

# ***Our Trans Children***

A Publication of the PFLAG  
Transgender Network (TNET)



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## **A Welcome to Our Readers**

Thank you for taking time to read this fifth edition of *Our Trans Children* and for your interest in learning about transgender issues. Ten years ago, Mary Boenke, Courtney Sharp and I set out to write a brief introductory booklet on trans issues that would be suitable for parents, family members and friends, as well as employers, counselors and anyone else interested, within or beyond PFLAG. *Our Trans Children* has been more successful than we ever imagined, having already sold over 50,000 copies, making it the most widely published gender education booklet in the world. I hope our booklet will continue to prove useful to those whose family members are just learning of their loved one's gender differences, and to assure them that there is support available in the larger community.

Because of the wide range of identities involved, this booklet uses the word "transgender" or simply "trans" to include transsexuals, crossdressers, and the many other variations of trans identities. For the first time, this edition includes the closely-related concerns of children with gender-variant behaviors. As always, we wish to be fully respectful of everyone in the entire gender spectrum, however they may self identify.

We in the Transgender Network of PFLAG hope all new PFLAG members will read this booklet. PFLAG has been officially transgender inclusive since 1998, 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 new edition.

I wish to thank Dr. Edgardo Menvielle, Cathy Tuerk, Kim Pearson, Robyn Walters, Judy Hoff, Dave Parker and others who have sent me helpful suggestions for this edition. I also want to dedicate this edition to Mary Boenke, whose tireless efforts not only led to the earlier editions of this booklet but to the foundation of the Transgender Network of PFLAG. We love you Mary!

*Jessica Xavier  
February 2007*

## **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.) Transgender people have been part of every culture and society in recorded human history. 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 express an inner, cross-gender identity; and many other identities too numerous to list here. Trans people are usually categorized by their gender vector – Male-to-Female (MTF) or Female-to-Male (FTM) – although a growing number of trans youth prefer to identify as gender queer, beyond 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 one to be a transsexual?

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 a 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, as well as familial, peer and societal pressures to conform to gender norms. Almost all transgender people suffer from gender dysphoria in varying degrees. From an early age, some children become profoundly unhappy living in the gender of their birth sex, and a few fortunate ones have parents who support their cross-gender identity. However, many children will hide their true gender and struggle to conform to parental and societal expectations. Sometimes after years of denying or suppressing their gender identities, many trans people transition to their true gender to seek relief from the intense suffering and to become who they truly are.

## What is gender transition?

Gender transition is the period during which trans people begin changing their appearances and bodies to match their internal gender identity. Because gender expression is so visible, trans people in transition **must** “out” themselves to their employers, their families, and their friends – literally everyone in their lives. During transition, they are particularly vulnerable to discrimination and in dire need of support from family and friends. Gender transition usually includes a period of psychotherapy to begin dealing with the many relational issues and psychosocial adjustments; the beginning of lifelong hormonal therapy; a Real Life Experience; and finally, if desired, sex reassignment surgery.

## 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 associated with their gender identity. 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, from friends or via the internet.

Transmen seem to gain a passing appearance rather quickly. Testosterone causes their voices to deepen and their facial and body hair to develop, but does not add much to their height. For transwomen, it generally takes longer to pass in their inherent gender, since estrogen will not raise their vocal range or remove their facial or body hair, which must be done through electrolysis or laser treatment. Once a passing appearance is attained, most trans people choose to keep their transgender status private, which is often called living in *stealth*.

In children and adolescents, another type of hormone intervention is possible but not yet widely prescribed in the U.S. A trans child can be treated with puberty blockers to suppress development of the secondary sexual characteristics of the birth sex. As the child matures, should they reconsider their gender identity, the intervention can be discontinued and puberty in their assigned birth sex will resume. When a youth is provided with this intervention, they are ultimately able to avoid many of the procedures adult trans people undergo. A teen also can be offered hormone treatment to allow them to experience puberty congruent with their gender identity. However, this early treatment is only undertaken after careful consideration by counselors and physicians, and informed consent is given by the parents and the youth. It requires close monitoring by a specialist in pediatric endocrinology, and only a few specialists currently provide it in the United States.

