



**SUPPORTING  
TRANSGENDER  
FAMILY, FRIENDS &  
COMMUNITY  
MEMBERS**

# DEFINITIONS:

**Transgender** people are individuals whose gender identity differs from the sex they were assigned at birth.

A **transgender man** is a male that was born with a female body. He is not a girl who decides to be a boy. This is not a choice or a phase; gender is a deeply ingrained aspect of identity.

A **transgender woman** is a female that was born with a male body.

Believe people when they tell you their gender. They are correct.

Due to societal, religious and other programming, the above might seem untrue.

Please acknowledge that this programming/bias exists.

# UNDERSTANDING IDENTITY VS. ORIENTATION

Gender identity and sexual orientation are not the same thing.

- Gender identity = Who you are.
- Sexual orientation = Who you love.

Transgender people can be straight, gay, lesbian, bisexual, pansexual, asexual – just like anyone else.

Remember:

Identity = self

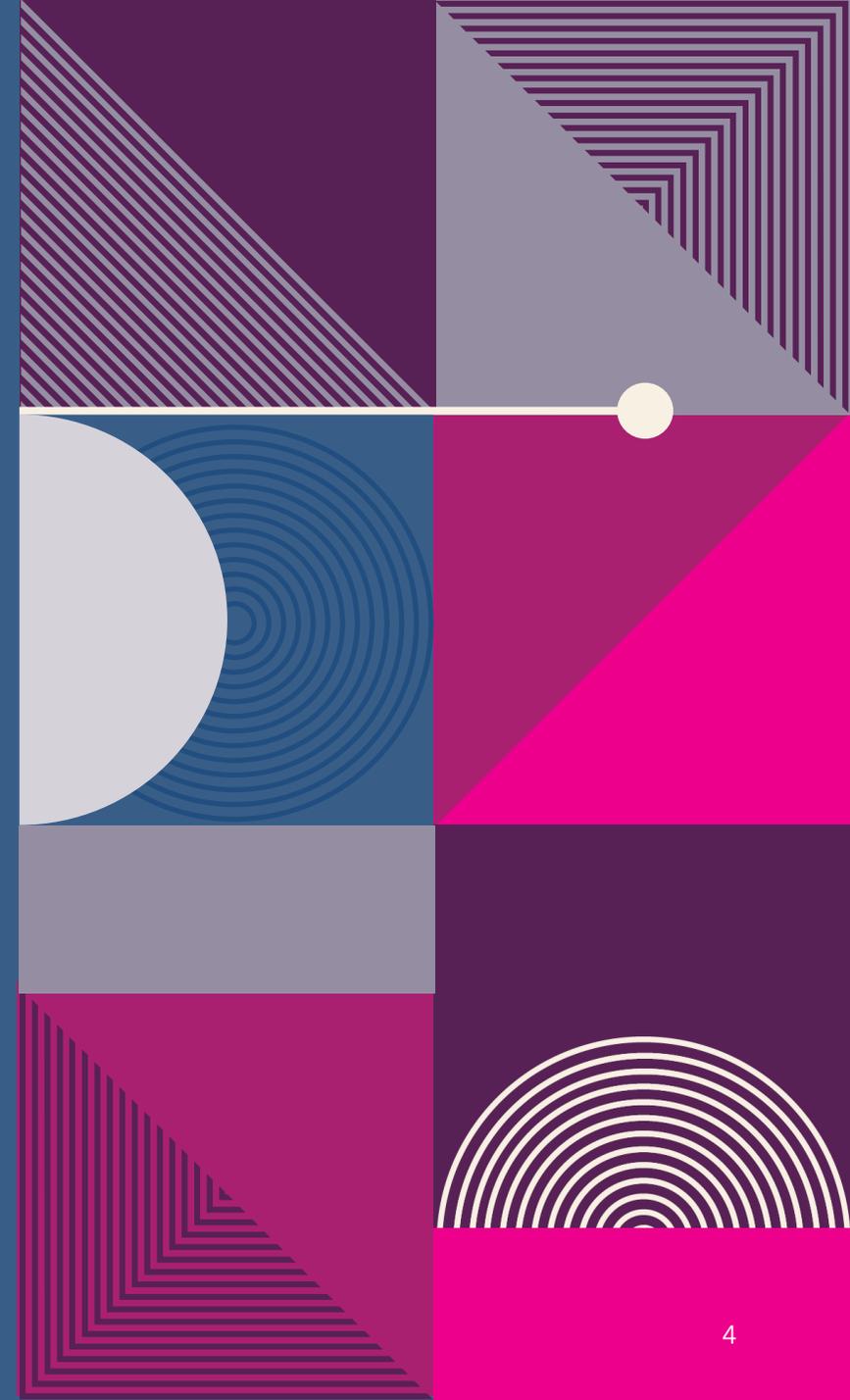
Orientation = attraction.

## DISPELLING MYTHS & MISCONCEPTIONS:

It's common to encounter misinformation about transgender individuals.

- It's not about "choosing" a gender.
- Transgender identity is not a mental illness.
- It's about recognizing and affirming one's true gender.
- This is not a choice or a phase; gender is a deeply ingrained aspect of identity.

"Gender dysphoria" is when the physical body does not align with the gender identity. It also includes the **very unnecessary** discord caused by societal marginalization of gender-variant people.



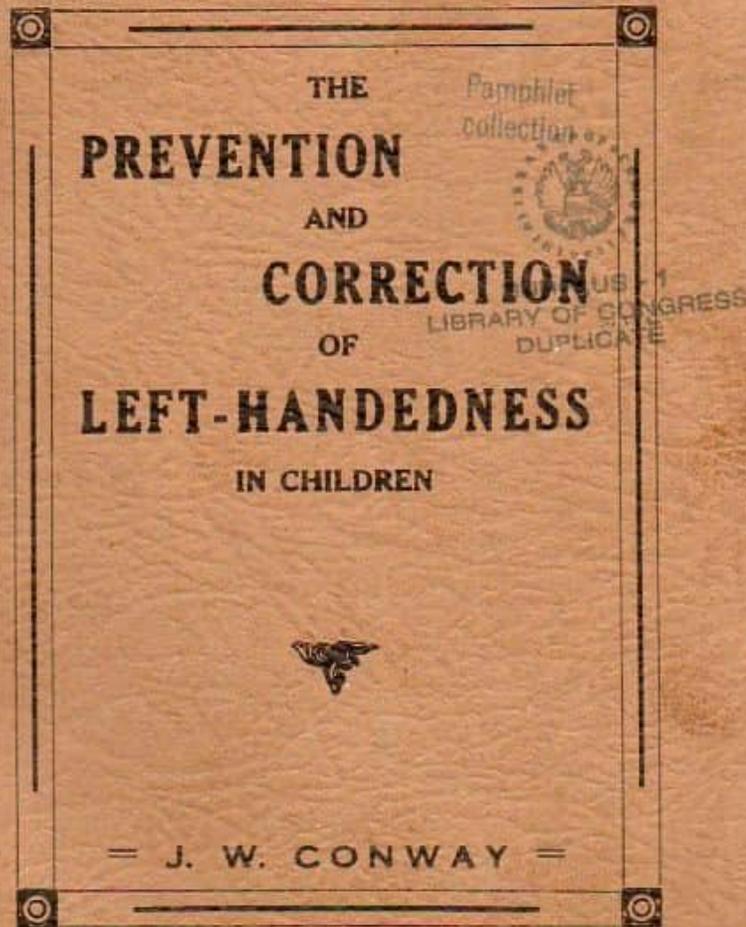
# WHAT PERCENTAGE OF PEOPLE ARE TRANSGENDER?

In the U.S. 1-2% of the population is transgender. Among young adults, 5% are transgender. As societal support grows and discrimination decreases, it's likely we'll see the reported number of transgender people rise until its natural level is revealed.

Far from being a sign of indoctrination, this is a sign of a healthy society that we've seen in other areas before:

In the past, left-handedness was treated as a "sin" and highly stigmatized. Those who were naturally left-handed were encouraged (or forced!) to use their right hand. When society stopped believing that being left-handed was the "work of the devil" and stopped training everyone at school to use their right hand, we saw the reported number of left-handed people grow. About 10% of the population is naturally left-handed.

It's likely that we'll see similar patterns as we learn the natural level of the transgender population in an accepting society.



# WHAT IS TRANSITIONING?

Gender transition is the process through which a person takes steps (social, medical, legal) to align gender presentation with identity. It is a personal process that looks different for each individual.

- **Social transitioning** includes changing clothes, legal names and hairstyles to fit their gender identity.
- **Puberty Blockers** are helpful not only for kids who develop too soon, but also for kids who strongly feel they are in a body that does not match their gender. It gives them time.
- **Gender Affirming Hormone Therapy** may be used by teens to adjust the body they were born with to their true gender - without surgery.
- Some adults may have **surgery**, to help their bodies match their gender.

Regardless of the age at which a person transitions, how they do so is their own business, and each will consult with their doctor to do so safely. Let's empathize with the journey of our loved ones and support them in their path to authenticity and happiness.

# DO PEOPLE EVER TRANSITION BACK?

On average, only 1% of surgically transitioned patients surveyed express regret. (That proportion is even more striking when compared with the fact that 14.4% of the broader population reports regret after similar-size surgeries.)

