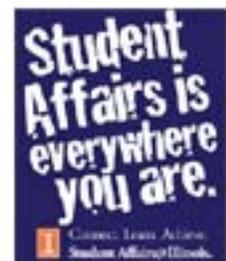


# Transgender Ally Network

A faculty, staff, and student network affirming the transgender community at the University of Illinois at Urbana-Champaign



Sponsored by the LGBT Resource Center and the Counseling Center's SODA Committee  
For more information about being a member of the Transgender Ally Network contact the  
LGBT Resource Center at 217.244.8863 or the Counseling Center at 217.333.3704



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*Dear Ally Network Member:*

*Welcome to the Ally Network at the University of Illinois, Urbana-Champaign. We hope that the initial orientation gave you a sense of the purpose and mission of the Ally Network. We would like to take a moment here to review the intent of the Ally Network. Below is the Ally Network's mission statement.*

*Mission Statement:*

*The Ally Network is a group of self-identified faculty, staff, and students, who work both to facilitate the development of all students around issues of sexual orientation and to improve the experience of lesbian, gay, bisexual, and transgender students at the University of Illinois. Members of the Ally Network support and actively realize these goals in a variety of ways: providing information, raising awareness, engaging in political and social advocacy, and through personal example. The Ally Network strives to examine and address the obstacles presented by homophobia and heterosexism to the Lesbian, Gay, Bisexual, and Transgender (LGBT) communities and to the straight community alike. The Network is sponsored and administered jointly by the Lesbian, Gay, Bisexual, and Transgender Resource Center of the Office of Inclusion and Intercultural Relations and the Sexual Orientation and Diversity Allies (SODA) Committee of the Counseling Center.*

*Because an initial meeting cannot cover all that is important, we have assembled this manual to supplement the training. There is information in the manual about a variety of topics that may be salient to you as an Ally. There are also monthly Ally Network meetings which are announced via the email listserv. These meetings provide a forum for additional training and discussion for those of us in the Network. Additionally, we maintain an e-mail listserv of all Allies to distribute information and to allow for further discussion. Feel free to direct any questions or comments you may have to this listserv by emailing Leslie Morrow at [lmorrow@illinois.edu](mailto:lmorrow@illinois.edu) and requesting that she send your message to the list. Meetings and future Ally Trainings will be advertised on the listserv. We hope that you will assist in disseminating information regarding the Ally Network by informing others of the events advertised on the listserv. Finally, because the manual is a work in progress, we welcome any comments and suggestions about its current form. We look forward to seeing you at future Ally meetings.*

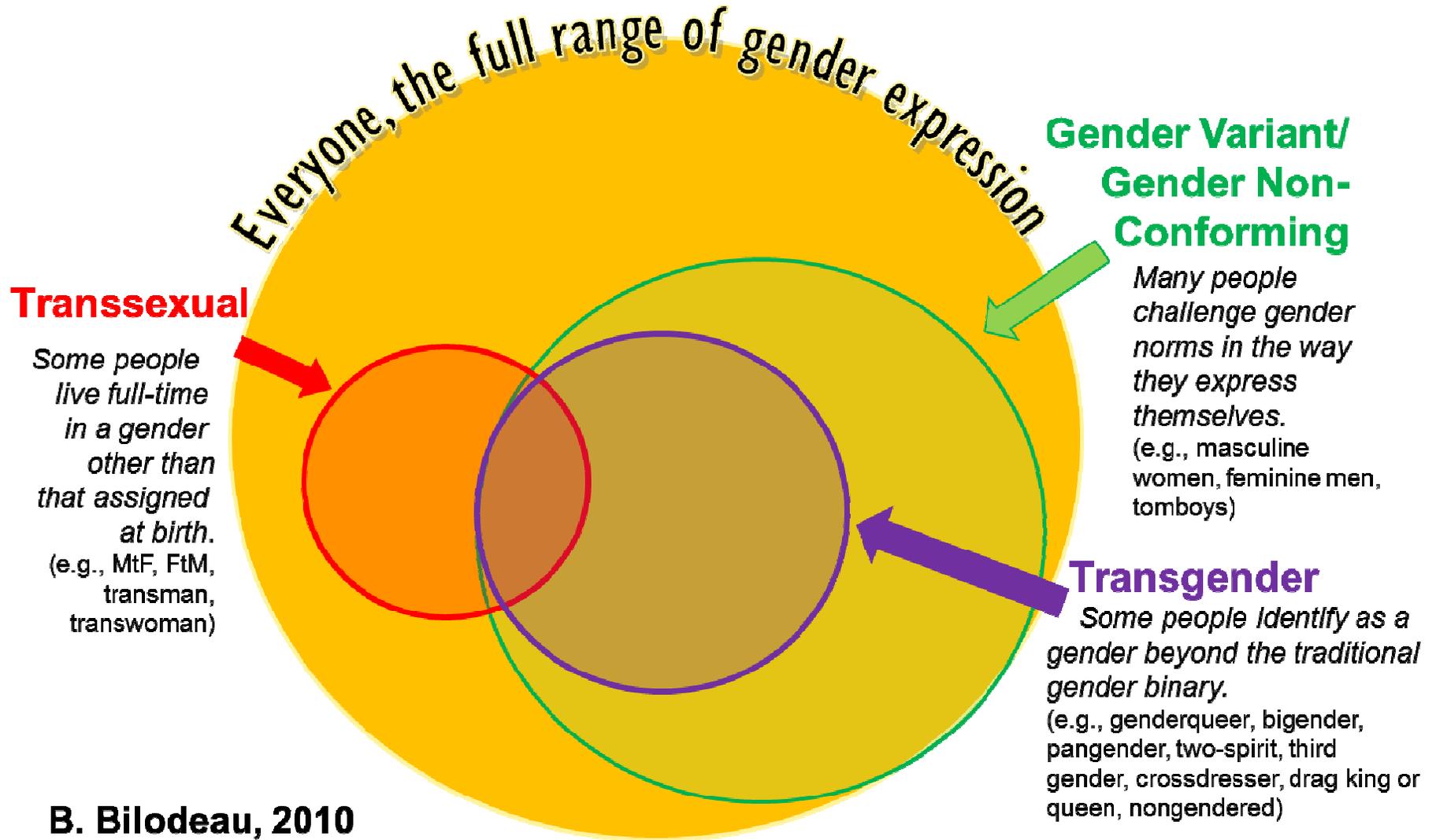
*Sincerely,*

*The Lesbian, Gay, Bisexual, and Transgender Resource Center and  
The Counseling Center SODA Committee*

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Models of Gender Identity



# My Gender Canvas

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Male



Female

## **Biological Sex:**

Often, the sexual characteristics the doctor observed when you were born

Male



Female

## **Genetic Sex:**

My genetic/chromosomal makeup

Man



Woman

## **Gender Identity:**

What I feel like on the inside

Masculine



Feminine

## **Gender Expression:**

What I show to the world

Women



Men

## **Sexual Orientation:**

Who I am attracted to, like, love

Masculine



Feminine

## **Gender Perception:**

How the world sees me

## Common Definitions

*Below is a list of common terms. It is important to keep in mind that each transgender person understands these words differently. Most importantly, listen to what transgender people say about how they identify themselves and wish to be understood.*

**Ally:** An individual from an agent or hegemonic group who rejects the dominant ideology and takes action based on the belief that eliminating oppression will benefit both agents and targets of oppression (Adams, Bell & Griffin, 2007).

**Cisgender, cissexual:** People whose gender identity and gender expression align with their assigned sex at birth (i.e., the sex listed on their birth certificates). Cisgender is a newer term that some people prefer when writing and speaking about transgender and non-transgender people, with the non-transgender people being referred to as “cisgender.” In this manner, a transgender person is not singled out as being different or not normal.

**Cisgenderism:** “The gender-entitled belief that all women are (or should be) feminine and men masculine” (Serano, 2007, p. 90).

**Crossdresser:** Someone who dresses in clothing generally identified with the opposite gender/sex. The majority of these individuals are heterosexual men. This term replaces “transvestite” which is not preferred due to its psychiatric, clinical and fetishistic connotations.

**Drag King or Drag Queen:** A biological female who dresses “masculine” or male-designated clothing (King) or a biological male who dresses “feminine” or female-designated clothing (Queen) usually on a part-time basis. Many are performing for theatrical or entertainment purposes.

**FTM:** FTM is an acronym that stands for “Female to Male.” This term reflects the direction of gender transition. It is often used to refer to someone who was born as biologically female but who identifies as male. Allies should avoid using this term to refer to someone. See trans man.

**Gender:** Gender refers to that which a society deems “masculine” or “feminine.” Most contemporary definitions stress how gender is socially and culturally produced and constructed, as opposed to being a fixed, static, coherent essence.

**Gender Anxiety:** Often a result of one’s gender entitlement, see below. “The act of becoming irrationally upset by or being made uncomfortable by the existence of those people who challenge or bring into question one’s gender entitlement” (Serano, 2007, p. 90).

**Gender Dysphoria:** A term of the psychiatric establishment which refers to a radical incongruence between an individual’s birth sex and their gender identity. A “gender dysphoric” person feels an irrevocable disconnect between their physical bodies and their mental sense of gender. Many in the transgender community find this term offensive or insulting as it often pathologizes the transgender individuals due to its association with the Diagnostic and Statistic Manual (DSM).

**Gender Entitlement:** “The arrogant conviction that one’s own beliefs, perceptions, and assumptions regarding gender and sexuality are more valid than those of other people” (Serano, 2007, p. 89).

**Gender Expression:** is how an individual chooses to express their gender. For example, regardless of their body or what they claim as a gender identity, if a person dresses and acts in a manner that is consistent with society’s definition of being female, that person is expressing a female gender.

