

9.1: Sex, Gender Identity and Expression

Learning Objectives

By the end of this section, you should be able to:

1. Define and differentiate between sex and gender
2. Define and discuss what is meant by gender identity
3. Distinguish the meanings of different sexual orientations, gender identities, and gender expressions



Figure 9.1.1: While the biological differences between males and females are fairly straightforward, the social and cultural aspects of being a man or woman can be complicated. (Credit: Mapbox Uncharted ERG /flickr)

When filling out a document such as a job application or school registration form, you are often asked to provide your name, address, phone number, birth date, and sex or gender. But have you ever been asked to provide your sex *and* your gender? Like most people, you may not have realized that sex and gender are not the same. However, sociologists and most other social scientists view them as conceptually distinct. **Sex** refers to physical or physiological differences between males and females, including both primary sex characteristics (the reproductive system) and secondary characteristics such as height and muscularity. **Gender** refers to behaviors, personal traits, and social positions that society attributes to being female or male.

A person's sex, as determined by their biology, does not always correspond with their gender. Therefore, the terms *sex* and *gender* are not interchangeable. A baby who is born with male genitalia will most likely be identified as male. As a child or adult, however, they may identify with the feminine aspects of culture. Since the term *sex* refers to biological or physical distinctions, characteristics of sex will not vary significantly between different human societies. Generally, persons of the female sex, regardless of culture, will eventually menstruate and develop breasts that can lactate. Characteristics of gender, on the other hand, may vary greatly between different societies. For example, in U.S. culture, it is considered feminine (or a trait of the female gender) to wear a dress or skirt. However, in many Middle Eastern, Asian, and African cultures, sarongs, robes, or gowns are considered masculine. The kilt worn by a Scottish man does not make him appear feminine in that culture.

The dichotomous or binary view of gender (the notion that someone is either male or female) is specific to certain cultures and is not universal. In some cultures, gender is viewed as fluid. In the past, some anthropologists used the term *berdache* to refer to individuals who occasionally or permanently dressed and lived as a different gender. The practice has been noted among certain Native American tribes (Jacobs, Thomas, and Lang 1997). Samoan culture accepts what Samoans refer to as a "third gender." *Fa'afafine*, which translates as "the way of the woman," is a term used to describe individuals who are born biologically male but embody both masculine and feminine traits. Fa'afafines are considered an important part of Samoan culture. Individuals from other cultures may mislabel their sexuality because fa'afafines have a varied sexual life that may include men and women (Poasa 1992).

SOCIAL POLICY AND DEBATE

The Legalese of Sex and Gender

The terms *sex* and *gender* have not always been differentiated in the English language. It was not until the 1950s that U.S. and British psychologists and other professionals formally began distinguishing between sex and gender. Since then, professionals

have increasingly used the term *gender* (Moi 2005). By the end of the twenty-first century, expanding the proper usage of the term *gender* to everyday language became more challenging—particularly where legal language is concerned. In an effort to clarify usage of the terms *sex* and *gender*, U.S. Supreme Court Justice Antonin Scalia wrote in a 1994 briefing, “The word *gender* has acquired the new and useful connotation of cultural or attitudinal characteristics (as opposed to physical characteristics) distinctive to the sexes. That is to say, *gender* is to *sex* as *feminine* is to *female* and *masculine* is to *male*” (*J.E.B. v. Alabama*, 144 S. Ct. 1436 [1994]). Supreme Court Justice Ruth Bader Ginsburg had a different take, however. She freely swapped them in her briefings so as to avoid having the word “*sex*” pop up too often. Ginsburg decided on this approach earlier in her career while she was arguing before the Supreme court; her Columbia Law School secretary suggested it to Ginsburg, saying that when “those nine men” (the Supreme Court justices), “hear that word and their first association is not the way you want them to be thinking” (Block 2020).

More recently, the word “*sex*” was a key element of the landmark Supreme Court case affirming that the Civil Rights Act's workplace protections applied to LGBTQ people. Throughout the case documents and discussions, the term and its meanings are discussed extensively. In his decision statement, Justice Neil Gorsuch wrote, “It is impossible to discriminate against a person for being homosexual or transgender without discriminating ... based on *sex*” (Supreme Court 2020). Dissenting justices and commentators felt that Gorsuch and the other justices in the majority were recalibrating the original usage of the term. The arguments about the language itself, which occupy much of the Court's writings on the matter, are further evidence of the evolving nature of the words, as well as their significance.