In countries where the society and family are supportive, regret percentages drop to almost zero. Family support is crucial for all transgender individuals.

When people tell their family they are trans, often, a major concern is “what if they change their mind later?” Once we research this question, our worries can be put to rest.

Gender identity is real and **STRONG**. It’s not like changing one’s hair color so we can feel better. It is who we are on the deepest level.

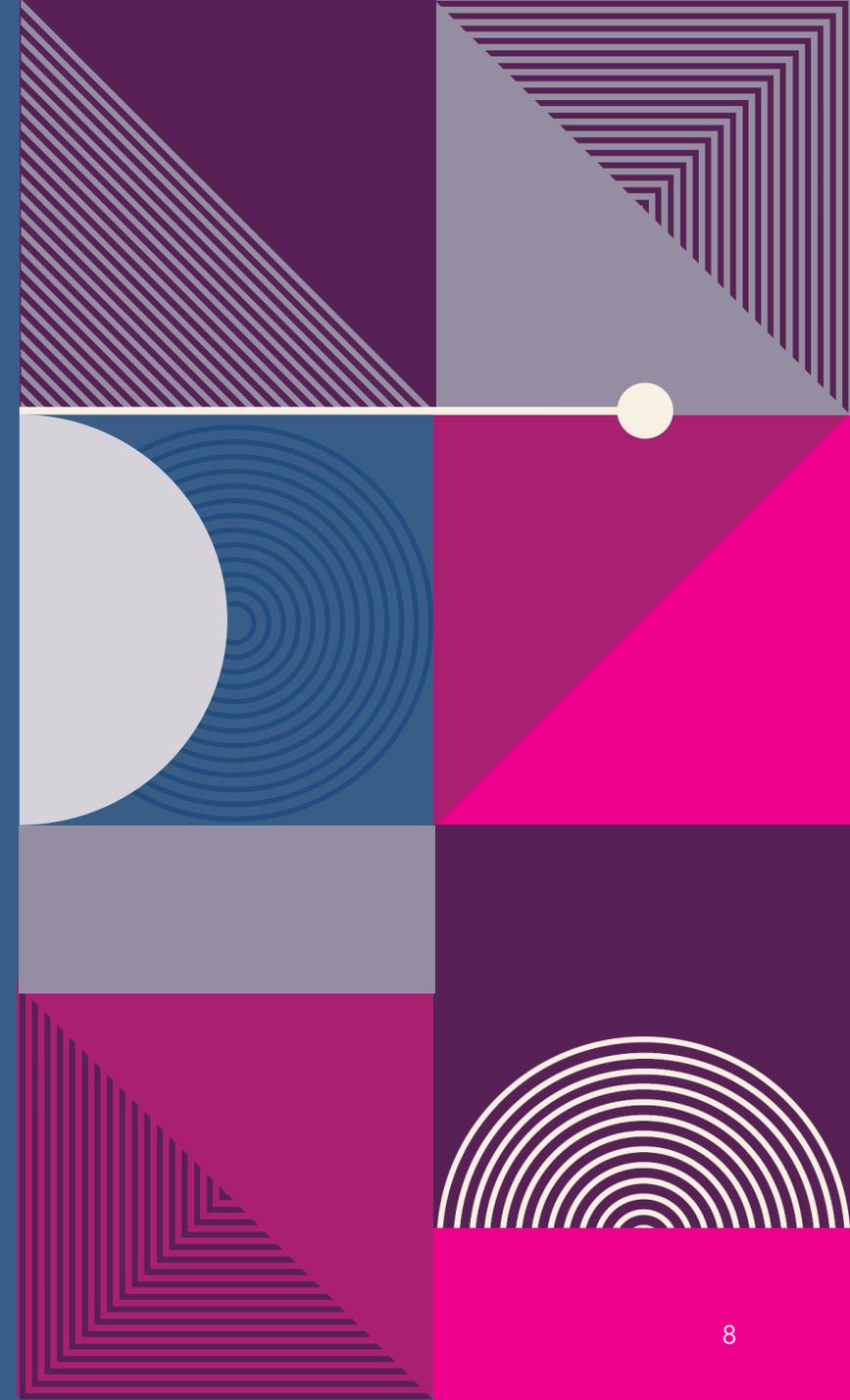
Individuals are the expert on their own gender identity.

# THE POWER OF A NAME

Transgender people choose a name that matches their true gender identity. Sometimes it is something close to their birth name. Sometimes it is totally different. It is crucial to use the language a transgender person uses for themselves, both their new name and pronouns.

In the transgender community, the original (birth) name is referred to as the “dead name”. That’s strong terminology, and a clear indication of how absolutely that birth name does not match the person.

It is **HARD** to switch names and pronouns at first, but it gets easier over time, as we build a go-forward history with our loved one. We don’t have to be perfect, but it is essential that we make consistent effort to use the new, chosen name and the correct pronouns.





When we slip up on using the new name or pronoun, we can:

- Say, "Oops, sorry"
- Say the correct name/pronoun
- Move on with the conversation

There is no need to make a big deal of our mistake.

We will get better as we keep trying.

# LEGAL NAME & GENDER MARKER CHANGES

As a person ages, if they choose to continue transitioning, a legal name change becomes very important. This process can be daunting for transgender individuals. It involves:

- Obtaining a "Change of Name" petition
- Filing the petition with the local circuit court
- Publishing notice of name change in the local newspaper
- Receiving a signed order for name change
- Using copies of the court order to change the name on any document or record.

Normally, one must then update Social Security records, Driver's License or State/Territory ID, Passport, and birth certificates.

It's also important that any document that references the transgender person also is updated to include the new, legal name: professional licenses, their own (and others') insurance and beneficiary documents, wills, trusts, etc.

**Using the transgendered person's dead name after their name is changed is (chose one):**

- A. Disrespectful**
- B. Harmful**
- C. Invalidating**
- D. Emotionally damaging**
- E. Harassment**
- F. All of the above**

# ARE THERE BIOLOGICAL REASONS PEOPLE ARE TRANSGENDER?

**Not always, but sometimes.** We'll learn a lot about this today.

Gender dysphoria can be influenced by a complex interplay of genetic, hormonal, and neurological factors. Research has identified multiple biological influences.

It's important to understand that being transgender is about one's gender IDENTITY, not about their body meeting certain biological criteria. Transgender people do not need to have conflicting biological markers or undergo medical procedures to be considered "real" transgender individuals.

# THE TRANSGENDER UMBRELLA

The word 'transgender' covers many identities:

- Trans woman / Trans feminine
- Trans man / Trans masculine
- Non-binary
- Genderfluid
- Genderqueer
- Agender / Neutrois
- Bigender / Dual-gender
- Two-Spirit (specific to Indigenous cultures)

Each person defines their own terms. It's always OK to ask respectfully: "What does that term mean to you?"



# GENDER EXISTS ON A SPECTRUM

Gender is not a simple on/off switch. It's more like a dimmer switch – a full spectrum.

Imagine a U-shaped curve:

- One side represents masculine
- The other, feminine
- Most people fall somewhere in between – or even move along the curve throughout life.

Gender expression and experience are infinitely diverse, and all valid.



# ARE TRANSGENDER AND INTERSEX THE SAME THING? NO.

Being **transgender** means that there is a mismatch between the sex you were assigned at birth (your body) and your gender identity.

**Intersex** as a term refers to people who are born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male - that may mean being born with typically female genitalia, but having typically male reproductive anatomy inside, but also refers to their hormonal and chromosomal make up.



Intersex individuals make up 1.7% of the world's population (the % varies depending on inclusion criteria) so there are slightly more intersex people than transgender folks.

In some cases, intersex people are diagnosed at birth. Parents and doctors confer together post-birth, guess at the true gender of the baby, and - historically - a surgery would be performed to make the baby present as a single sex. Sadly, some of those guesses were wrong, leading to complex issues for the intersex person later in life.

All people - including intersex and transgender people- deserve every human right, including the right to refuse or choose any surgery they need to be their best self.

