

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Characteristic	MTF N=50	FTM N=64	Genderqueers N=52	Statistic
Not taking now, plan take limited amount of time	0	2.0%		6.3%
Considering possibility	2.0%	15.7%		26.6%
Not interested	0	0		21.9%
Other	0	0		0
Genital Surgery ^c				
Have had	24.0%	0		1.6%
Would have if had money	22.0%	23.5%		9.4%
Would have if psych eval/counseling not required	0	0		3.1%
Have not had but plan to	38.0%	11.8%		1.6%
Considering possibility	8.0%	43.1%		23.4%
Not interested	14.0%	31.4%		64.1%
Other	6.0%	3.9%		3.1%
Chest Surgery ^c				
Have had	20.4%	62.7%		23.8%
Would have if had money	4.1%	27.5%		15.9%
Would have if breasts were larger	0	0		3.2%
Would have if hormones not created satisfactory breasts	8.2%	2.0%		0
Would have if psych eval/counseling not required	0	2.0%		6.3%
Have not had but plan to	14.3%	21.6%		19.0%
Am considering the possibility	24.5%	15.7%		23.8%
Not interested	34.7%	2.0%		23.8%
Other	2.0%	0		1.6%
Hysterectomy ^c				
Not applicable	93.8%	2.0%		20.6%
Have had ^d	0	16.0%		1.6%
Would have if had money	0	22.0%		14.3%
Have not had but plan to	0	28.0%		7.9%
Considering the possibility	0	34.0%		27.0%
Not interested	4.2%	8.0%		34.9%
Other	2.1%	4.0%		1.6%
Speech Therapy and/or Adam's apple removal ^c				
Not applicable	10.0%	94.1%		57.1%
Have had	28.0%	0		0
Would have if had money	4.0%	0		4.8%
Have not had but plan to	4.0%	0		4.8%
Considering the possibility	22.0%	2.0%		11.1%
Not interested	30.0%	3.9%		25.4%
Other	0	0		0

Note: Percentages are given for categorical variables.

^a Part of definition of MTF as defined in this study.

^b Part of definition of FTM as defined in this study.

^c Categories are not mutually exclusive; percentages may add up to more than 100%.

^d For reasons other than a physician's recommendation.

Use of medical procedures

Table 1 also depicts use of hormones, surgery, and other medical procedures, and indicates great diversity in our sample of trans individuals. Among MTFs, 88% were taking hormones indefinitely. This was true for 77% of FTMs and 34% of genderqueers. Approximately one-quarter of MTFs had genital surgery whereas none of the FTMs in the study underwent this procedure. Twenty-two percent of MTFs would have genital surgery if they had sufficient finances and 24% of FTMs would have genital surgery given sufficient finances. Fourteen-percent of MTFs and 31% of FTMs had no interest in genital surgery. Sixty-three percent of FTMs had had chest surgery and 28% would have if finances were not of concern. Twenty-eight percent of MTFs had speech therapy and/or Adam's apple removal.

The fact that not one transman in the study had genital surgery is notable. This is, in part, attributable to financial constraints. Phalloplasty costs in the United States typically range from \$30,000-\$100,000 for the surgery and the hospital stay (Israel and Tarver 1997; FTM Phalloplasty Info Hub 2004). In addition, many transmen are not satisfied with the predicted surgical outcome (Green 2004). This has important legal implications. Of the U.S. states that have a specific statute authorising a change of sex on legal documents, all require evidence of 'sex reassignment surgery', that is, genital surgery (Lambda Legal Defense and Education Fund 2005, see also Couch *et al* 2008).

Name change and attempts to deny transgender status

As Table 2 indicates, all MTFs in the study asked to be called by a name other than their given name. This was true for 96.2% of FTMs and 82.8% of genderqueers. All FTMs currently in sexual relationships were called by their chosen name by their partner. This was also the case for 96% of MTFs in relationships and 64% of genderqueers in relationships.

Over 70% of trans participants in each group thought about trying not to be transgender. Sixty-nine percent of MTFs actually got rid of 'female clothing' in an effort to stop themselves from

enacting a female gender identity. Between 40% and 50% of FTMs and genderqueers got rid of clothing in an effort to stop themselves from enacting their preferred gender identity.

Others' perceptions of gender identity

On average, MTFs and FTMs felt their gender identity was often perceived accurately (see Table Two). Genderqueers felt their gender identity was perceived accurately by others between 'a little bit' and 'moderately', on average. MTFs and FTMs believed others were unsure of their gender identity 'rarely' to 'sometimes' whereas genderqueers believed others were 'sometimes' unsure.

