CHAPTER ONE

INTRODUCTION

1.0.0. INTRODUCTION

“We have been born like this; People don’t understand why we are like this!
We force ourselves to live with no other go”

- A Transgender person, 45yrs, Pulianthope

(Lakshmanan & Victor, 2007)

Transgender is an umbrella term for persons whose gender identity, gender expression, or behavior does not conform to that typically associated with the sex to which they were assigned at birth. Gender identity refers to a person’s internal sense of being male, female, or something else; gender expression refers to the way a person communicates gender identity to others through behavior, clothing, hairstyles, voice, or body characteristics. “Trans” is sometimes used as shorthand for “transgender person.” While transgender person is generally a good term to use, not everyone whose appearance or behavior is gender-nonconforming will identify as a transgender person. The ways that transgender people are talked about in popular culture, academia, and science are constantly changing, particularly as individuals’ awareness, knowledge, and openness about transgender people and their experiences grow (Stryker & Whittle, 2006).
The terms ‘trans people’ and ‘transgender people’ are both often used as umbrella terms for people whose gender identity and/or gender expression differs from their birth sex, including transsexual people (those who intend to undergo, are undergoing or have undergone a process of gender reassignment to live permanently in their acquired gender), transvestite/cross-dressing people (those who wear clothing traditionally associated with the other gender either occasionally or more regularly), androgyne/polygender people (those who have non-binary gender identities and do not identify as male or female), and others who define as gender variant. For the purpose of clarity, throughout this report the term ‘trans’ will be used when referring to people with the widest range of gender identities and will use more specific terminology such as trans men, transsexual people, polygender people, and so on when referring to particular sub-sections of this diverse population. (Mitchell, 2009).

The present research on the “A Comparative study on the dimensions of victimization among the resident and migrant transgender persons of Thoothukudi district, Tamilnadu” is a descriptive survey study. The investigation aimed to study the different Dimensions of Victimization in Transgender person that includes Biological, Psychological, Sociological and Legal and also its effects on the Transgender person Communities. The study also assesses the Victimization of Transgender person among the Permanent Residence Transgender person and Migrant Transgender person of Thoothukudi District of Tamil Nadu.

National Center for Transgender Equality (NCTE) estimates that between ¼ and 1% of the population is transsexual (National Center for Transgender Equality, 2009). A trans person might be a butch or a camp, a transgender or a transsexual, an MTF or FTM or a cross-dresser. The word “trans woman or trans man (of whatever sub types of trans identity) is a very recent take on the umbrella term “Transgender
person”. They might in some parts of the world, consider themselves a lady boy, Katoey, or even the reclaimed Maori identities whakawahine or whakatone. Some communities, such as Hijra from Northern India, but many are more modern (Poole et al, 2002). Transgender person studies are the latest area of academic inquiry to grow out of the exciting nexus of queer theory, feminist studies, and the history of sexuality. Because trans people challenge our most fundamental assumptions about the relationship between bodies, desire, and identity, the field is both fascinating and contentious.

Trans identities were one of the most written subjects of the late twentieth century. New communities of transgender person and transsexual people have created new industries, a new academic discipline, new forms of entertainment; they offer challenges to politics, government and law, and new opportunities to broaden the horizons of everyone who has a trans person as their neighbor, coworker, friend, partner, parent or child (Morton, 2008).

A Trans identity is now accessible almost anywhere, to anyone who does not feel comfortable in the gender role they were attributed with at birth, or who has identity at odds with labels “man or woman” credited to them by formal authorities. It can encompass discomfort with role expectations, being queer, occasional or more frequent cross-dressing, permanent cross-dressing and cross-gender living, thought of accessing major health interventions such as hormonal therapy and surgical procedures. It can take up as little of one’s life as five minutes a week or as much as a life-long commitment to reconfiguring the body to match the inner self. Regardless of the fact that trans identities are now more available, the problems of being trans have by no means been resolved. In many parts of the world, having a trans identity still puts a person at risk of discrimination, violence, and even death. Transgender person
studies are the latest area of academic inquiry and hence, the researcher was very keen to investigate the same. This study focuses on the different Dimensions of Victimization among Transgender person that includes Biological, Psychological, Sociological and Legal and also its effects on the Transgender Communities. The study also assesses the Victimization of Transgender person among the Permanent Residence Transgender person and Migrant Transgender person of Thoothukudi District of Tamil Nadu.

This chapter presents the explanation and discussion on the issues, which are related to the study under the captions, present study and need for the study. The present status of the study explains in detail the theoretical framework needed for the study, statement of the problem, the definitions of the variables in the problem stated, assumptions, objectives, hypotheses, limitations and the organization of the entire report.

1.1.0. PRESENT STATUS OF THE STUDY

There is no single explanation for why some people are transgender person. The diversity of transgender person expression and experiences argues against any simple or unitary explanation. Many experts believe that biological factors such as genetic influences and prenatal hormone levels, early experiences, and experiences later in adolescence or adulthood may all contribute to the development of transgender person identities. No one knows why some are transgender person -- there are only theories. Through the first eight weeks of pregnancy, all fetuses' brains look exactly the same: female, nature's default position (Chiland, 2003).
Only after testosterone surges in the womb do male brains start to develop differently. Some scientists suggest that a hormone imbalance during this stage of development stamped the brains of transgender children with the wrong gender imprint.

The story of Trans sexuality is a long history of changing societies and perspectives measured against the “trans person” individual position within those societies. But it is only in recent decades that the term “transsexual” has even come into being, and only even more recently that trans sexualism has emerged as a field of scholarly inquiry. Since about the middle of the twentieth century, trans sexualism has achieved a unique status as a result of the official “medical response” to the transsexual identity (Chiland, 2003). However, the general contemporary concept of trans individuals has unique cross-cultural applications as well as evidence through history of gender play that, while not necessarily transsexualism, nevertheless traces a clear thread of gender “otherness” throughout time. Such gender otherness feeds into the total modern transgendered identity, which ultimately encapsulates transsexualism, the philosophy of which is important to have in mind prior to considering the distinct but related definitions of both identities (www.randomhistory.com).

It is against the narrow-minded construct of a strictly two-gendered society that transgender identities battle in order to lay claim to a distinct place both in history and in the present. And it is the smaller group, transsexuals, who, having crossed sexual barriers, may face the greatest challenge in a society where a twofold division of the sexes is the only understood division. The male/female division is, for most, the only possible division. At the biological level, however, “nature goes beyond [this] dimorphism” in that some individuals, sometimes called “intersexed,” fall somewhere
between the two sexes,—most notably, individuals called hermaphrodites. But transsexuals are not intersexed in that transgender person cannot be reduced to a strictly biological disorder (West, 2004).

The challenge of transgender persons then, is that it appears as an affront to what can be seen as “traditionally accepted definitions,” in that both gender identity and sexual orientation have been called into question by physical difference. Whether or not that difference is to be acknowledged socially as a third or fourth or even fifth sex is a difficult question, for social acceptance only helps put “an end to discrimination and persecution.” Psychologists suggest many wish to be “come out” and be recognized as “normal,” while others prefer to go unnoticed. Ultimately, it is a question complicated by personal belief in an ongoing debate against contrasting belief. And the whole debate takes place within the added burden of the standard male/female division, and whether the intersexed person wishes to fit into it or be defined as an “other” (Lombardi, 2001).

Like many confluent histories, the history of transgenderism flows into the all-encompassing idea of globalization, which brings together the world perspectives and cultures, including those “who have different experiences of gender and sexuality.” Transgender persons History points to a number of other factors surrounding the “current fascination with transgenderism” (Hines, 2006). On the one hand, she posits the theoretical idea about the new digital age of representation and its potential for a distancing of ideas from concrete, corresponding objects in reality. The result is a breakdown of conventional understanding that allows room for abstraction in lieu of traditional binaries and, consequently, transgenderism is simply “not as big a deal as it used to be, especially in the big coastal cities.” Ultimately, she cites biomedical developments, particularly reproductive technology, to suggest “that we
are on the verge of completely separating biological reproduction from the status of one’s social and psychological gender.” It points to the more established distinction between sex and gender, the former being biological and the latter cultural.

Finally, on the other side of the coin, true or “normal gender variant,” transsexuals are relatively rare, so there is controversy surrounding the “condition’s” actual prevalence (Heath, 2006). But Trans sexualism, as a psychologically legitimate identity separate from biology, wants to “assert the primacy of symbolic recognition.” After recognition, bodily change justifies the assertion, whether or not one accepts at face value the symbol of such a change (Frazer, 2005). The difference between sex-reassignment surgery and genital reconstruction surgery is roughly that: a kind of subtle rejection of the symbol, since technically sex cannot be reassigned but genitalia can, more or less, be reconstructed. But medical or biological rejection of the symbolism notwithstanding, trans sexualism, like trans genderism, is a mindset that, at its heart, strives to break down gender barriers and find its own place within society.

1.2.0. TRANSGENDER PERSONS

Transgender persons is an umbrella term for persons whose gender identity, gender expression, or behavior does not conform to that typically associated with the sex to which they were assigned at birth. Gender identity refers to a person’s internal sense of being male, female, or something else; gender expression refers to the way a person communicates gender identity to others through behavior, clothing, hairstyles, voice, or body characteristics. “Trans” is sometimes used as shorthand for “transgender persons.” While transgender persons is generally a good term to use, not everyone whose appearance or behavior is gender-nonconforming will identify as a
transgender persons. The ways that transgender persons are talked about in popular culture, academia, and science are constantly changing, particularly as individuals’ awareness, knowledge, and openness about transgender persons and their experiences grow. (APA, 2008).

1.2.1. MEANING AND DEFINITIONS OF TRANSGENDER PERSONS

The term “transgender persons” meant by an individual who needed a “name for people…who trans the gender barrier—meaning somebody who lives full time in the gender opposite to their anatomy,” but not necessarily someone who has “transed the sex barrier” (Feinberg, 1996). It is useful to consider existing definitions to better understand current differences between transgenderism and Transgender persons. Feinberg identifies two colloquial meanings of transgender persons. On the one hand, it is used as “an umbrella term to include everyone who challenges the boundaries of sex and gender,” while on the other, it is used to describe “those who reassign the sex they were labeled at birth”—and often with the contempt of the dominant society (Feinberg, 1996).

The University of California at Santa Barbara (UCSB) Department of Sociology “SexInfo” Web site further clarifies the two meanings: transgender persons is the broader term of the two and it “describes all people who feel that their anatomical sex does not match their gender identity, and/or [those] whose appearance and behaviors do not conform to the societal roles expected of their sex.”

