Transitioning Our Shelters

A GUIDE TO MAKING HOMELESS SHELTERS SAFE FOR TRANSGENDER PEOPLE

by Lisa Mottet and John M. Ohle
The National Gay and Lesbian Task Force Policy Institute is a think tank dedicated to research, policy analysis and strategy development to advance greater understanding and equality for lesbian, gay, bisexual and transgender people.

Founded in 1984, the National Coalition for the Homeless is the nation’s oldest and largest national homelessness advocacy organization.

National Coalition for the Homeless
1012 Fourteenth Street, NW, Suite 600
Washington, DC 20005-3471
Tel: 202 737 6444
Fax: 202 737 6445
info@nationalhomeless.org

National Gay and Lesbian Task Force
Washington, DC
1325 Massachusetts Avenue NW, Suite 600
Washington, DC 20005-4171
Tel 202 393 5177
Fax 202 393 2241

New York, NY
121 West 27th Street, Suite 501
New York, NY 10001
Tel 212 604 9830
Fax 212 604 9831

Policy Institute
214 West 29th Street, 5th Floor
New York, NY 10001
Tel 212 402 1136
Fax 212 228 6414

ngltf@ngltf.org
www.ngltf.org

© 2003 The National Gay and Lesbian Task Force Policy Institute

The National Gay and Lesbian Task Force Policy Institute encourages, and grants permission to, reproduce and distribute this guide in whole. This publication may not be reproduced in part without written permission of the National Gay and Lesbian Task Force Policy Institute.

When referencing this document, we recommend the following citation:
Contents

INTRODUCTION .................................................................1

TRANSGENDER PEOPLE, HOMELESSNESS,
AND THE STRUGGLE TO FIND SAFE SHELTER ......................3

WHO ARE TRANSGENDER PEOPLE? THE BASICS ...................7

Some Definitions ............................................................10

THE FIRST AND MOST CRITICAL STEP:
A POLICY OF RESPECT FOR TRANSGENDER PEOPLE .............11

LEGAL ISSUES: CHANGING LEGAL DOCUMENTS
AND NONDISCRIMINATION PROTECTIONS .........................17

HEALTH ISSUES FOR TRANSGENDER PEOPLE ....................20

YOUTH ISSUES ...............................................................23

PUTTING POLICY INTO PRACTICE ......................................25

Creating a Welcoming Environment:
Intake Processes, Confidentiality and Necessary Conversations ....25
Restrooms .................................................................28
Showers .................................................................30
Sleeping Arrangements .................................................31
Harassment .................................................................33
Introduction

Homelessness is a crisis in the United States. An estimated 3.5 million people experience homelessness each year.1 Homeless shelters are struggling to meet this need without sufficient resources. A recent review of homelessness in 50 cities found that in virtually every city, the city’s official estimated number of homeless people greatly exceeded the number of beds in emergency shelter and transitional housing.2 Congressional budget cuts have made operating these shelters increasingly difficult, as they are forced to provide more services with less resources.3 With all of these challenges, it can be hard for shelters to figure out how to make their shelters safe for transgender people. This publication is for shelters that wish to make their shelters safe for all people by making a few minor but important policy adjustments.

Most emergency and temporary homeless shelters and shelter systems in the United States are segregated by sex. There are men’s facilities, women’s facilities, facilities that house both men and women but in separate quarters, youth facilities, and family facilities. Placement at most facilities is typically based on assumptions about a person’s sex—that is, male or female. Many facilities, especially youth facilities, have rules about gender-related dress or appearance. As a result, transgender youth and adults, who identify as or express a gender that is different from their birth sex, can experience extreme difficulties in obtaining adequate and safe shelter.

Because of the many problems faced by transgender people seeking shelter, the National Coalition for the Homeless adopted a nondiscrimination resolution that protects people on the basis of gender identity or expression in October of 2003 (see Appendix A). Realizing that shelters need more guidance than just a nondiscrimination policy, the

National Coalition for the Homeless and the National Gay and Lesbian Task Force have teamed up to provide this guide.

Well-meaning shelter administrators are often unsure of how to provide safe shelter for transgender people. Rightfully concerned about safety and privacy for all shelter residents, these administrators may be unsure of how to integrate transgender people into the sex-segregated shelter population. The good news for shelter administrators is that there are ways to provide safer shelter for transgender people by making a few changes in policy and procedures that will maintain personal privacy and safety for all shelter residents.

This guide is meant for shelter administrators and staff, government officials, and anyone who is interested in making shelters safe for transgender people. Many shelters across North America have successfully implemented policies to make shelters safe for transgender people. The recommendations in this publication are derived from policies implemented in Boston, the District of Columbia, San Francisco and Toronto. This publication is designed to help shelters implement an effective nondiscrimination policy.

No matter how an organization chooses to make its shelter safe for transgender people, it is critical that this issue be fully explored and addressed with staff and administrators to create the safest, most hospitable environment for all people in need of shelter.
Transgender People, Homelessness, and the Struggle to Find Safe Shelter

Transgender youth and adults, who identify as or express a gender that is different from their birth sex, can experience extreme difficulties in obtaining adequate and safe shelter. Not only are transgender people frequently asked to endure the emotional injury of being classified as the gender with which they do not identify, but many shelters are physically unsafe for transgender people. For example, transgender women (who were born male but identify and live as women) can risk verbal, physical, and sexual harassment and assault when they are required to room with men. Additionally, some shelters that are properly classifying transgender people according to their self-identified gender do not provide adequate privacy and safety for transgender residents. For example, transgender men (who were born female but identify and live as men) in men’s facilities are often only allowed to shower in open showers with other men, a situation that increases the likelihood they will be harassed or attacked. Finally, some transgender people are turned away from shelters, either because of ignorance or because a shelter does not think it can accommodate them. It is reported that some shelters in Atlanta have hung signs that say “No Transvestites.”

The need for safe shelters for transgender people is severe. Transgender people are disproportionately represented in the homeless population because of the frequent discrimination they face at home, in school, and on the job. It is not uncommon for transgender youth to be harassed out of school and left unable to acquire a job because of a lack of education. It is also not uncommon for a transgender person to be rejected by family members and even to be kicked out of the house. Many times, transgender people lose their jobs when their employers learn of their transgender status. Moreover, it is often very difficult to find employment as an openly transgender person (and it can be incredibly hard to conceal one’s transgender status from a potential employer).

Some transgender people are turned away from shelters, either because of ignorance or because a shelter does not think it can accommodate them. It is reported that some shelters in Atlanta have hung signs that say “No Transvestites.”

Studies have verified that transgender people face severe discrimination in everyday life, increasing their need for shelter services. Although there are few studies of the needs of transgender individuals and the extent to which they face discrimination, data from needs-assessments done in urban areas provide some insight into the lives of transgender people. In our nation’s capital, the Washington Transgender Needs Assessment Study found that one third of transgender people were earning $10,000 or less per year, and 29% of respondents were unemployed. Only one in four respondents reported being satisfied with his or her housing situation. Hostility and insensitivity of housing staff and other residents were reported as the most common barriers to housing. Thirteen percent of respondents reported not feeling safe in their current housing. Fifteen percent reported losing a job due to discrimination in the workplace and only 58% had paid employment.5 A study conducted by the Transgender Law Center and the National Center for Lesbian Rights also shows pervasive discrimination. Their study of transgender people in San Francisco found that 64% made less than $25,000 a year, over 40% did not have health insurance, and one in five did not have stable housing.6

As studies show, there are many reasons why transgender people have a greater need for shelter and other social services. These factors interact with one another, and the cumulative effect can be staggering. The factors transgender people may be dealing with include:

- Poverty due to discrimination in employment and chronic under-employment
- Lack of economic/housing support from family—a safety net that many people can utilize during hard times
- Lack of education and training because of harassment or discrimination, which results in an inability to acquire jobs
- Inability to access standard healthcare due to discrimination by providers and other barriers
- Inability to pay for transgender-related healthcare such as hormones, counseling, and gender reassignment procedures (almost all transgender-related healthcare is not covered by insurance providers in the US)
- Substance abuse and addiction
- Discrimination by housing providers, landlords, etc.
- Discrimination by social service agencies
- Criminal record of all types of survival street crimes (drug trade, theft, sex work) to which a person turns when unable to earn a living through legal means
- HIV infection or other sexually transmitted acquired from survival sex work or other means


• Inability to meet “workfare” requirements due to discrimination at workfare sites
• Victimization from crime while living on the street or from crime targeting transgender people (hate crimes)
• For youth, being prohibited from making necessary decisions for themselves because of their age, such as living and dressing according to their gender identity
• Other forms of discrimination people may face, such as race, disability, or economic status discrimination

Because of the above factors, transgender people need homeless shelter services. Homeless shelters are designed to be a social safety net for those who need a safe place to stay because they are unable to provide one for themselves. Homeless shelters are also often designed to provide the services people need to get back on their feet. Right now, in many places, transgender people are left to struggle without that needed safety net.

The consequences of not creating safe shelters for transgender people are grim. If shelters are not safe and respectful, many transgender people will avoid them and seek other places to stay. When faced with a shelter that subjects them to disrespect, harassment, or other safety risks, transgender people may be better off out on their own. On top of safety concerns that a transgender person may have, it is important to understand that there is a deep emotional injury that comes with not being accepted or treated with respect by a service provider.

If transgender individuals are not provided with safe shelter, they face life on the street. For transgender individuals, living on the street gives rise to a set of risk factors. To make additional money for rent or to stay in a motel, individuals may need to engage in various types of survival crimes, from theft, drug trade, to sex work (and unsafe sex pays better than safe sex). In many cities, it has become a crime to sleep outside. People may consent to sex with a stranger or a john in order to spend the night at his or her house. They may stay in an abusive relationship with a partner who uses the threat of homelessness to control them. Being on the street also increases the likelihood of becoming the victim of crimes, including hate crimes. In addition to all of these unique problems, transgender people must also endure the other universal hardships of homeless people outside of shelters: inclement weather, lack of proper sanitation, and myriad other dangers of life on the streets. Finally, there is a basic injury to the human dignity of a person who is denied shelter services—leading to feelings of overwhelming hopelessness, despair, and rejection.

