



**Developmental
Disabilities
Planning Council**

Plain Language Edition

A Self-Advocate's Guide to Gender- Affirming Health Care

To Start

This is a toolkit about being transgender or nonbinary. This toolkit talks about gender-affirming health care for transgender and nonbinary people.

This toolkit answers questions like:

- What does “transgender” mean?
- What does “nonbinary” mean?
- What does “intersex” mean?
- How is being intersex different from being transgender or nonbinary?
- What is gender-affirming health care?
- What are the different types of gender-affirming health care?
- What is gender dysphoria?
- What are the steps to getting gender-affirming health care?
- How can you get gender-affirming health care?
- What are some of the barriers to getting gender-affirming health care?
- How can you be a good ally and friend to transgender and nonbinary people?

What is sex assigned at birth? What is being transgender or nonbinary? What is being intersex?

Sex Assigned at Birth

When a baby is born, the doctors look at its body. Then the doctors say if the baby is a boy or a girl. Someone who the doctors say is a boy is **assigned male at birth**. Someone who the doctors say is a girl is **assigned female at birth**. **Sex assigned at birth** is whether someone is assigned male or assigned female at birth.

Being Transgender or Nonbinary

A **transgender** person is someone whose gender is not the same as the sex they were assigned at birth. A transgender woman is a woman who was assigned male at birth. A transgender man is a man who was assigned female at birth.

For example:

Lisanna is a transgender woman. When Lisanna was born, the doctors thought she was a boy. So the doctors assigned Lisanna male at birth. But Lisanna is a woman.

Here is another example:

Markus is a transgender man. When Markus was born, the doctors thought he was a girl. So the doctors assigned Markus female at birth. But Markus is a man.

The opposite of being transgender is being cisgender. A **cisgender** person is someone whose gender is the same as the sex they were assigned at birth. A cisgender woman is a woman who was assigned female at birth. A cisgender man is a man who was assigned male at birth.

A **nonbinary** person is someone who is not a boy or a girl or a man or a woman. Another word for nonbinary is **genderqueer**. Some nonbinary people think of themselves as transgender. Other nonbinary people do not think of themselves as transgender. Nonbinary people can be assigned either sex at birth.

For example:

Kelly is nonbinary. When Kelly was born, the doctors thought Kelly was a girl. So the doctors assigned Kelly female at birth. But Kelly isn't a woman or a man. Kelly says their gender is "something else." Kelly is nonbinary.

Here is another example:

Jay is genderqueer. When Jay was born, the doctors thought Jay was a boy. So the doctors assigned Jay male at birth. But Jay is not a woman or a man. Jay says that they do not have a gender. Jay is genderqueer.

Being Intersex

Sometimes when a baby is born, the doctors cannot decide whether the baby should be assigned male or female. The baby might have genitals (sexual body parts) that are not typically “female” or typically “male.” The baby might not have chromosomes that are typically male or female.

Chromosomes are instructions in your body that tell your body how to work. You can find out someone’s chromosomes through a blood test. Humans have two kinds of chromosomes that tell our bodies how to make our genitals (sexual body parts): X chromosomes and Y chromosomes. Most people assigned female at birth have XX chromosomes. Most people assigned male at birth have XY chromosomes.

Someone might be assigned a sex at birth. But when they grow up, their body does not look like most bodies assigned that sex at birth. They might have different sexual body parts. Or they might have different hormones. (We will talk about what hormones are in the next section.) Their body does not fit into being completely male or completely female. That person is **intersex**.

Many intersex people are still assigned a sex at birth. Doctors may “pick” the sex they feel the baby is closest to. Doctors will then tell the parents they should raise the baby as this sex.

For example:

Helena is intersex. When Helena was born, the doctors could not decide whether Helena should be assigned male or female. Helena’s genitals (sexual body parts) were not typically “female” or typically “male.” Helena did not have typical “female” or “male” chromosomes. Helena is intersex.

Intersex people can be any gender. There are intersex girls and women. There are intersex boys and men. There are intersex nonbinary people.

Some intersex people are transgender or nonbinary. Other intersex people are not transgender or nonbinary. These intersex people are cisgender. Being intersex is not the same thing as being transgender or nonbinary.

Some intersex people are cisgender. Cisgender means that a person's gender is the same as the sex they were assigned at birth. Cisgender intersex people agree with their birth assigned gender. Cisgender intersex people may use surgery to feel more like their birth assigned gender.

For example:

Lakshmi is an intersex cisgender woman. When Lakshmi was born, the doctors assigned her female at birth. But when Lakshmi grew up, her body started to look more "male." Her voice got lower. She grew facial hair. Because of this, Lakshmi is intersex. Lakshmi is still a woman, though. She calls herself a woman. She thinks of herself as a woman. Lakshmi is intersex. And she is a cisgender woman.

Some intersex people are transgender or nonbinary. Transgender and nonbinary intersex people are a different gender than their birth assigned gender. Transgender and nonbinary intersex people may use gender realignment surgery to feel more like their gender.