The UCSB definition includes among transgendered individuals not only transsexuals, but anyone adopting an “androgynous behavioral style [including]…cross dressers, drag kings, and drag queens.” According to the site, transsexual is the narrower of the two definitions and, since most transgendered
individuals are not transsexual, transsexuals are a small minority within the larger category. Precisely speaking, transsexuals “are people who intend to live as a gender other than that assigned to them at birth, based on the appearance of their sex organs at birth. Many transsexuals alter their primary or secondary sex characteristics with hormone treatments, surgery, or both” (www.soc.ucsb.edu). The two definitions closely correspond with Feinberg’s colloquial definitions of transgenderism. The overlap allows the two terms in some cases to be used interchangeably, where a transsexual is often transgendered in identity but the transgendered, being the larger term, is not necessarily transsexual (Jeffreys, 2008).

Broadly speaking, transgender persons are individuals whose gender, either through outward expression or how they identify inside, differs from conventional expectations based on their biological sex. The word “transgender persons,” or “trans,” is an umbrella term which is often used to describe a wide range of identities and experiences, including: transsexuals, FTMs (Female to Male), MTFs (Male to Female), cross-dressers, drag queens, drag kings, two-spirits, gender queers, and many more. Some Transgender individuals may identify with both sexes, also known as Transgender Fluid.

1.2.1.0. GENDER SPECTRUM

Western culture has come to view gender as polar or binary, with only two possibilities: male or female. When a child is born, a quick glance between the legs determines the gender label that the child will carry for life. But even if gender is to be restricted to basic biology, a binary concept still fails to capture the rich variation observed. Rather than just two distinct boxes, biological gender occurs across a
continuum of possibilities. This spectrum of anatomical variations by itself should be enough to disregard the simplistic notion of only two genders (Feinberg, 1996).

But beyond anatomy, there are multiple domains defining gender. In turn, these domains can be independently characterized across a range of possibilities. Instead of the static, binary model produced through a solely physical understanding of gender, a far more rich texture of biology, gender expression, and gender identity intersect in multidimensional array of possibilities. Quite simply, the gender spectrum represents a more nuanced, and ultimately truly authentic model of human gender.

1.2.1.1. GENDER VARIANCE

Gender variance is when a person’s preferences and self-expression fall outside commonly understood gender norms. Gender variance is a normal part of human expression, documented across cultures and recorded history. Non-binary gender diversity exists throughout the world, documented by countless historians and anthropologists. Examples of individuals living comfortably outside of typical male/female identities are found in every region of the globe. The calabai, and calalai of Indonesia, two-spirit Native Americans, and the hijra of India all represent more complex understandings of gender than the simplistic model seen in the west. Further, what might be considered gender variant in one period of history may become gender normative. One need only examine trends related to men wearing earrings or women sporting tattoos to quickly see the malleability of social expectations about gender. Even the seemingly intractable “pink is for girls, blue is for boys” notions are relatively new. While there is some debate about the reasons why they reversed, what is well documented is that until the 1950s, pink was seen as a
more decided and stronger color and thus more suitable for a boy, while blue, viewed more delicate and dainty, and was commonly worn by girls. (Garofalo, 2006).

Gender is all around us. It is actually taught to us, from the moment we are born. Gender expectations and messages bombard us constantly. Upbringing, culture, peers, community, media, and religion, are some of the many influences that shape our understanding of this core aspect of identity. How you learned and interacted with gender as a young child directly influences how you view the world today. Gendered interaction between parent and child begin as soon as the sex of the baby is known. In short, gender is a socially constructed concept.

Figure: 1.1 Which Picture is Male and Which is Female

1.2.1.2. WORDS OF TRANSGENDER VICTIMS

“We, seven are living here in this small house, no bathroom and toilet facilities, many of our neighbors pressurize our houseowner to make us vacate this place. Being an empathetic woman, she has permitted us to stay here”

- (A Transgender person, 30yrs, Vyasarpaadi)
“When I was abandoned in my family, this elder sister (showing hands to an elderly Transgender person) gave me the hope, shelter and food. I live now just because of her”

- (A Transgender person, 20 yrs, Kannikapuram)

“I have studied up to 12th standard, and I am willing to do any work that suits me. Even NGOs except very few like ‘Thai’ hesitate to recruit us! See, this society looks at us as Sex Workers and cheaters, what mistake I made in my life? Is ‘Having been born as Transgender person’ my fault? Only in Sex Work and Begging, they don’t ask any qualifications”

- (A Transgender person, 29 yrs, Kannikapuram)

“When I went to a government hospital for my illness, the workers there including doctor looked at me as an animal.”

- (A Transgender person, 23 yrs, Vyasarpaadi)

“There is no one in this society to care for us really. Many people come here to interview us like you. We cry in front of you, you would say something and go away. We know, nothing big is going to happen. ”

- (A Transgender person, 19 yrs, Choolaimedu)

(Lakshmanan & Victor, 2007)

1.2.1.3. Different Descriptions of Transgender person

1.2.1.3.0. Hijras

Hijras are biological males who reject their 'masculine' identity in due course of time to identify either as women, or “not-men”, or “in-between man and woman”,

12
or “neither man nor woman”. Hijras can be considered as the western equivalent of transgender/transsexual (male-to-female) persons but Hijras have a long tradition/culture and have strong social ties formalized through a ritual called “reet” (becoming a member of Hijra community). There are regional variations in the use of terms referred to Hijras. For example, Kinnars (Delhi) and Aravanis (Tamil Nadu) (See below). Hijras may earn through their traditional work: 'Badhai’ (clapping their hands and asking for alms), blessing new-born babies, or dancing in ceremonies. Some proportion of Hijras engage in sex work for lack of other job opportunities, while some may be self-employed or work for non-governmental organisations. Aravanis and 'Thirunangi' Hijras in Tamil Nadu identify as “Aravani”. Tamil Nadu Aravanigal Welfare Board, a state government's initiative under the Department of Social Welfare defines Aravanis as biological males who self-identify themselves as a woman trapped in a male's body. Some Aravani activists want the public and media to use the term 'Thirunangi' to refer to Aravanis (UNDP, 2010).

1.2.1.3.1. Kothi

Kothis are a heterogeneous group. 'Kothis' can be described as biological males who show varying degrees of 'femininity' - which may be situational. Some proportion of Kothis have bisexual behavior and get married to a woman. Kothis are generally of lower socioeconomic status and some engage in sex work for survival. Some proportion of Hijra-identified people may also identify themselves as 'Kothis'. But not all Kothi identified people identify themselves as transgender or Hijras (UNDP, 2010).

1.2.1.3.2. Jogtas/Jogappas

Jogtas or Jopgappas are those persons who are dedicated to and serve as a servant of Goddess Renukha Devi (Yellamma) whose temples are present in
Maharashtra and Karnataka. 'Jogta' refers to male servant of that Goddess and 'Jogti' refers to female servant (who is also sometimes referred to as 'Devadasi'). One can become a 'Jogta' (or Jogti) if it is part of their family tradition or if one finds a 'Guru' (or 'Pujari') who accepts him/her as a 'Chela' or 'Shishya' (disciple). Sometimes, the term 'Jogti Hijras' is used to denote those male-to-female transgender persons who are devotees/servants of Goddess Renukha Devi and who are also in the Hijra communities. This term is used to differentiate them from 'Jogtas' who are heterosexuals and who may or may not dress in woman's attire when they worship the Goddess. Also, that term differentiates them from 'Jogtis' who are biological females dedicated to the Goddess. However, 'Jogti Hijras' may refer to themselves as 'Jogti' (female pronoun) or Hijras, and even sometimes as 'Jogtas' (UNDP, 2010).

1.2.1.3.3. Shiv-Shakthis

Shiv-Shakthis are considered as males who are possessed by or particularly close to a goddess and who have feminine gender expression. Usually, Shiv-Shakthis are inducted into the Shiv-Shakti community by senior gurus, who teach them the norms, customs, and rituals to be observed by them. In a ceremony, Shiv-Shakthis are married to a sword that represents male power or Shiva (deity). Shiv-Shaktis thus become the bride of the sword. Occasionally, Shiv-Shakthis cross-dress and use accessories and ornaments that are generally/socially meant for women. Most people in this community belong to lower socio-economic status and earn for their living as astrologers, soothsayers, and spiritual healers; some also seek alms (UNDP, 2010).

1.2.2. HISTORY AND THE PHILOSOPHY OF TRANSSEXUALISM

It is against the narrow-minded construct of a strictly two-gendered society that transgender identities battle in order to lay claim to a distinct place both in history and in the present. And it is the smaller group, transsexuals, who, having crossed
sexual barriers, may face the greatest challenge in a society where a twofold division of the sexes is the only understood division. The male/female division is, for most, the only possible division. At the biological level, however, “nature goes beyond [this] dimorphism” in that some individuals, sometimes called “inter sexed,” fall somewhere between the two sexes,—most notably, individuals called hermaphrodites. But transsexuals are not inter sexed in that trans sexuality cannot be reduced to a strictly biological disorder (Hunt, 2008).

The challenge of trans sexuality then, is that it appears as an affront to what can be seen as “traditionally accepted definitions,” in that both gender identity and sexual orientation have been called into question by physical difference. Whether or not that difference is to be acknowledged socially as a third or fourth or even fifth sex is a difficult question, for social acceptance only helps put “an end to discrimination and persecution.” Psychologists suggest many wish to be “come out” and be recognized as “normal,” while others prefer to go unnoticed. Ultimately, it is a question complicated by personal belief in an ongoing debate against contrasting belief. And the whole debate takes place within the added burden of the standard male/female division, and whether the inter sexed person wishes to fit into it or be defined as an “other” (Kimmel, 2003).

In Queer America: A GLBT History of the 20th Century, a debate over the attempt to establish the modern homosexual identity historically further illuminates the question of transsexual identity. Defining one’s place within a society is understood by social constructionists to be strictly relative to the time and, as such, a history of trans sexualism cannot necessarily be so neatly packaged based on “the idea that sexuality, like gender, race, and other factors, is something devised by human beings in various ways.” On the subject of homosexuality, the debate suggests that
capitalism is a necessary condition to understand the term in its present sense, particularly with respect to class consciousness. While this side of the debate recognizes long-standing patterns of specific sexual behavior, to include same-sex behavior from other times and societies within the modern developed country’s construct of homosexuality is problematic because it forcibly maps aspects of the modern perception onto other societies that may not have been relevant to those past societies (Eaklor, 2008).

