

TRANSGENDER OPPRESSION

Introduction

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Transgender issues are receiving increasing attention in both academia and popular culture in recent years. Recent publication of *The Transgender Studies Reader* (Stryker and Whittle 2007) and the *Transgender Rights Anthology* (Currah, Juang, and Minter 2006) demonstrates the emergence of an academic discourse about social justice issues for transgender communities. Students at the University of Vermont, University of Massachusetts Amherst, University of Michigan, and University of California (Berkeley, Santa Barbara, San Diego, and Santa Cruz), along with many other state and private colleges, have begun organizing for transgender inclusion in residence halls, bathrooms, health insurance coverage, and non-discrimination policies.

In the pop culture realm, transgender characters have been depicted on mainstream television shows, such as *ER*, *Grey's Anatomy*, *Eli Stone*, *Law & Order: SVU*, and *Crime Scene Investigation (CSI)*, even occasionally played by trans actors. Unfortunately, these mainstream media depictions of trans people and trans characters almost always portray white trans people, which is an unrealistic representation of the diversity within transgender communities. Further, these representations tend to showcase trans people either as victims or as medical anomalies, and not as complex people with lives and interests beyond their gender.

At the same time, violence and discrimination against transgender people are of pandemic proportions. As of this writing, gender identity and expression are not included in federal hate crimes legislation, so federal law enforcement agencies are not required to track or report crimes based on gender identity and expression, as they do with hate crimes based on federally protected classes, such as race, religion, and sex (Currah and Spade 2007). For this reason it is very difficult to state with any certainty the number of bias-motivated crimes against transgender and gender non-conforming people. However, members of the trans community try to keep track of publicized incidents, and memorialize each year at the Transgender Day of Remembrance transgender and gender non-conforming people who have been murdered.² According to these community groups' estimates, at least 245 people were murdered in anti-transgender hate crimes between 1998 and 2008. This is definitely a drastic underestimate, as it only counts people whose transgender identities were known, and as police departments in most jurisdictions have no obligation and indeed no way to report these murders as hate crimes.

Currently, thirteen states plus Washington, D.C., include gender identity and expression in non-discrimination laws, policies, or judicial findings (National Center for Transgender Equality [NCTE] 2007). Together with local statutes, this means that only 37 percent of the U.S. population is legally protected against such discrimination based on gender identity and expression (NCTE 2007). Further legislation is pending federally and in several states.

Because non-discrimination laws do not protect most transgender people in the United States, we may be denied housing, employment, and public benefits with little if any legal recourse. For example, in a 2008 survey of transgender people in California, 70 percent reported experiencing workplace discrimination based on their gender identity or gender expression—despite the fact that transgender Californians had been protected by comprehensive non-discrimination laws since 2004. Additionally, survey respondents were twice as likely as the general population to be receiving unemployment benefits (14 percent v. 7 percent) and to be living below the federal poverty level of \$10,400 (23 percent v. 11.7 percent). Fewer than half were employed full time, and 20 percent had been homeless since their transition (Transgender Law Center 2009). Trans people also are arrested and imprisoned disproportionately to the general population, due both to economic marginalization and to stereotyping by police officers, and once in prison they are extremely vulnerable to sexual assault, medical neglect, and other abuses (Sylvia Rivera Law Project 2007).³

The reality represented by these discouraging statistics leads us to identify the oppression of transgender people as a problem worthy of study and action within a multi-issue social justice liberation movement.

DEFINITIONS

Transgender oppression is closely related to sexism and to heterosexism, and there are also important differences (see Griffin 2007, 167–173, reprinted on this section’s website). In order to distinguish them, we need to define some terminology. Many people understand gender to be synonymous with sex, referring to the categories of male and female. In fact, *sex* and *gender* are not the same things, and both are more complicated than a male/female binary. In this section (as in the preceding two sections on sexism and heterosexism), we use *sex* to describe biological factors, such as chromosomes, genitals, and hormone levels, that are used to categorize people as male or female. In reality, more possibilities exist; many people have some aspect of their biology that would challenge simple categorization of their body as male or female (Fausto-Sterling 2000; Kessler 2002). Individuals whose physical bodies are not easily categorized as male or female are called *intersex*.⁴

