

Our Help Line provides comfort to many families striving to cope with the many concerns surrounding transgender issues, and information packets are mailed on request. Some TNET members have lobbied for trans inclusion in national and local legislation. We have provided leadership and resources, and led hundreds of workshops for PFLAG and many other organizations. All interested persons in other chapters or organizations are invited to contact us to volunteer their help.

#### TNET CONTACTS

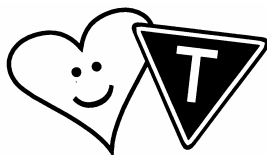
For support and resources for trans persons and their families –  
Karen Gross, phone: (216) 691-HELP (4357). Email: [IMaTMom@aol.com](mailto:IMaTMom@aol.com)  
or contact <http://www.transfamily.org> for various family-related listservs

For organizational questions, or to volunteer –  
David Parker, phone: (336) 454-5693. Email: [pflagtnet@triad.rr.com](mailto:pflagtnet@triad.rr.com)

To learn more about the **TGS-PFLAG** listserv, or to join,  
send a message to: [listproc@youth-guard.org](mailto:listproc@youth-guard.org) with **info tgs-pflag** in the  
body of the message (not the subject line)

Additional copies of this booklet are 3 for \$3.00 and 25 for \$18, which includes U.S. postage. Please inquire for prices for other quantities or mail to other countries. Also available are copies of this booklet in Spanish, our TransFamily video (\$10) and *Coming Out Trans to Your Parents and Family* (3 for \$2). There are also two new booklets: *Made in God's Image*, by Ann Thompson Cook, a resource for dialogue about the church and gender difference (\$5.95), and a new booklet for young children of transgender parents, *Carly: She's Still My Daddy*, by Mary Boenke (\$3.50).

To order this booklet or any of these materials, please send check, payable to PFLAG TNET, to David Parker, 1903 Kildare Woods Drive, Greensboro, NC 27407-6469.



***Please Share This Booklet***

# *Our Trans Children*



*A Publication of the Transgender Network  
of Parents, Families and Friends of  
Lesbians and Gays (PFLAG)*

***Fourth Edition***

## WELCOME TO OUR READERS

Thank you for taking time to read this fourth edition of *Our Trans Children* and for your interest in learning about transgenderism. Our intent has been to provide an introduction to trans issues suitable for parents, family members and friends, as well as employers, counselors and anyone else interested, within or beyond PFLAG. We hope it may continue to prove useful as well to those who are just beginning to question their own gender identity and to assure them that there is support available in the larger community. *Our Trans Children* has been more successful than we ever imagined, having already sold over 40,000 copies, making it the most widely published gender education booklet in the world.

Because of the wide range of identities involved, we have chosen to use the word "transgender" or simply "trans" to include transsexuals, crossdressers, and the many variations in between. In earlier editions, we included intersex people as part of the transgender family. However, we now wish to recognize their individual identities and concerns as separate and distinct from most trans people. We certainly wish to be fully respectful of everyone in the entire gender spectrum, however they may self-identify.

We particularly hope all new PFLAG members will read this booklet. PFLAG is now officially transgender inclusive, and more and more trans folks and their families are turning to us for information, understanding and support. Certainly, trans families need PFLAG at least as much as gay, lesbian and bisexual families, since they have fewer resources and much more complex issues. We in PFLAG take pride in being welcoming, loving, growing persons, unafraid to walk where our commitment takes us. It is in this spirit that PFLAG's Transgender Network presents this booklet

We wish to thank Courtney Sharp for her timeless writing on Trans Youth, Alice Dreger, Ph.D. for her contribution on intersexuality, Jessie Shafer for her contribution on trans people in prison, Robyn Walters and many others who have sent us helpful suggestions for this edition.

Jessica Xavier & Mary Boenke

- August 2004

**Meyerowitz, Joanne**, *How Sex Changed: A History of Transsexuality in the United States*. Boston: Harvard University Press, 2004.