Still, the term “trans sexualism” and its related words have specific origins that reach as far back as 1910, when German physician Magnus Hirschfeld published his *Transvestites: The erotic drive to crossdress*. Not only did Hirschfeld coin the term “transvestite” and delineate some ten types of transvestites, he was also the first to use the term “transsexual.” Moreover, he later “revealed that the first genital reconstruction surgery (GRS) occurred in Berlin as early as 1912” (Heath, 2006). But many of Hirschfeld’s ideas, ahead of their time and controversial, were obliterated by the Nazi regime only to be later taken up and popularized by endocrinologist and sexologist Harry Benjamin, who subsequently took partial credit for coining the term in a 1953 lecture series in which he presented the first medical articles on the topic of trans sexualism.

Benjamin merely offered one definition among many, though most definitions still tended to focus only on the idea of reassignment based on hormonal or surgical work while ignoring psychological aspects of trans sexuality. Psychologists makes clear that many transsexuals approach a doctor “to have their true body restored to them, [or] to correct a mistake of nature” returning to the point that “transsexuals are by definition biologically normal” (Kenagy, 2005).
1.2.2.0. TRANS BEING THROUGH TIME AND PLACE

Cross-dressing holds a relatively prominent place in the theater, from ancient Greece to the Elizabethan stage to *Peter Pan*—but Transgender person in Western society prior to its mid-century blossoming is quite anecdotal. In her *Handbook on Transsexuality*, Rachel Ann Heath neatly summarizes Richard Green’s 1966 treatise on the history of transsexualism in culture entitled, “Mythological, Historical, and Cross-Cultural Aspects of Transsexualism.” Greek mythology suggests the goddess Venus Castina was sympathetic “to feminine souls locked up in male bodies” while an ancient Assyrian king purportedly dressed in women’s clothes in order to sew among his wives (Heath, 2006). Green suggested that there is evidence of gender role discontent among both the ancient societies of Greece and Rome that even reached as high as the Emperor Nero, who may have forced a sex change onto a slave. Cross-gendered behavior in recent centuries include a male French diplomat becoming a mistress of King Louis XV to a colonial governor of New York dressing as a woman even during his tenure in office (Green, 1998).

Women dressing as men, still more palatable in today’s Western society, also have precedent in history. Heath calls attention to a thirteenth-century woman who dressed as a monk to escape her previous life as a prostitute, and another who dressed as a man to escape an unhappy marriage. The most famous example is Joan of Arc and, though a proliferation of theories surrounding her cross-dressing complicates the story, modern transgender identity perhaps only uses her as a model of personal conviction. In many cases, women choose to dress in men’s clothing in order to be allowed to participate in society as men, and the examples are not limited to individual cases. It is now believed that about 400 women participated as male soldiers in the United States Civil War (Kirk, 2008).
Green’s references to legend and mythology recognize the long-standing existence of transgendered themes, but trans sexuality is an anthropological reality in other well-known societies, wherein transgendered individuals often occupy marginal positions, often as shaman. Within Inuit mythology, for example, gender is unstable, and in practice it is believed that a child’s sex can be changed at birth. The Inuit standard social unit (what is called the family atom) is made up of a man, woman, son, and daughter—so one of the most common reasons for gender reassignment is to complete this unit. Having been reassigned gender (based on any of numerous, complex reasons), a child is raised as that reassigned gender until puberty, when it is allowed to live its original, actual gender (Monro, 2007).

A third sex or gender community has existed for over a thousand years in India. The “Hijra” are, ostensibly, eunuch-transvestites, and are identified by their “impotence with women… [or] incomplete men in that they do not have desires for women that other men do.” In some stories they appear like “passive homosexual male cross-dressers,” but most Hijra self-attribute their “lack of desire to a defective male sexual organ” and refer to themselves as “in-between,” whether they are born that way, with existing defects, or made that way. Either way, they are totally (and illegally) emasculated and become part of their own social caste. Hijra, however, do not ask to become women. Their community is somewhere between the genders (Moran, 2004).

Other indigenous transgendered identities exist among the Polynesians and the Indian tribes of North America. The former concerns a kind of “gender liminality” without much societal acceptance while the latter, called “berdaches” are members of third and fourth genders with economic and religious stature within their communities. The practice, held in common among most of the 150 North American
tribes and elsewhere, including Siberia, are not examples of transsexualism, since it is not a matter of expressed desire to cross boundaries to fit a mindset. Rather, berdaches, whatever their particular gender difference, assumed almost automatically certain specialties and were regarded as possessing supernatural powers. Sometimes they were identifiable by clothes common to their gender opposite; sometimes they were assigned their own set of clothes. But like much of indigenous culture, berdaches are in a state of decline. While it is not expected that transgendered individuals are to be perceived as possessive of special powers, Western society could certain learn something from the more general social acceptance of these “in-between” genders (Reed, 2005).

1.2.2.1. TRANSGENDERISM / TRANSSEXUALISM – A TURNING POINT

A year before Benjamin introduced the term, media attention surrounding a case of “genuine transvestism” spurred one of the most important turning points in the history of transsexualism. While by no means the first to undergo a change in sexual identity, Christine Jorgensen received the most publicity, largely through her own efforts. “Complaining of severe depression brought on by what might now be called gender dysphoria,” American George Jorgensen, already administering himself estrogen, traveled to Denmark, where his research had informed him doctors were experimenting with sex hormones. Jorgensen approached a Copenhagen-based surgeon about his depression.

After extensive evaluation, the surgeon and his team decided to take Jorgensen’s case, and not only increased his estrogen hormone treatment but proceeded with the surgical removal of his genitalia. Even before Benjamin adopted the term trans sexualism, the phrase “Psychopathia transsexualis” had been
circulating. But Benjamin’s work to formally distinguish between transvestites who physically altered their bodies and those who changed their gendered clothes helped standardize the word, particularly once the Jorgensen story spread. Meanwhile, the attention that Jorgensen got from her surgery opened the door for other individuals, at the time “primarily men who felt themselves to be similarly afflicted, to consider surgery.” The doctor who performed Jorgensen’s surgery immediately received interest from over 450 people (Bullough & Bullough, 1998).

More importantly, because of the publicity, new hormonal and synthetic hormonal research was conducted in addition to the development of gender-identity programs in America, beginning with the Johns Hopkins Gender Identity Clinic in 1965. Even as late as 1980, however, transsexualism “was recognized as an illness in the Diagnostic and Statistical Manual of Mental Disorders” before being omitted in 1994. During the same period, a document was prepared outlining standards and principles of hormonal therapy and sex-reassignment surgery (SRS, or the previously cited GRS). The document outlined a series of recommendations, evaluations, and trial periods with the patient under hormonal therapy, and even longer living the social role of the other sex. The purpose was to help everyone involved ensure psychological preparedness for the SRS procedure to limit cases of physician misconduct and patient dissatisfaction (Bullough & Bullough, 1998).

1.2.2.2. TRANSGENDERISM IN POPULAR CULTURE

While there have been instances of cross-dressing and transgender person themes in film and television—demonized in films such as The Silence of the Lambs, more playfully depicted in Some Like it Hot, or centrally figured as in Hedwig and the Angry Inch and Priscilla Queen of the Desert—it is when transgender-themed
productions gain positive extra media attention that the trans community can find hope for the future. Recent examples including Hillary Swank’s Academy Award for her transgendered character in *Boys Don’t Cry* and the 2006 film *Transamerica*, that not only won two Golden Globes but garnered attention from critics, audiences and a nomination for an Academy Award. The movie is especially indicative of the elevated consciousness in America about transsexualism. Such awareness, however, comes after only a few decades of improvement that slowly saw an increase in research and assistance for transsexual and transgender individuals.

1.2.2.3. TRANSGENDERISM AND TRANSSEXUALISM TODAY

Like many confluent histories, the history of transgenderism flows into the all-encompassing idea of globalization, which brings together the world perspectives and cultures, including those “who have different experiences of gender and sexuality.” But Susan Stryker’s (2008) *Transgender person History* points to a number of other factors surrounding the “current fascination with transgenderism”. On the one hand, she posits the theoretical idea about the new digital age of representation and its potential for a distancing of ideas from concrete, corresponding objects in reality. The result is a breakdown of conventional understanding that allows room for abstraction in lieu of traditional binaries and, consequently, transgenderism is simply “not as big a deal as it used to be, especially in the big coastal cities.” Ultimately, she cites biomedical developments, particularly reproductive technology, to suggest “that we are on the verge of completely separating biological reproduction from the status of one’s social and psychological gender.” It points to the more established distinction between sex and gender, the former being biological and the latter cultural.
Finally, on the other side of the coin, true or “normal gender variant,” transsexuals are relatively rare, so there is controversy surrounding the “condition’s” actual prevalence (Heath, 2006). But transsexualism, as a psychologically legitimate identity separate from biology, wants to “assert the primacy of symbolic recognition.” After recognition, bodily change justifies the assertion, whether or not one accepts at face value the symbol of such a change (Chiland, 2003). The difference between sex-reassignment surgery and genital reconstruction surgery is roughly that: a kind of subtle rejection of the symbol, since technically sex cannot be reassigned but genitalia can, more or less, be reconstructed. But medical or biological rejection of the symbolism notwithstanding, transsexualism, like transgenderism, is a mindset that, at its heart, strives to break down gender barriers and find its own place within society.

1.2.3. VARIOUS THEORIES RELATED TO TRANSGENDER PERSON

*Essentialist theory:* places emphasis on biological processes and argues that gender is a fixed trait, as opposed to a social construction. This means gender is something that will not vary much over time and space, either on an individual basis or in society in general. In essentialism, transgendered individuals might view themselves as always having felt that they were actually members of the sex category opposite their biological sex at birth. Some argue that they were born transgender person; for example, they state that they were born male but have felt for as long as they can remember that they were supposed to be female. In this case, they view their sex as male, but their gender identity is actually female. This is an essentialist notion of transgendering, as it relies on the idea that a person has a gender identity that he or she is born with, as opposed to one that is constructed or developed throughout that person's life. An example of the essentialist theory is seen in the narrative given by some transsexuals. Transsexuals feel the need to change their sex to match their
gender identities, seen as an inborn trait. Their narratives often involve the feeling that they were born into the wrong sex and therefore need to change their physiology to more closely approximate the sex that corresponds with their sense of gender identity. (www.philosophy-religion.org)

**Social constructionism:** refers to the notion that sex and gender are separate concepts and that both are socially constructed. Sex is thought to be socially constructed by the medical community, as doctors define who is male and who is female. Gender is also socially constructed, as gender changes over time and across cultures. Further, while gender is thought to be based on sex, there is always the possibility that individuals may break the social norms that are dictated. Transgender individuals in this case may view sex and gender as completely distinct and believe that there is no reason for their gender to be based on their sex. This leads some to break conventional gender norms and develop a gender distinct from their sex. Gender identity is still a key concept here, as it is used to describe why a person might change from one gender to another, though it is not necessarily seen as something one is born with. Rather, gender identity is viewed as something the individual develops over time and that has the potential to change in the future. A person who is a transgenderist—that is, someone who lives full time as the opposite sex but feels no need for sex reassignment surgery—falls into the category of social constructionism. Their sex and their gender do not match, but they do not see this as a biological issue as they have no desire to change their biological sex through surgery. (www.philosophy-religion.org)

**Performance theory:** is very different from essentialist notions, which rely on a gender identity, and social constructionist notions, which rely on a distinction between sex and gender. Attributed to theorists Candace West and Don Zimmerman,
as well as Judith Butler, this outlook sees gender as a performance that must be done on a daily basis. This performance does not have to be based on sex or on gender identity. Frequently, it is so routine that one might not pay attention to it or think of it as a performance—rather, it is just seen as something “normal” that one does in daily life. A person’s gender performance may change depending on who that person is interacting with. In this case, transgender people might view their gender as more of an expression or performance rather than as an aspect of identity or an expression of their sex. The example of a drag queen is a good way to think about gender as a performance. Drag queens are male-bodied individuals who perform onstage as females. Though this is a very literal example, if one considers everyday life and interactions to be a broader stage on which to perform, it is easier to picture gender as a performance. (www.philosophy-religion.org).