Here is a third example:

Halley is an intersex nonbinary person. Halley was assigned male at birth. But Halley has XXY chromosomes. They do not have typically male or typically female chromosomes. That makes Halley intersex.

Halley is nonbinary. They call themselves nonbinary. They think of themselves as nonbinary. Halley is intersex. And they are nonbinary.

Sometimes doctors will do **intersex surgeries** on intersex babies and children. Intersex surgeries is when an intersex person's body is changed to better "match" their birth assigned sex. Intersex surgeries are different from emergency surgeries to make sure the baby is safe. Emergency surgeries on intersex babies are done when the baby is in danger. Emergency surgeries are not about making an intersex baby "match" their birth assigned sex.

Sometimes doctors will give other treatments to intersex babies and children to help them better "match" their birth assigned sex. These treatments may include hormones or hormone blockers. This is different than when transgender or nonbinary people choose to take hormones or hormone blockers. A transgender or nonbinary person is choosing hormone therapy to feel more comfortable in their body. A doctor telling an intersex person they need hormone therapy to better "match" their gender is pressuring them.

Doctors may call these treatments **medically necessary** when they are not. Medically necessary means someone will become sick if they do not have this treatment. Forcing someone to have a medical treatment they do not need is not right. Intersex people deserve truthful information about their medical care. Intersex people deserve to choose if they want treatments that change their body.

Some intersex people do need surgery. An intersex person might need surgery:

- if their condition makes it hard for them to pee.
- to remove body parts that have a high risk of getting cancer.

But a lot of intersex surgeries only happen because the doctors or parents want the person's genitals to look more 'normal.'

Intersex adults may choose to have surgery to feel more comfortable in their bodies. Intersex adults may choose surgery after looking at all of their options. Intersex adults that have surgery are making a decision for themselves.

But babies cannot choose things. Intersex surgeries done on intersex babies are done without the babies' consent. Consent is when someone understands what will happen and agrees to it. Intersex surgeries on intersex babies can cause problems as they grow up.

Intersex children can also be pressured into intersex surgeries. Parents or doctors may tell intersex children that they need these surgeries. But they do not really need them. Parents or doctors might not explain things in a way children understand.

They might not explain things like:

- what these surgeries are.
- how these surgeries will change the intersex child's body.

Doctors might pressure parents to agree to treatments that are not medically necessary. This is not fair. Intersex children deserve to have medical choices explained to them. Intersex children deserve the right to choose what to do with their bodies.

What is gender-affirming health care? What are the different types of gender-affirming health care?

Some transgender and non-binary people get gender affirming health care. **Gender-affirming health care** is health care that helps people feel more comfortable in their bodies. Cisgender people can also get gender affirming health care. In this resource we will not talk about gender affirming health care for cisgender people. In this resource, we will talk about gender affirming health care for transgender and nonbinary people.

Gender-affirming health care can help with **gender dysphoria**. **Gender dysphoria** is when someone feels like their body and their gender do not match. Gender dysphoria happens when someone is upset by how their body and gender do not match. Sometimes someone feels like other people see their body as a different gender than what they are. This can also cause gender dysphoria.

People treat gender dysphoria by making changes to their body or to how they look. Gender affirming health care is health care that helps transgender and nonbinary people change how their bodies look.

Gender-affirming health care can mean taking hormones. Gender-affirming health care can mean getting surgery. We will talk about both these things in this section.

Sex Hormones and Hormone Blockers

Sex hormones are chemicals in your body. Sex hormones affect how your body grows up and changes. Sex hormones can affect things like whether you grow breasts or whether you have facial hair.

There are three main sex hormones we will talk about:

- Estrogen
- Progesterone
- Testosterone

Estrogen and progesterone are **feminizing sex hormones**. This means that they can make your body look more like a typical female body.

Testosterone is a **masculinizing sex hormone**. This means that it can make your body look more like a typical male body.

Most people naturally produce sex hormones in their bodies. Sex hormones change how people look. Sex hormones are what make some people grow facial hair. Sex hormones make some people grow breasts. Sex hormones change where fat goes on people's bodies. Sex hormones change how people's genitals grow.

Many people do not think about the changes sex hormones make to their body. But some transgender and nonbinary people want to change how sex hormones change their bodies. These transgender and nonbinary people may take hormones to change how their body looks. When someone takes hormones to change how their body looks, it is called **hormone replacement therapy**.

For example:

Ella is a transgender woman. Ella wants her body to look more female. Ella wants her body to have more feminizing hormones. So Ella takes estrogen and progesterone. Estrogen and progesterone are feminizing hormones.

Here is another example:

Yakob is a transgender man. Yakob wants his body to look more male. Yakob wants his body to have more masculinizing hormones. So Yakob takes testosterone. Testosterone is a masculinizing hormone.

