

# Comment Report

Education

Date: 01/17/2023

Time: 11:00 AM

Location: RM 102, Sup. Ct. Consult

**Name:** Devon McClurken

**Comment:** This is in response to HF8. Eliminating discussion on gender identity and sexual orientation is simply not possible. All children have families, and discussion regarding families is inherently around sexual orientation and gender identity. Children will talk about their mom and their dad, or their mom and their mom, or their dad and their dad. Telling the children that those discussion are not appropriate is harmful as it can make children think their families are wrong.

**Name:** Kellen Urban

**Comment:** This policy would force teachers to out queer students which would lead to them possibly being abused or disowned by their bigoted parents. Also, the lack of learning about queer people is also harmful as there is nothing inappropriate about their identities to children, I highly implore the committee reflect on their actions to prevent this harm from passing.

**Name:** Lily Wasserman

**Comment:** This is in response to HF8. Eliminating discussion on gender identity and sexual orientation is wrong. There is nothing wrong with being a member of the LGBTQIA community and kids deserve education on more than just heterosexual relationships. Trans children should also not be outted to their parents without the child's consent. It is a breach of trust, a huge potential threat of abuse if the child's parents are transphobic, and just cruel. Trans children deserve respect and safety when at school.

**Name:** Allison Chapman

**Comment:** HF8 and HF9 will greatly harm gender nonconforming kids. By forcing them out to their parents it will put them in grave danger for their lives and will cause suicides. Stand up for trans kids and protect them. There is blood on the hands of anyone who supports these awful bills.

**Name:** Tyler Walpole

**Comment:** These are absurd bills that are designed for two things. 1) its seeks to cause harm to marginalized populations in our schools (trans kids without support have an extraordinarily high suicide rate)2) it seeks to codify an environment of fear around LGBTQIA+ issues for Republicans to raise campaign funds. These bills are an embarrassment to our state, and Iowa Republicans should be ashamed of themselves for attempting to pass hateful bills like this.

**Name:** Autumn Cunningham

**Comment:** HF 8 Students may have family members who are gay or trans. Dont ask them to erase their own family by making it forbidden to talk about or acknowledge their very existence. Thats cruel! HF 9 kids express themselves in all different ways. Why not allow them to experiment with how they express their gender and presentation? Its better for their development. And the minute you tell a kid, they CANNOT, guess what they want to do most?

**Name:** Valli Francis

**Comment:** HF 8 and 9 both defy human rights and will hurt children. Neither should exist.

- Name:** Jason Dalrymple
- Comment:** Re: HF8, There are scientific and statistical studies of "human growth development" that show that the absence of any form of discussion on gender, gender identity, or sexual orientation have adverse effects on individuals later in life, including but not limited to, increased suicide rates, major depression, and early teen pregnancy. To make any curriculum completely bereft of these topics is a tremendous detriment to the future healthy development of children's attitudes towards and understanding of sex and gender.
- Name:** Cece Cronin
- Comment:** As a queer person it would break my heart if my nephew wasn't allowed to explore himself and his identity safely in school as I did. Home isn't always a safe space the last we should be doing is removing safe spaces from already vulnerable groups. As for talking about lgbt+ family that would greatly limit who my nephew could talk about at school including his mother, his uncle, and I. Every teacher wants every kid to have the best support system possible let's not limit it based on biases we do not all share. People argue parental rights on banning lgbt+ discussion in the classroom do queer parents not have rights? My sister wants her son to learn about all people and identities for we live with all people in the real world. My sister wants him to learn real history and science. Why are her rights worth less than others?
- Name:** Michael Ward
- Comment:** This bill is absurd and a direct attack at the Trans community. This bill violates the rights of an already marginalized group that Iowa legislators are looking to erase. I beseech the legislative body to vote against this Bill.
- Name:** Iam Monroe
- Comment:** This is in response to HF 8 and HF 9. Repression of LGBT kids, and all kids rights to learn of such will do nothing but harm onto them and their futures. Eliminating the right for kids to be able to express and be themselves will significantly impact their confidence, wellbeing, success at school and in life overall.
- Name:** Janna Renee
- Comment:** These bills are terrible for students, teachers, and Iowans as a whole. Outing kids as LGBTQ is dangerous for them. It puts them at risk of abuse from those at school, home, and community alike.
- Name:** Paola Simi
- Comment:** HF8 and HF9 would bring harm to LGBTQ+ youth. Requiring teachers to report will directly put students with homophobic parents in danger; even with loving parents, deciding when and how to come out is a personal decision. This is a violation. Lack of education on the LGBTQ+ community only means that queer children are left feeling unsupported and misunderstood. Hiding information from kids will not change their sexuality, it will just make them feel like outcasts.
- Name:** Fiona Bennitt
- Comment:** Both HF8 and HF9 are cruel bills that will harm children, their families, and their communities. Imagine being so set on culture war agenda that you would out children to their parents who could then abuse them due to the rhetoric you have espoused. Imagine being so heartless, or don't, because y'all authored this bill. It is sickening to see people who comfortably hold power abusing it to this extent and putting children in harm's way. Shame on you. As for HF8, children do not live in a vacuum. Clear, thoughtful, and direct communication regarding gender and sexuality is entirely appropriate for young children, and helps them understand the beautiful diversity of human experience in their communities and across this country. To deny them these basic facts about the world is inhumane and cannot be tolerated.

**Name:** Tony Coronado

**Comment:** This bill is dangerous and will further endanger LGBTQ families and communities. Eliminating discussion of the existence of queer individuals will historically lead to further bigotry and hatred towards our communities. LGBTQ communities do not deserve to be treated as a forbidden topic. Free discussion of the diverse reality of our world is crucial to helping young people develop further empathy and understanding towards others.

**Name:** Olivia Sandbothe

**Comment:** This is in regards to HF9. As a graduate of Des Moines public schools, the child of a retired teacher, and someone with several transgender friends, I am shocked to see this proposal in Iowa. We cannot weaponize teachers and classrooms against vulnerable children. Calling children by their preferred name, allowing them to use the restroom safely, or allowing them to dress comfortably are not "facilitations," they are basic respect. Forcing teachers to betray the trust of their students not for the student's own safety but to satisfy a political agenda is not protection, it is endangerment. This bill is performative cruelty and it cannot become law.

**Name:** Jason Dalrymple

**Comment:** Re: HF9, The forced outing of trans individuals is an incredibly dangerous and life threatening approach to working with kids that are or believe they are trans. To say that a person's gender identity is completely immutable and should not be explored based on a decision made at infancy and only on physical characteristics reduces human beings to nothing but their biological or physical parts. In some cases, trans kids may be living in an extremely hostile environment and have no option but to confide in school officials. Divulging this to a parent or guardian could potentially put the person in a life threatening situation and be a violation of a student's right to privacy. When combined with HF8, this makes could lead to significant child abuse in the home along with major increases in childhood depression and suicide.

**Name:** Josie McGinnis

**Comment:** H8 and 9 are absolutely inane and horrendous encroachment on people's persecute of life, liberty, and happiness. They are nothing but a hate agenda from rightwing fascists.

**Name:** Dylan Yates

**Comment:** This is in response to HF8. Eliminating discussion on gender identity and sexual orientation is wrong. There is nothing wrong with being a member of the LGBTQ+ and children deserve education on more than just heterosexual relationships. Trans children should also not be outted to their parents without the child's consent. It is a breach of trust, a huge potential threat of abuse if the child's parents are transphobic, and just cruel. Trans children deserve respect and safety when at school.

**Name:** Rachael Lewis-Krisky

**Comment:** The longterm consequences of denying children access to education in any subject area is detrimental to their lives. Furthermore, the impact that LGBTQ+ have had on American history is undeniable, and to root it out of public curriculum is to lie about the progress our country has made; it would simply be an unAmerican education.

**Name:** Kai Brown

**Comment:** The only thing that this bill would do is make it more likely for children to be disowned and feel unsafe around their parent(s). I implore the officials leading this meeting to think carefully about how their actions today will affect the wellbeing and safety of thousands of children, as well as what kind of example will be set for other states if they choose to follow suit.

**Name:** Joe Katz

**Comment:** Response to HF 8/9. Stop bullying trans kids and start doing something to actually improve Iowa schools.

**Name:** bryan wenzel

**Comment:** terrible, hateful legislation. sexist, misogynistic, and transphobic. y'all should be ashamed (but you won't, because shame would require a soul)

**Name:** Hannah M

**Comment:** I work with students and educators everyday. HF 8 and 9 are simply wrong and a disgusting overreach of government. Weve had marriage equality over 10 years in this state you cant erase lgbtq people.

**Name:** Joshua Roebbelen

**Comment:** The Removal of the discussion of Gender Identity/Sexual Orientation is impossible. All this policy would do is throw an already marginalized group under the bus, and will cause far more hate towards these groups. Kids will get bullied, Kids will get disowned, Kids will die. This policy is foolish and shows a blatant lack of empathy and lack of understanding of the subject matter.

**Name:** Kyle Johnson

**Comment:** Injustice anywhere is an affront to justice everywhere. A bill like this is not truly about the emotional welfare of students, it is simply about the control of access to ideas that one group doesnt like. This will not stop LGBTQ kids/people from existing, but it will make it even harder to thrive, survive. This will be another dangerous obstacle in a world full of them. Please do not let this bill progress any farther, it isnt about the safety of children. Its about attempting to stop them from being who they truly are, and the direct result of it will just be more pain, heartache, abuse, and death. We know from mountains of research that regressive policies like this only harm children and people in the long run, and that these obstacles do not stop people from being who they truly are. No child is done a disservice when they are told from a young age that they are valid, whole, and accepted. I beg you to see reason and place this awful idea in the trash heap.

**Name:** Dani Zivojnovich

**Comment:** As a Trans person and an lifelong Iowan, I'm deeply hurt that this government feels they have the need to attack us. We are just trying to get by each day, and live our lives just like everyone else.

**Name:** Riley Winters

**Comment:** This bill jeopardizes the health and wellbeing of transgender students. Being forcibly outed is a traumatizing experience and it will undoubtedly lead to a decline in the mental health and increased fear in transgender students.

**Name:** Kathryn Hall

**Comment:** All children are God's children. That's it. Plain and simple. And LGBTQ children deserve the same love and respect as everyone.

**Name:** Alyssa MacKenzie

**Comment:** These bills are nothing more than a direct attack on trans people and the LGBTQ+ community. They stigmatize the mere existence of trans people and attempt to teach people that its wrong to exist as trans or LGBTQ+. I dont know how many times we need to keep doing this before religious extremists are going to understand; STOP TREATING STATES LIKE YOUR CHURCH. Leave the LGBTQ+ community alone.

