Canadian Professional Association for Transgender Health (CPATH): Launched in September 2007, CPATH is the Canadian counterpart to the World Professional Association for Transgender Health (WPATH), but they are not legally affiliated. The inaugural biannual conference was held in June 2008 in Toronto, followed by Montreal in 2010, Winnipeg in 2012; the 2017 conference will take place in Vancouver. Membership is also open to non-professionals, who can join online (www.cpath.ca). A series of Guidelines for Transgender Care (focusing on the Canadian context), drafted by the Vancouver Coastal Health Program’s Trans Care Program, is posted on the website. See also “World Professional Association for Transgender Health (WPATH).”

Cisgender (aka Cissexual): Coined by Julia Serano in her 2007 book, Whipping Girl (p. 12), she defines it as: “a form of prejudice...which is the belief that transsexuals’ identified genders are inferior to, or less authentic than, those of cissexuals (i.e., people who are not transsexual and who have only ever experienced their subconscious and physical sexes as being aligned.” See chapter 8: “Dismantling Cissexual Privilege.”

Crossdresser (aka Transvestite): Typically, a natal (born) male who dresses in female attire on occasion for recreational or sexual reasons. They can be heterosexual, gay, bisexual or pansexual. Female crossdressers (including drag kings) exist as well, but are rarer. Drag queens are also (gay) crossdressers. Some crossdressers might go on to later re-identify as trans women or trans men; others might re-identify as “transgenderist” or “genderqueer.” Most crossdressers and their cisgender allies object to the diagnostic classification in the 2013 DSM-5: as “Transvestic Disorder” (302.3) under the pathologizing paraphilic disorders.

Cross-Sex Hormone (CSH) Therapy: Now known as “Gender-Affirming Therapy.”

Disorders of Sex Development (DSD): Recently known as “intersex” and in the further past, the now antiquated term used was “hermaphrodite.” A man or woman who has a mixture of male and female gonads (reproductive organs) and/or genitals, or an anormative chromosomal or hormonal make-up. There are about 70 basic DSD syndromes across a broad spectrum and about 300 variations thereof. Listed in the DSM-5 and the ICD-10 under “Other Gender Identity Disorders” or “Gender Identity Disorder, Unspecified.”

DSM: The Diagnostic and Statistical Manual of Mental Disorders as compiled by the American Psychiatric Association, and used by mental health practitioners in Canada and the USA. Originated in 1917 with precursors dating back to the 1840s. Versions are revised every few years and the current one (DSM-5) came out 2013. The European counterpart is the ICD (International Statistical Classification of Diseases).
Electrolysis Treatments: A non-medical method to remove unwanted facial or body hair, typically sought out by (more hirsute) trans women. Some trans men might also require removal of body hair in the pubic region prior to phalloplasty. An alternative to “Laser Therapy.”

Gender-Affirming Hormone (GAH) Therapy: New term replacing “Cross-Sex Hormone (CSH) Therapy.” Exogenous androgen (male hormone) or estrogen (female hormone) prescribed for transgender or gender non-conforming (GNC) adolescents (16+) or adults to promote the desired secondary sex-characteristics of their identified gender as male or female. Some will stay on CSH therapy for the rest of their lives and some will go off hormonal medication for health, financial or personal reasons. Some adult trans women take both a cross-sex hormone (estrogen) and a “hormone blocker” (anti-androgen) as part of their “hormonal cocktail.” For GNC children or trans teens, see also “Puberty Suppressants”/“Hormone Blockers.”

Gender-Confirming Surgery (GCS) (aka Sex-Reassignment Surgery): For trans men, GCS can include a bilateral mastectomy (male chest reconstruction), panhysterectomy and sometimes also phalloplasty or metoidioplasty) (construction of male genitalia). For trans women, GCS can involve breast augmentation surgery, orchiectomy (testicular castration), and sometimes also vaginoplasty (construction of a neovagina). Some trans women also undergo a thyroid cartilage shave (reduction of the larynx), facial feminization surgery, or vocal cord surgery (to feminize the voice).

Gender Diversity: Non-clinical, community-based, “trans cultural” descriptor to capture the broad range of gender identification, gender identities, gender roles, gender presentation and gender expression within human (and non-human) beings. Recently surpassed the somewhat stigmatizing clinical term, “Gender Variance” as an explicitly gender-affirming descriptor. See also “Gender Non-Conforming,” “Gender-Creative Kids” and “Gender-Independent Kids.”