Sexuality and Sexual Orientation

A person's **sexuality** is their capacity to experience sexual feelings and attraction. Studying sexual attitudes and practices is a particularly interesting field of sociology because sexual behavior and attitudes about sexual behavior have cultural and societal influences and impacts. As you will see in the Relationships, Marriage, and Family chapter, each society interprets sexuality and sexual activity in different ways, with different attitudes about premarital sex, the age of sexual consent, homosexuality, masturbation, and other sexual behaviors (Widmer 1998).

A person's **sexual orientation** is their physical, mental, emotional, and sexual attraction to a particular sex (male and/or female). Sexual orientation is typically divided into several categories: *heterosexuality*, the attraction to individuals of the other sex; *homosexuality*, the attraction to individuals of the same sex; *bisexuality*, the attraction to individuals of either sex; *asexuality*, a lack of sexual attraction or desire for sexual contact; *pansexuality*, an attraction to people regardless of sex, gender, gender identity, or gender expression; *omnisexuality*, an attraction to people of all sexes, genders, gender identities, and gender expressions that considers the person's gender, and *queer*, an umbrella term used to describe sexual orientation, gender identity or gender expression. Other categories may not refer to a sexual attraction, but rather a romantic one. For example, an *aromantic* person does not experience romantic attraction; this is different from asexuality, which refers to a lack of sexual attraction. And some sexual orientations do not refer to gender in their description, though those who identify as having that orientation may feel attraction to a certain gender. For example, *demisexual* refers to someone who feels a sexual attraction to someone only after they form an emotional bond; the term itself doesn't distinguish among gender identities, but the person may feel attraction based on gender (PFLAG 2021). It is important to acknowledge and understand that many of these orientations exist on a spectrum, and there may be no specific term to describe how an individual feels. Some terms have been developed to address this—such as *graysexual* or *grayromantic*—but their usage is a personal choice (Asexual Visibility and Education Network 2021).

People who are attracted to others of a different gender are typically referred to as “straight,” and people attracted to others of the same gender are typically referred to as “gay” for men and “lesbian” for women. As discussed, above, however, there are many more sexual and romantic orientations, so the term “gay,” for example, should not be used to describe all of them. Proper terminology includes the acronyms LGBT and LGBTQ, which stands for “Lesbian, Gay, Bisexual, Transgender” (and “Queer” or “Questioning” when the Q is added). In other cases, people and organizations may add “I” to represent Intersex people (described below), and “A” for Asexual or Aromantic people (or sometimes for “Allies”), as well as one “P” to describe Pansexual people and sometimes another “P” to describe Polysexual people. Finally, some people and organizations add a plus sign (+) to represent other possible identities or orientations. Sexuality and gender terminology are constantly changing, and may mean different things to different people; they are not universal, and each individual define them for themselves (UC Davis LGBTQIA Resource Center 2020). Finally, a person who does not fully understand all of these terms can still be supportive of people who have those orientations or others; in fact, advocacy and support organizations indicate it is much better to admit you don't know something than to make assumptions or apply an incorrect label to someone (GLAAD 2021).

While the descriptions above are evidence of a vast degree of diversity, the United States and many other countries are heteronormative societies, meaning many people assume **heterosexual** orientation is biologically determined and is the default or normal type of orientation. While awareness and acceptance of different sexual orientations and identities seems to be increasing, the influence of a heteronormative society can lead LGBTQ people to be treated like "others," even by people who do not deliberately seek to cause them harm. This can lead to significant distress (Boyer 2020). Causes of these heteronormative behaviors and expectations are tied to implicit biases; they can be especially harmful for children and young adults (Tompkins 2017).