1.2.4. THEORIES AND FACTORS THAT CAUSES TRANSGENDER PERSON

There are a number of theories about why transgender people exist although there is not yet scientific consensus. (www.nctequality.org). There are many theories about how gender identities are formed, including ideas based on biological processes as well as those based on upbringing and developmental psychology. But the truth is that no one really knows what causes us to feel the way we do about our genders. What is known is that different types of cross-gender and gender different behaviors and identities have been observed cross-culturally and throughout history. In some cultures, people who transgress gender boundaries have been accepted without stigma as respected community members. The use of the term “transgender person,” however, is a relatively recent phenomenon. Whatever the cause, gender variant
people can simply be thought of as a part of the vast complexity and diversity that is produced by nature.

1.2.4.0. Factor

When you look across cultures, the people have had a wide range of beliefs about gender. Some cultures look at people and see six genders, while others see two. Some cultures have created specific ways for people to live in roles that are different from that assigned to them at birth. In addition, different cultures also vary in their definitions of masculine and feminine. Transgender person depends on the cultural lenses we are looking through as well as how people identify themselves. (www.nctequality.org).

1.2.4.1. Biological Factor

Biologists reveal that sex is a complicated matter, much more complex than what everyone knows. A person has XX chromosomes is generally considered female, while a person with XY chromosomes is generally considered male. However, there are also people who have XXY, XYY, and other variations of chromosomes; these genetic differences may or may not be visibly apparent or known to the person. Some people are born with XY chromosomes, but are unable to respond to testosterone and therefore develop bodies with a vagina and breasts, rather than a penis and testes. A variation in gender may just be part of the natural order and there are more varieties than we generally realize. People with biological differences in gender may be considered intersex; they may or may not identify as transgender person. (www.nctequality.org).

1.2.4.2. Medical Factor

There are medical theories related to transgender person. Some speculate that fluctuations or imbalances in hormones or the use of certain medications during
pregnancy may cause intersex or transgender conditions. Other research indicates that there are links between transgender identity and brain structure. (www.nctequality.org).

1.2.4.3. Psychological Factor

Some people believe that psychological factors are the reason for the existence of transgender people. It is clear that there are people who are aware that they are transgender person from their earliest memories. Many trans people feel that their gender identity is an innate part of them, an integral part of who they were born to be.

Then there are people who feel that everyone has a right to choose whatever gender presentation feels best to that individual. People should have the freedom to express themselves in whatever way is right for them. Sex and gender are complex issues. A huge variety of factors are at work in making each individual the person that they are and there is no one reason that causes people to be transgender person. Trans people are part of the variety that makes up the human community. (www.nctequality.org).

The investigator has divided the dimensions of victimization of transgender person into four factors that includes Biological, Psychological, Sociological and Legal which is detailed as follows.

1.2.5. BIOLOGICAL DIMENSION OF TRANSGENDER PERSON

Theories of both psychological and biological causality have been forwarded and it is quite likely there are different causes for different individual. Lately, strong research suggests that an incorrect amount of miss-timed secretion of male hormone during stages of fetal development may create a transgendered individual - whether male or female. Biologically, nature will produce a female unless male androgens are supplied at the right times and in the right amounts. There are physiological and
mental gray areas between male and female "absolutes". But the truth is...Transgenderism is a behavior and not an illness, mental or otherwise. They are not suffering from Multi-Personality disorder or Schizophrenia. The behavior is simply an expression of who they are; it is as intrinsically harmless as having blue eyes.

1.2.5.0. GENETICS OF TRANSGENDER PERSON

The androgen receptor (AR), also known as NR3C4, is activated by the binding of testosterone or dihydrotestosterone, where it plays a critical role in the forming of primary and secondary male sex characteristics. Male-to-Female transsexuals were found to have longer repeat lengths on the gene, which reduced its effectiveness at binding testosterone. (Hare et al, 2009).

A variant genotype for a gene called CYP17, which acts on the sex hormones pregnenolone and progesterone, has been found to be linked to female-to-male transsexualism but not MTF transsexualism. Most notably, the FTM subjects not only had the variant genotype more frequently, but had an allele distribution equivalent to male controls, unlike the female controls. The paper concluded that the loss of a female-specific CYP17 T -34C allele distribution pattern is associated with FtM transsexualism.(Bentz; 2008).

1.2.5.1. BRAIN STRUCTURE OF TRANSGENDER PERSON

In a first-of-its-kind study, Zhou et al. (1995) found that in a region of the brain called the bed nucleus of the stria terminalis (BSTc), a region known for sex and anxiety responses, MTF transsexuals have a female-normal size while FTM transsexuals have a male-normal size. While the transsexuals studied had taken hormones, this was accounted for by including non-transsexual male and female
controls which, for a variety of medical reasons, had experienced hormone reversal. The controls still retained sizes typical for their gender. No relationship to sexual orientation was found. (Zhou, 1995)

In a follow-up study, the number of neurons in BSTc instead of volumes. They found that one MTF subject who had never gone on hormones was also included, and who matched up with the female neuron counts nonetheless. (Kruijver, 2000)

In 2002, a follow-up study found that significant sexual dimorphism (variation between sexes) in BSTc did not become established until adulthood. The study theorized that either change in fetal hormone levels produce changes in BSTc synaptic density, neuronal activity, or neurochemical content which later lead to size and neuron count changes in BSTc, or that the size of BSTc is affected by the failure to generate a gender identity consistent with one's anatomic sex. (Chung, et al 2002).

In a review of the evidence confirms the earlier research as supporting the concept that transsexualism is a sexual differentiation disorder of the sex dimorphic brain. (Swaab, 2004).

In 2008, a new region with properties similar to that of BSTc in regards to transsexualism was found by Garcia-Falgueras and Swaab: the interstitial nucleus of the anterior hypothalamus (INAH3), part of the hypothalamic uncinate nucleus. The same method of controlling for hormone usage was used as in Zhou et al. (1995) and Kruijver et al. (2000). The differences were even more pronounced than with BSTc; control males averaged 1.9 times the volume and 2.3 times the neurons as control females, yet once again, regardless of hormone exposure, MTF transsexuals lay
within the female range and the FTM transsexual within the male range. (Garcia-Falgueras, 2008).

While MRI images cannot resolve as fine details as structures such as BSTc and INAH3, they can much more easily allow the study of larger brain structures. In Luders et al. (2009), 24 MTF transsexuals not-yet treated with cross-sex hormones were studied via MRI. While regional gray matter concentrations were more similar to men than women, there was a significantly larger volume of gray matter in the right putamen compared to men. As with many earlier studies, they concluded that transsexualism is associated with a distinct cerebral pattern. (Eileen, 2009).

An additional feature was studied in a group of FTM transsexuals who had not yet received cross-sex hormones: fractional anisotropy values for white matter in the medial and posterior parts of the right superior longitudinal fasciculus (SLF), the forceps minor, and the corticospinal tract. Other study discovered that "Compared to control females, FtM showed higher FA values in posterior part of the right SLF, the forceps minor and corticospinal tract. Compared to control males, FtM showed only lower FA values in the corticospinal tract." (Rametti, 2010).

Another research is studied on the gross brain volume of subjects undergoing hormone treatment. They discovered that whole brain volume for subject’s changes toward the size of the opposite reproductive sex during hormone treatment. The conclusion of the study was, "The findings suggest that, throughout life, gonadal hormones remain essential for maintaining aspects of sex-specific differences in the human brain. (Pol, 2006).
1.2.5.2. TRANSGENDER PERSON AND BRAIN FUNCTION

Phantom limb syndrome is a common, often painful experience after the loss of an external organ. A study found that while nearly two thirds of non-transsexual males who have a penis surgically removed experience the sensation of a phantom penis, only one third of MTF transsexuals do so after sex reassignment surgery. Perhaps more remarkably, two-thirds of FTM transsexuals reported the sensation of a phantom penis from childhood onwards, replete with phantom erections and other phenomena. (Ramachandran, 2008)

Figure: 1.2 Brain Structure of Transgender person

(https://blogs.discovermagazine.com)

Structural MRI scans were used to compare the size of various brain structures between three groups of volunteers: heterosexual men, heterosexual women and the transexuals who were diagnosed with gender dysphoria and were “genetically and
phenotypically males”. The scans showed that the non-transsexual male and female brains differed in various ways. Male brains were larger overall but women had increases in the relative volumes of various areas. Male brains were also more asymmetrical.

The key finding was that on average, the MtF brains were not like the female ones. There were some significant differences from the male brains, but they weren’t the same differences that distinguished the females from the males.

