

## Master Status

**VICTIM SERVICE PROVIDERS' FACT SHEET #3** 

**JULY 2012** 

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The term 'master status' was first used by Everett Hughes in the 1940s to describe the tendency of observers to believe that one label or demographic category is "more significant than any other aspect of [the observed person's] background, behavior, or performance." In 1954, Gordon Allport described master status as the "label of primary potency" in The Nature of Prejudice. Hughes and Allport are describing the tendency to define a person by one aspect of their identity, rather than as a part of the whole. Examples include referring to someone primarily by the color of their skin, (a black person), their ability (person in a wheelchair), or religion (a Muslim person), rather than as these factors being only one part of who they are.

When applied to transgender people, master status refers to assuming that everything about a transgender person must be related to their gender.

## Example 1

A local transgender organization received a technical assistance request from a domestic violence program. The caller indicated she had a transgender client and needed the transgender organization's help. As the transgender organization asked questions about the client's specific needs, it became clear she had come to the domestic violence program seeking advice about a violent intimate partner. What this client (who happened to be transgender) needed was support and services related to intimate partner violence, not support or services related to being transgender.

In this example, the caller from the domestic violence agency was operating under master status or label of primary potency thinking. The staff person was fixated on and distracted by learning the client was transgender and so presumed that the client needed undefined services from a transgender organization and completely overlooked the client's stated need for domestic violence services.

<sup>&</sup>lt;sup>1</sup>Kimmel, D., T. Rose, N. Orel, and B. Greene, 2006. "Historical context for research on lesbian, gay, bisexual, and transgender aging." In Lesbian, Gay, Bisexual, and Transgender Aging: Research and Clinical Perspectives, eds. D. Kimmel, T. Rose, and S. David, S. New York, NY: Columbia University Press, 10.

Marshall, Gordon, 1998. A Dictionary of Sociology. Oxford University Press. Available at www.encyclopedia.com/doc/1088-masterstatus.html.

Ochs, R., 2007. "What's in a name? Why women embrace or resist bisexual identity" In *Becoming Visible: Counseling Bisexuals Across the Lifespan*, ed. B.A. Firestein. New York, NY: Columbia University Press, 73.

<sup>\*</sup>Kimmel, D., T. Rose, N. Orel, and B. Greene, 2006. "Historical context for research on lesbian, gay, bisexual, and transgender aging." In Lesbian, Gay, Bisexual, and Transgender Aging: Research and Clinical Perspectives, eds. D. Kimmel, T. Rose, and S. David, S. New York, NY: Columbia University Press, 10.

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TYPICALLY THE MASTER STATUS CONCEPT PLAYS OUT IN MORE SUBTLE WAYS. THE FOLLOWING ARE SOME EXAMPLES THAT MANY TRANSGENDER PEOPLE HAVE REPORTED:

Assuming that hormone use caused a transgender individual's cardiovascular condition, when the vast majority of people with heart conditions are neither transgender nor use hormones.

Assuming that a transgender person is estranged from their family due to their gender identity, when the reality is that people become estranged from family members for a whole raft of reasons.

Assuming that a victim of violent crime was assaulted because they are transgender, when they could have simply been the only person walking down the same street as a thief, or when they might have been injured coming to the aid of someone hurt in gang violence.

Assuming that gender identity is a primary issue for a transgender person seeking psychotherapy, rather than the person seeking mental health services for depression, anxiety, substance use, or post traumatic stress.

## Example 2

A 22 year old man of transgender history (living as male for five years, assigned female at birth), was sexually assaulted by his college basketball coach. His friend and fellow teammate saw what happened and encouraged him to go to the emergency room for evidence collection, to report to the police, and to obtain prophylactic care for sexually transmitted infections and HIV.

He was escorted directly to the sexual assault center, through doors marked "Women's Health." After talking with an advocate and now in an exam room, he is still visibly shaken, agitated, and distraught by the assault. The SANE nurse, when she learned – 20 minutes into their discussion – that he had a transgender history, literally chastised him for not immediately informing her, the advocate and the front triage desk that he was transgender. She was irritated but still willing to collect a rape kit. However, after experiencing this second assault, the survivor chose to leave without receiving care.

In this example, the nurse's master status thinking inhibited her from acknowledging that this person's needs as a survivor were the most important. He needed a caring, sensitive professional who could sensitively tend to his urgent care needs and evidence collection. His transgender history was not the most pressing issue for him to disclose; what happened to him during the assault was.

## Complex Identities

All people have multiple identities, roles, labels, and needs, whether or not they are transgender. In addition to their gender identity, each client also has a unique experience of racial heritage, education, socioeconomic status, developmental history, and many other experiences, including risk and resilience factors.

Knowing one or two facts about a person -- transgender status, abuse history, or any other trait -- is only a small piece of who they are. Asking questions, paying attention to a person's explanation of what is important to them, and not presuming causality will better ensure that your clients receive the care they need.

Another trap of the master status concept is thinking that one fact about a person is everything that needs to be known. Keep in mind that no discussion of "averages" and "usually's" will ever do justice to any one person's magnificent complexity.