

# Transgender Theory for Contemporary Social Work Practice: A Question of Values and Ethics

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## Abstract

Transgender theory was developed to explain the existence of transgender and gender diverse people and takes into account their lived experiences including how they interact within their environment. The transgender theory model centers gender fluidity over biology and views each individual as the expert on their own gender without suggesting pathology or deviance. This theory breaks away by spilling over the limited paradigm that queer theory and feminist theory have to offer. Contemporary transgender theory asserts all transgender and gender diverse identities are valid and moves toward adapting a cisgender dominant culture. Simply acknowledging that transgender and gender diverse people exist, has become not enough for today's society. Exploring the history of transgender theory provides clear evidence of this evolution and creates a trajectory for cisgender dominant society that moves closer to the same one the transgender community has for themselves. Learning culture competency practices can leave a clinician limited in truly understanding the needs of transgender and gender diverse people. Exploring one's value system and how this is applied within social work practice is needed to present a true affirming framework that upholds the guiding principles on gender identity and expression set forth in the *NASW Code of Ethics*.

Modern transgender theory hypothesizes that by pushing towards adopting a stronger understanding of intersectionality and marginalized gender identities, American culture will see a reduction in oppression and an increase in more opportunities for transgender and gender diverse people not only to survive, but to thrive.

*Keywords:* transgender, gender, LGBTQIA+, queer, theory

## Introduction

The word transgender in transgender theory is meant to encompass many identities including transgender men, transgender women, gender queer, gender diverse, nonbinary, agender, bigender, genderfluid, genderless, polygender, two-spirit individuals, and many more. Intersex people may also identify as transgender or cisgender. Transgender is typically used as an umbrella term to mean anyone who self identifies or expresses themselves as something different than their sex assigned at birth (Bockting, 1999). It is important to note that labels such as transsexual and transvestite are outdated terms and were originally used in a binary manner (Vidal-Ortiz, 2008). However, these terms should not be used unless a person requests them. Other antiquated terms include "tranny," should never be used by cisgender people

to describe someone's gender identity (Merriam-Webster.com, 2020b). The only exception may be for other transgender people to communicate with each other with permission. The concept of gender transition is seen in the community as a lifelong process with no distinct – beginning, middle, or end stages. Terminology that means or implies absolutes, such as “transformation,” “transitioning,” “used to be,” or a combination of both male and female, should also be avoided unless person is referring to themselves or “socially transitioning.” Transgender theory is used to explain transgender identities and lived experience (Nagoshi & Brzuzy, 2010). A transgender person might prefer to focus on the experiential so they may identify as a man, woman, or person of transgender experience as opposed to a transgender woman. Both focus on separating gender from sexual orientation. However, some people prefer to say they are a person of transgender experience, as opposed to an identifier which is stated before their gender.

### **Origins of Life and Theory**

Evidence of transgender life experiences have been found in texts that date back more than 4500 years ago to ancient Mesopotamia (Enki & Ninmah, 2019). In the United States in 1895 a self-identified group that emerged in New York and named themselves the Cercle Hermaphroditos was the first transgender advocacy group (Katz, 1976). Transgender theory developed from Roen in 2001, and included the idea that gender is fluid while still maintaining a binary system. Roen explored how the lived experience of transgender individuals were distinct from queer theory and that this was especially true when looking at the intersectionality of race. Transphobia, according to Roen (2001), was traced this back to the colonization of Black, Indigenous, and people of color (BIPOC) in the United States. Two-Spirit people have always existed in Native American families and have been regarded as a third gender—neither man nor woman. The term *two-spirit* is an umbrella term used to describe sexual orientation, gender identity, gender expression, and intersex people

of indigenous Native American descent (Indian Health Resources, 2019). Therefore, Roen linked the origins of transphobia intrinsically to the first colonization of the United States and continuing thereafter. Transgender theory written by Roen in the article “Transgender Theory and Embodiment: The Risk of Racial Marginalization” (2001) was true for the times as the ballroom culture of the 1920s became more mainstream in the 1990s and continued into the early 2000s. It was colonized by white powerhouses in the music industry such as Madonna. The embracing attitude the cisgender white male gay community demonstrated towards her rendition of “Vogue” was reminiscent and familiar to the transgender community and queer communities of color who had been pushed aside, just like Latinx and Black transgender trailblazers Silvia Rivera and Marsha P. Johnson were in the Stonewall Movement (Goodman, 2019; Brown, 2019).