Identity development

MTFs, FTMs, and genderqueers first experienced their self as other than their assigned sex between the ages of six and a half, and nine (see Table two), which did not differ significantly by group. The difference in the age at which individuals first identified as other than their assigned sex was significant. MTFs first identified at 14 while FTMs and genderqueers first identified at 20. The difference was not significant for the mean age participants first disclosed their gender identity to another person. The group means ranged between 19 and 24. The difference was significant for the age at which individuals first presented to others in a way that was consistent with their internal gender experience. MTFs first presented at the age of 30 while FTMs and genderqueers first presented at the age of 18.

Individuals in each group were most likely to have first disclosed their gender identity to a primary sexual partner. The next most common person for FTMs and genderqueers to first disclose their gender identity to was a non-trans friend, whereas for MTFs it was someone whose relationship was not listed in the choices provided in the survey.

There are large differences in the developmental processes among trans people. MTFs did not share their gender identity with anyone else for an average of ten years after 'coming out' to themselves. FTMs, on the other hand, tended to talk to others about their gender experience even before identifying as trans.

Table 2: Comparison of MTFs, FTMs and genderqueers on name change, perceptions of gender identity, and identity development

Characteristic	MTF N=50	FTM N=64	Genderqueers N=52	Statistic
Naming				
Given name suggests gender	96.0%	90.4%	81.3%	
Thought of changing name	98.0%	98.1%	85.9%	
Come up with other name	100.0%	96.2%	82.8%	
Asked to be called by this name	100.0%	96.2%	82.8%	
Who calls you by this name^a				
Everyone	37.5%	46.8%	25.0%	
Trans friend	85.4%	97.9%	75.0%	
Non-trans friend	89.6%	95.7%	69.2%	
Lover/Partner/Spouse ^b	96.2%	100.0%	64.0%	
Mother ^c	50.0%	75.6%	38.1%	
Father ^d	59.1%	72.2%	35.1%	
Sister/Brother	79.2%	89.4%	51.9%	
Other Relative	58.3%	80.9%	36.5%	
Co-worker ^e	75.0%	97.1%	59.0%	
Teacher ^f	87.5%	94.7%	72.2%	
Fellow Students ^f	87.5%	94.7%	66.7%	
Health Care Provider	83.3%	87.2%	51.9%	
Therapist	79.2%	93.6%	53.8%	
Attempted not be trans				
Thought about trying not be trans	70.8%	84.0%	82.8%	
Attempted to change self into not trans	71.4%	74.0%	70.3%	
Thought about ridding of clothing expressing gender/ 'purging'	73.5%	53.1%	50.8%	
Gotten rid of clothing expressing gender/ 'purged'	69.4%	49.0%	44.4%	
Others' Perceptions of One's Gender				
Perceived Accurately ^g	3.94 (1.04)	3.94 (1.02)	2.73 (1.03)	
If not, degree of distress ^g	3.20 (1.17)	3.54 (1.23)	2.93 (1.18)	
Frequency desire to present as a man/boy ^h	1.18 (.49)	4.71 (.70)	3.72 (.99)	
Frequency desire to present as a woman/girl ^h	4.86 (.41)	1.25 (.60)	2.18 (1.20)	
If 'read', degree of distress ^g	2.98 (1.20)	3.23 (1.37)	2.39 (1.14)	
How accurate perceived as man/boy ^g	1.41 (.82)	4.58 (.76)	3.43 (1.01)	
Varies	8.33%	3.85%	17.19%	
How accurate perceived as woman/girl ^g	4.71 (.71)	1.14 (.35)	2.23 (1.15)	
Varies	4.00%	1.96%	9.52%	
Frequency perceived as man/boy ^h	2.43 (1.02)	4.48 (.73)	3.92 (.82)	
Frequency perceived as woman/girl ^h	4.08 (.83)	1.96 (.89)	2.72 (1.08)	
Frequency others unsure ^h	2.52 (.89)	2.31 (1.11)	3.00 (1.13)	
Frequency perceived as neither ^h	1.94 (.87)	1.94 (.98)	2.35 (1.05)	

Characteristic	MTF N=50	FTM N=64	Genderqueers N=52	Statistic
Milestones				
Age first experienced self as other than assigned sex	7.23 (6.13)	6.59 (5.90)	8.92 (7.74)	$F(2,156)=1.80$
Age first identified as other than assigned sex	14.18 _a (11.95)	19.82 _b (8.97)	20.32 _b (11.15)	$F(2,158)=5.14^{**}$
Age first presented as experienced gender identity	30.22 _a (15.48)	18.25 _b (12.45)	18.18 _b (11.07)	$F(2,159)=14.74^{****}$
Age first told someone gender identity	23.98(12.74)	19.50 (7.62)	23.03 (9.60)	$F(2,156)=2.80$
First Told				
Lover/partner/spouse	28.6%	36.5%	30.0%	
Non-trans friend	14.3%	19.2%	23.3%	
Trans Friend	10.2%	5.8%	18.3%	
Mother	16.3%	7.7%	6.7%	
Father	4.1%	5.8%	0	
Sister/Brother	4.1%	1.9%	3.3%	
Therapist	4.1%	11.5%	6.7%	
Other	18.3%	11.6%	11.7%	

Note: Percentages are given for categorical variables. Means, with standard deviations in parentheses, are given for continuous variables. Means having the same subscript are not significantly different at $p < .05$ in the Bonferroni test.