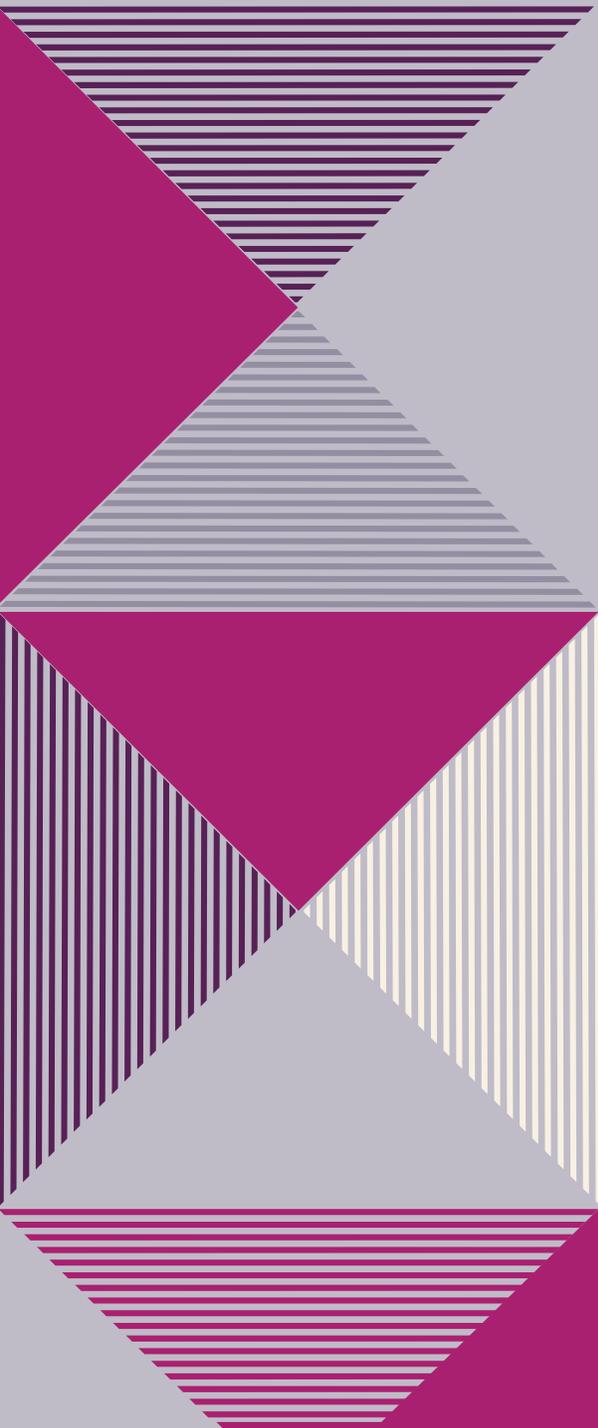
# WHEN WE NOTICE A CHANGE



If you have a friend who has started consistently dressing opposite the social norms for their birth gender, you may wonder if they are transgender and have begun a social transition. What can a good friend do?

- Know that a transgender person has no duty to announce this change in any public way.
- While some folks are extroverts and might choose that way, your introvert friends may choose not to make any announcement at all.
- Do not talk about your friend to other people, asking what they know.

In many cases, transitioning people encounter negativity from others. Our expression of friendship or love can mean a LOT: even hearing something as simple as “You look happier” can be VERY meaningful to our trans friends.



## Great conversation starters might include:

- "Hey, I see you've been expressing yourself differently lately, and I noticed, because I love you. How are things going for you?"
- "I've noticed some changes in your style and wanted to check in. How are you doing with everything?"
- "I want to make sure I'm using the right name and pronouns for you. Have you changed your name? Is there something you'd prefer I use?"
- Be sure to end your conversation with an expression of love or friendship. This can be verbal or something physical like a handshake or a hug.

# STEP 1: SOCIAL TRANSITIONING

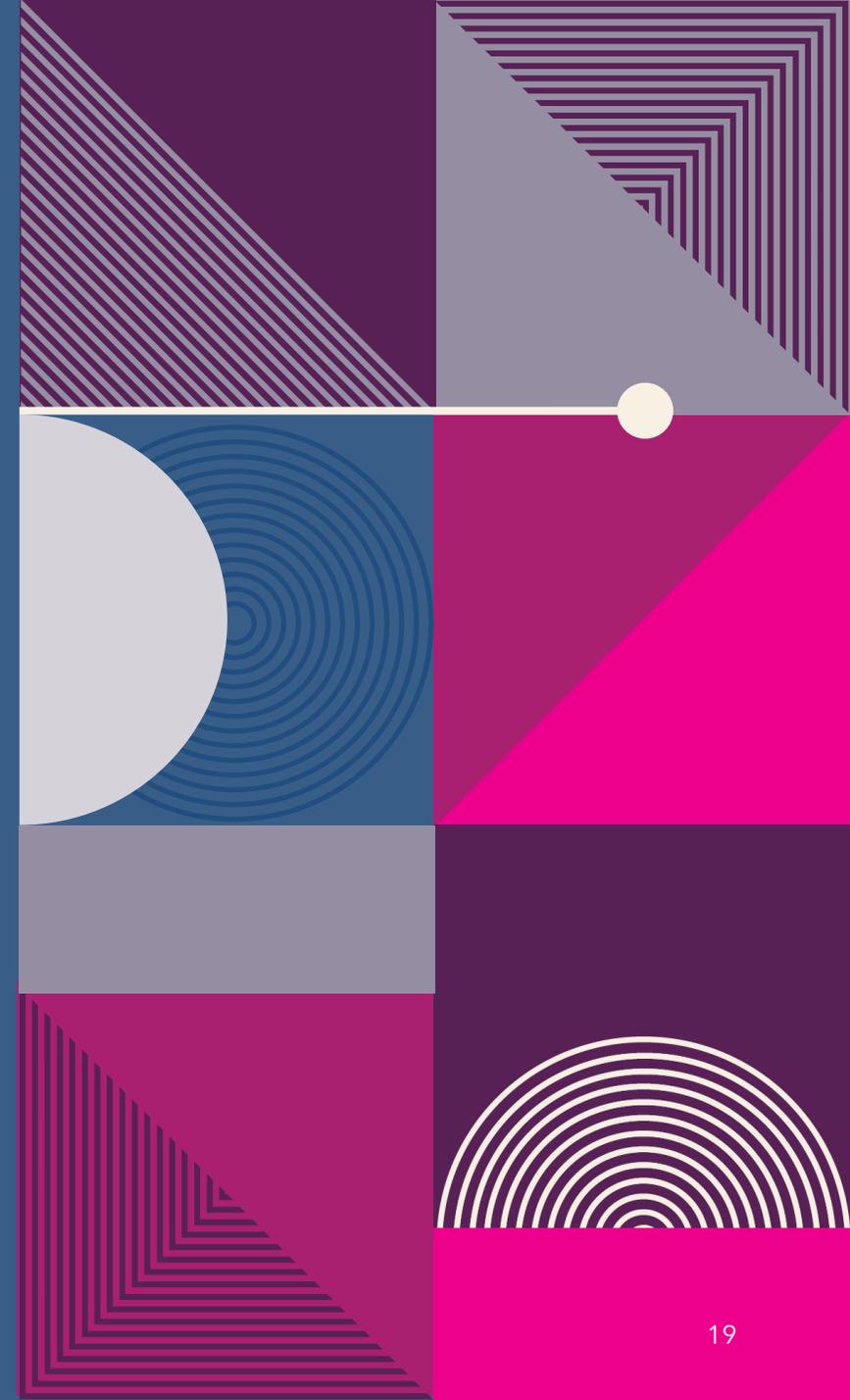
The age range when individuals first realize their gender identity does not match the body they were born into can vary widely, but many begin to express their gender identity in early childhood, often between the ages of 3 and 5. However, the process of assessment and the first step, **SOCIAL TRANSITIONING**, can occur at any age, including adolescence and well into adulthood.

Many societies (states, professions, churches, families, etc.) exert considerable pressure to conform to the gender that matches the birth body. If one is born into a particularly non-affirming time, place, religion, or family, there may be significant incentives to try to fight against one's gender identity for many years.

Prior to socially transitioning, the patient is involved in numerous hours of examination, counseling, and consultation, spread over a period of months, even years. The patient confers with their parents, doctor and counselor as they consider if social transitioning is right for them.

Social transitioning for children is 100% reversible.

A study published in the journal Pediatrics in 2022 found that among socially transitioned children, about 94% continued to identify as transgender or nonbinary five years later.



# STEP 2: PUBERTY BLOCKERS

Puberty blockers are medications transgender children may use when approaching puberty.

Puberty blockers are used to:

- Prevent the development of unwanted secondary sex characteristics (such as breast development or voice deepening) that can be distressing for transgender children.
- Provide more time for the child and their family to make informed decisions about future medical interventions.
- Reduce the need for future gender-affirming surgeries.

The decision to start puberty blockers involves a thorough evaluation by a medical team, including an endocrinologist experienced in transgender health. Both the child/teen and their parents or guardians must provide informed consent, understanding the benefits, risks, and potential long-term implications of using puberty blockers.



Puberty blockers are typically introduced at the onset of puberty, around ages 8-14.

Puberty blockers are given by injection or implant, monthly to yearly, depending on the prescription.

These medications work by suppressing the release of sex hormones, effectively halting the progression of puberty.

They have been used safely since the late 1980s to pause puberty in adolescents with gender dysphoria. They have been used routinely for even longer in children who enter puberty too early and in adults with a range of other medical conditions.