**Name:** Vincent Triveri

**Comment:** Regarding both HB 8 and HB 9, these bills have the potential to be incredibly

dangerous for the groups of kids that they are affecting. Modern topics of equality should be taught in ALL schools, and trans students shouldn't have to feel worried about being outed to their parents, which could very much harm them. Using kids as another political tool is wrong, and no one should have to worry about their government officials being against them.

**Name:** Matthew knowles

**Comment:** what are you doing? why are you trying to bully children? you're grown adults with all the power in the world and you're using that power to write laws that force teachers to abuse children. simply because they are trans? it's monstrous. leave these decisions up to families and doctors. you are politicians this is not your place.

**Name:** Rebecca Robb

**Comment:** I strongly oppose this. This is causing more harm then good, ignorance is not going to help our children.

**Name:** Yamini Manikoth

**Comment:** Children are smart, children are capable of doing their own research, children know how to keep secrets. The only thing you serve to do by making teachers and school authorities untrustworthy is promise that there will be one less adult they can go to if they are struggling. If a student who is trans is being bullied and harassed why would they ask for help from their teachers, if their teachers will then make their home life more dangerous than the bullying? If teachers obscure facts from their students to hide lgbtq+ history when their students learn that history and they WILL learn that history, because the world is always at their fingertips why would they trust anything their teachers teach them? How could they possibly trust that the information they are being given isnt designed to bias them? You are making your teachers untrustworthy.

**Name:** Matthew Sells

**Comment:** Why are yall even doing this its incredibly restrictive and embarrassing for yall

**Name:** Denise Perez

**Comment:** Bills HF8 and HF9 are dangerous to our LGBTQ kids who do not have a supportive family/home. In addition, gender norms are changing and our kids are surrounded by this. It is a topic that can't be avoided or denied. This in turn only makes early education more difficult than it needs to be. Lastly, these bills are cruel, and deny our LGBTQ kids the ability to learn in a safe and accepting environment.

**Name:** Timothy Vandover

**Comment:** This is a horrible, unethical bill that will get children killed and hurt.

**Name:** James Edmondson

**Comment:** This bill is a truly pointless attack on the rights that make this country great. Every American is entitled regardless of age to a right to privacy. A bill like this would strip our most vulnerable people of that right. It would also legitimately put children in danger, many children who would be homeless if they came out to their families seek to confide in teachers. A bill like this would put those children in needless danger. As a wise woman once said you can make trans kids sad, you can make them scared, you can make them hurt , you can make them homeless but you can't make them cis.

**Name:** Kwabena Asare

**Comment:** Why are people afraid to have difficult and complex discussions? Practicing avoidance and ignoring students and their needs will cause many more problems than it will resolve. Address the topics head on and deal with them directly HF8 is a huge step backwards and away from the reality of America in 2023.

**Name:** Samantha TANKSLEY

**Comment:** This is a clear attack on transgender children. children have a right to live their life as their true self and this bill will open then up to bullying from kids and adults, including parents who are transphobic. This is nothing more than an a blacklist against transgender children

**Name:** Amy Weiler

**Comment:** HF9 places children at risk of homelessness, abuse and death, while HF8 others a vulnerable population. Transphobia and homophobia should not be made law.

**Name:** Erin Reed

**Comment:** I am a policy researcher and I am contacting you to express my opposition to HF 8 and 9. These bills would do enormous harm to our teachers and families who are part of the diverse makeup of LGBTQ+ Iowans. They especially the transgender community, as H 8 directly makes it against the law to give any "announcement" of gender identity. This means transgender teachers who transition would be unable to do so in the classroom. This would be an enormous burden to those teachers and force them to flee the state if they wish to continue teaching. HF9 would target transgender youth by forcing teachers and counselors to out transgender youth to their parents. Furthermore, it heavily damages the extremely important relationship a student builds with their counselor when confiding in them. Bills like this would prevent trans students from seeking counseling out of fear they will be outed or harmed. For those who do confide their gender identity to their counselor, it will force the counselor to out the student to their parents. This is especially problematic if the student feels that outing them to their family will result in mental or physical abusiveness. The National Institute of Health reports that school support is extremely effective in helping LGBTQ+ youth feel safe, experience less victimization, show less absenteeism, and obtain higher GPAs when they are supported by administrators and staff. I have attached a copy for your consideration. Bills like these would harm LGBTQ+ students in meaningful and measurable ways. It is for this reason that the NIH recommends against noninclusive curriculum standards and forced outing provisions, and I do as well.



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## Promoting School Safety for LGBTQ and All Students

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### Abstract

Schools are often unsafe for lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) students; they frequently experience negative or hostile school climates, including bullying and discrimination based on sexual orientation and gender identity at school. Negative school climates and discriminatory experiences can threaten LGBTQ students' well-being.

Simultaneously, a consistent body of research identifies strategies to support LGBTQ and all students to be safe and thrive at school. First, policies that specifically identify or enumerate protected groups such as LGBTQ students create supportive contexts for all youth. Second, professional development prepares educators and other school personnel with tools to support and protect all students. Third, access to information and support related to sexual orientation and gender identity or expression (SOGIE), including curricula that is SOGIE-inclusive, provides students with resources, support, and inclusion, creating school climate. Fourth, the presence of student-led clubs or organizations such as gender-sexuality alliances (i.e., GSAs) improve students' school experiences and well-being, and contribute to positive school climate. This article reviews the research foundations of each of these strategies and concludes with recommendations for multiple audiences: policy-makers, school personnel, parents, and students.

### tweet

Students deserve safe schools. Research-based strategies promote safety for LGBTQ and all students: 1) Explicit anti-bullying policies; 2) Teacher professional development; 3) Gender-Sexuality Alliances; 4) Inclusive curricula & spaces.

Lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) students often experience negative school environments, where they are subject to victimization based on sexual orientation, gender identity, and gender expression. As a result, LGBTQ students are more likely to report negative physical and mental health outcomes than their peers. Over the last decade, four strategies have emerged in the research literature to prevent or at least minimize these risks: specifically inclusive anti-bullying policies, professional

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development on LGBTQ issues, LGBTQ-related resources, and student-led clubs like Gender and Sexuality Alliances (GSAs) (National Academies of Sciences, Engineering, and Medicine [NASEM], 2019, 2020). This paper summarizes research evidence on each of these safe-school strategies and provides recommendations for multiple audiences, including policy-makers, professional associations in the field of education, schools of education, school personnel, parents, and students.

Before reviewing the evidence, note that studies have used several ways to define sexual orientation and gender identity. We refer to “LGBTQ students,” but when referencing original research we use the language from specific studies. For example, we refer to “LGB” when a study specifically included LGB but not transgender, questioning, or queer youth. Further, most research to date has focused on only sexual orientation (or the experiences of LGB youth) or combines LGB with transgender youth. Thus, most studies have not provided specific attention to transgender and gender diverse youth, although there has been growing research attention to transgender and gender diverse youth (Day et al., 2018; Ioverno & Russell, 2021; Olsen & Gülgöz, 2018; Olsen et al., 2016). Finally, we refer to “school personnel” in order to include teachers as well as other school personnel, including school administrators, classroom aides, cafeteria workers, or bus drivers.

### **Strategy #1: Inclusive, Enumerated Policies**

Enumerated policies are policies that explicitly list characteristics or traits of students that may be the subject of bullying and harassment at school. Inclusive, enumerated policies are a critical tool for creating safe and supportive schools for LGBTQ and all youth (Black et al., 2012; Kull et al., 2016).

In March 2021, President Biden made history by signing the Executive Order on Guaranteeing an Educational Environment Free from Discrimination on the Basis of Sex, Including Sexual Orientation or Gender Identity (Exec. Order 14021, 2021). The Executive Order marks the first time that federal policy has provided legal protection against discrimination for LGBTQ students in K-12 education across the United States. However, as a presidential action, the policy lacks permanency and can be swiftly overturned by the next federal administration. Additionally, as a federal policy, federal agencies are responsible for the policy’s implementation and legal action could be pursued under this order only through the federal court system. Given the lack of action from the U.S. Congress, many states have enacted legislation over the past two decades to protect students from bullying and harassment based on sexual orientation, gender identity, and gender expression through inclusive, enumerated policies.

Enumerated policies can be protective for students in a number of ways: they provide school educators and administrators with implementation guidance for anti-bullying policies and practices, signal to school communities that LGBTQ-based discrimination will not be tolerated, and provide students with a clear understanding of their rights to safety at school. Studies show that when enumerated policies are present, teachers show more support for their LGBT students (Swanson & Gettinger, 2016) and intervene more frequently when hearing anti-LGBTQ remarks (Kosciw et al., 2020). Further, students protected by

enumerated policies are less likely to report homophobic or transphobic attitudes, remarks, and behaviors toward LGBT peers (Horn & Szalacha, 2009; Kosciw et al., 2020). This is especially true for transgender youth; Greytak et al. (2013) found that several safe school policies and practices were associated with less victimization for all LGBTQ students, but the positive impact of inclusive policies and GSAs were even stronger for transgender youth than LGB youth.

Multiple studies at state (Meyer et al., 2019), national (Kosciw et al., 2020; Kull et al., 2016), and international (Berger et al., 2017) levels find that enumerated policies are associated with improved education environments for LGBTQ and all students. Specifically, in the presence of enumerated policies, LGBT students feel safer at school, hear less homophobic language, experience less identity-based victimization (Kull et al., 2016), report less absenteeism at school (Greytak, 2013), and are less at risk for suicide and substance use (Frost et al., 2019; Hatzenbuehler & Keyes, 2013; Konishi et al., 2013).

In some cases, students, parents, and school personnel are unaware of safe schools policies and lack knowledge of explicit protections for students who are (or who are perceived to be) LGBTQ (Schneider & Dimito, 2008). When policy implementation lacks appropriate communication, LGBT students may feel less assured of support by their school communities (Swanson & Gettinger, 2016). To counter this, a key strategy for promoting school safety is to disseminate information about school policies so students and educators understand public policies affecting their daily environments (Hall & Chapman, 2018).

## Strategy #2: School Personnel Support and Training

Support from school personnel – including school administrators, educators, and staff – is critical to promoting the safety and well-being of vulnerable and marginalized students, including LGBTQ students (Kosciw et al., 2020). Most school personnel desire to support students but may not understand the needs of LGBTQ students. For this reason, training for all school personnel to increase knowledge about supporting LGBTQ students is essential (Greytak & Kosciw, 2010; Payne & Smith, 2011).

Studies show that when LGBTQ youth view school personnel as supportive, they feel safer at school, report less absenteeism, experience less victimization based on their sexual orientation and gender identity, feel like they belong in their school community, and maintain higher grade point averages (Greytak et al., 2013; Kosciw et al., 2020; Seelman et al., 2012).