There is not a wealth of research describing exactly when people become aware of their sexual orientation. According to current scientific understanding, individuals are usually aware of their sexual orientation between middle childhood and early adolescence (American Psychological Association 2008). They do not have to participate in sexual activity to be aware of these emotional, romantic, and physical attractions; people can be celibate and still recognize their sexual orientation, and may have very different experiences of discovering and accepting their sexual orientation. Some studies have shown that a percentage of people may start to have feelings related to attraction or orientation at ages nine or ten, even if these feelings are not sexual (Calzo 2018). At the point of puberty, some may be able to announce their sexual orientation, while others may be unready or unwilling to make their sexual orientation or identity known since it goes against society's historical norms (APA 2008). And finally, some people recognize their true sexual orientation later in life—in their 30s, 40s, and beyond.

There is no scientific consensus regarding the exact reasons why an individual holds a specific sexual orientation. Research has been conducted to study the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, but there has been no evidence that links sexual orientation to one factor (APA 2008). Alfred Kinsey was among the first to conceptualize sexuality as a continuum rather than a strict dichotomy of gay or straight. He created a six-point rating scale that ranges from exclusively heterosexual to exclusively homosexual. See the figure below. In his 1948 work *Sexual Behavior in the Human Male*, Kinsey writes, "Males do not represent two discrete populations, heterosexual and homosexual. The world is not to be divided into sheep and goats... The living world is a continuum in each and every one of its aspects" (Kinsey 1948). Many of Kinsey's specific research findings have been criticized or discredited, but his influence on future research is widely accepted.

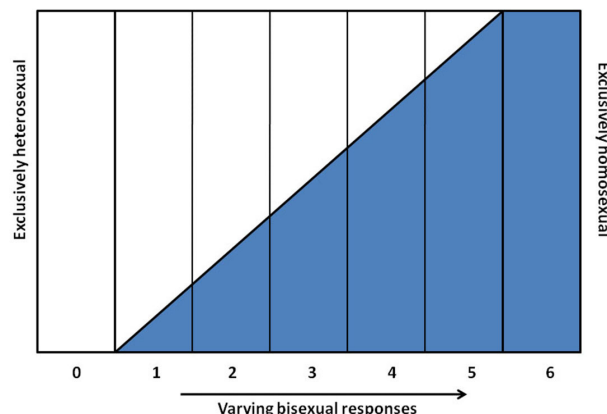


Figure 9.1.2: The Kinsey scale was one of the first attempts to frame the diversity of human sexual orientation.

Later scholarship by Eve Kosofsky Sedgwick expanded on Kinsey's notions. She coined the term "homosocial" to oppose "homosexual," describing nonsexual same-sex relations. Sedgwick recognized that in U.S. culture, males are subject to a clear divide between the two sides of this continuum, whereas females enjoy more fluidity. This can be illustrated by the way women in the United States can express homosocial feelings (nonsexual regard for people of the same sex) through hugging, handholding, and physical closeness. In contrast, U.S. males refrain from these expressions since they violate the heteronormative expectation that male sexual attraction should be exclusively for females. Research suggests that it is easier for women violate these norms than men, because men are subject to more social disapproval for being physically close to other men (Sedgwick 1985).

Because of the deeply personal nature of sexual orientation, as well as the societal biases against certain orientations, many people may question their sexual orientation before fully accepting it themselves. In a similar way, parents may question their children's sexual orientation based on certain behaviors. Simply viewing the many web pages and discussion forums dedicated to people expressing their questions makes it very clear that sexual orientation is not always clear. Feelings of guilt, responsibility, rejection, and simple uncertainty can make the process and growth very challenging. For example, a woman married to a man who recognizes that she is asexual, or a man married to a woman who recognizes that he is attracted to men, may both have extreme difficulty coming to terms with their sexuality, as well as disclosing it to others. At younger ages, similarly challenging barriers and

difficulties exist. For example, adolescence can be a difficult and uncertain time overall, and feelings of different or changing orientation or nonconformity can only add to the challenges (Mills-Koonce 2018).

Gender Roles

As we grow, we learn how to behave from those around us. In this socialization process, children are introduced to certain roles that are typically linked to their biological sex. The term **gender role** refers to society's concept of how men and women are expected to look and how they should behave. These roles are based on norms, or standards, created by society. In U.S. culture, masculine roles are usually associated with strength, aggression, and dominance, while feminine roles are usually associated with passivity, nurturing, and subordination. Role learning starts with socialization at birth. Even today, our society is quick to outfit male infants in blue and girls in pink, even applying these color-coded gender labels while a baby is in the womb.