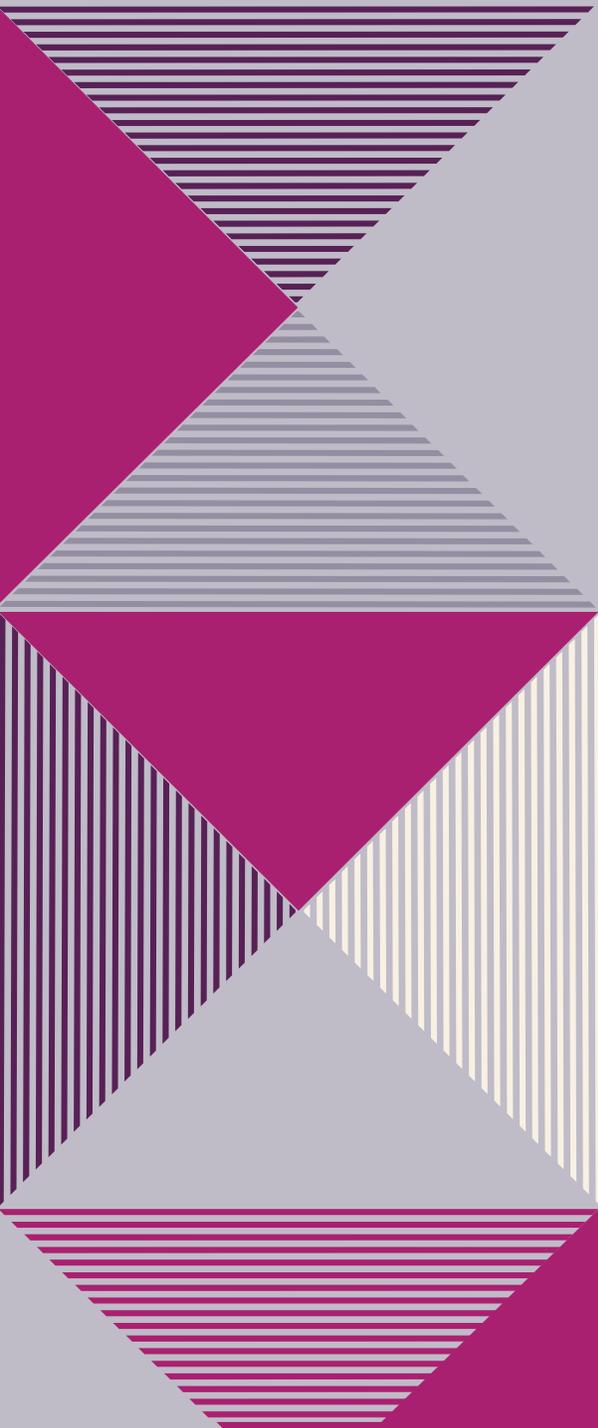
The effects of puberty blockers are reversible. If treatment is stopped, puberty resumes.



# GENDER AFFIRMING HORMONE THERAPY

The recommendations for the age at which doctors prescribe gender-affirming hormone therapy have evolved in the last 8 years, based on increasing understanding of gender dysphoria and the needs of transgender youth. Initially, it was given only to those 18 and older.

As data was gathered, studies and clinical experience began showing that delaying hormone therapy until 18 could lead to increased distress, mental health issues, and poor outcomes for transgender youth. In 2017, the Endocrine Society updated their clinical practice guidelines to suggest that gender-affirming hormone therapy can be considered starting at age 16.



As understanding deepened, data indicated that younger adolescents who are appropriately assessed can make informed decisions with their parents' involvement. The latest Standards of Care (SOC 8 - 2022) from The World Professional Association for Transgender Health recommends that gender affirming hormone therapy can be considered for adolescents as young as 14 under specific circumstances, with comprehensive assessments and ongoing support.

The process of transitioning from puberty blockers to gender-affirming hormone therapy is carefully managed by one's endocrinologist and mental health care team.

Low doses are given initially, and the patient confers with their doctor regarding increases in dosage.

## For trans women

(MTF, male-to-female):

**Estrogen** is taken to facilitate breast development, redistribution of body fat, and reduction of muscle mass.

## For trans men

(FTM, female-to-male):

**Testosterone** is taken to facilitate deepening of the voice, facial and body hair growth, and increased muscle mass.

- Some changes induced by hormone therapy are partially reversible (such as changes in body fat distribution), while others (such as breast development in transgender women and deepening of the voice in transgender men) are not easily reversible.
- **If a trans teen is supported with first puberty blockers, then gender affirming hormone therapy, a trans woman can avoid developing an Adam's Apple. A trans man can avoid growing breasts, thereby eliminating the need for top surgery later.**
- Regret rate of transgender youth who've used gender affirming hormones is extremely low, ~1%.

# STEP 4: GENDER AFFIRMING SURGERY

The readiness for gender-affirming surgery - the final step in transitioning to a body that will match one's true gender identity - varies by individual. Key steps include:

- **Age and Maturity:** Typically, individuals must be at least 18 years old for most surgeries, though - as with gender affirming hormone therapy - guidelines are evolving as care professionals document the profound positive effect on patients.
- **Psychological Readiness:** A mental health assessment ensures the individual is emotionally prepared and has a clear understanding of the surgery and its implications.
- **Real-Life Experience:** Many guidelines recommend living in the affirmed gender for a certain period before surgery.
- **Hormone Therapy:** Undergoing hormone therapy for at least 12 months is often recommended to ensure the individual is comfortable with the changes it brings.

Studies indicate that regret rates for most gender-affirming surgeries are ~1-2%. (This rate is lower than many other types of elective surgeries in the general population.)

# TYPES OF SURGERY

## **Top Surgery:**

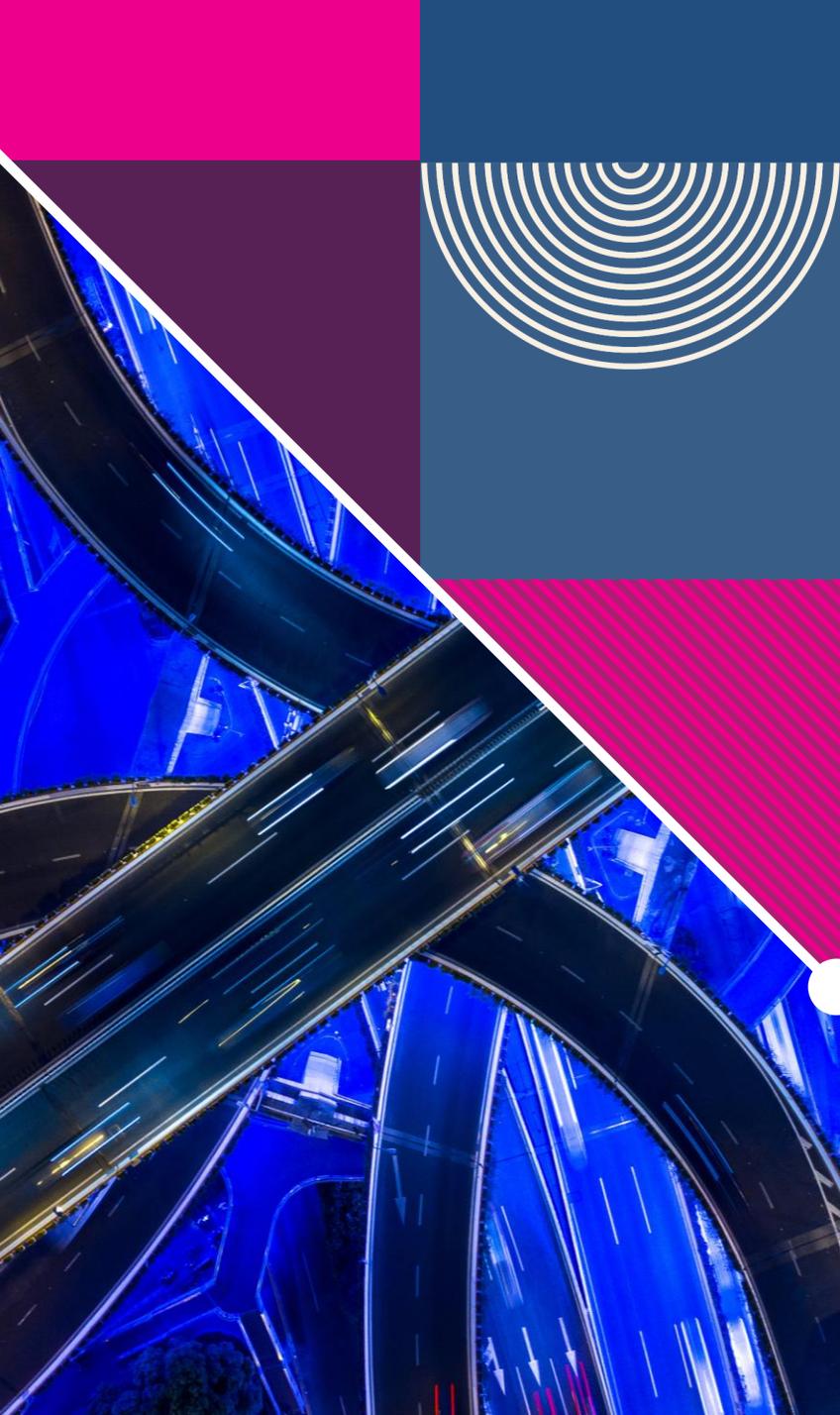
**Mastectomy (for trans men)**

**Breast augmentation (for trans women).**

About 50-70% of trans men and 20-30% of trans women opt for top surgery.

For trans men who were on puberty blockers, then gender affirming hormone therapy, top surgery is not needed, as their breasts never developed. *This is a huge incentive for initiating puberty blockers and hormone therapy on an age-appropriate timeline.* For trans women on gender affirming hormones, there is some breast growth from taking the estrogen. They may find they don't want/need top surgery.