^a Of those whose given name suggests a gender.

^b Of those currently in relationships.

^c Of those whose mother is currently alive.

^d Of those whose father is currently alive.

^e Of those currently employed.

Genderqueers, on average, first told someone about their gender two and a half years after 'coming out' to themselves. In addition, MTFs first presented themselves as they experienced their gender sixteen years after identifying as trans and six years after telling someone. FTMs and genderqueers, in contrast, presented themselves in a way that was congruent with their gender before they identified as trans and before they 'came out' to others.

These differences reflect differing cultural valuations of masculinity and femininity. The cultural idealisation of masculinity means that those perceived as female can assume masculine presentations and expressions with greater impunity than those perceived as male assuming feminine presentations and expressions. Compounding these differences are the ways in which relationality and autonomy are differentially valued in gender socialisation. Male identity is associated with individuating from a female 'other',

while female identity is associated with identifying with a female whose primary occupation is attending to others.

The differences in developmental processes have crucial implications. Feelings of shame and alienation increase during periods of secrecy. Keeping one's gender identity secret can, in and of itself, contribute to emotional distress (Cole *et al* 2000). On the other hand, disclosing one's gender experience and presenting to others in a gender-congruent way to supportive others, is enormously affirming. Given the average age of first presentation to others at thirty by MTFs, it is likely that intimacy and relationship development stagnate during the teens and twenties and that self-esteem is relatively low. The more opportunities that young MTFs have to speak about and enact their gender in safe environments, the more likely it is that MTFs will no longer experience the shame and alienation that many have lived with for years.

Table 3: Comparison of MTFs, FTMs and genderqueers on clothing and presentation

Characteristic	MTF N=50	FTM N=64	Genderqueers N=52	Statistic
Most satisfying self expression/ 'dressing' involves				
Blouse	91.1%	2.0%	15.6%	
Boxers/briefs	0%	96.0%	79.7%	
Breast binding	2.2%	32.0%	34.4%	
Dress	82.2%	2.0%	20.3%	
Heels	75.6%	0%	12.5%	
Panties	95.6%	2.0%	20.3%	
Simulated breasts	31.1%	0%	9.4%	
Simulated facial hair	0%	7.7%	4.7%	
Simulated penis	0%	68.0%	34.4%	
Skirt	84.4%	4.0%	20.3%	
Stockings	80.0%	2.0%	20.3%	
Tie	6.7%	66.0%	45.3%	
Trousers	44.4%	88.0%	75.0%	
Vest/jacket	17.8%	48.0%	31.3%	
Wig	24.4%	2.0%	9.4%	
Other	26.7%	14.0%	25.0%	
'Dressing' ^a				
Way of expressing self	3.85 (1.07)	3.82 (.93)	3.94 (.89)	$F(2, 158) = .21$
Erotic experience	1.54 _a (.74)	1.76 (1.23)	2.08 _b (1.13)	$F(2, 160) = 3.58^*$
Feel sexually aroused	1.33 _a (.63)	1.55 (1.06)	1.81 _b (1.13)	$F(2, 160) = 3.31^*$
Feel sexually attractive ^b	2.71 (1.07)	3.16 (.96)	3.11 (.91)	$F(2, 157) = 3.24^*$
Sense of relief	2.81 (1.73)	3.38 (1.50)	2.93 (1.44)	$F(2, 153) = 1.79$
Is incorporated in sexual relations	1.83 (1.15)	2.23 (1.29)	2.30 (1.27)	$F(2, 149) = 2.06$
Ideally like to incorporate in sexual relations	1.89 _a (1.19)	2.09 (1.31)	2.58 _b (1.41)	$F(2, 147) = 3.93^*$
Frequency ^c	1.07 _a (.25)	1.06 _a (.31)	1.51 _b (.95)	$F(2, 156) = 9.29^{****}$
Ideal frequency ^c	1.00 _a (0)	1.00 _a (0)	1.22 _b (.61)	$F(2, 152) = 6.13^{***}$
Engage in what feels to you like cross-dressing	12.5%	15.4%	52.4%	$X^2(2, N=163) = 27.85^{****}$
If so, cross dressing involves				
Blouse	66.7%	25.0%	36.4%	
Boxers/briefs	0	12.5%	12.1%	
Breast binding	16.7%	25.0%	15.2%	
Dress	66.7%	50.0%	66.7%	
Heels	66.7%	12.5%	51.5%	
Panties	66.7%	62.5%	42.4%	
Simulated breasts	50.0%	25.0%	30.3%	
Simulated facial hair	16.7%	12.5%	9.1%	
Simulated penis	0	50%	18.2%	
Skirt	66.7%	50.0%	66.7%	
Stockings	66.7%	37.5%	57.6%	
Tie	33.3%	12.5%	15.2%	
Trousers	33.3%	12.5%	9.1%	
Vest/jacket	16.7%	12.5%	0	
Wig	50%	50%	30.3%	
Other	0	25.0%	48.5%	

