

Coming Out As Trans

Coming out as trans* can be a challenging process, and most likely will not be a one-time event. While it has some similarities with coming out as lesbian, gay, or bisexual, coming out as trans* poses some unique challenges.

In relation to coming out as LGB

For many people it is easier to wrap their minds around being lesbian, gay, or bisexual than it is for them to understand being trans*. After all, there is no one trait more fundamental to the way people perceive others in our society than that of gender. While many people are still ignorant about LGB people, far more lack correct knowledge about trans* people (including queer trans* people). Thus, there are more false assumptions to wade through, more stigmas to overcome. Some see being trans* as more of a choice than being lesbian, gay, or bisexual since some people choose to transition. Also, being trans* is much more difficult to hide or ignore with friends and family members, especially if one pursues physical transition. Like coming out as LGB, though, many people need some time to adjust to the new knowledge about their friend or family member's identity.

Choosing the best time

There are several important factors to consider when picking the right time to come out. One of the most important things to keep in mind is your financial stability. If there is a strong possibility that your parents or providers would cut off all financial support, waiting until you could have financial independence would be in your best interest. While the EEOC has ruled that sex discrimination protection in the workplace now includes trans* and gender non-conforming people (as of May 2012), having a solid job and a financial plan for the worst case scenario is a good place to start. Also, there may be certain times that people will be more receptive to your coming out than others. For instance, coming out right before a major holiday with one's family might not be the best option. Coming out at the very beginning of winter or summer break when you will be stuck in your parent's home for the next month or two may also not be the best idea. However, if one puts off coming out too much, parents will sometimes be much more upset that they were left in the dark for so long. In the end, there probably will not be a time that feels like the "right" time – the trick is to find a time that is not a particularly "bad" one and to go for it.

Who to come out to

After coming out to one's self, it is helpful to start coming out to people that you know will definitely be supportive. In doing so, you can create a supportive network around you so you will have people to rely on when coming out to the more difficult friends and family members. Sometimes, coming out can be very emotionally taxing, so try to pace yourself. You should not feel an obligation to come out to everyone all at once, and you should not feel like you are always obligated to explain yourself. When choosing who to come out to, keep in mind what you want from people and be direct about it. If you want to be addressed by a different name and pronoun in the classroom, obviously you will need to come out to your professor. Coming out to all of your classmates may or may not be an issue.

Methods of coming out

There are several ways of coming out, and the method you use can be determined by how you

communicate best, how close you are to the person to whom you are coming out, and by other circumstances like distance and time frames. If face-to-face confrontations are difficult, writing a letter (whether it is delivered in person then discussed afterward or just dropped in the mail box) is also a great way to come out. Email and telephone calls are also possibilities, especially for reaching numerous co-workers, professors, and classmates.

Coming Out To Professors

Emails work great

A simple email explaining your situation to professors or classmates could make transitioning much easier. Emails can be useful in explaining your situation to professors that previously knew you by a different name. They can also be useful in informing professors that you go by a different name and gender than the one they have on the class roster.

Some general ideas of what to say in an email are:

- Statement of the name/gender they have on class roster.
- State preferred name and gender ("I prefer to be referred to by ____ pronouns").
- Brief explanation ("I identify as trans*, which means ____ to me.").
- "I prefer for no one to know about my trans* status" vs. "I would be willing to talk about being trans* as it related to class discussion" (depending on class and personal preference).
- Thank them for being understanding.
- Say they can email you if they have questions.
- Provide your contact information.
- Provide them with relevant websites for more information.

A sample email might look like this:

Professor _____,

I am a student in your (insert class name here). I am getting in contact with you to let you know that I identify as (insert identity here). My name will probably show up on your roster as (insert legal name here), but I would prefer to go by (insert chosen name here) and (insert preferred pronouns) pronouns. I will be putting (insert chosen name here) on my assignments and would appreciate it if you called me that in class. If you have any questions for me regarding this, please don't hesitate to contact me. My email address is (insert email address here) and my phone number is (insert phone number here).

Thank you very much for your understanding,

(sign with chosen name)

Facebook and other online communities

Now that a majority of students are connected through Facebook (or other online communities), it is really easy to reach many people rather quickly instead of having to look up every individual's email or to try to talk face to face with every person you know.

College/Department-wide listserves

Most departments have listserves that make it easy to get in touch with everyone in your program. You could utilize this type of listserve if broadcasting it is how you desire to come out.

Coming Out To Parents KNOW WHAT TO EXPECT

Most Follow Typical Stages

The purpose of this is to inform gay and lesbian young adults about the process most parents go through when their child's homosexual orientation is disclosed. The stages to be explained are: shock, denial, guilt, expression of feelings, personal decision-making, true acceptance. The process assumes that you have wrestled with the issue of whether or not to come out to your parents and that your decision is affirmative. The approach and suggestions offered in the following are based on the assumption that you suspect one or both of your parents will be understanding, if not supportive, given adequate time. This resource may not be helpful if you have serious reservations about their ability to cope and you suspect they could sever their relationship with you.

They Go Through Stages Differently

A caution: Each family is unique. Although most are likely to follow the stages outlined here, allow some latitude for your own parents. The illustrations and suggestions given here will be drawn from conversations with parents who have attended the Philadelphia Parents and Friends of Lesbians and Gays (PFLAG) meetings. Few parents are "model" cases that perfectly fit the following description. Knowing what to anticipate and how to respond in a helpful way will enable you to take the big step with some degree of knowledge and support.

QUESTIONS TO ASK YOURSELF Be Clear in Your Own Mind

- Are you sure about your sexual orientation? Don't raise the issue unless you're able to respond with confidence to the question "Are you sure?" Confusion on your part will increase your parents' confusion and decrease their confidence in your judgment.
- Are you comfortable with your gay sexuality? If you're wrestling with guilt and periods of depression, you'll be better off waiting to tell your parents. Coming out to them may require tremendous energy on your part; it will require a reserve of positive self-image.
- Do you have support? In the event your parents' reaction devastates you, there should be someone or a group that you can confidently turn to for emotional support and strength. Maintaining your sense of self-worth is critical.