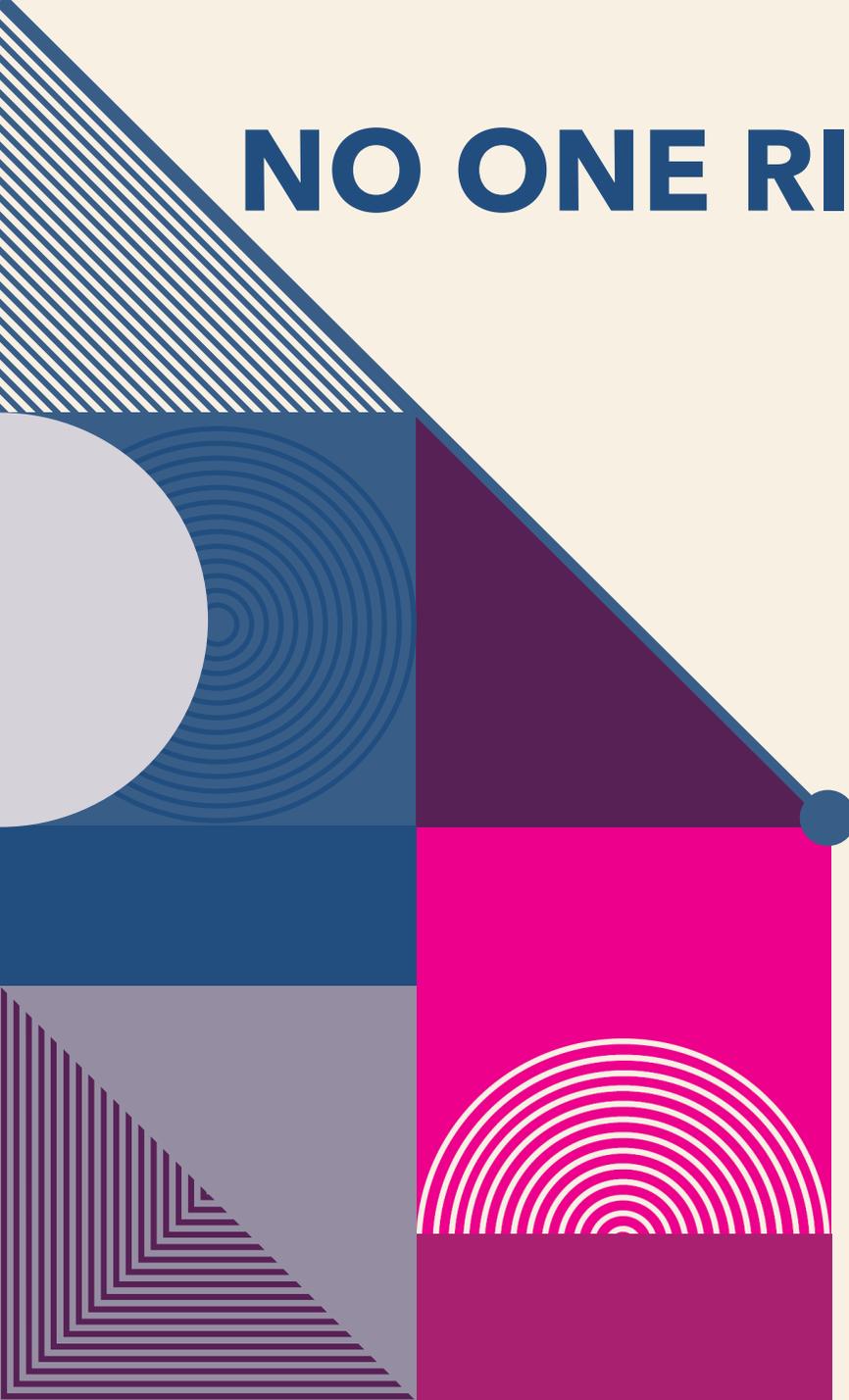
*(For comparison: About 6-9% of non-trans women in the USA have cosmetic breast surgery: lifts, reduction, or enlargement. There is a 1-5% regret rate on those surgeries.)*



**Bottom Surgery:** Less common than top surgery, with estimates around 25% of trans women. Bottom surgery for trans men is 3-15% (but more than half of trans men would *prefer* to have surgery. Roadblocks are lack of surgeons, complexity, and cost.)

Bottom surgery may change just the external sex organs OR it may include the removal of the internal reproductive system.

Increasingly, insurance plans are covering gender-affirming surgeries, but coverage can vary widely. It's crucial to check specific policies and navigate the approval process. Without insurance, surgeries can be expensive: \$10K to \$150K per procedure, depending on which surgery is selected.



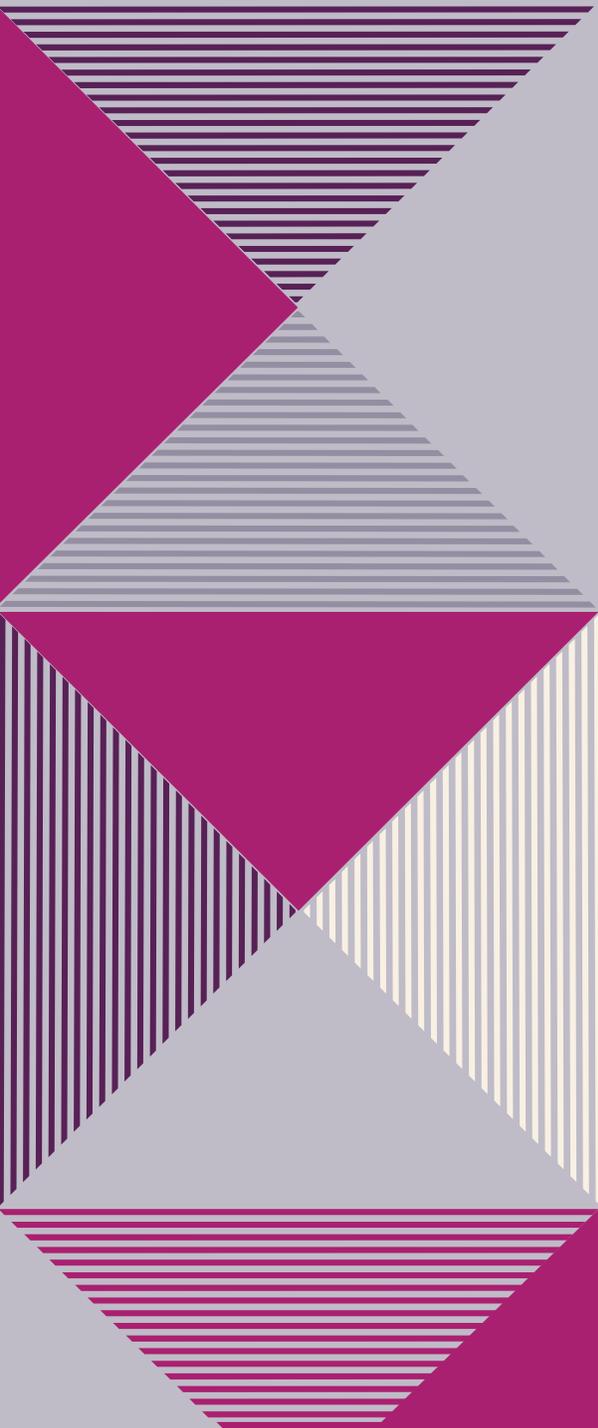
# NO ONE RIGHT WAY TO TRANSITION

Not every transgender person seeks surgery or hormone therapy. Some never want or need medical transition.

Reasons may include:

- Personal comfort or preference
- Health or safety concerns
- Cost or access barriers

Authenticity – not anatomy – defines being transgender.



## HOW DO WE KNOW IF OUR CHILD IS TRANSGENDER?

- “My son never wants his hair cut. Is he transgender? What should I do?”
- Relax. Remember, only 1-2% of people are transgender.
- Most gender norms are just stereotypes. It’s normal for kids to play outside gender norms. If your child is transgender, they will let you know via some of the following actions:

- Your child **CONSISTENTLY** displays a **STRONG** preference for things that don't conform to gender expectations.
- They **INSIST** on dressing as the "opposite sex" **EVERY** time in imaginary play or consistently in real life. (Many children like to sometimes dress up as characters of the opposite gender, or to cross-dress during imaginary play.) The key is if it's "sometimes" or "**always**".
- A boy who **screams** because he's made to get a short haircut. A girl who **defiantly** cuts her own hair short, even when a short cut has been vetoed by parents. (Gender identity is real, **STRONG**, **AND** important, so your child may feel - and act - **like the world is ending** if they have to pretend to look like someone they are not.)
- **Begging** for books or toys that say "for boys" or "for girls"
- **Crying** over the gender they were assigned at birth
- Being **much happier** when you let them do something related to the gender they express
- Your child might use different words to express themselves. If your child **feels strongly** about their gender, they might say things like, "I know I'm a boy!" even if they were assigned female at birth.
- It's typical for young kids to go through phases of pretending to be a different gender. If your child is **CONSISTENT in insisting** they are a different gender, though, pay attention.



Children who are forced into the wrong gender role may be very upset and act out. They may be very aware of parental bias about the LGBTQIA+ community and internalize/repress feelings of shame, which could lead to long term emotional trouble. Look for behavior problems, depression, and poor mental health.

While some children are loudly declaring their true gender at age 3, some take longer (puberty or later) to figure out how to live as their true gender.