Because of the problem of homelessness, the United States Interagency Council on Homelessness has begun an initiative to end homelessness in American cities in the next 10 years. It will not be possible to attain that goal without first recognizing the diversity of individuals who find themselves homeless. A 2002 study reported that possibly 35% of homeless youth are lesbian, gay, bisexual or transgender.

---

7. “Workfare” is a term for government programs that enforce strict work requirements on welfare recipients. The 1996 Personal Responsibility Act was the impetus for many state-created workfare programs. Workfare workers are often labeled “trainees” or “volunteers.” This status can result in denials of basic protection or redress against unfair treatment, such as unsafe and unsanitary conditions, sexual abuse and being thrown off benefits for speaking up.


sibly 35% of homeless youth are lesbian, gay, bisexual or transgender.\textsuperscript{10} Other studies show that 1 in 5 transgender people are in need or at risk of needing homeless shelter assistance.\textsuperscript{11} Unfortunately, these studies provide only a rough estimate and likely do not reveal the full scope of the problem. No one has a clear idea of the true number of transgender individuals in need of services, because no one is accurately counting. However, it is known that transgender people are requesting shelter in large numbers. For example, 4.3% of the people who request services from Atlanta’s largest male-only shelter are transgender women who are not allowed in women’s shelters.\textsuperscript{12} Similarly, Nashville’s largest homeless shelter for youth, Oasis, estimates that approximately 1% of their requests for emergency assistance come from transgender youth.\textsuperscript{13}

\begin{flushright}
Studies show that 1 in 5 transgender people are in need or at risk of needing homeless shelter assistance.
\end{flushright}


\textsuperscript{13} Hal Cato, Executive Director of Oasis Center, Inc. of Nashville, Tennessee, interviewed by Sunny Eaton, November 2003.
Transgender is an “umbrella” term used to describe a wide range of identities and experiences, and is used to refer to many types of people, including transsexual people; crossdressers; androgynous people; genderqueers; and other gender non-conforming people whose appearance or characteristics are perceived to be gender atypical. In its broadest sense, “transgender” encompasses anyone whose identity or behavior falls outside stereotypical gender expectations.

It is important to understand that some people may identify as transgender but not fall into one of the subcategories discussed here. This publication attempts to identify many of the ways in which transgender individuals identify and express themselves, but this listing is in no way complete. Furthermore, it is particularly important to realize that many individuals, despite the fact that they may appear transgender to some, do not consider themselves to be transgender. It is important that we not label people transgender based on our perceptions, but instead use the words they use to describe themselves.

All people have a gender identity. Gender identity refers to a person’s internal sense of being male, female or something else. For most people, one’s gender identity matches the sex assigned to them at birth—for example, a person born female typically identifies as a girl, and later, as a woman. For many transgender people, there may not be a match.

All people also have a gender expression. Gender expression refers to all of the ways that people express their gender (or gender identity) to the outside world, including through dress, appearance, and behavior. For many transgender people, their gender expression doesn’t match what society thinks it should be. The following is an attempt to describe more specifically some of the ways of being transgender.
TRANSSEXUALS

Some transgender people are transsexual, identifying psychologically and emotionally as a gender different than their assigned sex at birth. Transsexuals may desire to modify their bodies through hormones and/or sexual reassignment surgery in order to bring their physical appearance into line with their gender identity. The process of identifying and living in one's new gender is called “transition,” and it may or may not include surgery and/or hormone treatment. Many people who would like surgery to alter their bodies cannot afford it or are not medically able to have surgery. More information about surgery and hormone treatment appears in a later chapter: Health Issues for Transgender People (pg. 20).

“Transgender women” refers to transgender people who were born male but now live as women. “Transgender men” refers to people who were born female but now live as men. Note that not all people who transition from one sex to the other identify as transsexual. Transgender is a broad term that is good for providers to use.

CROSS-DRESSERS

Cross-dressers are people who dress in clothing stereotypically worn by the other sex, but who have no intent to change their gender. Typically, cross-dressers cross-dress on a part-time or limited basis. From a shelter perspective, cross-dressers may have increased needs for safety because of their gender identity and/or expression.

ANDROGYNOUS PEOPLE, GENDERQUEERS, AND OTHER IDENTITIES

Androgynous people and those who identify as “genderqueer” typically have gender identities that are somewhere between what is stereotypically considered to be male and female.

Other terms include “femme queens,” “bois,” “butch bois” or “drags.” They may be born as male or as female, but identify as neither now—or as a bit of both. From a shelter perspective, people with these types of identities need both their privacy and safety needs met in respectful and sensitive ways.

GENDER NON-CONFORMING PEOPLE

“Gender non-conforming” refers to people whose gender expressions do not match stereotypes of how girls/women or boys/men are “supposed to” look and act. In reality, most people in general don’t meet all gender expectations and stereotypes either; almost nobody is perfectly masculine or perfectly feminine. The reason gender non-conforming people are included in the list of transgender people is that there are some people who identify as transgender but are not transitioning gender, and do not consider themselves cross-dressers, androgynous, or genderqueer. Gender non-conforming people have an increased need for safety while in the shelters.


HOW DOES THIS RELATE TO SEXUAL ORIENTATION?

Many people are confused about the difference between sexual orientation and gender identity or gender expression. Some people believe that all gay, lesbian and bisexual people are transgender, or vice versa. In fact, however, sexual orientation and gender identity are distinct concepts. Sexual orientation refers to a person's attraction to members of the same sex or different sex—whether a person is gay, lesbian, bisexual, or heterosexual. On the other hand, gender identity refers to a person's internal sense of being male, female or something else. Everyone has both a sexual orientation and a gender identity. The fact that a person is transgender says nothing about their sexual orientation. A transgender person may identify as gay, lesbian, bisexual or heterosexual.

GENDER IS AN INDIVIDUAL EXPERIENCE

The definitions provided above are designed to make readers familiar with some basic concepts and terms often used to describe transgender people. Please understand that these descriptions are not complete. It is important to realize how much people can differ from one another when it comes to gender identity or expression. No two people experience their gender, gender identity, or gender expression the same way. Thus, staff may encounter someone who identifies as transgender in a way other than those mentioned in this section. For example, some Native Americans use the term “two-spirit” as the preferred term for a transgender person. Other people identify as “bi-gendered,” the meaning of which is different for different people. Language and terms relating to gender identity and expression are constantly changing. This can seem daunting at first, but staff will learn in the next chapter that it is not really that difficult to treat all people with respect and dignity.

It is also important to realize that class, race, and religious differences may mean that the transgender people shelters encounter could have different classifications and different terminology for themselves. For example, some cultures do not draw a distinction between transgender people and gay and lesbian people like the distinction drawn in the box above. Rest assured, however, that the basics on how to treat transgender people respectfully and how to ensure they have safe shelter remain essentially the same. The next chapter discusses the policy of respect that will ensure that the shelter is able to treat all transgender people respectfully.

WHAT ABOUT INTERSEX PEOPLE?

Intersex people are distinct from transgender people. People with intersex conditions are born with sex chromosomes, external genitalia, or an internal reproductive system that are not considered “standard” for either male or female. Overall, there are at least 15 different medical causes of intersexuality, and only a small percentage of these cases result in ambiguous genitalia at birth. Other intersex conditions are learned of at the time of puberty, while still others appear later in life. Doctors perform surgery on one or two babies per 1,000 births in a misguided effort to “correct” ambiguous genitalia. The Intersex Society of North America, along with other groups, has exposed the fact that these surgeries are harmful to many intersex people and that performing genital surgery on infants is often not in the best interests of the child. People with intersex conditions may be among shelter residents and have an increased need for privacy and safety, just as transgender people do. Some intersex people identify as transgender if they were assigned one sex at birth but transition to the other later in life. Although not the focus of this publication, most of the recommendations in this publication will help intersex shelter residents be safer in shelters as well.

### SOME DEFINITIONS

**Transgender:** An umbrella term for people whose gender identity, expression or behavior is different from those typically associated with their assigned sex at birth, including but not limited to transsexuals, cross-dressers, androgynous people, genderqueers, and gender non-conforming people. Transgender is a broad term and is good for providers to use.

**Transgender Man:** A term for a transgender individual who currently identifies as a man (see also “FTM”).

**Transgender Woman:** A term for a transgender individual who currently identifies as a woman (see also “MTF”).

**Gender Identity:** An individual’s internal sense of being male, female, or something else. Since gender identity is internal, one’s gender identity is not necessarily visible to others.

**Gender Expression:** How a person represents or expresses one’s gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics.

**Transsexual:** A term for people whose gender identity is different from their assigned sex at birth. Often, but not always, transsexual people alter their bodies through hormones or surgery in order to make it match their gender identity.

**Cross-dresser:** A term for people who dress in clothing traditionally or stereotypically worn by the other sex, but who generally have no intent to live full-time as the other gender.

**Transvestite:** A term for a cross-dresser that is considered derogatory by many.

**Genderqueer:** A term used by some individuals who identify as neither entirely male nor entirely female. Genderqueer is an identity more common among young people.

**Gender Non-conforming:** A term for individuals whose gender expression is different from the societal expectations based on their assigned sex at birth.

**Bi-gendered:** One who has a significant gender identity that encompasses both genders, male and female. Some may feel that one side or the other is stronger, but both sides are there.