Gender Dysphoria (GD): Gender Dysphoria is the psychological and medical condition characterized by a persisting sense of acute discomfort (gender distress) with one’s birth-assigned physical gender, as typically experienced by transsexual, transgender, genderqueer, gender non-conforming and non-gender binary people as listed in the 2013 Diagnostic and Statistical Manual of Mental Disorders (5th Edition) (DSM-5) published by the American Psychiatric Association. The original DSM diagnostic nomenclature was “Transsexualism,” soon after followed by “Gender Identity Disorder.” However, this was later modified to “Gender Dysphoria” because most trans people and their cisgender allies objected to being classified as mentally ill, viewing such pathologization as dehumanizing and disempowering. However, some favour the inclusion of “GD” in the DSM as a means to have gender-confirming surgery covered under provincial/territorial government health insurance plans. The DSM distinguishes between “Gender Dysphoria in Children” (302.6) and “Gender Dysphoria in Adolescents and Adults” (302.85).

Gender Non-Conforming (GNC): This community-generated descriptor has now been adopted by the World Professional Association for Transgender Health (WPATH) in its newly-revised Standards of Care for Gender Identity Disorders (SOC) (7th version)
(2011). Originally more often applied to youth (but currently also includes adults) who
depart from the societally-sanctioned binary gender norms of masculine or feminine.
Gender non-conforming youth often grow up to be cisgender (non-trans) gay, lesbian or
bisexual adults, but some do identify as trans in their adulthood. A gender-affirming,
non-clinical synonym celebrating the diversity of gender identification and presentation.
See also “Gender Non-Conforming Youth.”

Gender Non-Conforming (GNC) Youth: Children, pre-teens or teens who identify as
“gender-creative” or “gender-independent kids” or as trans teens. Not all GNC youth
subsequently identify as transgender adolescents or adults, but some do. Others grow
up to be cisgender adults, who identify as gay, straight, bisexual, pansexual or asexual.

Gender-Reassignment: Potentially might include puberty suppressants, cross-sex-
hormone therapy, electrolysis treatments/laser therapy (to remove facial and/or body
hair) and/or gender-reassignment surgery (GRS) (aka gender-confirmation surgery
[GCS]) for transgender and gender non-conforming men and women to make their body
(sex) congruent with their “mind” (gender). See “Gender-Confirmation Surgery.” Some
trans women and trans men might also access voice coaching (as an alternative to
vocal cord surgery) to feminize or masculinize their voice.

Gender Transition: The process to change one’s gender can be both medical (i.e.,
physical: sex-hormone therapy and/or sex-reassignment surgery) and psychosocial, or
non-medical (no physical interventions). If the process includes medical (physical)
intervention, then it is often referred to as “gender reassignment.” The transitioning
process varies greatly among individual transsexual and transgender folks, and can
take as little as 1 ½ years (rarely), to 3 to 5 years (more commonly), and up to as many
as 10 years or more, in certain cases. Gender transitioning is a multidimensional
process involving physical, medical, legal, psychological, familial, communal, social,
vocational, sexual and spiritual/existential aspects.

Gender Variance: See “Gender Diversity,” “Gender Dysphoria,” “Gender Non-
Conforming,” “Gender-Creative Kids” and “Gender-Independent Kids.”

Genderism (aka “Genderphobia”): Akin to “heterosexism,” a term that values the
dominant culture’s binary gender norms of male/female, masculine/feminine and de-
values non-binary gender expressions (such as: both/neither male, both/neither female,
both/neither masculine, both/neither feminine, male and/or female, masculine and/or
feminine) as anomalous. “Genderqueer” is the rebuttal by many gender-diverse people
to the genderist status quo of either/or opting for a more fluid and ambiguous location
and presentation on the gender continuum (rather than both/and). “Two-Spirit” similarly
flouts this (hetero)genderist standard. See also “Transphobia.”

Genderqueer: Also known as “gender fluid” or “gender bending.” Originally known as
“androgynous” or “androgynes.” Applies to masculine lesbians and feminine gay men -
and also those who are bisexual or pansexual – who are androgynous psychologically –
and possibly also physically. Other terms are: “bi-gender,” “third gender” or
“pangender.” Similar to, but distinct from “Transgenderists.” See also “Transgender.”
**Hormone Blockers:** Hormone blockers (such as anti-androgens or rarely, anti-estrogens) can be used for transgender adults and sometimes also for gender non-conforming (GNC) youth (including trans teens), as appropriate. For hormonal therapies for trans adults, see “Cross-Sex Hormone Therapy.” For GNC youth and trans teens, see “Puberty Suppressants” and “Cross-Sex Hormone Therapy.”

**Hormone Therapy:** See “Gender-Affirming Hormone Therapy” (the new term for “cross-sex hormone therapy”). See also “Hormone Blockers” and “Puberty Suppressants.”

**ICD:** The International Statistical Classification of Diseases and Related Health Problems as compiled by the World Health Organization. Originated as far back as the 1850s. The ICD-10 edition was endorsed by the 43rd World Health Assembly in 1990 and came into use in WHO Member States in 1994. Newer versions are drafted every few years. The North American counterpart is the DSM (Diagnostic and Statistical Manual of Mental Disorders). The 11th revision is scheduled for release in 2018.