A critical benchmark for supporting LGBTQ students is intervening when bullying and harassment occurs. National studies over the past five years have exposed the need for further support and training for school personnel on issues of LGBTQ identities. In a recent study, LGBTQ students reported that teachers intervene less often for homophobic remarks compared to racist or sexist remarks (Kosciw et al., 2018; see also Kosciw et al., 2016). The lack of effective intervention by school personnel may stem from barriers including fear of backlash, a lack of education about how to support LGBTQ students, and little to no institutional support (Meyer, 2008). A national study (Greytak et al., 2016) from 2016

found that just 26% of teachers said they could support the needs of their LGBT students (e.g. discussing LGBT issues and advocating for inclusive, enumerated policies) without any barriers. The remaining 74% of teachers said they did not participate in supportive actions because of professional pressure from the school community (e.g., lack of administrative support or backlash from parents or community members), personal beliefs (e.g., that addressing LGBT issues is not necessary or appropriate), or practical concerns (e.g., lack of time and limited knowledge about LGBT issues).

Some LGBTQ students report even school personnel using homophobic and transphobic language. In a recent national survey of LGBTQ students, a majority (52.4%) reported hearing homophobic remarks from school personnel, while a strong majority (66.7%) have reported hearing negative remarks about gender identity and expression from school personnel (Kosciw et al., 2020). When educators and school administrators fail to intervene in homophobic remarks or make these kinds of remarks themselves, students become normalized to harmful, anti-LGBTQ language and learn that prejudice is acceptable at school.

Training demonstrably benefits school personnel. Pre-service and in- service professional development for school personnel on subjects of LGBTQ identities can build empathy, awareness, and self-efficacy, developing actionable supportive behaviors for LGBTQ students (Greytak & Kosciw, 2010; Payne & Smith, 2011). For example, professional development that incorporates exposure to LGBT people raises awareness of homophobic bullying and builds teachers' skills to intervene in homophobic behaviors (Greytak & Kosciw, 2014). LGBTQ-specific training must be distinct. In a national sample of secondary school teachers (Greytak et al., 2016), training on LGBT issues relates to more intervention in response to homophobic remarks, but professional development on bullying and harassment in general was not. Teacher training on LGBT issues positively associates with activities to support LGBT students (Swanson & Gettinger, 2016). Students report less bullying in schools with multiple LGBT-supportive practices in place, including providing LGBT-related professional development and having an LGBT point-person available (Gower et al., 2017).

### **Strategy #3: Student-Led Clubs (GSAs)**

Student-led, LGBTQ-focused, school-based clubs (often called gay-straight alliances, or gender-sexuality alliances, i.e., GSAs), are organizations composed of students and advisors that operate like other student extracurricular clubs. Through GSAs, LGBTQ students and non- LGBTQ student allies work together to promote social inclusion and foster a positive school climate for LGBTQ and all students on their school campus. In 2018, national data from the CDC's School Health Profiles reported that 40% of students across the U.S. attend schools with a GSA or similar club (Centers for Disease Control and Prevention [CDC], 2019). GSAs may be involved in a range of activities, including providing a platform for education and safety, leadership development, school-wide advocacy training, interpersonal support, and recreational activities (Poteat et al., 2019).

Consistently, participation in GSAs is associated with a range of positive outcomes for students: higher grade point averages (Walls et al., 2010), more school belonging (Toomey & Russell, 2011), feeling safe at school (Ioverno et al., 2016), and better mental health (Poteat et al., 2019). In addition, greater involvement in GSAs is linked to more youth empowerment around social justice issues, increased validation from fellow students, and more hope for the future (Poteat et al., 2019).

Regardless of GSA membership, simply having an active GSA at school is linked to a number of benefits for LGBT students (Kosciw et al., 2020; Poteat et al., 2019; Walls et al., 2010) and heterosexual students (Poteat et al., 2013; Saewyc et al., 2014). In a national survey of LGBT high school students, those in schools with GSAs reported less bullying based on sexual orientation or gender identity, less homophobic language, and a greater sense of belonging in their school environment (Kosciw et al., 2020). In the first longitudinal study of LGB youth, having a GSA was associated with decreasing homophobic bullying and increasing feelings of safety one year later (Ioverno et al., 2016). Relatedly, the presence of a GSA in high school can positively predict supportive attitudes towards LGBTQ individuals among college students (Worthen, 2014). Finally, a meta-analysis showed that, across studies, LGBT students with GSAs in their schools are 36% more likely to feel safe and 30% less likely to report homophobic victimization compared to LGBT students in schools without GSAs (Marx & Kettrey, 2016).

In addition to improved school experiences, a growing body of research has connected having a GSA at school with better mental health and health behavior for LGBT students, including lower levels of smoking, drinking and drug use, sex with casual partners (Heck et al., 2014; Poteat et al., 2013), psychological distress and depressive symptoms (Poteat et al., 2019; Toomey et al., 2011), suicidal ideation and behavior (Poteat & Russell, 2013; Saewyc et al., 2014; Walls et al., 2013), and greater self-esteem (McCormick et al., 2015).

#### **Strategy #4: Access to LGBTQ-Related Resources and Curricula**

An effective strategy for creating safe and supportive schools gives all students access to LGBTQ-related resources and LGBTQ-inclusive curricula (Snapp et al., 2015). LGBTQ-related resources refer to information and support services provided in libraries, schools' websites, or posters on walls in classrooms and hallways. Schools can support the visibility of these resources through in-school assemblies or school-wide announcements or the introduction of LGBTQ-inclusive textbooks and lectures (Burdge et al., 2013; Katz et al., 2016). LGBTQ-inclusive curricula integrate topics related to sexual orientation and gender identity within a standard school curriculum (e.g., health education, history, literature, science, or mathematics).

Most LGBTQ students in U.S. schools report that their curricula do not access LGBTQ people, history, or events (Kosciw et al., 2020). Moreover, educators often do not know how or where to access LGBTQ-related materials (Westheimer & Szalacha, 2015) or are worried that parents and/or community members may not support inclusive curricula (Page, 2017). As of 2020, only four U.S. states – California, Colorado, New Jersey, and Illinois – mandate the teaching of LGBTQ history curricula.

Nevertheless, a recent national survey of LGBTQ students (Kosciw et al., 2020) found that when students know how and where to access appropriate and accurate information regarding LGBTQ people at school, they feel that their schools are safer for themselves and other LGBTQ students. Further, students who say that they have learned about LGBT issues at school report less bullying (Greytak et al., 2013; Snapp et al., 2016), more safety (Toomey et al., 2012), less absenteeism (Greytak et al., 2013; Kosciw et al., 2020), and less homophobic language and negative remarks based on gender expression in their schools (Kosciw et al., 2020). Inclusive curricula are particularly relevant to adolescent sexual health education, but sexuality education (if offered as school curricula at all) has often been either silent about or irrelevant to LGBTQ people and issues (Pampati et al., 2020). Yet in one state-wide study, teacher sensitivity to LGB issues in HIV education was associated with lower sexual risk-taking in LGB youth (Blake et al., 2001).

The identification of “safe spaces” or “safe zones” for LGBT students has emerged in a few studies as a central strategy for promoting positive school climates (Katz et al., 2016). Safe-Zone initiatives aim to promote inclusivity and support by providing voluntary training for school personnel on LGBT issues and providing participants with “safe zone” stickers that they can use to identify spaces (e.g., a classroom or office) where students may feel free to openly discuss topics related to sexual orientation and gender identity (Ratts et al., 2013). The available research on “safe spaces” has shown that such initiatives contribute to greater inclusiveness, safety, and connection at school for LGBT students (Evans, 2002; Katz et al., 2016; Kosciw et al., 2020).

## Conclusions and Recommendations

In the last decade, strong evidence supports four strategies to create safe and supportive schools for LGBTQ and all students (NASEM, 2019, 2020). Everyone—students, parents, school personnel, and policy-makers—can suggest, support, and help implement the strategies described here. Table 1 provides specific, actionable recommendations for each strategy, for these key stakeholders. All our students deserve safe schools.

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**highlights**

- Many lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) students experience discrimination or bullying at school; such experiences undermine youth health and achievement.
- In the last decade, research has identified strategies to promote school safety and wellbeing for LGBTQ and all students.
- Policies that specifically identify protected groups like LGBTQ students create contexts that are more supportive for LGBTQ and all youth, and are associated with student adjustment and achievement.
- Professional development on LGBTQ-specific topics prepares educators and other school personnel with tools to support and protect LGBTQ and all students.
- Access to information and support related to sexual orientation and gender identity or expression (SOGIE), including curricula that is SOGIE-inclusive, provides students with resources and support and promotes an inclusive school climate.
- Student-led clubs or organizations such as gender-sexuality alliances (i.e., GSAs) improve students' school experiences and well-being, and contribute to positive school climate.

**Table 1:**

## Recommendations

	Policy-makers	School Personnel	Students & Parents
<b>Inclusive, Enumerated Policies</b>	<ul style="list-style-type: none"> <li>Enact inclusive and enumerated educational laws and policies.</li> </ul>	<ul style="list-style-type: none"> <li>Establish and publicize local policies in school districts, schools, and classrooms.</li> <li>Learn about policies in their school and school district.</li> <li>Raise awareness of the need for inclusive and enumerated policies.</li> <li>Advocate for local and state policy change.</li> </ul>	<ul style="list-style-type: none"> <li>Learn about policies in their school and school district.</li> <li>Raise awareness of the need for inclusive and enumerated policies.</li> <li>Advocate for local and state policy change.</li> </ul>
<b>School Personnel Support &amp; Training</b>	<ul style="list-style-type: none"> <li>Enact policies and provide funding to support school personnel training on addressing discriminatory bullying and implementing safe schools' strategies</li> </ul>	<ul style="list-style-type: none"> <li>Intervene in discriminatory bullying.</li> <li>Seek resources support LGBTQ students.</li> <li>Participate in trainings to better understand their LGBTQ students.</li> </ul>	<ul style="list-style-type: none"> <li>Parents should support efforts by schools and school districts to provide LGBTQ-focused professional development and training to school personnel.</li> <li>Students can advocate for, and participate in, LGBTQ-focused professional development for their teachers and other school personnel.</li> </ul>
<b>Student- Led Clubs (GSAs)</b>		<ul style="list-style-type: none"> <li>Identify and eliminate barriers to the formation and operation of GSAs and treat them like any other student organization or club.</li> <li>Seek training on how to support GSAs.</li> <li>Support GSAs and other student organizations.</li> </ul>	<ul style="list-style-type: none"> <li>Parents and students can advocate for GSAs in their schools</li> <li>Students can start, and participate in GSAs in their schools.</li> </ul>
<b>Access to LGBTQ-Related Resources &amp; Curricula</b>	<ul style="list-style-type: none"> <li>Ensure LGBTQ people and history in curricula through state laws, educational guidelines, and school district policies, as well as professional development for school personnel for inclusive curriculum.</li> </ul>	<ul style="list-style-type: none"> <li>Be a resource for LGBTQ youth.</li> <li>Ensure that libraries have resources for LGBTQ youth.</li> <li>Request and attend safe zone trainings.</li> <li>Promote visibility and inclusion through visual materials (posters) and in public settings (school assemblies).</li> <li>Appeal to school administrators for LGBTQ-inclusive classroom curricula.</li> </ul>	<ul style="list-style-type: none"> <li>Request LGBTQ resource.</li> </ul>

**Name:** Zarrakan Carvin

**Comment:** Being Transgender is a medical condition that you have since birth! Stop trying to hurt Transgender people over a medical condition they never asked for! The 3 Path Transition Guide is an excellent resource for transgender topics, is what I base 3 Paths Of Transitioning on, and I make monthly updates to both to keep them current. Post their links everywhere transgender is mentioned to educate people about this medical condition, and fight bigotry.  
<https://drive.google.com/file/d/1l4MVgUp4yGqJjFN54wuYtRNu2RjsZEBT/view?usp=sharing>

# 3 Path Transition Guide



## HELLO

I am Zarrakan Yue Carvin, a Post-Op Demi Transgender Woman who has been on Hormone Replacement Treatment (HRT) since 2019 6 22, had Gender Affirming Surgery (Penile Inversion Vaginoplasty) on 2021 2 17, breast augmentation surgery on 2021 12 6, and voice surgery on 2022 7 14. Ego imperium!