**Gender Identity:** Refers to an individual’s innate sense of self as a man, woman, transgender or other gender category. Gender identity may change over time and may not accord to dichotomous gender categories.

**Gender Normative:** A person who by nature or by choice conforms to gender based expectations of society.

**Gender Role:** Refers to the traditional or stereotypical behavioral differences between men and women, as defined by the culture in which they live, in terms of, among others things, their gender expressions, the careers they pursue, and their duties within a family.

**Genderqueer:** an increasingly popular identity among some young gender variant people. It is often used by people who feel their gender identities don't fit easily into a male/female binary. An individual may feel like they are both male and female, neither, or a flexible transform between expressions or identities.

**Hermaphrodite:** An out-of-date and offensive term for a person born with genitals that show characteristics of both sexes.

**Intersex:** Technically, intersex is defined as "congenital anomaly of the reproductive and sexual system." Intersex people are born with external genitalia, internal reproductive organs, and/or endocrine system that are different from most other people. There is no single "intersex body"; it encompasses a wide variety of conditions that do not have anything in common except that they are deemed "abnormal" by the society. What makes intersex people similar is their experiences of medicalization, not biology. Generally speaking, intersex is not an identity category. While some intersex people do reclaim "intersex" as part of their identity, most regard it as a medical condition, or just a unique physical state. Most intersex people identify and live as ordinary men and women, and are gay, lesbian, bisexual, or straight.<sup>1</sup>

**MTF:** MTF is an acronym that stands for "Male to Female." The term reflects the direction of gender transition. It is often used to refer to an individual who was born biologically male but identifies as female. Allies should avoid using this term to refer to someone. See trans woman.

**Passing:** Describes a person's ability to be accepted as their preferred gender/sex or to be seen as heterosexual.

**Read:** To be read is the opposite of "passing." When a person is "read" someone is able to detect they are transgender, i.e. their assigned birth sex does not match their preferred gender role/expression.

**Sex:** Separate from gender, this term refers to the cluster of biological, chromosomal, and anatomical features associated with maleness and femaleness in the human body. Sexual dimorphism is often thought to be a concrete reality, whereas in reality the existence of intersex people points to a multiplicity of sexes in the human population. 'Sex' is often used synonymously with 'gender' in this culture. Although the two terms are related, they should be defined separately to differentiate the biological (sex) from the socio-cultural (gender).

**Sexual orientation:** refers to the gender of the persons that someone is attracted to, emotionally and physically, i.e., gay, lesbian, bisexual, heterosexual, and others in between, as well as asexual.

**Stealth:** This term refers to when a person chooses to not disclose in the public sphere about their gender history, either after transitioning or while successfully passing.

**Tranny:** A shortened version of transsexual or transgender. This term is almost always derogatory, unless self-applied and chosen by someone who is transgender or transsexual. Some people who are transgender may use the term, but this should not be mistaken as an invitation to use the term casually.

**Trans:** An abbreviation that is sometimes used to refer to a gender variant person. This use allows a person to state a gender variant identity without having to disclose hormonal or surgical status/intentions. This term is sometimes used to refer to the gender variant community as a whole.

**Trans man:** Used to refer to transgender person who has or is planning to transition from female to male. See FTM.

**Trans woman:** Used to refer to transgender person who has or is planning to transition from male to female. See MTF.

**Transgender:** refers to many different kinds of people who experience some discomfort with their assigned gender or expected gender role, including transsexuals, drag kings and queens, genderqueers, cross-dressers and other gender variant people.

**Transphobia:** Fear and hatred of all those individuals who transgress, violate or blur the dominant gender categories in a given society. Such attitudes lead to massive discrimination, violence and oppression against the transgender, gender variant, and genderqueer communities.

**Transsexual:** An individual who strongly dis-identifies with their birth sex. In many cases, they may wish to utilize hormones and/or sex reassignment surgery (or gender confirmation surgery) as a way to align their physical body with their internal gender identity. He or she can be pre-operative (“pre-op”), post-operative (“post-op”) or not intend to have an operation (“non-op”). The terms ‘pre-op,’ ‘post-op,’ and ‘non-op’ are in-group terms only. An ally should never inquire about a person’s operative status or intentions.

**Transgender Ally:** A person who is committed to working towards the fair and equal treatment of transgender individuals.

**Transgender Day of Remembrance (TDOR):** This day is observed annually on November 20<sup>th</sup> in remembrance of transgender people who have been the victims of violent and/or sexual crime. See <http://www.transgenderdor.org/>.

**Transgender Symbols:** These symbols include *modified biological symbols* which originated from a drawing by Holly Boswell; the astrological sign of Mercury; the Transgender Pride Flag; and the butterfly. In the *sign of Mercury*, the crescent moon at the top represents the masculine, the cross at the bottom represents the feminine, and the ring represents the individual, with the male and the female balanced at either side. The *Transgender Pride Flag* was designed by Monica Helms, and first shown at a pride parade in Phoenix, Arizona, USA in 2000. The flag represents the transgendered community and consists of five horizontal stripes, two light blue, two pink, with a white stripe in the center. Finally, the *butterfly* symbolizes transformation or metamorphosis.

**Two Spirit:** A term used in Native American cultures. A two-spirited person is often defined as a person is born one sex but ends up fulfilling the role assigned to both sexes. They are considered to be both male and female and are often revered.

## Pronouns

One of the most common ways we notice and acknowledge the way others express their gender is through the use of pronouns. Without realizing it, we say he/him/his when referring to someone we perceive to be male, and we say she/her/hers when referring to someone we perceive to be female. If you've ever had someone use the wrong pronoun when referring to you (say, over the phone or at a drive-through) then you know just how jarring and distressing it can feel! Thus, correct pronoun use is one of the most important ways you can be an ally to a transgender person. However, knowing what pronoun to use can sometimes be difficult.

Some transgender people prefer to use gender-neutral pronouns. Often, these people identify as genderqueer (see the definitions section for more info) and do not experience their gender as being distinctly male or female.

There are two sets of commonly used gender-neutral pronouns:

Instead of...	You may use...	Which is pronounced...
he/she	sie	“see”
	zie	“zee”
him/her	hir	“here”
	zir	Like “sir” with a “z”
his/hers	hirs	“here’s”
	zirs	Like “sirs” with a “z”
himself/herself	hirself	“here-self”
	zirself	Like “sir-self” with a “z”

Importantly, other transgender people DO experience their gender as being distinctly more male or more female (for example, those who identify as transsexual). Like many people, their gender may be expressed through secondary sex characteristics (body shape, presence or absence of facial hair or breasts) or through their behavior and their choice of first name, clothing, and hairstyle. Thus, it is generally appropriate to use male pronouns if someone goes by a male name and/or appears to be expressing a male gender, and female pronouns if someone goes by a female name and/or appears to be expressing a female gender.

***Since gender identity is an internal experience, it can be difficult to know which pronoun a person prefers. If you're not sure which to use, it's ok to politely ask! You can also use either the third person plural (they, them, their, themselves) or their first name (“that book is Sally’s” or “we’re going with Bert”) in place of a pronoun until it becomes more clear which pronoun is preferred. Of course, if someone expresses a clear preference regarding pronouns it is important to respect this request.***

## Myths & Facts about Transgender Individuals

Myth		Fact
1. Transgender individuals are mentally ill or unstable	⇒	Questioning one's gender or feelings of being born into the wrong body are not the result of a mental illness. However, transgender individuals are significantly more likely to experience psychological distress due to the oppression and stigmatization they face for being different.
2. All transgender individuals want to have sexual reassignment surgery.	⇒	Not all transgender individuals seek sexual reassignment surgery.
3. Transgender people are always gay, lesbian, or bisexual.	⇒	Sexual orientation is separate from gender identity.
4. Transgender people who choose to transition do so to become "straight".	⇒	Being transgender is about finding the most appropriate expression for each individual's gender identity-- they may or may not be sexually attracted to people of the opposite sex.
5. Transgender individuals have the same concerns as lesbian, gay, and bisexual individuals.	⇒	Transgender individuals have some similar concerns, but they also have different concerns, are discriminated against for different reasons, and face different prejudices and struggles than lesbian, gay, and bisexual individuals.
6. Lesbian, gay, and bisexual efforts at equality are equally inclusive of transgender issues.	⇒	Not all members of the lesbian, gay, and bisexual community are supportive, inclusive, or understanding of transgender issues, and not all efforts at equality include transgender individuals.
7. Transgender individuals are bringing on their own demise by choosing to go against norms.	⇒	In choosing to go against the norms, transgender individuals are only trying to express themselves in an honest way.
8. There were no transgender people in history.	⇒	Some historical transgender people include Milton Berle, Cam Lyman, and Billy Tipton.

- 
9. Being transgender is always a choice.      ⇨ Transgender is a broad term that encompasses many different people. Being transgender is extremely difficult; there is no evidence to suggest that it is a choice. As with sexual orientation, the choice is more in whether to deny or accept that one is transgender.
- 
10. Being transgender is based on how you were raised.      ⇨ Transgender individuals come from all different backgrounds including racial, ethnic, religious, nationality, socioeconomic status, geographic location, and parental and family structure.
- 
11. Transgender individuals are promiscuous.      ⇨ Similar to non-transgender people, transgender individuals form a variety of relationships. There is no research to support the idea that transgender individuals are any more promiscuous than non-transgender people.
- 
12. Being transgender is a phase.      ⇨ Being transgender generally involves a pattern that emerges over the course of one's life. Individuals may reject socially imposed gender roles and stereotypes in favor of a more flexible idea of personal and sexual identity.
- 
13. You can tell someone is transgender by looking at them.      ⇨ Many transgender individuals are able to "pass" without anyone knowing they are trans.
- 
14. Youth are not old enough to know if they are transgender or not.      ⇨ A large number of transgender individuals report feeling like a gender other than the one they were assigned at birth from an early age.
- 
15. "Coming out" is the same for transgender people as it is for lesbian, gay, and bisexual people.      ⇨ At times, transgender people may experience some of the same issues as LGB people (need for living an open life vs. fear of rejection/retaliation). However, their experiences are also shaped by the specifics of how society responds to transgender people. There is often a greater lack of understanding and false assumptions made about transgender individuals. Also, gender expression is visible to the world, making disclosure feel less controlled for some.
-

## Coming Out for Transgender Individuals

For many students, college is a time of identity growth and development. While this is partially an internal process, it also occurs within a social and cultural environment. For transgender students, this process occurs within a transphobic environment that privileges the gender dichotomy. Therefore, the process of “coming out” can be a complex one. This process involves self-awareness of identity, as well as disclosure of one’s gender status to others. Below, we present one conceptual model to help understand what many transgender individuals may be experiencing during their coming out process. While all models are too simple to capture the unique experience of the individual, we present the following as one way to understand the process many transgender individuals may experience. We also hope that it presents ways in which Allies can respond to contribute to a more positive experience. How you respond as an Ally to someone coming out can be critically important to an individual’s psychological well-being and can assist them in the coming out process.