**Intersex:** See “Disorders of Sex Development.”

**Laser Therapy:** A non-medical method to remove unwanted facial or body hair, typically sought out by (more hirsute) trans women. Some trans men might also require removal of body hair in the pubic region prior to phalloplasty. For trans people with dark hair, this is a viable alternative to “Electrolysis Treatments.”

**Pansexual:** Beyond monosexual (gay, lesbian or straight), an orientation which does not limit affection, romance or sexual attraction to any one gender, sex or sexual persuasion, and recognizes there are more than just two sexes (i.e., male, female, intersex and transsexuals (i.e., the biological sex of post-operative transsexuals, who are still, nonetheless, legally male or female if such legal sex designation has been officially granted by the government)) on a continuum of physical sex. Some pansexuals are polyamorous; others are monogamous.

**Polyamorous:** Beyond monogamous, that is, those people, of any sexual persuasion, who contract to have more than one sexual partner at a time.

**Puberty Suppressants (aka Hormone Blockers):** Some gender non-conforming children or adolescents (including trans teens) wish to suppress the secondary sex-characteristics of puberty via agonists (such as Lupron) (prescribed by paediatric endocrinologists, or paediatric or adolescent medicine physicians) to dissipate feelings of gender dysphoria (distress). Some GNC youth will stay on puberty suppressants until age 16, when they might either switch over to cross-sex hormones, or keep taking these till age 18, with or without the addition of cross-sex hormones (androgen or estrogen), or alternatively, go off all sex-hormones, depending on each particular case. See also “Gender-Affirming Surgery” (aka Cross-Sex Hormone Therapy).

**Queer:** Previously, a homophobic term of hatred used by bigots, this word has since been re-claimed by the queer community as a celebratory descriptor. Now used to denote any sexual orientation other than heterosexual and a community which is
comprised of non-straights, including lesbian, gay, bisexual, transsexual, transgender, genderqueer and “two-spirit” people. Of course, we also value our heterosexual allies! See also “Genderqueer.”

**Sex-Reassignment:** See “Gender Reassignment.”

**Sex-Reassignment Surgery (SRS):** See “Gender-Confirming Surgery.”

**Trans:** An adjective (now used more and more often) to capture the overall population of people who identify as transsexual and/or transgender, and in many cases, those who also identify as genderqueer or transvestic (i.e., people who crossdress).

*Trans Man:* A female-to-male transsexual or transgender person. Some trans men only use the term “man” to describe themselves.

*Trans Person:* Same as the collective noun, “trans people,” but singular. A trans man or trans woman.

*Trans Woman:* A male-to-female transsexual or transgender person. Some trans women only use the term “woman” to describe themselves.

*Trans People:* A collective term for trans men and trans women. This also includes genderqueer, two-spirit, and/or intersex (those with “Disorders of Sex Development”) people who might also be trans-identified. Some trans people only use this descriptor for educational and political purposes (i.e., to increase visibility in the world at large for this marginalized group by intentionally choosing to be a positive example to society and a role model for other trans people and their loved ones).

**Trans Rights:** “Trans rights are human rights!” Recently, Canada is becoming a leader in trans advocacy, with trans activists urging politicians to introduce federal and provincial/territorial private members’ bills to further protect the rights of trans and gender non-conforming people, and to facilitate equitable access by removing bureaucratic barriers to gendered identification documents). Many of these have now passed and are enacted as law. For ongoing progress, check your provincial/territorial human rights commission websites for gender-positive legislation or Justice Trans: [http://www.justicetrans.com/](http://www.justicetrans.com/) (accessible by province/territory).

**Trans Studies:** A recent addition to Academia spearheaded by the growing emergence of openly trans-identified university professors and faculty heads working in Women’s & Gender Studies, Sexuality & Queer Studies, History, Sociology, Political Science, Psychology, Social Work, etc. Prof. Aaron Devor was appointed the World’s First Chair of Transgender Studies in 2015, several years after he founded the world’s largest Transgender Archives (housed at the University of Victoria in British Columbia) in 2011. Many trans academics are also trans activists.
Transensual: Being particularly attracted to trans people as a specific sexual group in their own right. Transsexuals and cisgender (non-trans) people alike can be so turned on. A similar slang usage is “tranny chaser,” but some see this as a disparaging term.