### WHAT IS ORIENTATION'S SEPARATE IMPORTANCE TO TRANSGENDER PEOPLE?

Transgender is a medical condition, but transgender people have an Orientation separate from their medical condition of being Transgender, and it has little to do with sex just like everyone else. 95% of a daily intimate relationship is occupied by everything that is required for intimate relationships to continue flourishing (communication, memories made, responsibilities taken, etc.), and Sex occupies 5% at most. The disgustingly shallow preoccupation bigots have on the sexual aspects of intimate relationships reflects how meaningless their own intimate relationships are.

**I AM DEMI.** Demis are on the “still interested in having sex” end of the asexual spectrum, but do not experience physical attraction, or repulsion, and only experience attraction to people they have developed an emotional bond with. They tend to be self-isolating since they lack the compulsion to approach physically attractive people, and don't recognize courtship behaviors as they rarely use them.

**HOW ARE THE MEDICAL CONDITIONS OF TRANSGENDER AND INTERSEX RELATED?** Intersex is a general term used for a variety of conditions in which a person is born with biology that doesn't fit the typical definitions of female or male. All transgender people are intersex because their brain gender does not match their body gender, but not all intersex people are transgender because not all intersex people experience Dysphoria. Transgender people need Gender Affirming Treatment to alter their bodies to better reflect their brain gender to decrease Dysphoria, but Intersex people may not need any medical treatment if they have no complications arising from being Intersex.

**I AM A TRANSGENDER WOMAN.** Transgender is a medical condition that is literally “brain in wrong body,” or intersex brain, where a brain is in a body that does not match its gender. For a Transgender Woman like myself it means a female brain is in a male body, and with a Transgender Man it means a male brain is in a female body. Dysphoria is the painful result of this mismatch which varies in severity and can be a leading cause of co-morbid health issues also of varying severity. Being trapped in a body that is not yours can be extremely toxic to a person's wellbeing, and most transgender people will transition their bodies to the gender that matches their brains to decrease Dysphoria. Gender Affirming Treatment accomplishes this through dress, Hormone Replacement Treatment (HRT), and various surgeries to alter their bodies to better reflect their brain gender. Earliest treatment possible is needed for best outcome as being transgender is lifelong, has no cure, and can be fatal as it doubles a person's chance of attempting suicide compared to the cisgender population because it is a continuous inescapable traumatic event.

## STATISTICS

1.4 million adults identify as transgender in the United States approximating 0.4% of its 332,403,650 population in 2022 (Williams Institute). The mean age of first general memory, or experience of, gender dysphoria is 4.5 to 6.7 Years for transgender women, and 4.7 to 6.2 years for transgender men. This highlights the importance of giving lifesaving Gender Affirming Treatment to transgender children for their lifelong, incurable, potentially fatal medical condition as soon as possible.

Concerns about de-transitioning are completely unfounded as it is more common in the pre-surgery stages of transitioning, is mostly caused by external negative factors (family, financial, or societal), and de-transitioners range from less than 1% to 5% of the transgender population. This means that transitioning has a 95% to 99% success rate in treating the medical condition of being transgender, and increases to 100% when external negative factors (family, financial, or societal) are eliminated. No other medical treatment has as high a success rate as Gender Affirming Treatment in treating a medical condition, preventing transgender people from getting it is murder by proxy, and the critics know it.

## IT ALMOST KILLED ME

I was born on 1976 9 19, and I've tried to communicate I am a woman to those I trust since at least 8 years old, but would have difficulty as “Transgender” was not part of my vocabulary until my early 40s. I wrote a letter to my Mom when I was 12 to describe how I felt, but she was not supportive, and the counseling I was getting at the time was completely useless as my dysphoria was misdiagnosed as depression. I never got the treatment I needed, and rarely brought it up again as I was too scared to confide in anyone, but would continue to explore my true self in secret through escapism (dreams, literature, video games, etc.).



For all my cis people who have a hard time understanding what it's like to be trans, here is a great metaphor.





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I sank into despair once the body horror of an unwanted male puberty began, and my first suicide attempt involved an overdose of aspirin, Duravent, Seldane, and any other pills I could find while my parents were asleep. I went back to bed, and planned on never waking up again, but I survived despite being so severely dehydrated that skin was peeling off my face. I've had an odd immunity to a variety of medications since then that has greatly limited my options to recover from illness.

I became the "silent kid" due to my deepened dysphoric voice, facial hair made me hate my reflection, and body hair caused me to start cutting my flesh with my fingernails. I tried using a cheap home Electrolysis kit on my face, and when that didn't work, I resorted to pulling all the hairs out with tweezers. I loved the finished result, but it eventually grew back, and until recently I did my best with razors, and looking in mirrors as little as possible. I despised everything about how I looked, and began avoiding the creation of photos/videos of myself leading to decades of my life being undocumented.

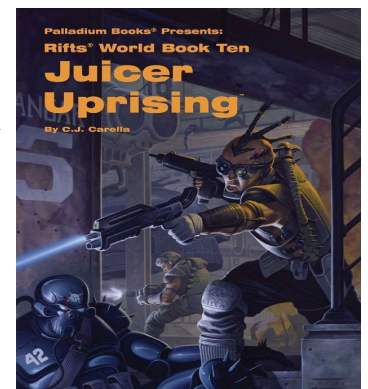
Male weight gain was also awful, and though I am 5 foot 5 inches, and was only 180 pounds at the time, I hated not being smaller, and thinner. I did what any desperate Transgender woman with no help would do; I starved myself, exercised fanatically, and was almost crippled by doing around 600 weighted sit-ups a day. My will power is the finest titanium steel once I have truly set my mind to a task, and I kept it up for a full year to become as small, and rock hard as I could while dropping down to 130 pounds. I was a sexy little girly person that everyone thought was gay, but was trying my best to feminize the body I was trapped in until my back blew out.

The pain I experienced is difficult to describe, but imagine being on fire from the inside out, and having no reprieve from it aside from eventually crying yourself to sleep. I recovered, but was no longer able to do sit-ups without risking further injury, and my Dysphoria worsened as male weight gain resumed. Combine that with an uncertain future after graduating High School, and I believed I had nothing to look forward to except a dubiously useful college education. It seemed like the only thing that made my family happy was getting good grades, and it was important to me to please them, but before succumbing to the numb routine of higher education I decided to attempt suicide again.

I went with some friends to a quarry lake, and jumped off a cliff into the lake. It sounds like a fun outing, but that was not at all what I intended. I'm not very athletic, I can't swim, and I'm not comfortable around great heights even in video games. I had thought that this would certainly be the end of me as the cliff was slanted backwards, and over 100 feet up. There was every chance I'd get mushed on the rock face on the way down, break my neck on the water upon impact, impale/smash myself on something in the water, or simply drown. None of that happened, but I did hit face first, and after lizard brain survival instincts took over, I somehow managed to find the water's surface, and splash my way to shore. I had a camera with me at the time, and told one of my friends take a picture as I jumped over the edge. They could show it to the cops as proof if I killed myself, or I would have a souvenir if I didn't, but I didn't walk away unscathed. This suicide attempt aggravated my prior back injury, would cause painful random full length spinal muscular seizures for the next 5 years, and permanently reduce my safe lifting capacity to 50 pounds.

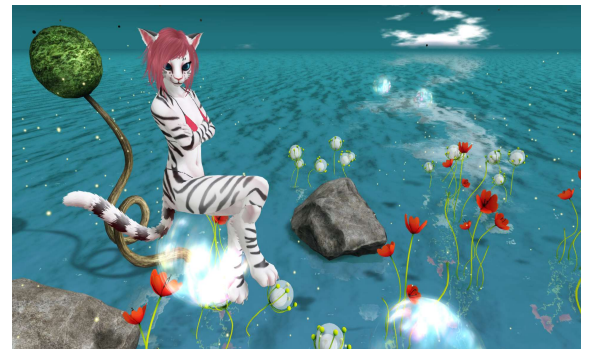


1995 to 2007 was a blur of full-time call center work, college, and too much caffeine. I was born with asthma, and as a result had been on stimulants to increase my breathing capacity almost since birth. If we're being honest, and using Role Playing Game metaphors, the closest representation of my relationship to caffeine would be Palladium Books Juicers who are super soldiers powered by drugs. It makes me harder, better, faster, stronger, and able to work it even when I don't feel like it. That was the most important aspect too since it's so much easier to cope with being Transgender when you don't feel anything because you're blasted out of your mind on crank.



For my entire college career I started my day with a 250mg caffeine Stacker 2 pill, and chased it with various other sources of caffeine throughout the day, every day, from 1995 to 2007 with my daily dosage somewhere between 600 to 1000+ mg. Funnily enough I got my masters degree in Counseling Psychology during that time, and cannot remember a single instance that "Transgender," or anything that sounded like it, was mentioned. I continued to suffer without hope of ever escaping the prison of my male body, but gained some solace in the virtual world Second Life.