Gender refers to a wide range of social/cultural meanings that are ascribed to biological sex. We like to think of gender as composed of both *gender identity* and *gender expression*. *Gender identity* refers to a person’s internal self-concept with regard to gender categories like man and woman. *Gender expression* refers to behaviors, such as attire, demeanor, and language, through which we intentionally or unintentionally communicate gender. As Hackman describes (in the introduction to the section on sexism), *gender roles* are specific sets of expectations for gender expression, which characterize what men and women are “supposed to” be in a particular society. The dominant assumption is that an individual’s sex, gender identity, and gender expression always line up—for example, that all female-bodied people identify as women and express themselves through femininity—and further that there are two and only two sexes, and two and only two genders (where identity and expression are conflated). This faulty assumption, often referred to as the *sex/gender binary*, is the foundation of our analysis of transgender oppression.

It is also common to confuse gender identity and expression with *sexual orientation* (i.e., the gender/s one is emotionally, romantically, or sexually attracted to), and, thus, to confuse transgender oppression with heterosexism. In fact, one’s gender identity and expression are not necessarily related to one’s sexual orientation. Transgender people, like all people, have a variety of sexual orientations including heterosexual, gay, lesbian, pansexual, and queer.⁵ For further discussion of gender, sexuality, and terminology, we refer readers to the sections on heterosexism and sexism, as well as to Pat Griffin’s discussion included on this section’s website.

Based on these definitions, we use the term *transgender* broadly to describe people whose gender identity and/or gender expression do not match societal expectations (Catalano, McCarthy, and Shlasko 2007) and for whom this fact is central to their identity and/or important in determining their life circumstances. Transgender is also a term of self-identity that is claimed by some, but not all, people who fit in our broad definition. People who fall under the transgender umbrella may or may not identify as transgender, and may also identify with others terms such as male-to-female (MtF), butch, female-to-male (FtM), genderqueer, gender non-conforming, femme, androgynous, or two-spirit. We fully support the right of all people to name and define their own identity and experiences, because empowerment for marginalized peoples requires this kind of self-determination. Terms of self-identity are important tools that help people to survive with, in, and/or in resistance to the gender binary. At the same time, we define transgender broadly so that we can discuss social phenomena that affect people in this category, across many variations in how people understand and describe themselves.

We define *transgender oppression* as the system of oppression that targets and marginalizes people who are transgender in the broadest sense. The system privileges non-transgender people, also called *cisgender*⁶ people, whose gender identity and expression conform with relative ease to societal expectations. Like other forms of oppression, transgender oppression is harmful and limiting to everyone, including those who occupy a privileged position. It has particular impact on those who transition from living entirely or primarily in one of the two socially sanctioned genders (man or woman) to living entirely or primarily in the other, or who live between or outside these categories. Often, this is the group that people are referring to when they say transgender. Although we use transgender more broadly, many of the phenomena we focus on as examples of transgender oppression are particularly evident for this group.

Because many people view gender as a presumed-natural binary, those of us whose experience does not match this assumption are often viewed as unnatural. The medical system reinforces this view, especially with regard to those of us who choose to change our bodies, in the *Diagnostic and Statistical Manual-IV* (American Psychiatric Association 2000), which classifies the desire to change the sex of one’s body (through hormones, surgeries, or other options) as evidence of a mental illness called gender identity disorder. This diagnosis forms the basis of the “*medical model*” of transgender identity, which positions transgender identity as an illness with biomedical transition as the cure, thereby establishing medical authority to “diagnose” gender identity and to supervise gender transition.

One central assumption of the medical model is that all trans people experience extreme distress about being trans. This can lead well-meaning allies to feel pity or sympathy for transgender people. Some trans people do experience internal struggles about their gender, and many trans people also find joy and pride in our gender identity and expression. The medical model ignores this aspect of trans experience.

It is difficult to overestimate the historical and current impact of the medical model on transgender lives, communities, and movements. Much of how we understand transgender has been shaped by the medical model. Transgender people inevitably end up having to navigate the medical system’s assumptions about us, whether because we choose to participate in the system in order to seek medical transition or because medical providers pass judgment on our non-conformity and create barriers to accessing even basic primary health care. Dean Spade’s piece in this section (selection 89) addresses some of the complexities of trans communities’ relationships to the medical model.