1. **Identity awareness:** occurs when an individual develops an awareness of one’s transgender identity and potentially discloses this identity to others.
  1. Remaining in the closet about one’s gender identity may be a factor in emotional distress (Cole et al. 2000).
    1. 71% of participants indicated that they have experienced mild, moderate, or severe depression that substantially affected a major life activity (Beemyn & Rankin, in press).
    2. 50-88% of transgender youth have considered or attempted suicide (Korell & Lorah, 2007).
    3. Estrangement from the body can cause individuals who are transgender to experience heightened body dissatisfaction and excessive concern about appearance (Lev, 2007)
  2. Disclosing important facets about one’s self-concept has long been implicated in positive mental health (Jourard, 1971).
    1. Transgender individuals report a sense of relief, joy, and peace at being able to acknowledge their true selves.
2. **Identity performance:** occurs when transgender individuals behave in ways that are congruent with their identified gender identity.
  1. A failure to behave in ways consistent with gender identity can negatively impact mental health even if one’s transgender identity is revealed to others.
  2. Behaving in congruent ways may produce a sense of well-being.
3. **Identity congruence:** occurs when others respond to transgender individuals in ways that are congruent with the previously disclosed gender identity.
  1. A failure of significant others to respond in ways that recognize one’s disclosed transgender identity may be distressing.
  2. Responding to one’s identity contributes to mental health. Celebrating this identity offers emotional support and legitimizes it
4. **Identity support:** occurs when others respond in positive, supportive behaviors to one’s transgender identity.
  1. The way in which a significant other responds to one’s transgender identity (rejection versus support) critically impacts the well-being of transgender individuals (Boswell, 1998). When transgender youth experience positive reactions from parents, they have been found to have higher self-esteem and self-acceptance (Morrow & Messinger, 2006).

## States of Transgender Emergence

Below is an additional model created by Arlene Lev (2004) to describe the coming out process.

1. **Awareness** – In the first stage, gender-variant people are often in great distress. Normalizing their experiences is critical during this stage.
2. **Seeking information/reaching out** – In the second stage, gender-variant people seek to gain education and support transgenderism. Getting connected to the community and being involved in outreach are potential steps taken during this stage.
3. **Disclosure to significant others** – The third stage involves the disclosure of transgenderism to significant others – spouses, partners, family members, and friends. Individuals are working towards integration and congruence with relationships they have.
4. **Exploration: Identity and self-labeling** – The fourth stage involves the exploration of various (transgender) identities. Working towards articulation and comfort with one's gendered identity.
5. **Exploration: Transition issues/possible body modification** – The fifth stage involves exploring options for transition regarding identity, presentation, and body modification.
6. **Integration: Acceptance and post-transition issues** – In the sixth stage the gender-variant person is able to integrate and synthesize (transgender) identity.

Lev, A. (2004). *Transgender Emergence: Therapeutic Guidelines for working with Gender-Variant People and their Families*. Hawthorn Press.

See [http://www.hrc.org/documents/transgender\\_visibility\\_guide.pdf](http://www.hrc.org/documents/transgender_visibility_guide.pdf) for a resource about the coming out process.

## Health Concerns for Transgender Individuals

Transgender individuals face a number of health-related concerns. Some of these medical issues are specific to their transgender status, such as physically transitioning from one sex to the other. Other health issues are the same as non-transgender individuals; however they face additional concerns regarding seeking treatment.

### *Standards of Health Care*

Many health care professionals follow the **World Professional Association for Transgender Health (WPATH)'s Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7<sup>th</sup> version** (2011), formerly known as **The Harry Benjamin International Gender Dysphoria Association (HBIGDA)'s Standards of Care for Gender Identity Disorders**. These provide a widely followed set of guidelines which are updated regularly by professionals in the fields of psychiatry, endocrinology, surgery, law, psychology, sociology, and counseling. For a copy of the guidelines, go to <http://www.wpath.org/documents/Standards of Care V7 - 2011 WPATH.pdf>

Another set of standards, the **Health Law Standards of Care for Transsexualism**, also called the **ICTLEP** guidelines, were first adopted at the 2nd International Conference on Transgender Law and Employment Policy, August 1993 in Houston, Texas, U.S.A. The ICTLEP guidelines detailed the standards necessary for meeting legal requirements of informed consent and eliminated the need for therapeutic interventions. See [http://www.transgendercare.com/guidance/resources/ictlep\\_soc.htm](http://www.transgendercare.com/guidance/resources/ictlep_soc.htm) for a copy of the standards. The development of these standards has been instrumental in the shaping of the current WPATH standards.

### *Physical Concerns*

Transgender individuals face the same health concerns as non-transgender people; however are significantly less likely to seek treatment or advice from medical professionals. Fear of discrimination is a major barrier to accessing healthcare services. It is not uncommon for transgender individuals to experience insensitivity from service providers, including (but not limited to) medical professionals using the wrong pronoun (he or she) when referring to their patient. Another barrier to accessing services is financial. Statistically, 64% of transgender people make less than \$25,000/year and 40% are uninsured.

In addition to this, transsexual people face unique health concerns. It is not uncommon for FTM persons to dissociate from their breasts and/or genitals. The physical and/or emotional discomfort experienced by the individual, as well as the difficulty in finding a practitioner sensitive to their needs, makes FTM individuals less likely to receive regular gynecological and breast exams. FTM persons who have had mastectomies may still need to continue to have breast exams even after transitioning, as some breast tissue may still be present.

If a FTM person chooses to take testosterone, this may carry with it several health concerns, as well. Due to the cost of medications and lack of health insurance, some transgender people seek hormone treatments on the “black market”. This is very dangerous as it limits access to clean needles and the dosages may be too high (or too low) as they are not being checked by a medical provider. Even when under the care of a physician, testosterone has several potential side effects including: high blood pressure, high cholesterol, and liver problems.

For MTFs, the use of estrogen also has several side effects: blood clots, mood swings, and stroke. Smoking while taking estrogen increases the risk of potentially fatal side effects (heart attack and stroke).

Prior to physically transitioning, both FTMs and MTFs must consider the issue of procreation. While taking testosterone it is still possible to get pregnant and while taking estrogen it is still possible to impregnate someone, so it is important to take precautions if the person does not wish for pregnancy to occur. Freezing sperm or eggs is also an option for transgender people to consider prior to transitioning.

### ***Making the Transition***

There are several medical steps during transition. Some transgender people will not go through any of these steps. Some will only go through one or two, while others will complete each of them. Many who transition from male to female will make efforts to manage facial and body hair through a variety of hair removal techniques. Others who are medically able may take hormones which include testosterone for trans men and estrogen, spironolactone, and/or progesterone for trans women. Transgender individuals may also take non-surgical measures to de-emphasize certain body parts.

Some individuals choose cosmetic surgery including breast augmentation/reduction/removal (often called ‘top surgery’); facial reconstruction; Adam’s apple reduction, or hip enlargement. Finally, others may pursue sexual reassignment or gender affirmation surgery (often called ‘bottom surgery’). Surgeries for individuals transitioning from male to female include orchiectomy (removal of the testicles), vaginoplasty (transforms penis into vagina), and labiaplasty (creates labia and clitoral hood). Surgical options for female-to-male individuals include metoidioplasty (creates small penis from overdeveloped clitoris); scrotoplasty (formation of the scrotum); vaginectomy or colpectomy (removal of the vagina); urethral lengthening (to allow for urination while standing); hysterectomy or oophorectomy (removal of uterus and ovaries, respectively); and phalloplasty (creation of the phallus). Standards of care for surgeries involving removal of genital tissue are less rigorous than those for surgeries involving genital building.

In addition to the medical aspects to transitioning, there are other physical aspects to consider including skin care (e.g., make-up vs. no make-up), handwriting, gender congruent movement (e.g., walking), clothing, and voice training (e.g., speaking in a higher or lower pitch).

### ***Mental Health Concerns***

Those struggling with gender identity issues are at an increased risk of depression, anxiety, and suicide. This is often due to a lack of social support and society’s intolerance of transgender individuals and those who do not conform to rigid gender roles and guidelines. Very few mental health providers have experience working with transgender clients. This can make accessing culturally sensitive and appropriate services difficult. In addition, transgender individuals may be reluctant to seek out mental health services due to previous negative experiences.