Characteristic	MTF N=50	FTM N=64	Genderqueers N=52	Statistic
'Cross Dressing' ^a				
Way of Expressing Self	3.17 (1.72)	2.88 (1.36)	3.12 (1.41)	$F(2, 44)=.11$
Erotic Experience	1.83 (.98)	3.25 (1.75)	2.45 (1.35)	$F(2, 44)=1.88$
Feel Sexually aroused	1.50 (.84)	3.13 (1.89)	2.45 (1.35)	$F(2, 44)=2.30$
Feel sexually attractive	2.50 (1.38)	2.50 (1.51)	2.91 (1.35)	$F(2, 43)=.42$
Sense of relief	2.67 (1.86)	1.75 (1.39)	2.61 (1.56)	$F(2, 44)=1.01$
Is incorporated in sexual relations	2.17 (1.47)	2.50 (1.41)	1.94 (1.06)	$F(2, 42)=.75$
Ideally like to incorporate in sexual relations	2.33 (1.37)	2.63 (1.77)	2.52 (1.29)	$F(2, 42)=.08$
Frequency ^c	2.17 (1.47)	3.75 (1.28)	3.16 (1.13)	$F(2, 42)=3.01$
Ideal frequency ^c	2.00 (1.55)	3.25 (1.49)	2.68 (1.47)	$F(2, 42)=1.22$

Note: Percentages are given for categorical variables. Means, with standard deviations in parentheses, are given for continuous variables. Means having the same subscript are not significantly different at $p < .05$ in the Bonferroni test.

^a 1 = not at all; 2 = a little bit; 3 = moderately; 4 = very much; 5 = extremely.

^b While the F statistic is significant at the .05 level, there are no significant simple effects.

^c 1 = daily; 2 = weekly; 3 = monthly; 4 = several times a year; 5 = less than once a year.

* $p < .05$. ** $p < .01$ *** $p < .005$. **** $p < .001$.

Clothing and presentation

Table three demonstrates the wide variety of ways that trans individuals choose to dress and/or simulate body parts such as breasts, penis, facial hair, etc. 'Dressing' was defined as the way one presents that feels most satisfying. An individual may or may not experience it as cross-dressing and/or others may or may not perceive it as such. The difference between MTFs, FTMs and genderqueers for experiencing dressing as a way of expressing one's self was not statistically significant. However, there was a statistically significant difference for experiencing dressing as an erotic experience. Genderqueers experienced dressing as more erotic than did FTMs. There was also a significant difference in the extent to which individuals were sexually aroused by dressing. Genderqueers tended to be more sexually aroused from dressing than were MTFs. Feeling sexually attractive differed significantly as well. FTMs and genderqueers reported feeling somewhat more sexually attractive than MTFs did when dressing.

The difference for feeling a sense of relief when dressing was not significant, nor was incorporating dressing into sexual relations. However, there was a significant difference in the extent to which

participants would ideally like to incorporate dressing into their sexual relations. Genderqueers reported a significantly greater interest in incorporating dressing into sexual relations than FTMs reported. In addition, MTFs and FTMs reported dressing significantly more frequently than did genderqueers. Further, MTFs and FTMs unanimously expressed the desire to dress every day, which differed significantly from genderqueers, who expressed interest in dressing less frequently.

The extent to which participants engaged in what is subjectively experienced as cross-dressing differed significantly across groups. Over half of genderqueers reported cross-dressing as compared to 12.5% of MTFs and 15.4% of FTMs. However, among cross-dressers in the three trans groups, there were no significant differences in other experiences of cross-dressing, such as feeling sexually aroused, feeling sexually attractive, or feeling a sense of relief.

In addition, there was diversity in what MTFs and FTMs experienced as 'cross-dressing'. In other words, for some MTFs, cross-dressing involved wearing a skirt and heels whereas for others, it involved breast binding and simulating facial hair.

