

**GENDER IDENTIFICATION AND SEX ROLES WITHIN  
THE FAMILY LIFE CYCLE**

Johanna Breyer  
September 30, 1996

**“Society wants you to grow up the way that they want.”** Victoria C.

Victoria is a forty-five year old female street prostitute and community health outreach worker who lives and works in San Francisco. Her ethnic background is European and Native American, she is very androgynous displaying a slightly masculine build (tall, flat hips, large hands), but also having feminine features (large breasts, blonde shoulder length hair). She sometimes presents with a very demure, almost childlike demeanor, but is also emotionally and spiritually strong and has sustaining perseverance. For most of her life, Victoria was forced to live as a male, even though she identified as female, due to lack of knowledge and sensitivity surrounding issues of gender identification in our society. I have known Victoria personally and professionally for the past several years and recently asked her to describe her family history, current stage of development, as well as relevant sociocultural factors which may have influenced her current gender identification and role within the context of the family life cycle.

The family life cycle perspective views symptoms and dysfunctions in relation to normal functioning over time and views therapy as helping to reestablish the family's developmental momentum. It frames problems within the course the family has moved along in its past, the tasks it is trying to master, and the future toward which it is moving. The individual life cycle takes place within the family life cycle, which is the primary context of human development (Carter & Mc Goldrick). This perspective may be crucial to understanding the emotional problems that individuals develop as they move through various stages of the family life cycle.

In 1951 Victoria and her twin brother were born in a small town in upstate New York; Victoria's twin was identified as male, but Victoria (a.k.a. Victor) was identified as “inter sexed”--born of both sexes. Physically, Victoria was smaller than her twin brother, and had different genitalia; there were also chromosomal differences--Victoria' brother had one X chromosome and one Y chromosome, while Victoria had two X chromosomes and one Y chromosome. Normally, male or female genitalia, determined by the presence or absence of the Y chromosome, are the basis for sex assignment. Genital ambiguities may arise from genetic factors such as sex chromosome

abnormalities and autosomal and X-linked recessive disorders, and from interuterine exposure to certain hormones. Ambiguities represent either excessive masculinization of the female or insufficient masculinization of the male (Germain, 1991). In either case, the failure to adequately resolve the question of gender at birth may lead to major psychosocial problems for both the individual and their family.

Victoria states that the doctors who delivered her and her twin brother did not have efficient information about unidentified gender diagnoses; therefore, they treated her as a male child without considering future ramifications surrounding her physical and emotional development. After delivery, Victoria's mother asked to see her son and her daughter, but was informed by the doctors that she had given birth to two males, and that one of them would need to be kept in the hospital for eight weeks due to unexplained side effects at birth; she had a nervous breakdown shortly thereafter and had to be hospitalized. During this time, Victoria was given regular male hormone shots, which the doctors told her mother were to increase Victoria's size and weight. It is common within the medical institution to regard gender differences as abnormalities, wherein the individual must be physically altered in order to conform with standard gender identification and roles even if it compromises inherent gender identification.

[John] Money and [Patricia] Tucker's assumption is that gender identity develops interdependently of, and in contrast to, the individual chromosome or gene complement, his gonads, internal and external genitals and secondary sexual characteristics, singly or in combination. The argument holds that the gender identity of rearing is imprinted very early, being well established by 2-3 years of age. The type of case above is used to demonstrate the claim that, in spite of an individual's biological sex and attempts by others to change his/her gender identity, that identity will continue to respond to the gender of rearing (Lewins, 1995).

Victoria and her twin brother lived with their mother-- a European-Indian factory and community service worker-- and their step-father--a European American factory worker who had been

dismissed from the armed forces--in a rural area close to the harbor; the family was considered "working class." Victoria's mother greatly influenced her spiritual development and offered protection and support, while Victoria's step-father was distant and abusive towards Victoria. Victoria states that her biological father now lives in Seattle and she remains in contact with him on occasion, but does not consider him to have had a substantial role in her childhood, adolescence or young adulthood.