According to the WPATH standards, in order for a transgender person to physically transition from their birth sex to the sex they identify as they must be diagnosed with Gender Identity Disorder (GID) which includes some amount of gender dysphoria. The American Psychiatric Association (APA) defines gender dysphoria as a state of emotional distress associated with an awareness of incongruity between one’s biological sex and gender identity<sup>ii</sup>. The APA has proposed changes to the GID diagnosis. The new proposed diagnosis would be Gender Dysphoria which, unlike GID now, would

NOT be a lifetime diagnosis (e.g., it would be expected to resolve with treatment) unless the diagnosis were necessary to continue treatment (such as hormonal treatment). Some debate exists about the requirement that transgender people be diagnosed with a mental illness prior to being able to undergo surgery or hormone treatment. While some argue that this diagnosis tends to increase the stigmatization that transgender people face, others argue that the diagnosis validates their concerns and makes medical intervention and insurance coverage possible. In addition, transgender people need to obtain one documentation letter in order to obtain hormone therapy and two letters to obtain surgery. Diagnosis is not always required even when letters are. Obtaining these letters usually requires individuals to engage in therapy, which can result in additional expenses. Some providers following the ICTLEP standards may not require these types of letters or a diagnosis, although insurance companies may still require the diagnosis.

### ***Seeking Healthcare Services***

Transgender people may be reluctant to seek healthcare advice due to fear of discrimination or past experiences with insensitive medical providers. Many health insurance companies will not cover hormone therapy or sex-reassignment surgery. For those seeking to physically transition from one sex to another, finding an experienced physician and surgeon can be difficult. Refer to [http://www.hrc.org/issues/workplace/search.asp?form=private\\_quick\\_search.aspx](http://www.hrc.org/issues/workplace/search.asp?form=private_quick_search.aspx). This helpful link from HRC can be used to search for companies that have non-discrimination policies for gender-identity and/or companies that provide health insurances that explicitly covers transition.

### ***Health Insurance and Under Insurance for Transgender Individuals***

According to a national survey, only 30% to 40% of transgender individuals utilize any regular medical care. Indeed, transgender persons may have difficulty identifying competent and compassionate providers with transgender patient experience. Clements-Nolle K, Marx R, & Guzman R. (2001) found that 52% of transgender residents of San Francisco lack health insurance.

According to the Human Rights Campaign (2009), discrimination against transgender individuals in regards to health insurance can take the following forms:

- Denial of health insurance coverage, where someone is denied any health insurance on the basis of gender identity. The Transgender Law Center has documented cases in which health insurance companies and medical providers have denied coverage to transgender people when they became aware of an applicant's transgender status or prior treatment and medical history related to gender transition. In 2007, the American Medical Association declared its opposition to this practice.
- Denial of coverage for claims related to gender transition, including claims arising from complications from medical treatment for gender transition.
- Denial of coverage for claims for gender-specific care based on the person's gender marker on insurance. For example, a male-to-female person who develops prostate cancer, or a female-to-male person who develops ovarian cancer.
- Denial of coverage for claims unrelated to gender transition. For example, an insurer argues that a medical concern is the direct or indirect result of transgender-related treatment such as hormone therapy.

The Transgender Law Center ([www.transgenderlaw.org](http://www.transgenderlaw.org)) lists four major problems that exist for transgender individuals trying to access healthcare:

1. Private health insurance companies deny coverage to transgender people

2. Public and private health insurance companies exclude transgender related services from coverage
3. Health insurance companies and medical providers rely on the gender binary system and require that everyone identify themselves as either male or female
4. Many medical providers are transphobic

Recently, insurance companies have begun to claim that transsexual procedures are not medically necessary. When encountering such terms as experimental and medically necessary it is helpful to refer to the definitions of these terms as often used in medical practice. One useful glossary is on the Lucent benefits web site at <http://216.220.43.231/mgt/library/mep/content.asp>. The set of definitions can be found at <http://216.220.43.231/mgt/library/mep/pdf/terms.pdf>. When referring to these terms, language such as "standard, tested and accepted effective practice by the medical community at large" and "recognized standards of the health care specialty involved" will be found. It is useful to follow the logic of this standard. A transsexual individual is usually diagnosed with "Gender Identity Disorder", 302.85 in the DSM IV. Following the accepted psychological, psychiatric, and medical treatment for this diagnosis, many providers follow the WPATH standards which outline the appropriate and effective treatment for Gender Identity Disorder, including counseling, medical, and surgical. Applying the definitions, most practitioners will conclude that the treatments are indeed medically necessary by the recognized standards for medical necessity.

According to the Human Rights Campaign ([www.hrc.org](http://www.hrc.org)), it may be easier for large businesses to offer commercial group health insurance with more inclusive coverage. Smaller employees may need to work very hard to gain inclusive benefits with their providers. In some states, insurance providers will offer access to transgender-related services through commercial plans. However, it is the employer's responsibility to ask for coverage and to provide the insurer with information regarding alternative coverage opportunities. Early on, small employers, including HRC, provided some coverage for transgender-related care by offering a self-insured benefit outside the standard plan.

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## Legal Issues for Transgender Individuals

### *Identification and Name Change*

For many transgender individuals, issues related to identification can take on major importance. It may not only be a matter of identity congruence to have documentation that matches one's gender identity, it may also be a matter of safety. For example, a person presenting as male with a female driver's license may have difficulty traveling safely. Changing one's name, social security card, driver's license, birth certificate, and passport involve a number of complicated and time-consuming steps. While transitioning, a person may not appear to match their documentation even after the paperwork changes have been made. During this time, they must either restrict where they go and what they do, or they must obtain Letters of Safe Passage. These are typically written by a counselor or physician explaining inconsistencies in sex and/or name between documentation and physical presentation. These letters still do not guarantee respect or acknowledgement of changes.

Transgender individuals need to pay special attention to the issue of airport security. New security measures pose special risks. See <http://www.gender.org/advisories/airports.html> for more information.

The rules and requirements for changing one's name are the same for transgender individuals as they are for anyone. For information on steps necessary for some paperwork changes, peruse the following resources:

- [http://www.illinoislegalaid.org/index.cfm?fuseaction=home.dsp\\_Content&contentID=5117](http://www.illinoislegalaid.org/index.cfm?fuseaction=home.dsp_Content&contentID=5117)
- [http://www.cccircuitclerk.com/forms/Fillable\\_Order\\_for\\_Change\\_of\\_Name.pdf](http://www.cccircuitclerk.com/forms/Fillable_Order_for_Change_of_Name.pdf)
- <http://www.odos.uiuc.edu/sls/brochureAds/downloads/NameChange.pdf>
- Chapter 735 of the Illinois Compiled Statutes, Section 5/21-101 et seq. or consult an attorney. <http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=073500050K21-101>
- Sections 5/21-103 (<http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=073500050K21-103>) and Sections 5/21-104

To change one's gender marker on a state of Illinois birth certificate, a person must have a physician or surgeon attest that gender re-assignment surgery has occurred.

- <http://www.idph.state.il.us/vitalrecords/gender.htm> - (Note: The ACLU recently succeeded in suing the state of Illinois to remove the requirement that genital surgery be completed before birth-certificates can be corrected.)

To change one's gender marker on a driver's license or social security card, one need only have a letter indicating that one is in the process of completing gender reassignment. See Transgender Road Map (<http://www.tsroadmap.com/reality/drivers-license.html>).

For the University of Illinois, specific name change information for employees and students can be accessed on the Enterprise System under "Personal Information." After a person has had their name legally changed in court, they need to update their social security card. A letter from a physician or therapist can also be presented to the social security agency to change a person's gender marker in the Social Security system. Faculty, staff, and student employees can present their updated social security card to their HR person in order to change their name in the University of Illinois Banner system. Faculty, staff, and student-employees can change their gender marker in the UIUC system at any time

by clicking on the Employee Information Link on the Nessie webpage (<https://nessie.uihr.uillinois.edu/cf/info/index.cfm>).

Students who are not employees can have their name changed in the Banner system by presenting their court documents to the Registration and Records department. For students it is important to note that the Compass system, the Moodle system, the UIUC library, the UIUC Counseling Center, and the McKinley Health Center all keep separate records. Thus, name changes must be made in each of these separate systems.

***Relevant Legislation***

For information regarding legislation, see the following resources:

- Employment Non-Discrimination Act (ENDA)  
<http://www.hrc.org/sites/passendanow/index.asp>
- Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act (Public Law No. 111-84)  
[http://www.hrc.org/laws\\_and\\_elections/5660.htm](http://www.hrc.org/laws_and_elections/5660.htm)

## Other Barriers Transgender Individuals Face

Below are potential barriers Allies should be aware of that may negatively affect a transgender individual's experience.

1. Lack of social support:
  - a. Mental state and health are affected by how much transgender identity is incorporated into social relationships and supported (or not supported) by others.
2. Discrimination:
  - a. Discrimination is widespread. Some places where discrimination occurs include the military, athletics, housing, Olympics with their gender verification, DMV, medical treatment, social services, work, employment, etc.
3. Harassment and abuse
4. Sexual Violence:
  - a. ~50% of transgender individuals report unwanted sexual activity
5. Physical Violence:
  - a. High rates of multiple victimization of physical violence, and the perpetrators are often people known to the victim
6. Financial struggles:
  - a. Jessica Xavier (2000) study reveals that between 1998 and 2000
    - \* 1/3 of transpeople earning \$10,000 or less per year
    - \* 29% respondents unemployed
    - \* 1 in 4 respondents reported being satisfied with his/her housing situation
    - \* 15% reported losing job due to discrimination in workplace
    - \* Homeless Centers are segregated by sex and/or not safe for transgender people.
  - b. Another study in San Francisco (Transgender Law Center) states
    - \* 64% transpeople made less than \$25,000 a year
    - \* Over 40% did not have health insurance
    - \* 1 in 5 did not have stable housing
  - c. Many homeless transgender individuals are unable to access shelters due to gendered facilities
    - i. When they can access shelters, those taking hormones may experience difficulties due to lack of storage areas, theft, difficulty obtaining meds, and lack of a standard routine.
7. Expectations of heterosexuality:
  - a. Some practitioners do not "believe" that a transgender individual might be gay, lesbian, or bisexual after transitioning. This notion is a conflation of sexual orientation and gender identity.
8. Society-induced psychological consequences due to transphobia:
  - a. Shame, poor self-esteem, fear, anger, guilt
9. In some cases, required counseling and possible diagnosis to achieve hormonal therapy and/or sexual reassignment surgery:
  - a. Individuals needing a diagnosis must acknowledge and be open about a diagnosis of Gender Identity Disorder (GID). The diagnosis isn't always required even when the letters from clinicians are. Many clinicians are clever in never expressly stating the diagnosis. The APA has proposed changes to the GID diagnosis. It has been proposed to be changed to Gender Incongruence which, unlike GID now, would NOT be a lifetime diagnosis (e.g., it would be expected to resolve with treatment).