Note: Some cisgender people take hormone replacement therapy as well. For example, some cisgender people who have certain kinds of surgery cannot make sex hormones naturally anymore. If someone's body cannot make sex hormones naturally, they need to take hormone replacement therapy to stay healthy. Some cisgender people also take hormone replacement therapy when they get older to help with changes to their bodies.

In this toolkit, we will not talk about hormone replacement therapy for cisgender people. We will only talk about hormone replacement therapy for transgender and nonbinary people.

Testosterone Blockers

Most people who take feminizing hormones need to take a testosterone blocker as well. A **testosterone blocker** is a medication that stops your body from making testosterone. Testosterone is a very strong hormone. If you take feminizing hormones but your body is still making testosterone, the feminizing hormones might not work as well. So taking a testosterone blocker helps feminizing hormones work their best.

For example:

Ella is a transgender woman. Ella takes feminizing hormones. Ella also takes a testosterone blocker. This is a medication that stops her body from making testosterone. The testosterone blocker helps the feminizing hormones work best.

Puberty Blockers

Everyone goes through puberty. Puberty is a time when your body changes. Your body starts to look less like a child's body and more like an adult's body. Most people start puberty between the ages of 8 years old and 14 years old.

Some transgender and nonbinary children who have not yet gone through puberty do not want to go through puberty yet. They want to put off puberty until they are old enough to take hormone replacement therapy. These children can take **puberty blockers**. Puberty blockers are medications that stop puberty as long as a person keeps taking them. Once a person stops taking puberty blockers, they can go through puberty again.

For example:

Sean is an eleven-year-old trans boy. Sean is starting to go through puberty. If Sean goes through puberty now he will grow breasts. Sean does not want to grow breasts. Sean wants to wait to go through puberty. Sean wants to have hormone replacement therapy when he is older.

Sean takes puberty blockers. Puberty blockers let Sean wait to start puberty.

Surgeries

Some transgender and nonbinary people get surgery to make their bodies look more like they want. There are different types of surgeries transgender and nonbinary people can get. We will talk about some of the most common types here.

In this section we talk about sexual body parts. To learn more about sexual body parts read our other resource [“Sex Education: We’ve Got the Right to Know!”](#)

Top Surgery

Top surgeries are surgeries that happen on the upper half of your body. There are two main types of top surgery:

- Mastectomy
- Mammoplasty

Mastectomy

Mastectomy is also called masculinizing top surgery. Mastectomy is surgery to remove a person's breasts. After mastectomy, a person's chest is flat. There are different types of mastectomy a person can get. There are doctors who specialize in doing mastectomies for transgender people.

Mammoplasty

Mammoplasty is also called feminizing top surgery. Mammoplasty is surgery to give someone breasts. Or, if someone already has breasts, mammoplasty can make their breasts larger. There are different types of mammoplasty a person can get. There are doctors who specialize in doing mammoplasties for transgender people.

Cisgender people may also get top surgery. Sometimes cisgender men grow breast tissue and will have it removed. Sometimes cisgender women want to make their breast size bigger or smaller.

Cisgender people do not usually face the same barriers to getting top surgery that transgender people do. Transgender people often have to show a lot more "proof" they are ready for top surgery than cisgender people do. We will talk more about this in our other resource, "Barriers to Gender Affirming Health Care."

Bottom Surgery

Bottom surgeries are surgeries that happen on the lower half of your body. There are two kinds of bottom surgeries: removal of reproductive body parts and genital surgeries.

Removal of reproductive body parts

These are surgeries that remove the body parts that let someone get pregnant or get someone else pregnant. After these surgeries, a person cannot get pregnant or get someone else pregnant. There are three main types of these surgeries:

- Hysterectomy
- Salpingo-oophorectomy
- Orchiectomy

Hysterectomy

Hysterectomy is a kind of surgery that people with a uterus can get. (Remember, most people with vaginas have a uterus.) Hysterectomy is when a doctor removes the uterus completely. After a hysterectomy, a person cannot get pregnant.

Salpingo-oophorectomy

Salpingo-oophorectomy is a kind of surgery that people with Fallopian tubes and ovaries can get. (Remember, most people with vaginas have Fallopian tubes and ovaries.) Salpingo-oophorectomy is when a doctor removes the Fallopian tubes and ovaries completely. After a salpingo-oophorectomy, a person cannot get pregnant.

Orchiectomy

Orchiectomy is a kind of surgery that people with testicles can get. (Remember, most people with penises have testicles.) Orchiectomy is when a doctor completely removes the testicles. After an orchiectomy, a person cannot get someone else pregnant. If someone is taking testosterone blockers, after an orchiectomy they will not need testosterone blockers anymore.

Genital surgeries

These are surgeries that change how a person's genitals look. There are two main types of genital surgery:

- Vaginoplasty
- Phalloplasty/metoidioplasty

Vaginoplasty

Vaginoplasty is a kind of surgery that makes a vagina. There are different ways surgeons do vaginoplasty. After vaginoplasty, a person has a vagina but cannot get pregnant.