Like all forms of oppression, transgender oppression can be internalized. At the most basic level, *internalized transgender oppression* is internalization of the sex/gender binary. The binary asserts that only two categories of people exist: masculine, man-identified males and feminine, woman-identified females. For some trans people, the internalization of this belief system may lead us to doubt whether we can be a “real” man or a “real” woman, or even whether we are “real” at all. For others, the internalization of the gender binary may lead us to enact hyperfemininity or

hypermasculinity in attempts to “prove” our identity. Internalized oppression can lead to depression and suicidality; in some studies 35 percent of transgender participants report having thought seriously about suicide, and 16–32 percent report having attempted suicide (Clements-Nolle, Marx, Guzman, and Katz 2001; Xavier 2000).

Another aspect of internalized transgender oppression is internalization of the medical model. Many trans people disagree with some aspects of the medical model and prefer to see trans identity not as pathology but rather as a natural expression of human variation. Yet the influence of the medical model is so pervasive that we may accidentally accept some of its assumptions even if we do not believe in them (such as the assumption that all trans people experience a certain kind of discomfort in their bodies).

When we are able to come together as a community, we can mitigate some of the brutal effects of internalized oppression and create space for trans people to have more agency in defining and making choices about our lives. The recent emergence of numerous trans memoirs, biographies, and documentaries, as well as trans advocacy organizations around the world, are further examples of resistance by trans people who refuse to buy into the messages of shame and isolation. We hope more will be published about the complexities of internalized transgender oppression and the ways in which individuals and communities are working toward liberation.

SEXISM, HETEROSEXISM, AND TRANSGENDER OPPRESSION

There are various ways to understand the relationships among sexism, heterosexism, and transgender oppression. The way we think of it is that these three systems, along with the oppression of intersex people, are conceptually distinct but overlapping systems. They have in common an overarching system of norms and expectations related to bodies, gender, sexuality, and family relationships that dictate which identities are considered normal, which are deviant, and in some cases which identities are acknowledged to exist at all.

In addition, there are many specific manifestations of oppression that play out similarly. For example, lesbian, gay, and bisexual (LGB) and transgender (T) people may be labeled as mentally ill when we are not and may be discouraged from interacting with children because of irrational fears that we will influence the children to become LGB or T. Both women and trans people are often targeted for sexual assault and are encouraged to entrust our bodies to doctors while dissociating from our own knowledge of what our bodies need and want. In addition, sexism, heterosexism, and transgender oppression often occur in tandem. When a gay man with a feminine gender expression is targeted for violence based on his femininity, gender non-conformity, and presumed sexual orientation, all three systems are at play. With the constant evolution of terminology and philosophy around transgender issues, we look forward to seeing the new ways we will conceive and describe these relationships.

The history of trans communities and movements has often been intertwined with LGB activism and with feminism. Many LGB organizations now include transgender issues in their mission and extend the acronym to LGBT. The inclusion of transgender within LGB movements and organizations acknowledges the historical connections of the communities and has created space for the concerns of trans people to be addressed as part of broader LGBT liberation efforts. However, it is not always a natural fit, and often these organizations struggle with how to enact their intention of being trans-inclusive. The lumping in of T with LGB has also reinforced confusion about the meaning of transgender, which many people misunderstand as being a sexual orientation.

In some ways, transgender liberation movements should be a natural fit with feminist movements, as they share a fundamental goal of eliminating oppression based on gender. However, ideological conflicts between trans and non-trans feminists have surfaced on many fronts.⁷ In order to work together to overcome the overlapping systems that target all women (whether

or not they are trans) and all trans people (whether or not they are women), trans and feminist movements need to seek a mutually beneficial definition of feminism that would “dismantle the structures that prop up gender as a system of oppression, but [. . .] without passing moral judgment on people who feel the need to change their birth-assigned gender” (Stryker 2008, 3).

Even with the tension around trans issues in feminist and LGBT movements, trans people have always been part of LGBT and feminist organizing. Trans people’s participation in these and other social movements has been omitted from many accounts, sometimes out of carelessness and sometimes out of intentional reframing of the historical facts (Namaste 2000; Nestle, Howell, and Wilchins 2002; Stryker 2008), leading to widespread ignorance about trans people’s history and, indeed, our very existence.