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

SRS (also called *Gender Reassignment Surgery* or *Gender Confirmation Surgery*) 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 chest surgery (removal of breasts) and removal of the uterus and ovaries. Many FTMs forego genital surgeries for a variety of reasons, including expense and dissatisfaction with the 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.

It is important to note that not all trans people want to modify their bodies, and that many who do cannot afford the costs of SRS or transgender hormonal therapy, which are typically not covered by health insurance plans.

## **What are the *Standards of Care*?**

The *Standards of Care* are a set of clinical psychological guidelines formulated and periodically updated by the World Professional Association for Transgender Health (WPATH, formerly known as the Harry Benjamin International Gender Dysphoria Association, or HBGDA) a professional organization devoted to the understanding and treatment of gender identity disorders. The *Standards of Care* are often used to determine if and how transsexual persons should be treated with hormonal and surgical sex reassignment. As a prerequisite for sex reassignment surgery, the *Standards* include the requirement of a Real Life Experience, a one year minimum period during which transsexual persons must be able to live and work full time successfully in their new gender while under the care of a psychotherapist competent with transgender issues. While the *Standards of Care* can minimize the chance of someone making a mistake, they have been criticized as a “gatekeeper” system.

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

GID is the current psychiatric classification in the *Diagnostic and Statistical Manual* (published by the American Psychiatric Association) used to diagnose trans and sometimes others with gender-variant behaviors. Although GID is the only diagnosis under which many trans people can obtain treatment from their doctors, it also is controversial. GID has been used inappropriately and harmfully by some psychotherapists to treat gender-variant youth who do not conform to traditional gender norms. Moreover, most trans people and some medical and psychological professionals believe that trans people do not suffer from a mental disorder. It is unclear whether the existing GID classification will be retained, modified or eliminated in the next edition of the *DSM*.

## **Similarities and Differences Between Sexual Orientation and Gender Variance**

### **What is sexual orientation?**

Sexual orientation is someone’s sexual attraction to others who may be of the opposite sex, the same sex, or either sex. Like other people, trans people can be straight, gay, lesbian, bisexual or asexual. 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 variance?**

Gender variance describes a range of ways people cannot or choose not to conform to traditional gender norms associated with their physical sex. It can

include marital and reproductive choices (women who choose not to get married or to have children); working in stereotypically gendered occupations (like men who are nurses or flight attendants, and women who are police officers or soldiers); and grooming choices (men with long hair or earrings, and women with short hair, facial hair or tattoos).

While many forms of gender variance have become socially acceptable, still others carry some degree of social stigma. Many transgender people, with their high degree of gender non-conformity, are very gender variant and heavily stigmatized. However, the Women's and Gay Liberation Movements since the 1970s have challenged and continue to challenge societal gender norms, which also vary across race, ethnicity, class and faith traditions. Thus gender variance may exist only in the eye of the beholder – you know it when you see it, simply because it differs from your own gender expectations.

### **Is sexual orientation related to gender variance?**

Since gender includes the entire spectrum of human behaviors, it must also include sexuality. Thus, even though most of them don't realize it, gay, lesbian and bisexual people also are gender variant, because they are defying cultural gender norms for their sexualities by having same-gender sexual relationships. There also is 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. Many children and teens who exhibit gender-variant behaviors are misdiagnosed with Gender Identity Disorder, and later in life identify as gay, lesbian, bisexual or straight. Other gay men, lesbians and bisexuals conform to most traditional gender behaviors, with the exception of their same gender sexual relationships.

### **Who are gender-variant children?**

Some children have strong and persistent behaviors that are typically associated with the other sex. Sometimes they reject the clothing and hairstyle of their birth sex. Patterns of gender-variant behavior are usually first noticed between the ages of two to four years. Gender-variant boys may show an interest in women's clothes, shoes, hair and make-up. They play-act and identify with female characters, such as Snow White or Cinderella. They prefer girls as playmates, and avoid rough-and-tumble play and team sports. Sometimes they are described as gentle, sensitive, artistic, sweet, cute, and affectionate. When young, they may express the desire to be a girl or claim that they really are girls.

