

## VOCABULARY

There are MtF and FtM transsexuals. MtF appear to be more common but this may be due to the way Female to Male transsexuals approach the problem.

We generally find they are broken into three groups Non-op pre-op and post-op.

Non ops may be non ops because of choice or it may be they cannot undergo surgery for safety or pecuniary reasons.

They may not even be classed as Transsexual in some cases, they may be classed as Cross Dressers (CD) or Transvestites (TV)

Pre-ops are those who have identified as transsexual and are undergoing treatment on the way to fully changing their bodies at some point in the future—some do not make it.

Post-ops have had the life changing surgery—this does not mean that they are complete—education goes on for the rest of ones life and only when the client feels complete can they be considered complete. TSs in that position often discard the label TS and just call themselves women or men.

Surgery for Female to Male is not yet a finite science, and many FtMs although they have had their reproductive organs removed, have not had phalloplasty because it is not viable.

Whilst in transition pronouns and identifiers should be in the target gender.

Some may never be identified at all if their transition is successful and the need for caution from medical and other services is non-existent. This is termed 'passing' and is something we all want to do. Some never make it.

For more Detailed Information

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Presentation

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## Changeling Aspects



## GLBTI Education

**Gender &/or Sexuality, how it works.**

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## Identifying the differences, which we need to understand

### Special Differences of TG

Psychologically or Emotionally traumatised by feelings of dysmorphia or dysphoria with their own bodies.

**Other Health issues**, Drug addiction, STDs from prostitution (unable to support themselves as they transition, seldom preferred lifestyle) Cutting (Self Harm) (low self worth and guilt), Pharmaceutical poisoning (suicide attempts.)

### Breakdown of names and slang.

TV/CD Not included in this situation

TG: Umbrella term for all gender-variant people

Pangendered/Fluid – This could be analysed as part of TS or a presentation issue of TV/CD.

MtF: (Male to Female Transsexual)

FtM: (Female to Male Transsexual)

TS: Transsexual, pre-op or post-op

There is also: Tranny, She-male, and of course we're called all the names that GLB get called.....

Also those who suffer from A.I.S., P.A.I.S., I.S. (Androgen Insensitivity Syndrome or Intersex).

All these 'Terms' are, or have been, used in a derogatory way, because of ignorance of these conditions.

### Types of presentation

Feminine, female, boi, androgynous, effeminate, TV, drag queen, male. Drag king. The term drag is from DRessed As Girl from stage plays (men always played female roles in Shakespeare's time)

### State of presentation

1. Low self esteem due to poor passing produces fringe type presentation (hippy, odd and outré styles) Classic symptom of inability to cope.
2. Pre or Post-op with success produces

normal females (or males). This is the art of 'passing' - the ability to 'vibe' as the target gender—even the least attractive can accomplish this.

### Mental Health issues

G.I.D., Transsexualism, Self hatred, low self esteem, low self worth. Body Dymorphia in some cases (attempted self castration or penisectomy).

D.S.M. IV., Self Doubt, Self Harm, Suicide attempts.

In fact any situation that may result in self-identifying as a lower form of life. An inability to socialise or participate.

### Relationships with others and support structure

Is this person alone? Is there anyone who can help them ?

Mother, father, siblings, peers, friends, groups.

Self assessment values (am I gay?/a weirdo?/a freak?) How do you relate to this person?

What is normal?

Usual self knowledge—I know I am a girl/boy inside

### Track of change.

1. Realisation and decision to change
2. Go into Therapy
3. Drugs, hormones anti-androgens or 'T' (testosterone)
- 4 Undergo sex-corrective Surgery
- 5 Paper trail change all the official signs of being the other sex (passport, DL, name, deeds, Medicare etc

### Sexual Behaviour of TG people.

Ranges from GLB.... To absolutely straight.

Is a MtF who is in love with a boy, gay"

### Post-Op genitalia

Mucosal and normal vaginal cavity. no cervix.

Visually normal and undetectable.

On FtMs, scarring is often evident from breast reduction, nipple resiting and hysterectomy.

### Treatment of TS people at triage level...

Generally a male who is transitioning to a female will show evidence of male status as in bone structure and hirsutism – this is not a defining characteristic, just expected.

Later stages will possibly show signs of secondary sex characteristics sometimes BAS scars or facial scars from feminisation surgery. Often no unusual signs exist.

FtM scars include 'top surgery' (double mastectomies with nipple resiting)—these scars are often quite disfiguring. Bottom surgery of hysterectomy and removal of vaginal cavity and ovaries (stage one) or phalloplasty (stage two)

This surgery is not very successful as yet and FtM Patients may be quite distressed about removal of clothing.

### Playing at therapy.

Cross dressing as part of a training format will not give you an insight into being TS.

This is condescending and downright rude.

This is one of the main players in our fight to be understood; why we're trying to get training in place. Not having the parts other people of your gender possess is a non natural situation for us and everyone we see is a reminder. Isolation in the community hurts, but it's how we cope. It has nothing to do with clothing

Imagine what it would be like to be assessed by your wrongly identified parts for your whole life as the person you are.

Imagine being classed as epileptic when you're not—try getting reassessed—it's almost impossible.

As a final note: past reactions by paramedics and ER staff have endangered lives.

We are not contagious, we are not doing this by choice. We need to be ourselves to survive.

Please help us even if we seem to be self destructive.

It is often a symptom of our culture.