**Two-spirit:** The definition of a two-spirit person varies across the Native American cultures in which they appear. In general, two-spirit people are born one sex, and end up fulfilling the roles assigned to both sexes, or other roles reserved for two-spirit people. Some people consider two-spirit a term that can refer to lesbian, gay, bisexual and transgender people, while others think it is best used only for transgender people.

**FTM:** A person who has transitioned from “female-to-male,” meaning a person who was assigned female at birth, but now identifies and lives as a male. Also known as a “transgender man.”

**MTF:** A person who has transitioned from “male-to-female,” meaning a person who was assigned male at birth, but now identifies and lives as a female. Also known as a “transgender woman.”

**Passing:** A term used by transgender people to mean that they are seen as the gender they self-identify as. For example, a transgender man (born female) who most people see as a man.

**Sex Reassignment Surgery:** Surgical procedures that change one’s body to make it conform to a person’s gender identity. This may include “top surgery” (breast augmentation or removal) or “bottom surgery” (altering genitals). Contrary to popular belief, there is not one surgery; in fact there are many different surgeries. “Sex change surgery” is considered a derogatory term by many.

**Sexual Orientation:** A term describing a person’s attraction to members of the same sex or different sex. Usually defined as lesbian, gay, bisexual, or heterosexual.

**Transition:** The period during which a person begins to live as their new gender. Transitioning may include changing one’s name, taking hormones, having surgery, or changing legal documents (e.g. driver’s license, Social Security number, birth certificate) to reflect their new gender.

**Intersex:** A term used for people who are born with external genitalia, chromosomes, or internal reproductive systems that are not traditionally associated with either a “standard” male or female.

**Drag Queen:** generally used to accurately refer to men who dress as women (often celebrity women) for the purpose of entertaining others at bars, clubs, or other events. It is also used as slang, sometimes in a derogatory manner, to refer to all transgender women.

**Drag King:** used to refer to women who dress as men for the purpose of entertaining others at bars, clubs, or other events.

---

The single most important thing a shelter must do to make the shelter safe for transgender people is to understand and implement a policy of respect for transgender people. This policy of respect is the only mandated policy recommendation in this guide—the rest are practical recommendations that flow from the policy of respect and will be different from shelter to shelter.

Because this basic policy of respect is the most important thing to understand, implement, and enforce, the next few pages are devoted entirely to why this policy should be adopted, answering concerns that shelters have about implementing the policy, and what exactly following the policy will mean with regard to placing people in men’s or women’s shelters. Whether or not a shelter adopts this policy is the dividing line between safe and unsafe shelter.

Thankfully, the policy of respect is quite simple and should be obvious once the reasons behind it are understood:

**The Policy of Respect:**

*People should be treated according to their self-identified gender.*

In other words, people are who they say they are. If someone says she is a woman, she is, and she should be treated as a woman. This policy of respect is nearly identical to the clarifying language that the National Coalition for the Homeless resolution added to its nondiscrimination resolution: “Abiding by this non-discrimination resolution means that housing, shelter and services are to be made available to individuals according to the gender that the person self-identifies as” (see Appendix A).

The importance of respecting a person’s self identity cannot be understated. While most people have never questioned their gender identity, some peo-
ple have spent a great deal of time struggling over it, trying to understand how they feel inside, how they desire to look outside, whether they can change their gender, and how to tell friends and family that changes are going to occur. Living as a gender different than one’s birth sex is not undertaken lightly. Shelters need to understand that transitioning from one gender to the other is not easy and it comes with many risks.

HOUSING PLACEMENTS BASED ON SELF-IDENTIFIED GENDER, NOT SURGERY

The most important policy decision regarding a transgender person is which gender they are housed with. Some shelters have rules that a transgender person’s gender should be recognized only after they have had surgery. While, at first blush, this rule requiring surgery may seem fair, in reality it is both hurtful and disrespectful when understood from the perspective of a transgender person’s lived experience.

The policy of respect for transgender people looks instead to a person’s self-identification only, making it irrelevant whether or not a person has made body modifications through surgeries.

Why isn’t requiring surgery reasonable?

There are many reasons why surgery should not be a dividing line for determining who is and who is not a man or woman. Here are some of the main reasons:

- Surgeries are very expensive, sometimes costing over $70,000, and nearly all medical insurance plans exclude them from coverage.
- While surgery is necessary for many transgender persons to feel comfortable, this is not the case for all; some individuals do not desire genital surgery because they do not view it as something necessary for their happiness.
- Many individuals do not undergo surgery because they are medically unable to do so because of age, weight, general health, HIV status, or other conditions.
- There are many personal reasons a transgender individual may choose not to undergo surgery. They include fear of surgery, inability to take time off work, lack of someone to play a support role during the recovery process, lack of a doctor in the area who performs such surgery, among others.
- Some of the surgeries have poor or unpredictable results and are undesirable for that reason.
- Whether or not any person has had surgery or any other medical treatment is usually considered a private matter, and surgery for transgender people should not be different. Transgender people shouldn’t have to make their medical history public knowledge in order for them to get respectful treatment.
- Whether or not a person has had surgery is almost always irrelevant—after all, our bodies are almost always under our clothes.
Last, the concerns that shelters have that makes them hesitate to implement a rule that doesn’t require surgery, when closely inspected, turn out not to be real problems. These are typically concerns about the privacy and safety of other residents. Shelters that have lifted their requirement of surgery have learned that their fears about privacy and safety were unfounded. Because these concerns are primarily expressed by women’s shelters, the next section deals specifically with concerns women’s shelters might have.

**WOMEN’S SHELTERS—JUST AS SAFE WITH TRANSGENDER WOMEN**

Sometimes women’s shelters are afraid to house transgender women who have not had genital surgery. These concerns seem to be related to safety. Specifically, shelters may be fearful that a transgender woman (who has not had genital surgery) may sexually or physically assault another resident. They may also be concerned that men who are not transgender may dress as women to gain admittance to a women’s shelter in order to assault women. To someone who has little experience with transgender people or who has never tried to run a shelter without a surgery rule, these concerns may seem very legitimate.

First, are transgender women (including those who may have male genitals) really likely to physically or sexually assault the other women residents? In actuality, transgender women are no more dangerous than other women. It is not fair or correct to assume that just because a person is transgender or has male genitals that they are a physical threat to others. Any woman, transgender or not, could assault another person at any time, due to mental illness or an interpersonal conflict, etc. Shelters in San Francisco and Boston that for many years have integrated transgender women report that they have not had assaults committed by transgender women that are unlike those committed by other women.

Judith Pomeroy, who for over five years has managed the Marian Residence for Women, one of the services run by the St. Anthony Foundation in San Francisco, explains that their women’s shelter has had a policy of accepting transgender women since before she was manager and they haven’t found assault to be a problem. “We operate on behavior here and don’t assume that one person is more likely to harm others just by looking at them. If anyone hurts another person, we deal with that reality rather than thinking based on a stereotype....”

—Judith Pomeroy, Mgr, Marian Residence for Women, San Francisco

Judith Pomeroy, who for over five years has managed the Marian Residence for Women, one of the services run by the St. Anthony Foundation in San Francisco, explains that their women’s shelter has had a policy of accepting transgender women since before she was manager and they haven’t found assault to be a problem. “We operate on behavior here and don’t assume that one person is more likely to harm others just by looking at them. If anyone hurts another person, we deal with that reality rather than thinking based on a stereotype that someone will hurt another person.”

By focusing on inappropriate behavior that is not allowed from anyone and enforcing those rules if they are violated, shelters balance the needs of everyone involved without discriminating against transgender women.

Gunner Scott works with The Network/LaRed in Boston, an organization that works against abuse in the lesbian, gay, bisexual and transgender community. Scott has trained many Boston-area domestic violence shelters that accept transgender women. Scott notes that:

“Stereotypes of transgender people attacking women come from movies and television shows that inaccurately portray transgender people as dangerous and abusive. This is far from the truth. When it comes to transgender people, the more serious risk is that violence will be committed against transgender people by others. Also, shelters need to learn that it is a myth that woman-only space is always safe. The occurrence of woman-to-woman abuse by both straight and lesbian women is real, and shelters need clear rules against it. By enforcing these rules for all residents, transgender and non-transgender, these spaces can become truly safe.”

Second, are men likely to put on women’s clothing to gain admittance to women’s shelters? Sometimes women’s shelters are concerned that men who are not transgender will begin to put on women’s clothing just to get into women’s homeless shelters. That fear doesn’t match the experience of shelters that have adopted policies that accept transgender women.

In San Francisco, where transgender-inclusive shelters have been running for the last eight years, Human Rights Commission investigator Marcus Arana notes that, “We have not received a single complaint that any man has ever put on a dress to get into a women’s shelter.”17 The authors of this guide have never heard of a scenario like this happening and believe that it is extremely unlikely to occur. If this unlikely situation were to occur, we believe that intake staff would be able to immediately detect that the person is not sincerely identifying as woman.

There are other concerns that women’s shelters may have about having transgender women who have not had sex reassignment surgery in women’s shelters. They may worry that other residents will not feel safe around transgender women. These are addressed in a later section on Dealing with Concerns of Other Residents (pg. 34). Other concerns, such as bodily privacy, are addressed in later sections on Restrooms (pg. 28) and Showers (pg. 30).

SHOWING RESPECT—HONORING PEOPLE’S IDENTITIES—CREATING SAFE SHELTER

There are many ways respect is shown, or not shown, in a shelter situation.

SHOWING RESPECT THROUGH LANGUAGE

One of the most obvious ways to respect or disrespect a person is the language used to speak about and refer to them. Language is one of the most powerful tools we have and can be one of the most harmful as well. If a person identifies as a woman, then “she” should be used to refer to her. If a person identifies as a man, then “he” should be used to refer to him.

Similarly, if an individual explains that he identifies as a man, the shelter should not question that identification. That person’s identity should be honored. Failure to honor a person’s self-identification creates an unwelcoming and unsafe shelter.