- Are you knowledgeable about homosexuality? Your parents will probably respond based on a lifetime of information from a homophobic society. If you've done some serious reading on the subject, you'll be able to assist them by sharing reliable information and research.
- What's the emotional climate at home? If you have the choice of when to tell, consider the timing. Choose a time when they're not dealing with such matters as the death of a close friend, pending surgery or the loss of a job.
- Can you be patient? Your parents will require time to deal with this information if they haven't considered it prior to your sharing. The process may last from six months to two years.
- What's your motive for coming out now? Hopefully, it is because you love them and are uncomfortable with the distance you feel. Never come out in anger or during an argument, using your sexuality as a weapon.
- Do you have available resources? Homosexuality is a subject most non-gay people know little about. Have available at least one of the following: a book addressed to parents, a contact for the local or national PFLAG, the name of a non-gay counselor who can deal fairly with the issue.
- Are you financially dependent on your parents? If you suspect they are capable of withdrawing college finances or forcing you out of the house, you may choose to wait until they do not have this weapon to hold over you.
- What is your general relationship with your parents? If you've gotten along well and have always known their love -- and shared your love for them in return -- chances are they'll be able to deal with the issue in a positive way.
- What is their moral societal view? If they tend to see social issues in clear terms of good/bad or holy/sinful, you may anticipate that they will have serious problems dealing with your sexuality. If, however, they've evidenced a degree of flexibility when dealing with other changing societal matters, you may be able to anticipate a willingness to work this through with you.
- Is this your decision? Not everyone should come out to their parents. Don't be pressured into it if you're not sure you'll be better off by doing so -- no matter what their response.

THEY'LL EXPERIENCE LOSS

Parents and Children Switch Roles

When you come out to your parents, you may find your parent-child roles reversed for a while. They will need to learn from your experience. As your parents deal with your disclosure, you

must assume the "parenting" role by allowing them time to express their feelings and make progress toward new insights.

This will not be easy. You'll want them to understand and grasp this important part of your life right away. It will be easy for you to become impatient. You'll need to repeat many of the same things. Just because you've explained something once does not mean they heard it. Their understanding will evolve slowly -- painfully slowly -- at the beginning. Their emotional reactions will get in the way of their intellectual understandings.

Allow them time and space. Consider your own journey; you've been working on this issue for years! Although the issues your parents will work through are similar to those you've dealt with, the difference is that you're ahead of them in the process. Be patient.

Separation and Loss

Many families take the news as a temporary loss -- almost as a death -- of the son or daughter they have known and loved. Elizabeth Kubler-Ross describes the stages related to the death of a loved one as denial, anger, bargaining, depression and acceptance. Just as in grief, the first reaction of parents of gays and lesbians centers around separation and loss. One parent describes their thoughts: I remember one morning when my son was fixing breakfast at the stove, as I sat at the kitchen table reading the newspaper. I looked at him and wanted to say, "I don't know who you are, but I wish you'd leave and send my son Ted back." Parents experience loss when their child comes out, but it probably will be only temporary.

Not An Absolute Progression

Although the stages described here apply to most people, they are not an absolute progression for everyone. Sometimes a stage occurs out of order; occasionally one is skipped. Some progress through the stages in three months, others take years. A few -- often due to self-pity -- make no progress at all. In any case, the initial feeling is usually one of loss.

Most parents think they know and understand their children from the day of their birth. Even though they cling to old stories -- and sometimes evidence confusion in telling some of them -- most remain confident that they know what's going on inside a child. They lose the perception they once had of their child and don't yet know if they will like the real person who is replacing that idea. Those who experience the biggest shock when their child comes out probably are those who suffer the greatest feeling of loss and rejection. It's not that they separate from the child as much as it is that they feel their child has willfully separated from them.

A Traumatic Discovery

They sense the separation -- which you've probably been aware of for years -- for the first time. It's a traumatic discovery. With understanding and patience from all parties, that relationship can be restored. In fact, in most cases it improves because it's based on mutual honesty.

STAGE 1: SHOCK

If They Have No Idea About You

An initial state of shock can be anticipated if you suspect that your parents have no idea what you're about to share. It may last anywhere from ten minutes to a week; usually it wears off in a few days. Shock is a natural reaction that we all experience (and need for a while) to avoid acute distress and unpleasantness.

Explain that you haven't been able to be completely honest with them and you don't like the distance that has occurred over the years. Affirm your love for them. Say it more than once. Although they may not initially respond positively to your profession of love, it will penetrate in the hours when they are alone and thinking about it. Remind them that you are the same person today that you were yesterday: "You loved me yesterday, before I told; I haven't changed since then. I'm the same person today that I was yesterday."

Some Parents Already Know

Occasionally, a parent will experience no shock at all: "I always knew you were different; I considered this as a possibility. It's O.K. I love you. You'll have to help me understand and accept the reality." Sometimes they say, "We'd known for a long time because of a letter you left on the table last summer; we've been waiting for you to tell us." In these instances your task will be considerably easier, as they've already worked through some of the stages on their own.

STAGE 2: DENIAL

A Shield from Threat

Denial helps to shield a person from a threatening or painful message. It is different from shock because it indicates the person has heard the message and is attempting to build a defense mechanism to ward it off.

Denial responses take many forms: hostility ("No son of mine is going to be queer."), non-registering ("That's nice, dear, what do you want for dinner?"), non-caring ("If you choose that lifestyle, I don't want to hear about it."), or rejection ("It's just a phase; you'll get over it.").

Their perception of your homosexual orientation will be distorted by the messages they've received and accepted from our homophobic society. The manner in which the denial is expressed can range from a serene trance to hysterical crying or shouting. Many parents take a middle-of-the-road approach; they cry frequently.

We Thought He Was Confused

My wife and I were sure that our son had been caught up in some form of gay liberation activity that appealed to him because it seemed dangerous and exciting. We thought the media coverage about homosexuality probably attracted him and that he lacked maturity to know what he really wanted.

We insisted that he go once to a psychiatrist to deal with the anger that had been building for over a year. We agreed to visit the doctor, too, in a separate session. After two or three visits by Ted, the psychiatrist shredded our defense mechanism of denial: "I've counseled many gay young adults and I'm convinced that this is no passing fancy; to the best of my knowledge, your son is gay."