Table 4: Comparison of MTFs, FTMs, and Genderqueers on Disclosure to Others, Sexuality, and Community

Characteristic	MTF N=50	FTM N=64	Genderqueers N=52	Statistic
Degree of 'Outness' Gender Identity^a				
Mother	5.67 (1.85)	5.82 _a (1.41)	4.93 _b (2.14)	$F(2, 145) = 3.55^*$
Father	4.45 (2.26)	5.39 _a (1.72)	3.85 _b (2.17)	$F(2, 125) = 7.07^{***}$
Siblings	6.18 _a (1.27)	6.06 _a (1.23)	5.22 _b (1.80)	$F(2, 163) = 7.30^{***}$
Other Relatives	4.61 _a (2.02)	4.20 _a (1.92)	3.27 _b (1.86)	$F(2, 156) = 6.94^{***}$
New non-trans friends	5.08 (2.28)	4.71 (2.18)	4.66 (2.02)	$F(2, 154) = .59$
Lovers	6.68 (1.08)	6.85 (.420)	6.81 (.60)	$F(2, 132) = .63$
Work peers	4.80 (2.11)	4.49 (2.21)	3.98 (2.18)	$F(2, 147) = 1.82$
Work supervisors	4.74 (1.81)	4.64 (2.09)	4.79 (1.95)	$F(2, 118) = .07$
Fellow students	3.33 (2.46)	3.35 _a (2.15)	4.83 _b (1.70)	$F(2, 63) = 3.83^*$
Teachers	3.77 (2.39)	3.03 _a (2.14)	5.13 _a (1.51)	$F(2, 64) = 7.40^{***}$
Strangers, new acquaintances	2.04 _a (1.38)	1.56 _a (1.18)	3.02 _b (1.97)	$F(2, 143) = 11.40^{****}$
Members of ethnic community	2.68 (1.87)	2.24 _a (2.02)	3.82 _b (2.02)	$F(2, 65) = 3.76^*$
Leaders of ethnic community	2.81 (1.88)	2.33 (2.11)	3.89 (2.11)	$F(2, 62) = 2.99$
Members of religious community	3.48 (2.06)	3.36 (2.25)	3.94 (2.35)	$F(2, 62) = .36$
Leaders of religious community	3.59 (2.11)	3.70 (2.25)	3.87 (2.30)	$F(2, 61) = .07$
Primary health care provider	6.63 (1.07)	6.80 (.46)	6.35 (1.10)	$F(2, 131) = 2.78$
Mental health provider	6.79 (.88)	6.81 (.45)	6.67 (.66)	$F(2, 117) = .54$
Casual functional acquaintance	2.00 (1.35)	1.44 _a (1.01)	2.51 _a (1.64)	$F(2, 144) = 7.75^{***}$
Degree of 'Outness' Assigned Birth Sex^a				
New non-trans friends	3.70 (2.36)	3.07 _a (2.26)	4.50 _b (2.24)	$F(2, 139) = 4.69^*$
Lovers	6.28 _a (1.56)	6.84 _b (.49)	6.86 _b (.42)	$F(2, 118) = 4.74^*$
Work peers	4.44 (2.05)	4.09 (2.21)	4.60 (2.12)	$F(2, 125) = .69$
Work supervisors	4.74 (1.81)	4.64 (2.09)	4.79 (1.95)	$F(2, 118) = .07$
Fellow students	3.33 (2.46)	3.35 _a (2.15)	4.83 _b (1.70)	$F(2, 63) = 3.83^*$
Teachers	3.77 (2.39)	3.03 _a (2.14)	5.13 _a (1.51)	$F(2, 64) = 7.40^{***}$
Strangers, new acquaintances	2.04 _a (1.38)	1.56 _a (1.18)	3.02 _b (1.97)	$F(2, 143) = 11.40^{****}$
Members of ethnic community	2.68 (1.87)	2.24 _a (2.02)	3.82 _b (2.02)	$F(2, 65) = 3.76^*$
Leaders of ethnic community	2.81 (1.88)	2.33 (2.11)	3.89 (2.11)	$F(2, 62) = 2.99$
Members of religious community	3.48 (2.06)	3.36 (2.25)	3.94 (2.35)	$F(2, 62) = .36$
Leaders of religious community	3.59 (2.11)	3.70 (2.25)	3.87 (2.30)	$F(2, 61) = .07$
Primary health care provider	6.63 (1.07)	6.80 (.46)	6.35 (1.10)	$F(2, 131) = 2.78$
Mental health provider	6.79 (.88)	6.81 (.45)	6.67 (.66)	$F(2, 117) = .54$
Casual functional acquaintance	2.00 (1.35)	1.44 _a (1.01)	2.51 _a (1.64)	$F(2, 144) = 7.75^{***}$
Sexual Attraction: attracted to^b				
Transmen	27.1%	42.3%	55.6%	
Transwomen	41.7%	26.9%	54.7%	
Transpeople	24.0%	28.8%	38.1%	
Biomen	27.1%	42.3%	52.4%	
Biowomen	47.9%	75.0%	71.4%	

