



Basic Definitions:

sexual orientation and gender identity

Sexual Orientation

Describes to whom a person is sexually attracted. Some people are attracted to people of a particular gender; others are attracted to more than one gender. Some are not attracted to anyone. Sometimes the term “affectional orientation” is used synonymously to indicate that attraction can be about more than sexual desire.

Asexual ~ not attracted sexually to anyone and/or no desire to act on their attraction to anyone. Does not necessarily mean sexless.

Bisexual ~ attracted to people regardless of gender. A common misconception is that bisexual people are attracted to everyone and anyone. Often referred to as “bi”.

Heterosexual ~ attracted to people of the “opposite gender” (though this assumes there are only two genders, see below). Often referred to as “straight”.

Homosexual ~ attracted to people of the same gender. Often referred to as “gay” for men and sometimes women, and “lesbian” for women only.

Questioning ~ a term used to describe someone, often a youth, who is unsure of their sexual orientation and/or gender identity.

Queer ~ often used as an umbrella term for bisexual, gay, lesbian, and/or transgender (BGLT) people as well as an individual identity for those who do not fit sexual orientation and/or gender identity norms in US society. Historically, it has been used as a pejorative term, and its use today is met with disfavor by some and worn proudly by others.

Homophobia ~ The fear of gay, lesbian, bisexual, and transgender people (often lumped together). It can result in avoidance, discrimination, and violence against BGLT people.

Biphobia ~ The fear of bisexual people, similar to homophobia, though it often includes the belief that bisexual people don’t exist.

Heterosexism ~ The presumption that everyone is heterosexual and/or the belief that heterosexuality is superior to homosexuality and bisexuality. Often includes the use of power of the majority (heterosexuals) to reinforce this belief and forgetting the privileges of being heterosexual in our society.



Gender Identity and Expression

A person's actual or perceived gender, as well as a person's gender identity, gender-related self-image, gender-related appearance, or gender-related expression. One's sex (male, female, intersex) is the physical biology with which they are born. One's gender (man, woman, transgender) is how they choose to identify.

Crossdressers ~ People who dress in the clothing, partially or completely, of the societal norm for the "opposite" gender. Also known as "transvestites", though that term is generally, but not completely, out of favor.

Genderqueer/Third Gender/Transgender ~ People who identify as other than a man or a woman. Some individuals identify as neither men nor women, some identify as both, and still others identify as some combination of the two. Many believe there are more than two genders. Definitions and language continue to evolve.

Intersexual ~ A person born with mixed sexual physiology, with a physical manifestation of genital/genetic/endocrinological differentiation that is different from the cultural norm. ("Hermaphrodite" was the term used previously, though it is generally disliked and out of favor by intersex individuals.)

Transsexual ~ People whose understanding of their gender is different than the body into which they were born. A person born in a man's body whose self identity is that of a woman (or vice versa).

Transphobia ~ The fear of transgender people (used here as an umbrella term) and is similar to homophobia and biphobia.

Genderism ~ The belief that there are only two genders, male and female, which are identical to the biological sexes; and the belief that males must be masculine and females feminine.

Sexual Reassignment Surgery (SRS) ~ A part of the process a transsexual person goes through in order to create the bodies they believe they were born to have. Hormone therapy and psychiatric care are also a part of this process.

Sexual Orientation and Gender Identity

BGLT ~ An acronym for bisexual, gay, lesbian, and transgender. The Office of BGLT Concerns chooses to list the words alphabetically so as not to show preference for any one identity.

Coming Out ~ The term means to openly state one's identity, usually as BGLT. The term goes back to 1869 when gay people were urged to openly be themselves in Germany at the start of their gay rights movement (which was squashed by Hitler's rise). Being **out** means being open about one's identity. Being **outed** means someone else has disclosed one's identity, usually without the individual's permission.

Intersex Conditions

http://www.intersexualite.org/intersex_medical_perspective.html

Cloacal exstrophy: Severe congenital malformation of pelvis, including (in males) lack of a penis. These boys usually develop a male identity even if castrated and surgically reconstructed as females.

www.medterms.com/script/main/art.asp?articlekey=13211

Definition of Cloacal exstrophy

Cloacal exstrophy: A birth defect involving the pelvic area that is termed a malformation sequence and involves the cloaca.

A cloaca is a common passageway for feces, urine and reproduction. During human embryogenesis (development), there is for a time a cloaca. The far end of a structure called the hindgut is the cloaca before it divides to form a rectum, a bladder, and genitalia.

Exstrophy refers to the eversion of a hollow organ at birth (from the Greek ex, out, + strophe, a turning). In exstrophy of the cloaca, an area of the intestine is interposed between two separate areas of the bladder. Variations on this theme occur in cloacal exstrophy, resulting in grave anatomic disarray.

Cloacal exstrophy can affect boys or girls. However, in at least one respect the condition is even more devastating for boys than girls. Boys with cloacal exstrophy have cryptorchidism (failure of descent of the testes into the scrotum) and very severe epispadias (with the urine opening above the phallus). This is so severe that it usually makes adequate reconstruction (of the male genitalia) difficult, if not impossible. Gender reassignment has therefore sometimes been attempted, making boys with cloacal exstrophy into apparent girls. In psychological and emotional terms, the results have been controversial."

<http://www.pbs.org/wgbh/nova/gender/spectrum.html>

The Intersex Spectrum by Carl Gold

Physical gender is not always just a matter of XX or XY, girl or boy. In approximately one out of every 100 births, seemingly tiny errors occur during the various stages of fetal sex differentiation, causing a baby's body to develop abnormally. Problems in the formation of chromosomes, gonads, or external genitals can lead to a range of intersex conditions. The most common and well-researched of these conditions are explained below. For information on intersex conditions not mentioned here, see <http://www.hopkinsmedicine.org/pediatricendocrinology/>.

Congenital Adrenal Hyperplasia (CAH)—One in 13,000 births

Two hormones are critical in normal sex differentiation. The testes of normal 46,XY males secrete both Müllerian Inhibiting Substance (also known as MIS or antimüllerian hormone) and masculinizing androgenic hormones, while the ovaries of a normal 46,XX female secrete neither. In CAH, the absence of a critical enzyme allows a 46,XX fetus to produce androgens, resulting in ambiguous external genitals. A CAH individual may have an oversized clitoris and fused labia.

Testosterone Biosynthetic Defects—One in 13,000 births

In a condition related to CAH, some 46,XY individuals do not have the properly functioning enzymes needed to convert cholesterol to testosterone. When such enzymes prove completely incapable of creating testosterone, the genitals appear female; when the enzymes function at a low level, ambiguous genitals form.

Androgen Insensitivity Syndrome (AIS)—One in 13,000 births

AIS affects the section of the 46,XY population that is physically unable to react to androgens. In Complete AIS (CAIS), testes exist in the abdomen while the external genitals are female. The Wolffian, or male, duct structures do not form because of the lack of response to androgens. The Müllerian, or female, duct structures do not evolve because the testes still release MIS. At puberty, CAIS individuals grow breasts but do not menstruate. The testes are sometimes removed from the abdomen because they may develop cancer.

Partial AIS (PAIS) is marked by a limited response to androgens. The external genitals are ambiguous and duct development is incomplete. Depending on the selection of hormone treatment, PAIS individuals may exhibit partial male or partial female development at puberty.