### **What can delay the coming-out process?**

- Witnessing stigma within the family, religion, friend group, or community
- Fear of rejection
- Having tried to express themselves, but been teased or scolded
- Lack of knowledge

Know that being transgender is not “abnormal.” It is a documented medical condition for a child to be **born** transgender. Love your child for who they are.

Caring adults can check out sources like the PFLAG website or the Family Acceptance Project to increase their understanding and gain support.

# WHAT TO SAY WHEN YOUR CHILD TELLS YOU THEY ARE TRANS

## PRO TIP:

Regardless of the words you choose, this conversation needs to end with a long, loving hug.

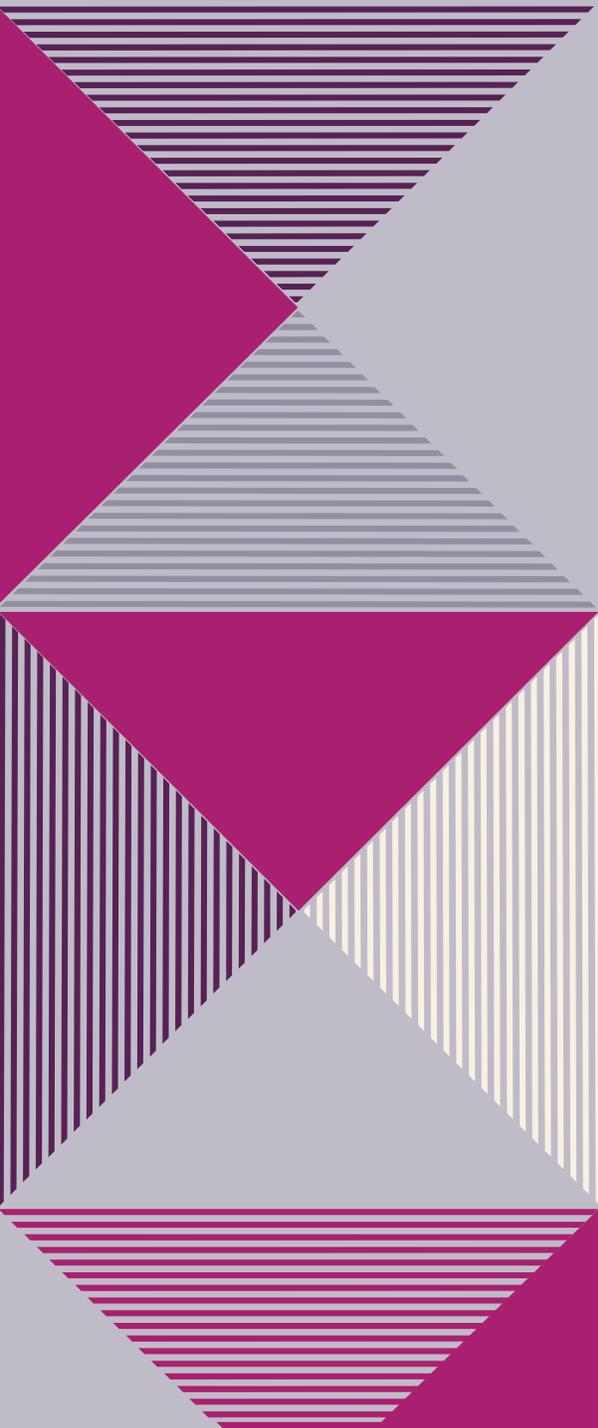
Your reaction can significantly impact your child's well-being and confidence.

## Love/Appreciation:

- I love you.
- Your happiness and well-being are my top priorities.
- Thank you for trusting me and telling me.
- (Do NOT say, "I love you \*no matter what\*." 🙄 That's what we say when someone's done something wrong.)

## Support:

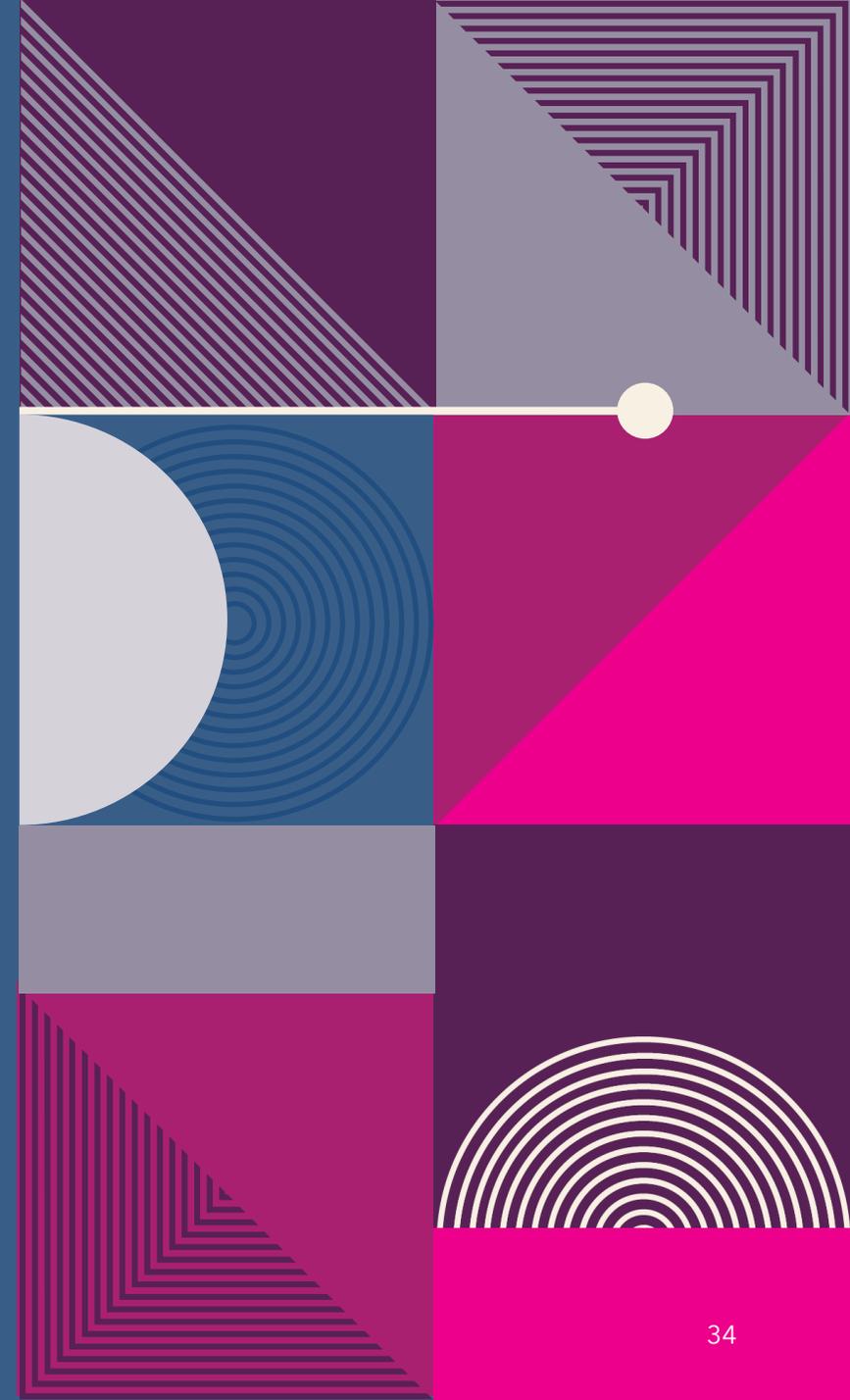
- What can I do to help?
- I'm here for you, and I'm committed to learning and understanding more.
- We'll take this one step at a time together.
- What do you need right now?



# EDUCATING OURSELVES

- The best way to learn about trans issues is to do what we'd do to learn about any topic: Google it! (or now, use AI!)
- Our trans friend or loved one has enough on their plate. It is not their job to also educate us!
- Most issues surrounding trans people are **HIGHLY** personal. If we didn't have this level of personal conversation with them before we found out our friend was trans, then we definitely should not be asking these personal questions now. Get yourself to a library or browser!

- Your trans loved one has been processing their information for a long time. When it's new to you, you'll have lots of fears and questions (based on the latest garbage from the news cycle). Invest a tremendous amount of time in addressing those fears and questions **on your own**, lest you barf misinformation all over your loved one.
- It's important that every conversation you have with your loved one is not trans-related. While gender is VERY important, gender is just a part of life. (Think of it like air: Soooo very important if it's not right. Once air IS good, we focus on the rest of our wonderful life.)
- Find **first person** accounts from people who are transgender on podcasts, YouTube, or TikTok.



# TRANSITION IS A LIFELONG JOURNEY

Transitioning is rarely one dramatic moment. It's a life journey of growth and self-understanding.

For many, it looks like:

- Small steps over time
- Multiple conversations
- 'Letting people in' gradually

Your role is to walk beside them – patient, supportive, and loving throughout. 💜

Check with your transgender loved one: they may prefer that photos that include them pre-transition now only be shared with other family members or people in the photo.

Or they may OK your sharing baby photos or other gender neutral photos, but nix the sharing of photos that clearly contradict their true (current) gender.