Zarrakan Yue's rez day was 2006 12 27, has always been a female avatar, and has changed very little in appearance since then. You learn to disassociate to survive the pain of dysphoria, and I would spend 40+ hours a week living vicariously through her as my main means of coping with being a transgender woman. She is the ideal me, and I have experienced as much as I could with her as I would have in real life if I had the chance to be born in a female body, but I would never use my real voice with her. I hate my real voice, and having it come from her lips felt grotesque, and the silence brought on by puberty taking my voice away continued. This felt natural to me, the most "right" that I had ever felt, but returning to reality was painful as who and what I was began to sink in again as I and Second Life aged. I gave in to despair because if I can't be Zarrakan Yue, then I don't want to be, and I allowed my body to succumb to the slow death of overeating, until that fateful day on 2017 5 11 when I almost got my wish to die.



On 2017 5 11 I Checked into American Family Care Madison Street Commons with Congestive heart failure, a Blood Pressure of 250 over 120, and a weight of 368. I was in severe pain, lifting my arms above my head for more than a few minutes made me dizzy, and could barely walk more than a few feet before becoming winded. The X-Ray tech thankfully broke protocol, and let me know that I had fluid on the lungs instead of letting the “Doctor” advise me. The “Doctor” refused to treat me due to my high blood pressure, and referred me to the local emergency room as I was in danger of immediate heart attack.

This suicide attempt was working, and all I had to do was wait for death as I may have had only weeks, or days left to live in my current state, but my love for my wife pulled me back from the brink. I couldn’t bear the thought of what would happen to her after I was gone, and I decided to live for her at least for now, but I could not continue living a lie. I am a transgender woman, and I need to make a real effort to get treatment for my medical condition because no amount of escapism is going to fix it, but no one else is going to save me either. My wife and I went to Walgreens to pick up over the counter blood pressure medication, made an appointment for Peoples Clinic the following week, and I began working to become who I truly was.

My recovery was slow, and torturous, as this suicide attempt had done the most damage out of the three. I have heavy scarring from weeping edema that at one time put me at risk of needing to amputate my lower legs, was at risk of kidney failure, and was frequently in too much pain to move without using a creeper seat, or crutches. Sleeping was perilous as I was in danger of dying from aspirating undigested food into my lungs if I lied in a bed normally, and at first I could only sleep sitting on a bench with my head on a pillow on my desk. Gradually I would be able to shift to sleeping sitting on the couch, and then eventually back to my bed over the course of the next 60 days during which I bought a treadmill on 2017 6 8. At first I could barely manage 5 minutes at a time at 0.4 mph with no incline which is its lowest setting, but would gradually build up to 30 minutes at 4.0 mph with 1 inch incline daily over the next couple years.

Even with my renewed interest in living I still could have died from a heart attack during most of my recovery as the damage to my cardiovascular system is permanent, and has likely shortened my lifespan. I had a lot of time to think as I fought my way back to health, and realize what truly mattered to me. I may not know what the end of my rainbow will look like, or if anyone will be there with me, but I will no longer pretend to be a man to make others happy. On 2019 6 22, 31 long miserable years after trying to talk to Mom about being a woman, I began my journey to be myself by taking my first dose of Hormone Replacement Treatment (HRT), and told my Second Life ex-husband I was a Demi Transgender Woman. Ego imperium!

By 2022 7 14 I have accomplished everything I wanted to since my transition began on 2019 6 22. I went from 368 pounds to 177 for a total loss of 191 pounds, and I am now in the best physical health I have been since High School doing both Treadmill 30 minutes at 4.0 mph with 1 inch incline, and Fitlaya Fitness ab Machine at 100 repetitions daily. I have been successfully managing my Hormone Replacement Treatment (HRT) with Peoples Clinic’s help, and the mental and physical changes have been significantly positive. I had Gender Affirming Surgery (Penile Inversion Vaginoplasty) on 2021 2 17, and that helped to both stabilize my Hormone Replacement Treatment (HRT) by allowing me to discontinue my anti androgens (Dutasteride and Spironolactone), and eliminate a growing source of dysphoria (losing weight made my penis/testicles more visible). Breast augmentation surgery on 2021 12 6 has helped give me a more feminine figure, and reduced my body hair dysphoria so that I am no longer cutting myself with my fingernails. Voice surgery on 2022 7 14 has finally rid me of the dysphoric voice male puberty inflicted on me, and allows me to talk pain free. The Identity (Documents) path of my transition is complete as I am now “Zarrakan Yue Carvin,” and FEMALE across all identity documents. My caffeine consumption has been significantly reduced since 2021 6 15 with improved hormone blood test results, easier weight loss, and better sleep. I have proved that I AM POWER, and Ego Imperium is not just a slogan, but something I live by.

**JOIN MY DISCORD ZARRAKAN PRODUCTIONS AT**  
**<https://discord.gg/CgJpQgG>**  
**TO TALK TO ME ABOUT ANYTHING.**

**NOT ALL TRANSGENDER PEOPLE ARE THE SAME. FOR ME, I AM AN OPEN BOOK. IT'S OK TO ASK ME ANYTHING YOU MAY WONDER ABOUT ME. HORMONES, SURGERIES, NAMES, PRONOUNS, PREFERENCES, CLOTHING, DATING, ETC. I WANT TO EDUCATE YOU WHENEVER I CAN, AND WOULD RATHER YOU ASK THAN TO DRAW A WRONG CONCLUSION IN YOUR MIND. ALL I ASK FOR IN RETURN IS TO BE TREATED WITH LOVE AND RESPECT; THE WAY YOU'D TREAT ANY OTHER HUMAN BEING.**



## GUIDE

I maintain this guide to help demystify the medical condition of being transgender, and help those affected by it to transition while also helping cisgender people understand how they can best offer support. It will be updated regularly to include the most recent information I have along with the accompanying Transgender Education Panel “3 paths Of Transitioning” which is based on this guide. Please check the date at the top of this guide’s pages to ensure you have the newest version as I make a new release monthly, and only trust copies through direct Zarrakan.com sources.

I have a Masters Degree in Counseling Psychology earned through Austin Peay State University, extensive knowledge of transgender topics from research, and Hormone Replacement Treatment (HRT) practice both through my own journey, and by helping other transgender women. This makes me a trustworthy expert on Hormone Replacement Treatment (HRT) as knowledge plus practice equals expertise, and following my guide will lead to a positive treatment outcome.

It is important to maintain a transition journal to help remember important events, and give you perspective about where you are on your three transition journey paths of Hormone Replacement Treatment (HRT), Surgery, and Identity. Medication, changes in medication, any side effects from the medication, your weight, surgeries, and who you have told about you being transgender, are all excellent information to include, but feel free to include more if you want.

Stay strong by finding a light in the darkness to hold onto so that even when things are at their worst you will still see the path ahead of you. Your light may be different from others, but that is ok because the only important thing is it that it helps you see tomorrow, and every day after that. The best “lights” are friends, and family, you can trust, and you should reach out to them as soon as possible for support in addition to becoming a part of the transgender community. Always remember that you are not alone as there are millions of transgender people who are going through the same experiences that you are.

Transition takes time, and thus it is possible to take Hormone Replacement Treatment (HRT) for a while even in a hostile environment without anyone knowing. It takes around 3 months of Hormone Replacement Treatment (HRT) before anything visible begins showing, and these will likely be things only visible to you. I would encourage you to take pictures of yourself for yourself every 30 days, and add them to your transition journal to maintain positive morale because we usually don’t notice very gradual changes.

Remember to maintain appropriate expectations during your journey, and be willing to forgive yourself if you do not achieve a perfect idealized you. Transitioning only reduces the dysphoria caused by the medical condition of being transgender, and any goals beyond that will need to be addressed separately on their own solution paths, but you will achieve greater contentment the further you go. Being your true self is the greatest self-love a person can ever know, and loving yourself is the first step towards loving others.




2018 4 30



2022 9 22

## Gender Affirming Treatment Is Lifesaving

SEX CHROMOSOMES DO NOT DETERMINE GENDER		
	<b>Bacteria</b> 56% of the cells in your body are <b>bacteria</b> and are not human cells <sup>1</sup> .	<b>Who cares?</b> <b>Health</b> Doctors may need to know what sex characteristics you have when diagnosing or treating an illness. Diseases can be affected by sex chromosomes, hormones and other factors. Sex cannot safely be treated as a binary or immutable for this. <b>Human rights</b> There is no reason why what sex chromosomes you have should affect your human rights, but lots of people claim they should for some reason!
	<b>Red blood cells</b> 37% of the cells in your body are red blood cells (84% of all the human cells in your body) <sup>1</sup> . Red blood cells <b>don't have a nucleus</b> or sex chromosomes, their <b>sexual dimorphism is controlled by hormones</b> <sup>2</sup> .	
	<b>Other cells</b> 6% of the cells in your body are cells with a nucleus and <b>sex chromosomes</b> <sup>1</sup> . Sexual dimorphism in these cells is still largely controlled by hormones <sup>3</sup> .	

[1] Sender R, Fuchs S, Milo R. Revised Estimates for the Number of Human and Bacteria Cells in the Body. *PLoS Biol.* 2016;14(8):e1002533. Published 2016 Aug 19. doi:10.1371/journal.pbio.1002533

[2] Kanius I, Sindhur D, Osei-Hwedie D, Baust JJ, Jordan A, Zimring JC, Waterman HR, de Wolski KS, Acker JP, Gladwin MT. Testosterone-dependent sex differences in red blood cell hemolysis in storage, stress, and disease. *Transfusion.* 2016 Oct;56(10):2571-2583. doi: 10.1111/ptr.13745. Epub 2016 Aug 9. PMID: 27507802; PMCID: PMC5065383.

[3] C. Grossman, Possible underlying mechanisms of sexual dimorphism in the immune response. fact and hypothesis, *Journal of Steroid Biochemistry* Volume 34, Issues 1–6, 1989, Pages 241–251, ISSN 0022-4731, [https://doi.org/10.1016/0022-4731\(89\)90088-5](https://doi.org/10.1016/0022-4731(89)90088-5).



## HORMONE REPLACEMENT TREATMENT (HRT)

### ALL HUMANS HAVE ESTROGEN, PROGESTERONE, AND TESTOSTERONE

Hormone levels are what makes a person visually feminine, or masculine, and define their body's gender since hormones, not sex chromosomes, affect the cellular functioning of the 94% sexually dimorphic cells that make up the human body that do not have sex chromosomes in them. The remaining 6% human cells that have sex chromosomes are also sexually dimorphic, their function is controlled by hormones, and there are 6 common variations of sex chromosomes that don't result in fetal death (X, XX, XXY, XY, XYY, and XXXY) with an incidence of 1 in 500 to 1 in 5000. It is possible for your brain, your body, and your reproductive system to all have different genders if the combined contributions of fetal development, sex chromosomes, and hormones are out of synch with each other. The reason Hormone Replacement Treatment (HRT) is so effective at addressing the medical condition of being transgender is because it brings a person's body's gender into alignment with their brain's gender.

Female hormonal averages are Estrogen is 12.5 – 498 pg/mL, Progesterone 0.1 – 214 ng/mL, and Testosterone 4 – 50 ng/DL.