If They Want Counseling For You

You might be ready to suggest the name of a counselor or two if your parents think that counseling will help to clarify their confusion. It would be advisable to suggest a non-gay person, because your parents will want an "unbiased" view. If they press for you to see a counselor, suggest that they match you session-for-session. They may resist on the grounds that they don't need help; underneath, however, they'll probably welcome someone to talk to.

Your parents may need some help in separating what's "normal" from the "norm." It's probable that they'll think homosexuality is not normal. You can help them by explaining that although homosexuality is not the norm, it is what is natural to you. Point out that all of creation has exceptions to the norm; while most people are right-handed, some are left-handed; although most people have two eyes of the same color, some have a different color in each eye.

They need to begin to understand that although your sexual orientation is not in the norm, it is a natural and honest response for you.

Breaking Through Denial

If their denial takes the form of "I don't want to talk about it," you should take a gentle and cautious initiative if they haven't changed in about a week. Gently raise the subject when they appear relaxed: "Dad, I've been wanting to talk to you about this for years; please don't push me out of your life. I can no longer bear the burden of lying to you. I love you and want you to continue to love me in return." Personalize your message as a way of penetrating their defense. There's no need to tell them more than what they ask. Volunteering information about experiences will make them build stronger defenses. Answer only what they ask for; they'll get to other questions at another time. Because they'll experience awkwardness in framing their questions, you may need to clarify the question before providing a response.

One Parent May Be Slower

Be ready to deal with your parents individually, if necessary. Most couples react to this disclosure as they have to other shocks; one takes the lead and moves toward resolution ahead of the other. Don't be upset with the slower of the two. It is not infrequent that couples have dysfunction in their own relationship when this occurs. The one who seems to adapt more quickly may suggest that his/her spouse is actually enjoying the agonizing; the one who moves more slowly may think the other is far too accepting of the situation. Parents who move at different rates may experience tension, whether expressed or unspoken.

STAGE 3: GUILT

They'll Feel They've Done Wrong

Most people who deal with homosexuality initially perceive it as a "problem" and ask: "What causes it?" They think if they can locate a cause, then a cure is not far behind. For me, the question became introspective: "What did I do wrong?" Whether I viewed the cause as genetic or environmental, I was clearly to blame. I questioned the kind of male role model I had provided; I examined my masculinity.

For a while, no matter which angle I viewed the situation from, I believed I was the primary source of the problem. It was a feeling I was too ashamed and saddened to share with anyone else. Although both parents usually feel guilty, the parent who is the same gender as the child probably feels it more. Then one day, my wife said: "I don't think it's reasonable for you to take the blame; you raised two sons, one gay and one straight. There must be other factors involved."

Single Parents Feel Extra Blame

It's not uncommon for single parents to heap extra blame on themselves because of an earlier loss, separation or divorce from their spouse: "I knew I failed you; I just couldn't be both mother and father at the same time." When parents feel guilty, they are self-centered. They are not yet concerned with what you've been through; in this stage they're too wrapped up in themselves to attend to your concerns. Because they are your parents, they may not be able to admit to you their sense of guilt. To acknowledge that feeling to you is like saying, "I've brought this horrible thing to you; I've made you different. Blame me." That's not a comfortable position for parents to assume.

Tell Them It's Not Their Fault

You can help them in a variety of ways. Assure them that you don't believe the cause is as simple as they see it. Tell them that there are many theories and that the origins of homosexuality are not known.

Provide them with a book to read that is addressed to parents (an excellent paperback is "Now That You Know; What Every Parent Should Know About Homosexuality," by Fairchild and Hayward; Harcourt, Brace, Jovanovich, 1979). A book may appeal to them at this point because it can be viewed as an authority. Have the book ready to give them; don't send them to a gay bookstore to find it for themselves.

They may be ready to talk to a trusted friend now; some may seek out a clergyperson. It will be difficult for you to attempt to steer them away from a person of their choosing who you think may not be helpful. If you know an agency that has assisted other families in a helpful way, have the agency name ready.

A gay-oriented agency may be able to help them, but they'll resist going to the "enemy camp" for help. Provide the phone number of the local Parents and Friends of Lesbians and Gays or give them the name of some other parents who've agreed in advance to talk to them. Don't expect them to respond immediately to these suggestions; their shame and guilt may hold them back. Providing this information is like planting a seed that may take time to bear fruit.

STAGE 4: FEELINGS EXPRESSED

They Acknowledge Their Emotions

When it's clear that guilt and self-incrimination are unproductive, parents are ready to ask questions, listen to answers and acknowledge their feelings. This is the point at which some of the most productive dialogue between you and your parents will take place. Now will pour forth the full range of feelings: "I'm disappointed that I won't have any grandchildren." "Please don't tell anyone in the family; I'm not ready to face this issue with anyone else." "I feel so alone and hurt; I believe I was better off not knowing" "How can you hurt us this way?" "I wish I were dead."

Since living in a homophobic society has forced you to experience many of the same feelings (isolation, fear of rejection, hurt, confusion, fear of the future, etc.), you can share with them the similarities in the feelings you have experienced. However, allow them ample time to express themselves; don't let your needs overpower theirs. If they haven't read a book or talked to other parents, suggest again that they pursue one of those avenues. Offer to read and discuss a chapter in the book with them or to go to a parents' meeting with them.

Anger And Hurt

Our son Ted had cautiously suggested earlier that we meet his lover Dan. Initially, we had no interest in that suggestion because when we stopped blaming ourselves for what had happened, we began blaming Dan. I was angry that this catastrophe had befallen our home; was sure it was going to ruin our lives. I had always felt we were good parents, hardly deserving of this. My anger toward Ted was seldom expressed to him, but it was there for me to deal with.

Anger and hurt are probably the most frequently expressed feelings. They are often surface feelings that seem spiteful and cruel. In order for your parents to make progress it is better that they say them than bury them and attempt to deny their existence. They will be hard for you to handle. You may be tempted to withdraw, regretting that you ever opened this issue. Hang in there, however; there's no turning back now. When they begin to express these feelings they're on the road to recovery.

STAGE 5: MAKING DECISIONS

The Fork in the Road

As the emotional trauma subsides, your parents will increasingly deal more rationally with the issue. It's common at this point for them to retreat for a while and consider the options that lie

ahead. It's like reaching a fork in the road that has a number of paths from which to choose. The choice each person makes is a reflection of the attitude he or she is ready to adopt in dealing with the situation.