Gender-variant girls may insist on short haircuts and wearing boys' clothing, while refusing to wear skirts, dresses and female bathing suits. They reject play activities that are associated with being a girl, and prefer games and toys that are typically considered more appropriate for boys. These girls may identify

with male characters and refuse to assume female characters in play-acting. They prefer boys as playmates and are interested in rough-and-tumble play and contact or team sports. These girls may also express the desire to be a boy, announce that they really are boys, and enjoy being mistaken for a boy.

Not all gender-variant children grow up to be trans people, and not all trans people exhibit gender-variant behaviors in childhood. While some children express the desire to act, dress, play and be treated as a person of the other gender at an early age, the desire wanes in many of them later in childhood. Those who retain such desires and carry them through adolescence, whether they express them openly or not, are more likely to self-identify as trans in adolescence or adulthood.

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

Just as all children experience huge social pressures to conform to gender norms, many youth who later identify as transgender learn to deny and bury their true gender inclinations about dress, play and names. Many families may never recognize that their child is struggling, while others report children as young as age three clearly expressing a cross-gender identity. As the understanding of gender variance increases, parents now may have access to greater resources than ever before.

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

Children with gender-variant behaviors may benefit from therapy that supports their gender expression and helps them cope with social pressures. However, the GID diagnosis is sometimes used to pressure and manipulate children into being more gender conforming, in the hope that homosexuality or transsexualism will not develop. Parents are urged to screen prospective psychotherapists carefully regarding their therapeutic goals and techniques. Major medical professional organizations have declared that homosexuality is not a mental disorder and that so-called conversion or reparative therapies do harm through coercive manipulation which exploits a gay person's fear of living in stigma. This same concern now applies to gender-variant and trans children and teens, as well as adult trans people.

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

All sexual minorities are subject to the same social pressures to conform, which can include harassment and even violence. During and after their gender transition, many transgender people, like openly gay men, lesbians and bisexuals, must also deal with discrimination in education, employment, housing, and



even healthcare. Many trans people also often confuse their feelings of being another gender with being gay or lesbian. It can take a long time for them to understand their feelings and recognize their true identity. Like gay men and lesbians who do not come to terms with their own sexual orientation, many trans people must cope with a profound loneliness. Even after embracing their transgender identity, many experience social isolation as members of a relatively small and often misunderstood minority.

### **What common experiences do the families of trans 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, anger 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 families may have an even more difficult time reaching the stages of affirmation and celebration that we have come to know in PFLAG. They, too, are in need of much support and understanding.

## **Who are Intersex People?**

### **What is intersex?**

Intersex is a broad term used to denote a wide range of in-born variations in chromosomes and sexual and reproductive 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. In 2006, ISNA adopted the term “Disorders of Sex Development” (DSDs) to be used in conjunction with the term “intersex.” Some intersex conditions are obvious, and a child’s genitals may confuse doctors who are trying to assign the child a gender. For that reason, people may equate intersex with having “ambiguous genitalia.” While true for some, other intersex conditions involve only internal sexual anatomy or chromosomes, with standard-appearing genitalia.

### **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 progesterin-induced virilization. Other types of conditions which may fairly be thought of as intersex include Klinefelter’s syndrome, congenital 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 before birth and others are diagnosed later in life. This can happen at puberty, when a adolescent girl does not have periods, or in adulthood, when a man or a woman undergoes tests to determine the cause of their infertility. 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 involves underlying metabolic concerns, which require medical care.

## **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. The majority of people with intersex conditions do NOT identify as transgender, because their gender identities remain constant throughout their lives. However, some people with intersex conditions who were assigned the wrong gender by doctors at birth also undergo a gender transition later in life.

Another difference is that many intersex advocates seek to stop "surgical normalization" procedures, which are performed on many intersex people without their consent. Those who lack standard-male and standard-female genitalia or internal reproductive anatomy are often subjected to these procedures from infancy to adolescence, which 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.

## **Issues of Transgender Youth**

### **Psychological Issues**

Due to pervasive stigmatization, trans children can grow up emotionally constricted and deeply ashamed of their gender differences. Without treatment, these feelings can lead to depression and suicidal ideation, as well as substance abuse. Over time, the low self-esteem of trans children grows into the internalized self-hatred of many transgender adults. Trans and gender-variant children who are loved and supported appropriately may be spared much of this psychological harm. Over the past 35 years, tremendous strides have been made in educating the public and schools on behalf of gay, lesbian and bisexual youth. More work remains to be done to educate the public and improve the safety and well-being of trans and gender-variant youth.