Transgender theory derived from queer theory and feminist theory. It is the idea that each individual is the expert on their own gender, gender experience, and ultimately has autonomy over their own body. Within the social work field, sorting out which personal identities are fixed and which are not, has been a challenge. Oftentimes this can be where one's political views influence their social work practice. Yet, recognizing which are fixed and those that can be self-identified has provided empowerment to marginalized groups and individuals. Transgender theory goes beyond its basis of feminist theory and queer theory to look at gender fluidity, lived experiences, social constructs of gender, and the person being the expert on their own gender (Nagoshi & Brzuzy, 2010). In this theory, someone's identity should always be respected, but is not seen as permanent and can change at any time. Therefore, a conflict is posed with feminist theory and queer theory that would assume identities to be stagnant. Feminist theory challenged patriarchal dominance by believing that the male body is not stronger or more valuable than the female body. However, they were talking about cisgender people, and feminists started to wonder

if not upholding equity in all aspects was against its own moral compass (Becker, 1999). This also created a stark gender binary, which does not fit with many different transgender identities. Where feminist theory says – women are not inferior; transgender theory asks – how do you know they are women? While feminist theory worked to dispel ideas of a superior gender, queer theory emerged in contrast pushing against heteronormative ideals and assumptions. It was formed to view non-heteronormative identities and relationships as equally legitimate, instead of rebellious and deviant. However, queer theory leaves out viewing gender as different than sex assigned at birth, and a separately oppressed marginalized identity intersecting with sexual orientation.

In the mid-1960s, the full book *I Changed My Sex!* was written by Hedy Jo Star (1963). Then the most well-known book, often considered the first notable work, was Christine Jorgensen's 1967 autobiography. The book likely garnered great attention as it listed on its cover "Illustrated with 16 pages of photographs" (Jorgensen, 1967). While all of the earliest works began to describe the life experience of transgender individuals, they focused heavily on genitalia and surgery. One of the first scholarly works on transgender theory was "The Empire Strikes Back: A Posttranssexual Manifesto" by Sandy Stone (1987), a transgender woman. This was a response to Janice Raymond's book titled *The Transsexual Empire: The Making of the She-Male* (1979), where Raymond stated that transgender women and masculine presenting people that were assigned female at birth, existed to invade women-specific spaces and steal women's power. Raymond also implied they were not "real women." Stone's consequent article and response was seen as the one of the first times the lived experience of transgender women broke from feminist theory, thus leading to transgender theory (1987). One of the earliest known experiential accounts was *Man Into Women: The First Sex Change* by Lili Elbe by Niels Hoyer (1953). In 2002 Hird's writings on transgender and gender diverse people separated queer and feminist theory. It expanded the idea that transgender people

are not rebellious, and their gender identities are true and valid (Hird, 2002). This was formulated with the foundation set-forth by Kate Bornstein in her book, *Gender Outlaws* (2016), which stated that gender variance or fluidity is not intrinsically deviant, although society views it as such. Julia Serano then wrote *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity* (2007), a book that further questioned the mismatch of transgender and gender diverse identities with feminist theory by exploring the prevalence of objectification and misogyny towards transgender women. Shotwell and Sangrey expanded the understanding of transgender theory to mean, the lived experience of transgender people is different than that of cisgender individuals. In the article "Open Normativities: Gender, Disability and Collective Political Change" (2012), Shotwell clearly described how another theory is needed outside of queer theory and feminist theory because gender is a social construct. Understanding the socially constructed connotations of gender is integral to accepting the transgender experience. In agreement with Roen, this also clearly identified that gender identity is determined by the individual and can change over time (2001). Transgender theory emerged to cover a gap of gender-based assumptions that feminist and queer theory did not. While there are elements of both theories within transgender theory, they were built around assumptions of cisgender people with stagnant identities, and did not provide insight into the true lived experiences of transgender and gender diverse people. Therefore, transgender theory emerged to empower those in the community by fully recognizing the intersectionality of their identity, and how it relates to oppression (Nagoshi & Brzuzy, 2010).

### **Principles of Identity Permission**

The principles of transgender theory are relatively simple—you are who you say you are, you exist, you are not invisible, you should not be subjected to the emotional labor of educating others, and you are the expert on your own body and life's experience. These practices do not rest

on outward appearance, nor are they determined by sexual orientation. Furthermore, someone also has the right to determine their appropriate pronouns and name, which may or may not be socially aligned with their gender expression. Transgender theory gives possession of identity and identifiers in a self-actualized model, allowing space where these can change over time and more than once, based life experiences. However, the principles of transgender theory are contrary to its history. In the United States, the intersex community has been conflated and combined with the transgender community since the first known demonstration of transgender activism, Cercle Hermaphroditos in 1895. This group represented intersex members in addition to transgender people (Katz, 1976).