By setting aside space for discussion about transgender oppression, we acknowledge and honor the experiences of those who transgress the gender binary, without taking away from other equally important issues. The first-time inclusion of this section in a general book of readings on diversity and social justice is an important step forward for transgender studies and activism. Students, teachers, and staff now have access to information about transgender issues as part of a broader social justice curriculum. Some trans students and teachers will have a chance to see themselves reflected in the pages of a reading assignment for the first time. As with any anthology, this section is only a sampling of what is available. We hope that it will encourage readers to seek out more information and to find your own voices about this issue.

INTRODUCTION TO THE READINGS

The pieces in this section provide a basic framework for understanding the context, acknowledging some voices, and exploring next steps about transgender experience and transgender oppression. In selecting pieces, we considered what resources would be most relevant and appealing to today’s undergraduate students, some of whom are thinking about transgender issues for the first time. With this in mind, our focus is mostly on contemporary transgender communities and the mainstream of transgender political organizing.

We also wanted to emphasize the interconnections among transgender oppression and other forms of oppression, especially racism and classism. One of the criticisms we often hear when attempting to include transgender issues in college curricula or student life programming is that the transgender movement is a white, upper-class movement and, thus, transgender oppression is a white, upper-class problem. Indeed it is true that much—though certainly not all—of transgender theorizing that has been published is from a perspective of race and class privilege. That should not be surprising, as most published academic theory on many topics tends to come from that perspective. In fact, gender transgression exists in all cultures, and transgender communities in the United States are as diverse racially as the nation as a whole. As far as class, the economic survey data cited above suggest that transgender people are disproportionately likely to become working class and poor, even if they were raised with class privilege. We have attempted to include readings that speak to the diversity of trans experiences, and to the complex interplay among systems of oppression as they impact trans lives.

Joanne Meyerowitz’s excerpt from her book *How Sex Changed: A History of Transsexuality in the United States* (selection 87) outlines the historical evolution of transgender identities and definitions in the United States, using the iconic 1950s case of Christine Jorgensen to show how science has affected this evolution. Susan Stryker’s piece (selection 88) outlines the Compton’s Cafeteria Riots of the 1960s, an early example of the transgender social justice activism in U.S. history. Dean Spade (selection 89) describes some of the complexities of and problems with the medical model, including how class and gender non-conformity can limit access to medical care. Julia Serano (selection 90) discusses the rejection of trans women’s issues from the feminist

movement and explores some links between misogyny and transgender oppression. Finally, Kylar Broadus (selection 91) reviews some of the prominent court cases related to employment protections for transgender workers and analyzes the arguments used on both sides of these cases.

For our Voices section, in "Passing Realities," Allie Lie (selection 92) gives a compelling account of her daily experience, including her desire to be recognized and her complex relationships with family and strangers. Jamison Green's "Look! No, Don't!" (selection 93) discusses his experience of passing and invisibility after biomedical transition. In "An Entire Rainbow of Possibilities," Gary Bowen (selection 94) describes his understanding of his gender based on his Native American heritage and gives voice to some of the intersections of race, ability, and transgender experience.

In our Next Steps section, "Calling All Restroom Revolutionaries" (selection 95) reports on an organization of college students who advocate for inclusive restrooms, which benefit not only trans students but also people with disabilities and parents of young children. For more information on next steps and resources for allies, please go to this section's website.

FURTHER RESOURCES

This section provides an introduction to transgender history, voices, and issues and the system of transgender oppression. There is far more that could and should be explored about the range of gender transgression in the United States and globally, both historically and currently, and the variety of ways in which trans-ness has been understood by gender transgressors and those who have observed and studied their transgression. Even though this section is U.S.-focused, there are conversations going on around the world about transgender issues in culture, law, and policy. We encourage readers who would like more international perspective, as well as many further U.S.-related resources, to go to the section website.