Victoria's step-father had a history of chronic alcohol use; it was common for him to have alcohol delivered to the house on a regular basis. It was also common for Victoria's step-father to go to the local bar at 6:00am on Sundays and then meet his family a few hours later at 9:00am for church. Victoria describes how she was often beaten by her father, and when her mother tried to intervene, she was also beaten by her husband; Victoria would often hide from her father in the closet, to avoid confrontation and assault, while her mother would protect Victoria's hiding place from her step-father and secretly bring her food. Victoria's mother and step-father also slept in separate rooms in the house, but the presence of a dysfunctional marriage inclusive of domestic violence was unidentifiable to others when they were in public.

When Victoria entered the public school system in her home town, she was given male hormone shots by the school nurse in order to assist with her development as a male; the shots were often used as punishment when Victoria was "disruptive"--defying typical male behavior by giggling in class (designated "female behavior"). She was also referred to a psychiatrist and put on medication as she was designated as a "problem child" who had trouble concentrating and often misbehaved in school. Victoria remained on the prescribed medication for one year and was removed from the public school system after 1st grade whereupon she entered a montessori school system.

When Victoria was seven years old, she reentered the public school system, but was still described by her instructors as "uncooperative" and "inattentive." Victoria's parents were often notified of her behavior problems by school officials; Victoria states that her mother tried to intervene with school policies, advocating on behalf of her child, while Victoria's step-father

would forcefully discipline her due to being interrupted at work by phone notifications from the school--Victoria describes one incident in which she was thrown through a window at home along with a Christmas tree by her step-father. Between the ages of seven and eight, Victoria was sent to Catholic school as an attempt to correct her "behavior problems," but was expelled after she was found engaging in sexual activities with a female classmate behind an alter. Victoria describes having mostly female friends and playmates throughout school, as she didn't identify very well with her male classmates; she preferred to play with dolls among her female cousins rather than playing baseball, as she was smaller than most of the boys her age.

By the time Victoria was eight years old, she had left home and traveled by train to Grand Central Station in New York City, where she was first introduced to prostitution by local street workers in Time Square. Victoria stayed in a house outside of Greenwich Village with a few of the prostitutes that she had met for about one year; during this time, Victoria had also started to use heroin and was stealing to support her habit. Substance use was not unfamiliar to Victoria; Victoria also describes her grandmother as having a history of substance use, primarily opium and heroin--she found her grandmother's drug kit which contained a glass syringe and needles when she was very young.

While Victoria was in New York City, her mother actively looked for her, but was unsuccessful; Victoria's step-father did not take a proactive role in finding out where his missing child was. After being caught by the police for stealing, Victoria was sent to reform school until she was 10 years old where she continued to use heroin on a regular basis. Upon returning home, Victoria was taken to a state hospital in New York due to "violent behavior;" and for two years she was given shock treatment and medication in an attempt to cure her erratic behavior. Victoria states that while in treatment she was also sexually harassed by her psychiatrist, as she had begun to develop female breasts in spite of her earlier male hormone treatments.

At the age of fourteen, Victoria had been referred to a halfway house, where she was often beaten by other residents because she was "softer looking" than other males her age and was also very

frail. Victoria continued to use heroin and other drugs as an escape mechanism as well as a transcendence into a safety zone; however, officials filed several complaints with a Juvenile Judge regarding Victoria's substance use and Victoria was expelled from another educational institution. Rather than sending Victoria to another reform school, the judge agreed to allow her to attend a nearby performing arts school, where Victoria studied acting, dance, and stage productions for two and a half years; Victoria describes her experiences at the performing arts school as the one positive educational opportunity that she had received throughout her childhood and adolescence.

Victoria returned to upstate New York to finish high school when she was seventeen years old--she had still been actively using drugs and had also began to sell them to support her habit. In 1969, after finishing high school, Victoria was charged with a federal offense--being in possession of drug-related paraphernalia while up in Canada; yet, the U.S. Marine Corps. still required that Victoria serve her country in the Vietnam War irregardless of the federal offense. Victoria served in the Marine Corps for four and a half years, assisting the medical unit and continued to use and sell drugs while enlisted; she was dismissed from the Marines in 1974 after being charged with shipping drugs from Cuba.