Intersex people are born with genitals, gonads, and/or chromosomal patterns that do not fit the typical scientific measurements of male and female bodies. Previously referred to medically and socially as “hermaphrodites,” this term is no longer accepted in the community and does not properly give credence to the complexity of being biologically intersex which can present internally or externally (Griffiths, 2018). Intersex people make up an estimated 1.7% of the population (Hida, 2015). While intersex identities are commonly mocked or erased from society, some of the most notable intersex people include Olympic athletes who after undergoing mandatory testing due to their chromosomal patterns, were not allowed to participate in their correct classification for sports despite their previous accomplishments (Dunbar, 2019). All transgender people are not intersex, and all intersex people do not identify as transgender (Erickson-Schroth, 2014). Similarly, cisgender people may not know they are intersex or may not identify as such. Someone’s biology of their sex does not define their gender.

Gender is a social construct because society’s reaction is often determined by outward expression (Burdge, 2007). For example, when a baby is born if they wear a blue hat, and others are informed socially they are a “boy,” then likely most people will treat them as expected for someone

assigned male at birth. If when a baby is born they wear a pink hat, and others are informed socially they are a “girl,” then likely most people will treat them as expected for someone assigned female at birth (Erickson-Schroth, 2014). Intersex babies who present with unique appearing genitalia have historically been forced to have surgery (Caldwell, 2005), which is rooted in the homophobic belief is that it is essential for them to know their sex so they can know who they are not attracted to, thereby avoiding same gender relationships (Them, 2018). Transgender identities were historically confused with intersex ones and much of transgender theory rests in the medical model.

According to the World Professional Association for *Transgender Health (WPATH) Standards of Care* guidelines, transgender identities are diverse characteristics and not pathologies (Coleman, et al., 2012). Yet, transgender identities have been diagnosed by the American Psychiatric Association (APA) in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* since the 1980s (American Psychiatric Association, 1980). They first appeared as “Gender Identity Disorder of childhood” and “Transsexualism” (APA, 1980). In later editions this became “Gender Identity Disorder” (GID) (American Psychiatric Association, 1994). Including transgender identities in the *DSM* meant that the APA classified them as a mental illness, and many of the criterion were binary (American Psychiatric Association, 1980, 1987, 1994, 2000, 2013).

The *DSM-IV* listed the criterion for Gender Identity Disorder as “a strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex)” (American Psychiatric Association, 1994, p. 32). In children:

the disturbance is manifested by four (or more) of the following: repeatedly stated desire to be, or insistence that he or she is, the other sex; in boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only

stereotypical masculine clothing; strong and persistent preferences for cross-sex roles in make-believe play or persistent fantasies of being the other sex; intense desire to participate in the stereotypical games and pastimes of the other sex; strong preference for playmates of the other sex (American Psychiatric Association, 1994, p. 32).

As well as:

a persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex; the disturbance is not concurrent with a physical intersex condition; and the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (American Psychiatric Association, 1994, p. 32).

In the *DSM-5* this was changed to be classified as “Gender Dysphoria.” The criterion for adults was:

having at least two of the following characteristics in the past six months – a marked incongruence between one’s experienced/expressed gender and primary and/or secondary sex characteristics; a strong desire to be rid of one’s primary and/or secondary sex characteristics; a strong desire for the primary and/or secondary sex characteristics of the other gender; a strong desire to be of the other gender; a strong desire to be treated as the other gender; a strong conviction that one has the typical feelings and reactions of the other gender (American Psychiatric Association, 2013, p. 452).

Children with Gender Dysphoria would have

experienced at least six following characteristics accompanied by an “associated significant distress or impairment in function.” They are:

a strong desire to be of the other gender or an insistence that one is the other gender; a strong preference for wearing clothes typical of the opposite gender; a strong preference for cross-gender roles in make-believe play or fantasy play; a strong preference for the toys, games or activities stereotypically used or engaged in by the other gender; a strong preference for playmates of the other gender; a strong rejection of toys, games and activities typical of one’s assigned gender; a strong dislike of one’s sexual anatomy; a strong desire for the physical sex characteristics that match one’s experienced gender (American Psychiatric Association, 2013, p. 452).

The recognition of transgender identities in the *DSM* is problematic. On one hand it has allowed transgender and gender diverse people desiring medical interventions to have them provided by qualified professions and sometimes covered by health insurance (Erickson-Schroth, 2014). However, diagnosing individuals as transgender by design implies a condition with the goal to obtain alleviation of symptoms and be cured (Winters, 2006). Prior to the 5th edition of the *DSM*, the notable article “Transsexualism, Gender Identity Disorder and the DSM” was released, exploring this topic and ultimately calling for the removal of transgender identities within the book by noting modern advancements in society and culture (Drescher, 2010). The APA currently acknowledges on their website that gender dysphoria is not the same as gender nonconformity, and for children this can begin as early as ages 2 to 4 (American Psychiatric Association, 2020). While some people are relieved because this term no longer includes the

word “disorder,” it does not negate the fact that it is still there. Diagnoses in the *DSM* are seen by many as victim blaming transgender and gender diverse people for causing their own societal oppression because their thinking is disordered (Erickson-Schroth, 2014).