## Family Issues

A family's response to their child's gender-variant behaviors or cross-gender identity can vary greatly and depend upon a number of factors. If a child conceals their inherent cross gender identity, the parents may never know of their internal struggle. Parents of children with gender-variant behaviors or recognizable cross-gender identities may choose to support their children or insist they conform to gender norms associated with their birth sex. While cultural and faith-based beliefs are powerful influences on parental attitudes towards these children, a simple lack of experience and access to alternative information are often powerful underlying factors. While most parents experience initial distress and react accordingly, many parents over time may come to understand their children, loosening their rigid judgments and finding better informed approaches to parenting. Parents who eventually embrace their child's gender difference become their child's main, and sometimes only, advocates.

Male-to-female teens who crossdress often do so in secret, never telling their families and friends about it. As adults, many 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 affirmation to complete rejection. A female-to-male teen'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. Trans youth who enter gender transition do not enjoy the same choice, since gender expression 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. 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.

An increasing number of parents are recognizing and affirming their children's gender differences by supporting them at home and advocating for them in school. However, many 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 by a new name, and

even more difficult, use new pronouns when referring to their child. Thus parents of trans children need tremendous support. When provided with accurate information and assistance, families can come to understand and appreciate that their child is worthy of love and affirmation as the person they truly are.

## **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 often readily apparent to others, and they are at risk from discrimination and violence. Trans youth are especially vulnerable to harassment and violence in their schools, not only from their fellow students, but also from intolerant teachers and school administrators. As a result, many drop out of school to escape the hostility and insensitivity.

Trans youth often feel that their true gender identity is crucial to the survival of self. If their parents refuse to accept their child's inherent gender 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 employment discrimination and lack of education, 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 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 also resort to con games or sex work to support themselves.

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**

Although parents may be alarmed by their teen's desire for physical transforma-

tion, they need to recognize the intensity of the feelings behind it. 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. Referral to a psychotherapist experienced in trans issues who can make a proper diagnosis is the key first step. Doctors and parents should respect the child's feelings of who they really are, and support them through the process of physical transformation.

## **Trans People and the Law**

### **Discrimination**

Many trans people have succeeded in all professions and are leading happy lives. However, employment discrimination against trans people is still pervasive. Since gender expression 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 evicted from their rented homes, and many more have been denied service at restaurants, stores or other public facilities.

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 transgender 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 can cost from \$5,000 to \$100,000.

Many trans persons will not seek routine 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 in most cases, 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. Federal and state courts have mostly decided 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, and there have been a number of favorable court cases. According to the National Center for Transgender Equality, at the end of 2006 there are eight states (California, Hawaii, Illinois, Maine, Minnesota, New Jersey, New Mexico and Rhode Island), the District of Columbia and over eighty cities, counties and towns in the U.S. that prohibit discrimination on the basis of gender identity and expression. Transgender activists are hopeful that the proposed federal Employment Non-Discrimination Act (ENDA) – which was introduced as transgender-inclusive in the 110th Congress – will become law.

## **Hate Crimes**

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. Thus trans people, particularly those who are of color, are frequently subjected to verbal harassment, intimidation, and acts of physical and sexual violence. Reported murders of trans people often involve an overkill factor – shot or stabbed multiple times, their faces and genitalia mutilated. Police often refuse to investigate these crimes, and many survivors of transphobic violence are afraid to report them, for fear of secondary victimization by the police. Since federal and most state hate crime laws lack a gender identity and expression category, there are few statistics regarding acts of violence against trans people. However, ten states have transgender-inclusive hate crimes laws as of 2006.

## **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. Although the number of states that officially permit pre-operative or non-operative transsexuals to obtain change of sex designations on their new driver's licenses is increasing, the majority still do not. 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 under any circumstances.