Both parents may not necessarily choose to take the same path. A number of factors will influence which path is chosen. Reading about homosexuality and talking to other parents will probably encourage them to take a more supportive position. Their religious orientation will play an important part. The general liberal or conservative position they usually hold will also have some bearing. The importance of the restoration of their relationship with you is a major factor. A variety of factors will affect them as they formulate a compatible posture for dealing with this. Three kinds of decisions will be described:

Supportive

Most parents continue to love their child in a way that allows them to say "I love you," to accept the reality of the child's sexual orientation and to be supportive. In fact, now that the relationship between parents and child is on a level of mutual honesty and trust, most parents say their relationship is better than it ever was. All parties begin to feel better about what has happened.

Although they may have had some glimpses prior to this time, supportive parents are increasingly aware of your needs. They become concerned about the problems that you have to face. Although we'd had some glimpses prior to this time, my wife and I became more aware of our son's needs and what he'd been through. In fact, we were amazed that he had handled all the tensions and problems as well as he did for all those years.

Our awareness and love for him soon involved us in offering to begin solving some problems in an effort to reduce some of those tensions: a single room at college would enable him to live his life without having to offer excuses or explanations to a roommate. Dan was invited home more often and gradually became an important member of our family. When Ted told his brother, we were able to talk to Louis and support Ted.

This Far And No Farther

Sometimes parents respond by making it clear it's an issue that no longer requires discussion. Although they can discuss the matter, they are quite fragile in dealing with it. They have progressed this far and wish to go no further. This does not necessarily reflect a negative attitude toward you. They know their limits and don't want to be pushed beyond them. Although you need to respect that stance, you can still make efforts to reach out to them.

Let them know that you love them -- in word and deed. Cautiously let them know some things that you do related to your sexuality; i.e., gay groups you're involved in (community center, religion, athletics). Make it a point not to let them drift away from you. Introduce them to some of your friends; meeting other homosexual persons (in small numbers) will help to break down the stereotypes they may hold.

Constant Warfare

In some instances your sexual orientation can be the staging area for constant warfare. Everything you do and say is viewed as a symptom of your "problem." The hours you keep, your language, choice of friends, vocational selection, school grades, etc. (However, in reality, it may reflect a parent's feeling of personal inadequacy.)

As long as this condition exists, both parent and child are in a no-win position. Generally speaking, if one parent assumes this extreme a position, the other parent may have difficulty choosing a role that is far from it. When relating to their children, parents are often outwardly supportive of each other -- even if behind closed doors they don't completely agree between themselves.

I'm convinced that most parents who attend a parents' meeting or who enter into personal conversation with a supportive parent greatly decrease the chance that they'll remain negative. If they won't attend a meeting, maybe they'll meet with some parents at a quiet restaurant. If all attempts fail, don't let the situation get you down. Find a parent substitute or friend to whom you can turn for support.

Relapses

A word about relapses is important. Problem-solving and changing personal attitudes often can be diagrammed as two steps forward and one backward. It's not at all uncommon for parents to slip back a step or two to rehash something you thought was behind you. Allow them time to rework it. It will be disappointing to you when this happens, but it's the way change usually comes about.

STAGE 6: TRUE ACCEPTANCE

Not All Parents Get This Far

Some parents get this far. Most may love their child without finally accepting the child's life. Many reach the point where they can also celebrate their child's uniqueness. These fortunate ones view homosexuality as a legitimate expression of human sexuality. When asked if they wish that their child could be changed, they respond, "I'd prefer to change our homophobic society so my child could live his life without rejection and fear."

Parents at this stage face up to their own guilt, that they are a part of a guilty society, a homophobic society. They reflect on the gay jokes they've told and laughed at over the years. They begin to understand the problems they unknowingly created for their child. This coming to terms with themselves may lead them to view the oppression of all gays and lesbians in a new light.

They begin to speak out against the oppression; they talk to friends about the issues involved as a means of educating others. They support gay friends of their son or daughter; they attend parent meetings to help other parents. In short, they become committed to a cause and find a way that is

comfortable for them to make a positive contribution. Some do it boldly, others work at it quietly.

Our Own Story

About two years prior to knowing about Ted, we began to sense that our son was drifting away from the family. We thought it was simply a stage he was going through; as soon as he completed this "stage," he'd come to his senses and his life and ours would come back together. In an effort to help him we tried at different times to reach him. One month we'd try to be his friend, interested in what he was doing and allowing him considerable latitude. When that didn't work, we tried bringing him to his senses by being confrontive and demanding. To our mutual frustration, nothing worked.

My wife became increasingly aware that we were "losing" him. What we thought was a typical teen-parent communication gap seemed to be getting out of hand. We knew he was unhappy and were frustrated that we were unable to help. It never crossed our minds that his being gay and our lack of understanding related to the problem.

I've often thought about what has transpired since then; I've looked upon it as an unplanned journey. It was thrust upon us; we'd hardly have signed up for it if given the option of choosing something else. Unplanned, however, does not mean unwelcomed. Today we can say "We're glad we know." We've been able to support our son on his journey. We hope that he can say, "Unplanned, but not unwelcome."

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Gender Neutral Housing

Consistent with university policy and practice, Ohio University Residential Housing staff responds to student needs and works to develop a nurturing community atmosphere that values diversity and promotes the dignity of all people. Currently the university is implementing a pilot program of offering Gender Neutral Housing.

The Gender Neutral Housing community focuses on creating an inclusive environment where students can live in the same room with any student - regardless of sex, gender, gender identity / expression, or sexual orientation. To opt to live in Gender Neutral Housing students should indicate an interest in the option through the housing contract. These students will then be sent a supplemental application which will ask them to identify how they will enhance the community and benefit from the community. Applications are reviewed by a team of staff and students.

While transgender identified students are encouraged to apply to live in the Gender Neutral Housing community, you are not restricted to this option. To explore other options to best meet your needs, contact the Associate Director of Residential Housing for Business Operations below.

At any point in the school year, should any student has a conflict with a roommate because of their gender identity or expression, the student is encouraged to see their Resident Coordinator (RC) first. If talking with the RC brings no resolution, a student can discuss the matter with an Associate Director of Residential Housing and/or the Director of the LGBT Center.