Table: 1.1 Structural Differences of Brain of Transgender Male and Female

<table>
<thead>
<tr>
<th>Region</th>
<th>Female controls, N = 24</th>
<th>Male controls, N = 24</th>
<th>MTF transsexuals, N = 23</th>
</tr>
</thead>
<tbody>
<tr>
<td>R Caudate</td>
<td>4.2 ± 0.4</td>
<td>4.8 ± 0.4</td>
<td>4.9 ± 0.6</td>
</tr>
<tr>
<td>L Caudate</td>
<td>4.3 ± 0.4</td>
<td>4.9 ± 0.6</td>
<td>4.8 ± 0.6</td>
</tr>
<tr>
<td>R Putamen</td>
<td>4.4 ± 0.4</td>
<td>5.0 ± 0.7</td>
<td>4.5 ± 0.6[^a]</td>
</tr>
<tr>
<td>L Putamen</td>
<td>4.3 ± 0.4</td>
<td>4.9 ± 0.8</td>
<td>4.5 ± 0.6[^b]</td>
</tr>
<tr>
<td>R Hippocampus</td>
<td>3.1 ± 0.5</td>
<td>3.4 ± 0.4</td>
<td>3.2 ± 0.6[^c]</td>
</tr>
<tr>
<td>L Hippocampus</td>
<td>3.2 ± 0.4</td>
<td>3.2 ± 0.3</td>
<td>3.0 ± 0.6[^d]</td>
</tr>
<tr>
<td>R Thalamus</td>
<td>6.5 ± 0.7</td>
<td>7.6 ± 0.9</td>
<td>6.9 ± 0.8[^e]</td>
</tr>
<tr>
<td>L Thalamus</td>
<td>6.4 ± 0.6</td>
<td>7.1 ± 0.8</td>
<td>6.5 ± 0.7[^f]</td>
</tr>
<tr>
<td>Total tissue volume</td>
<td>1201 ± 89[^g]</td>
<td>1384 ± 101</td>
<td>1335 ± 122</td>
</tr>
<tr>
<td>Total brain volume</td>
<td>1425 ± 146[^h]</td>
<td>1657 ± 123</td>
<td>1654 ± 165</td>
</tr>
<tr>
<td>Total GM volume</td>
<td>575 ± 44[^i]</td>
<td>785 ± 61</td>
<td>780 ± 44</td>
</tr>
<tr>
<td>Total WM volume</td>
<td>442 ± 45[^j]</td>
<td>520 ± 46</td>
<td>506 ± 72</td>
</tr>
<tr>
<td>Right hemisphere</td>
<td>557 ± 36[^k]</td>
<td>521 ± 33</td>
<td>558 ± 33</td>
</tr>
<tr>
<td>Left hemisphere</td>
<td>558 ± 35[^l]</td>
<td>513 ± 38</td>
<td>552 ± 33</td>
</tr>
</tbody>
</table>

Berglund et al. (2008) tested the response of gynephilic MTF transsexuals to two sex pheromones: the progestin-like 4,16-androstadien-3-one and the estrogen-like 1,3,5(10),16-tetraen-3-ol (EST). Despite the difference in sexuality, the MTFs' hypothalamic networks activated in response to, like the androphilic female control groups. Both groups experienced amygdala activation in response to EST. Male
control groups (gynephilic) experienced hypothalamic activation in response to EST. However, the MTF subjects also experienced limited hypothalamic activation to EST as well. The researchers' conclusion was, that in terms of pheromone activation, MTF's occupy an intermediate position with predominantly female features (Berglund, 2007). The MTF transsexual subjects had not undergone any hormonal treatment at the time of the study, according to their own declaration beforehand, and confirmed by repeated tests of hormonal levels.

1.2.5.3. PRENATAL ANDROGEN EXPOSURE

Prenatal androgen exposure, the lack thereof, or poor sensitivity to prenatal androgens are commonly cited mechanisms to explain the above discoveries. Schneider, Pickel and Stalla (2006) found a correlation between digit ratio (a generally accepted marker for prenatal androgen exposure and male to female transsexualism. MTF transsexuals were found to have a higher digit ratio than control males, but one that was comparable to control females (Schneider, 2006).

1.2.5.4. PROCESS OF CHANGING GENDER IN TRANSEXUAL PEOPLE

There are a variety of paths that people follow, but many use a series of guidelines set out by the World Professional Association for Transgender Health. These guidelines are called the Standards of Care (SOC) and they outline a series of steps that people may take to explore and complete gender transition. These may include:

• Counseling with a mental health professional
• A “real life” experience where an individual lives as the target gender for a trial period
• Learning about the available options and the effects of various medical treatments
• Communication between the person’s therapist and physician indicating readiness to begin medical treatment (usually in the form of a letter)

• Undergoing hormone therapy

• Having various surgeries to alter the face, chest and genitals to be more congruent with the individual’s sense of self. Not all transgender people follow these steps nor does the community agree about their importance. The Standards of Care not legally mandated. We believe that people should make their own decisions about their health care, in consultation with medical or mental health professionals as appropriate to their individual situation.

Transsexual people may undergo hormone therapy. Transwomen may take estrogen and related female hormones; transmen may take testosterone. It is important that people obtain hormones from a licensed medical professional if at all possible to be sure that the medications are safe and effective. Doctors should monitor the effects on the body, including checking for negative side effects. Some of the effects of hormone treatment are reversible when a person stops receiving hormone therapy; other effects are not.

Hormones impact the body by:

- Estrogen for MTFs
  - Softening the skin
  - Redistributing body fat to a more feminine appearance
  - Reducing some body hair
- Testosterone for FTMs
  - Lowering the voice
  - Causing the growth of body and facial hair
  - Redistributing body fat to a more masculine appearance
Causing the menstrual cycle to end

Hormones can have an impact on some people’s emotional states. Many people report feeling more at peace after they begin hormone treatments, but hormones may also cause other fluctuations in mood. For many transgender people, there is no discernable difference in moods after beginning hormone treatments.

Some people and their doctors decide to pursue a full dose of hormones while others choose to go on a lower dose regimen or not take hormones at all for personal or medical reasons. Hormone therapy is covered by some medical insurance. Some transsexuals have surgery to change their appearance. There is no single “sex change surgery.” There are a variety of surgeries that people can have, including:

• Genital reconstructive surgery, to create a penis and testes or clitoris, labia and vagina
• Facial reconstruction surgery, to create a more masculine or feminine appearance
• Breast removal or augmentation
• For FTMs, surgery to remove the ovaries and uterus
• For MTFs, surgery to reduce the Adam’s apple or change the thorax.

Surgery is often excluded from health insurance plans in the United States. At NCTE, the decisions about appropriate medical procedures should be made by people and their health care providers, not by insurance companies or government bodies. Whether or not someone has had surgery should never make a difference in how they are treated. (www.nctequality.org).

1.2.6. PSYCHOLOGICAL DIMENSION OF TRANSGENDER PERSON

Transgender individuals as well as their loved ones have been an underserved community that are in need of empathic, comprehensive, and clinically competent care providers who are not there to judge or try to mislead them in any direction. The
knowledge that has been obtained in this research, although extensive in some areas and minimal in others, would be an excellent source for the person seeking to become a Gender Specialist. As a result of this research, appropriate terminology is now properly understood and unacceptable terminology was corrected and should be explained to individuals interested in becoming a Gender Specialist as well as the transgender client and their loved ones (www.nctequality.org).

The entire transition process, when looked at prior to the research, can seem not only daunting, but also seems too complex. After reading about the process and studying the fields of psychology or psychiatry, one should be able to assist a transgender individual throughout their transition with a positive outcome. This will also help the counselor to challenge their own stigmas and be able to confront their own feelings and fears. To say there is no challenge in this field would be a lie, as no counselor has all of the answers. The problem with this area of study is that it is still new in the field of mental health that many more issues need to be explored and understood in order to resolve any possible psychological consequences in the transgender client.

Many patients need to take time due to the cost of the entire process, which can run into hundreds of thousands of dollars in some cases, likewise it is also important that the therapist does not try to extend the psychotherapy sessions longer than needed. With economic restraints taking their toll on many transgender clients, the counselor needs to be more empathic and understanding when it comes to recommended time lines that they may give to the client. With a typical time frame of two and one half years from the beginning of the counseling process to after the physical transition, it is also important not to set specific time frames and to allow for
other issues that may need to be addressed prior to any further treatments (www.nctequality.org).

1.2.6.0. TRANSITION OF TRANSGENDER PERSON - A PSYCHOLOGICAL PERSPECTIVE

Gordon Allport once said that "the goal of psychology is to reduce discord among our philosophies of man and to establish a scale of probable truth" (1955), and in one of his previous texts he relays that "general psychology...selects a single attribute or function that can be conveniently isolated for study" (Allport, 1937). By looking at underlying issues that the transgendered individual may be dealing with, we can see that the issue at hand would not necessarily be transgenderism but could be a number of other factors. William Wundt believed that psychology examines the complete content of experience in its associations to the subject (1937), therefore with this understanding, we can see that there is possibly more to a clients desire to change their gender identity than just gender reassignment surgery.

There are various processes in the transition of a transgendered individual that take place, with each individual being as unique and individualistic as the non-transgender individual is. These processes include pre-operative psychotherapy, including the assessment, hormone therapy, the commitment to a life change process, life skills training, gender reassignment surgery (or sex reassignment surgery), post-operative psychotherapy, and the assimilation into society. It is through these processes, each transgendered person needs to make steps to find themselves in their best state of being. Therefore, it is no surprise that we see the need to counsel each of these individuals with a more open mind and understanding, to beware of our biases, and to be cautious that we as therapists are aware of our own manifesting counter
transference issues that may possibly surface for even the most culturally perceptive and experienced therapist.

The belief of who a transgender individual is, without looking at the subject matter in the psychological perspective, could easily consume a number of pages that would address a number of various thoughts and ideas on the subject matter and would become increasingly inapplicable to the matter at hand.

(www.apa.org/topics/transgender.html)

1.2.6.1. BASIC ISSUES IN TRANSGENDER PERSON MENTAL HEALTH

1.2.6.1.0. Gender Dysphoria – This is a fundamental unease and dissatisfaction with the biological sex one is born with which results in anxiety, depression, restlessness, and other symptoms. The dysphoria often acts as a catalyst to change one’s body and gender expression (how one presents to the world) to be more in keeping with what is felt to be one’s gender identity (the gender that one feels oneself to be).

(www.tgmentalhealth.com)

1.2.6.1.1. Problems associated with growing up with Gender Dysphoria – The main problem of growing up with gender Dysphoria, aside from the body dysphoria itself is the social predicament. Essentially everyone expects the individual to be and act like a boy/girl, when they feel inside to be a girl/boy.

1.2.6.1.2. Early Childhood – Children get cues early on from parents about appropriate behavior, and internalize them. For example MTF (male to female) transsexuals have reported getting the message from parents that it wasn’t ok for them to play dolls with their sisters or neighbors, and that they were expected to do “boy”
things – like rough and tumble play. Kids of this age start to get the idea that there is a part of themselves that must remain hidden. (www.tgmentalhealth.com)

1.2.6.1.3. Puberty – This is a particularly hard age, since the body begins to change and adapt gender specific features (breasts, changes in genitals, menses, etc.). Transgendered individuals have reported “I was disgusted by (hair, breasts…etc)”.
Many transgendered individuals are aware of their issue by this age, but lack the means and agency to effect any change. This has been changing in recent years where some transgendered youth are more “out”, have supportive families and are able to access services. In some cases medication is available to “delay” puberty until the individual is old enough to decide whether or not to transition. This has the benefit of essentially avoiding the trauma of experiencing the physical effects of puberty in the unwanted gender.