Phalloplasty/metoidioplasty

Phalloplasty and metoidioplasty are kinds of surgeries that make a penis. Phalloplasty and metoidioplasty are different kinds of surgeries. After phalloplasty or metoidioplasty, a person has a penis but cannot get someone pregnant.

These are not the only kinds of gender-affirming surgeries there are. But these are some of the most common surgeries.

Choices around Hormones and Surgery

Transgender and nonbinary people can make different choices around hormones and surgery.

Not everyone wants to go on hormones or have surgery. Some people have illnesses or disabilities that stop them from going on hormones or having surgery. Some people cannot afford to go on hormones or have surgery.

All transgender and nonbinary people are valid. A transgender or nonbinary person does not have to take hormones or have surgery to be “really” transgender or nonbinary.

How can I get gender-affirming health care?

Finding a Medical Provider

You might want to get gender-affirming health care. But it can be hard to find a doctor that can help you with this. Most doctors are not trained in gender-affirming health care. Here are some tips to help you find a doctor that can give you gender-affirming health care:

Talk to the doctors you already see.

Ask your primary care doctor. Your primary care doctor is the doctor you see for general health care. Your primary care doctor may be trained in gender-affirming health care. Or they may be able to send you to a doctor who is trained in gender-affirming health care.

Look for doctors in your area.

Do a web search for “transgender health care [your city or area].” That may bring up results for doctors that provide gender-affirming health care.

Ask a local health clinic

Contact a local health clinic. Some clinics, like [Planned Parenthood](#), provide gender-affirming health care, such as hormones. Health clinics usually cannot perform surgery. But they can send you to doctors who can perform surgery.

Talk with other transgender or nonbinary people in your area

Other transgender people in your area may be able to tell you about local doctors. They may be able to give opinions about which doctors are nice. Do a web search for “transgender support groups [your city or area].” If there is an in-person group in your area, try to go to a meeting. If the group has an online space like a Facebook page or a forum, ask to join the group.

Ask the group if it is okay for you to ask them questions about transitioning. Ask the group if it is okay for you to ask for names of doctors they trust. If the group says, yes, ask them questions about transition and doctors.

Insurance Coverage

Health insurance is a program that lets people pay money each month to an insurance company. Then, the insurance company will help them pay for health care. For example, insurance can help you pay for going to the hospital. Insurance can help you pay for getting medicine. Having health insurance means you do not pay the full cost of your health care.

There are different kinds of health insurance. If you have a job, you might get health insurance through your job. This is called **private health insurance**.

You might also get health insurance through the government. When you get health insurance through the government, it is called **public health insurance**. One type of public health insurance is **Medicaid**. Medicaid is public health insurance for people with disabilities and people who do not have a lot of money.

Each state has its own Medicaid program. That means each state can make its own rules about its Medicaid program. You can learn more about Medicaid in our toolkit [“A Self-Advocate’s Guide to Medicaid.”](#)

Getting gender-affirming health care, like hormone replacement therapy or surgery, can cost a lot of money. Health insurance can help pay for these things. But whether your health insurance will help pay for gender-affirming health care depends on a couple things. It depends on what state you live in, and what kind of health insurance you have.

If you have private health insurance, it is up to the insurance company whether they will cover gender-affirming health care. But some states have laws saying private insurance companies must cover gender-affirming health care. In these states, it is against the law for private insurance companies to refuse to cover gender-affirming health care. You can read more about these laws at the [LGBT Movement Advancement Project](#).

If you have Medicaid, it is up to the state whether they will cover gender-affirming health care. Some states have laws saying that they will cover gender-affirming health care. Some states have laws saying they will **not** cover gender-affirming health care. You can read more about these laws at the [LGBT Movement Advancement Project](#).

The best way to find out whether your health insurance will cover gender-affirming health care is to call them and ask. Call the number on the back of your health insurance card.

For example:

Julie is a transgender woman. Julie wants to know if her insurance will cover feminizing hormones and testosterone blockers. Julie has two different health insurances. One is private health insurance through her job. The other is Medicaid through her state.

Julie calls each health insurance. She finds the phone numbers on the back of her insurance cards. Julie finds out whether her insurance will cover her gender-affirming health care.

Barriers to Transition-Related Health Care

Transgender and nonbinary people face a lot of barriers to gender-affirming health care. **Barriers** are things that get in the way of someone getting gender-affirming health care. Sometimes, these barriers are small but annoying. Other times, these barriers are very big.

Some types of barriers transgender and nonbinary people face in getting gender-affirming health care are:

- There are not a lot of doctors and clinics that provide gender-affirming health care. There are even fewer doctors and clinics that provide gender-affirming surgeries. Sometimes, there are no doctors in an entire state that do some kinds of surgeries.
- Gender-affirming health care can cost a lot of money. Doctor appointments cost a lot of money. Medications, like hormones or blockers, cost a lot of money. Surgeries cost a lot of money. Sometimes insurance pays for these things. Other times, insurance will not pay for these things. Sometimes there isn't a gender-affirming health care clinic near someone. They may spend a lot of money to travel to the clinic.
- Some clinics make people get a lot of proof they are "ready" to get gender-affirming health care. The clinics might require a letter from a therapist or counselor saying the person is "ready" to get care. Or the clinics might make the person bring health records from their primary care doctor. All these things cost money, and can make the process of getting gender-affirming health care much slower.