“We have not received a single complaint that any man has ever put on a dress to get into a women’s shelter.”

—Marcus Arana, Human Rights Commission Investigator, San Francisco
SHOWING RESPECT BY HONORING EVERY PERSON’S IDENTITY

While applying the policy of respect to people who live all the time in their new gender may be straightforward, sometimes it is confusing for shelter staff when a transgender person is living only part-time in their new gender. Perhaps the person goes by his or her old name as well as a new name. Perhaps the person dresses mostly in clothing appropriate to the old gender. Or perhaps a resident has a gender identity that is neither male nor female and has a gender expression that is a little bit of both. Regardless of the reasons that a person is not identifying as 100% male or female, the policy recommendation is the same.

Each person should be treated as an individual. The best solution for these situations is to have a conversation with the person about his or her privacy and safety needs, and to ask that person, “Would it be better for you to be housed with women or with men?” The transgender resident should be offered all of the housing options that are available under shelter policies. The solutions to these situations will vary with the individual. After discussing these issues with the resident, the staff person must ultimately allow transgender people to make their own decisions, based on a personal evaluation of which place is safer.

REASONS A PERSON MAY ONLY LIVE PART OF THE TIME IN HIS OR HER NEW GENDER

The decision to live 100% of the time in one’s new gender comes with many risks. There are also many barriers for people who want to live full time in their new gender.

- For many, transitioning means the likelihood of facing discrimination everywhere the person goes. It can be harder to get a job as a transitioned transgender person than it is if they pretend not to be transgender at work.
- Living openly as a transgender person may mean being at increased risk for violence on the street.
- If a person fully transitions and does not have a state identification card or driver’s license with the person’s new name and gender on it, it can present a problem in many circumstances.
- For low-income people, it is difficult to get one’s name changed legally so that one’s driver’s license name can be changed. It is also often difficult to get the gender changed on one’s driver’s license. For more information, see chapter on Legal Issues (pg. 17).
- It is almost impossible to get the gender changed on one’s birth certificate without proving that surgery has taken place. See chapter on Legal Issues (pg. 17).
- Some people do not feel safe transitioning until they can afford surgeries to change their bodies.
- Some do not feel safe transitioning because they do not believe they will “pass” as members of their new gender.
- Sometimes a person, because of their immigration status, cannot change legal documents.

As you see, many transgender people are not able to transition for fear of their emotional, economic, and physical safety.
THE BOTTOM LINE—THE POLICY OF RESPECT

The bottom line is that transgender people should be treated with respect. Their freedom to define themselves through self-identification and expression should be honored in every way, including in the language that staff use to refer to them as well as with their housing, bathroom, and shower placement.

Because of the reality of transgender people’s lives, administrators and other staff persons must treat transgender persons as the gender with which they self-identify. Transgender people may not have the bodies they want, but it isn’t the shelter’s place to deprive them of gender-appropriate housing and treatment. The clear consequence of a rule that makes surgery the dividing line between who gets gender-appropriate shelter and who does not means that most transgender people will never get gender-appropriate shelter and treatment. Knowing how important it is for the emotional and physical safety of transgender people to have their gender identities respected, treating people according to the gender they self-identify—the policy of respect—is the only humane option.

PRACTICAL ANSWERS TO PRACTICAL QUESTIONS

What if our new shelter resident is only living in her new gender part of the time?

What does a shelter do if a new resident dresses as a man during the day (her old gender) for safety reasons, but sometimes dresses more femininely and has her friends call her “she” and by her female chosen name when in private? This person is clearly presenting herself during the day as male and as a woman only when she feels safe to do so. The important thing to do is ask her where she will feel most safe, housed with the women or with the men.

She may be more comfortable being housed with men, feeling that she will be safer on the streets during the day if the other residents do not know that she is hoping and planning to transition. Of course, she also may feel more comfortable being in a women’s shelter, and may hope that having safe shelter will make it easier to live full-time in her new gender. Ironically, she may be dressing as a male during the day in part because she thinks that she has to sleep in the male shelter—which won’t be safe for her if she dresses as a woman! What placement best fits her safety needs will come out from a good conversation about what safety procedures the shelter has available. See the section on Sleeping Arrangements (pg. 31) for more discussion on this topic.

What about people who are not identifying as either male or female?

At first, this might seem a bit challenging. Perhaps this person identifies as androgynous or as genderqueer. Perhaps the person takes the label bi-gendered. Regardless of the person’s identity, which may be one with which the staff person is unfamiliar, the most important thing is to talk to the person about options. The staff person should discuss the various privacy and safety concerns they have and ask the person if he or she would feel more comfortable being housed with men or women, or a gender-neutral option if the shelter provides one. In this conversation, the staff person should tell the transgender person about the relative privacy and safety considerations in each facility. The staff person should defer to the resident’s assessment of what will be most safe.
Legal Issues: Changing Legal Documents and Nondiscrimination Protections

A brief overview of the legal issues facing transgender people is important. This section is provided for three reasons. First, shelter staff need to know some of the legal issues surrounding changing a person’s name and gender on various legal documents. Second, shelters need to know if they are subject to the requirements of nondiscrimination laws. Third, in order to serve transgender residents better, shelters need to know whether other agencies that transgender residents deal with are subject to the law.

ISSUES ABOUT CHANGING LEGAL DOCUMENTS

There are various state and federal documents that record a person’s name and gender, such as driver’s licenses, birth certificates, Social Security records, passports, and immigration-related documents. Procedures for changing all of these documents are different, and with state documents like birth certificates, driver’s licenses or state identification cards, they vary from state to state.

Procedures for legally changing one’s name vary from state to state, but typically there is at least some legal fee and possibly a need to hire an attorney. Sometimes judges deny the changing of a name from one gender to the other, even though such a denial is against the law in most places. Most states require that a person get a legal name change before changing the name on a person’s driver’s license or state identification card.

Getting the gender changed on one’s driver’s license or state identification card can sometimes be difficult. Although some states only require a letter from a health professional saying the person is intending to transition from one sex to the other, other states require genital surgeries before changing the gender. Even in states where genital surgery is not required, for low-income transgender people, it is often too expensive to pay a health professional to evaluate them and write a letter stating that they are transgender and/or have undergone medical treatment with respect to their transgender sta-
The gender on birth certificates and Social Security records are even harder to change. Birth certificates can typically only be changed if a person has had surgery. Currently, Social Security records can only be changed if a person proves surgery. Some transgender people are fearful that changing the gender on their immigration-related documents may reduce the chances of becoming a citizen.

If one transitions and does not have one's new gender on one's driver's license and Social Security records, potential employers will likely learn that the person is transgender and may discriminate.

### NONDISCRIMINATION LAWS

In the past two years, many localities and states have passed nondiscrimination laws that prohibit discrimination against transgender people. It the beginning of 2001, 6.5% of the country lived in such a jurisdiction. As of December 2003, one in four Americans, or 24%, live in a locality or state with a nondiscrimination law protecting transgender people. As of the date of publication, 65 jurisdictions have laws that prevent discrimination on the basis on gender identity or expression, and that number continues to grow each year. These 65 jurisdictions include 4 states, 10 counties and 51 cities. In addition to those jurisdictions with explicit coverage, other jurisdictions have court cases or administrative decisions that say that state laws against sex discrimination or disability discrimination protect transgender people as well. A list of the cities and states with laws that prohibit discrimination against transgender people can be found at the National Gay and Lesbian Task Force (www.ngltf.org) website and other sources.

Nearly all of these laws prohibit discrimination against transgender people by homeless shelters. Such discrimination includes failure to address the harassment that may be occurring in shelters. This also includes preventing people from dressing according to their gender identity. For example, one New York City facility was sued recently for refusing to let a transgender young woman wear girl's clothing. She sued the New York City Administration for Children's Services, which was running the facility, and won. The court said the facility had to allow her to wear clothing consistent with her gender identity.

The sanctions for violations differ from jurisdiction to jurisdiction, but fines can total thousands of dollars. In order to minimize the risk of liability, it is important to have written policies on transgender inclusion and provide training for all staff.

---


Almost all of these nondiscrimination laws cover employment by city and private employers. In addition, many of these laws cover city or state social services and non-government sponsored social service providers such as substance abuse treatment facilities, medical providers, and education providers. In an effort to assist transgender residents in finding employment, shelter staff may need to notify businesses that it is illegal to discriminate and work with them to comply with the law. Similarly, in the shelter’s effort to serve its transgender residents, it may come into contact with other social service agencies or organizations that are discriminating. To the extent that a shelter is offering case management, the transgender resident may need help in negotiating any system that is discriminating against them. As a social service provider, the shelter may be able to persuade other agencies to stop discriminating and recommend new policies for them to adopt.
If a shelter assists residents in identifying their health risks and acquiring medical treatment, shelter staff will need to have some specific knowledge about transgender health issues. Below, some of the health concerns that may be important to transgender residents are highlighted. However, this is just an overview, and shelter staff should access other resources in order to provide proper medical care.

SURGERY

Many transgender people desire surgery to alter their body. Contrary to popular belief, there is not one “sex change surgery” that completely converts a female body into a male body, or vice versa. In fact, there are several surgeries and several different techniques to change the many gendered physical characteristics of a person’s body. “Sex change surgery” is considered a derogatory term by many, and “sex reassignment surgery” is preferred. These surgeries are incredibly expensive with some costing more than $70,000, and nearly all medical insurance plans do not pay for them. As a result, almost no low-income transgender people who want surgery can afford it.

