

Vocabulary

Transgender or “Trans”: somebody who at birth is assigned a sex they don’t identify as.

Cisgendered or “Cis”: somebody born female who identifies as a woman, or vice-versa; identifying with your assigned sex.

Deadname: also known as birth name, old name, or given name. It is called a dead name because that name has been laid to rest. Some trans folk find asking our deadname to be invasive and personal.

Passing: “passing for male” or “passing for female” is used to describe a man or woman who people assume were born that way; nobody suspects they are trans.

FTM: female to male, somebody born female who is now masculine.

MTF: male to female, somebody born male who is now feminine.

Nonbinary: does not identify as a man or woman.

HRT: Hormone Replacement Therapy. Testosterone or estrogen used to transition physically.

Gender vs. Sexuality: Gender is who you identify as; sexuality is who you are attracted to.

Q: What should I avoid doing or saying?

A: “Wow, you look just like a real man/woman.” That implies that we are not. “You’re so brave.” We are doing this because it is necessary. “You would look more feminine/masculine if you did X, Y or Z.” We know. Please do not ask our “real” names. Use our pronouns. And please do not “out” us; sometimes, not everybody knows we are trans, and while we may be comfortable telling you, we may not feel comfortable telling our families, friends, or coworkers.

Q: What I can do to be supportive?

A: Challenge people who call us out/misgender us; remind others to use our correct pronoun. If you don’t know something, don’t be afraid to say so; many of us are still learning things ourselves and it helps to take this journey together. Continue to educate yourself and pass that knowledge on to others. And please, be patient. Some days are very difficult for us; transitioning is a physically, mentally, and emotionally draining process however necessary it may be. The best thing you can do is do what you’d do for anyone else going through a turbulent time: listen, learn, and love.

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Your Trans Neighbor: Frequently Asked Questions



Faith Lutheran in Chico is a Christian church whose congregation and denomination is both accepting and affirming of LGBTQ+. We are in a position to support our trans community and set a positive example to others willing to open their hearts. Take a moment to learn about your trans neighbors. This November, we host Trans Day of Remembrance, a vigil to honor our trans siblings who have been killed over the last year. Thank you for showing your love during this trying time.

F.A.Q.

Q: How do I use the correct pronouns?

A: If she says her pronoun is she, call her she; if he says his pronoun is he, call him he; if they say they do not identify as either gender, call them they. If you aren't sure, use "they."

Q: But "they" is plural, right?

A: It is both plural and singular, and that is proper English. If a masked rider trots into town, how would you describe them? "They rode into town. I saw them myself."

Q: I just misgendered you. What do I do?

A: Correct it and move on. "Yes, she –my bad, he– said that..." You can apologize, but don't make it a spectacle.

Q: I know I keep using the wrong pronoun, but it's an accident. Why are you upset?

A: You likely aren't the first person who has misgendered us today. Some days, it happens a dozen times. We understand that it is accidental, but it is still discouraging and exhausting.

Q: You take hormones, right?

A: Many of us take testosterone or estrogen, but not all of us.

Q: What are hormones like?

A: Second puberty. And that's not an exaggeration; it's science. A trans gal taking estrogen may experience mood swings, and her body will redistribute fat to create rounder, more traditionally feminine features;

a trans guy taking testosterone may feel more aggressive, have his voice drop, build more muscle, grow facial/body hair, and start to show more traditionally masculine features.

Q: How do you take hormones?

A: The most common method is through injection. There are also oral and topical options. Hormones are usually taken once a week, and the dosage varies. We get our hormones from the pharmacy, and needles and syringes can be bought in bulk online. Some of us do the shots ourselves, while others prefer someone else to do it.

"She couldn't, but he can, so I think I'll let him"

Q: Why do people transition?

A: Because nobody wants to live in a way that makes them uncomfortable, trans or not. For many of us, we are very uncomfortable, sometimes to the point of misery. When you see a problem, you fix it: if you aren't happy with your body, you go to the gym. If you are struggling with your mental health, you see a counselor. And like getting in shape or taking care of your mental health, transitioning is a hard, worthwhile process that flourishes with the proper support.

Q: I want to ask a personal question.

A: Think about going up to Pastor Ben or Colter and asking them the same question. If that idea makes you uncomfortable, then please don't ask.

Q: How do I know when it's appropriate to ask personal questions?

A: It's a person-to-person basis kind of thing. If you think you know someone well enough, ask if they're comfortable with it, just respect their boundaries if they aren't. This isn't so much trans-etiquette as it is personal, professional etiquette. Just take "trans" out of the equation and bam, there's your answer.

Q: Are you getting surgery?

A: This is not a question you want to ask right out the gate, because it directly pertains to our private parts. Take "trans" out of the equation; would you ask a stranger a question about their body parts? On that note, surgery in general differs from person to person. "Top" surgery refers to either a mastectomy (a trans guy removing his breasts) or a trans woman getting breast implants. "Bottom" surgery is when a person's genitalia are reconstructed to match their gender identity. Some people get both surgeries, some get none; it varies from person to person. Not all trans folk want surgery.

Q: Why is the trans movement important?

A: Because we are in crisis. There is no pretty way to put it. A larger percentage of trans people live in poverty than cis people; almost a third of us have been homeless; we are more likely to be unemployed, especially those of us who are not white; and several of us, especially trans folk of color, are killed for being who we are.