Characteristic	MTF N=50	FTM N=64	Genderqueers N=52	Statistic
Biopeople	16.7%	30.8%	34.9%	
Gay men	8.3%	53.8%	50.8%	
Lesbians	66.7%	50.0%	77.8%	
Bisexual men	31.3%	40.4%	49.2%	
Bisexual women	45.8%	59.6%	66.7%	
Bisexual people	35.4%	38.5%	41.3%	
Heterosexual women	50.0%	51.9%	69.8%	
Heterosexual men	50.0%	15.4%	30.2%	
Heterosexual people	27.1%	13.5%	19.0%	
Ambiguously gendered women	22.9%	38.5%	52.4%	
Ambiguously gendered men	12.5%	28.8%	42.9%	
Ambiguously gendered people	14.6%	32.7%	42.2%	
People who are not men or women	12.5%	23.1%	39.7%	
No one	4.2%	3.8%	4.8%	
Other	2.1%	0	4.8%	
Sexual Identity^b				
Heterosexual	27.1%	33.3%	21.0%	
Bisexual	43.8%	17.6%	29.0%	
Lesbian	33.3%	2.0%	24.2%	
Gay	6.3%	19.6%	14.5%	
Multisexual	10.4%	0	11.3%	
Omnisexual	6.3%	0	9.7%	
Pansexual	14.6%	5.9%	11.3%	
Queer	16.7%	68.6%	69.4%	
Other	2.1%	0	4.8%	
Lesbian, Gay, and Bisexual (LGB) Community				
Degree of felt connection ^c	2.98 (1.13)	3.00 (.87)	3.42 (1.07)	$F(2, 162) = 3.43^*$
Frequency of attendance at LGB bars, clubs, or parties ^e	2.52 (.97)	2.85 (1.04)	3.00 (1.23)	$F(2, 162) = 2.72$
Of bars, clubs, or parties attend, how often LGB ^e	3.24 _a (1.30)	3.90 _b (1.10)	3.89 _b (1.36)	$F(2, 160) = 4.64^*$
Frequency of attendance LGB events (political rallies, parades, professional meetings, discussion groups, etc.) ^e	2.94 (1.24)	3.25 (.84)	3.17 (1.16)	$F(2, 163) = 1.11$
Frequency LGB websites, chat Rooms, email discussion groups ^e	3.06 (1.31)	3.06 (1.26)	2.95 (1.30)	$F(2, 161) = .13$
Of 5 people closest to, # GLB	2.04 _a (1.58)	2.79 _b (1.42)	2.97 _b (1.49)	$F(2, 161) = 5.64^{***}$
Transgender Community				
Degree of felt connection ^c	3.68 (1.20)	3.61 (1.15)	3.53 (.94)	$F(2, 162) = .26$
Participation in Trans Community temporary ^e	2.10 _a (1.23)	1.80 (1.08)	1.54 _b (.71)	$F(2, 159) = 4.32^*$
Frequency of attendance at trans bars, clubs, or parties ^e	2.38 (1.12)	2.25 (.98)	2.44 (1.14)	$F(2, 160) = .40$

Characteristic	MTF N=50	FTM N=64	Genderqueers N=52	Statistic
Of bars, clubs, or parties attend, how often trans ^e	2.53 (1.24)	2.58 (1.26)	2.37 (1.06)	$F(2, 156)=.50$
Frequency of attendance trans events (political rallies, parades, professional meetings, discussion groups, etc.) ^e	3.24 (1.22)	3.08 (1.23)	3.03 (1.08)	$F(2, 162)=.47$
Frequency trans websites, chat Rooms, email discussion groups ^e	3.84 (1.11)	3.60 (1.03)	3.69 (1.31)	$F(2, 161)=.56$
Of 5 people closest to, # trans	1.75 (1.45)	1.44 (1.15)	1.25 (1.18)	$F(2, 159)=2.18$

Note: Percentages are given for categorical variables. Means, with standard deviations in parentheses, are given for continuous variables. Means having the same subscript are not significantly different at $p < .05$ in the Bonferroni test.

^a 1 = person definitely does not know; 2 = person might know, but it is never talked about; 3 = person probably knows, but it is never talked about; 4 = person probably knows, but it is rarely talked about; 5 = person definitely knows, but it is rarely talked about; 6 = person definitely knows, and it is sometimes talked about; 7 = person definitely knows and it is openly talked about.

^b Categories are not mutually exclusive; percentages may add up to more than 100%.

^c 1 = not at all; 2 = a little bit; 3 = moderately; 4 = very much; 5 = extremely.

^d While the F statistic is significant at the .05 level, there are no significant simple effects.

^e 1 = never; 2 = rarely; 3 = sometimes; 4 = often; 5 = very often.

* $p < .05$. ** $p < .01$ *** $p < .005$. **** $p < .001$.

The same was true for FTMs. This diversity in meanings, similar to the diversity in meanings characterising sexual orientations, points to the need to specify the details of gender-related terms in research with trans people (and others). It also illuminates the potential for differences in the meanings researchers attribute to particular behaviours and the ways in which participants understand them.