Notes

- 1 We ask that those who cite this work always acknowledge by name all of the authors listed rather than only citing the first author or using "et al." to indicate coauthors. All authors listed on a section collaborated equitably on the conceptualization, development, and writing of this section.
- 2 For more information see <http://www.transgenderdor.org> and <http://www.rememberingourdead.org>.
- 3 Unfortunately very little research has been conducted about trans populations at a national or international level. As additional statistical data about trans populations become available, we will provide updated links on the section website.
- 4 For more information on intersex issues, we refer readers to the Intersex Society of North America (<http://www.isna.org>), and to Sumi Colligan's piece in the ableism section of this anthology.
- 5 Some transgender people also identify as bisexual, but many trans people reject this category because the word itself reinforces the gender binary, and instead use pansexual or queer.
- 6 *Cisgender* means non-trans, from the etymology of *cis* meaning "on the same side," whereas *trans* means "across or crossing."
- 7 For more discussion on transgender inclusion in feminist movements see Califia (2003); Prosser (1998); Raymond (1979); Stone (1991); Stryker (2008).

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Introduction—How Sex Changed

A History of Transsexuality in the United States

Joanne Meyerowitz

On December 1, 1952, the *New York Daily News* announced the "sex change" surgery of Christine Jorgensen. The front-page headline read: "Ex-GI Becomes Blonde Beauty: Operations Transform Bronx Youth," and the story told how Jorgensen had traveled to Denmark for "a rare and complicated treatment." For years, Jorgensen, born and reared as a boy, had struggled with what she later described as an ineffable, inexorable, and increasingly unbearable yearning to live her life as a woman. In 1950 she sailed to Europe in

search of a doctor who would alter her bodily sex. Within months she found an endocrinologist who agreed to administer hormones if she would in return cooperate with his research. Over the next two years she took massive doses of estrogen and underwent two major surgeries to transform her genitals. At the end of 1952 the *New York Daily News* transformed her obscure personal triumph into mass media sensation.

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 Jorgensen was more than a media sensation, a stage act, or a cult figure. Her story opened debate on the visibility and mutability of sex. It raised questions that resonated with force in the 1950s and engage us still today. How do we determine who is male and who is female, and why do we care? Can humans actually change sex? Is sex less apparent than it seems? As a narrative of boundary transgression, the Jorgensen story fascinated readers and elicited their surprise, and as an unusual variant on a familiar tale of striving and success, it inspired them. It opened possibilities for those who questioned their own sex and offered an exoticized travelogue for armchair tourists who had never imagined that one could take a journey across the sex divide. In the post-World War II era, with heightened concerns about science and sex, the Jorgensen story compelled some readers to spell out their own versions of the boundaries of sex, and it convinced others to reconsider the categories they thought they already knew. In response, American doctors and scientists began to explore the process of defining sex.

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 At the start of the twenty-first century, we routinely distinguish sex, gender, and sexuality, but we cannot, it seems, seal off the borders. Scientists, their popularizers, and their critics still debate whether sex-linked genes or prenatal sex hormones or specific sites of the brain determine the behaviors associated with masculinity and femininity and with hetero- and homosexuality. In much of the popular culture, sex still seems to dictate particular forms of gender, which in turn dictates particular forms of sexuality. In this default logic, a female is naturally and normally a feminine person who desires men; a male is naturally and normally a masculine person who desires women. All other permutations of sex, gender, and sexuality still appear, if they appear at all, as pathologically anomalous or socially strange. . . . [T]he categories of sex, gender, and sexuality—now analytically distinct—remain insistently intertwined in American science and culture.

Jorgensen was not the first transsexual, nor was the publicity accorded her the first media coverage of sex-change surgery. Cross-gender identification, the sense of being the other sex, and the desire to live as the other sex all existed in various forms in earlier centuries and other cultures. The historical record includes countless examples of males who dressed or lived as women and females who dressed or lived as men. Transsexuality, the quest to transform the bodily characteristics of sex via hormones and surgery, originated in the early twentieth century. By the 1910s European scientists had begun to publicize their attempts to transform the sex of animals, and by the 1920s a few doctors, mostly in Germany, had agreed to alter the bodies of a few patients who longed to change their sex.

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 The sex-change experiments in Europe reached the United States through the popular culture. From the 1930s on, American newspapers and magazines—and later radio, television, and film—broadcast stories on sex change. . . .

Only after World War II did American doctors and scientists seriously address the issue of sex change. . . . From the start, the doctors and scientists fought among themselves about the explanatory powers of biology and psychology, the use and abuse of medical technology, and the merits of sex-change operations.