While transgender-related diagnoses were recently removed as a psychiatric diagnosis from the *DSM*, the medical model still uses them today (American Psychiatric Association, 2013). In order for transgender or gender diverse people to receive medical interventions they are often required to produce letters from their primary care doctor in addition to letters and psychological assessments from a qualified psychologist, counselor, and/or psychiatrist (Cavanaugh et al., 2016). It is still required by many states to have a letter from a doctor indicating completion of medical interventions to physically appear more like the gender opposite than the sex assigned on one’s birth certificate, in order to change personal documentation such as a name on their driver’s license (Lambda Legal, 2019). This is tremendously problematic for those who do not desire to have medical interventions, cannot due to health reasons, do not have access to providers, or the economic ability to afford such procedures. Not only do these requirements remove autonomy, but they are also a complete erasure of non-binary identities who may or may not desire surgery or medical interventions.

While the *DSM* places more of an emphasis on binary genders, there are some intersections where both agree that gender can be on a spectrum, or just unique to the person, and that there are more than just 2 genders (Bornstein, 2016). Unlike the medical model, transgender theory does not equate transgender and gender diverse people with trying to “pass” as cisgender people portrayed in the opposite sex than they were assigned at birth (Nagoshi & Brzuzy, 2010). It is important to consider that the goal to “pass” at times is more complicated than personal preference; it can be driven by concerns of safety, unemployment, obtaining healthcare, and more (Futty, 2010). Above all, the founding principle of transgender theory is being trusted about one’s

own identity. This is in contrast to the medical model of providers diagnosing people and the *DSM*, which were largely a construct of the cisgender patriarchy (Erickson-Schroth, 2014). Due to discrimination, unemployment rates of transgender people are extremely high (Leppel, 2016). Transgender people lack the same job, education, economic, workplace advancement, and social opportunities when compared with their cisgender peers (Grant et al., 2016). Transgender theory asserts that the principles and beliefs formulated by transgender and gender diverse people with lived experience, should hold more value than that of cisgender professionals.

### **Applications in Culture and Social Work Practice**

As mainstream society in the United States moves to a more inclusive transgender lens recognizing that the assumed biology of one’s gender is not always accurate, nor is sex assigned at birth; different self-identified pronouns have started to make their way into popular culture. Most recently Webster’s dictionary has added singular “they,” as a pronoun (Knox, 2019). Although the acronyms LGBT, GLBT, or LGBTQ are known to many within the community from Stonewall until the present day, there has always been the sense that the “T” is often missing (Greer, 2018). Typically community and social programming, social spaces, gay bars, family groups, etc. are based around providing services for sexual minorities. However, the trans community has always been excluded or sidelined. Some of this derives from internalized ignorance where historically people who cross dressed in a feminine way were believed by society and identified themselves as gay or drag queens instead of transgender women or gender diverse people (Maxouris, 2019). Others will attribute this to the Stonewall Riots which were marked historically as a pivotal point in time for the U.S. gay rights movement (Canfield, 2019). While the Stonewall Riots were started by a transgender woman of color and gender non conforming lesbian, cisgender white gay men had the social privilege to earn enough money to fund the campaign for rights,

and typically take or are given credit for most of the progress. Every year LGBTQIA+ organizations hold big flashy fundraisers that are designed to bring in cisgender white gay and bisexual men and women as their donors. Popular organizations such as the Human Rights Campaign have been notorious for turning their back on the transgender community, which includes using transgender and gender diverse individuals in a tokenizing way (Greer, 2018).

In the LGBTQIA+ literature, the book *Ruby Fruit Jungle* was recognized as one of the first mainstream publications that debunked the idea of a flamboyant gay men and a butch lesbian, both with cisgender identities, as representatives for the community (Brown, 1973). It helped to recognize lesbian femmes and other identities in the queer movement for the first time in popular culture (Masad, 2016). Identifying that people who may “look” straight may not be, was an extremely bold move for the time given the police profiling of the queer community. Even in progressive places like New York City, police would check, sometimes violently and by using assault, that patrons of gay bars were wearing at least 3 items of clothing that match their sex assigned at birth or they would be arrested for illegal crossdressing prior to the Stonewall Era (Ryan, 2019). The paradox of fighting for identity recognition, while putting oneself in harm’s way, was a strategic move in supporting those within the LGBTQIA+ who had less social privileges. The publication of queer books into mainstream society like *Stone Butch Blues* by Leslie Fineberg (1993), were to affirm gender expression as it was made clear that certain identities were pushed out of the feminist movement. Susan Stryker also infused transgender identities into LGBTQIA+ culture starting with the publication *Gay bar by the Bay: A History of Queer Culture in the San Francisco Bay Area*. (Stryker et al., 1996) Then moving on to co-edit *Transgender History* (2008) and *The Transgender Studies Reader* (Stryker & Whittle, 2013). Popular transgender writer Jenny Finney Boylan, then contributed to the many accounts in the book *Sexual Metamorphosis: An Anthology of*