**Preiss, Irene**, *Fixed for Life: The True Saga of How Tom Became Sally*. Lincoln, NE: iUniverse.com, 1999.

**Rudd, Peggy**, *Crossdressers and Those Who Share Their Lives*. Katy, TX: PM Publishers, 1995.

**Stuart, Kim**, *The Uninvited Dilemma: A Question of Gender*. Portland, OR: Revised Edition, Metamorphous Press, 1991.



PFLAG, TNET's parent organization, has active affiliates in over 500 cities in the US and many foreign countries. For a list of their chapters or publications, contact the PFLAG national office at: PFLAG, 1726 M Street, NW, Suite 400, Washington, DC 20036. Phone: (202) 467-8180. Website: [www.pflag.org](http://www.pflag.org). Email: [info@pflag.org](mailto:info@pflag.org).

## PFLAG's TNET

*PFLAG'S Transgender Network* began at the 1995 PFLAG national convention in Indianapolis where a group of activist trans persons, parents and friends found each other. **TGS-PFLAG**, an internet listserv focusing on trans-family issues, was formed that fall and quickly grew to include over one hundred subscribers, all educating and supporting each other. Since then, TNET has organized rapidly on line. Our website is:

**<http://www.pflag.org/tnet.html>**

In September 1998, one of TNET's major goals was reached when PFLAG voted to become officially transgender inclusive. As of this printing, Transgender Coordinators (TCords) have been identified in PFLAG chapters in most states plus Canada. We are working to educate our chapters, to assure a warm welcome to trans persons and their families, and to network with our local trans communities.

## Transgender Family Reading List

**Boenke, Mary**, Editor, *Trans Forming Families: Real Stories of Transgendered Loved Ones*, 2<sup>nd</sup> Edition – expanded. Order from PFLAG TNET, 1903 Kildare Woods Drive, Greensboro, NC 27407 or from Amazon.com.

**Bornstein, Kate**, *Gender Outlaw: On Men, Women and the Rest of Us*. New York: Routledge, 1994.

**Brown, Mildred and Rounsley, Chloe Ann**, *True Selves: Understanding Transsexualism for Family, Friends, Coworkers and Helping Professionals*. San Francisco: Jossey-Bass, 1996.

**Bullough, Vernon and Bullough, Bonnie**, *Cross Dressing, Sex, and Gender*. Philadelphia: University of Pennsylvania Press, 1993.

**Cameron, Loren**, *Body Alchemy: Transsexual Portraits*. San Francisco: Cleis Press, 1996.

**Colapinto, John**, *As Nature Made Him: The Boy Who Was Raised as a Girl*. New York: Harper Collins, 2000.

**Dreger, Alice**, *Intersex In the Age of Ethics (Ethics in Clinical Medicine Series)*. Hagerstown, MD: University Publishing Group, 1999.

**Ettner, Randi**, *Confessions of a Gender Defender: A Psychologist's Reflections on Life Among the Transgendered*. Evanston, IL: Chicago Spectrum, 1996.

**Feinberg, Leslie**, *Transgendered Warriors: Making History from Joan of Arc to RuPaul*. Boston: Beacon Press, 1996.

**Green, Jamison**, *Becoming a Visible Man*. Nashville: Vanderbilt University Press, 2004.

**Israel, Gianna and Tarver, Donald**, *Transgender Care: Recommended Guidelines, Practical Information, and Personal Accounts*. Philadelphia: Temple University Press, 1997.

**Kirk, Sheila and Rothblatt, Martine**, *Medical, Legal and Workplace Issues for the Transsexual*. Watertown, MA: Together Lifeworks, 1995.

## Some Commonly Asked Questions about Trans People

### What does 'Transgender' Mean?

Transgender people are those whose gender identity or gender expression differs from conventional expectations for their physical sex. *Gender Identity* is one's internal sense of being male, female or perhaps something else. Gender identity is commonly communicated to others by one's *Gender Expression* (clothes, hair style, mannerisms, etc.) Although transgender people have been part of every culture and society in recorded human history, they have only recently become the focus of medical science. Many medical researchers now believe that transgenderism is rooted in complex biological factors that are fixed at birth. However, societal intolerance often makes being transgender a painful, personal dilemma.

### Who are Transgender People?

Transgender people include pre-operative, post-operative and non-operative transsexuals, who generally feel that they were born into the wrong physical sex; crossdressers (formerly called transvestites), who occasionally wear the clothing of the opposite sex in order to fully express an inner, cross-gender identity; and many other identities too numerous to list here. Trans people are usually categorized as Male-to-Female (MTF) or Female-to-Male (FTM) although a growing number, including many trans youth, prefer to identify somewhere between male and female.