In the point and counterpoint of debate, the doctors and scientists gradually shifted their focus from concepts of biological sex to concepts of what they came to call gender. When they tried to explain the desire to change sex, they less often referred

to conditions of mixed bodily sex and more frequently wrote of “psychological sex,” and later “gender identity,” a sense of the sexed self that was both separate from the sex of the body and, some claimed, harder to change than the body itself. The sex of the body, they now asserted, had multiple components—hormones, chromosomes, genitals, and more—some of which could be altered. A few of them began to emphasize the immutability of adult gender identity and to acknowledge the despair of those patients who wanted the sex of their bodies to match their unshakable sense of self. This new understanding of gender was forged and refined in the discourse on transsexuality. With it, more American doctors gradually began to endorse and perform “sex reassignment surgery.”

From the doctors’ and scientists’ point of view, medical examinations and psychological tests could determine a person’s sex and verify a person’s gender identity. From the point of view of their patients, sex and gender were usually matters of self-knowledge. They had studied themselves, and sometimes they had also read widely in the medical literature. Like the doctors, many of them distinguished between the sex of the visible body and the firm sense of sex that came from an inner sense of self. They had determined for themselves what they were and what they wanted to become. After Christine Jorgensen made the news, hundreds of them approached doctors in order to convince them to recommend or perform surgery. But they ran into constant conflicts with doctors who insisted on their own authority to define sex and gender, diagnose the condition, and recommend the treatment.

... After Jorgensen made the news, American doctors and scientists took up the taxonomic process of sorting out a tangled thicket of varied conditions of sex, gender, and sexuality. On the ground, those who identified as transsexuals, transvestites, lesbians, and gay men sorted themselves out in a parallel social process. Amidst a multiplicity of variations, some of them came to define their conditions not only in contradistinction to the mainstream norm—the heterosexual masculine male or heterosexual feminine female—but also with regard to others on the margins. In everyday life, especially in the cities, they gravitated toward each other, schooled each other in the customs and language of particular subcultures, and developed their own vernacular that delineated finer gradations of gender variance than the language used by doctors.

In the 1960s the complicated process of redefining sex took place within a culture increasingly preoccupied by a “sexual revolution,” by more liberal attitudes toward individual choice, and by revitalized human rights movements that insisted on social change in the name of justice. In this climate the doctors and scientists who studied transsexuality began to organize programs, clinics, conferences, and associations to promote study of and treatment for transsexuals, and self-identified transsexuals began to organize to demand their own rights.

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 [T]he birth of a new identity evolved socially and politically into the birth of a new minority. Self-identified transsexuals distinguished themselves from other “deviants” and saw themselves as members of a distinct social group. In the late 1960s and early 1970s a few transsexuals began to challenge the doctors’ authority and to reject the medical model that cast them primarily as patients. They observed and sometimes joined the 1960s movements for civil rights, feminism, and gay liberation, and they began to organize collectively and demand the right to quality medical care and also the right to live, free from harassment, with whatever presentation of gender they chose to express. By the century’s end the push for transsexual rights had blossomed into a vocal social movement with local, national, and international organizations and with a new scholarship that sought again to clarify the contested meanings of sex.

...

As this thumbnail sketch suggests, the history of transsexuality engages a number of key trends of the twentieth century. It demonstrates the growing authority of science and medicine, and it points to the impact of sensational journalism. It illustrates the rise of a new concept of the modern self that placed a heightened value on self-expression, self-improvement, and self-transformation. It highlights the proliferation of sexual identities, and it offers a new angle of vision into the breakdown of traditional norms of gender. In the 1970s and 1980s the women's and gay liberation movements eclipsed transsexuality as the sites of public debate over sex, gender, and sexuality. But the history of transsexuality had already laid the definitional groundwork and helps explain the peculiar configuration that sex, gender, and sexuality had already assumed in American popular culture, medicine, and law.

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Transgender Liberation

Susan Stryker

THE COMPTON'S CAFETERIA RIOT OF 1966

By the middle of the 1960s life in the United States was being transformed by several large-scale social movements. . . . The most militant phase of the transgender movement for social change, from 1966 to 1969, was part of this massive social upheaval.