Name Change

How to change your name legally:

1. Go to the Probate Court Office of the Courthouse where you are a resident. If you are going to the Athens County Courthouse, the office you need is on the second floor across the hall from the elevator. You will need your driver's license, your birth certificate, and payment for the name change fee (\$116, as of 02/2009). Be prepared to schedule a court date at least 3 weeks away.
2. Fill out the paperwork. You will get a form to take to the local newspaper. For a name change, you must advertise in the newspaper **at least 3 weeks** in advance of your court hearing. **Be warned that this advertisement will include your previous name, the name you are changing to, your address, and your court hearing date.**
3. Take the paperwork to the local newspaper. For Athens residents, this newspaper is The Athens Messenger (located at 9300 Johnson Road –about 3 miles on US-33 E from campus, on the left side of the road next to Athens High School). They will also charge a fee for the advertisement (\$45, as of 02/2009). Once again, this advertisement must run at least 3 weeks before the court hearing.
4. Attend the court hearing. It is a really short process (less than 5 minutes, usually). Once your name change has been processed, they will give you several certified copies of the name change order to allow you to change your name for your driver's license, bank account(s), the university, and elsewhere (See list below).
- 5.

How to change your driver's license:

1. Take the court order to the Bureau Motor Vehicles of the county in which you live to get an updated driver's license. (Athens' BMV is at 182 W. Union Street – part of the HDL Center).
2. There will be a fee (\$24 as of 10/2005), and they will take your old license.
3. It is now possible to change your gender marker on your Ohio driver's license. The county BMV will not change your gender on the license unless you have proper documentation – Declaration of Gender Change form.

How to change your name with the university:

Go to the Registrar's Office (2nd floor Chubb Hall) and ask to meet with the Registrar Debra

Benton (she is a strong ally!).

1. Fill out the forms. You will need to bring all name change court documents. Once completed, your name will be changed on most university records. However, this will not change your medical records at Hudson Health Center, your library account, or your personal information on the e-Directory of the ohio.edu site.
2. If you want to change your name with the university before your court hearing, you can take the paperwork showing that you have filed for a name change and have an approaching court date to the Registrar. The Registrar can make a conditional name change, as long as you bring in the name change order after the court hearing.

How to change your name listing on the e-directory:

1. Email oak.support@ohio.edu
2. Kindly ask them to change your name listing on the e-Directory. They can also change your name listing on the e-Directory of any student organizations of which you are an officer. The Campus Involvement Center (Baker 355), however, controls the listings on the student organization page, so talk to them as well.

How to change your name with the library:

Take your new student ID to a librarian and ask that your name be changed in their system.

Other documents to think about:

- Social Security card
- Bank accounts
- Health insurance company
- Credit reporting agencies
- Passport/other IDs
- Public library card
- Old schools (high school and previous universities for transcripts)

- Current employers
- Previous employers (for reference checks)
- Medical Records
- Wills (of family members and your own)

Some Tips:

- Come prepared with all necessary documentation.
- Act very professionally. If you act like you know exactly what you are doing, people will be less likely to hassle or question you.
- If you get hassled, stress that you just want to change your name, and you have all of the proper documentation. If nothing else, you could come back and talk to a different person some other time. OU students can also meet with delfin bautista. Contact them at bautista@ohio.edu and/or 740-593-2515

Sex Marker Change

Changing Gender Marker with the University:

Because of the way the university interacts with the government, they must always have your "legal sex" on record (though federal and state documents refer to "sex" as "gender"). In order to change the "gender" that the university has on your records, you must have a doctor's letter stating that you have completed "gender reassignment surgery" or present your birth certificate or driver's license showing the appropriate gender. OU students can email Mickey Hart at hartm@ohio.edu if you need assistance with this.

Birth Certificate:

Ohio does not allow trans* people who were born in the state to change their sex marker on their Ohio birth certificate. However, most other states are not as rigid with their birth certificate policies. The state in which you change your birth certificate depends upon the state where you were born, not where you currently reside. Most states will issue a new birth certificate or an amended one for a change of name. TransOhio and Equality Ohio continue to work together to address this issue with the Legislature.

Selective Service Form:

Selective Service has a special exemption for trans* people who have changed their legal sex. Directions and details are at: <http://www.sss.gov/instructions.html>. You will want to request a Status Information Letter. The section for "transsexual" is listed under Section 2. OU requires that all students with a male sex marker have a Selective Service Compliance Form on file with the Registrar.

Single User Restrooms

Several years ago the LGBT Center worked to make restrooms on campus more accessible to transgender, gender variant, and gender non-conforming students, faculty and staff, as well as others who wish to use a single user restroom such as families and individuals with different medical needs. There are currently over 30 restrooms on campus that are not gender specific, however many of these have limited access (see below).

With all of the new construction and renovations on Athens Campus, the university is committed to making sure that buildings have at least one gender inclusive and accessible restroom. The LGBT Center has partnered with Office of Institutional Equity and others to continue the effort of increasing the number of single user restrooms in academic and administrative buildings. Below is a current list of the single user restrooms, please note that the list does not cover all buildings and was generated by students who canvassed the Athens Campus--with the construction taking place on campus that list may not be the most up to date. If you know of changes or updates, please send those to lgbt@ohio.edu so we can update our list.

Academic/Administrative Buildings:

Baker Center - 1st floor - next to main restrooms by Latitudes
Baker Center - 3rd floor - Administrative Offices area behind the LGBT Center
Crewson House - 1st floor
Cutler Hall - ground floor
Hudson Health - both Campus Care and Counseling & Psychological Services
McKee House - 1st floor
Morton Hall - 5th Floor
Nelson Dining Hall (2)
Siegfred School of Art - 4th floor (2 restrooms)
South Green Residential Housing Office-O'Bleness House
Walter Hall - 1st floor near the vending machines

New single occupancy campus restrooms: Walter Field House; Schoonover Center (1st floor)

Single occupancy restrooms in community ally spaces: Hillel (21 Mill Street); United Campus Ministry (18 N College Street); Athens Book Center (74 East State St.); Athens Uncorked (14 Station Street)

PLEASE NOTE: OHIO Residence Halls are now locked at all hours so the following are only available to those with access to the building.

