

Terminology

Introduction/ Background

This chapter will lay the framework for language used in the SOC8. We offer recommendations for use of terminology. We provide (1) terms and definitions, and (2) best practices for utilizing them. This document is accompanied by a glossary of common terms and language to provide a framework for use and interpretation of the SOC8.

Terminology

In this document, we use the phrase **transgender and gender diverse** to be as broad and comprehensive as possible in describing members of the many varied communities globally of people with gender identities and expressions that differ from the gender socially attributed to the sex assigned to them at birth. This includes people who have culturally specific and/or language-specific experiences, identities or expressions, and/or that are not based on or encompassed by Western conceptualizations of gender, or the language used to describe it. We use **TGD** for convenience as a shorthand for transgender and gender diverse.

The decision to use transgender and gender diverse resulted from an active process and was not without controversy. Discussions centered on avoiding over-emphasis on the term transgender, integrating nonbinary gender identities and experiences, avoiding the term gender nonconforming, and recognizing the changing nature of language because as what is current now may not be so in 5 years. Thus, the term transgender and gender diverse was chosen with the intent to be most inclusive and to highlight the many diverse gender identities, expressions, experiences, and healthcare needs of TGD people. A Delphi process was used wherein SOC8 chapter authors were anonymously and iteratively surveyed over several rounds to obtain consensus on terms. The SOC8 presents standards of care that strive to be applicable to TGD people globally, no matter how a person self-identifies or expresses their gender.

Context

We know the language we have selected is not (nor could ever be) comprehensive of every culture and geographic region/locale. Differences and debates over appropriate terms and specific terminologies are common, and no single term can be used without controversy. Our goal is to be as inclusive as possible and offer a shared vocabulary that is respectful and reflective of varied experiences of TGD people while remaining accessible to health practitioners and providers, and the public for the purposes of this document. Ultimately, access to transition-related healthcare should be based on the informed consent of the individual, and not on the nuances of the language used to describe transgender and gender diverse people in general. Using language and terminology that is respectful and culturally responsive is a basic foundation in the provision of affirming care, as is reducing stigma and harm experienced by many TGD people seeking healthcare. It is vital for service providers to discuss with service users what language is most comfortable for them, and to use that language whenever possible.

We explain why current terms are being used in preference to others. Rather than use specific terms for medical, legal, and advocacy groups, we aim to foster a shared language and

understanding in the field of TGD health and the many related fields (e.g., epidemiology, law) in order to optimize the health of transgender and gender diverse people.

Sex, gender, gender identity, and gender expression are used in the English language as descriptors that can apply to all people—those who are transgender and gender diverse (TGD), and those who are not. There are complex reasons why very specific language may be the *most* respectful, *most* inclusive, or *most* accepted by global trans communities, including the presence or absence of words to describe these concepts in languages other than English, the structural relationship between sex and gender, legal landscapes at the local, national, and international levels, and the consequences of historical and present-day stigma that TGD people face.

Because at present, the field of TGD health is heavily dominated by the English language, there are two specific problems that constantly arise in setting the context for terminology. The first problem is that words exist in English that do not exist in other languages (e.g., “sex” and “gender” are only represented by one word in Urdu and many other languages). The second problem is that there are words that exist outside of English that do not have a direct translation in English (e.g., *travesti*, *fa’afafine*). Practically, this means that the heavy influence of English in this field impacts both what terms are widely used, and which people or identities are most represented or validated by those terms. The words used also shape the narratives that contribute to beliefs and perceptions. While in past versions of the Standards of Care, WPATH has used only transgender as a broadly defined umbrella term, version 8 broadens this language to use TGD as the umbrella term throughout the document (see Global chapter).