Male hormonal averages are Estrogen is 7.6 – 42.6 pg/mL, Progesterone 0.0 – 0.5 ng/mL, and Testosterone 246 – 916 ng/DL.

My 2022 5 11 blood test at around 8:00 AM measured my hormone levels at

Testosterone, < 3 ng/dL  
Free Testosterone, 0.4 pg/ml  
Estradiol, 241 pg/mL  
Progesterone, 0.8 ng/dL

My testosterone has been < 3 ng/dL since 2020 12 1, but most cisgender women typically have 10 to 40 times more testosterone than I do, and that makes me factually more female than they are.

### BASIC MATH SKILLS ARE ALL YOU NEED FOR HORMONE REPLACEMENT TREATMENT (HRT), AND IT IS IMPOSSIBLE TO OVERDOSE BECAUSE ANY HORMONES THAT DO NOT BIND TO CELLS ARE PISSED OUT

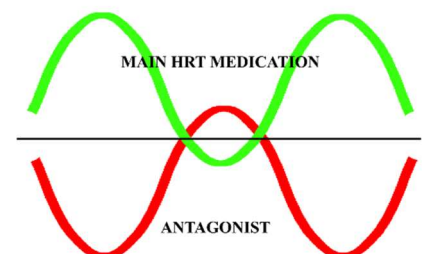
**Administered** involves working with medical professionals who have experience with the transgender community. You preferably want someone who uses the Informed Consent Model which allows transgender clients to access hormone treatments and surgical interventions without undergoing mental health evaluation, or referral from a mental health specialist. Search both your local area, and online to find service providers that are right for you.

**Self-medicated** is not generally recommended because chances are you are not a doctor, and even doctors do not recommend “self healing,” but it's better than nothing. You can get hormones, and hormone blockers, off the internet without prescription, and there are hormone self tests you can take to monitor your hormone levels, but be sure to test at different times for data analysis. This is the best option if Administered routes are not open to you, but it does require more effort on your part to become educated on whatever it is you are putting in your body.

**Self-Advocacy** is the best approach as it combines the lower prescription costs of **Administered**, and the knowledge of **Self-medicated** to fill in the “experts” knowledge gaps.

### HORMONE REPLACEMENT TREATMENT (HRT) DOSE SCHEDULING

As your main Hormone Replacement Treatment (HRT) medication's half-life completes between doses the antagonist to it will strengthen due to Estrogen and Testosterone's antagonistic sine wave relationship, and de-transitioning starts if their sine waves cross. This will continue to be an issue until your incorrect gender gonads (ovaries or testicles) have been removed, but you can compensate for it by equally distributing your Hormone Replacement Treatment (HRT) dosages across a 24-hour time frame. This is easy to accomplish with pill-based Hormone Replacement Treatment (HRT) medications, but other dosage methods will require closer scrutiny. For example, a daily dose of 8mg Estradiol pills could be divided up into 4 separate 2mg doses at 6:00 AM, 12:00 PM, 6:00 PM, and 12:00AM to maintain continuous Hormone Replacement Treatment (HRT) medication effectiveness.



## FEMINIZING HORMONE REPLACEMENT TREATMENT (HRT)

## Monitoring Feminizing Hormone Replacement Treatment (HRT)

Get a blood test to obtain your base hormone levels prior to starting Feminizing Hormone Replacement Treatment (HRT), again 30 days after starting, and 30 days after making any alterations to your dosages to meet hormone level goals. You can switch to once every six months if hormone levels are within goals for two consecutive blood tests, and no further dosage alterations are required. The goals for Feminizing Hormone Replacement Treatment (HRT) for transgender women is to decrease testosterone levels to the normal female range (4–50 ng/dl with as low as possible being ideal) without supra-physiological levels of estradiol (100 to 500+ pg/mL with 217 to 272 pg/mL being ideal) by administering an antiandrogen, an estrogen, and a progesterone using bioidentical micronized hormones.

Physical Effect	Timeline	
	Onset	Max. Effect
Softening of skin/decreased oiliness	3-6 months	-
Decreased muscle mass/strength	3-6 months	1-2 years
Thinned/slowed growth of body/facial hair	6-12 months	3-5 years
Stop/Reverse Male pattern baldness	1-3 months	1-2 years
Body Fat Redistribution	3-6 months	3-5 years
Decreased testicular volume	3-6 months	2-3 years
Decreased libido	1-3 months	1-2 years
Decreased spontaneous erections	1-3 months	3-6 months
Decreased sperm production	Variable	
Erectile dysfunction	Variable	
Breast growth	3-6 months	2-3 years

## Anti-androgens (testosterone blockers/inhibitors)

The choice of anti-androgen (testosterone blocker/inhibitor), and dosage, should be made individually based on your medical history, their side effects, and their interactions with other medication. Briefly reviewed here are Spironolactone, Cyproterone, and Dutasteride, but others are available, and should be researched/pursued if these are unsatisfactory.

Both **Spironolactone** and **Cyproterone** block the production of testosterone, but are potassium sparing, and can lead to toxic levels of potassium if left unmonitored. Starting, and max dosage can be 200mg daily Spironolactone pills (100mg every 12 hours), or 50mg daily Cyproterone pills (25mg every 12 hours), barring any concerning side effects/interactions. Spironolactone has traditionally been used as it is thought to have a superior safety profile, but it has been noted that adequate anti-androgen effects are achievable at lower doses of Cyproterone which has less adverse effects.

**Dutasteride** is a 5-alpha-reductase inhibitor, a drug which can lead to a 90–95% reduction in serum dihydrotestosterone (DHT), the chemical which promotes male characteristics. A daily dose of Dutasteride 0.5mg is normal, and up to 40mg have been administered without significant safety concerns, but since its half-life is around 4 or 5 weeks, it is generally advisable to use lower doses as it will build up in your body. Potential side effects include decreased libido, erectile dysfunction, ejaculation disorders, and gynecomastia (enlargement of the breasts). However, when dutasteride treatment is compared with placebo, these side effects are only modestly elevated, and long-term use does not increase the chance of side effects. Dutasteride and spironolactone can be used simultaneously as they have no interactions.

Most transgender women will not require androgen suppression following orchiectomy (+/- vaginoplasty), and any current Anti-androgens can be discontinued over the course of 4-6 weeks.

## Estrogen

Estrogen (Estradiol) acts directly on estrogen receptors to initiate feminization, is the main medication of Hormone Replacement Treatment (HRT) for transgender women, and Testosterone is its antagonist.

**-Estrogen (Estradiol) Pills:** These can be either used on their own, or combined with Estrogen (Estradiol) Patches to ensure a consistent high level of estrogen between pill dosages. Starting, and max dosage can be 8mg a day (2mg every 6 hours) taken sublingually (holding it under the tongue for 30 minutes) instead of orally to bypass the liver, and increase absorption into the bloodstream.

**-Estrogen (Estradiol) Patches:** These can be either used on their own, or combined with Estrogen (Estradiol) Pills to ensure a consistent high level of estrogen between pill dosages. Starting, and max dosage can be 0.1mg a day with application of a new patch twice a week at a different site, and is absorbed into the bloodstream through the skin.

**-Estrogen (Estradiol) Valerate:** Injection strength can be 5ml of 10, 20, or 40mg/ml, and is typically used on its own. Starting, and max dosage can be 5ml of 40mg/ml injected intramuscularly once a week at the prescribed amount, and then absorbed into the bloodstream through nearby blood vessels.

## Progesterone

Progesterone is a part of breast growth, development of the milk ducts, is protective against breast cancer when used with Estrogen, and increases your sex drive. Starting, and max dosage can be 200mg, and should be taken rectally close to bedtime due to its soporific effect.

MASCULINIZING HORMONE REPLACEMENT TREATMENT (HRT)

Monitoring Masculinizing Hormone Replacement Treatment (HRT)

Get a blood test to obtain your base hormone levels prior to starting Masculinizing Hormone Replacement Treatment (HRT), again 30 days after starting, and 30 days after making any alterations to your dosages to meet hormone level goals. You can switch to once every six months if hormone levels are within goals for two consecutive blood tests, and no further dosage alterations are required. There is no need to block the production of estrogen when taking testosterone as it is a more biologically effective hormone, and will induce changes when taken on its own. The goals for Masculinizing Hormone Replacement Treatment (HRT) for transgender men is to increase testosterone levels to the normal male range (300–1000 ng/dl) by administering testosterone using bioidentical micronized hormones.

Physical Effect	Timeline	
	Onset	Max. Effect
Skin oiliness/acne	1-6 months	1-2 years
Body fat redistribution	3-6 months	1-5 years
Increased muscle mass/strength*	6-12 months	2-5 years
Cessation of menses	2-6 months	-
Vaginal atrophy	3-6 months	1-2 years
Facial/body hair growth	3-6 months	3-5 years
Scalp hair loss	Variable	
Deepened voice	3-12 months	1-2 years
Clitoral enlargement	3-6 months	1-2 years
Infertility	Variable	

\*Significantly depends on amount of physical activity

Testosterone

Testosterone acts directly on testosterone receptors to initiate masculinization, is the main medication of Hormone Replacement Treatment (HRT) for transgender men, and Estrogen is its antagonist.

-**Testosterone Cypionate/Enanthate:** Injection strength can between 100mg/ml to 200mg/ml with 0.15 to 0.2 ml injected intramuscularly once a week at the prescribed amount, and then absorbed into the bloodstream through nearby blood vessels.

-**Testosterone Gel:** Dosage can be 25mg, 50mg, or 100mg with daily application of 25mg/5g to 50mg/5g packets, or with a - metered dose pump (12.5mg per pump actuation), and is absorbed into the bloodstream through the skin.

-**Testosterone Patches:** Dosage can be 2mg, 4mg, or 8mg with application of a new patch daily at a different site, and is absorbed into the bloodstream through the skin.

NEVER STOP HORMONE REPLACEMENT TREATMENT (HRT)

The human body starts dying if you are hormonally deficient because Hormones govern all your body’s functions including healing/recovery. You may be told to stop taking your Hormone Replacement Treatment (HRT) for surgery due to the outdated medical standards some doctors follow about potential blood clots, but those were only minimally relevant to older synthetic hormones that you are highly unlikely to be taking as most current Hormone Replacement Treatment (HRT) medications are bioidentical. They do not put cisgender people on hormone blockers for surgery, and it makes no sense for them to ask you to prepare for, and recover from, surgery while hormonally deficient.