HORMONES AND OTHER BODY CHANGING TREATMENTS

Those who are transitioning from one gender to the other often undergo hormone therapy to alter various aspects of their body. Those who are transitioning from female to male often take testosterone (sometimes referred to as “T”), which increases muscle mass, caus-
es facial and body hair to grow, lowers the pitch of one's voice, and changes body fat distribution to a male pattern, among other effects. Those who are transitioning to female take estrogen along with testosterone-blockers, which cause breast development, softened skin, and redistribution of body fat in a female pattern, as well as other effects. Different hormones are taken through a variety of methods, such as injection, pills, topical cream, and patches placed on the skin. Some transgender men also use over the counter body-building enhancement sprays, gels, patches, or oral steroids that contain male hormones. Some transgender women use silicone injections to alter the shape of their body.

Ideally, hormones are prescribed by medical professionals, their effects are monitored at regular check ups, and the doses are adjusted for optimum health. However, because many people cannot afford to get hormones through the medical system, they may purchase hormones through an underground market.

From a shelter perspective, knowledge about the use of hormones can be important for many reasons.

• Shelter residents may need assistance in acquiring hormones through a medical service.
• Disruption in hormone treatment may have mental and physical effects. Residents may need assistance or a referral to appropriate sources in order to maintain hormone treatment.
• Transgender residents of a shelter may possess syringes for a valid reason—their hormone injections—rather than for illegal drug use.
• Hormones purchased on the street come with risks. First, if needles are shared there is a risk for HIV or other disease transmission. Second, the dosage of the hormones may not be at the correct level for the person using them; without regular medical check-ups, the hormones may be causing or exacerbating other health problems that go undetected and untreated.

Some transgender women use silicone injections to enhance their appearance. These injections can cause serious complications and may even lead to death. Silicone injections are not the same as silicone implants; silicone injections are when silicone is directly injected into the body. Although all injected silicone is dangerous, providers of black market silicone sometimes acquire their silicone from especially dangerous places, such as using silicone that is meant for use in automobiles.23 It is important that shelters provide residents with information about medically safer alternatives such as hormone therapy, both during medical screenings and in pamphlet form.

HIV/AIDS

Many studies have found that transgender people have a disproportionately high rate of HIV infection and AIDS.24 This results from a variety of factors, including sharing

24. A recent CDC study found infection rates of 35% in MTFs and 2% in FTMs. Clements-Nolle, K, et al. (2001, June) HIV Prevalence, Risk Behaviors, Health Care Use, and Mental Health Status of Transgender Persons: Implications for Public Health Intervention, American Journal of Health 91(6), 915. This study also found that only 50% of the infected MTFs were receiving HIV related health care. A recent study of trans individuals in Chicago showed that 14% of the 111 individuals were HIV+. Hawkins, K. (2002, May 23). Transgendered at High Risk for HIV, Violence, Stress, Windy City Times. Available at http://www.outlineschicago.com/Outlines/01523/transstress.html
needles for hormones or silicone, IV drug use, unprotected sex, sex work, lack of accurate safer sex information, and lack of access to health resources and services.\textsuperscript{25}

There is no need to be overly sensitive or to treat transgender residents differently regarding their HIV/AIDS status, but HIV/AIDS issues should be covered by the shelter through universal policies and procedures that help residents receive necessary services. The HIV/AIDS treatment services should be transgender-inclusive and transgender-sensitive. \textit{It is illegal to discriminate on the basis of HIV status under the Americans with Disabilities Act.}\textsuperscript{26}

\section*{ADDITIONAL TRANSGENDER MEN'S HEALTH ISSUES}

Some transgender men still need to receive gynecological services or other health services because parts of their bodies remain subject to diseases such as ovarian and breast cancer. Transgender men may need assistance in locating a transgender-sensitive medical provider to acquire these services.


\textsuperscript{26} \textit{Bragdon v. Abbott}, 524 U.S. 624 (1998) (holding that HIV status, even pre-symptomatic HIV, is a disability under the definition in the ADA).
Youth Issues

There is a large and growing population of youth who are challenging gender norms and expectations and coming out as transgender at earlier ages. In response, some schools are rethinking gendered dress codes and how to apply them. Shelters, in order to create safe space in which young people can learn and grow, must similarly adjust policies to serve the ever-changing world.

A shelter can meet the needs of transgender youth using many of the same approaches used with transgender adults. This separate section on youth issues is included for two reasons. First, because youth are coming out as transgender or dressing in clothing thought appropriate only for the other sex at earlier ages, a significant number are being kicked out of family homes. Second, gender identities that are neither entirely male nor entirely female are primarily, although not exclusively, claimed by young people. Third, youth shelters often assert more control over the behavior of residents than adult shelters.

Many youth are adopting self-identities such as “genderqueer,” “femme queens,” “bois,” “butch bois,” or “drags” for themselves. While some youth strongly identify as male or female and strongly desire to transition from one gender to the other, others object to being forced into the categories of “male” or “female.” Youth who are transitioning or who have transitioned from one gender to another must be classified according to their self-identified gender, just as similarly situated adults must be. However, when youth identify as genders other than male or female, it is important that this self-identification is also respected. As these youth develop their own identities, adults may have a difficult time understanding how to interact with them. If adults make assumptions or negative judgments about youths’ gender identities, a barrier to communication and trust will form. This trust barrier will prevent youth from having emotionally safe shelter and possibly physically safe shelter as well. Those who identify as neither entirely male nor entirely female desperately need safe shelter. The best way to ensure their safety is by talking with young people about how the shelter can be made safe for them.
When it comes to housing, there are other practical solutions to provide for youth who do not identify as male or female. A shelter may consider a genderqueer and gender non-conforming living space for youth, where a group of transgender youth could live together. Or there could be a space where transgender residents live with other youth who are accepting of their transgender peers. All lesbian, gay, bisexual and transgender (LGBT) and questioning youth could also be housed together. Housing these youth together provides an additional support element. Many youth may not have figured out exactly who they want to be. Many of these youth need validation—a situation and place where they can feel accepted for being themselves. A transgender (or transgender-friendly or LGBT) housing option may provide that sort of option, where youth can validate one another and can begin to better understand themselves and how they fit into the community. However, shelters should be sure that they are not isolating these youth and unfairly separating them from others.

**DRESS CODES**

Many youth homes are more than a place to sleep, and instead act in *loco parentis* (which is a legal phrase meaning that staff assume the responsibilities of a parent), with all sorts of codes of behavior. Sex-based dress codes pose serious problems for transgender and gender non-conforming youth in shelters. When transgender youth express their gender identities, they are often in violation of these sex-based dress codes and face discipline. One foster care facility run by the New York City Administration for Children’s Services disciplined a transgender girl (born male) for dressing as a girl. She sued for the right to dress in accordance with her gender identity while in her foster care facility. The court held that the facility must allow her to dress in accord with her gender identity or else it was in violation of New York state law.27 Not only is it potentially against the law to force youth to adhere to these dress codes, it is unnecessary from a facility perspective to require that youth follow sex-based dress codes. It is emotionally damaging for youth to have their burgeoning self-identity crushed. Attempts to suppress a youth’s gender identity will be unsuccessful because our gender identities are at the core of our being. If a facility believes dress codes are necessary, they should be gender-neutral. For example, a policy could simply require that everyone wear clothing that covers certain parts of the body.

---

CREATING A WELCOMING ENVIRONMENT: INTAKE PROCESSES, CONFIDENTIALITY AND NECESSARY CONVERSATIONS

When transgender people first walk into shelters, they may have many fears about what is going to happen to them and how they will be treated. Will I be admitted here? Where am I going to sleep? Am I going to be disrespected, dehumanized or humiliated? The level of anxiety people experience is often immense. To decrease those fears, it is important that the resident feel welcome as soon as possible after arrival at the shelter. A facility can help a transgender person feel welcome by putting up signs in the lobby, intake areas or other communal areas that indicate that the facility welcomes transgender people. The signs can include messages like “Transgender people are welcome here,” or “Transgender people are respected here.” The facility can also creating a welcoming feeling by putting up posters about lesbian, gay, bisexual and transgender concerns.

Another alternative is to post the National Coalition for the Homeless Policy (See Appendix A) or to post a more broad nondiscrimination policy that says that all people—regardless of race, religion, color, national origin, sex, sexual orientation, age, disability, HIV status, gender identity, or gender expression—will be respected.

The next step is the welcome/intake conversation. A transgender person going through the intake conversation will learn about the facility and then decide whether or not the facility will be safe for them. All intake staff should be ready to talk with incoming transgender residents about their privacy and safety considerations and the transgender-related policies at the shelter. This conversation may be a little bit awkward for both the staff member and the transgender resident at the beginning, but ultimately will lay the foundation for trust between the transgender resident and the shelter.

During this conversation, the intake staff person should cover the issues that generate
problems and anxiety for transgender people in order to alleviate the person’s concerns as soon as possible. The conversation should be honest and frank—this shows willingness to discuss issues openly and firmness on policies (which is often comforting because it shows that there will be firm enforcement of rules of harassment, for example). Topics to be covered include:

- Preferred name and whether or not the resident prefers to be called “he” or “she”
- Placement for housing
- Privacy in showering and bathrooms
- Safety concerns
- Confidentiality

These conversations will be different for different types of facilities; some facilities have a long intake conversation with everyone, others have short ones. Regardless of its length, the importance of such a conversation cannot be overstated. Ensuring that transgender residents feel safe requires being proactive, which means that shelter staff must be the first to bring issues to the table.

Staff may wonder how they will know whether a resident is transgender. The answer is there are things the staff person can do in the intake process that will allow a transgender resident to feel safe telling the intake person they are transgender. Some people, for fear of discrimination and mistreatment, will not feel comfortable disclosing that they are transgender, and that is fine too. However, for those who are transgender and have concerns, the following alterations in the intake process will allow them to disclose that fact and have the conversation about policies that ensure their privacy and safety.

CONFIDENTIALITY

It is important to first establish a shelter confidentiality policy and understand why a resident’s transgender status should be treated as confidential information. Confidentiality about a person’s transgender status is important to prevent or minimize the potential for the resident to experience discrimination, harassment or violence. In fact, a transgender person should not even be required to disclose if they are transgender or not.