1.2.6.1.4. Early Adulthood – With emotional and financial independence some people feel free to begin to address transgendered issues at this age and look into transitioning. However, some are not as free to do so, due to family and other obligations, or due to lack of information and access to services. (www.tgmentalhealth.com)

1.2.6.1.5. Later Adulthood – Some transgendered individuals put off transitioning until later in life when they feel able to do so. This can be satisfying, but can also have the disadvantage of producing a less convincing outcome. In addition there can be regret about having lived so long in an unwanted gender. Friends and family may have a harder time understanding what is happening since they knew the person for so long in their natal gender.
In all stages – There can be isolation, hiding and secrets, which can lead to depression and anxiety. Transgender adults are much more likely to have suicidal thoughts, with 50% of adults reporting some suicidal ideation. There seem to be two paths that people take early on: either one tries to hide their inner feeling of being the wrong sex and “passes” for what looks like a boy or girl, or one is incapable of hiding and presents as either a tom-boyish girl or a feminine boy. Either path is fraught with problems for one’s emotional development. The second scenario – of presenting as gender non-conforming is known to elicit harsh responses from society. This is true for non-transgendered people as well and many gay men and women experience this early on.

1.2.6.1.6. Deciding what to do – This is a big part of the transgendered Individuals experience. Making decisions about transitioning, what level to transition to, or whether to attempt any transition at all are complicated decisions and require time and support. There are fears of how one will be accepted by family (parents, partners, children, grandparents and others), friends, colleges, fellow students, church groups, etc.. There can be anxiety about ‘passing’ or how convincing one will be to others as a man or woman (i.e. whether or not one will be “read” as transgendered).

There can also be the wish to not completely transition, but assume an identity as “gender queer” or “third sex”. All are perfectly acceptable options. Usually one doesn’t start at that place, so this requires some form of transitioning as well. At the point of decision making, many things are unknown and it can be very stressful. It can also be exciting and joyful to be able to act and move towards a more authentic self.(www.tgmentalhealth.com)
1.2.6.1.7. Transitioning – For those transgendered individuals who decide to transition (to present and live in the other sex outwardly), these emotional/psychological issues may come up:

- Fears about finding a partner
- Impact on family relationships with parents, children, partners and other relatives
- Impact of relationships at work and with friends.
- Fears about violence and prejudice when one is read as transgendered.
- Feelings about having to experience surgeries, hormones, (and for MTF transsexuals) facial hair removal and voice changes.
- Frustration of having to change or explain legal documents (drivers license, passport, titles to property, diplomas, etc)

Post transition issues – Some issues that may arise include:

- Disappointment that transitioning didn’t solve all problems.
- Level of satisfaction with appearance
- Level of satisfaction with any surgeries
- Emotional issues that were not addressed before.

1.2.6.1.8. When one decides not to transition. Not everyone is able or wants to transition. This is a perfectly valid choice for people to make. However these individuals must learn to cope with the tension that the gender dysphoria produces. Sometimes this can be helped by having times when one can cross-dress, interact with others who are aware of one’s status, talk about the issue, and take low-levels of hormones.
1.2.6.1.9. Other mental health issues not related to being transgendered. Just because someone is transgendered doesn’t mean they don’t have other issues in their lives. It can be hard for some people to let themselves seek treatment for other issues when the gender dysphoria is so prominent a concern. (www.tgmentalhealth.com)

1.2.6.2. TRANSGENDER PERSON – IS IT A MENTAL ILLNESS

Transgender person remains a stereotype about transgender people. Gender Identity Disorder is listed in the Diagnostic and Statistical Manual-4th Edition (DSM-IV), a guide used by mental health professionals to diagnose psychological conditions. Transgender identity is not a mental illness that can be cured with treatment. Rather, transgender people experience a persistent and authentic difference between our assigned sex and our understanding of our own gender. For some people, this leads to emotional distress. This pain often can be relieved by freely expressing our genders; wearing clothing we are comfortable in, and, for some, making a physical transition from one gender to another. For people who identify as transsexual, counseling alone, without medical treatment, is often not effective.

Our society is, however, very harsh on gender-variant people. Some transgender people have lost their families, their jobs, their homes and their support. Transgender children may be subject to abuse at home, at school or in their communities. A lifetime of this can be very challenging and can sometimes cause anxiety disorders, depression and other psychological illnesses. These are not the root of their transgender identity; rather, they are the side effects of society’s intolerance of transgender people. (www.apa.org/topics/transgender.html)

1.2.6.3. GENDER IDENTITY DISORDER

The DSM-IV says a diagnosis for Gender Identity Disorder can be made if:
(1) Someone has strong and persistent cross-gender identification;

(2) Feels a persistent discomfort with his or her sex;

(3) This discomfort is not due to being intersex or hermaphroditic; and

(4) The discomfort causes significant distress or impairment in their life.

1.2.6.4. STANDARDS OF CARE AND DSM CRITERIA

The transgender individual faces a list of various steps to complete their transition from the gender they are born with to the gender they believe they feel that they were supposed to be. In order to obtain the end result that they desire, the Harry Benjamin International Gender Dysphoria Association (HBIGDA) introduced the Standards of Care for Gender Identity Disorders in 1979 and has been revised five times to meet today's standards, with the latest edition been revised in 2001 (Meyer III, M.D. Et Al, 2001). In these standards of care, WPATH explains the areas of focus on gender identity disorders. They state that the universal objective of psychotherapeutic, endocrine, or surgical treatment designed for individuals with gender identity disorders is lifelong individual reassurance with the gendered self in order to get the most out of their overall psychological welfare and self-fulfillment.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) did not have a diagnosis for transgenderism or transsexuality prior to their release of their DSM-III. It was in this third edition that the American Psychiatric Association (1980) published when the term transsexualism first became a mental disorder in the mental health and medical field. This terminology again was changed in the DSM-IV (1994) to GID, or gender identity disorder, in which there were three classifications (Gender
Identity Disorder in Children or Gender Identity Disorder NOS, 302.6 and Gender Identity Disorder in Adolescents or Adults, 302.85) (GID). Because of this definition, many people believe that transgender people are mentally ill, however some authors believe that having a transgender identity is not in and of itself being "mentally disordered" (Israel & Tarver, 1996; Melby, 2009). "Regardless of the stage of life in which individuals with gender identity disorder find themselves, the key root of their cross-identification behavior is the conflict over their biological sex role and their perceived sexual identity" (Kirk & Belovics, 2008). Various people consider that gender identity, or the individual ideas of being a man, woman, both, or neither, is fixed in biology, although what the genetic "cause" of gender identity may perhaps be has by no means been established (Stryker, 2008).

With a new interest on treating the transgender individual in therapy and medicine, and the advancements made over the last thirty years, ideas on how to treat transgender individuals are expanding every year. In 2004, Aaron Devor, a professor of sociology at the University of Victoria, proposed a fourteen stage model of transsexual identity formation built upon Cass' model of homosexual identity formation (Devor, 2004).

Many people believe that removing the diagnosis of GID from the DSM in the fifth edition, scheduled for 2012, and would be a move compared to the likes of the removal of homosexuality from the DSM-III (1980). Although this would be more acceptable among the transgender population, the problem with doing so would ultimately cause insurance companies to deny any kind of assistance in the mental health of the transgender client or any physical treatment for their reassignment process. Without any assistance from ones insurance provider, many transgender
individuals would not be able to get the help that they need in order to become who they truly are.

1.2.6.5. PSYCHOLOGICAL RESILIENCE OF TRANSGENDER PERSON

From a psychological perspective, resilience is the capacity to cope with adversity, stress, and other negative events as well as the capacity to avoid psychological problems while experiencing difficult circumstances (Luthar & Cicchetti, 2000; Luthar, Cicchetti, & Becker, 2000). A central process in building resilience is the development of coping skills, processes, and styles. In other words, when adversity occurs an appraisal of the significance of the stressor or threatening event takes place and coping responses are triggered to focus on the adversity or on the emotions it generates. The responses can also be socially focused, such as seeking support from others (Antonovsky, 1979; Lazarus, 1966). Next, actual coping efforts aimed at regulating the problem take place to restore the balance that was upset by the adversity and affected the individual’s psychological well-being (Lazarus & Cohen, 1977).

1.2.7. SOCIOLOGICAL DIMENSIONS OF TRANSGENDER PERSON

"In recent years transgender person has emerged as a subject of increasing social and cultural interest. Alongside a ‘cultural turn’ to transgender person - signified by a rising focus on transgender person within the media and popular culture - shifting attitudes towards transgender people are evident in the law. The U.K.’s 'Gender Recognition Act' (2004), which enables transgender people to change their birth certificates to reflect the gender they identify with, and to marry in this gender, as well as the ongoing debate in the USA over whether gender identity should be
included in the Employment Non-Discrimination Act (ENDA). These social, cultural and legislative developments reflect the ways in which transgender person is acquiring visibility in contemporary society, and mark transgender person as an important and timely area of social and cultural inquiry (Ekins, 2001).

Sociological studies are increasingly turning their attention to practices of gender diversity. The publication of several sole-authored monographs (Ekins, 1997; Monro, 2005; Hines, 2007; Sanger, forthcoming, 2009) and a recent Reader (Stryker and Whittle, 2006) reflect a flurry of academic interest in transgender person from social scientists. Some follow these broad usages of the term, but the study prefers to place the initial focus on the gerund of transgender person, namely ‘transgendering’. This is to highlight

(1) that transgendering is a generic social process;

(2) that manifestations of the dimensions and properties of this generic social process will depend on the very different relations that different modes of transgendering have to the male/female binary divide which, from the sociological point of view, constitutes the principal social structural determinant within which the various social processes of transgendering are played out; and

(3) that the various and changing categorizations of transgender person phenomena and transgender identities are emergent’s within ongoing social processes of transgendering.

1.2.7.0. TOWARDS SOCIOLOGY OF TRANSGENDERING

Our empirical sociological work with cross-dressers and sex-changers over many years (Ekins, 1983, 1997; King, 1981, 1993), suggests to us that all
transgendered identities – whether older and medicalized ones such as ‘transsexual’ and ‘transvestite’, or newer transgender activist ones such as ‘gender transient’ and ‘gender outlaw’ – are emergents within three sets of interrelations. These interrelations are those between (1) sex (the body), sexuality (erotic and sensuous response) and gender (the social and cultural correlates of the division between the sexes); (2) ‘scientific’, sub-cultural and lay conceptualizations and theorizations – what we refer to as ‘scientific’, ‘member’ and ‘lay’ knowledge of transgendering phenomena; and (3) self, identity and social worlds (Ekins R., King D, 2001).