*Transsexual Memoir*, which depicted the lives of various gender diverse people in the same writings, outlining common threads and unique differences (Ames, 2005). A critically acclaimed personal account from Janet Mock in *Redefining Realness: My Path to Womanhood, Identity, Love & So Much More* (2015) brought into mainstream the awareness of what was known by the transgender and gender diverse community already – the political struggle and focus of transgender and gender diverse Black, Indigenous, and people of color (BIPOC) is extremely different than white transgender people. Then *Black on Both Sides: A Racial History of Trans Identity* shifted the paradigm again to explore Black transgender subjectivity, and the frequent exploration of transgender identities in literature through a white-dominated paradigm and medical model (Snorton, 2017). Even with this integration and the works of others, it is extremely important to recognize that oppression towards individuals, families, and partners is still popular and extremely problematic in the LGBTQIA+ community today.

Within the social services realm, in the book *Sexual Orientation and Gender Expression in Social Work Practice: Working with Gay, Lesbian, Bisexual & Transgender People* (Morrow & Messinger, 2006) claims it is the first such scholarly writing in the social work field to address issues pertaining specifically to bisexual individuals and transgender people, rather than making broad claims about the entire LGBT acronym collectively. In the same year Gerald Mallon wrote *The Handbook of Lesbian, Gay, Bisexual, and Transgender Public Health: A Practitioner’s Guide to Service* (2006), which also began to explore the topic, with Mallon being the first to focus on the specialized needs of transgender youth, in the chapter titled “Health Care Delivery and Public Health Related to LGBT Youth and Young Adults” (Hunter et al., 2006). These writings were the first to provide cisgender gatekeepers and social workers with a professional framework to incorporate transgender theory into practice.

In 2006 social services started to see this being solidified in practice when Jay Toole, a

self-proclaimed “butch” and gender nonconforming person, set fourth one of the first known policies allowing homeless people to self- identify before going into men’s or women’s shelters, including transgender people with binary identities (Duggan, 2011). Although prominent transgender and gender diverse people in social work were not common, transgender identities were not new to social work either. One of the first transgender people to have gender affirming surgery was a social worker. Karl M. Baer, born in 1885, had his journey of undoing gender affirming surgery in Berlin published in 1907 in the book *Aus den Mädchenjahren eines Mannes (Of a Man’s Maiden Years)*, which was later adapted into film (Funke, 2011). While there has been some movement of other social service agencies to allow people to self-identify their gender for substance abuse rehabilitation, in doctor’s offices, and in counseling, there has also been a strong pushback in other social realms. While smaller more grassroots trans-lead, transgender specific, organizations have emerged; they are difficult to sustain due to lack of funding which historically was always awarded to larger, more mainstream LGBTQIA+ organizations.

In 2008 the National Association of Social Workers (NASW) Delegate Assembly met and approved revisions to the *Code of Ethics*, which included not only sexual orientation but also gender identity (National Association of Social Workers, 2017). Section 1.05(c) Cultural Awareness and Social Diversity of the NASW *Code of Ethics* states:

Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability (National Association of Social Workers, 2008).

Additionally, this outlined protections not only for clients, but within the professional as well. Section 2.01(b) Social Workers’ Ethical Responsibilities to Colleagues, 2.01 Respect says:

Social workers should avoid unwarranted negative criticism of colleagues in verbal, written, and electronic communications with clients or other professionals. Unwarranted negative criticism may include demeaning comments that refer to a colleagues’ level of competency or to individuals’ attributes such as race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability” (National Association of Social Workers, 2017).

Furthermore, Section 4.02 Discrimination the NASW *Code of Ethics* reads:

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical ability (National Association of Social Workers, 2017).

Lastly, Section 6.04 (d) Social and Political Action declares:

Social workers should act to prevent and eliminate domination of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex,

sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical ability (National Association of Social Workers, 2017).