One big barrier to care for transgender and nonbinary people is new laws about gender-affirming health care. More states are passing laws saying who can and cannot get gender-affirming health care. A law might say that nobody under 18 years old in the state can get gender-affirming health care. Some transgender and nonbinary people have disabilities. A law might say they have to "prove" that their disabilities have gone away before they can get gender-affirming health care.

All these laws are bad. All these laws are wrong. These laws are not based on science. These laws are based on lies about how gender-affirming health care works.

These laws do not keep transgender and nonbinary people safe. Some people are not sure if they are transgender or nonbinary. These laws do not keep them safe. These laws do not keep people who are LGBTQ+ in other ways safe. These laws just make it harder for transgender and nonbinary people to get health care.

We talk more about these laws in our toolkit on Barriers to Gender Affirming Health Care. In that toolkit, we also talk about other kinds of barriers to gender-affirming health care.

How can I change my name and gender marker legally?

Many transgender and nonbinary people change their names. They do this so they can have a name that fits who they are.

Some transgender and nonbinary people change their names legally. This means they go to court. They ask the judge to give them a court order changing their name. A **court order** is a legal document. It says that someone legally changed their name in court. It also says that other people, like parts of the government or private businesses, must recognize the person's name change.

For example:

Hamid is non-binary. Hamid uses the name Hamid in their everyday life. But Hamid's legal name is not Hamid. Hamid wants to legally change their name to Hamid. Hamid needs to get a court order to change their name.

So Hamid goes to court. They fill out the paperwork they will need to change their name legally. Then they go to the judge of the court. Hamid asks the judge to give them the court order to change their name to Hamid. The judge gives Hamid the court order. Now, Hamid's name is legally Hamid.

Once people change their name legally, they can change their name on their identification. **Identification** is things like a driver's license, passport, or Medicaid card. Without a legal name change, you usually cannot change your name on identification.

Some transgender and nonbinary people also want to change the **gender marker** on their identification. A gender marker is a letter on your identification that tells people if you are male, female, or something else. Some states let you have a **non-binary gender marker** on your identification. A nonbinary gender maker is a letter on your identification, like X or N, that tells people you are non-binary. Other states do not let you have a nonbinary gender marker on your identification.

The process to change your gender marker on your identification depends on the type of identification. For some kinds of identification, you need a court order to change your gender marker. For some other kinds of identification, you need a doctor's letter to change your gender marker. For other kinds of identification, you just need to fill out a form to change your gender marker.

For example:

Margaret is a transgender woman. Margaret wants to change her gender marker on her driver's license to female. In Margaret's state, people are allowed to self-certify their gender marker on their driver's licenses. That means that Margaret just has to fill out a form to change her gender marker on her driver's license. She does not have to get a court order. She does not have to get a doctor's letter.

Margaret goes to her local Department of Motor Vehicles office. She fills out the form to self-certify her gender marker. Margaret gets her gender marker changed on her driver's license.

The process to legally change your name and gender marker through a court order depends on where you are. Some states make it very easy to change your name and gender marker. Some states make it very hard by putting up lots of barriers.

Some kinds of barriers are:

- Making you pay a lot of money to change your name and gender marker
- Making you get a letter from a doctor saying you have gotten hormone replacement therapy
- Making you get surgery to change your body

All these kinds of barriers are unfair. Transgender and nonbinary people should not have to go through these barriers to change our names or gender markers.

To find out what you need to do to legally change your name and gender marker, do a web search for “change name and gender marker [your state].” You can also check out the National Center for Transgender Equality’s [ID Documents Center](#). That is a website that tells you what you need to do to change your name and gender marker in every state.

A note about changing your name and gender marker and getting health care

When you legally change your name and gender marker, you usually change it with your health insurance as well. But sometimes health insurance will only pay for certain procedures if you have the “correct” gender marker. Your health insurance may say they only pay for certain kinds of care for people who have female or male gender markers.

For example:

Hayden is a transgender man. His gender marker says he is male. Hayden needs to get birth control pills. But his health insurance will only pay for birth control pills for people whose gender markers say they are female. Hayden's health insurance says they will not pay for the birth control pills because Hayden's gender marker says he is male.

If you get a letter saying your health insurance will not pay for a medication or procedure, call your health insurance. Call the number on the back of your health insurance card. Tell them that you are transgender and that you still need the procedure, even if you have the "wrong" gender marker for it. You may need to get your doctor to send your health insurance a letter saying you are transgender. If that happens, ask your doctor to send your health insurance a letter.