East Green Residence Halls:

Biddle Lobby
Johnson Lobby
Perkins Lobby
Shively Lobby
Tiffin Lobby
Washington Lobby

South Green Residence Halls:

Armbruster Basement

Atkinson Basement

Brough Basement

Brown Lobby

Cady Basement

Crawford Lobby

Dougan Basement

Ewing Basement

Fenzel Basement

Foster Basement

Hoover Basement

Mackinnon Lobby

Martzolff Basement

O'Bleness Basement

Pickering Lobby

Smith Basement (Smith House is also location of Gender Neutral Housing)

True Basement

Weld Basement

Wray Basement

West Green Residence Halls:

James Lobby

Ryors Lobby

Sargent Lobby

Treudley Lobby

Wilson Lobby

Physically Transitioning

Hormone Replacement Therapy

Some trans* people, but not all, seek to undergo Hormone Replacement Therapy (HRT). HRT options for female assigned at birth (FAAB) trans* people include testosterone therapy, and HRT options for male assigned at birth (MAAB) trans* people include estrogen therapy. The degree of effects, as well as how quickly they take place, varies between individuals, and some body characteristics are unaffected regardless. In addition to having realistic expectations for HRT, it is important to understand potential risks. This introduction does not constitute medical advice, and anyone considering HRT should consult their physician.

Changes from HRT:

Shortly after beginning HRT, MAAB trans* people may start becoming more emotionally sensitive, especially to stress, though this is not a universal experience. Six to eight weeks after beginning hormone therapy, the first physical effects in MAAB trans* people begin to appear. The first noticeable change is the beginnings of chest growth. Sometimes, this can be very painful. Acne usually begins to clear up, and skin becomes softer and less coarse. Balding ceases and some hair might even begin to grow back, though it is usually very fine. Body hair lessens and becomes finer. In some places (such as the stomach), it may disappear entirely. Gradually, body fat begins to redistribute from around the waist to the hips. Muscle mass starts to disappear, and it causes a noticeable loss in strength. The loss of muscle, though, gives the body a softer look and feel. Another thing to be expected with HRT is loss of sexual functioning. The external gonads generally shrink, it becomes harder to maintain an erection, and there is a loss of the ability to ejaculate.

The most immediate effects of testosterone on FAAB trans* people can be a heightened libido (reaching its highest point three days after the injection). Shortly after beginning HRT, menstruation stops. Physical changes, though, also take about six to eight weeks to be noticeable. The first change is a drop in the pitch of voice as the testosterone causes the vocal chords to thicken. Body fat redistributes from the chest, hips, and thighs to the waist. Muscle mass increases, making the body much harder and stronger. Facial hair begins to grow, but a full beard may take up to four years to grow in. Other body hair begins to grow in thicker, except on top of the head where MAAB balding patterns set in. The genital erectile tissue begins to grow, but it rarely will grow to a length long enough to penetrate, though size varies greatly from person to person. Menstruation can stop shortly after beginning HRT (though this can take longer for some people), and the uterus and ovaries begin to atrophy.

Limits of HRT:

While HRT can alter many physical traits, it has its limits. HRT can do nothing for the height, size and shape of hands, shape of the jaw, and the width of the pelvis after puberty has taken place. In MAAB trans* people, hormones can do nothing for the pitch of voice. Voice coaching can be utilized to learn to inflect words and to speak in a higher pitch. Second, chest growth due to HRT rarely exceeds a B cup. Chest growth usually stops after 18-24 months of hormone therapy. Some MAAB trans* people are unsatisfied with the results and opt to have chest implants once their chests have reached their maximum growth. Also, HRT has very little effect

on facial hair. The only way to get rid of facial hair is to have electrolysis performed on every hair follicle, which is a very time consuming and expensive process.

For FAAB trans* people, testosterone can't undo chest development. Binding after a long period of time can cause the chest to start to atrophy. Removal of chest growth is only possible with chest reconstruction surgery, although this can be quite costly. Since growth of the genital erectile tissue typically doesn't reach a penetrating size, some FAAB trans* people also choose to pursue genital surgery.

Side Effects and Risks Associated with HRT:

One of the riskiest aspects of HRT is that such little research has been performed to find out what health risks are involved. One serious health risk that is definitely correlated with HRT is thromboembolic disease, which occurs in 2.1% of patients under 40 and 12% of patients over 40. Trans* people undergoing estrogen therapy can experience extreme mood swings on estrogen, and severe depression and loss of energy can result. Mortality in MAAB trans* people is six times higher than the general population, and this is primarily due to suicide and unknown causes. Estrogen can also cause MAAB trans* people to be at a higher risk for benign pituitary tumors, gallbladder disease, and hypertension.

FAAB trans* people undergoing testosterone therapy can develop serious acne problems, and it may require prescriptions. Weight gain of greater than 10% is also a major side effect. FAAB trans* people undergoing testosterone therapy also face risks of breast cancer, diabetes, high cholesterol, hypertension, and liver disease. Smoking tobacco makes these risks even greater, so the person should seriously consider quitting. The obvious risk with HRT is that, once changes begin to occur, many of them are irreversible. Sterility results in MAAB and FAAB trans* people after prolonged treatment. If a MAAB or FAAB trans* person thinks that they would like to eventually have a biological child, they should consider having their eggs stored, or storing sperm in a sperm bank.

Treatments Options:

MAAB trans* people have several different options for hormone therapy, but there has been no research as to which ones are superior to the others or as to which dosage amounts provide the best results. Mostly, the drug used depends on what is available, how much it costs, and personal preference. More than just estrogen is required in hormone therapy, though; anti-androgens are required to block the effects of testosterone on the system. If the external gonads are removed, though, anti-androgens are no longer necessary. Oral estrogens can cause problems with the liver, but they are generally cheaper. "Natural" estrogens (metabolized estrogen from other species) have fewer side effects than other estrogens, but they also cause an increased risk of thrombosis. Estrogen can also be administered in shots or transdermally (with patches). The patches have very few estrogen-induced side effects, but they can cause skin problems where they stick to the skin. People that perspire a lot also have problems keeping them stuck to the skin. The patches are also the most expensive form of treatment. Even if a MAAB trans* person undergoes genital surgery, it is necessary to continue taking estrogen to prevent osteoporosis.