Some shelters have found it useful to apply the same policy of confidentiality about a resident’s transgender status that they do for information about medical conditions—only the staff needing to know the information are told and other residents are never given information about other people’s medical issues. Other shelters ask transgender people how they would like the information addressed if it comes up. If the transgender person is very open about being transgender, then staff can be free to discuss this information freely with other residents when appropriate. The fact that the shelter will treat this information confidentially may make the difference between whether transgender people will tell staff about being transgender.

INTAKE FORMS

The intake process may include forms—forms that either the incoming residents fills out on their own or a staff member reads and fills out according to the answers given.
In either case, chances are that a facility’s current forms do not mention anything about being transgender. For these forms, it is recommended that “male” and “female” check boxes are replaced with “Gender: ______________” so that people can self-identify their gender. The beauty of this solution is that people are able to describe their gender in their own words. We strongly recommend against adding “other” to the form so that it reads “☐ Male ☐ Female ☐ Other.” This option may make transgender people feel like they are not going to be accepted as their self-identified gender.

Near the “Gender: ________” question, there should be a sentence that explains that transgender people are welcome or respected in the facility, similar to the language suggested for the lobby sign (“transgender people are respected at this shelter”). This sentence has two goals: 1) to inform transgender people that they should feel welcome to tell staff they are transgender, and 2) to inform all incoming non-transgender residents that the policy at the shelter is respect for transgender people. By telling all incoming residents upfront about the policy of respect for transgender people, it also creates an opportunity to educate non-transgender people about who transgender people are, explain what the policy means, and why it is in place.

Single-sex shelters might not have forms that ask a person’s gender. Another way to indicate to the incoming residents that transgender people are welcomed at the shelter is to say something like the following: “We have many different women here. We have women of different races, different religions, women with mental health issues, lesbian women, and transgender women.” 28 This would both make transgender people aware that they are welcome as well as let other residents know that transgender people are welcome.

Diego Sanchez, Director of the TransHealth & Education Development Program at JRI Health in Boston, has trained many shelters across Massachusetts. Sanchez notes that non-transgender residents of shelters are often extremely respectful of their transgender brothers and sisters when they are given education about why the policy of respect has been put in place. By helping the non-transgender residents make the connection between the disrespect they experience because they are homeless, and how transgender people feel when they are treated disrespectfully by others, the non-transgender residents are able to understand and help ensure that transgender people are treated respectfully.

If the intake form is not altered and there are only two choices—male or female—a transgender individual confronted with the two checkboxes may not know what to do. Should one put the gender one knows oneself to be and risk being found out, kicked out and/or unable to shower? Should the person put the sex that was on one’s birth certificate and fear that he or she will be forced into unsafe housing conditions? All of their fears about being mistreated will arise and they may be afraid to stay in the shelter.

SEGREGATED INTAKE

Some shelters have one place for men’s intake and another for women’s intake. This requires that residents commit to a gender without knowing exactly how they will be perceived upon entering either intake line. If possible, it is recommended that the facil-

28. This is a suggestion derived entirely from the Trans Communities Shelter Access Project of the 519 Community Centre. Available at http://www.the519.org. The Project has many resources related to transgender health, homelessness, and community building and contains recommendations for homeless shelters specifically.

Non-transgender residents of shelters are often extremely respectful of their transgender brothers and sisters when they are given education about why the policy of respect has been put in place.
ity set up a “triage” intake where each person is greeted by a person who can answer questions regarding the shelter’s policy of housing based on gender identity. If a shelter cannot set up such a triage station, it will help to have a “transgender people are welcome here” sign easily visible so that a person will feel comfortable moving to the intake area. If the facility has a segregated intake, it is also important to make sure the process allows someone to switch sides after the intake is completed and the housing assignment is established.

TOPICS COVERED IN THE INTAKE CONVERSATION

Confidentiality. Like all residents, transgender people need to be told that all personal information is considered confidential, including whether or not they are transgender. This will work most smoothly if this information is part of the overall confidentiality discussion. For example, perhaps at the beginning of the conversation the shelter staff would say, “At our shelter, private information about a resident is kept confidential. So, information about what medical conditions a person has, what challenges a person is facing, or whether or not a person is transgender, is all kept confidential.”

Name and Pronoun Usage. What if the staff person has nearly completed the intake process and is still not sure how to address the resident? The best way is to ask—politely and courteously: “Do you prefer that staff refer to you as ‘he’ or ‘she’?” and what name would you like staff to use for you?” This can even be prefaced by the question: “At our center we value people and want to treat everyone with respect; do you prefer the staff to use ‘he’ or ‘she’ to refer to you?” A non-threatening question like this can make the resident feel much more at ease. Once the proper pronoun and name usage is determined it is very important that all staff use them. While mistakes are bound to occur, the important aspect is that staff make a real attempt to use the resident’s preferred name and pronouns. When a mistake is made, staff should correct themselves, acknowledging that the mistake was made.

Housing Placement. Housing options available to the resident should be discussed. This includes special accommodations the shelter has made to make the shelter safe for transgender people.

Showers and Restrooms. Shelter staff should tell each incoming resident about the placement of different bathrooms and showers, including whether or not there are any private bathrooms and showers, and whether or not they lock.

Safety Concerns. Shelter staff should ask each incoming resident whether or not he or she has any fears about safety while in the shelter. If so, the staff should discuss ways of addressing these concerns.

RESTROOMS

Which restroom transgender person uses is a question that sometimes confuses well-meaning shelter administrators. The solution comes from applying the policy of respect: transgender people should be welcome to use bathrooms that correspond to their self-identified gender.

Some alterations in bathroom setup may be necessary to increase privacy and safety for
everyone. Transgender people have a special need for restroom privacy because there are valid safety concerns around being forced to use a bathroom without a door.

Having one’s body exposed because a bathroom does not have a stall door could precipitate a violent assault for anyone, not just transgender people. Also, transgender people sometimes feel discomfort about having others view their bodies, just as many non-transgender people do. Given that bathrooms are not always closely monitored by shelter staff, it is also important to ensure that they are not places where transgender people are physically vulnerable to an assault. Increasing the privacy of bathrooms will benefit all people who desire greater privacy, including those who may be embarrassed about medical conditions. Here are some very simple solutions to increase privacy and safety in bathrooms:

First, try to have at least one single-stall restroom with a door that locks. Mark the restroom as a “family restroom,” or simply “restroom.” Even if the other bathrooms are marked male and female, having at least one single-stall restroom can prevent many awkward situations. Having single-stall restrooms that anyone can use will ensure that all types of transgender people can use a restroom without harassment about their gender or gender expression. If a facility does have a single-stall restroom, staff should tell incoming residents about it during the welcome conversation or by prominent signs on the outside of the gender-specific bathrooms (e.g. “Note: Single stall restroom available in lobby.”) Having a single-stall restroom available also provides private space for people who may prefer to use the restroom without others present due to personal medical conditions or other privacy concerns.

Second, in multi-stall restrooms, make sure that the individual stalls have doors and that the doors may be locked. As this is a typical setup, most shelters will not need to alter their bathrooms. Occasionally, men-only facilities do not have doors on bathroom stalls. Optimally, these stalls should be modified to have doors or curtains. Walls should ideally be low and high enough to provide full coverage and privacy. If providing doors on all of the stalls is not feasible, at least one of the stalls should be given a door. This is important so that all people, including transgender people, can have privacy without having the intimate details of their bodies exposed to other residents. Having doors on stalls also assures all residents that their privacy is taken seriously and is not subject to invasion by other residents. More privacy in restroom facilities can be a very important and humanizing policy for all people.

Third, if only multiple-stall bathrooms exist and doors are not available, consider installing a lock (possibly with a key) on the entry door to the restroom area. This would allow transgender residents, and other residents, the ability to use the restroom privately, locking the door from the inside while they use the facilities when they borrow the key from staff (a transgender resident might be given his or her own key so that he or she doesn’t have to repeatedly request it from staff). However, it is important that all staff be able to open the restroom door from the outside in case someone has a medical emergency inside or should the staff need to enter for safety reasons. If having a multi-use facility with a lock is the only option available at the shelter facility, safety issues and the policy regarding bathroom use should be discussed in the welcome conversation.
TRANSITIONING OUR SHELTERS

SHOWERs

PRIVACY IN SHOWERS

Like bathrooms, shower privacy and safety are often of concern. Thankfully, there are many solutions that can eliminate all or most of the worries for everyone involved. Transgender people may be very concerned for their safety if people learn they are transgender after observing them in the shower. Safety aside, some transgender people may be self-conscious and uncomfortable being seen unclothed by others, and some may be concerned about the possibility of making others feel uncomfortable. Conversely, some non-transgender residents may object to sharing spaces in which nudity is unavoidable with transgender residents who still retain the genitals of the other gender. Although these objections could possibly be overcome with training, it is usually easier to just increase the amount of privacy available in showers instead. This also helps the many non-transgender residents who similarly would prefer to shower privately.

In sum, being forced to appear unclothed in front of other people is uncomfortable to many people for many reasons. Providing private shower spaces is not only the better policy; it is the only policy that is ultimately consistent with respect for every person’s innate human right to privacy and dignity. A list of recommended solutions that have been successfully implemented in shelters, beginning with the most preferable, is provided below. How a particular facility is able to accommodate transgender people’s privacy needs while showering will, of course, be dictated by practical considerations such as space and budget. Fortunately, there are solutions that can be accomplished with little space or expense. Here are some options:

Most preferred option: create total privacy. If a facility already has private showering/bathing and dressing areas for everyone, where people may undress and shower without anyone else observing them, then the facility does not need to make further adjustments for privacy concerns. Having total privacy makes showering a non-issue. Fortunately, many women’s shelters already are set up like this. If a facility does not currently have such a set up and the facility’s budget allows, the facility may want to add walls within the showering facility to create this total privacy. If walls are cost-prohibitive, creative use of curtains can create private showering spaces. Curtains have the benefit of being inexpensive and easy to install.