How can I find support as a transgender or nonbinary person?

If you are transgender or nonbinary, you might want to find other people who are transgender or nonbinary.

Finding Trans Support Groups

If you are transgender or nonbinary, you might want to find a support group for transgender and nonbinary people. A **support group** is a group of people who all have a similar interest. You can talk about your life as a transgender or nonbinary person in a support group. You can get advice about your problems in a support group.

There are lots of different support groups for transgender and nonbinary people. Some meet online. Some meet in person. Some groups are for all transgender and nonbinary people. Other groups are only for some transgender and nonbinary people.

For example:

- Groups only for transgender and nonbinary people who live in a specific area
- Groups only for transgender and nonbinary people of color
- Groups only for transgender women
- Groups only for transgender men
- Groups only for nonbinary people
- Groups only for transgender and nonbinary people with disabilities. (We will talk more about these groups in a later section.)

Many LGBTQ+ centers offer support groups for transgender and nonbinary people. To find a LGBTQ+ center near you, you can do a web search for “LGBTQ+ center [your city or area].” Or you can go to [Center Link’s map of LGBTQ+ centers](#).

There are also online support groups for transgender and nonbinary people. You can do a web search for “online transgender support group.” Or you can look at [QueerDoc’s list of online resources and support groups](#).

Finding a Therapist or Counselor Who Works With Transgender People

You may want to talk to a therapist or counselor if you are transgender or nonbinary. People have lots of reasons they might want to talk to a therapist or counselor about being transgender or nonbinary.

Some of these reasons are:

Dealing with Gender Dysphoria

Gender dysphoria can cause a lot of stress. It can hurt how you view yourself.

Gender dysphoria can include feeling bad about:

- How your body looks,
- The gender other people see you as.
- How your voice sounds.
- Wearing clothes that match your birth assigned gender.

Understanding what makes you feel gender dysphoria can help you change things to feel more comfortable.

For example:

Jess is nonbinary. Jess feels uncomfortable about how their voice sounds. Jess feels uncomfortable about how people guess their gender based on their voice. Jess feels gender dysphoria around their voice.

Jess searches the internet for information on changing their voice. Jess learns about vocal coaching. Vocal coaching is when someone teaches you how to control your voice. Jess finds a vocal coach in their area to take classes with. Jess begins feeling more comfortable with their voice. The vocal coaching helps with Jess's gender dysphoria.

Dealing with Transphobia from Other People.

Transphobia is when someone else treats you badly because you are transgender or nonbinary. Transphobia can show up in many different ways.

Some of the ways transphobia can look like are:

- Your boss saying you cannot use the restrooms at work because you are transgender or nonbinary.
- A teacher saying the name you want to be called is not “real” because you are transgender or nonbinary.
- A family member calling you “it” instead of your actual pronouns because you are transgender or nonbinary.
- A stranger asking you what genitals (sexual body parts) you have.
- A person telling you “that is not a real thing” when you tell them you are nonbinary.

These are not the only ways transphobia can show up. Transphobia can show up in a lot of other ways.

Transphobia is meant to make you feel like there is something wrong with you. Transphobia is meant to make you feel like it is bad to be transgender or nonbinary. Transphobia is bullying.

Transphobia is a kind of discrimination. **Discrimination** is treating people badly based on who they are.

Transphobia hurts people. Transphobia can be physically dangerous.

For example:

Mikhail is a trans man. Breast cancer runs in Mikhail's family. Mikhail checks his chest each month for any strange lumps.

Mikhail finds a lump in his chest. Mikhail goes to his general care doctor. Mikhail's doctor has been rude to him in the past around health care needs. Mikhail's doctor insists the lump must be from Mikhail's top surgery.

Mikhail knows his top surgery was several years ago and did not cause any lumps. Mikhail finds another doctor to do a cancer screening. The new doctor finds that the lump is safe, but could become cancer later. The new doctor tells Mikhail he needs to get screened every six months.

If Mikhail had listened to his first doctor, he would not get cancer screenings. Mikhail's first doctor was being transphobic towards Mikhail. The first doctor's transphobia put Mikhail's health in danger.

For more about transphobia and other kinds of discrimination, you can read ASAN's toolkit "[Fighting for Fairness: It Starts With You!](#)"

It can be really hard to deal with transphobia. Transphobia can make you feel really bad about yourself. Transphobia can make you feel unsafe. Transphobia can get in the way of living your life.

You can talk to a therapist or counselor about transphobia. A therapist or counselor can help you find ways to cope with transphobia.

Needing a Letter of Readiness to Start Hormones or Get Surgery.

Some doctors that provide gender-affirming health care make you get a letter from a therapist or counselor first. This is called a **letter of readiness**.

A letter of readiness usually says:

- You want to start hormones or get surgery.
- You understand the risks of starting hormones or getting surgery. Risks are things that can go wrong.
- You do not have other illnesses or disabilities that could be causing your gender dysphoria. Or, if you do have other illnesses or disabilities, that they are under control.
- The therapist or counselor thinks you are ready to start hormones or get surgery.