For the next several years, Victoria lived in New York City with her twin brother, where they worked together in the theater district performing administrative functions, set design and construction. Victoria had began to work as a street prostitute in 1974 and was regularly using heroin--she describes the use of drugs as a way to keep herself sedated and disassociated from others who are incapable of dealing with her gender identification issues. Victoria states that her mother and her brother had always been supportive of her struggles regarding gender identification; in addition, Victoria felt a level of acceptance within the theater community, due to the presence of androgyny, in comparison to the way in which she was accepted among mainstream communities.

While Victoria was living in New York, she started to take female hormones, which she had acquired from her cousin who worked at Mt. Sinai Hospital, and stopped using heroin while she

was receiving the treatments. When the prescription was discontinued, Victoria started to take hormones that were sold on the streets and not as effective as the prescribed medication. As a result, she started to use drugs again to counteract the side effects, which included severe headaches, from the street hormones.

In 1978 Victoria moved to San Francisco where she worked at various businesses, including IBM, and continued to use heroin in combination with cocaine, which she was also dealing while working at the Embarcadero. For the next several years, Victoria concurrently used drugs and street hormones on a regular basis while maintaining jobs and occasional course work at City College. In 1989 Victoria started to visit a therapist to discuss issues of gender and sexual identity, who referred her to a gynecologist for a series of examinations and tests which included DNA testing and hormone assessments. The tests showed inconsistent levels of male chromosomes as related to the level of male hormone treatments that Victoria had received as a child; female hormones were immediately prescribed to balance the chromosome levels. Victoria experienced physical relief from her chronic headaches, and was also able to discontinue her drug use for the next year; however, the hormone treatments also affected Victoria's ability to maintain her normal functioning, as the gender transition was difficult to disguise.

As Victoria began her female hormone treatments and physical transition, she slowly became more isolated due to the stress of facing the outside world. Within a year or two after receiving initial treatments she had post operative male to female surgery and by 1992 she was working as a street prostitute and using drugs again. Since 1992, Victoria has had over twenty-one prostitution related cases including soliciting, disorderly conduct, loitering, and offering a place to conduct prostitution; she has also had four convictions and faces prison time if convicted again. Although she is a certified community health outreach worker, she is unable to find a job due to her criminal record. Victoria still works the streets when she can and receives SSI benefits due to the physical effects of chronic heroin use. For Victoria, drugs have been a way for her to disassociate from her family life and mistaken male identification; prostitution has enabled her to survive in a society that is ignorant and intolerant of gender diversity.

It has been difficult for Victoria to completely assimilate into the women's community, as women do not always accept Victoria as a female since she was born "intersexed" and not biological female. On the contrary, Victoria does not completely identify with the transgender community, although she has often been labeled "transsexual" or "transgender". Over the past four to five years, women have started to accept and welcome Victoria into their community due to Victoria's commitment to women's issues. Victoria states that since she was socialized as a male, she knows how to perpetrate the patriarchal systems and institutions, and as a result, can be an effective and supportive advocate on behalf of women.

It is imperative that service providers, including medical doctors and social workers, be sensitive to issues of sex and gender in providing non-judgemental support services. There are various theories about sex and gender identity; therefore, it is important to respect each individual's personal identification. The following possibilities identify the way in which scholars have viewed the relationship between sex and gender:

1. Only 'sex' differences exist; there is no 'gender'
2. 'Sex' and 'gender' are the same thing
3. 'Sex' determines 'gender'
4. 'Sex' and 'gender' are 'additive'
5. 'Gender' is the only important concept; 'sex' differences are irrelevant
6. 'Gender' determines 'sex' (Lewins, 1995)

With this information taken into consideration, it can be determined that there is little consensus among theorists or providers on issues related to gender identification; individuals cannot always be categorized according to inherent societal roles and structures. One cannot ignore the social, economic, and political context and its impact on families moving through different phases of the life cycle at each point in history (Carter & Mc Goldrick). Victoria's current identification, as well as her role within the family life cycle has been greatly influenced by forces beyond her immediate capacity and control. Fortunately, issues of gender diversity have become more socially visible

over the past several decades, with literature and research expanding to appropriately and compassionately define various populations that were previously considered “abnormal” or “genetic freaks.”