Furthermore, the ever-evolving nature of language is impacted by external factors and the social, structural, and personal pressures and violence enacted on TGD people and their bodies. Many of the terms and phrases used historically have been marred by how, when, and why they were used in discussing TGD people and have thus fallen out of use or are hotly contested among TGD people, with some individuals preferring terms that others find offensive. Some wish that these Standards of Care could provide a coherent set of universally accepted terms to describe TGD people, identities, and related health services. Such a list, however, does not and cannot exist without active exclusion of some people and without reinforcing structural oppressions, with regards to race, national origin, Indigenous status, socioeconomic status, religion, language(s) spoken, and ethnicity, among other intersectionalities. It is very likely that at least some of the terminology used in SOC8 will be outdated by the time version 9 is developed. Some people will be frustrated by this reality, but we hope it will be seen instead as an opportunity for individuals and communities to develop and refine their own lexicons, and for people to develop a still more nuanced understanding of the lives and needs of TGD people, including TGD people’s resilience and resistance to oppression.

Finally, law and the work of legal professionals are within the remit of these Standards of Care. As such, language used most widely in international law is included here to help with the development of the functional definitions of these terms and encourage their usage in legal contexts in lieu of more antiquated and/or offensive terms. The most thorough document in international human rights law uses the term “gender diverse”.¹

¹ A/73/152, Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity

Summary of Recommendations

Statement 1: We recommend health care professionals use culturally relevant language (including terms to describe transgender and gender diverse people) when applying the Standards of Care in different global settings.

Statement 2: We recommend health professionals use language in health care settings that uphold the principles of safety, dignity, and respect.

Statement 3: We recommend health professionals discuss with transgender and gender diverse patients/clients what language or terminology they prefer.

Statement 1:

We recommend health care professionals use culturally relevant language (including terms to describe transgender and gender diverse people) when applying the standards of Care in different global settings.

Culturally relevant language is used to describe TGD people in different global settings. For example, the concepts of sex, gender, and gender diversity differ across contexts, as does the language used to describe them. Thus, the language used when caring for TGD people in Thailand is not going to be the same as that used for TGD care in Africa. When applying the Standards of Care globally, we recommend health care professionals (HCPs) utilize local language and terms to deliver care in their specific cultural and/or geographical locale. Gender affirmation refers to the process of recognizing or affirming TGD people in their gender identity—whether socially, medically, legally, behaviorally, or some combination of these (Reisner et al., 2016). Health care that is gender-affirming or trans-competent utilizes culturally specific language in caring for TGD people. Consultation with TGD communities can help to ensure relevancy and inclusivity of the language used in providing health care locally in a particular context and setting.

Statement 2:

We recommend health professionals use language in health care settings that upholds the principles of safety, dignity, and respect.

Safety, dignity, and respect are basic human rights (International Commission of Jurists, 2017). We recommend HCPs utilize language and terminology that uphold these human rights when providing care for TGD people. Many TGD people have experienced stigma, discrimination, and mistreatment in health care settings, resulting in suboptimal care and poor health outcomes (Reisner et al., 2016; Safer et al., 2016; Winter et al., 2016). Such experiences include misgendering such as, being refused care or denied services when sick or injured and having to educate HCPs to be able to receive adequate care (James et al., 2016). Consequently, many TGD people feel unsafe accessing health care. They may avoid healthcare systems and seek other means of getting health-related needs met, such as taking hormones without a medical prescription or monitoring and relying on peers for medical advice. Furthermore, previous negative experiences in health care settings are associated with future avoidance of care among TGD people. Many TGD people have been treated unjustly, with prejudice, and without dignity or respect by HCPs. Using language grounded in the principles of safety, dignity, and

respect in health care settings is paramount to ensure the health, wellbeing, and rights of TGD people globally.

Statement 3:

We recommend that health professionals discuss with transgender and gender diverse patients/clients what language or terminology they prefer.

In providing health care to TGD people, we recommend HCPs discuss with their patients/clients what language or terminology they prefer be used when referring to them. This discussion includes asking TGD patients/clients about how they would like to be addressed in terms of name and pronouns, their gender and how they self-identify, and language to describe their body parts. Utilizing affirming language or terminology is a key component of TGD-affirming care (Lightfoot et al., 2018; Vermeir et al., 2018). Furthermore, these patient-centered discussions and communications can serve to build rapport and reduce the mistrust many TGD people feel toward HCPs and experienced within healthcare systems. Discussions of language or terminology can also facilitate patient/client engagement and retention in care that is not specifically TGD-related, such as uptake of routine preventive screenings and any necessary medical follow-up of findings.

References:

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