It's important to note that the term 'transgender' describes several distinct but related groups of people who use a variety of other terms to self-identify. For example, many transsexuals see themselves as a separate group, and do not want to be included under the umbrella term 'transgender'. Many post-operative transsexuals no longer consider themselves to be transsexual. Some non-operative transsexuals identify themselves as transgenderists. Despite this variation in terminology, most trans people will agree that their self-identification is an important personal right, which we strongly support.

### Who are Crossdressers?

Crossdressers are generally thought to be the largest group of transgender persons. Although most crossdressers are heterosexual men, there are also gay and bisexual men, as well as lesbians, bisexual

and straight women, who crossdress. Many male crossdressers are married and have children, and most keep their transgender status private. Unlike transsexuals, they do not wish to change their physical sex.

### **What causes transsexualism?**

No one really knows, but there are many theories. It may be caused by the bathing of a fetus by opposite birth sex hormones while *in utero*, or perhaps by some spontaneous genetic mutation, which is also one of the theories of the origin of homosexuality. Transsexual persons include both female-to-male (FTM) *transmen* and male-to-female (MTF) *transwomen*. Due to the intensity of their gender dysphoria, they come to feel they can no longer continue living in the gender associated with their physical (birth) sex.

### **What is gender dysphoria?**

Gender dysphoria is the overall psychological term used to describe the feelings of pain, anguish, and anxiety that arise from the mismatch between a trans person's physical sex and gender identity, and from parental and societal pressure to conform to gender norms. Almost all transgender people suffer from gender dysphoria in varying degrees. Some transsexual persons discover at an early age that they are unable to live in the gender of their birth sex, and a few fortunate ones have accepting parents who support their chosen gender. However, the majority still struggle to conform to societal expectations, in spite of intense suffering, until their adult years. To seek relief and become who they truly are, transsexual persons enter gender transition, often after years of crossdressing in private.

### **What is gender transition?**

Gender transition is the period during which transsexual persons begin changing their appearances and bodies to match their internal gender identity. Because gender is so visible, transsexuals in transition MUST "out" themselves to their employers, their families, and their friends – literally everyone in their lives. While in transition, they are usually vulnerable to discrimination and in dire need of support from family and friends.

The **National Transgender Advocacy Coalition** works proactively to reform societal attitudes and the law to achieve equal rights for the transgender individuals. NTAC, P.O. Box 76027, Washington, DC 20013. Phone: (832) 483-9901. Website: [www.ntac.org](http://www.ntac.org), email: [info@ntac.org](mailto:info@ntac.org).

The **National Youth Advocacy Coalition (NYAC)** focuses on advocacy, education and information for gay, lesbian, bisexual, transgender and questioning youth. NYAC, 1638 R Street, NW, Suite 300, Washington, DC 20009. Phone: (202) 319-7596 or (800) 541-6922. TTY phone: (202) 319-9513 Website: [www.nyacyouth.org](http://www.nyacyouth.org), email: [nyac@nyacyouth.org](mailto:nyac@nyacyouth.org).

The **Renaissance Transgender Association**, with chapters and affiliates throughout the US, provides support, education and social activities for crossdressers and others. Renaissance Transgender Association, 987 Old Eagle School Rd., Suite 719, Wayne, PA 19087. Phone: (610) 975-9119. Website: [www.ren.org](http://www.ren.org), email: [info@ren.org](mailto:info@ren.org).

The **Society for the Second Self (Tri-Ess)**, with about 30 chapters around the US, focuses on the needs of heterosexual crossdressers. Tri-Ess, P.O. Box 194, Tulare, CA 93275. Website: [www.tri-ess.org](http://www.tri-ess.org), email: [trisinfo@aol.com](mailto:trisinfo@aol.com).

## **Transgender Websites**

**Trans Family of Cleveland, Ohio** – a comprehensive site for information, support and resources: [www.transfamily.org](http://www.transfamily.org) Includes several excellent support lists

**The Harry Benjamin International Gender Dysphoria Association (HBIGDA)** – for current copies of their *Standards of Care*: [www.hbigda.org](http://www.hbigda.org)

**Transsexual Women's Resources**: [www.annelawrence.com/twr](http://www.annelawrence.com/twr)

**Transster** – for FTM surgical information: [www.transster.com](http://www.transster.com)

**Transman's Information Project**, [www.trans-man.org](http://www.trans-man.org)

## National Transgender Organizations

The **American Boyz** has local affiliates throughout the US, and provides support and information for female-to-male transgender persons and their significant others, friends, family members and allies (SOFFAs). Website: [www.amboyz.org](http://www.amboyz.org), email: [info@amboyz.org](mailto:info@amboyz.org).