FAAB trans* people, though, typically don't require any additional treatments to block the effects of estrogen; the testosterone treatment is usually strong enough to make it unnecessary.

When testosterone isn't enough to stop menstruation on its own, progestagens are necessary to stop menstruation. Testosterone can be administered intramuscularly (with shots), in a topical gel (ex. AndroGel), or via patches. Some countries also offer oral androgens, but the United States does not. These, however, don't sufficiently suppress menstruation in half of the patients, so progestagens would also have to be taken if a patient wished to stop menstruation. If a FAAB trans* person chooses to undergo testosterone therapy and genital surgery, it does not mean a person can quit taking hormones. Testosterone therapy eventually atrophies the ovaries, and the body will no longer produce testosterone or estrogen. In this case, the person must take either testosterone or estrogen to prevent osteoporosis. If the ovaries have not atrophied, they can end testosterone therapy with a physician's supervision and they will become estrogen-dominant again.

Conclusion:

Hormone Replacement Therapy does have its risks, but it can bring about many desired physical changes for trans* people who wish to medically transition this way. In the end, it is up to the individual to decide whether or not to pursue HRT and which method to use.

Sources:

www.transgendercare.com/

www.gayhealthchannel.com/transgender/ht.shtml

Compiled by Elliot Long and revised by Mika Herman

Changes

Physical transition for trans* people has many different possibilities. Not everyone chooses to pursue hormone replacement therapy (HRT), and those who do take different doses of hormones for varying lengths of time. There are also several different forms of hormones to choose from. This is only a brief overview of HRT. For more information, see the sources below or talk to your physician.

Testosterone Therapy

| Potential changes | Traits that won't change |
|---|---|
| <ul style="list-style-type: none"> • Growth of facial hair (slow process) • A lower voice • Distribution of body fat from chest, hips, and thighs to stomach • Increased strength and muscle development • Enlargement of genital erectile tissue • Increased body hair • More angular facial features, less facial fat • MAAB-pattern hairline and baldness • Increased aggression • Heightened libido • Cessation of menstruation • Enlargement of Adam's apple (before age 21) | <ul style="list-style-type: none"> • Height (unless starting treatment at a young age) • Size of hands (though feet may grow a few sizes) • Chest growth (though they may shrink a little) |

Estrogen Therapy

| Potential changes | Traits that won't change |
|---|--|
| <ul style="list-style-type: none"> • Softer skin and body appearance • Chest growth • Lessening of body hair • Loss of muscle mass • Increased emotional sensitivity, especially to stress – depression not uncommon • Diminished ability to achieve erections and to ejaculate • Redistribution of body fat from stomach to chest, hips, and thighs | <ul style="list-style-type: none"> • Voice • Height • Size of hands and feet • Presence of facial hair (may grow more fine) • Hair loss stops, but what has been lost won't grow back • Adam's apple |

Possible Health Risks

Some health risks are involved and should be fully researched and considered before beginning HRT. Pre-existing health problems could also disqualify a person for HRT. One of the most troublesome aspects of HRT is that such little research has been performed to find out what

health risks are involved. There could possibly be serious long-term health risks involved that still have not been uncovered. One serious risk that is definitely correlated with HRT is thromboembolic disease, which is a disease that causes blood clots. The risk for this can be decreased by regular exercise.

MAAB trans* people undergoing estrogen therapy can experience extreme mood swings on estrogen and severe depression and loss of energy can result. The mortality rate in MAAB trans* people is 6 times higher than the general population. This is primarily due to suicide and unknown causes. Estrogen can also cause MAAB trans* people to be a higher risk for benign pituitary tumors, gallbladder disease, and hypertension.

FAAB trans* people undergoing testosterone therapy can develop serious acne problems, and weight gain of greater than 10% is fairly common. FAAB trans* people face higher risks of chest cancer, diabetes, high cholesterol, hypertension, heart attacks, and liver disease. Smoking tobacco makes these risks even greater, so a person pursuing HRT should be or become a non-smoker.

The most obvious risk with HRT is that once changes begin to occur, many of the changes are irreversible. Sterility results in both FAAB and MAAB trans* people after prolonged treatment. If a MAAB trans* person thinks they would eventually like to have biological children, they should seriously consider storing sperm in a sperm bank prior to starting HRT. If a FAAB trans* person would like to have a biological child, it is sometimes possible to become pregnant after being on testosterone for a period of time, though pregnancy would require cessation of hormone treatment. It is possible to freeze eggs, but the technology has not sufficiently developed yet for this to be a long-term feasible solution for most people.

Treatment Options:

MAAB trans* people have several different options for HRT, but there has been no research as to which treatments are superior to the others or as to which dosage amounts provide the best results. Mostly, the drug used depends on what is available, cost, and personal preference.

Sources:

<http://www.transgendercare.com>

<http://www.gayhealthchannel.com/transgender/ht.shtml>

"True Selves" by Mildred Brown and Chloe Ann Rounsley

Surgical Options

There are several guidelines dictated by the World Professional Association for Transgender Health Standards of Care regarding eligibility for surgery for trans* people. In recent years there has been some movement away from these standards towards consent-based access to care, however if you are considering surgery, it would be a good idea to read over these guidelines and speak to your therapist regarding their particular interpretation of these guidelines. The following information and links provide a brief overview of some of the surgical procedures used by some trans* people in physically transitioning. This list does not cover all of the possibilities, nor

should it be considered official medical advice. For more information, one should consult with a licensed medical doctor.

To Have Surgery or Not

Choosing whether or not to pursue various surgical procedures is a very personal thing. Not all trans* people desire to have surgery, and having surgery or not having surgery does not make a person more or less trans*. Surgery is also a very costly endeavor. The results are not always entirely satisfactory for trans* people in functionality, sensation, or in appearance, and personally preferred results never can be guaranteed. There are also health risks involved with whether or not to pursue surgery. It is important to be aware of all of these factors and to have several conversations with one's doctor before going into surgery to get the best idea of exactly what to expect. However, surgical procedures are important for some trans* people, and often gender affirmation surgeries of some kind is required to change sex markers in various government agencies (though specific requirements vary widely).