## Violence Against Transgender Individuals

*“In my neighborhood, either they want to beat you up or they want a free blow job.” Interviewee (Bockting, Robinson, & Rosser, 1998)*

*“At various times in their lives gender nonconformists become the focus of attention of people or groups who are emotionally invested in enforcing gender norms. Experience demonstrates that this attention is rarely friendly; rather, it often takes the form of hate and violence; as Herek (1990, p. 328) points out, “. . . the importance of gender nonconformity remains relatively unchanged: People who transgress gender roles remain at the low end of the hierarchy of acceptability. . .” (Lombardi, Wilchins, Priesing, & Malouf, 2001).*

### **Sexual Violence**

The most common finding across surveys and needs assessments is that about 50% of transgender persons report unwanted sexual activity.

- Clements-Nolle, Marx, & Katz (2006) surveyed 515 MTFs and FTMs and found that 59% reported a history of forced sex or rape.
- Garofalo, Osmer, Doll, & Harper (2006) also found her/his survey of 51 MTF youths that 52% reported unwanted sexual intercourse
- Kenagy (2005) found that 54% of participants reported that they had been forced to have sex.
- The report with the highest percentage of people who reported being either directly involved or secondary victims (i.e., witnesses) of sexual violence was the FORGE (2005) report, which had 66% of their 264 respondents in the mid-west state that they had been the victims or witnesses of sexual violence, and 23% had been the victims or witnesses of five or more incidences of sexual violence

### **Physical Violence**

*“People have tried to kill me since I was a child” Interviewee (Witten & Eyler, 1999, p. 461)*

Similar to sexual violence, physical violence is occurring at high rates, happens often, and takes a variety of forms from physical assault to attempted bombings and abductions. In addition, transgender people have high rates of multiple victimization of physical violence, and the perpetrators are often people known to the victim.

- In a survey of 403 transgender people, 78% reported having been verbally harassed and 48% reported having been victims of assault, including assault with a weapon, sexual assault or rape.
- 55% of transgender youth report being physically attacked. \*GLSEN. (2003). The 2003 national school climate survey: the school related experiences of our nation’s lesbian, gay, bisexual and transgender youth.
- According to Xavier, Honnold, & Bradford (2007), among trans-Virginians, 40% reported experiencing physical assaults (since age 13), and the mean age of the first physical assault was at 16 years old. Of those who had reported being victimized, 18% reported one incident, 23% reported two incidents, 30% reported three to five incidents, 17% reported six to 19 incidents, and 12% reported 20 or more incidents of physical violence.
- Valera, Sawyer, & Schiraldi (2000) found that among MTF sex workers in Washington D.C., 65% had been physically assaulted, and that the most common perpetrator was a customer (71%).
- Cohan, Lutnick, Davidson, Cloniger, Herlyn, & Breyer (2006) found that among 126 sex workers in San Francisco, 53% had experienced sex work related violence, which was higher and significantly different from the percent of male or female prostitutes who reported violence.

- Kenagy and Bostwick (2005) found that 66% of respondents reported experiencing violence in their home, while Kenagy (2005) found that 56.3% of participants reported experiencing violence in the home, with a statistically significant difference between MTFs (67.3%) and FTMs (38.7%).

### ***Harassment, Emotional, Verbal, and Other Forms of Violence***

- 74% of transgender youth reported being sexually harassed at school, and 90% of transgender youth reported feeling unsafe at school because of their gender expression (GLSEN. The 2001 national school climate survey: the school related experiences of our nation's lesbian, gay, bisexual and transgender youth.)
- Witten (2003) reported that 48% of respondents felt that they had experienced harassment due to their transgender status at some point in their lives.
- Witten (2003) also found that 67% of those participating in the Transscience Longitudinal Aging Research Study reported having experienced emotional abuse violence, 26% had experienced some type of neglect, and 8% had experienced exploitation. In addition, when asked specifically about crimes based on their gender identity, 23% reported that they had been victims of sexual harassment, and 41% had been followed or stalked.
- Clements-Nolle et al. (2006) specifically asked whether or not their participants had experienced "verbal gender victimization," and 63% of their respondents answered that they had experienced verbal gender victimization.

### ***Reporting Violence***

Within the transgender community it is often reported that interacting with authorities invites a certain level of possible victimization, or re-victimization. Only two studies directly ask about reporting sexual assault to the police. Xavier et al. (2007) found that 83% of victims of sexual assaults did not report any of the incidences to the police. The FORGE (2005) report found that only 9% of victims reported their sexual assaults to police, and that 47.5% did not tell ANYONE about their sexual assault. An interesting finding that might elucidate the lack of reporting to authorities was the fact that victims reported that 4.9% of incidences of sexual violence were perpetrated by police, and in 5.9% of cases the perpetrators was a social service or health care provider.

To report bias-motivated incidents (anti-transgender violence or harassment) on campus, look for information at [www.odos.uiuc.edu/tolerance](http://www.odos.uiuc.edu/tolerance) or call the Office of the Dean of Students 24 hours a day, 7 days a week at (217) 333-0050.

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# Ways that U.S. Colleges and Universities Meet the Day-to-Day Needs of Transgender Students

by Brett-Genny Janiczek Beemyn for the Transgender Law and Policy Institute

## *Health Care*

Most colleges and universities fail to meet the basic health-care needs of transgender students. Because campus health and counseling center staffs typically lack training on transgender issues, many practitioners are not sensitive to or knowledgeable about the medical needs of transgender students. Even transgender students who encounter respectful and informed health center staff often cannot receive proper medical treatment, as most college insurance plans specifically exclude coverage for gender confirmation surgeries and related conditions, including hormone replacement therapy. To begin to provide better services to transgender students, the health and counseling centers at **Cornell University**, **New York University**, **Ohio State University**, **Princeton University**, **the University of California**, **Riverside**, and a number of other colleges and universities require or strongly encourage their staffs to attend a training on transgender issues.

Some campus health centers are also implementing structural and procedural changes to create a more welcoming environment for transgender students. **New York University**, for example, has developed private changing rooms and gender-neutral bathrooms for patient use, offers women's health exams outside of women's health services in cases where students are not comfortable in a women's space, and allows for students to have their preferred name used on medical records and announced when they are seen for an appointment. These trans-inclusive practices are outlined in a brochure created by the university's Office of LGBT Student Services (available online at <http://www.nyu.edu/lgbt/transbrochure.pdf>).

Although more students are coming out as transsexual and seeking to transition during their college years, campuses have been slow to address their health-care needs by covering hormones and gender confirmation surgeries in health insurance plans. Only a few institutions, including **Emerson College**, **Harvard University**, **Ohio State University**, **Penn State University**, and **Suffolk University**, explicitly include hormone coverage for transitioning undergraduates. At some campuses, supportive physicians will provide transsexual students with a different diagnosis, such as an "endocrine deficiency," so that their insurance will pay for the cost. But students should not have to depend on finding a sympathetic doctor or have to hide their gender identities to receive appropriate, affordable health care. In 2004, **the University of California system** established an important precedent by changing its insurance plans to cover hormones, psychotherapy, and gender confirmation surgeries for its transsexual staff members and their spouses/domestic partners and children. For a full list of colleges and universities that cover transition-related medical expenses see this link: <http://www.transgenderlaw.org/college/index.htm#health>.

## *Residence Halls*

Most colleges and universities assign housing based strictly on the individual's birth gender and have residence halls designated as single-sex by building and/or room. As a result, transgender students often lack safe and comfortable on-campus housing options. Schools are beginning to address this issue in a number of ways.

As a first step, some campuses are enacting a policy that supports transgender students in obtaining

suitable, safe housing that is in keeping with their gender identity/expression. **Ithaca College, Ohio State University, the University of California, Riverside, the University of Minnesota, and the University of Wisconsin** are among the institutions with model trans-related housing statements. The University of California, Riverside's policy is available at <http://out.ucr.edu/campus/transpolicy.htm>.

Besides implementing supportive policy statements, a growing number of colleges and universities are creating gender-neutral housing options, in which students are assigned a roommate regardless of gender. The type and extent of gender-neutral housing offered varies by campus, and may involve individual suites, a hallway or floor, particular buildings or areas of buildings, or the majority of residence halls. More than 25 colleges and universities offer a gender-neutral housing option, from large, public universities like **the University of California, Riverside** and **the University of Southern Maine**, to small, private liberal arts institutions like **Bennington College** and **Oberlin College**. A complete list of campuses with gender-neutral accommodations and the specific school policies is available from the National Student Genderblind Campaign: <http://www.genderblind.org/research.pdf>.

Lesbian, gay, bisexual, transgender, and ally (LGBTQA) living-learning programs or theme floors/houses offer another trans-supportive housing option. These programs typically include gender-neutral rooms and bathrooms. More than a dozen colleges and universities have established LGBTQA housing, including **Beloit College; Carleton College; Syracuse University; Tufts University; the University of California at Berkeley, Davis, Irvine, Riverside, and Santa Barbara; the University of Colorado, Boulder; the University of Iowa; the University of Massachusetts, Amherst; the University of Minnesota, Twin Cities; and the University of Vermont**.