Disclosure of gender identity

Table four presents results on outness/disclosure of gender identity. Significantly more FTMs reported disclosing their gender identity to their mothers and fathers than did genderqueers. More MTFs and FTMs reported discussing their gender identity with their siblings than did genderqueers. In addition, there was a significant difference in the degree to which participants thought other relatives knew about their gender identity. MTFs and FTMs were more certain that their gender identity was known to their extended family than were genderqueers. Groups did not differ significantly in levels of disclosure to new non-trans friends, lovers, work-peers, work supervisors, fellow-students, teachers, strangers, members and leaders of participants'

ethnic community, and members and leaders of participants' religious community. However, MTFs and FTMs spoke to their primary health care provider about their gender identity significantly more frequently than did genderqueers. Given that MTFs were older than FTMs or genderqueers, they may be less likely to discuss their gender identity with their parents who are older and grew up in an era when gender identity was much less likely to be talked about.

Both MTFs and FTMs were more likely than genderqueers to talk about their gender identity with their primary health provider. This is likely related to the greater likelihood of MTFs and FTMs of having had surgical and/or hormonal interventions or to a greater likelihood of desire to have them in the future. It may also be related to genderqueers feeling less able to describe an identity outside the traditional gender binary; health care providers may also be less able to understand this identity, even if it is one genderqueers are able to articulate.

Disclosure of assigned birth sex

There were also significant differences in the extent to which individuals disclosed their assigned birth

sex. Genderqueers were significantly more likely than FTMs to talk about their birth sex with new non-trans friends. Both FTMs and genderqueers talked with their lovers about their birth sex more often than did MTFs. There were no differences in the extent to which individuals were out to their work-peers or their work-supervisors. Genderqueers were more likely than FTMs to talk about their birth sex with students as well as teachers. MTFs and FTMs were significantly less likely than genderqueers to feel that strangers knew about their birth sex. In addition, genderqueers reported feeling that members of their ethnic community were more likely to know their birth sex than FTMs reported. There were no significant differences in the extent to which groups disclosed their assigned birth sex to leaders of their ethnic communities, members and leaders of their religious communities, or to their primary health or mental health providers. Finally, genderqueers were significantly more likely than FTMs to feel that casual functional acquaintances knew their birth sex even though it was never talked about. This is likely attributable to genderqueers being less likely to have had surgical or hormonal interventions.

Sexual attraction and sexual identity

Table four also presents results about sexual attraction and sexual identity. Participants in all three groups were more likely to be attracted to women than to men. The largest percentage of FTMs was attracted to lesbians (67%) when compared with other groups of people. The smallest percentage of FTMs was attracted to gay men (8%; not including 'no one' and 'other'). The largest percentage of MTFs was attracted to 'biowomen' (women assigned female at birth who present as female; 75%). FTMs were least likely to be attracted to heterosexual people (14%; not including 'no one' and 'other'). Genderqueers were most likely to be attracted to lesbians (78%) and least likely to be attracted to heterosexual people (19%; not including 'no one' and 'other').

MTFs were most likely to identify as bisexual (44%) and lesbian (33%); this may represent less than 77% of MTFs given that respondents could check more than one category. It is possible that

some identified as bisexual and lesbian. FTMs were most likely to identify as queer (69%) and heterosexual (33%), with some respondents identifying as both queer and heterosexual. Genderqueers were most likely to identify as queer (69%) and bisexual (29%). This represents less than 98% of genderqueers in that some identified as both queer and bisexual.

Results demonstrate that particular aspects of gender (e.g. ambiguous gender, transgender) and sexuality (e.g. bisexual man, gay man) aside from sex (i.e. male, female) contribute to sexual attraction. It is also noteworthy that more than half of FTMs are attracted to gay men. While there are no data on these participants' previous sexual attractions, it is likely that many of them identified as lesbian in the past. Thus, for some trans people the same-sex aspect of sexuality is more stable and, perhaps, more primary than the particular sex of the person they are attracted to.

MTFs were most likely to identify as bisexual. Despite what Denny and Green (1996:91) refer to as '... one of the truisms of [the earlier transsexual] literature [that] transsexual people must necessarily be attracted only to those of the natal sex', they assert that bisexuality is relatively common among trans people. It may be that many FTMs and genderqueers are also attracted to men and women but are more likely to identify themselves as 'queer' as opposed to 'bisexual'. This may be associated with the academic and post-modern connections to dyke/queer/transmale/genderqueer communities grounded in, yet simultaneously critical of, the 'binary' conceptualisation of gender.

Relationship to transgender and LGB communities

There was a significant difference in the extent to which groups felt connected to the LGB community (see Table four). While MTFs and FTMs felt 'moderately' connected to the LGB community, genderqueers felt between 'moderately' and 'very much' connected. This may be due to genderqueers being less likely than transwomen and transmen to identify as heterosexual. Frequency of attending LGB bars, clubs, and parties did not differ among groups. However, when MTFs go to bars, clubs, and

parties, the likelihood of these venues being LGB is smaller than it is for FTMs and genderqueers. The difference in the frequency of attending other LGB political, professional, or cultural activities was not significant. The difference in the extent to which participants subscribed to LGB listservs or frequented LGB websites or chat rooms was not significant either. FTMs and genderqueers reported more LGB individuals among the five people they are closest to than did MTFs.