One way children learn gender roles is through play. Parents typically supply boys with trucks, toy guns, and superhero paraphernalia, which are active toys that promote motor skills, aggression, and solitary play. Daughters are often given dolls and dress-up apparel that foster nurturing, social proximity, and role play. Studies have shown that children will most likely choose to play with "gender appropriate" toys (or same-gender toys) even when cross-gender toys are available because parents give children positive feedback (in the form of praise, involvement, and physical closeness) for gender normative behavior (Caldera, Huston, and O'Brien 1998). As discussed in the Socialization chapter, some parents and experts become concerned about young people becoming too attached to these stereotypical gender roles.



Figure 9.1.3: Childhood activities and instruction, like this father-daughter duck-hunting trip, can influence people's lifelong views on gender roles. (Credit: Tim Miller, USFWS Midwest Region/flickr)

The drive to adhere to masculine and feminine gender roles continues later in life, in a tendency sometimes referred to as "occupational sorting" (Gerdeman 2019). Men tend to outnumber women in professions such as law enforcement, the military, and politics. Women tend to outnumber men in care-related occupations such as childcare, healthcare (even though the term "doctor" still conjures the image of a man), and social work. These occupational roles are examples of typical U.S. male and female behavior, derived from our culture's traditions. Adherence to these roles demonstrates fulfillment of social expectations but not necessarily personal preference (Diamond 2002); sometimes, people work in a profession because of societal pressure and/or the opportunities afforded to them based on their gender.

Historically, women have had difficulty shedding the expectation that they cannot be a "good mother" and a "good worker" at the same time, which results in fewer opportunities and lower levels of pay (Ogden 2019). Generally, men do not share this difficulty: Since the assumed role of a man as a father does not seem to conflict with their perceived work role, men who are fathers (or who are expected to become fathers) do not face the same barriers to employment or promotion (González 2019). This is sometimes referred to as the "motherhood penalty" versus the "fatherhood premium," and is prevalent in many higher-income countries (Bygren 2017). These concepts and their financial and societal implications will be revisited later in the chapter.

Gender Identity

U.S. society allows for some level of flexibility when it comes to acting out gender roles. To a certain extent, men can assume some feminine roles and women can assume some masculine roles without interfering with their gender identity. **Gender identity** is a person's deeply held internal perception of one's gender.

Transgender people's sex assigned at birth and their gender identity are not necessarily the same. A transgender woman is a person who was assigned male at birth but who identifies and/or lives as a woman; a transgender man was assigned female at birth but lives as a man. While determining the size of the transgender population is difficult, it is estimated that 1.4 million adults (Herman 2016) and 2 percent of high school students in the U.S. identify as transgender (Johns 2019). The term "transgender" does not indicate sexual orientation or a particular gender expression, and we should avoid making assumptions about people's sexual orientation based on knowledge about their gender identity (GLAAD 2021).



Figure 9.1.4: Actress Laverne Cox is the first openly transgender person to play a transgender character on a major show. She won a producing Emmy and was nominated four times for the Best Actress Emmy. She is also an advocate for LGBTQ issues outside of her career, such as in this "Ain't I a Woman?" speaking tour. (Credit: modification of work by "KOMUnews_Flickr"/Flickr)

Some transgender individuals may undertake a process of transition, in which they move from living in a way that is more aligned with the sex assigned at birth to living in a way that is aligned with their gender identity. Transitioning may take the form of social, legal or medical aspects of someone's life, but not everyone undertakes any or all types of transition. Social transition may involve the person's presentation, name, pronouns, and relationships. Legal transition can include changing their gender on government or other official documents, changing their legal name, and so on. Some people may undergo a physical or medical transition, in which they change their outward, physical, or sexual characteristics in order for their physical being to better align with their gender identity (UCSF Transgender Care 2019). They may also be known as male-to-female (MTF) or female-to-male (FTM). Not all transgender individuals choose to alter their bodies: many will maintain their original anatomy but may present themselves to society as another gender. This is typically done by adopting the dress, hairstyle, mannerisms, or other characteristic typically assigned to another gender. It is important to note that people who cross-dress, or wear clothing that is traditionally assigned to a gender different from their biological sex, are not necessarily transgender. Cross-dressing is typically a form of self-expression or personal style, and it does not indicate a person's gender identity or that they are transgender (TSER 2021).