**How do we refer to stories and memories of transgender people before they transitioned? Do we refer to them as the name they had at the time or the name they use now?**

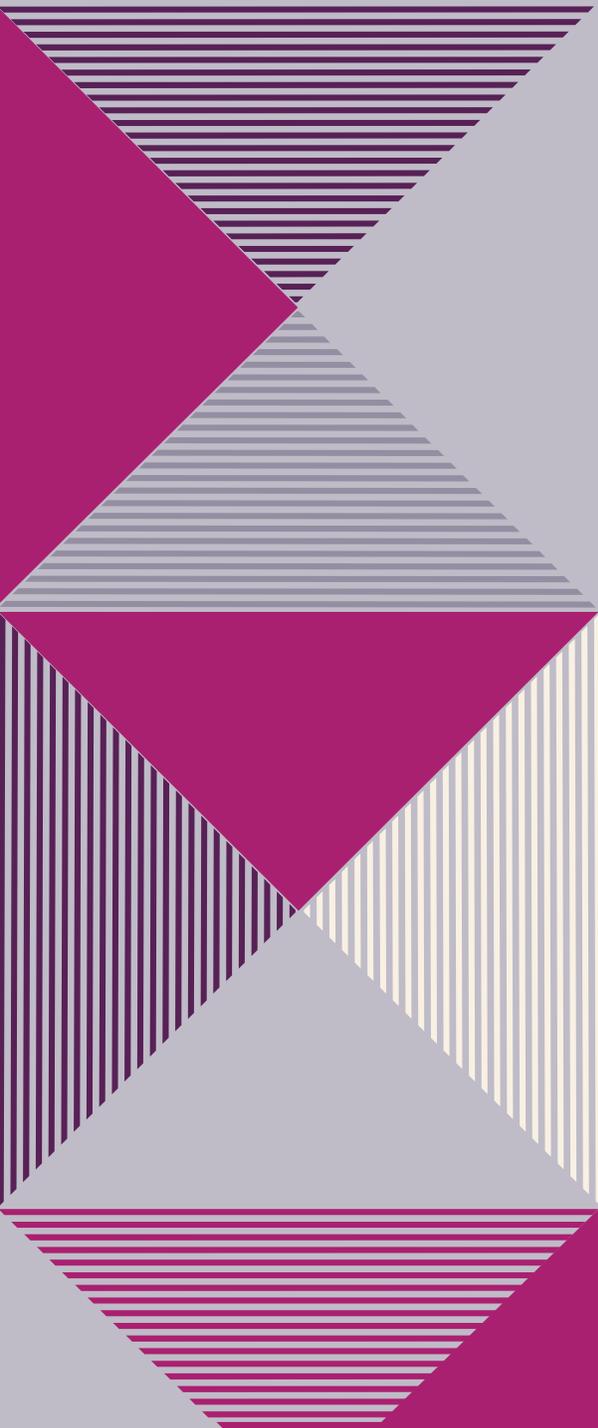
It's best to use their current pronouns and name. We do this because **they were always that person**, they just didn't have the ability to tell us at the time.

Does this mean you should throw out your photos? No! They are a cherished record of your family through the years.

# SUPPORTIVE ACTION & LANGUAGE

Creating an inclusive and supportive environment for transgender individuals involves **conscious effort and compassion**. Examples:

- ✓ Supportive Language: Once we learn of our loved one's preferred name and pronouns, **use them exclusively**. When we slip up, quickly apologize, use the correct language, and move on. (We may have to practice using these in private so that there are a few fewer mistakes when our loved one is with us.)
- ✓ Supportive Action: **Correct others** when they mis-gender or use the wrong name for your loved one. This is an incredible way to show support.
- ✓ Supportive Action: When your loved one comes out (AKA "lets you in"), ask if they would like to tell their siblings, grandparents, aunts/uncles, or nieces and nephews themselves or if they would like you to do it. There are age-appropriate books for children, to help them understand why the name and pronouns need to be corrected **Make asking questions safe**. Expect there will be additional questions as time goes on.



✓ Supportive Action: Updating Family Photos: Replace old photos with new ones that reflect their current identity, and make sure to display them prominently.

✓ Supportive Action: Offer to go with them to medical or therapy appointments for moral support and an extra set of ears.

✓ Supportive Action: Take them shopping for clothes that align with their gender identity or give them a gift card to their favorite store.

✓ Supportive Action: Participate in events like Transgender Day of Visibility or Transgender Awareness Week to show your support and celebrate their identity.

✔ Supportive Action: Buying Gender-Affirming Products for adults: Purchase a binder for a transmasculine loved one or a gaff/tucking underwear for a transfeminine person.

✔ Supportive Action: Wear a rainbow pin or other affirming jewelry or clothing. 🌈 You'll not only show support for your loved one, but you will show much needed awareness to others who are struggling to be seen.

✔ Supportive Action: Educating Yourself - Take the initiative to learn about transgender experiences, challenges, and advocacy efforts to become a better ally.

✔ Supportive Action: Attend a support group for families of transgender individuals to show that you are committed to understanding and supporting them. (The UWGB Pride Center offers free ally training.)

Keep learning so you get to the point where you can honestly speak the following whole-heartedly with love:

- "I love you."
- "Please know you can always talk to me. I'm here to listen."
- "I'm so proud of you." and "I'm so proud to be your mom."
- "I'm here for you every step of the way."
- "Is there anything specific you need right now to feel more comfortable? Anything I can help with?"
- "Everything I learn about you makes me love you more."
- "If you ever feel unsafe or uncomfortable, please tell me. I want to make sure you're protected."
- "I support you."

**Restate the things you may feel are obvious.** Our loved ones need to hear these statements.

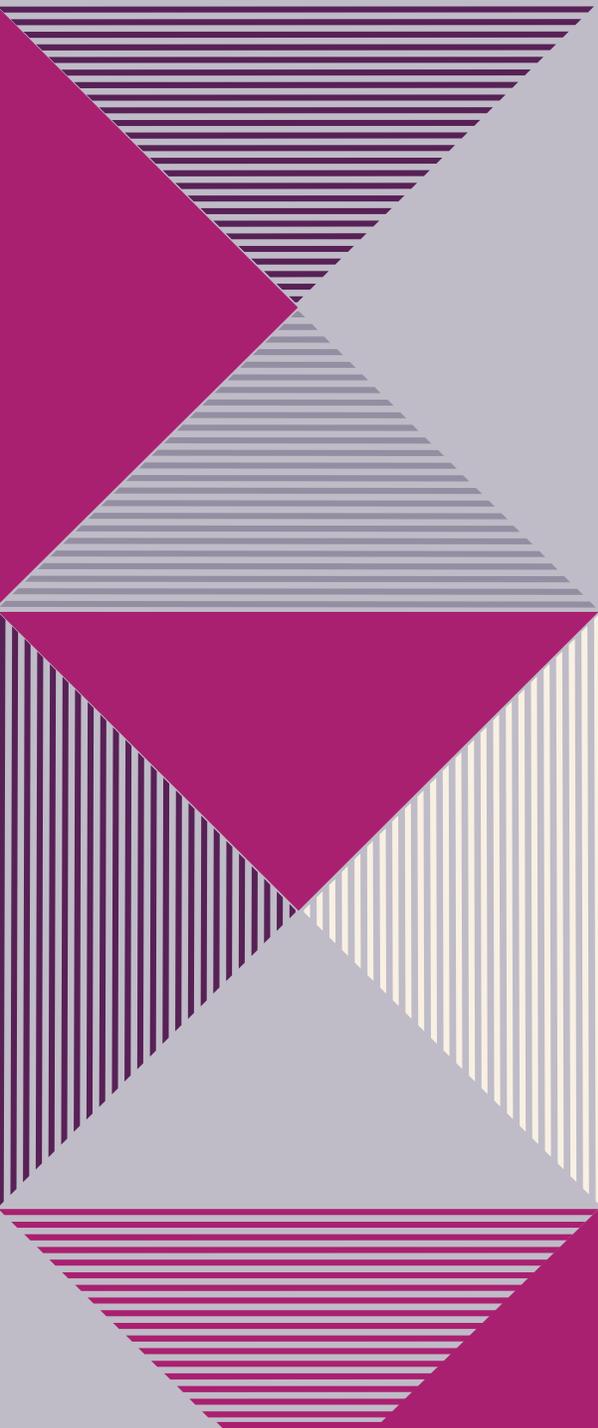
**Expressing acceptance and affirmation of someone's identity through statements like these can have a powerful impact, not only on your transgender loved one, but on your entire family.**

# IMPACT OF NEGATIVE ACTIONS & WORDS

**If we can immediately begin calling a newly-minted pope by a different name, we can certainly do the same for our trans family and friends.**

✗ **Microaggression: Misgendering** - Using incorrect pronouns or referring to someone by their dead name after they have socially transitioned.