The Social Security Administration will change names upon receipt of a court order, but not gender unless a surgeon's affidavit is presented. The names of

transgender veterans cannot be changed on their discharge papers, but name and gender marker information on other current military records can be changed with proper court papers and surgeons' letters. 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 intolerant 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 their trans children for who they are, and to be justly proud of their exceptional honesty and courage. While married couples often part when one spouse comes out trans, an increasing number are staying married – resulting in legal same sex marriages. Some trans parents are raising their children, who in time learn to accept and love their second moms and dads. The medical and counseling professions are 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 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.

## **Parents, Families and Friends of Lesbians and Gays**

The best way for parents, family members, friends of gay, lesbian, bisexual and transgender people (as well as themselves) to get support, receive educational materials and learn about PFLAG's advocacy efforts is to visit a chapter. PFLAG has more than 500 chapters located in all 50 states.

We suggest you call the local chapter whose name is stamped on the back of this booklet. If there is no chapter listed, you can visit PFLAG on the web, call PFLAG's national office for a referral, or you can use directory assistance to find PFLAG in your local area.

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## **PFLAG TNET**

PFLAG Transgender Network began at the 1995 PFLAG national convention in Indianapolis where a group of activist trans persons, parents and friends found each other. 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. In 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. Our Help Line provides comfort to many families striving to cope with the many concerns surrounding transgender issues. 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.

### **How to Contact TNET**

Visit our website, [www.pflag.org/tnet.html](http://www.pflag.org/tnet.html), where you can order additional copies of this booklet in English and in Spanish, as well as other TNET publications. Our website also has contact information for the TNET leadership, our Transgender Helpline, a transgender reading list, other transgender organizations, resources and more! Those without internet access should call the National PFLAG office at (202) 467 8180.



## **Other Support and Advocacy Organizations**

There are numerous other organizations that work on behalf of gay, lesbian, bisexual and transgender people. The following list includes just a few of the groups that may be able to provide you with information or services:

### **Gay, Lesbian & Straight Education Network (GLSEN)**

[www.glsen.org](http://www.glsen.org)  
(212) 727-0135

### **e National Youth Advocacy Coalition (NYAC)**

[www.nyacyouth.org](http://www.nyacyouth.org)  
(800) 541-6922

### **Gay-Straight Alliance Network**

[www.gsanetwork.org](http://www.gsanetwork.org)  
(415) 552-4229

### **TNET ( e PFLAG Transgender Network)**

[www.pflag.org/tnet.html](http://www.pflag.org/tnet.html)