Second preferred option: provide a special shower or ensure that at least one shower facility has total privacy. Short of making all facilities private, a shelter could provide one shower facility that is single-use and therefore completely private. By having this shower available for use by anyone who needs or desires privacy while showering, including transgender residents, the shelter is able to meet privacy and safety needs of more than just transgender residents. A similar option is to create two zones—with curtains or walls—within the existing group shower facility. One zone would contain group showers and the other zone would have a single private shower—and both would be private from the rest of the room. By providing a private shower, any residents who desire privacy can have their concerns met. It is strongly recommended that transgender people
not be required to shower in the private shower. This might indicate to others that they are transgender, which can increase their risk for harassment and assault.

Third preferred option: *allow a resident to shower alone in the group shower*. There are two ways to implement this option. First, the shelter could have the transgender resident shower when others are not using the facility by setting aside different showering times. Second, the shelter could put a lock on the facility door, so that at a convenient time, the shower facility may be locked while the transgender resident showers. This solution has the same problem as requiring the transgender person to use a special shower above; it isolates them and might draw attention to the resident, indicating to others that the person is transgender.

**SECURITY IN SHOWERS**

Security is the second concern when it comes to showering. This is because people are especially vulnerable when they are naked. Providing a safe and secure environment for showering can help relax many fears and reduce any chance of violence against the transgender resident. Options for increasing security include providing locks on the stalls or doors, putting a lock on the showering room, or providing a monitor outside to control entrance and exiting while the transgender person is inside showering. Fears for security are especially heightened in male facilities, where anyone transgender may be vulnerable to attack. For example, a transgender man (born female but now male) may be in serious danger if the other residents know he is transgender. Similarly, any resident who is androgynous, genderqueer, known to be a cross-dresser, or who has any gender expression that others consider atypical (such as a feminine man), could be attacked in the showering facility. For these reasons, security and other issues of physical safety for the transgender person must be addressed.

With any system offering less than total privacy in showering, it is important to discuss showering options with the transgender residents as they are being welcomed to the facility. This allows the resident to gain trust with the staff and feel safer. If more than one showering option is available, (locking vs. alternative showering time, for example), it is important to listen to the transgender resident to learn what will make them feel most safe. Exploring and discussing the options helps make the process smoother and allows questions from either party to be answered. It may be that a facility will need to make a few adjustments to be as safe as it can be for transgender residents, and hopefully the conversation with the facility’s residents will result in additional, workable solutions.

**SLEEPING ARRANGEMENTS**

Based on the policy of respect, sleeping placement should be based on a transgender person’s self-identified gender, regardless of whether or not they have had any surgery. For those who have only partly transitioned or for those who are moving between a female and male identity or vice versa, the most important thing is to talk with them about their privacy and safety needs and ask where they will feel most safe.

In addition to the placement issue, there are several other issues that must be considered with respect to housing. Because of dimmed lights at night, and the fact that fewer staff people are on duty and close by at night, transgender people are at increased risk of
assault during the evening. Thus, there are small policy adjustments that need to be made to ensure basic physical safety for transgender residents. Again, there are many ways to handle this issue, and policies will need to be tailored to each individual shelter.

**Selecting which bed the transgender person sleeps in.** All shelters are arranged differently, but often there are some beds that are closer to night staff and are thus safer places for transgender residents to sleep. By offering transgender residents the ability to choose those beds that are within eyesight or earshot of the night staff, the person’s risk of assault can be lowered. It is important to remember, however, that transgender residents may not want to draw attention to themselves, and rearranging bed assignments when they arrive may do just that. Defer to their sense of what is safe and what is not.

**Set-aside sleeping.** Some shelters have certain rooms set aside for people who need to sleep separately from others for various reasons. Other shelters may have some rooms that only house two people at a time. A transgender resident may feel most safe being placed in one of these separate rooms, either alone or with a transgender-friendly roommate. However, this decision should be made by talking with the individual resident. Requiring transgender residents to sleep separately from others may make them feel isolated from the rest of the population, and it could draw undesired attention to them and make them more unsafe. Therefore, unless requested, transgender residents should not be made to sleep separately from other people.

**Segregated sleeping.** Occasionally, there are enough openly transgender residents or enough residents with increased safety concerns that a shelter can designate one wing for these individuals together. There have been some instances where transgender residents and gay, lesbian, and bisexual residents have successfully been combined into one wing of a facility. Because all of these individuals can experience heightened safety concerns, this solution has worked in some places. However, this solution is controversial and limited in its effectiveness. First, it obviously treats transgender people differently than others and may draw attention to the residents of the segregated wing, increasing their safety risk. Second, transgender people who are not openly transgender will not be able to gain safety by residing in this wing because it would out them, perhaps against their will, and make them more unsafe after they leave the shelter. For these reasons, it is generally discouraged.

The consequences of not providing safe sleeping arrangements can be severe. For example, many transgender women (born male) who are required to sleep in the same room with men report that the male residents harass them, sexually proposition them, and sometimes assault them. Sometimes openly transgender men (born female) who are required to sleep in the same room but outside the earshot of evening staff, are put in risk for their physical safety as well. Without steps to resolve this type of situation, transgender people will essentially be forced to return to the streets, which many may view as safer than the shelter.

One last note: In many cities, transgender women are being housed in male facilities because women’s facilities will not accept them. It is imperative that these male facilities do not simply eject transgender women in a misguided effort to follow the policy of respecting a person’s self-identified gender. Until the women’s shelters in a facility’s city are accepting transgender women in a safe way, men’s shelters need to work on making
their shelters safe for all people who seek their services. The reverse is also true. Until men’s shelters are safe for transgender men, it is better for women’s shelters to accept transgender men.

HARASSMENT

The staff must take steps to stamp out harassment of their transgender residents. When harassment is uncovered in the shelter, the staff has the responsibility and obligation to intervene and see that it stops immediately.

It is important to make clear that harassment is not tolerated. While it may seem like only teasing, transgender residents know that verbal harassment always comes with the very real threat of escalating into physical harassment and assault.29

A shelter can take harassment seriously by asking and answering the following questions and conducting appropriate follow-through: Has the incident been reported using standard reporting procedure? Is there education that can be done to prevent future incidents? Is staff action or a response necessary? How will this type of incident be avoided in the future? What can we learn from the incident?

It is important to note that harassment may come from a variety of different sources and take a variety of forms. Harassment may take the form of using anti-gay language like “fag” or “dyke.” It may also be inappropriate stories or jokes—for example, a joke where the punch-line is something about a “a chick with a dick.” Harassment may also take the form of sexually inappropriate gestures or come-ons. Some people intentionally use the wrong pronoun and name for a person, or ask inappropriate questions about a person’s body. Remarkably, sometimes staff actually engage in the harassment as well.

Regardless of the form harassment takes, transgender residents need shelter staff to take affirmative steps to protect their safety and dignity. Because tolerating harassment may be a violation of state or local law, it is also important that shelters have written policies.

DRESS CODES

Although relatively uncommon, some shelters have gender-based dress codes. If a shelter deems a dress code to be important, it is strongly recommended that it not be based on gender, and it should be fairly and equally applied to everyone. Transgender people, as well as non-transgender people, may have gender expressions that are outside gender norms. Sex-based dress codes restrict the freedom of all people to be and express the gender with which they self-identify. A better and simple policy may be a rule that everyone must cover certain areas of the body.

It is important to recognize that at times some transgender women will dress as men when going out for the day in order to avoid discrimination or harassment. This is a survival technique. Many women, not just transgender women, dress as men on the streets for safety reasons. Just because one’s gender expression is different during the day does not make that individual less of a woman. A transgender woman who must put on male clothing at certain times for safety should not be turned away at the door. Also, a transgender person should not be required to put on certain clothing before coming to the shelter because the shelter may be the first place they can put on that clothing safely.

It is also important to realize that there are severe consequences to enforcing a sex-based dress code. At one particular facility on the east coast, there is a male facility that accepts transgender women only if they are not wearing long nails, hair extensions, makeup or female clothing. This policy has a terrible effect on these transgender women (who are denied shelter altogether at the women’s facilities in town). Unable to remove their long nails and hair extensions every night, they must choose between being safe during the day (which for them requires their nails and hair extensions so they “pass” completely as women) and being able to go to the shelter.

PRACTICAL ANSWERS TO PRACTICAL QUESTIONS

What if a resident seemed to be living 100% of the time as female at intake, and a few weeks later, other residents point out that the resident is spending time in male clothing on the streets during the day?

Residents may be confused when a transgender person does not live all the time in the new gender. They may feel like it isn’t fair that a transgender person is living with them in their space, but is only the same gender as them part of the time. They may also fear for their safety.

The best thing to do is to talk at length with the resident who is expressing a concern. Explain to the resident some of the reasons why a transgender person might not be living 100% of the time in her new gender. The resident probably realizes that it is unsafe on the streets based on her experiences out there as well and may be able to relate to the transgender person who is struggling to stay safe. If the resident is afraid of the transgender person, explore what stereotypes might be coming into play. Also, ask the resident whether or not the transgender person has ever verbally or physically threatened the resident. If not, then the staff person should help the resident understand that this means the transgender person is not a threat and that the resident is safe. Let the resident know that, if something was ever to happen to her, the shelter staff would take it very seriously and make sure that it didn’t happen again.

DEALING WITH CONCERNS OF OTHER RESIDENTS

Shelter staff sometimes are concerned that shelter residents may have negative reactions to transgender people living with them. Because so many transgender people are homeless, this fear may be exaggerated since many non-transgender homeless people have already had a lot of experience with transgender people.