**PRO TIP:** If a trans friend has stated their new name and preferred pronouns, but they don't correct people every time someone uses their dead name or wrong pronouns, **this is not a signal they are OK with what's happening.**

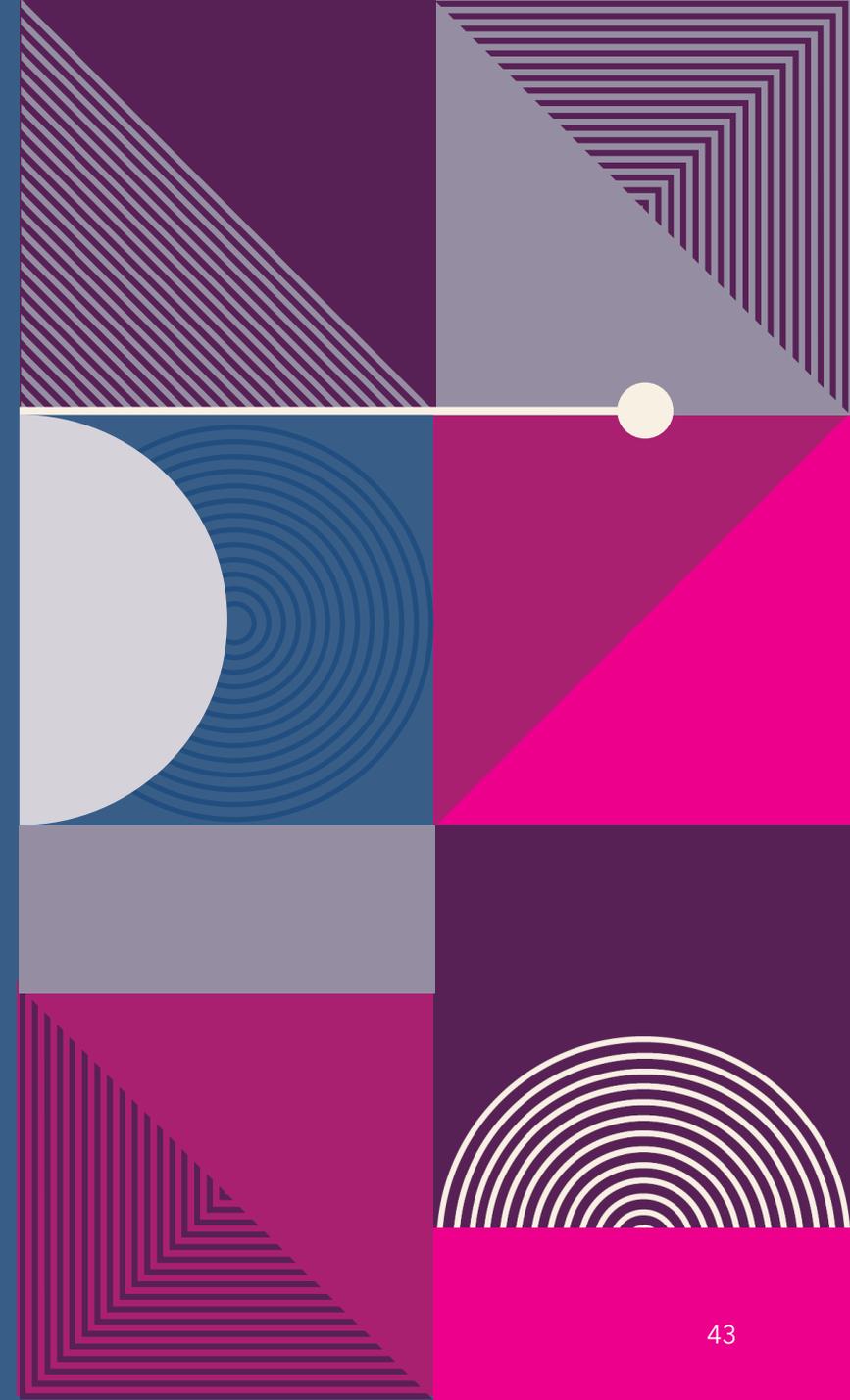


**Our language can also be aggressively unkind. Unthinking comments from parents and other family members can deeply hurt and contribute to feelings of shame, rejection, and self-doubt:**

- "It's just a phase. You'll grow out of it." (Invalidation)
- "You'll always be my son/daughter no matter what you say." (Misgendering)
- "I can't call *you* by that name. It's not who you really are." (Disrespect)
- "Are you sure you're really transgender? Maybe you're just confused." (Questioning Authenticity)
- "I don't get it and I never will. Why can't you just be normal?" (Refusing to understand)

- "Do you realize how embarrassing this is for our family?" (Improperly centering the story on themselves)
- "We're not going to support this nonsense by using other pronouns." (Denial of Support)
- "You don't need all this therapy and medication. Just be yourself." (Dismissing)
- "Why can't you be more like your brother/sister/normal people?" (Comparison)
- "If you go through with this, you can't expect us to be part of your life anymore." (Threatening Behavior)

**These types of statements can be deeply damaging to a transgender person**



# IMPACT OF RELIGION



- Religious beliefs should not be used to justify discrimination or intolerance towards transgender individuals.
- Many religious traditions emphasize compassion, love, and acceptance, which are values that can guide support for the transgender community.
- With the advent of better medical understanding of gender issues, many churches have changed their policies and now publicly affirmed their support of LGBTQ community

# IRRATIONAL FEARS

**Top SA  
offenders:**

**Friend/neighbor**

**Religious leader**

**Family**

**Online contact**

**Teacher or aide**

**Coach**

**Law  
enforcement**

**Day care**

**Politician**

✘ Fear: Transgender people are pedophiles

✔ Reality: Transgender people are not the demographic to fear

Elected officials and media personalities continue to accuse transgender people of being pedophiles and/or grooming children, despite the data.

Their **lies** contribute to a dangerous environment for transgender individuals and **incite fear**. It is crucial to **call out** and debunk such harmful rhetoric with accurate information and support for the trans community.

From February 10, 2023 to May 23, 2024, Kristen Browde, a transgender lawyer and mom, tracked 10,000+ cases of SA of children that made the news. This is not an exhaustive report, but from all publicly available, reported crimes, **the patterns are clear: transgender people are not the ones to fear**. Her website: <https://www.whoismakingnews.com/>



# LEGAL PROTECTIONS

So far in 2025 alone, 1,009 (!) anti-trans bills have been proposed, including **18 in Wisconsin**. In the USA, 123 bills have passed, 504 are active, and 382 have failed. We can track these here: <https://translegislation.com/>

Wisconsin is one of 30 states that have no state ban on transgender people's use of bathrooms. We can track which states are banning the basic right to bathroom access here: [https://www.lgbtmap.org/.../nondiscrimination/bathroom\\_bans](https://www.lgbtmap.org/.../nondiscrimination/bathroom_bans)

Transgender people have been subjected to discriminatory laws and social ostracization in the U.S., with political leaders exploiting existing biases and religious dogma to marginalize them.

**It is crucial for the majority to learn from the past, recognizing the patterns of abuse and standing in solidarity with marginalized groups.**

# SUPPORT TRANS HEALTHCARE

Access to competent and affirming healthcare is crucial for transgender individuals. **Many face barriers to accessing gender-affirming care:**

- Uneducated and/or hostile parents
- Legislation that forbids care
- Financial barriers (not all insurance plans cover gender-affirming care)
- Bias and/or lack of training *among general providers*
- Geographic/Logistic barriers to access specialists

 Myth: Being Trans Messes People Up Mentally

 Reality: Being transgender is not inherently linked to mental health issues.

The mental health challenges faced by transgender individuals are often **the result other people's actions:**

- Non-support from family and society
- Anti-trans legislation
- Discrimination
- Lack of access to affirming healthcare



# LACK OF SUPPORT FROM FAMILY

Sibling love and support are crucial for transgender adults, especially when parents are non-supportive. Siblings can provide a vital emotional anchor, offering acceptance, understanding, and validation.

By affirming their sibling's gender identity and standing by them through challenges, **siblings can significantly mitigate the worst consequences of parental rejection.**

Sometimes, families are torn apart because they cannot accept the truth about their transgender family member. They fail to educate themselves, cling to outdated, biased beliefs, and refuse to consider that their prior understanding of transgender issues might have been wrong. This refusal can lead to significant suffering within the family, creating division and ongoing pain.



**Many parents who were initially unsupportive of their LGBTQ children express deep regret for the pain and harm their lack of acceptance caused. Our words and attitudes of today will be remembered. We can decide now how we will love and support family members who may come out in the future.**

**With ~20% of today's youth self-identifying as LGBTQ, it is critical that we consistently live The Golden Rule in word and deed.**

# THE ALLY'S TOOLKIT



<https://www.instagram.com/tylerfeder/>

## HOW CAN WE HELP?

### BECOME AN ALLY!

**READ A BOOK:**  
"TRANSGENDER 101" BY  
NICHOLAS TEICH.

**WATCH "DISCLOSURE"**  
(NETFLIX)

**HIT THE WEB: GLAAD,  
NATIONAL CENTER FOR  
TRANSGENDER EQUALITY**

**RESOURCES: THE TREVOR  
PROJECT'S "COMING OUT  
& LIVING AUTHENTICALLY  
SERIES"**

**WEAR AN AFFIRMING  
SHIRT OR PIN**



# THANK YOU

## **Indivisible Brown County**

[info@indivisiblebrowncounty.org](mailto:info@indivisiblebrowncounty.org)

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

## **The Bay Area Council on Gender Diversity**

(for family too!)

[TransGreenBay@gmail.com](mailto:TransGreenBay@gmail.com)

<https://www.bacgenderdiversity.org>