1.2.7.1. TRANSGENDER PERSON AND FAMILY

Gender variant experience is not simply an internal psychological process that needs to be navigated by transgender person and transsexual people, but it is also a relational and systemic dynamic that intimately involves family, friends, loved ones, and all social relationships. Family members have been viewed as extraneous to the process of evaluation and treatment. The literature offers very little hope that marriage or partnership to a gender variant person could be emotionally fulfilling, or that marriages and families can mature through gender transitions.

Gender variant people are embedded in a complex matrix of familial and societal relations and their unique relationship to their sex and gender identities impact family members in numerous ways. Parents struggle to understand the issues facing gender variant children and youth, and children often need to address the concerns of parents who are facing gender transitions. Spouses of transgender person and transsexual people — husbands, wives, partners, and lovers—are often thrown into emotional chaos following the disclosure of a desire to transition; this is equally true for gay, lesbian, and bisexual spouses as it is for heterosexuals. Brothers, sisters,
aunts, uncles, adult children, and grandparents, all struggle with trying to make sense of and come to terms with transgender identity and/or transsexual sex changes in their loved ones. Until very recently family members have managed these emotional upheavals in their family lifecycle with little actual "help" from helping professions.

Unlike LGB (Lesbian, Gay and Bisexual) people, transgender people cannot "come-out" (to themselves) and remain closed if they are to actualize themselves. Many LGB people are "out," have partners, but live discrete lives for professional or personal reasons. Transgender person, and certainly transsexual, people need to "re-make" themselves physically and socially in order to express their gendered sense of self. Trans people who chose to transition are also dependent on the medical profession in a way that LGB people are not. Finally, when transgender person and transsexual people cross-dress, or transition, their gender expression impacts the lives of their loved ones. Having a parent go from being a daddy to a mommy is very confusing for children, not to mention their friends and their teachers. Having a daddy who only wears a dress sometimes, is hardly less confusing. Having a husband who feels his inner self is really a woman, does not only impact a wife's social and professional life, but also her sexual life. It can raise questions about her own sexual identity, as well as how she is perceived, even if she is very secure about her own sexual identity. Being involved with a transsexual can shift the meaning of one's own sexual orientation and cause tremendous interpersonal and marital problems.

(www.choicesconsulting.com)

1.2.7.2. TRANSGENDER PERSON AND EDUCATION

Transgender youth are the most vulnerable youth population, due to both violence and harassment by peers and adults.
I) Victimization in Schools

- Harassment
  - Almost all (87% - 96%) transgender students have reported being verbally harassed because of their sexual orientation or gender identity.
  - 53% - 83% reported physical harassment because of their gender expression.
  - 26% reported being physically assaulted (e.g., injured with a weapon).
  - 76% reported being sexually harassed.
  - Transgender students reported higher levels of harassment and assault in schools than all non-transgender students (including LGB students).

II) Other Types of Victimization

- 90% reported hearing derogatory comments such as “faggot.”
- 90% reported experiencing relational aggression.
- 67% reported having their property stolen or damaged.
- 62% reported experiencing cyber bullying.
- 39% reported hearing school staff making negative comments about gender expression.

Only 11% reported staff intervention when hearing negative remarks about gender expression; 10% reported other students would intervene when hearing negative remarks about gender expression. (www.choicesconsulting.com)

III) Academic Impacts

- 65% - 75% reported feeling unsafe at school.
- Most reported feeling unsafe because of their sexual orientation or gender expression.
- 47% reported missing class at least once per month because they felt unsafe.
Transgender students who experienced high levels of harassment had significantly lower GPAs and had lower educational aspirations than transgender students who experienced low levels of harassment.

IV) Psychological Impacts in School

- Transgender youth experience higher rates of substance abuse and suicide ideation than their gender-conforming peers.
- Transgender youth rejected by their families are four times as likely to attempt suicide and use illegal drugs and two times as likely to become HIV infected than transgender students with family support. (www.choicesconsulting.com)

1.2.8. LEGAL DIMENSION OF TRANSGENDER PERSON

In the recent past, transsexuals have often felt stigmatized and unsupported by the legal system in terms of their rights to be accepted as equal members of the community, as valued employees and as parents.

There are now legal frameworks that allow any individual to change their name, and in many countries, their legal gender to reflect their true gender identity. This then allows transsexuals to apply for important documents to be changed such as birth certificates, passports and driving licenses.

Laws regarding these changes vary from country to country. In the USA, some states do not allow amendments of original birth certificates but most Western societies (including most European countries) have revised their laws to support the transgender community. In the UK, the Gender Recognition Act (2004) allows transsexuals who are UK citizens to seek full legal recognition. (transgenderexplored.com/legal.htm)
Transgender people face serious discrimination in our society, in areas ranging from appropriate medical care to parental rights; from personal identification documents to the freedom to marry. And perhaps most common, transgender people face harassment and discrimination in the areas of employment, housing, and public accommodations – mistreatment that threatens their freedom to work and live safely in their own communities. (www.gladanswers.org)

Like gay men, lesbians and bisexuals, transgender people often find that the legal system is poorly equipped to deal with their needs and concerns. Throughout the 1970s and 1980s, courts frequently held that transgender people were not protected under existing non-discrimination statutes. Despite this history, courts have recently begun to interpret federal and state antidiscrimination laws as providing protection for transgender people. In addition, many statewide laws and local municipal ordinances have been amended to add explicit coverage for transgender people. In addition, several federal court decisions have ruled that transgender people are protected under federal non-discrimination laws as well.

Transgender people commonly face a wide variety of discriminatory barriers to full equality. Transgender people sometimes face difficulties meeting their basic needs (getting a job, housing, or health care) or in having their gender identity respected (like in the simple act of going to a public restroom). Much of the discrimination transgender people face mirrors that experienced by lesbian, gay and bisexual people, but is often more severe. Additionally, transgender people face a range of legal issues that LGB people rarely do: identity documents not reflective of one’s gender, sex-segregated public restrooms and other facilities, dress codes that perpetuate traditional gender norms, and barriers to access to appropriate health care. (www.gladanswers.org)
They fights to eradicate discrimination against transgender people because it is so pervasive and harmful. Moreover, we believe that the struggles against anti-LGB and anti-transgender discrimination are best waged collaboratively. Much of the discrimination faced by transgender people comes from the same place as does anti-gay discrimination: LGBT people challenge society’s norms on how men or women “should” act (in their gender expression and in the relationships they form). Truly eliminating LGBT discrimination depends on eradicating gender stereotypes, and fighting gender identity discrimination does that directly. (www.gladanswers.org)

1.2.8.0. TRANSGENDER PERSON LEGAL ISSUES: A FACT SHEET

An estimated 2 to 5% of the population is transgender person (i.e., experience some degree of gender dysphoria). The number of people who identify as transsexual and undergo sex-resassignment is smaller. Recent statistics from the Netherlands indicate that about 1 in 12,000 natal males undergo sex-reassignment and about 1 in 34,000 natal females. Over time, the gap between the reported numbers of MTF and FTM transsexuals is closing.

Hate Violence

A nationwide survey of bias-motivated violence against LGBT people from 1985 to 1998 found that incidents targeting transgender people accounted for 20% of all murders and about 40% of all police-initiated violence.

1.2.8.1 TRANSGENDER PERSON - A SNAPSHOT OF DISCRIMINATION

<table>
<thead>
<tr>
<th>Abuse/Discrimination</th>
<th>MTF</th>
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<td>- 83% reported verbal</td>
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<td>abuse</td>
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<td>because of their gender</td>
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1.2.8.2. Transgender People and Marriage: The Importance of Legal Planning

Transgender people face unique legal issues with regard to marriage. Although marriage is not yet a legal option for gay or lesbian people nationwide, it is already an option -- and a reality -- for many who are transgender person. Some people are aware that transgender individuals are often able to enter into a heterosexual marriage after undergoing sex-reassignment. What may be less well-known, however, is that a transgender person may also be married to a person of the same sex. That situation arises, when one of the spouses in a heterosexual marriage comes out as transsexual and transitions within the marriage. If the couple chooses to stay together, as many do, the result is a legal marriage in which both spouses are male or female. Alternatively, in states that do not allow a transgender person to change his or her legal sex, some transgender people have been able to marry a person of the same sex. To all outward appearances and to the couple themselves, the marriage is a same-sex
union. In the eyes of the law, however, it is a different-sex marriage because technically speaking; the law continues to view the transgender spouse as a legal member of his or her birth sex even after sex-reassignment. In short, marriage is a very real option for a variety of transgender people in a variety of circumstances. (www.hrc.org).

1.2.8.3. Legal, Civil & Political Rights

In 1871, the British enacted the Criminal Tribes Act, 1871, under which certain tribes and communities were considered to be 'addicted to the systematic commission of non-bailable offences'. These communities and tribes were perceived to be criminals by birth, with criminality being passed on from generation to generation. In 1897, the Criminal Tribes Act of 1871 was amended and under the provisions of this statute, “a eunuch [was] deemed to include all members of the male sex who admit themselves or on medical inspection clearly appear, to be impotent”. The local government was required to keep a register of the names and residences of all the eunuchs who are “reasonably suspected of kidnapping or castrating children or of committing offences under Section 377 of the Indian Penal Code. And “any eunuch so registered who appear dressed or ornamented like a woman in a public street…..or who dances or plays music or takes part in any public exhibition, in a public street……[could] be arrested without warrant and Hijras were also reportedly harassed by police by threatening to file a criminal case under Sec-377 IPC.

In July 2009, the Delhi High Court ruled that consensual same-sex relations between adults in private cannot be criminalized. Soon after that judgement, appeals in the Indian Supreme court objecting to the ruling were lodged; the Indian government has yet to submit a formal response. Legal issues can be complex for people who change sex, as well as for those who are gender-variant. Legal issues
include: legal recognition of their gender identity, same-sex marriage, child adoption, inheritance, wills and trusts, immigration status, employment discrimination, and access to public and private health benefits. Especially, getting legal recognition of gender identity as a woman or transgender woman is a complicated process.

Lack of legal recognition has important consequences in getting government ration (food-price subsidy) shop card, passport, and bank account. Transgender people now have the option to vote as a woman or 'other'. However, the legal validity of the voter's identity card in relation to confirming one's gender identity is not clear. Hijras had contested elections in the past. It has been documented that the victory of a transgender person who contested in an election was overturned since that person contested as a 'female', which was thus considered a fraud and illegal. Thus, the right to contest in elections is yet to be realized. (UNDP, 2010).