**FTM International (FTMI)** provides support and information for female-to-male transsexuals world-wide. FTM International, 160 14th Street, San Francisco, CA 94103. Phone: (415) 553-5987. Website: [www.ftmi.org](http://www.ftmi.org), email: [TSTGMen@aol.com](mailto:TSTGMen@aol.com).

**Gender Education and Advocacy (GEA)** is the successor organization to AEGIS (American Educational Gender Information Service). GEA hosts the Remembering Our Dead project, tracking reported murders of transgender people. GEA, P.O. Box 33724, Decatur, GA 30033. Websites: [www.gender.org](http://www.gender.org) and [www.rememberingourdead.org](http://www.rememberingourdead.org).

**The International Foundation for Gender Education (IFGE)** provides books, referrals and outreach through education for the emancipation of all people from restrictive gender norms, and publishes the quarterly magazine *Transgender Tapestry*. IFGE, PO Box 540229, Waltham, MA 02454. Phone: (781) 899-2212. Website: [www.ifge.org](http://www.ifge.org), email: [info@ifge.org](mailto:info@ifge.org).

The **Intersex Society of North America (ISNA)** provides information, support and advocacy for intersex people. Website: [www.isna.org](http://www.isna.org), email: [info@isna.org](mailto:info@isna.org).

The **National Center for Transgender Equality** is a social justice organization dedicated to advancing the equality of transgender people through advocacy, collaboration and empowerment. NCTE, 1325 Massachusetts Avenue NW, Suite 600, Washington, DC 20005. Phone: (202) 639-6332. Website: [www.nctequality.org](http://www.nctequality.org), email: [ncte@nctequality.org](mailto:ncte@nctequality.org)

The **National Latino/Latina Lesbian, Gay, Bisexual and Transgender Organization (LLEGO)** is an informational resource for Spanish speakers. LLEGO, 1420 K Street NW, Suite 400, Washington, DC 20005. Phone: (202) 408-5380. Website: [www.llego.org](http://www.llego.org). Email: [aquilgbt@llego.org](mailto:aquilgbt@llego.org).

## What is transgender hormonal therapy ?

Transgender hormonal therapy is the administration of estrogen in MTF trans people and testosterone in FTM trans people to develop the secondary sexual characteristics of their chosen gender. For some, this second adolescence feels like coming home, while others struggle with the moodiness and physiological changes. Depending on age and other factors, hormonal therapy can take several months to many years to effect the physical changes that produce a passable appearance. It is not without risks and should not be done without medical supervision. However, many trans people self-medicate, obtaining their hormones on the streets or through the internet.

Transmen seem to gain a passing appearance rather quickly. Testosterone causes their voices to drop in range and their facial and body hair to develop, but does not add much to their height. Many transmen actually come out twice in their lives – first as lesbians and later as transsexual men. For transwomen, it generally takes longer to pass in their chosen genders, since estrogen does not raise their vocal range nor remove their facial or body hair, which must be done through electrolysis. Once a passing appearance is attained, most trans people chose to keep their transgender status private, which is often called living in stealth.

## What is the Real Life Test?

For transsexual persons seeking Sex Reassignment Surgery (SRS), the Real Life Test (also called the Real-Life Experience) is a one-year minimum period during which they must be able to demonstrate to their psychotherapists their ability to live and work full-time successfully in their new, congruent gender. The Real Life Test is a prerequisite for sex reassignment surgery under the *Standards of Care*.

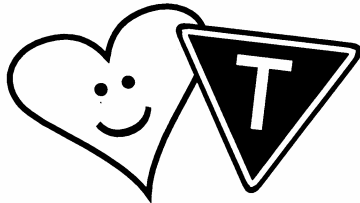
## What are the Standards of Care?