Transgender: An umbrella term for trans people (i.e., those who identify as transsexual or transgender), and might also include those masculine lesbians or bisexual women, or feminine gay men or bisexual men, who also present androgynously. Distinct from “transsexual” insofar as the latter desperately seek a physical/sexual transformation, through medical and/or surgical intervention, to attain their desired level of comfort by expressing both their gender identity as men or women and their sexual identity as males or females. By contrast, transgender people, as a rule, do not wish to alter their bodies by means of hormones or surgery, focusing instead on expanding their gender identity emotionally/mentally to embrace a masculine or feminine sense of self, and expressing their social gender role as a man or woman through a non-binary (third gender/third sex) presentation by means of behaviours and clothing typically associated with the other gender. In some cases, however, a transgender person might move through the sexual-gender spectrum to later identify as transsexual. And, to confuse the issue, some transsexual people also identify as transgender. See also “Transsexual” and “Genderqueer.”

Transgenderist: An anachronistic term describing a natal male who lives full-time or part-time as a woman, often taking female hormones, and who might also have removed the beard and obtained breast implants, but who still has a penis (and in some instances, might also have undergone a castration). A number of transgenderists are also sex-workers and often use the term “she-male” as a self-descriptor for promotional purposes, however, some transgenderists see this as a disparaging usage. See also “Genderqueer.”

Transphobia: Bigotry against trans people based on ignorance, fear and hatred. The continuum of violence ranges from discrimination to harassment to emotional, verbal, physical and/or sexual abuse (including childhood trauma and/or adult assault) to murder and provoked suicide. The opposite of “Transpositivity.” See also "Genderism”/"Genderphobia”).

*Societal Transphobia: Society’s negative bias against trans people (as described above). The external dimension of transphobia.

*Internalized Transphobia: The internal dimension of transphobia: internalization by a trans person of transphobic oppression (societal stigmatization) as normative, often manifesting as shame or embarrassment, and sometimes even as impoverished self-esteem or poor body image.

Transpositivity (adj. transpositive): Attitudes and behaviour that are respectful of, sensitive to and supportive of trans people, thereby incorporating acceptance, empathy and sometimes even understanding, with a desire to celebrate the uniqueness of trans people. The adjectival form (“transpositive”) is the conventional usage. Transpositive people are often allies, advocating for trans people. The opposite of “Transphobia.”
**Transsexual:** A transsexual man or woman has an intuitive, life-long conviction that he or she is really of the opposite gender to that assigned at birth, experiences acute gender distress (“gender dysphoria”) and is, thereby, driven to modify his or her body by means of “corrective” medical intervention (hormonal treatment and sex-reassignment surgery) so that the body (sex) can be in sync with the “mind” (gender). Some transsexuals prefer not to “come out” as “trans,” but rather, to blend in as “regular” men or women. Transsexuals can be any sexual orientation: straight, gay, lesbian, bisexual, transsexual, pansexual or asexual. Originally distinct from the term, “transgender” (and much rarer), but over time, the two terms have almost become interchangeable, and many transsexuals are now using “transgender” as a self-descriptor. See also Transgender” and “Genderqueer.”

**Transvestite:** See “Crossdresser.”

**Two-Spirit:** An exclusive descriptor for those indigenous people throughout the world who identify as both genders, and/or are sexually attracted to either/both men and/or women. The term should not be co-opted by non-indigenous people. The term “two-spirit” is not exactly equivalent to our modern-day Western usage of “queer” or “trans” as the concept is not culturally translatable. Perhaps the closest non-indigenous parallel would be “androgy nous” or “genderqueer.” Originally referred to as “Berdache” (referring to androgynous natal males) or “Amazons” (referring to androgynous natal females) by European colonists, these now antiquated terms are not embraced by two-spirit people insofar as they were Eurocentric misperceptions unilaterally imposed on them. Despite some discrimination experienced by Aboriginal two-spirit and trans people within their own communities, in some cases, the latter are revered as shamans (spiritual healers) by their indigenous peers. Some, but not all, indigenous trans people might also identify as two-spirit.

**Voice Training:** Some trans women and trans men access voice-modulation and communication training from a professionally-registered Speech-Language Pathologist (SLP) to feminize or masculinize their voice (or otherwise modify their voice to a desired vocal expression on the gender continuum for non gender-binary people). Some voice trainers are not SLPs and are therefore not covered by health insurance. This is a low-risk, less invasive intervention than vocal cord surgery, which has variable outcomes.

**World Professional Association for Transgender Health (WPATH):** Formerly the Harry Benjamin International Gender Dysphoria Association (HBIGDA), founded in 1971. Drafted the initial version of *The Standards of Care for Gender Identity Disorders (SOC)* and periodically revises these. The next version will hopefully be released by September 2011. Also publishes *The International Journal of Transgenderism.* The 2011 conference will be held in Atlanta and the 2014 conference in Bangkok. Membership is also open to non-professionals, who can join online (www.wpath.org). See also “Canadian Professional Association for Transgender Health (CPATH).”

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