Figure 9.1.5: The most widely known transgender pride flag was designed by transgender woman and U.S. Navy veteran Monica Helms. Other designers have different interpretation of the transgender flag, and other groups within the LGBTQ community have their own flags and symbols. Interestingly, Gilbert Baker, the designer of the first widely adopted pride flag, made a point to avoid trademark or other limits on the flag, so that it could be reinterpreted and reused by others. (Credit: crudmucosa/flickr)

There is no single, conclusive explanation for why people are transgender. Transgender expressions and experiences are so diverse that it is difficult to identify their origin. Some hypotheses suggest biological factors such as genetics or prenatal hormone levels as well as social and cultural factors such as childhood and adulthood experiences. Most experts believe that all of these factors contribute to a person's gender identity (APA 2008).

Intersex is a general term used to describe people whose sex traits, reproductive anatomy, hormones, or chromosomes are different from the usual two ways human bodies develop. Some intersex traits are recognized at birth, while others are not recognizable until puberty or later in life (interACT 2021). While some intersex people have physically recognizable features that are described by specific medical terms, intersex people and newborns are healthy. Most in the medical and intersex community reject unnecessary surgeries intended to make a baby conform to a specific gender assignment; medical ethicists indicate that any surgery to alter intersex characteristics or traits—if desired—should be delayed until an individual can decide for themselves (Behrens 2021). If a physical trait or medical condition prohibits a baby from urinating or performing another bodily function (which is very rare), then a medical procedure such as surgery will be needed; in other cases, hormonal issues related to intersex characteristics may require medical intervention. Intersex and transgender are not interchangeable terms; many transgender people have no intersex traits, and many intersex people do not consider themselves transgender. Some intersex people believe that intersex people should be included within the LGBTQ community, while others do not (Koyama n.d.).

Those who identify with the sex they were assigned at birth are often referred to as *cisgender*, utilizing the Latin prefix "cis," which means "on the same side." (The prefix "trans" means "across.") Because they are in the majority and do not have a potential component to transition, many cisgender people do not self-identify as such. As with transgender people, the term or usage of cisgender does not indicate a person's sexual orientation, gender, or gender expression (TSER 2021). And as many societies are heteronormative, they are also *cisnormative*, which is the assumption or expectation that everyone is cisgender, and that anything other than cisgender is not normal.

The language of sexuality, sexual orientation, gender identity, and gender expression is continually changing and evolving. In order to get an overview of some of the most commonly used terms, explore the Trans Student Educational Resources Online Glossary: <http://openstax.org/r/tsero>

When individuals do not feel comfortable identifying with the gender associated with their biological sex, then they may experience gender dysphoria. **Gender dysphoria** is a diagnostic category in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) that describes individuals who do not identify as the gender that most people would assume they are. This dysphoria must persist for at least six months and result in significant distress or dysfunction to meet DSM-5 diagnostic criteria. In order for children to be assigned this diagnostic category, they must verbalize their desire to become the other gender. It is important to note that not all transgender people experience gender dysphoria, and that its diagnostic categorization is not universally accepted. For example, in 2019, the World Health Organization reclassified "gender identity disorder" as "gender

incongruence,” and categorized it under sexual health rather than a mental disorder. However, health and mental health professionals indicate that the presence of the diagnostic category does assist in supporting those who need treatment or help.

People become aware that they may be transgender at different ages. Even if someone does not have a full (or even partial) understanding of gender terminology and its implications, they can still develop an awareness that their gender assigned at birth does not align with their gender identity. Society, particularly in the United States, has been reluctant to accept transgender identities at any age, but we have particular difficulty accepting those identities in children. Many people feel that children are too young to understand their feelings, and that they may “grow out of it.” And it is true that some children who verbalize their identification or desire to live as another gender may ultimately decide to live in alignment with their assigned gender. But if a child consistently describes themselves as a gender (or as both genders) and/or expresses themselves as that gender over a long period of time, their feelings cannot be attributed to going through a “phase” (Mayo Clinic 2021).