Finding the Right Therapist or Counselor

There are a lot of therapists and counselors out there! Not all of them are good choices if you want to talk about being transgender or nonbinary. You want to find a therapist or counselor that has training in working with transgender and nonbinary people. Or, you want to find a therapist or counselor that has worked with transgender or nonbinary people before.

You can find a therapist or counselor who specializes in working with transgender and nonbinary people in a few ways:

- Do a web search for “trans competent therapist [your city or area].”
- Go to <https://www.psychologytoday.com/us>. Enter your city or ZIP Code in the box that says “City or Zip.” This will take you to a listing of therapists in your area. Click on the button that says “Issues.” A menu of options will appear. Click on the word “Transgender.” This will take you to a list of therapists who specialize in transgender issues in your area.
- If you are already working with a doctor or clinic to access gender-affirming health care, ask them for a referral to a therapist or counselor.

For example:

Chantelle is a Black trans woman. Chantelle wants to find a therapist. She wants a therapist who works with trans women. She wants a therapist who is Black. She searches on the internet for “trans competent Black therapists” in her city. She finds a few therapists that might be good.

She calls each therapist to talk to them. One therapist can not take new people right now. Two therapists she does not feel comfortable with after their short talk. Chantelle likes three of the therapists. She makes an appointment with each therapist she likes.

Chantelle goes to her three therapy appointments. After her therapy appointments she thinks about how each therapist made her feel. Chantelle picks the therapist who she felt safest with.

Barriers to Getting Therapy

Some transgender and nonbinary people face barriers to getting therapy or counseling. Sometimes, these barriers are small but annoying. Other times, these barriers are very big.

Some types of barriers transgender and nonbinary people face in getting therapy and counseling are:

- There are not a lot of therapists who specialize in working with transgender and nonbinary people. Not all therapists have studied how to work with transgender and nonbinary people. A lot of therapists do not know much about transgender and nonbinary issues or health care.
- A lot of the therapists who do work with transgender and nonbinary people already have a lot of clients. These therapists may not have open appointments for new clients. So, transgender and nonbinary people who want to see these therapists may have to wait a long time.
- Some therapists say they help transgender and nonbinary people. But these therapists really do conversion therapy. Conversion therapy is not real therapy. It is ways of trying to make transgender and nonbinary people not be transgender or nonbinary anymore. Conversion therapy does not work. Conversion therapy hurts transgender and nonbinary people.

We talk more about these barriers in our toolkit “Barriers to Gender Affirming Health Care.”

Opportunities Specifically for LGBTQ+ People with Disabilities

There are support groups specifically for LGBTQ+ people with disabilities. Not all of these groups are specifically for transgender and nonbinary people. Some of them are open to anyone who is LGBTQ+ and has a disability.

Some support groups are for transgender and nonbinary people with a specific disability or kind of disability. For example, there are support groups for autistic transgender and nonbinary people.

There are some support groups for LGBTQ+ people with intellectual and developmental disabilities. These support groups are usually called **Rainbow Support Groups**. You can do a search for “rainbow support group disability [your city or area].” If your city or area does not have a Rainbow Support Group, you could start one.

Good Manners around Transgender and Nonbinary People

You might know someone who is transgender or nonbinary. That person might be going through a transition to change their body so it looks more like they want. Here are some ways to have good manners around transgender people:

Be respectful of how much the person wants to tell you about their transition.

Do not ask nosy questions like “have you started hormones yet?” or “what kinds of surgeries have you had?” If the person wants to tell you about their transition, they will. Do not ask about people’s body parts.

Use the name and pronouns that the person wants you to use for them.

For more about pronouns, you can read [our guide on pronouns](#). Do not use names or pronouns that the person no longer uses. If you mess up someone’s name or pronouns, say sorry and move on.

Let the person choose who they want to tell that they are transgender or nonbinary.

Do not tell other people they are transgender or nonbinary unless the person says you can. If someone does not want other people to know they are transgender or nonbinary yet, they may ask you to use their old name or pronouns around other people. You should respect this. You should try your best to use their old name and pronouns around other people who don’t know the person is transgender or nonbinary.

For example:

Arthur is nonbinary. Arthur uses they/them pronouns around their friends. But Arthur has not told their parents they are nonbinary, or that they use the name Arthur now. So Arthur asks their friends to use Arthur's old name and pronouns around Arthur's parents. Arthur's friends agree to do this.

If someone tells you that they are transgender or nonbinary, thank them for telling you.

Tell them you are glad they trust you enough to tell you. Do not make a big deal of "how hard" it is to remember the person's new name and pronouns. It is really hard to tell people you are transgender or nonbinary. When people make a big deal about how remembering your new name or pronouns is, it can feel really bad.

Know that transgender and nonbinary people can be attracted to people of any gender.