These four notable additions into the NASW *Code of Ethics* covers both gender identity and expression in the social work profession for training, transgender and gender diverse social workers themselves, as well as micro and macro work with individual clients, large entities, and organizations (National Association of Social Workers, 2017). Similar to the 2011 standards set forth in the Department of Labor (DOL) *Policies on Gender Identity: Rights and Responsibilities*, gender identity was used to describe the gender identity someone has for themselves, while gender expression refers to how someone presents or expresses their own gender which may be perceived and may or may not align with their identity (United States Department of Labor, 2011). Perhaps as notable as including transgender and gender diverse identities in the NASW *Code of Ethics*, is the actions NASW has taken as an organization in solidarity with the transgender and gender diverse community. Such was the case in July 2017 when NASW called on President Trump to remove the plan to ban transgender service members from the military (NASW, 2017). Through inclusion in the *Code of Ethics* and supported by their voice, NASW has made a clear distinction that transgender and gender diverse affirmative practice also means serving as an ally. A similar call to action was made by the International Federation of Social Workers in 2014, clearly separating sexual orientation and gender identity, and calling for a “liberation’ movement seeking to eradicate systematic and cultural barriers to equal rights and to promote social inclusion for lesbian, gay, bisexual, transgender, and intersex (LGBTI) people” (International Federation of Social Workers, 2014).

Research on the transgender and gender diverse community has always been sparse and has been substantially impacted by demographic

measurements in psychology that still mostly only account of men and women who are presumed to be cisgender. This began to shift in the 1980s, however it is evident that categories inclusive of gender diversity are still missing from much of research today, as sociology continues to struggle with embracing the ethics of a society other than a homogenous cisgender one (Cameron & Stinson, 2019). While the beginning of transgender theory in social work practice focused on existence; most recent works of sociology focus on the Social Determinants of Health. Such as the 2019 study, “Patterns Of Healthcare Discrimination Among Transgender Help-Seekers,” which concluded that while discriminatory experiences are varied, overall transgender and gender diverse people with an additional marginalized identity are at greater risk for healthcare discrimination (Romanelli & Lindsey, 2019) A 2020 research study published in the *American Journal of Preventative Medicine* analyzed the development and use of a Trans-Inclusive Provider Scale to address such issues, noting its use for both individual practitioners and agencies. However, even before healthcare discrimination can occur or become operationalized, direct and overt denials of healthcare prevalence need to be acknowledged. Kattari and others also completed a study concluding that almost 8% of participants had been denied trans-specific healthcare, and more than 3% of transgender and gender diverse participants were refused general healthcare overall. They concluded that understanding the increased risk factors and lack of access to services for people with intersecting marginalized identities also played a significant role when taking a holistic view on how transgender and gender diverse people are treated in healthcare settings (Kattari et. al., 2020). As areas of research continue to expand and scales for measurement become more conclusive, Master of Social Work programs have also grown to bridge the gap between one’s personal values and upholding the NASW *Code of Ethics*, by implementing more course work centered around cultural humility and competency in practicing with clients who are transgender and gender diverse (Bragg et al., 2020).

Outside of practice, in mainstream society and culture the fight against adopting transgender theory has received some of its most notable support around the issues of youth, bathrooms, and particularly youth in school bathrooms. The most famous recently being the case of Gavin Grimm in Gloucester County, Virginia where the court ruled to allow a transgender boy access to the boys' restroom in public schools (Meyer & Keenan, 2018). Institutions such as jails and prisons still divide up inmates according to their sex assigned at birth, which often poses great danger to the individual. One common solution is to place transgender people in solitary confinement. However, this can result in poor physical and mental health outcomes, and a stronger likelihood for institutionalized abuse from authorities (Tarzwell, 2006). Such was the case for Layleen Polanco, a transgender woman of color, in 2019 who died at Rikers Island after being placed in solitary confinement when she had a known seizure disorder (Pagonis, 2019). Recently there have also been far reaching legal actions taken against the trans community. Currently the U.S. Department of Defense has banned all people of transgender identities from enlisting in military service (Jackson & Kube, 2019). The Health and Human Services Department has proposed a rule that would change healthcare under the Affordable Care Act to not include transgender and gender diverse people (Tillett, 2019). On October 8, 2019, the U.S. Supreme Court heard arguments determining if the Title VII of the Civil Rights Act of 1964 could be applied to employment protections. This included the case of *Harris Funeral Homes vs. Equal Employment Opportunities Commission*, where Ms. Harris was fired from her place of employment after disclosing she was transgender (Johnson, 2019). These actions go against transgender theory and are discrimination in the belief that upholding one's sex assigned at birth to be the "true" gender.