HORMONES AFFECT EVERYONE

Hormone levels are not a singularly transgender issue as most medical problems can be directly traced to hormonal deficiency. Cisgender people must demand hormone levels every time they give blood, and should be immediately put on Hormone Augmentation Treatment (HAT) if they are hormonally deficient. This area of Medical Science is ignored to everyone's detriment, and eventual early demise. The reason why cisgender women's health declines so much after menopause is because menopause is not natural, but is hormonal deficiency during which cisgender women don't have enough estrogen to properly maintain health, and the testosterone their bodies produce is overwhelming what estrogen they have left. Post-Menopause cisgender women have problems with facial hair, male weight gain, and male pattern baldness because they are transitioning into men.



OTHER MEDICATION

Continue to take any medications you are currently prescribed beyond Hormone Replacement Treatment (HRT) with continued review for any intended effects, side effects, and interactions between medications, and adjust dosage accordingly.





Directions: Adults: One tablet daily, with food.

Supplement Facts						
Serving Size: One tablet						
Amount Per Serving			% Daily Value	Amount Per Serving		
			% Daily Value			
Vitamin A (10% as beta-carotene)	700 mcg	78%	Vitamin B <sub>12</sub>	6 mcg	250%	
Vitamin C	84 mg	93%	Biotin	30 mcg	100%	
Vitamin D	25 mcg (1000 IU)	125%	Pantothenic Acid	5 mg	100%	
Vitamin E	7.5 mg	50%	Calcium	400 mg	31%	
Vitamin K	25 mcg	21%	Iron	18 mg	100%	
Thiamin (B <sub>1</sub> )	1.2 mg	100%	Iodine	150 mcg	100%	
Riboflavin (B <sub>2</sub> )	1.3 mg	100%	Zinc	8 mg	73%	
Niacin	16 mg	100%	Selenium	27.5 mcg	50%	
Vitamin B <sub>6</sub>	1.7 mg	100%	Copper	0.9 mg	100%	
Folate	665 mcg DFE	166%	Manganese	1.8 mg	78%	
(400 mcg folic acid)			Chromium	25 mcg	71%	

meet the demands of physical activity including sex, and helps regulate body temperature. Treadmilling for 30 minutes a day at the highest speed you can endure will ensure proper cardiovascular system health, and can be done from the comfort of home, but other exercises of similar exertive nature can take a treadmill's place.

## HAIR CARE

Feminizing Hormone Replacement Treatment will help reverse male pattern baldness, but proper hair care is needed to maintain new growth. Alternate days for washing hair with moisturizing shampoo and conditioner to avoid wearing out its natural oils, allow it to air dry, and only use a detangler comb to preserve your hair's health.

## BODY HAIR REMOVAL

Body hair growth will slow down significantly the longer you are on Feminizing Hormone Replacement Treatment, but there are several options to temporarily/permanently remove body hair.

**-Shaving:** Body hair is painlessly removed with a razor, but grows back at your current body hair growth rate as it only cuts the portion of a hair that's above the skin.

**-Epilation:** Body hair is removed from the root, results last 2 to 4 weeks, and prolonged use of epilation can result in thinning/permanent hair removal as micro scarring eventually damages hair follicles until they can no longer produce hair. Epilation starts painful, but becomes painless with continued use as damaged hair follicles offer less and less resistance to hair being removed.

**-Laser:** Body hair is removed by beaming highly concentrated light into the hair follicles, pigment in the follicles absorb the light, and continued laser treatments eventually destroy a hair follicle's ability to produce hair. Laser treatment pain does not subside over time, and is less painful than Electrolysis, but only produces best results with dark body hair.

**-Electrolysis:** Body hair is removed by galvanic, thermolysis, or a blend of the two to destroy a hair follicle's ability to produce hair. Electrolysis treatment pain does not subside over time, and is the most painful method of body hair removal, but can be used on any hair regardless of color.

## HEALTHCARE

Hormone Replacement Treatment (HRT) effects can be obscured by weight, and you will want to eat LESS daily calories than you require until you are within your NORMAL WEIGHT Body Mass Index (BMI) range between 18.5 to 24.9. The formula for BMI is weight in kilograms divided by height in meters squared, and there are many online calculators that can quickly/accurately calculate your BMI.

**NEVER EXERCISE TO LOSE WEIGHT FROM FOOD YOU SHOULDN'T HAVE EATEN, AND REMEMBER YOU CANNOT STARVE IF YOU HAVE FAT TO BURN, BUT YOU CAN BECOME MALNOURISHED.**

Take a daily multi vitamin because even a healthy diet can be deficient in important nutrients, and drink eight 8-ounce glasses (2 liters or half gallon) a day to avoid dehydration, but increase water consumption relative to your level of activity.

It's important to maintain proper cardiovascular system health as it delivers all your body's hormones/nutrients/oxygen, removes metabolic waste products, protects your body from disease/infection/injury, helps your body



## SURGERY

Surgeries that reduce dysphoria are all valid, and should be pursued, but it is important to prioritize surgeries according to your resources. Removing your incorrect gender gonads (ovaries or testicles) is the most important surgery for your transition because they will blunt the effects of Hormone Replacement Treatment (HRT), and potentially sabotage any progress you make, but also their removal may make additional surgeries unnecessary with increased Hormone Replacement Treatment (HRT) effectiveness. Transgender women also cannot continue taking anti androgens for the rest of their lives as they have side effects, interactions with other drugs, and you can potentially become immune to them as they are a foreign chemical.

### FEMINIZING SURGERIES

#### MAKE REMOVING YOUR TESTICLES FIRST PRIORITY BY CHOOSING THE GENDER AFFIRMING SURGERY THAT IS RIGHT FOR YOU

**Orchiectomy** is a one-hour outpatient procedure that removes the testicles, but preserves the penis and scrotum for potential building material should you decide to get vaginoplasty later.

**Vaginoplasty** is a reconstructive procedure for transwomen that includes orchiectomy, penectomy, and creation of a sensate neoclitoris, labia minora and major, with vaginal canal variations depending on the type of vaginoplasty performed.

**-Zero Depth:** This vaginoplasty has the external appearance of a vagina but no vaginal canal, and does not require dilation maintenance.

**-Peritoneal Pull-Through:** This vaginoplasty has the external appearance of a vagina and creates a vaginal canal with the serous membrane that forms the lining of the abdominal cavity. It has a self-lubricating lining with some elasticity, more vaginal depth, and requires less pre-op hair removal, dilation, and douching than **Penile Inversion**, but the vaginal canal lacks sensation beyond pressure.

**-Penile Inversion:** This vaginoplasty has the external appearance of a vagina, and creates a vaginal canal with genital skin. This does require more pre-op hair removal, dilation, and douching than **Peritoneal Pull-Through**, but the vaginal canal has sensation.

### MASCULINIZING SURGERIES

#### MAKE REMOVING YOUR OVARIES FIRST PRIORITY BY CHOOSING THE GENDER AFFIRMING SURGERY THAT IS RIGHT FOR YOU

**Oophorectomy** is a two-hour outpatient procedure that removes the ovaries, and preserves the uterus for potential future pregnancies.

**Hysterectomy** is the surgical removal of the uterus that may also involve removal of the cervix, fallopian tubes, ovaries, and other surrounding structures. Pregnancy is no longer possible, but this prevents uterine cancer, and it is commonly done in preparation for phalloplasty.

Offering, by Zarrakan Yue, 2020.

Life takes its pound of flesh,  
For that is what it is due,  
Give it willingly,  
Or not.  
It all depends on you.

I made my choice,  
My sacrifice,  
With bands,  
And blades aplenty,  
I am certain it will not suffice,  
For life is ever hungry.

I take solace,  
However small,  
In little victories,  
And the knowledge,  
Those can never be taken from me.

### MY CURRENT TREATMENT REGIMINE

#### HORMONE REPLACEMENT TREATMENT (HRT)

Estradiol 2mg: 6:00 AM, 12:00 PM, 6:00 PM, and 12:00AM  
(4 a day 2mg each)  
Progesterone 200mg: 1 at 12:00 AM (1 a day 200mg each)

#### OTHER MEDICATION

Hydrochlorothiazide 6:00 AM (2 a day 25mg each).  
Around 100mg caffeine a day before 6:00 PM.

#### HEALTHCARE

**Nutrition:** I eat less than 500 calories a day divided between two “doses” at 6:00 AM, and 6:00 PM.

**Exercise:** I use a Treadmill 30 minutes at 4.0 mph with 1 inch incline, and a Fitlaya Fitness ab Machine at 100 repetitions daily.

**Vitamins:** I take 1 One A Day Women's 50+, and 1 Biotin 10000mcg capsule at 6:00 AM daily.

#### HAIR CARE

I alternate days for washing hair with moisturizing shampoo and conditioner to avoid wearing out its natural oils.

#### BODY HAIR REMOVAL

I shave facial and Brazilian areas as needed prior to laser hair removal treatment, and I remove other body hair with a Braun Silk 9 9-720 Epilator every Wednesday and Sunday.

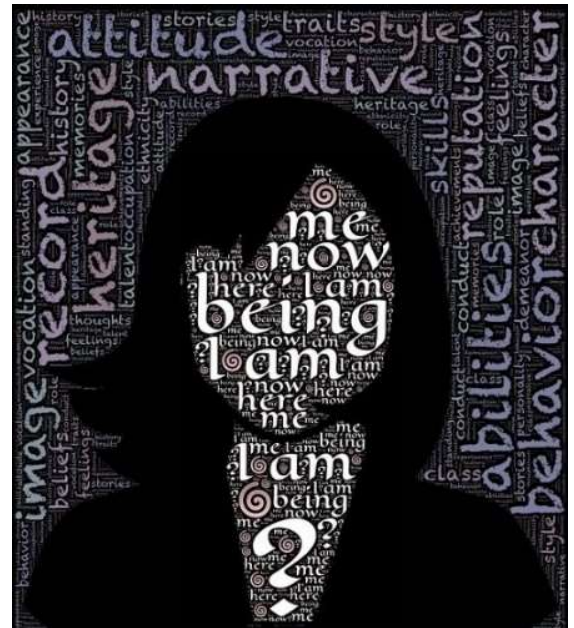
## IDENTITY

We spend so much of our lives in denial of our true selves to make others happy that it's a struggle to discover who we really are, but it begins with the acquisition of new identity documents that reflect the true you.

- Name Change
- Driver's License
- Social Security Card
- Birth Certificate

It's recommended that you get these in that order as each one makes it easier to get the next by including copies of the prior ones to obtain the one you are currently working on, and how you do so varies depending on where you live, but they are all you need to legally change everything to "true name" and "female." Internet searches will tell you what you need to know about this process, but the most difficult part of your transition lies ahead of you.

The Hormone Replacement Treatment (HRT), Surgery, and Identity (Documents) paths all have easy instructions to follow, but the self-discovery part of the Identity path will take the most time as it involves unravelling the tangled web of who you were to make others happy, who you really are, and who you wish to be. Your transition journal will become especially important during self-reflection as it helps to record your thoughts to review them later, and it will help to talk to others about how you feel during this process.