Covering the Cost of Surgery

The biggest obstacle for many to overcome in pursuing gender affirmation surgeries is covering the cost. A majority of health insurance companies consider trans* related surgeries to be "elective" and thus refuse to cover the costs. However, some companies will cover particular procedures, especially if they can be deemed medically necessary (such as a hysterectomy for FAAB trans* people undergoing testosterone therapy due to an increased risk for ovarian cancer). Being aware of all this and your insurance companies policies, as well as finding a doctor willing to work with your insurance situation, you can save on the cost of surgery. Also, some people choose to travel to other countries where surgery is significantly cheaper and there are different guidelines regulating who can have surgery and who cannot. The best ways to investigate these options are through searching online (such as [Trans Bucket](#)), speaking with other trans* people, and connecting with local trans* organizations.

MAAB trans* people:

The LGBT Center does not endorse any doctor, authors or service providers. We list links below for information sharing purposes only. The lists do not reflect all providers and should not be viewed as comprehensive.

Breast Implants: Chest growth for MAAB trans* people on hormones rarely exceeds a B cup. Once a person's chest reach its full size (after about two years of hormones), some MAAB trans* people choose to increase their size with breast implants.

Dr. Daniel A. Medalie, [University Plastic Surgery in Cleveland, OH](#): Photos of results and descriptions of his procedures are listed on his website. Medalie does chest reconstruction surgery for FAAB trans* patients and breast implants for MAAB trans* patients. This website may be triggering for some as it assigns gender to bodies and does not include non-binary trans* people.

Facial Surgery: For some MAAB trans* people, the softening effects of estrogen do not change their facial appearance enough to satisfy them. They may opt to pursue one or more facial surgeries in order to achieve a softer facial structure that is more comfortable for them.

Feminization of the Transsexual: This page includes a list and description of many of the facial surgeries trans women sometimes opt to pursue. This resource is aimed towards trans women, but has information relevant for any MAAB trans* person.

Facial Plastic Surgeons: This page contains a listing of doctors that have been recommended by other transgender women for facial surgery.

Orchidectomy: The removal of the testes. This procedure is much more affordable than a vaginoplasty, and it has several benefits: decreased health risks from high levels of hormones and greater feminization by removing the source of testosterone from one's body. Some use this as an intermediate step between beginning transition and having a vaginoplasty.

Transsexual Roadmap: Ochidectomy: Aimed towards trans women, but includes relevant information for MAAB trans* people.

Vaginoplasty: A Vaginoplasty involves inverting the penis to create a vagina.

Transsexual Roadmap: Vaginoplasty

Vocal Surgery: Since hormone therapy leaves MAAB trans* people's voices unchanged and voice therapy has its limits, some MAAB trans* people may choose to pursue surgery to alter their voices. However, results are not always satisfactory.

FAAB Trans* People:

The LGBT Center does not endorse any doctor, authors or service providers. We list links below for information sharing purposes only. The lists do not reflect all providers and should not be viewed as comprehensive.

Chest Surgery ('Top Surgery'): There are several procedures available for chest reconstruction, and different doctors have their own ways of performing these procedures. The type of surgery used depends greatly on personal preference and specific body type.

Dr. Daniel A. Medalie, University Plastic Surgery in Cleveland, OH: Photos of results and descriptions of his procedures are listed on his website. Medalie does chest reconstruction surgery for FAAB trans* patients and breast implants for MAAB trans* patients.

Yahoo group fmsurgeryinfo: In order to access any of the group's files, one must be a member of Yahoo groups and be admitted into this group. There are tens of thousands of posts, and there is an extensive catalog of photos and information about different surgical procedures and photos of results. The group is intended for trans men but includes useful information for all FAAB

trans* people. The [archives](#) are a great resource for commentary about surgeons and other issues relating to surgery.

Genital Surgery ('Bottom Surgery'): The most common forms of genital surgery for FAAB trans* people are metoidioplasty (the freeing of the enlarged clitoris and typically testicular implants) and phalloplasty (the creation of a penis from a roll of skin from the forearm or abdomen). These surgeries are extremely expensive, and many FAAB trans* people opt to not have surgery due to dissatisfaction with the results of any of the available surgeries or because they are comfortable with their genitals. For some, however, having bottom surgery is a very important part of becoming happier with their bodies.

[Loren Cameron's eBook Man Tool](#): includes photos and profiles about gender affirmation surgeries for FAAB trans* people. This eBook only includes trans men, but surgical information can be relevant for on FAAB trans* person considering bottom surgery.

Other Transgender Surgery and Hormone Resources

[Trans Health](#): This site has a few informative articles about surgeries for trans* people, among other transgender topics.

[Trans Bucket](#) : Collection of surgeons, self-submitted photos of surgical results and estimated costs. The website only includes binary trans men and women, but the information is still relevant to all trans* people.

[Surgery: A guide for MTFs](#) : This booklet was written in 2006 in a joint effort of Transcend Transgender Support & Education Society and Vancouver Coastal Health's Transgender Health Program.

[Hormones: A Guide for MTFs](#): This booklet was written in 2006 in a joint effort of Transcend Transgender Support & Education Society and Vancouver Coastal Health's Transgender Health Program.

[Hormones: A Guide for FTMs](#) : This booklet was written in 2006 in a joint effort of Transcend Transgender Support & Education Society and Vancouver Coastal Health's Transgender Health Program.

[Surgery: A Guide for FTMs](#): This booklet was written in 2006 in a joint effort of Transcend Transgender Support & Education Society and Vancouver Coastal Health's Transgender Health Program.

[The Transitional Male](#) : Includes photos of surgery results, descriptions of hormones and surgeries, lists of trans-friendly surgeons and therapists, and resource pages for books and videos

for trans men. This resource excludes non-binary female assigned at birth (FAAB) trans* people, but much of the information is still relevant.

Hudson's FTM Resource Guide: Information on transition options, gender expression items and other issues. Aimed at trans men but contains relevant information for other FAAB trans* people

Susan's Place: Wiki : Wiki primarily covering physical transition options. It focuses on binary trans* people, but much of the information is relevant to all trans* people.

The Transgender Herb Garden: This is a guerilla gardening guide for male assigned at birth (MAAB) trans* people who don't want to rely on corporate pharmaceuticals.

Trans Tribulus: Blog discussing non-pharmaceutical transition options for female assigned at birth (FAAB) trans* people.