### ***Bathrooms***

Because gender-diverse students are often subject to harassment and violence when using male- or female-specific campus restrooms, a rapidly growing number of colleges and universities are creating gender-neutral bathrooms, either through renovations or by simply changing the signs on single-stall male/female restrooms. Currently, more than 150 campuses have gender-neutral bathrooms, including **Oberlin College**, which has two gender-neutral bathrooms in its student union and at least one in every residence hall; **the University of California, San Diego**, which has changed male/female signs on 88 single-stall restrooms in campus buildings; and **the New College of California**, where all campus bathrooms are gender-neutral. Many of the colleges and universities with gender-neutral bathrooms, including **New York University, Ohio University, UCLA, and the University of Colorado, Boulder**, list the locations of these restrooms on their websites.

Along with developing gender-neutral restrooms, some institutions, such as **American University, Kent State University, Ohio State University, the University of California, Santa Barbara, and Washington State University**, have implemented or are in the process of implementing policies requiring that all extensively renovated and newly constructed buildings include at least one gender-neutral bathroom.

The **University of Arizona** has established a bathroom policy that affirms that individuals have the right to use the bathroom that corresponds with their gender identity. The statement is available at <http://fp.arizona.edu/affirm/restroomaccess.htm>.

### ***Locker Rooms***

As with male and female bathrooms, public locker and shower rooms can be uncomfortable,

intimidating, and even dangerous places for transgender students, who may be outed as transgender if they have to undress in front of others. Partly in response to this issue, a growing number of campuses, including **Ohio State University**, **the University of Maryland**, and **the University of Oregon**, have created private changing rooms when they have renovated or built new recreation centers. These facilities not only serve the needs of transgender students, but also parents with children of a different gender than themselves, people with disabilities who require the assistance of an attendant of a different gender, and anyone desiring greater privacy.

### ***Forms***

Having a "sex" category on forms that is limited to "Male" and "Female" makes transgender students feel disregarded, and with no means to identify themselves, they remain invisible to administrators and their needs continue to be overlooked. With these concerns in mind, some colleges and universities are changing forms in housing, admissions, health-care, and other areas of campus life where gender needs to be asked to enable transgender students to self-identify. For example, **Oberlin College** and **the University of Hawaii** ask "Gender: Male, Female, Transgender," and **Tufts University** and **the University of Oregon** ask "Gender: \_\_\_\_\_," on their housing applications. **Duke University** has students fill-in their gender on its admissions application.

### ***Records and Documents***

Being able to alter their records and documents is personally and legally important for many transgender students. Not only does having the appropriate name and gender listed reflect and validate their identity, but it can also allow them to avoid constantly having to explain why they use a name different from their birth name and why their appearance does not match a photo or gender designation on an identification card. Moreover, updated records and documents can ensure that transgender students will not be outed and will help protect them from discrimination when they apply for jobs, seek admission to graduate and professional schools, and at any other time that they must show a college document. Colleges and universities are addressing this issue by establishing simple procedures for transgender students to change their name and gender designation on all of their campus records, including identification cards, listings in electronic and print directories, and files in admissions, financial aid, the registrar's office, and the health center.

At **the University of Utah** and **the University of Oregon**, transgender students can change the gender designation on their main college record without evidence that they have had gender confirmation surgeries (GCS). Not requiring medical intervention is important, as most transitioning students are not in a position to have GCS, even if they desire it. At **Ohio State University** and **the University of Maryland**, transgender students can change the gender listed on their records by obtaining a letter of support from a mental health professional.

At **the University of Michigan** and **the University of Massachusetts, Amherst**, students can request that a preferred name be used instead of their legal name on course rosters and in various university information systems. Students do not need to have their name legally changed first. An FAQ about the University of Michigan policy can be found at <http://www.umich.edu/%7Eolicies/preferrednamesFAQ.html>.

At **the University of Vermont**, transgender students who are not yet able to change their name legally can still request an identification card with a name other than their birth name. Transgender students at **American University** and **the University of Illinois, Chicago** can request a new ID at no cost that has a gender-appropriate picture and that uses only their last name and the initial of their first name.

# **Important Aspects of Being an Ally to Transgender People<sup>iii</sup>**

## ***1. Awareness / Accessing Resources***

- Think about your own gender identity and how you express gender (often in ways that may garner unearned privileges).
- Be aware of the ways you are similar and different from transgender people.
- Listen to transgender voices. Read about transgender people and their lives, and check out relevant websites. Have conversations with transgender people.
- Pay attention to the ways you make gendered assumptions, use gendered language, and hold conceptions about gender-appropriate roles and behaviors. Work towards challenging these ideas and behaviors.
- Examine your own attitudes toward transgender people and work towards challenging those attitudes.
- Work towards acceptance that understanding gender requires willingness to struggle with complexity.
- Be aware that not all transgender people have the same experiences and consciousness about gender identity and transgender political movements.

## ***2. Knowledge / Education***

- Do your own work.
- Become educated on the issues, facts, statistics, laws, policies and culture of transgender people.
- Develop a general understanding of hormone therapy, surgical reassignment procedures, and other medical processes related to transition, and experiences with discrimination.
- Gain knowledge of referral and consultation resources at local, state, and national levels.
- Teach others what you have learned.

## ***3. Creating an Open and Supportive Environment***

- Validate people's gender expression through your language. Always use language that corresponds to a person's preferred gender identity, even if the individual's body does not seem to match yet and even when talking about their past. Correct yourself if you make a mistake in reference and carry on. It is normal to make mistakes when you are still adjusting. Use the word transgender (or trans) as an adjective to describe a person, not as a noun unto itself. If you don't know what pronouns to use, ask politely and respectfully. Then, use that pronoun and encourage others to do as well.
- Use non-gendered language when possible to avoid making gender assumptions. Refer to people by name, instead of calling them sir/ma'am or Mr./Ms.
- Be receptive to transgender students coming out.
- Acknowledge and talk about differences.
- Accept transgender people as full-fledged members of the gender with which they identify.
- Display your sticker and poster!

## ***4. Take Action***

- Be out and public about your support.
- Speak on behalf of targeted individuals.
- Encourage LGB communities to learn about transgender issues.
- Assess and improve the institutional climate. Work to change campus policies in areas such as housing, employment, student records and forms, and health care that discriminate against transgender people.
- Encourage your office, businesses, and agencies to have unisex bathrooms.

## **Important Things for Transgender Allies to Avoid**

### ***Don't make assumptions about a transgender person's sexual orientation.***

Gender identity is different than sexual orientation. Transgender people can identify as gay, straight, bisexual, pansexual, or asexual. Don't assume that a person will seek to transition to become heterosexual.

### ***Don't assume what path a transgender person is on regarding surgery and hormones.***

Affirm the choices we all make around transcending gender boundaries. Some transgender people wish to be recognized as their gender of choice without surgery or hormones; some need support and advocacy to get respectful medical care, hormones and/or surgery.

### ***Don't assume a person's sex or gender identity based upon their appearance.***

Be aware that transgender people may be present in a situation even if you cannot visually identify them as transgender.

### ***Don't ask a transgender person about their body, genitals, surgical or hormonal status, or sex life in any situation where you would not ask others about those aspects of their personal life.***

In general, do not ask questions of transgender people that are outside the bounds of what your level of relationship would typically allow. Instead, answer those types of questions you might have by reading books, checking out websites or watching videos.

### ***Never disclose that someone is transgender without their express permission.***

Be aware that you may not know if a person is out to others and that outing someone can result in significant losses (jobs, housing, friends, and even their lives). Do not casually share this information or gossip about a person you know or think is trans.

### ***Avoid questioning restroom usage.***

Recognize that transgender people may not match the signs on the restroom doors.

### ***Avoid certain offensive language.***

Avoid words like "transvestite"; use "crossdresser." Avoid "hermaphrodite;" use "intersex." Avoid "berdache;" use "two-spirit." Never use the word "it," "he-she," "she-he," or "she-male" to refer to someone transgender.

## **When Someone Comes Out to You**

### ***Respect their confidentiality***

Respect their confidentiality, they have placed a trust in you. A breach of this confidence can be devastating, and can result in very real losses, including housing, jobs, friends, and even their safety. Remember that this person has given you a gift by coming out.

### ***Be supportive.***

Just listen! There is no reason for you to have any answers (although you may feel pulled to give answers). If they have questions you do not know how to answer, feel free to refer them to the resources we provide, the LGBT Resource Center, or the Counseling Center. The most important thing is for you to be there for the person. Admit to yourself and the person that dealing with one's gender identity can be a difficult and confusing process. Recognize, too, that coming out can bring relief and excitement. Keep the door open for further conversations and help. If you are feeling uncertain or don't think you can be supportive, refer them to someone who can be. Do not be afraid to refer people to the LGBT Resource Center or the Counseling Center.

### ***Do not put words in their mouth.***

It is not our jobs to tell people what their issues are, but rather to help them deal with the issues they present. If a supportive environment is provided, people who would like to talk about issues of gender identity will know that this is all right. Allow them to define their own issues. Listen.

### ***Remember that everyone is a complex and unique individual.***

Gender identity is only a part of the whole of a person. Other factors, such as race, culture, socioeconomic status, family history, geographic location, and many others, may also be important components of an individual's identity. Remember that everyone's experience is unique.

### ***Allow the person to move at their own pace.***

Coming out has many rewards and can also have many costs and fears associated with it. Allow people to come out to others at a pace that is comfortable for them, even if it feels too fast or too slow to you.