In contrast, there has also been more positive representations of transgender and gender diverse people in the media. Research suggests that seeing people of marginalized identities represented in mainstream media, builds confidence in youth

with these identities by normalizing their existence (Ramasubramanian, 2011). Historically transgender people were depicted on television as crime victims, as doing sex work, and their roles were usually limited to crime drama shows. Opportunities for roles in TV, film, and theater were always designed for transgender actors and actresses to be cast exclusively in transgender or drag queen roles, while it was common for a cisgender person to play a transgender role as well. Even upbeat movies such as "To Wong Foo, Thanks for Everything! Julie Newmar," "Victor Victoria," and "Ms. Doubtfire" made mockeries of cross-dressing and transgender identities, with the ultimate message that this was a deceptive act where the cisgender person assumed their normative role in the end (Norton, 1997). Roles such as Laverne Cox in *Orange Is the New Black*, who became the first transgender person to be nominated for an Emmy award (Scipioni, 2019), and MJ Rodriguez who was the first transgender person to play a cisgender role on Broadway after playing the role of Angel, the transgender character in *Rent* for many years, are monumental (Voss, 2019). The TV show *Pose*, which consisted of the largest transgender cast in history continues to pave the way for gender affirmative media representations that are based around love, resiliency, and the real-life experiences of transgender and gender diverse people (Chen, 2017). Ironically despite advancements in social science and medicine, as well as media and pop culture, one may argue that the ultimate application of transgender theory will actually be when we include cisgender people. Thereby, instead of calling this transgender theory, it is simply adopted as grand unified model and called gender theory for everyone.

### **Evidence of the Need to Adapt Cisgender Society**

Acceptance of scientific proof that there are more than two genders, both biologically and socially, has grown in the United States. Long gone are the days when transgender people are seen as a bizarre phenomenon covered in an insensitive story in tabloid magazines or provocative news

shows that play at 4am. Youth are coming out as transgender and gender diverse in increasing numbers. According to the U.S. Centers for Disease Control and Prevention nearly 2% of high school students now identify as transgender (Strauss, 2019). Being neuro diverse and gender diverse is an identity category that has recently expanded in recognition (Strang, et al., 2018). Soon to be parents are not learning the gender of their babies, and new parents are using “they” pronouns for their offspring until they can self-identify (Compton, 2018). Some cities and states have even allowed babies to be born with an X to identify their gender and have changed their laws to allow adults to change the gender on their driver’s license to X, instead of just M and F without a doctor’s note or medical assessment (Keneally, 2019).

Fortunately, many cisgender people no longer believe that transgender and gender diverse people face higher rates of depression and suicide because they feel bad about themselves or unsure of their identity. Research shows that the largest contributing factors is actually societal and family oppression (Nuttbrock et al., 2014). As society continues to recognize that individuals are experts on their own gender, parents are moving towards finding affirming and life-saving resources for their children instead of sending them to conversion therapy, religious camps, or starting them on unnecessary psychotropic medication (Fitzsimons, 2019). Places like the Gender and Family Project at Ackerman Institute for the Family (2020) and the Transkids Purple Rainbow Foundation (2019) empower youth, advocate for justice, and provide affirming counseling to transgender and gender diverse kids and parents. As of April 2019, 16 states have banned conversion therapy, recognizing that it is harmful, child abuse, and can have fatal consequences (Leins, 2019). Long gone are the days when Jazz Jennings stood bravely and confidently on Oprah, asserting her gender identity as a 5-year-old child, only to be questioned by grownups inappropriately and irresponsibly (Strohm, 2016). Mainstream media has developed a new standard of cultural competency for the transgender

community. For example, asking about surgery and the appearance someone else’s genitalia is seen as inappropriate for transgender people, just as it would be for cisgender people. Carefully crafted apologies, such as the one offered by Katie Couric to Laverne Cox, for having asked about the openly transgender celebrity’s private parts in a pre-taped interview, have become expected (Allen, 2017). Backlash for outing people as transgender has resulted in real life consequences such as the gay radio talk show host who outed his former *Survivor* cast mate, then was fired from his job (Variety Staff, 2017). The voyeurism of knowing someone’s birth name is no longer socially accepted. This was the case with IMDb, who was finally forced to only publish the correct names of transgender celebrities, after they agreed that publishing the birth names of transgender people without their consent was an invasion of privacy, despite resistance in doing so until August 2019 (Wong, 2019). News reporters like Janet Mock on MSNBC have normalized transgender people’s existence while entering a transgender perspective into every conversation being heard nightly in living rooms across the nation (Ennis, 2014).

The movement of “Trans Lives Matter” started in 2012 and has spread through social media and community awareness. Transgender and gender diverse people have a long and painful history of being told and treated like their lives matter less than cisgender people due to society destabilizing ideas about their worth (Jons, 2015). Adding in intersectionality of ethnicity and race and these beliefs are upheld by oppression even further. In 2016 The National Center for Transgender Equality and National Gay & Lesbian Taskforce issued the report “Injustice at Every Turn: A Report on the National Transgender Discrimination Survey,” which stated that 1 in 12 transgender people nationally are murdered in their lifetime, and for transgender people of color the statistic is 1 in 8 (Grant et al., 2016). Conclusive reports suggest that a transgender or gender diverse woman is killed internationally every 29 hours (Vincent, 2017). The average life expectancy of a transgender