**“It’s important to acknowledge transgender people have a medical condition, and recognize the pain they go through to be their true selves. Our stories should inspire others to do the same regardless of gender.”**

## -Zarrakan Yue

## 7 POINT

People discriminate against, abuse, hurt, and kill Transgender people for many reasons at rates higher than cisgender people. It is something that can happen to you, and you should be prepared for that possibility by remaining aware of your surroundings, avoiding hostile encounters, or try to escape them as quickly as possible, but avoidance and escape are not always options.

The goal of any self-defense situation is to end it as quickly as possible by neutralizing your attacker(s), and/or making it possible to flee from them with a minimum of harm to yourself. This is best accomplished with joint break attacks because beating someone into submission is both not practical, or advisable, in hostile encounters that as yet have no predictable end. By destroying a body's ability to mechanically function you can quickly eliminate any physical advantage attacker(s) may have, and neutralize them.

7 Point is a primarily non-lethal martial art based on anatomical knowledge of the human body, and named after the 7 main points you will want to attack to destroy a human body's ability to mechanically function by breaking joints. Being struck by these techniques can lead to lifelong crippling injuries, and makes it inappropriate for use outside self-defense, but will immediately end a hostile encounter in most cases.



### TRAIN FOR SPEED

You do not have to be strong to use 7 Point effectively as you only need to exert 3 to 5 pounds of force to break most joints, but being able to move quickly helps. Treadmilling for 30 minutes a day at the highest speed you can endure will ensure proper cardiovascular system health, and can be done from the comfort of home, but other exercises of similar exertive nature can take a treadmill's place in developing speed.

### KEEP MOVING

Being constantly in motion makes you harder to attack, and may present new opportunities to escape, but ensure you never lose awareness of your attacker(s). Use circling maneuvers to keep your attacker(s) both in sight, and continually having to readjust their attacks making them far less effective.

Most attackers will be right-handed, and will attack with their right side. They will be thrown off balance, and open themselves to joint breaks if you continuously dodge/move to the left, or reverse this if your attacker(s) are left-handed. It is important to recognize patterns of attack as even ambidextrous attacker(s) will still favor 1 side over another.

### ALWAYS ATTACK THE KNEES

Knees are the easiest joint to break, and the most rapid way to end a hostile encounter no matter how strong your attacker(s) are, or what protection they may be wearing. A solid punch, or kick, to the front or side of a knee will break it like a twig.

### BREAK ELBOWS TO CRIPPLE ARMS

Most attackers will attack with their hands, or with something they are holding, and breaking an arm's elbow will stop that. Catch an attacker's arm with one hand, or an armpit, hyper extend the arm by pulling towards you, and punch upward with your other hand into their elbow for best effect.

### BREAK FINGERS, AND WRISTS TO CRIPPLE HANDS

Fingers snap like celery, and wrists do not offer much more resistance, making these joint breaks perfect for escaping a grapples. Grab fingers/wrists, pull them backwards to break them, and keep doing it until attackers have nothing left to hold onto you with.

### BREAK SHOULDERS TO CRIPPLE ARMS

I would recommend breaking elbows to cripple arms as the force needed is substantially less than that for breaking a shoulder, but a broken shoulder has the same effect in crippling the arm it is attached to. Grapple the arm connected to the shoulder you want to break, and pull it backwards until it snaps.

### BREAK THE BASE OF THE SPINE

Breaking the base of the spine can paralyze your attacker(s) from the waist down, disabling both of their legs simultaneously, and likely put them in a wheelchair for the rest of their life. Throw your weight into a punch, or kick, downward into the base of a spine to break it.

### BREAK THE NECK TO KILL

Do not use this joint break unless you have no other choice because hostile encounters are best resolved without death as there are always legal consequences for everyone involved. Grapple the attacker(s) head, and quickly pull/twist it backwards, or to the side, to break the neck.



## LINKS

These are helpful links that I have gathered from my own research, but I encourage you to find your own in addition to these, and please contact me via discord <https://discord.gg/CgJpQgG> if you want me to review/add links to this document.

### COUNSELING

<https://www.jacksonsgarnerlcs.com/>  
<https://www.pridecounseling.com/>  
<https://www.psychologytoday.com/us/therapists/transgender/t/clarksville>  
<https://www.thetrevorproject.org/>  
[https://www.tnep.org/counseling\\_unconditionally](https://www.tnep.org/counseling_unconditionally)

### EDUCATIONAL

2019 5 13 Healthcare of the Transgender Patient  
<https://www.youtube.com/watch?v=fefu33e8O-0>  
<https://talesoftimesforgotten.com/2020/08/21/transgender-and-intersex-people-in-the-ancient-world/>  
<https://www.transgendermap.com/>

### GENDER AFFIRMING SURGERY (GAS)

101 Things To Expect From Vaginoplasty  
<https://www.youtube.com/watch?v=TD0tejYWAU>  
<http://www.transhealthcare.org/mtf-orchietomy-usa/>  
<http://www.transhealthcare.org/usa/>  
<https://cosmeticconciernemd.com/>  
[https://www.bcbst.com/mpmanual/!ssl/webhelp/Gender\\_Reassignment.htm](https://www.bcbst.com/mpmanual/!ssl/webhelp/Gender_Reassignment.htm)  
<https://www.facebook.com/interplastplasticsurgeryclinic>  
<https://www.interplastclinic.com/>  
<https://www.mtf-surgery.net/mtf-vaginoplasty.htm>

### GENDER AFFIRMING SURGERY (GAS) FUNDING

<https://jimcollinsfoundation.org/apply/>  
<https://pointofpride.org>  
<https://transcendlegal.org/>  
<https://www.gofundme.com/c/blog/gender-confirmation-surgery>  
<https://www.transgenderpulse.com/>  
<https://www.translifeline.org/microgrants>  
<https://www.vanderbilthealth.com/transgenderhealth/>

### GENDER MARKER CHANGE

[https://www.health.ny.gov/vital\\_records/gender\\_designation\\_corrections.htm](https://www.health.ny.gov/vital_records/gender_designation_corrections.htm)  
<https://transgenderlawcenter.org/resources/id/state-by-state-overview-changing-gender-markers-on-birth-certificates>

### HAIR REMOVAL DEVICES

<https://www.amazon.com/gp/product/B07ZH4WVV>  
[https://www.amazon.com/s?k=epilator&ref=nb\\_sb\\_noss\\_1](https://www.amazon.com/s?k=epilator&ref=nb_sb_noss_1)

### HAIR REMOVAL SERVICES

<https://milanlasernashville.com/>

### HORMONE INFORMATION

<http://tripproject.ca/self-medding-hormone-replacement-therapy-hrt/>  
<https://diyhrt.wiki/index>

### HORMONE SOURCES

<http://big-pharmacy.com/>  
<http://www.easysshopping4health.com/>  
<https://costplusdrugs.com/medications/>  
<https://doxy.me/>  
<https://getplume.co/>  
<https://hrt.cafe/>  
<https://powersfamilymedicine.com/>  
<https://queerdoc.com/>  
<https://transcare.manicsquirrel.dev/>  
<https://trueuclinic.com/>  
<https://www.circlemedical.com/>  
<https://www.folxhealth.com/>  
<https://www.gendergp.com/>  
<https://www.goodrx.com/>  
<https://www.google.com/maps/d/u/1/viewer?mid=1DxyOTw8d18n96BHFF2JVUMK7bXsRKtzA&ll=26.19982757169328%2C-113.38234069999999&z=3>  
<https://www.inhousepharmacy.vu/c-88-transgender.aspx>  
<https://www.plannedparenthood.org/health-center/tennessee/nashville/37203/nashville-health-center-2716-91550/lgbtq>  
<https://www.queermed.com>

### HORMONE TESTING

<https://bloodtestscanada.com/>  
<https://healthconfirm.us/>  
<https://medichecks.com/>  
<https://werlabs.se/>  
<https://www.bloedwaardentest.nl/>  
<https://www.labcorp.com/>  
<https://www.labsmd.com/>  
<https://www.pathlab.co.nz/patient-requested/>  
<https://www.privatemd.com/>  
<https://www.walkinlab.com/>

### NAME CHANGE

<https://eforms.com/name-change/tn/#AdultNameChange>

### SUPPORT ORGANIZATIONS

<http://pflagnashville.org/>  
<http://www.tvals.org/>  
<https://cathyduffyreviews.com/homeschool-extras/online-schools-and-courses/online-schools-with-complete-programs-and-courses-secular>  
<https://pflag.org/>  
<https://transsafespace.network/threads/psa-trans-lifeline-micro-grant-program-help-with-legal-name-change-etc.184/>  
<https://www.lambdalegal.org/>  
<https://www.qchatspace.org/>



### VOICE FEMINIZATION SURGERY

<http://www.chet-plasticsurgery.com/feminizing-voice-surgery/>  
<https://professionalvoice.org/feminization.aspx>  
<https://www.drspiegel.com/facial-feminization-surgery-boston/voice-feminization/>  
<https://www.mountsinai.org/locations/grabscheid-voice-swallowing-center/our-services/transgender-voice-feminization>  
<https://www.transgendermap.com/medical/surgery/voice/feminization/>  
<https://www.transhealthcare.org/voice-feminization-surgery/>  
[https://www.youtube.com/watch?v=1rCNn\\_1U41s](https://www.youtube.com/watch?v=1rCNn_1U41s)  
<https://www.youtube.com/watch?v=M0VY0BLQ1KI>

### VOICE FEMINIZATION TRAINING

[https://www.reddit.com/r/transvoice/comments/d3clhe/ls\\_voice\\_training\\_guide\\_level\\_1\\_for\\_mtf/](https://www.reddit.com/r/transvoice/comments/d3clhe/ls_voice_training_guide_level_1_for_mtf/)  
[https://www.reddit.com/r/transvoice/comments/d3cp1w/ls\\_voice\\_training\\_guide\\_level\\_2\\_for\\_mtf/](https://www.reddit.com/r/transvoice/comments/d3cp1w/ls_voice_training_guide_level_2_for_mtf/)  
[https://www.reddit.com/r/transvoice/comments/d3cq5l/ls\\_voice\\_training\\_guide\\_level\\_3\\_for\\_mtf/](https://www.reddit.com/r/transvoice/comments/d3cq5l/ls_voice_training_guide_level_3_for_mtf/)  
[https://www.reddit.com/r/transvoice/comments/d3cqmq/ls\\_voice\\_training\\_guide\\_level\\_4\\_for\\_mtf/](https://www.reddit.com/r/transvoice/comments/d3cqmq/ls_voice_training_guide_level_4_for_mtf/)  
<https://www.evaf.app/>  
<https://www.tgvoicetherapy.com/>