### ***Validate the person's gender expression.***

It is important to refer to transgender people by the pronoun appropriate to their gender identity. For example, if someone identifies as female, then refer to the person as "she." Some transgender people prefer to use gender-neutral pronouns. If you are not sure of what pronoun to use or what name they would like to use, just ask politely and respectfully. Useful wording might be "What is your preferred pronoun?" or "What name may I call you?" Then use that pronoun and name, and encourage others to do so. Correct yourself if you make a mistake in reference and carry on. It is normal to make mistakes when you are still adjusting.

Adapted from *Action Steps for Being a Trans Ally* ([www.uvm.edu/~lgbtqa/transally.pdf](http://www.uvm.edu/~lgbtqa/transally.pdf)); *How to Be an Ally to Transgender People* by Brett-Genny Janiczek Beemyn (<http://www.umass.edu/stonewall/uploads/listWidget/8751/How%20to%20Be%20a%20Trans%20Ally.pdf>), and *The Ally Manual* of the UIUC Campus Ally Network

## **Decision-Making Model**

Sometimes being an ally means deciding how best to respond to different situations involving transgender individuals. Below is a list of questions that may help you to determine the best course of action.

- What do you want to know?
- What is your role in the situation?
- What do you *need* to know?
- What are you anxious about in terms of getting that information?
- How can you ask? (if appropriate)
- What will be your course of action, if any? How can I be the best Ally in this situation?

## **Scenarios**

1. You're an instructor in a class and a student walks in the first day. You are unsure of his or her gender.
2. There is a student who you have always known as Michael. You find out later from others that he is transgender. People around you have started gossiping about the situation.
3. You are in an advising situation with a student. This person comes to your office and tells you that they identify as transgender.
4. You are an instructor. A student who has always appeared male has started wearing female clothing to class.
5. You and your friend have just finished a workout at the ARC and you go into the women's locker room to change. Your friend notices a person who appears to have masculine features a few lockers down from her. She says to you, "I think there is a man in the locker trying to pass off as a female." She then states that she feels uncomfortable changing in front of her and says she's going to complain to management.
6. A speaker is coming to campus with an androgynous name. You know the person is transgender, but you are not sure which pronoun to use.

## **Campus & Community Resources for Transgender Individuals**

This is not an exhaustive list and it is based on word-of-mouth. The Ally Network, LGBT Resource Center and Counseling Center are not liable for the quality of these resources.

### **General Support and Resources**

*LGBT Resource Center* - 323 Illini Union, 244-8863, [studentaffairs.illinois.edu/diversity/lgbt/](http://studentaffairs.illinois.edu/diversity/lgbt/)

\*Office of the Dean of Students – 300 Student Services Building, 333-0050, [www.odos.illinois.edu](http://www.odos.illinois.edu)

*TransGender Support Group* in Bloomington, IL – sign up for the yahoo group at

<http://groups.yahoo.com/group/tginbnil> and/or call the group at (815) 206-8426; monthly potluck dinners, meetings, and social events. Dressing room provided. Secure & confidential. Must be screened prior to first attendance.

*Central Illinois Transgender Group list serve* -

[http://groups.yahoo.com/adultconf?dest=%2Fgroup%2Ftransgender\\_illinois%2F](http://groups.yahoo.com/adultconf?dest=%2Fgroup%2Ftransgender_illinois%2F)

*Be-All Transgender Convention* (yearly gathering in Chicago) - <http://www.be-all.org/>

### **Reporting Bias-Motivated Incidents (Violence and Harassment)**

\*Office of the Dean of Students – 333-0050, [www.odos.uiuc.edu/tolerance](http://www.odos.uiuc.edu/tolerance)

### **Brief Individual Counseling**

\*Counseling Center – 333-3704, 2<sup>nd</sup> Floor Student Services Building

### **Sexual Health Counseling and Education**

\*Kim Rice, LSW, CSC, CSE – McKinley Health Center, 333-2714

### **Gender Neutral Campus Restrooms**

For maps, see [http://www.mckinley.illinois.edu/units/health\\_ed/gen\\_neut\\_bthrms.html](http://www.mckinley.illinois.edu/units/health_ed/gen_neut_bthrms.html)

### **Health Care**

\*McKinley Health Center – they will not start hormones; however, they can complete lab tests (The following providers are trans-friendly, but it is unclear how knowledgeable they are about transgender issues.)

*Christie Clinic:* Nathan Walker, MD – 217-366-5434; Ona Uzodike, MD – 217-366-6104

Vicki Browder, MD – 217-366-8130

*Suzanne Trupin, MD,* Women’s Health Practice, 217-356-3736

Many people travel to the following resources to ensure that they get trans-knowledgeable medical care:

- *Howard Brown Health Center* (located in Chicago) - 773-388-1600, [www.howardbrown.org](http://www.howardbrown.org); only accepting patients with insurance due to funding issues
- *Fredric Ettner, MD* (primary care physician with transgender specialty in Lincolnwood, IL) – 847-733-2229; works specifically with hormones but collaborates with a system of care that includes therapists and surgeons; bills insurance as “endocrinopathy”
- *Edwin B. Miller, MD* (internist in Chicago with 15 years experience) – 312-553-9504, bills insurance as “endocrine disorder”
- *Fertility Centers of Illinois (Brian Kaplan, MD)* - <http://www.fcionline.com/>, helps transgender and LGB individuals freeze eggs, sperm, or embryos or to hire a surrogate

## **Therapists**

*Nicholas Bridgett, LCSW* – 217-417-6432

*Lori Davis, Ph.D.* – 217-398-8888, [www.waypointcounseling.com](http://www.waypointcounseling.com)

*Anita Hund, Ph.D.* – 217-649-8735

*Lydia Khuri, Ph.D.* – 217-419-9839

*Jane Reid, LCSW, Ph.D.* – 217-419-9852

*Trey Polesky, LSW* (in Bloomington) - [www.treypolesky.com](http://www.treypolesky.com); has a sliding scale and LGBT expertise; will conduct secure sessions via computer

*Bridges-* is a low-cost therapy group in Champaign-Urbana specifically for transgender people.

Interested students, employees, and their families can contact Lori Davis or be referred by the Counseling Center, the LGBT Resource Center, or the Faculty Staff Assistance Program.

## **Salons**

*Jeannie Scott, Debbie Wolfe, or Bart at Bella Capelli*, 217-352-2604, 1401 S State St, Champaign

*Merle Norman Cosmetic Studio*, 217-359-8100, 1123 Windsor Rd, Champaign [merlenorman.com](http://merlenorman.com)

*Alex Thompson at Kane and Company*, 217-359-2424, 41 E. University Ave, Champaign

*Dallas & Company* - 217-351-5974, 101 E University Ave, Champaign – for wigs

*Mary Kay and Avon representatives* are often willing to provide lessons and discreetly sell make-up.

*Transformations Salon* (in Chicago; specifically caters to transgender women especially cross-dressers) - <http://www.transformationsbyrori.com/>

## **Electrolysis**

*Karen Luster Electrolysis* – 217-356-0100

*Advanced Aesthetics Surgery and Laser Center* – 217-356-3850; [www.jkurleymd.com](http://www.jkurleymd.com)

*St. Louis Skin Solutions* – 214-543-4015; [stlouisskin.com](http://stlouisskin.com)

## **Voice Training**

*Jennifer J Cravens*, UIUC Dept. of Speech and Hearing Science (student discount available)

(217) 333-2205; 2001 S. Oak St. Suite B, Champaign, IL 61820

*Dr. Karen Wicklund, D.M.* (located in Chicago) - <http://www.singershealth.com/lessons-therapy.html>

*Kathe S. Perez, MA, CCC-SLP* (on-line resource located in Denver, CO) - [www.exceptionalvoice.com](http://www.exceptionalvoice.com)

*Melanie Phillips online voice training lessons* - <http://heartcorps.com/journeys/voice3.htm>

\*These services are only available to students.

## Selected Books & Publications about Transgender Concerns

See [http://www.fenwayhealth.org/site/PageServer?pagename=FCHC\\_srv\\_services\\_trans\\_bibliography](http://www.fenwayhealth.org/site/PageServer?pagename=FCHC_srv_services_trans_bibliography) for an extensive bibliography.

*Transgender Tapestry* magazine

*Transforming Families: Real Stories about Transgendered Loved Ones* by Mary Boenke

*Gender Outlaw: On Men, Women & the Rest of Us* by Kate Bornstein

*My Gender Workbook* by Kate Bornstein

*Sex Changes: The Politics of Transgenderism* by Pat Califia

*As Nature Made Him: The Boy Who Was Raised As a Girl* by John Colapino

*Transgender Warriors: Making History from Joan of Arc to Dennis Rodman* by Leslie Feinberg

*Trans Liberation: Beyond Pink or Blue* by Leslie Feinberg

*Becoming a Visible Man* by Jamison Green

*Crossing: A Memoir* by Deidre McClosky

*Through the Jungle: A Traveler's Guide* by Samantha Adams

*She's Not the Man I Married: My Life with a Transgendered Husband* by Helen Boyd

*Finding the Real Me: True Tales of Sex and Gender Diversity* by Tracie O'Keefe & Katrina Fox (Eds)

*In Between Bodies: Sexual Difference, Race, and Sexuality* by Mary K. Bloodsworth-Lugo

*Confessions of a Gender Defender: A Psychologist's Reflections on Life among the Transgendered* by Randi Ettner

*Mirrors: Portrait of a Lesbian Transsexual* by Geri Nettick & Beth Elliot

*Gender Shock: Exploding the Myths of Male and Female* by Phyllis Burke

*Mirrors: Portrait of a Lesbian Transsexual* by Geri Nettick & Beth Elliot

*Virginia Prince: Pioneer of Transgendering* by Virginia Prince

*From Man to Woman: The Transgender Journey of Virginia Prince* by Richard F. Docter

Bilodeau, B. L. (2009). *Genderism: Transgender Students, Binary Systems and Higher Education*. Germany: VDM Verlag. ISBN: 978-3639004939.