woman of color in the United States is 35 years, while that of a cisgender woman is 81 (Hale, 2018). Between October 1, 2018, and September 30, 2019, the annual Trans Day of Remembrance list reported 331 killings of transgender and gender diverse people internationally. Since the Trans Murder Monitoring project began in April 2009, 3,314 murders of transgender people have been reported in 74 counties (Wareham, 2019). In the United States, 90% of transgender and gender diverse people murdered are trans women of color or Native American transgender women (Trans Respect Versus Transphobia World Wide, 2019). Transgender and gender diverse murders are expected to be even higher since the media often misgenders transgender folks, and internationally transgender murders often go unreported. However, when reported in a way that affirms the person's identity increases, awareness about this epidemic grows (Jobe, 2013). Every year Transgender Day of Remembrance is a somber and very sad time for the community. Honoring transgender people in the way they lived their authentic lives is a big part of the day. The Obama Administration was the first to host a meeting at the White House to address how federal policy impacts transgender and gender diverse people in the U.S. (Dhanagom, 2011). Also, during the Obama Administration the White House acknowledged Transgender Day of Remembrance (Hardikar, 2014). November 20<sup>th</sup> is also known as International Transgender Day of Remembrance (Wareham, 2019). In 2017 the Province of Ontario passed Bill 74, titled the "Trans Day of Remembrance Act," requiring all members of the Assembly to pause on 10:29am each November 20 to honor and mourn the lives of transgender individuals who were lost that year or may have otherwise been forgotten (Legislative Assembly of Ontario, 2017). In the United States, we have started to see a few states ban the LGBTQ+ Panic Defense, such as California in 2014, Illinois in 2017, Rhode Island in 2018, and Nevada, Connecticut, Maine, Hawaii, and New York in 2019. This legal defense is used to justify violent crimes against LGBTQIA+ victims. This strategy is typically used in 3 ways:

defense of insanity or diminished capacity, defense of provocation, or defense of self-defense. Juries have acquitted individuals of murder charges, including as recently as 2018 and heinous crimes by using this defense to say that when they found out the victim was transgender, or even later on, they "panicked" and killed them (The LGBT Bar, 2019). Gender expression has been highly influenced by a web of punishments and rewards in society for those that have expressed their gender variance in any way. (Connell, 2002) When it becomes less socially acceptable to be transphobic and more socially acceptable to be affirming, the stage will be set to further dismantle systems of oppression. Transgender theory is not the hypothesis that transgender people exist. In 2017 it was estimated in the United States that 1 in every 250 adults, or about 1 million people identify as transgender. (Meerwijk, & Sevelius, 2017) Transgender theory is not a prediction that someday cisgender people will not exist and everyone will identify as gender diverse. It is not an assumption that transgender and gender diverse people want to fit in to dominant binary cisgender culture (Roen, 2001). It is the belief that even though present society is tailored for cisgender people and to be heteronormative, transgender identities and gender diverse people should not be erased. (Monro, 2000) It is also not the opposite of transphobia, since transphobia is a misnomer. Miriam Webster's dictionary defines a phobia as "an exaggerated usually inexplicable and illogical fear of a particular object, class of objects, or situation" (Merriam-Webster.com, 2020a). Transphobia is not only fear of transgender and gender diverse people, it is deliberate and hateful discriminatory actions towards them (Merriam-Webster.com, 2019). Modern transgender theory moves to validate transgender identities, while invalidating all discrimination and injustices towards transgender and gender diverse people. It is a system of beliefs that state transgender and gender diverse people are real, deserve love, should always be trusted as the expert on their own life experience, are entitled to the same human rights and protections as cisgender people, are not to blame for their own oppression, and

should have access to the same opportunities and privileges that cisgender people do. (Norton, 1997) This includes and accounts for understanding fully the intersectionality of identities that transgender and gender diverse people hold as well. (Shields, 2008) In social work practice this theory challenges one's personal value system to uphold ethical procedures that may be uncomfortable or new. It is no longer simply enough for providers to affirm a transgender or gender diverse person by using their correct name and correct pronoun privately in a session. Instead, clinicians may be asking themselves what is the professional or emotional cost of correcting a supervisor, a boss, a health insurance agent, or even a client's own family member, child or parent, on their transgender or gender diverse client's behalf without disclosing or discussing their identity. Knowing how to handle these situations in a way that does not do harm to the client or re-traumatize them is critical, and where to correct oneself when mistaken is key (National Center for Transgender Equality, 2016). Modern transgender theory proposes that discrimination and oppression occur when cisgender people use their disproportionate privilege to set in place or keep in place states of power and control, believing that actions of acceptance towards transgender and gender diverse people limit their self-preservation in dominant culture.

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