Some children, like many transgender people, may feel pressure to conform to social norms, which may lead them to suppress or hide their identity. Experts find evidence of gender dysphoria—the long-term distress associated with gender identification—in children as young as seven (Zaliznyak 2020). Again, most children have a limited understanding of the social and societal impacts of being transgender, but they can feel strongly that they are not aligned with their assigned sex. And considering that many transgender people do not come out or begin to transition until much later in life—well into their twenties—they may live for a long time under that distress.

Discrimination Against LGBTQ people

Recall from the chapter on Crime and Deviance that the FBI's hate crime data indicates that crimes against LGBTQ people have been increasing, and that those crimes account for nearly one in five hate crimes committed in the United States (FBI 2020). While the disbanding of anti-LGBTQ laws in the United States has reduced government or law enforcement oppression or abuse, it has not eliminated it. In other countries, however, LGBTQ people can face even more danger. Reports from the United Nations, Human Rights Watch, and the International Lesbian, Gay, Trans, and Intersex Association (ILGA) indicate that many countries impose penalties for same-sex relationships, gender non-conformity, and other acts deemed opposed to the cultural or religious observances of the nation. As of 2020, six United Nations members imposed the death penalty for consensual same-sex acts, and another 61 countries penalized same-sex acts, through jail time, corporal punishment (such as lashing), or other measures. These countries include prominent United States allies such as the United Arab Emirates and Saudi Arabia (both of which can legally impose the death penalty for same-sex acts). Some nearby nations criminalize same-sex relations: Barbados can impose lifetime imprisonment for same-sex acts, and Jamaica, St. Kitts and Nevis, and Saint Lucia have lesser penalties, though Saint Lucia's government indicates it does not enforce those laws (ILGA 2020). Even when the government criminal code does not formalize anti-LGBTQ penalties, local ordinances or government agents may have wide discretion. For example, many people fleeing Central American countries do so as a result of anti-LGBTQ violence, sometimes at the hands of police (Human Rights Watch 2020).

Such severe treatment at the hands of the government is no longer the case in the United States. But until the 1960s and 1970s, every state in the country criminalized same-sex acts, which allowed the military to dishonorably discharge gay veterans (stripping them of all benefits) and law enforcement agencies to investigate and detain people suspected of same-sex acts. Police regularly raided bars and clubs simply for allowing gay and lesbian people to dance together. Public decency laws allowed police to arrest people if they did not wear clothing aligning with the typical dress for their biological sex. Criminalization of same-sex acts began to unravel at the state level in the 1960's and 1970s, and was fully invalidated in a 2003 Supreme Court decision.

Hate crimes and anti-LGBTQ legislation are overt types of discrimination, but LGBTQ people are also treated differently from straight and cisgender people in schools, housing, and in healthcare. This can have effects on mental health, employment and financial opportunities, and relationships. For example, more than half of LGBTQ adults and 70 percent of those who are transgender or gender non-conforming report experiencing discrimination from a health care professional; this leads to delays or reluctance in seeking care or preventative visits, which has negative health outcomes (American Heart Association 2020). Similarly, elderly LGBTQ people are far less likely to come out to healthcare professionals than are straight or cisgender people, which may also lead to healthcare issues at an age that is typically highly reliant on medical care (Foglia 2014).

Much of this discrimination is based on stereotypes and misinformation. Some is based on **heterosexism**, which Herek (1990) suggests is both an ideology and a set of institutional practices that privilege straight people and heterosexuality over other sexual orientations. Much like racism and sexism, heterosexism is a systematic disadvantage embedded in our social institutions, offering power to those who conform to heterosexual orientation while simultaneously disadvantaging those who do not. *Homophobia*, an extreme or irrational aversion to gay, lesbian, bisexual, or all LGBTQ people, which often manifests as prejudice and

bias. *Transphobia* is a fear, hatred, or dislike of transgender people, and/or prejudice and discrimination against them by individuals or institutions.