Lev, A.I. (2004). *Transgender Emergence: Therapeutic Guidelines for Working with Gender-Variant People and Their Families*. New York: Haworth.

## **Transgender Video Resources**

*Call Me Malcolm*

<http://www.callmemalcolm.com/>

*TransParent*

<http://www.transparentthemovie.com/>

*Southern Comfort*

<http://www.nextwavefilms.com/southern/>

*Understanding Transgender Issues - Donna Rose's Story*

<http://www.hrc.org/issues/transgender/6828.htm>

*Screaming Queens: The Riot at Compton's Cafeteria*

<http://www.screamingqueensmovie.com/>

*No Dumb Questions*

[www.nodumbquestions.com](http://www.nodumbquestions.com)

## **Transgender Internet Resources**

### ***General***

<http://www.cklife.org/>

Community Kinship Life (online community of transgender individuals)

<http://transbucket.com/>

TransBucket (searchable online compendium of photos and reviews of transgender surgeries and healthcare providers)

[www.advocate.com](http://www.advocate.com)

The Advocate's website—news, information, health, and entertainment for GLBT community

<http://www.gender.org/>

Gender education and advocacy

<http://www.gendertalk.com/info/resource/general-info.shtml>

Gender Talk Transgender Resources; a guide to gender- and activist-related resources

<http://www.gires.org.uk/>

Gender Identity Research and Education Society

<http://hrea.org/learn/guides/lgbt.html>

Human Rights Education Associates; international & national info on GLBT equality

<http://www.ifge.org/>

International foundation for gender education

<http://www.lgbtcampus.org/>  
National Consortium of LGBT center directors

<http://nctequality.org/>  
National Center for Transgender Equality

<http://www.soulforce.org/index.php>  
Organization working for GLBT individuals toward freedom from religious and political oppression

<http://thetaskforce.org/issues/transgender>  
Transgender section of the National Gay and Lesbian Task Force

<http://community.pflag.org/Page.aspx?pid=380>  
PFLAG's website for Transgender network

<http://www.safezoneforall.com/>  
Safe Zone Website

<http://www.hrc.org/documents/hrcTGguide.pdf>  
Transgender Americans: A Handbook for Understanding

<http://www.genderblind.org/>  
The National Student Genderblind Campaign

### ***Multiple Identities***

<http://www.deafqueer.org/>  
Deaf Queer Resource Center - for LGBT community who are also deaf or hard of hearing

<http://www.unidoslgbt.org/>  
National Latino/a Gay, Lesbian, Bisexual, and Transgender Organization

<http://www.nwnetwork.org/>  
NW Network of Bi, Trans, Lesbian and Gay Survivors of Abuse

### ***Legal***

<http://www.lambdalegal.org>  
Lambda Legal Defense; organization dedicated to civil rights for LGBT community

<http://www.lambdalegal.org/our-work/issues/rights-of-transgender-people/sources-of-authority-to-amend.html>  
Sources of authority to amend sex designation on birth certificates

<http://www.transgenderlawcenter.org/>  
Civil rights organization advocating for transgender community

<http://www.transgenderlaw.org/>

Transgender Law & Policy Institute; organization dedicated to advocacy

### ***Health***

[http://www.fenwayhealth.org/site/PageServer?pagename=FCHC\\_srv\\_services\\_trans](http://www.fenwayhealth.org/site/PageServer?pagename=FCHC_srv_services_trans)

Fenway Health Clinic –Transgender Health

<http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageId=948&grandparentID=534&parentID=938&nodeID=1>

Gay and Lesbian Medical Association - Transgender Health Resources

Includes a list of clinics specializing in treatment of LGBT patients

<http://www.glbthealth.org/>

Gay, Lesbian, Bisexual, and Transgender Health Access Project

[http://www.hrc.org/issues/workplace/search.asp?form=private\\_quick\\_search.aspx](http://www.hrc.org/issues/workplace/search.asp?form=private_quick_search.aspx).

Human Rights Campaign Employer Database - to search for companies that have non-discrimination policies for gender-identity and/or companies that provide health insurances that explicitly covers transition

<http://www.lgbthealth.net/>

National Coalition for LGBT Health

<http://www.plannedparenthood.org/ppsf1/files/Southern%20Finger%20Lakes/ProvidingTransgenderInclusiveHealthcare.pdf>

Providing Transgender Inclusive Healthcare Services

<http://www.trans-health.com/>

TransHealth - Provides information on health and fitness

<http://transhealth.vch.ca/resources/careguidelines.html>

Vancouver Coastal Health Transgender Health Care Guidelines

<http://www.wpath.org/>

World Professional Association for Transgender Health (WPATH); includes a link to resources

### ***Standards of Health Care:***

[http://www.transgencare.com/guidance/resources/ictlep\\_soc.htm](http://www.transgencare.com/guidance/resources/ictlep_soc.htm)

Health Law Standards of Care for Transsexualism or ICTLEP guidelines

<http://www.wpath.org/documents/Standards of Care V7 - 2011 WPATH.pdf>

WPATH Standards of Care formerly known as the Harry Benjamin International Gender Dysphoria Association Standards of Care

### ***Female-to-Male***

<http://www.ftmguide.org/>

Hudson's FTM Resource Guide (award-winning guide to all things FTM)

<http://tranifesto.com/>

Matt Kailey Tranifesto (award winning blog/website)

<http://ai.eecs.umich.edu/people/conway/TSSuccesses/TransMen.html>

Successful TransMen: Links and Photos (running gallery of successful transmen)

<http://www.computerconsultingservices.net/mensworld/mensworld.html>

Mens World, focuses on FTM

<http://www.ftmi.org/>

Female to male international

<http://www.ftmguide.org/>

Provides information on topics of interest to FTM, friends, and loved ones

<http://www.jillrader.com/FTM.html>

Psychologist Jill Rader's page with many useful links and resources

### ***Male-to-Female***

<http://ai.eecs.umich.edu/people/conway/TSSuccesses/TSGallery1.html>

TS Women's Successes: Links and Photos (running gallery of successful transwomen with links to their personal websites)

<http://www.thebreastformstore.com/>

The Breast Form Store (website that sells breast forms, clothes, make-up, wigs, and instructional videos)

<http://ai.eecs.umich.edu/people/conway/>

Lynn Conway (MTF professor); includes resources

<http://www.drbecky.com/trans.html>

Dr. Becky Allison (MTF cardiologist); includes resources

<http://www.jillrader.com/MTF>

Psychologist Jill Rader's page with many useful links and resources

<http://www.annelawrence.com/twr/>

Transsexual Women's Resources; authored by Anne Lawrence, member of WPATH

### ***Transgender Support Groups & Resources***

Transgender Yahoo Support Group: [transgender\\_illinois@yahoo.com](mailto:transgender_illinois@yahoo.com)

<http://www.chicagogender.com/Resources.htm#local>

Chicago Gender Society

<http://www.ingersollcenter.org/>

Ingersoll Gender Center (Seattle)

<http://www.abgender.com/>

Transgender Resource & Shopping Directory

### ***Workplace Issues and Employment Non-Discrimination Act (ENDA)***

[www.hrc.org](http://www.hrc.org)

Human Rights Campaign

<http://www.hrc.org/issues/workplace/7204.htm>

[http://www.hrc.org/laws\\_and\\_elections/enda.asp](http://www.hrc.org/laws_and_elections/enda.asp)

[http://www.hrc.org/issues/workplace/search.asp?form=private\\_quick\\_search.aspx](http://www.hrc.org/issues/workplace/search.asp?form=private_quick_search.aspx).

[thetaskforce.org](http://thetaskforce.org)

National Gay and Lesbian Task Force

[www.outandequal.org](http://www.outandequal.org)

Out & Equal Workplace Advocates

### ***Scholarship and Financial Aid Info for LGBT community***

**Note: Any financial resources should be investigated before giving out any personal information.**

<http://www.finaid.org/otheraid/gay.phtml>

Website with financial aid resources for LGBT students

<http://www.washburn.edu/sobu/broach/glbtscholar.html>

For LGBT related scholarships

### ***College-age and Youth Resources***

<http://www.genderblind.org/>

National Student Genderblind Campaign; student movement to promote gender-neutral rooming options in colleges

<http://www.youthresource.com/>

LGBT youth resources

### ***Coming Out Resources***

[http://www.hrc.org/documents/2071\\_HRC\\_Coming\\_Out.pdf](http://www.hrc.org/documents/2071_HRC_Coming_Out.pdf)

Coming Out as Transgender

[http://www.hrc.org/issues/coming\\_out/3465.htm](http://www.hrc.org/issues/coming_out/3465.htm)

Coming Out in the Workplace

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<sup>i</sup> Intersex Initiative. (2008, June 29). Intersex FAQ (Frequently Asked Questions). Retrieved from <http://www.intersexinitiative.org/articles/intersex-faq.html>

<sup>ii</sup> Gender and Sexual Diversity. Intro to Transgendered Health Issues. Retrieved from <http://www.genderandhealth.ca/en/modules/sexandsexuality/gss-transgendered-issues-01.jsp#ref0004> on June 7, 2011.

<sup>iii</sup> Adapted from Action Steps for Being a Trans Ally ([www.uvm.edu/~lgbtqa/transally.pdf](http://www.uvm.edu/~lgbtqa/transally.pdf)); How to Be an Ally to Transgender People by Brett-Genny Janiczek Beemyn (<http://www.umass.edu/stonewall/uploads/listWidget/8751/How%20to%20Be%20a%20Trans%20Ally.pdf>); and Trans/Gender Allyship ([http://www.oberlin.edu/mrc/Workshops.Trainings/trans\\_trainings/Trans%20Allyship.pdf](http://www.oberlin.edu/mrc/Workshops.Trainings/trans_trainings/Trans%20Allyship.pdf)).