1.2.8.4. Problems faced by Transgender Community

- Discrimination
- Employment
- Education
- Homelessness
- HIV Care & Hygiene
- Depression
- Hormone pill abuse
- Tobacco & alcohol abuse
- Penectomy
- Marriage & Adoption
- Documentation
- Aging (www.hrc.org).
1.3.0. NEED FOR THE STUDY

Transgender person designate a person whose identity does not conform unambiguously to conventional nations of male or female gender roles but combines or moves between these. People who were assigned a sex usually at birth and based on their genitals but who feel that this is a false or incomplete description of themselves (USI LGBT campaign, 2007).

Transgender person are deprived of various Human rights like, Right to marry, Right to contest in Election, Right to Vote, etc. They are deprived of such rights, only because the law recognizes only two sex i.e., Male and Female and the transgender person being not considered as third sex which. So far as criminal liability is concerned they cannot escape punishment when they are accused of committing crimes. This kind of discrimination cannot be justified at all. MTF and FTM are the two gender identities which have been widely noted in the transgender person literature (Xavier, 2000). Transgender person is a relatively rare condition, but is increasingly encountered in our modern society. In the world, the transgender person are estimated to be six hundred crores. There are roughly one million Hijra in India, representing approximately one in every four hundred post pubertal persons born male. The transgender person population in Tamil Nadu would be roughly about sixty thousands. Transgender people are likely to experience some form of victimization as a result of his/her identity or gender expression. They face a unique set of emotional health issues. Both social exclusion and discrimination have a negative impact on the health of these individuals (Lee, 2000). The prevalence of mental health problems and other co-occurring health issues in the transgender community reaches near epidemic levels. Due to a complex network of socio-economic and cultural forces, the transgender community is highly vulnerable to a host of psychological problems
including depression, bipolar affective disorders, post traumatic stress disorders (PT&D), alienation and suicidality in addition to multiple health problems including drug and alcohol abuse, HIV/AIDS & STD. This distress is referred to as a gender dysphoria and may manifest as depression or inability to work and form healthy relationships with others. A psychological condition is considered a mental disorder only if it causes distress and disability. Gender dysphoria is a diagnosis recognized by the American Psychiatric Association of severe distress and discomfort caused by the conflict between one’s gender identity and one’s sex at birth (Brown & Rounsley, 1996). Gender variant experience is not simply an internal psychological process that needs to be navigated by transgender person and transsexual people, but it is also a relational and systemic dynamic that intimately involves family, friends, loved ones, and all social relationships. Family members and friends are not able to understand or accommodate the transition process resulting in the ending up at times (Pfafflin & Jung, 2003). Not many studies have been done with Permanent Residence Transgender person and with Migrant Transgender person.

With this back drop, the present study was undertaken and the main issues which emerged have been presented here in the form of following questions:

1. Is there any difference between the various dimensions of victimization and the selected background variables of the transgender person?

2. Is there any difference between the various dimensions of victimization on the Permanent Resident Transgender person?

3. Is there any difference between the various dimensions of victimization on the migrant transgender person?
4. Is there any association between the different dimensions of victimization on the permanent resident transgender person?

5. Is there any association between the different dimensions of victimization on the migrant transgender person?

6. Whether there is any relationship between the different dimensions of victimization on the permanent resident and migrant transgender person?

1.4.0. STATEMENT OF THE PROBLEM

An analysis on the Studies on the dimensions of victimization of transgender person that includes biological, psychological, sociological and legal and also its effects on the permanent resident and migrant transgender communities in Thoothukudi district.

1.5.0. OPERATIONAL DEFINITIONS OF THE TERMS USED

VICTIMIZATION

Unwarranted singling out of an individual or group for subjection to crime, exploitation, tort, unfair treatment, or other wrongs.

BIOLOGICAL DIMENSION

It involves mental and medical health care (e.g., hormone therapies, sexual reassignment surgery, safe and trans-positive general medical services) through the entire lifespan, not just during the initial assessment process or during transition.

PSYCHOLOGICAL DIMENSION

Ascertained the needs and presenting concerns of transgender clients, including transgender identity development, gender confusion, gender transition, gender
expression, sexuality, anxiety and depression related to transgender person life experiences, family/partner relationships, substance abuse, transgender health issues, and presenting concerns unrelated to gender.

**SOCIOLOGICAL DIMENSION**

The contextual factors and social determinants of health (i.e. race, education, ethnicity, religion and spirituality, socioeconomic status, sexual orientation, role in the family, peer group, geographical region, etc.) on the course of development of transgender identities.

**LEGAL DIMENSION**

Legal procedures exist in the jurisdictions to allow the individuals to change their legal gender, or their name, to reflect their gender identity. Requirements for these procedures vary from an explicit formal diagnosis of transsexualism, to a diagnosis of gender identity disorder, to a letter from a physician attesting to the individual's gender transition, or the fact that one has established a different gender roles.

**TRANSGENDER PERSON**

An umbrella term that can be used to describe people whose gender expression is nonconforming and/or whose gender identity is different from their birth assigned gender. Transgender people might identify as male-to-female or female-to-male. The term transgender person also includes individuals who do not conform to the binary gender system. In other words, they may consider themselves both male and female or neither male nor female.
PERMANENT RESIDENT TRANSGENDER PERSON

Transgender person living permanently in Thoothukudi District.

MIGRANT TRANSGENDER PERSON

Transgender person those who occasionally visit Thoothukudi District.

THOOTHUKUDI DISTRICT

It is one among the thirty two districts in Tamil Nadu.

1.6.0. OBJECTIVES

1. To study the general profile of the permanent resident transgender person of Thoothukudi district.

2. To study the general profile of the migrant transgender person of Thoothukudi district.

3. To find out the difference between biological dimension of victimization and the background variables of the permanent resident transgender person in Thoothukudi district.

4. To find out the association between biological dimension of victimization and the background variables of the permanent resident transgender person in Thoothukudi district.

5. To find out the difference between psychological dimension of victimization and the background variables of the permanent resident transgender person in Thoothukudi district.
6. To find out the association between psychological dimension of victimization and the background variables of the permanent resident transgender person in Thoothukudi district.

7. To find out the difference between sociological dimension of victimization and the background variables of the permanent resident transgender person in Thoothukudi district.

8. To find out the association between sociological dimension of victimization and the background variables of the permanent resident transgender person in Thoothukudi district.

9. To find out the difference between legal dimension of victimization and the background variables of the permanent resident transgender person in Thoothukudi district.

10. To find out the association between legal dimension of victimization and the background variables of the permanent resident transgender person in Thoothukudi district.

11. To find out the difference between biological dimension of victimization and the background variables of the migrant transgender person in Thoothukudi district.

12. To find out the association between biological dimension of victimization and the background variables of the migrant transgender person in Thoothukudi district.

13. To find out the difference between psychological dimension of victimization and the background variables of the migrant transgender person in Thoothukudi district.
14. To find out the association between psychological dimension of victimization and the background variables of the migrant transgender person in Thoothukudi district.

15. To find out the difference between sociological dimension of victimization and the background variables of the migrant transgender person in Thoothukudi district.

16. To find out the association between sociological dimension of victimization and the background variables of the migrant transgender person in Thoothukudi district.

17. To find out the difference between legal dimension of victimization and the background variables of the migrant transgender person in Thoothukudi district.

18. To find out the association between legal dimension of victimization and the background variables of the migrant transgender person in Thoothukudi district.

19. To find out the relationship between the dimensions of victimization of permanent and migrant transgender person in Thoothukudi district.

20. To find out the influence between the dimensions of victimization of permanent and migrant transgender person in Thoothukudi district.

1.7.0. HYPOTHESES

1. There is no significant difference between biological dimension of victimization and the background variables like educational qualification, employment, marital status, religion and area of living of the permanent resident transgender person in Thoothukudi district.
2. There is no significant association between biological dimension of victimization and the background variables like age and income of the permanent resident transgender person in Thoothukudi district.

3. There is no significant difference between psychological dimension of victimization and the background variables like educational qualification, employment, marital status, religion and area of living of the permanent resident transgender person in Thoothukudi district.

4. There is no significant association between psychological dimension of victimization and the background variables like age and income of the permanent resident transgender person in Thoothukudi district.

5. There is no significant difference between sociological dimension of victimization and the background variables like educational qualification, employment, marital status, religion and area of living of the permanent resident transgender person in Thoothukudi district.

6. There is no significant association between sociological dimension of victimization and the background variables like age and income of the permanent resident transgender person in Thoothukudi district.

7. There is no significant difference between legal dimension of victimization and the background variables like educational qualification, employment, marital status, religion and area of living of the permanent resident transgender person in Thoothukudi district.
8. There is no significant association between legal dimension of victimization and the background variables like age and income of the permanent resident transgender person in Thoothukudi district.

9. There is no significant difference between biological dimension of victimization and the background variables like educational qualification, employment, marital status, religion and area of living of the migrant transgender person in Thoothukudi district.

10. There is no significant association between biological dimension of victimization and the background variables like age and income of the migrant transgender person in Thoothukudi district.

11. There is no significant difference between psychological dimension of victimization and the background variables like educational qualification, employment, marital status, religion and area of living of the migrant transgender person in Thoothukudi district.

12. There is no significant association between psychological dimension of victimization and the background variables like age and income of the migrant transgender person in Thoothukudi district.

13. There is no significant difference between sociological dimension of victimization and the background variables like educational qualification, employment, marital status, religion and area of living of the migrant transgender person in Thoothukudi district.
14. There is no significant association between sociological dimension of victimization and the background variables like age and income of the migrant transgender person in Thoothukudi district.

15. There is no significant difference between legal dimension of victimization and the background variables like educational qualification, employment, marital status, religion and area of living of the migrant transgender person in Thoothukudi district.

16. There is no significant association between legal dimension of victimization and the background variables like age and income of the migrant transgender person in Thoothukudi district.

17. There is no significant relationship between the dimensions of victimization of permanent and migrant transgender person in Thoothukudi district.

18. There is no significant influence between the dimensions of victimization of permanent and migrant transgender person in Thoothukudi district.

1.8.0. ORGANIZATION OF THE STUDY

The research report consists of seven chapters. Chapter two, deals with the review of literature related to dimensions of the victimization of transgender person. In chapter three, the profile of Thoothukudi district, which is the study area, is explained. In chapter four, the methodology is described. It includes procedure of the study, variables of the study; tool constructed and used, sample selected and procedure for data collection. Analysis and interpretation of the results are presented in chapter five. Chapter six gives the recommendations and suggestions for further research on this subject; chapter seven represents the summary and conclusion of the study. Bibliography and appendices are given at the end.