The difference in the extent to which participants felt connected to the transgender community was not significant. However, there was a significant difference in the extent to which participants viewed their participation in the trans community as temporary. While genderqueers rarely viewed their participation in the trans community as temporary, FTMs viewed their participation as temporary slightly more often. There were no significant differences in the frequency of attending trans social gatherings; the proportion of social gatherings that were trans gatherings; attending trans political, professional, or cultural activities; accessing the trans community electronically; or in the extent to which there were trans people among the five people participants are closest to.

Implications and limitations

While the goal had been to recruit 100 participants from each group, this proved extraordinarily difficult. Despite potential participants' knowledge that the study had been granted institutional approval, many expressed concern and inquired about the goals, perspectives, and potential uses of the study as well as the qualifications of the researcher. A number of potential respondents contacted the first author and concerns were allayed. Others refused to participate in any quantitative study that, they argued, would fail to adequately capture their experience. While many expressed a great deal of distrust and anger toward the psychological and psychiatric establishments from which they had received degrading and detrimental 'treatment', most of them were eager to participate in what they saw as an opportunity to increase insight into their experience, potentially helping to alter future 'treatment'. One participant wrote, 'Thanks so much for doing research on

transpeople. Many people have no idea how desperately all of us are looking for solid information ...' From another, 'thank you for helping others understand that we are not a threat'.

The methods of recruitment as well as study procedures meant participants were drawn from a particular population of transgender individuals in the U.S. This population is computer literate, has easy access to a computer, a permanent residence, and a sibling with a permanent residence. This population differs a great deal from the trans populations previously studied. Most of the large published trans studies focus on HIV prevention and risk reduction, access to health care, and general needs assessment. These studies tend to recruit individuals living in big U.S. cities: Chicago (Garofalo *et al* 2006), Los Angeles (Reback and Simon 2004), New York (Warren 2001), Philadelphia (Kenagy 2005), San Francisco (Nemoto *et al* 2004), and Washington, DC (Xavier 2000). In the current study, urban dwellers comprise less than 20% of transwomen, 25% of transmen, and 33% of genderqueers.

One other major limitation of this study is the lack of significant numbers of people of colour. Collaborating with organisations of trans people of colour would help to illuminate issues of particular relevance for this population, adapt methodologies to increase participation, and increase outreach effectiveness. It would be important to explore terminology through qualitative research. A study of 'drag queens', for example, may be more relevant than a study of 'MTF people of colour'.

Because we surveyed participants at one point in time, we do not know how trans identities and experiences change over time. For this, longitudinal research is needed and we encourage life history research to investigate these issues.

Clinical and community implications

One of the most significant clinical implications of this study is the importance of recognising the tremendous variation among trans individuals in gender experience and gender expression. Two individuals who seek the same hormonal intervention may have a very different gender experience. It is critical not to make assumptions

about any aspect of a trans person's gender experience: the stability or fluidity of their gender; the stability or fluidity of their sexuality; the desire to have—or not—, any particular surgical or hormonal intervention, the extent to which physical aspects of their body are integral to their gender expression, the level of comfort with whatever pronoun is used to address them, in addition to many other aspects of their experience.

Given the findings of the current study, it is important for further studies to continue to distinguish FTM and MTF experience, as well as those that are neither male nor female. It will be important to collaborate with trans people of colour to more fully understand the experiences of all trans people. Finally, it is important to further understanding of the many needs and challenges of trans communities as well as the creativity and strengths evidenced by these communities.

At the same time that clinicians are lagging behind in understanding changes in trans experiences over the past decades (Ekins 2005), trans people are increasingly expressing and articulating unique gender experiences in creative ways. When gender identities can be described in several dozen ways, previously isolating gender experiences become intelligible across increasing numbers of people. The extent to which individuals of varying gender expressions and identities are embraced by trans communities, the more truly 'trans-formative' these communities and, by extension, society's conceptions of sex, gender, and sexuality.

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Endnote

1. Initially, the terms 'transmen' and 'transwomen' were used. These were chosen based on insight gained from a workshop provided by the Gender Identity Project (GIP) at the Gay, Lesbian, Bisexual, and Transgender Community Center of New York City. The Director of GIP, a self-identified transwoman or 'woman of transsexual experience' stated that as a woman, that is the central aspect of her gender identity, the 'noun' of her experience.

'MTF' which stands for 'male-to-female' describes a pathway or trajectory. It places undue importance on the prior identity. To make an analogy, many lesbians saw themselves as heterosexual prior to identifying as lesbian: Nonetheless, the terms 'heterosexual-to-lesbian' or 'HTL' are not recognised identity categories. Similarly, 'Christian-to-Jewish' is not a recognised identity though it is a recognised trajectory.

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