Some people think that all transgender and nonbinary people are gay. Some people think that all transgender and nonbinary people are straight. Both of these things are wrong! Transgender and nonbinary people can be attracted to people of any gender. Do not assume who a transgender or nonbinary person is attracted to.

Conclusion

Transgender and nonbinary people deserve safe health care they can trust. Transgender and nonbinary people deserve information about gender affirming care. Transgender and nonbinary people deserve to know what their choices are. Transgender and nonbinary people deserve to make their own choices about their health care.

Words to Know

assigned female at birth

When a baby is born, the doctors look at its body. Then the doctors say if the baby is a boy or a girl. Someone who the doctors say is a girl is assigned female at birth.

assigned male at birth

When a baby is born, the doctors look at its body. Then the doctors say if the baby is a boy or a girl. Someone who the doctors say is a boy is assigned male at birth.

barrier

Barriers are things that get in the way of someone getting gender-affirming health care.

bottom surgery

Bottom surgeries are surgeries that happen on the lower half of your body.

chromosomes

Chromosomes are instructions in your body that tell your body how to work.

cisgender

A cisgender person is someone whose gender is the same as the sex they were assigned at birth.

court order

A legal document that says that someone legally changed their name in court.

discrimination

Discrimination is treating people badly based on who they are.

feminizing sex hormones

Estrogen and progesterone are feminizing sex hormones. This means that they can make your body look more like a typical female body.

gender dysphoria

Gender dysphoria is when someone feels upset that their body and their gender do not match.

gender marker

A gender marker is a letter on your identification that tells people if you are male, female, or something else.

gender-affirming health care

Gender-affirming health care is health care that helps people feel more comfortable in their bodies.

genderqueer

Another word for nonbinary.

health insurance

Health insurance is a program that lets people pay money each month to an insurance company. Then, the insurance company will help them pay for health care.

hormone replacement therapy

When someone takes hormones to change how their body looks, it is called hormone replacement therapy.

hysterectomy

Hysterectomy is when a doctor removes the uterus completely.

identification

Identification is things like a driver's license, passport, or Medicaid card.

intersex

When a baby is born, the doctors look at its body. Then the doctors say if the baby is a boy or a girl. Sometimes the doctors cannot decide if the baby should be assigned male or female. The baby might have genitals or chromosomes that are not typically "male" or "female". That person is intersex.

intersex surgeries

Intersex surgeries are when an intersex person's body is changed to better "match" their birth assigned sex.

letter of readiness

Some doctors that provide gender-affirming health care make you get a letter from a therapist or counselor first. This is called a letter of readiness.

mammoplasty

Mammoplasty is surgery to give someone breasts. Or, if someone already has breasts, mammoplasty can make their breasts larger.

masculinizing sex hormones

Testosterone is a masculinizing sex hormone. This means that it can make your body look more like a typical male body.

mastectomy

Mastectomy is surgery to remove a person's breasts. After mastectomy, a person's chest is flat.

Medicaid

Medicaid is public health insurance for people with disabilities and people who do not have a lot of money.

medically necessary

Medically necessary means someone will become sick if they do not have a certain treatment.

nonbinary

A nonbinary person is someone who is not a boy or a girl or a man or a woman.

nonbinary gender marker

A nonbinary gender marker is a letter on your identification, like X or N, that tells people you are nonbinary.

orchiectomy

Orchiectomy is a surgery where a doctor completely removes the testicles.

phalloplasty/metoidioplasty

Phalloplasty and metoidioplasty are kinds of surgeries that make a penis. Phalloplasty and metoidioplasty are different kinds of surgeries.

private health insurance

If you get health insurance through your job, that is called private health insurance.

puberty blockers

Puberty blockers are medications that stop puberty as long as a person keeps taking them.

public health insurance

When you get health insurance through the government, it is called public health insurance.

Rainbow Support Group

Support groups for LGBTQ+ people with intellectual and developmental disabilities.

salpingo-oophorectomy

Salpingo-oophorectomy is a surgery where a doctor removes the Fallopian tubes and ovaries completely.

sex assigned at birth

Sex assigned at birth is whether someone is assigned male or assigned female at birth.

sex hormones

Sex hormones are chemicals in your body. Sex hormones affect how your body grows up and changes.

support group

A support group is a group of people who all have a similar interest.

testosterone blocker

A testosterone blocker is a medication that stops your body from making testosterone.

top surgery

Top surgeries are surgeries that happen on the upper half of your body.

transgender

A transgender person is someone whose gender is not the same as the sex they were assigned at birth.

transphobia

Transphobia is when someone else treats you badly because you are transgender or nonbinary.

vaginoplasty

Vaginoplasty is a kind of surgery that makes a vagina.

This project was supported, in part by grant number C00018GG, from the U.S. Administration for Community Living, the Department of Health and Human Services, Washington, D.C. 20201 through the New York State Developmental Disabilities Planning Council (NYS DDPC). Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy or the opinions, interpretation or policy of the NYS DDPC.