The 1966 Compton's Cafeteria Riot in San Francisco's seedy Tenderloin neighborhood was similar to earlier incidents at Cooper's [in Los Angeles in 1959] and Dewey's [in Philadelphia in 1965]. For the first time, however, direct action in the streets by transgender people resulted in lasting institutional change. One weekend night in August—the precise date is unknown—Compton's, a twenty-four-hour cafeteria at the corner of Turk and Taylor streets, was buzzing with its usual late-night crowd of drag queens, hustlers, slummers, cruisers, runaway teens, and down-and-out neighborhood regulars. The restaurant's management became annoyed by a noisy young crowd of queens at one table who seemed to be spending a lot of time without spending a lot of money, and it called in the police to roust them—as it had been doing with increasing frequency throughout the summer. A surly police officer, accustomed to manhandling Compton's clientele with impunity, grabbed the arm of one of the queens and tried to drag her away. She unexpectedly threw her coffee in his face, however, and a melee erupted: Plates, trays, cups, and silverware flew through the air at the startled police officers, who ran outside and called for backup. Compton's customers turned over the tables and smashed the plateglass windows and then poured out of the restaurant and into the streets. The paddy wagons arrived, and street fighting broke out in Compton's vicinity, all around the corner of Turk and Taylor. Drag

queens beat the police with their heavy purses and kicked them with their high-heeled shoes. A police car was vandalized, a newspaper stand was burned to the ground, and—in the words of the best available source on what happened that night, a retrospective account by gay liberation activist Reverend Raymond Broshears, published in the program of San Francisco's first Gay Pride march in 1972—"general havoc was raised in the Tenderloin." The small restaurant had been packed when the fighting broke out, so the riot probably involved fifty or sixty patrons, plus police officers and any neighborhood residents or late-night passersby who jumped into the fray.

CONTEXTUALIZING COMPTON'S

Although the exact date of the riot remains a mystery . . . its underlying causes are reasonably clear. Understanding why the riot happened where and when it did reveals a great deal about the issues that have historically motivated the transgender social justice struggle and helps us understand similar dynamics at work today.

The location of the riot was by no means random. San Francisco's downtown Tenderloin neighborhood had been a sex-work district since the early 1900s. . . .

Much of the so-called vice trade in the neighborhood was supported by nonresidents of one sort or another. . . . But the neighborhood's resident population tended to be those who could least afford to live elsewhere, or who were prevented from doing so: released convicts and parolees, old-timers on small pensions, recent immigrants, pimps, prostitutes, drug addicts, alcoholics—and transgender women.

Housing and employment discrimination against transgender people are still legal in most places in the United States, and this discrimination was even more common in the past than it is now. In the 1960s, more so than today, a person who looked transgendered would be less likely to be rented to and would have a great deal of trouble finding work. As a result, a great many transgender women lived in the Tenderloin in cheap residential hotels, many of them along Turk Street near Compton's. To meet their basic survival needs they often worked as prostitutes or as maids in the hotels and bars where their friends sold sex. While most people who participated in the Tenderloin's illicit economy of sex, drugs, and after-hours entertainment were free to come and go, the neighborhood functioned as more of an involuntary containment zone for transgender women. Police actually helped concentrate a population of transgender women in the Tenderloin by directing them to go there when they were picked up in other parts of the city.

The police could be especially vicious to "street queens," whom they considered bottom-of-the-barrel sex workers, and who were the least able to complain about mistreatment. Transgender women working the streets were often arrested on suspicion of prostitution even if they were just going to the corner store or talking with friends; they might be driven around in squad cars for hours, forced to perform oral sex, strip-searched, or, after arriving at the jail, humiliated in front of other prisoners. Transgender women in jail often would have their heads forcibly shaved, or if they resisted, be placed in solitary confinement in "the hole." And because they were legally men (with male genitalia in spite of their social lives as women, and often in spite of having breasts and no facial hair) they would be placed in the men's jail, where their femininity made them especially vulnerable to sexual assault, rape, and murder.

This chronically bad situation became even worse in the mid-1960s, when U.S. involvement in the war in Vietnam escalated. Wartime is typically a time of heightened surveillance of commercial sexual activity in cities where large numbers of troops are being mobilized for deployment. . . . There were wartime crackdowns on prostitution in San Francisco