The *Standards of Care* are a set of guidelines formulated and periodically updated by the Harry Benjamin International Gender Dysphoria Association (HBI/GDA) under which many transsexual persons obtain hormonal and surgical sex reassignment. While the *Standards of Care* minimize the chance of someone making a mistake, they have been criticized as a “gatekeeper” system. In general, a complete gender transition includes a period of psychotherapy to confirm one’s true gender,

the beginning of lifelong hormonal therapy, the Real Life Test, and finally, if desired, sex reassignment surgery

### What is Sex Reassignment Surgery (SRS) ?

SRS is the permanent surgical refashioning of sexual anatomy to resemble that of the appropriate sex. For transwomen, SRS involves the conversion of penile and scrotal tissue into female genitalia. Most post-operative transwomen report they can achieve orgasm. For transmen, SRS may be limited to just chest surgery (breast removal) and sometimes hysterectomy. While many transmen become satisfied with their new male anatomy, most opt out of genital surgeries for a variety of reasons, including expense and dissatisfaction with the limited results. Many transwomen also undergo additional procedures, including electrolysis to remove facial and body hair, breast augmentation, Adams Apple reduction, hair transplantation, liposuction and many types of facial surgeries.



### Who are Intersex People?

#### What is intersex?

Intersex is a broad term used to denote a range of in-born variations in sexual anatomy. For practical purposes, the Intersex Society of North America (ISNA) defines a person with an intersex condition as a person who was born with anatomy that someone decided was neither standard-male nor standard-female. Some children's intersex conditions are obvious and their genitals confuse adults who are trying to assign the child a gender. For that reason, many people speak as if intersex were the same as having "ambiguous genitalia." While that is true for some, other intersex conditions involve only *internal* sex anatomy, and people who have them appear standard-male or standard-female on the outside.

treatment. Nevertheless, for most this is still extremely difficult to get, often requiring years of legal appeals.

### Re-documentation

Obtaining legal identification for their new names and genders is often difficult for trans people. While legal name changes may be obtained in almost all states either through the courts or by common law, the rules for changing gender on identity documents vary greatly from state to state. Most states do not officially permit pre-operative or non-operative transsexuals to obtain change of sex designations on their new driver's licenses. While most states will recognize a new sex status and correct birth certificates after sex reassignment surgery, a few states refuse to amend birth certificates for any reason.

The Social Security Administration will change names upon receipt of a court order, but not gender unless a surgeon's affidavit is presented. Gender on military discharge papers cannot be changed. School transcripts, employment records and credit histories also can be difficult to change. Instead of statutes, often there are only unwritten "policies", which are followed inconsistently. Thus trans people are often left to the mercy of transphobic administrators.

### A New Day is Dawning

In spite of all these complex difficulties, many more trans people are coming out, transitioning or finding new ways to live meaningful lives. More parents are learning to accept and embrace them for who they are, and to be justly proud of their exceptional honesty and courage. While many couples part when one spouse comes out, an increasing number are staying married – resulting in legal same sex marriages! Some trans parents are raising their children, continuing their careers or finding new ones, and organizing to build a safer, saner society. The medical and counseling professions are slowly becoming more informed, more flexible and more willing to provide the necessary, specialized services. Support groups for trans persons and their families are forming in increasing numbers, and the media is even carrying many positive stories.

You – the reader – are invited to help educate those who don't understand and to join those who are working towards the solution.

## Hate Crimes

Trans people are frequently subjected to verbal taunts and threats, hate mail, harassing telephone calls, vandalism, and acts of physical and sexual violence. Trans people are frequently perceived to be homosexual simply because of their appearance, which is often that of a masculine woman or a feminine man. Because this perception is so pervasive, trans people are particularly subject to targeting by violently homophobic people. Reported murders of trans people in the U.S. have approached an average of two per month and often involve an overkill factor – shot or stabbed multiple times, their faces and genitalia mutilated. However, police often refuse to investigate these crimes, and many victims are afraid to report them, for fear of secondary victimization by the police. With the lack of a federal requirement to report such attacks as hate crimes, these acts of violence against trans people often go unreported. However, 8 states have transgender-inclusive hate crimes laws as of 2004.

## Trans People in Prison

Perhaps the most invisible and forgotten segment of the transgender population are those who run afoul of the law and end up behind bars. Many trans prisoners believe their gender dysphoria and difficulties in obtaining treatment for it led or contributed to their life of crime. No one is sure how many trans prisoners there are at any given time, but one estimate puts the number in the U.S. in the low thousands.