Fighting Discrimination and Being an Ally



Figure 9.1.6: Hashtags, pride parades, and other activism are important elements of supporting LGBTQ people, but most experts and advocates agree that some of the most important steps are ones taken internally to better educate ourselves, and on interpersonal levels with friends, coworkers, and family members. (Credit: Lars Verket/flickr)

Major policies to prevent discrimination based on sexual orientation have not come into effect until recent years. In 2011, President Obama overturned “don’t ask, don’t tell,” a controversial policy that required gay and lesbian people in the US military to keep their sexuality undisclosed. In 2015, the Supreme Court ruled in the case of *Obgerfell vs. Hodges* that the right to civil marriage was guaranteed to same-sex couples. And, as discussed above, in the landmark 2020 Supreme Court decision added sexual orientation and gender identity as categories protected from employment discrimination by the Civil Rights Act. At the same time, laws passed in several states permit some level of discrimination against same-sex couples and other LGBTQ people based on a person’s individual religious beliefs or prejudices.

Supporting LGTBQ people requires effort to better understand them without making assumptions. Understand people by listening, respecting them, and by remembering that every person—LGBTQ or otherwise— is different. Being gay, lesbian, bisexual, transgender, queer, intersex, or asexual is not a choice, but the way a person expresses or reveals that reality is their choice. Your experience or knowledge of other LGBTQ people (even your own experience if you are LGBTQ) cannot dictate how another person feels or acts. Finally, as discussed in the Race and Ethnicity chapter, intersectionality means that people are defined by more than their gender identity and sexual orientation. People from different age groups, races, abilities, and experiences within the LGTBQ community have different perspectives and needs.

While each individual has their own perspective, respecting their feelings and protecting their equality and wellbeing does have some common elements. These include referring to a person as they would like to be referred to, including the avoidance of abbreviations or slang terms unless you are sure they accept them. For example, many people and organizations (including those referenced in this chapter) use the abbreviation “trans” to represent transgender people, but a non-transgender person should not use that abbreviation unless they know the person or subject is comfortable with it. Respect also includes people’s right to privacy: One person should never out a person to someone else or assume that someone is publicly out. LGBTQ allies can support everyone’s rights to be equal and empowered members of society, including within organizations, institutions, and even individual classrooms.

Supporting others may require a change in mindset and practice. For example, if a transgender person wants to be referred to by a different name, or use different pronouns, it might take some getting used to, especially if you have spent years referring to the person by another name or by other pronouns. However, making the change is worthwhile and not overly onerous.

You can learn more about being an ally through campus, government, and organizational resources like the Human Rights Campaign’s guide <https://www.hrc.org/resources/being-an-lgbtq-ally>

Language is an important part of culture, and it has been evolving to better include and describe people who are not gender-binary. In many languages, including English, pronouns are gendered. That is, pronouns are intended to identify the gender of the individual being referenced. English has traditionally been binary, providing only “he/him/his,” for male subjects and “she/her/hers,” for female subjects.

This binary system excludes those who identify as neither male nor female. The word “they,” which was used for hundreds of years as a singular pronoun, is more inclusive. As a result, in fact, Merriam Webster selected this use of “they” as Word of the Year for 2019. “They” and other pronouns are now used to reference those who do not identify as male or female on the spectrum of gender identities.

Gender-inclusive language has impacts beyond personal references. In biology, anatomy, and healthcare, for example, people commonly refer to organs or processes with gender associations. However, more accurate and inclusive language avoids such associations. For example, *women* do not produce eggs; *ovaries* produce eggs. *Men* are not more likely to be color-blind; those with *XY chromosomes* are more likely to be color blind (Gender Inclusive Biology 2019).

Beyond the language of gender, the language of society and culture itself can be either a barrier or an opening to inclusivity. Societal norms are important sociological concepts, and behaviors outside of those norms can lead to exclusion. By disassociating gender identity, gender expression, and sexual orientation from the concept of norms, we can begin to eliminate the implicit and explicit biases regarding those realities. In everyday terms, this can take the form of avoiding references to what is normal or not normal in regard to sexuality or gender (Canadian Public Health Association 2019).

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