### **GenderPAC**

[www.gpac.org](http://www.gpac.org)  
(202) 462-6610

### **National Center for Transgender Equality**

[www.nctequality.org](http://www.nctequality.org)  
(202) 903-0112

### **Intersex Society of North America (ISNA)**

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

### **Sexual Minority Youth Assistance League (SMYAL)**

[www.smyal.org](http://www.smyal.org)  
(202) 546-5940

### **e Hetrick-Martin Institute, Home of e Harvey Milk High School**

[www.hmi.org](http://www.hmi.org)  
(212) 674-2400

### **Youth Resource**

[www.youthresource.com](http://www.youthresource.com)  
(202) 419-3420

### **Lavender Youth Recreation and Information Center (LYRIC)**

[www.lyric.org](http://www.lyric.org)  
(415) 703-6150

### **Bisexual Resource Center**

www.biresource.org

(617) 424-9595

### **e Rainbow Alliance for the Deaf**

www.rad.org

### **National Gay and Lesbian Task Force**

www.thetaskforce.org

(202) 393-5177

### **COLAGE (Children of Lesbians and Gays Everywhere)**

www.colage.org

(415) 861-5437

### **Family Pride Coalition**

www.familypride.org

(202) 331-5015

### **Gay and Lesbian Alliance Against Defamation (GLAAD)**

www.glaad.org

(323) 933-2240

### **Human Rights Campaign**

www.hrc.org

(202) 628-4160

### **Sexuality Information and Education Council of the United States (SIECUS)**

www.SIECUS.org

(212) 819-9770

### **Lambda Legal Defense and Education Fund**

www.lambdalegal.org

(212) 809-8585

### **National Center for Lesbian Rights**

www.nclrights.org

(415) 392-6257

### **Toll-Free Helplines:**

**e Trevor Project:** (866) 488-7386

**e Gay & Lesbian National Hotline:** (888) 843-4564

**e GLBT National Youth Talkline** (*youth serving youth through age 25*)  
(800) 246-7743

**e National Runaway Switchboard:** 1-800-RUNAWAY

## **For HIV/AIDS Information:**

### **National AIDS Hotline**

(800) 342-AIDS

In Spanish: (800) 344-7432

TDD: (800) 243-7889

## **Publications, Periodicals, and Films:**

There are literally hundreds of books, magazines, newspapers, newsletters, and films available that provide additional support and resources to parents and families of gay, lesbian, and bisexual individuals as well as the individuals themselves. The web is a great place to look for information as are bookstores and libraries. For some of PFLAG's recommended reading lists, visit the PFLAG website at [www.pflag.org](http://www.pflag.org).

# Support PFLAG

## The Benefits of PFLAG membership:

- A subscription to our newsletter, the PFLAGpole
- The PFLAG Weekly Alert and Action Alerts via e-mail
- Discounts on PFLAG publications
- Invitations to local, regional and national events and conferences
- Voting privileges for national board members and regional directors
- Satisfaction that you are part of the nationwide network of PFLAG families and friends advocating for GLBT equality

To join as an at-large member, visit [www.pflag.org](http://www.pflag.org) or fill in the application below and mail the application to:

### **PFLAG**

1726 M Street, NW, Suite 400  
Washington, DC 20036

## Member Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

## Payment Information:

Check enclosed made payable to PFLAG.

Visa     Mastercard     Discover     American Express

Please charge my card:

\$50     \$75     \$100     \$250     \$500     \$1,000

Card Number: \_\_\_\_\_

Card Expiration: \_\_\_\_\_

*Important:*

*The member name and address must match what appears on your credit card billing statement to be processed.*

## Other PFLAG Publications

### **Be Yourself: Questions and Answers for Gay, Lesbian, and Bisexual Youth.**

Today's youth face more social pressures than ever, especially since young people are coming out at increasingly younger ages. This publication offers a supportive approach to common questions asked by teens who may be questioning their sexual orientation. It also provides hotline numbers for teens and a list of resources. (This publication is also available in Spanish.)

### **Our Daughters and Sons: Questions and Answers for Parents of Gay, Lesbian and Bisexual People**

One of our most popular publications, this is a “must read” for parents who are forming new and honest relationships with a loved one who has come out to them. This booklet answers several commonly-asked questions about having a gay child and includes a list of related resources.

### **Nuestras Hijas y Nuestros Hijos: Preguntas y respuestas para padres de gays, lesbianas y bisexuales**

A culturally appropriate Spanish translation of *Our Daughters and Sons*, this booklet is a valuable resource for Spanish-speaking families coming to terms with homosexuality and bisexuality. It answers commonly asked questions about having a gay or lesbian loved one, and includes Spanish language resources.

### **Faith in Our Families: Parents, Families and Friends Talk About Religion and Homosexuality**

Discovering that a loved one is gay, lesbian, bisexual or transgender can pose new questions about your faith and may prompt you to re-evaluate beliefs that you previously took for granted. By using personal experiences, this publication provides examples for reconciling your faith with the knowledge that a loved one is gay. Includes an updated list of gay and lesbian religious and spiritual groups to watch out for.

### **Bisexuality Resource Packet**

Bisexuality is a commonly misunderstood and misrepresented concept. This packet provides facts about bisexuality, commonly-asked questions, resource lists and a set of articles.

*(continued)*

## **Opening the Straight Spouses' Closet**

Finding out a spouse is gay, lesbian, bisexual or transgender can be difficult. Questions about sexual orientation, fidelity, self-esteem and fear often go unanswered. This recently updated and expanded publication provides insight into issues facing spouses, including coping stages, identity crises, concerns about children and support avenues.

## **Coming Out Trans to Your Parents and Family**

This single-page handout outlines things you need to consider when you plan to come out to your parents and family as transgender. It is a guide to making the coming out process as comfortable as possible.

**All publications are available as a free download on [www.pflag.org](http://www.pflag.org) and also for purchase. Visit our website or call (202) 467-8180 for more information.**