The standard practice in the U.S. for those who are arrested and put in jail or prison is placement in a facility corresponding to their genitalia. Even though some transwomen prisoners have fully developed breasts and other female characteristics, they are still placed in men's prisons. Given the predatory nature of prison culture, these transwomen are at high risk for sexual and other physical assault. Often their only refuge is to become the sexual slave of another inmate who is powerful enough to keep other inmates away. The only other alternative is usually some kind of protective custody.

Traditionally, trans prisoners have not been allowed to continue hormonal therapy, but in some jurisdictions this is changing. However, a trans prisoner cannot start hormonal therapy while in prison. Sex Reassignment Surgery is never provided to trans prisoners in the U.S., but Canada does provide it. Over the years, the courts in this country have grudgingly recognized that gender identity disorders are a "serious medical need" for which prison systems must provide some form of

## What are some examples of intersex conditions?

Intersex conditions include many kinds of complex chromosomal, hormonal and physiological syndromes, such as gonadal dysgenesis, androgen insensitivity syndrome (AIS), and progestin-induced virilization. Other types of conditions which may fairly be thought of as intersex include Klinefelter's syndrome, adrenal hyperplasia, and hypospadias. (For a list of intersex conditions and their frequency, go to the Intersex Society of North America webpage, [www.isna.org](http://www.isna.org)).

## Are intersex conditions always detected at birth?

Some are diagnosed prenatally and others are diagnosed later in life. This can happen at puberty, or when an adult patient undergoes tests to determine why she or he is having fertility problems. Whenever an intersex condition is discovered, it is important that physicians familiar with them be consulted, so that a proper diagnosis is made. Sometimes an intersex condition signals underlying metabolic concerns, which require medical attention to avoid loss of health.

## So what's the difference between intersex and transgender?

Broadly speaking, for transgender people, the issue is about a person's gender *identity*, while in intersex people, the issue is about a person's sex *anatomy*. Most transgender people are born with "standard" male or female anatomy, but some are born with intersex conditions. Nevertheless, the majority of people with intersex conditions do NOT identify as transgender, because their gender identities (as boys/men or girls/women) remain constant throughout their lives. However, people with some intersex conditions do seem to have a significantly higher rate of gender transition than the general population.

Another difference is that many intersex advocates seek to stop "surgical normalization" procedures performed on many intersex people without their consent. Those who lack standard-male and standard-female genitalia are often subjected to these procedures from infancy to adolescence at the suggestion of anxious doctors. These surgeries sometimes cause the loss of sexual response in adulthood. The Intersex Society of North America believes that the biggest problem people with intersex conditions and their families face is enforced shame and secrecy.

## **Similarities and Differences between Sexual Orientation and Gender Identity**

### **What is the difference between Gender Identity and Sexual Orientation?**

Gender identity is someone's internal sense of being a man or a woman, a boy or a girl, or sometimes, something else entirely. Sexual orientation is someone's sexual attraction to others who may be of the opposite sex, the same sex, or both sexes. Like other people, transgender people can be straight, gay, lesbian or bisexual. For transsexual people, their gender identity – not their physical sex status – determines their sexual orientation, but not necessarily their partners' or spouses'. Many transgender people resist the labeling of their sexual orientation.

### **What is Gender Identity Disorder (GID)?**

GID is a psychological classification found in the *Diagnostic and Statistical Manual (DSM)* published by the American Psychiatric Association. Although GID is the only diagnosis under which many trans people receive treatment, it also is controversial. GID has been used inappropriately and harmfully by some psychotherapists to treat *gender variant* youth. Moreover, many if not most trans people also believe they do not have a mental disorder.

### **Is Gender Identity Disorder related to sexual orientation?**

Not necessarily. Many gender variant children and teens who exhibit gender non-conforming behaviors are diagnosed with GID, and later in life identify as gay, lesbian or straight. Other gay men and lesbians conform to most traditional gender behaviors, with the exception of their same gender sexual relationships.

Yet there does seem to be some overlap between gender expression and sexual orientation. For example, some lesbians express their gender in a masculine fashion, by wearing men's clothes and their hair short. This is an area where sexual orientation and gender identity issues overlap and become blurred.

Unlike trans people living in countries with nationalized health care systems that cover costs of transgender-related health care, those in the U.S. encounter many problems in getting such care. American health care providers routinely refuse to treat trans people seeking hormonal therapy, and there are only a small number of surgeons in North America who perform sex reassignment surgeries. Moreover, most medical procedures related to transgender care are routinely excluded from nearly all health insurance plans, and thus the costs must be borne directly by the patient. Depending upon the procedures involved, Sex Reassignment Surgeries in North America can cost from \$5,000 to \$100,000.

Sadly, many AIDS organizations have not regarded trans people as part of their service community, even though transgender sex workers are at very great risk for HIV/AIDS and other sexually transmitted diseases. Many trans persons will not seek health care due to the hostility and ridicule they encounter when dealing with insensitive health care providers. There also have been cases where even emergency medical care has been withheld from transgender persons.

### **Legal Protection for Trans People**

In existing case law, the courts have found that transgender people are not covered under anti-discrimination laws protecting persons on the basis of sexual orientation or sex. Trans people were specifically excluded in the Americans with Disabilities Act of 1991, and they also are not covered under the disability laws of nearly all the states that have them. Both state and federal courts have almost uniformly held that transgender people are outside the legal definitions and protections of existing anti-discrimination laws.

However, the passage of legislation protecting trans people from discrimination has been steadily increasing. As of 2004, there are now four states (Minnesota, Rhode Island, New Mexico and California) and over seventy cities, counties and towns in the U.S. which prohibit discrimination on the basis of gender identity and expression. However, many transgender activists continue to view the addition of gender identity to the federal Employment Non-Discrimination Act (ENDA) as a high priority.

Self-medication by taking street hormones or obtaining hormones through the internet is also commonplace, and may result in serious complications. Transgender hormonal therapy can be safely done only under the supervision of an experienced physician. Instead of taking hormones, some transwomen get silicone injections (not implants) to immediately improve their body shape. However, these injections have proven to be a serious health risk and can be lethal.

### **Referral for Hormonal and Surgical Sex Reassignment**

Transsexual people often go to extraordinary lengths to deal with their gender dysphoria. The desire to modify the body to conform to one's gender identity cannot be adequately explained by someone who is transsexual, nor can it be fully understood by someone who is not. This self-perceived need becomes a determined drive, a desperate search for relief and release from that ultimate of all oppressors – one's own body. Nor can the urgency itself be easily understood. It is a need to match one's exterior with one's interior, to achieve harmony of spirit and shape, of body and soul. It is a cry to be granted what is a given for all others: a gender identity not to be doubted or ridiculed, but simply accepted.

Although parents may be alarmed by their teen's desire for physical transformation, they need to recognize the intensity of the feelings behind it. Referral to a psychotherapist experienced in trans issues who can make a proper diagnosis is the key first step. If a diagnosis of Gender Identity Disorder is made, the doctor and parents should respect and support the child's feelings of who they really are.

## **Trans People and the Law**

### **Discrimination**

Denial of an opportunity to make a living is the single most damaging and pervasive form of discrimination against trans people. Since changing gender is so readily apparent, trans people often lose their jobs, are denied employment, or become under-employed regardless of their experience or education. Trans people are frequently denied housing or even evicted from their rented homes, and many more have been denied service at restaurants, stores or other public facilities. In schools, trans youth often must deal with harassment from other students with little protection from transphobic teachers and school administrators, who often react with dismay, disrespect, or disbelief.

### **Do trans people exhibit gender variant behaviors in childhood?**

Just as all children experience social pressures to conform, most youth who later become transgender adults learn to bury their true gender inclinations about dress, play and names. Many families may never recognize that their child is having severe difficulties, while others report children as young as age 3 clearly preferring the other gender.

### **Do gender variant children benefit from psychotherapy?**

Gender variant children suffering from gender dysphoria may benefit from supportive therapy, by learning to accept themselves and to cope better with social pressures. However, since the GID diagnosis has sometimes been used to manipulate these children to become more gender conforming, in efforts to prevent the development of homosexuality or transsexualism, parents are urged to screen prospective psychotherapists carefully regarding their therapeutic goals and techniques. Major medical professional organizations have declared that homosexuality is not an illness and that so-called conversion or reparative therapies generally do more harm than good. This same concern now applies to gender variant children, adolescents and adults.

### **What common experiences do trans people share with other sexual minorities?**

They are all subject to the same social pressures to conform, which can include harassment and even violence. Later in life, many transgender people, like openly gay men, lesbians and bisexuals, must also deal with discrimination in employment, housing, and public accommodations. Many trans people also often confuse their internal feelings of being another gender with feelings of being gay or lesbian. It can take a long time for them to recognize and acknowledge their true identity. And like gay men and lesbians who do not come out, many trans people must cope with a profound loneliness as members of a relatively small sexual minority.

### **What common experiences do the families of transgender people share with those of other sexual minorities?**

The parents, families and friends of gay, lesbian, bisexual and trans persons all may experience the same stages of denial and grief, along with safety concerns and much confusion when a family member comes out. Since the transgender experience is less common and more complex, with

more profound changes, these parents may have an even more difficult time reaching the stages of acceptance and celebration that we have come to know in PFLAG. They, too, are in need of much support and understanding.

## **Issues of Transgender Youth**

### **Psychological Issues**

The powerful emotions behind gender dysphoria can cause many trans children to grow up emotionally constricted and deeply ashamed of their difference. Over time, the pervasive social stigmatization of trans people causes the low self-esteem of these children to grow into the internalized self-hatred of many transgender adults. While gay and lesbian people, who are more numerous, have made some tremendous strides in educating the public, trans people are still struggling to present society with more positive, accurate portrayals of who they really are.

### **Family Issues**

Coming out as transgender is usually difficult for everyone concerned. Consequently, many male teenagers who crossdress do so in secret, never telling their families and friends about it. As adults, most continue to keep their crossdressing private, sometimes seeking support through transgender support groups. Those who tell their families experience a variety of reactions, from loving acceptance to complete rejection.

If a male adolescent's crossdressing is discovered by his parents, it is likely to precipitate an emotional crisis for the entire family. A female-to-male's "crossdressing" may be disguised as a "tomboy" phase that a daughter stubbornly refuses to grow out of, only later causing friction within the family. However, if a youth is intent on gender transition, major changes are in store for the entire family. Gay sons and lesbian daughters usually have a choice about disclosing or not disclosing their sexual orientation. However, trans youth who enter gender transition do not enjoy the same choice, since gender is so visible.

Moreover, the changes arising from gender transition will be much more profound than just physical appearances. In a sense, when transsexual youth "come out" and tell their family, their parents are indeed "losing a daughter" and gaining a new son they never knew they had, or

vice-versa. Yet the youth remains their child, usually much happier, but with a whole new set of challenges to surmount.

An increasing number of parents are acknowledging their child's gender struggle and helping them cope with their gender difference at school and at home. However, most trans children keep their gender issues secret until they cannot hold them back any longer. Thus their revelation takes most parents by surprise. Moms and dads of these kids then must deal not only with shock, denial, anger, grief, misplaced guilt, and shame, but also many real concerns about the safety, health, surgery, employment, and future love relationships of their child. In addition, they must learn to call their child a new name, and even more difficult, use new pronouns. Thus trans parents need tremendous support. In wondering what changes to expect, one mother found it comforting to anticipate seeing her new son look like her former daughter's twin brother.

### **The Risks Faced by Trans Youth**

When a trans youth or adult comes out, the ability to pass in their new gender is usually limited. Hormonal therapy can take years to produce a passable appearance, especially with male-to-female trans people, and some may never pass completely. Thus, those in gender transition are readily apparent to others, and they are vulnerable to intense harassment, discrimination, and even violence.

Trans youth often feel that their true gender identity is crucial to the survival of self. If their parents refuse to allow their gender transition or if their families and friends withhold support, these youths incur the same risks faced by gay and lesbian youth with non-accepting families. Some may run away from home and live on the streets, or they may seek to escape the pain of their lives through substance abuse. Like gay and lesbian youth, trans youth are also at higher risk for suicide.

Due to severe employment discrimination, male-to-female transgender youth who are homeless, runaways or throwaways often work in the sex industry to survive and to pay for their hormones, electrolysis, cosmetic surgery and genital sex reassignment surgery. These youth are therefore at high risk for HIV/AIDS and other sexually transmitted diseases (STDs), and they should be referred to understanding health care providers for testing and treatment. Female-to-male youth may resort to con games or other marginal means to support themselves.