If specific residents say they are unwilling to live with a transgender person, staff should have a conversation with them. The residents need to understand that the homeless shelter is a community where everyone is to be welcomed and respected. The shelter can deal with this problem the same way it would deal with a situation where a resident did not want to sleep near a person with a disability or a person of a different religion.

Another way to address this issue is by doing a training for shelter residents. These
trainings have been done extensively in Boston and are remarkably successful. By drawing on the many experiences of disrespect that residents experience as homeless people, shelter residents often leave trainings knowing how important it is for them to show respect to transgender people.

Shelters may be able to find local transgender people to come in and run the training, or be on a panel about what it is like to be transgender. In many cities, there are experienced trainers available to conduct trainings.

The main points such a training for residents should cover include:

- What transgender and other basic terms mean
- What it is like to be transgender
- What it feels like to be disrespected, drawing parallels to the residents' experiences
- How to treat transgender people with respect

Some women's shelters are specifically concerned that transgender women (because they may be perceived as men) will make other women residents feel unsafe because of their own history of assault or abuse. The best solution, and the one that the Marian Residence for Women in San Francisco uses, is to have a discussion with the resident individually about why she feels unsafe. According to Judith Pomeroy, the shelter's manager, this conversation usually covers the fact that there are no men in the shelter (transgender women are not men) and that the shelter welcomes all types of women who are not safe on the street. The concerned guest is also told that the shelter has strict rules about inappropriate behavior like assault, and she is assured that staff enforce this rule at all times.

**RESOURCE REFERRAL**

No single agency is ever equipped to handle every need of a homeless individual. Referrals are an important part of providing comprehensive services and an important part of helping residents get back on their feet and into permanent housing. However, because one shelter has made the choice to not discriminate on the basis of gender identity or expression, this does not mean that other service agencies in the same area have done so. The good news is, as nondiscrimination laws have been enacted, and as the transgender community works to overcome ignorance and fear, more and more places are learning about transgender issues and are establishing policies of respect. But until all discrimination stops, shelters need to be aware of and sensitive to outside discrimination that residents may experience while trying to acquire other services. Here are some guidelines for referring people to other agencies and resources:

- **Never tell a referral agency that a resident is transgender, unless the transgender resident asks staff to do so.** A resident's status is confidential, and disclosing that confidential information might result in discrimination at the referral agency. The transgender resident, however, may want staff to tell the referral agency to make the process smoother. The important thing is to discuss with transgender residents whether or not they would like staff to call ahead: do they want to handle
Do they want a call ahead that alerts the staff and lets them know what will be happening?

For example, a transgender man may still need gynecological services. If the transgender man enters the women's health services agency with no prior warning and tells the nurse he is there for an appointment, problems may arise. However, if the resident or a member of the referring agency has called ahead, no one will be surprised, everyone will be more comfortable, and everyone will have a better experience with the services.

- **Educate referral agencies about the shelter’s policies.** Try to get referral agencies to change their policies to be more transgender-inclusive. Put staff’s knowledge of how to welcome transgender individuals to use by sharing it with others. If it is against the law to discriminate against transgender people in the area, use this as motivation to encourage the referral agency to develop transgender-friendly policies.

- **Have transgender-specific referrals available if they exist in the area.** In many places, there are transgender organizations or service agencies that have professionals who specialize in working with transgender people. Find out who those people are and use them as resources. If they are not able to take a referral, they may be able to point staff in a direction of someone else who is able to do so.

- **Know local and state laws or know how to find out what they are.** Transitioning is often a long process that requires jumping through many hoops. Know the procedures for changing gender on legal documents or know where to refer transgender clients to get that information. What papers are they going to need? Where can they get a birth certificate with a changed sex? Knowing where to find the answers can help transgender residents get their life in order without experiencing discrimination throughout the process.

- **Give referrals to legal organizations to help enforce the legal rights of a resident if someone experiences discrimination.**

- **Be aware of agencies that do not accept transgender individuals.** Sadly, there are still many agencies that simply deny services to transgender individuals. Sending a transgender resident to such a service agency will break all trust that staff may have created with the resident, and could begin the victimization and trauma all over again. Being in a position of power as the provider, it is vital that staff do their best not to refer transgender people to those agencies. Instead, educate those agencies about the need to change their policies before referring residents to them.
HELP!?! TIPS FOR PROBLEM SITUATIONS
From the Trans Communities Shelter Access Project, part of the 519 Church Street Community Centre in Toronto, Canada, available at www.the519.org

The following are only rough guidelines… every hostel/shelter will have unique challenges. All levels of a shelter, including management, board, frontline staff, intake workers, counselors, and residents are responsible for creating a safe, stable environment and therefore all require input into the policy process.

1. A woman who has a history of sexual abuse runs up to you, hysterical, saying that there is “a man in disguise” in the women’s bathroom. She is obviously in crisis as a result of being traumatized, but when she points to the person who scared her you see that it is, in fact, a trans woman who also looks very upset. What could you do?

Separating them is probably the best way to start. The first thing to know is that this was not the trans woman’s fault. Both of these women need support. The trans woman may need support around what it felt like to be accused of being a man. She may be a survivor of abuse herself and may have had her experience triggered by this accusation. It is also important not to dismiss the non-trans woman’s fears, as the experience of coping with abuse and flashbacks is very real. Sexual abuse or assault is a devastating experience with profound impacts on survivors. This must be clearly acknowledged. Staff must be clear, as well, on their mandate to provide a safe space to all women. Trans women are women and require women’s services. A men’s shelter is neither safe, nor appropriate for a trans woman. Staff must validate the experience of trauma but it can never be a reason to discriminate. It can be helpful in these situations to look at a form of discrimination that staff might be more familiar with, such as racism. Ask the question: “Should a shelter ask a woman of colour to leave because another woman is afraid of her? What if a woman had had a bad experience with a person of colour? Would this be acceptable?” This can sometimes make the appropriate action more clear.

There is an enormous difference between “causing” someone’s trauma and “triggering” it. Survivors of abuse often state that many things can be triggers: a sound, a colour, a smell, but those things cannot be excluded from hostels/shelters any more than trans people can. Triggers can get more manageable over time and now that this issue has come up, there can be support for it. This is a good time to talk to her about healing and any supports she may need (ie) counselling, support groups, etc. After she is feeling a bit more calm, it would also be a good time for her to learn that this trans woman is just one of the many types of women. They may have different histories and they may have many things in common. Crisis can be an opportunity for change. The Trans Communities Shelters Access Project believes in the ability of all people to heal from abuse.

This incident could be prevented through some proactive measures. For example, the intake procedure at some women’s hostels includes informing new residents of the following: “We house many different women here. We welcome women of different races, different religions, women with mental health issues, lesbian women, and transsexual women.” At which point staff can explain what a transsexual woman is, why she might not look like a woman to you, and why she is welcome in a women’s hostel. The new resident could then make an informed decision of whether or not she felt comfortable to stay. Training for staff is crucial for their ability to explain this issue to residents and effectively manage situations such as this. Training for residents is a chance for them to meet trans people, ask questions, break stereotypes, and see the ways in which our struggles are not so different. Our project provides both services as well as policy assistance free of charge to Toronto’s hostels/shelters.

2. A trans woman who has been street active for many years, often says that she is being treated differently because she is trans and often complains of harassment that none of the staff have noticed. What could you do?

Remember that discrimination is often a very subtle thing and often only noticeable to the person it is happening to. It can be very difficult to make rules about subtle discrimination (No eye rolling? No shuffling feet while someone talks? No getting up from the breakfast table when someone else sits down?) But… what staff can do is validate that it’s hard and try to work on the underlying reasons that it is happening. The Trans Community Shelter Access Project provides helpful workshops for residents. Sometimes having trans material/posters around can send a message of support (contact us to find out about available resources). Lastly, being street active for many years, she has probably had to defend herself daily and she may be expecting discrimination at every turn. That is quite real for her. Listen, validate, like you always would, but know that she may still feel discriminated against.
3. A trans woman who is not able to pass during the day, sometimes does sex work as a woman at night but dresses as a male during the day. Residents seem confused. What could you do?

Make sure staff understand that although it is true that some trans people identify as both genders or alternate genders… the issue for this woman is probably money and safety (try asking her in a respectful way if you need to understand it). Passing is always expensive for MtF’s. Much needed surgeries, hormones, and electrolysis cost thousands of dollars and are often out of reach to people with little or no income. Passing during the day is also harder because of the daylight - she may not be safe attempting to. She knows her own safety best. If staff understand the issues they are in a better position to be able to explain it to residents. Ask her if you can explain her situation to residents if they ask. This can also be anticipated before a crisis situation arises.

4. A trans woman in your women’s shelter is quick to lash out in conflict situations and this has been labeled by some staff as “exhibiting aggressive male behaviour” and seen as evidence that she is not a “real” woman. What could you do?

Often times what is labelled as “male behaviour” is actually the behaviour of someone who has had to defend their body and their life on a constant basis for many years. Contrary to assumptions, trans women often have never enjoyed the privileges granted to males in this society. Perhaps she was harassed and discriminated against for not being a “real man” in her early life and for not being a “real woman” in her later life. Frustration and anger about unfair treatment often leads to less than ideal behaviour. This is not to suggest that bad behaviour is acceptable… but simply that bad behaviour is bad behaviour… and should be addressed as such. If any resident behaves aggressively or violently then staff can refer to existing policies and procedures. Unfortunately, living on the street is a high stress situation that requires defending yourself often. It would be difficult for anyone (male, female, or trans) to not absorb and act out this stress. Labeling aggressive behaviour as “male” is both unnecessary and unhelpful in this situation. It will break trust with trans women leading ultimately to a more volatile atmosphere in the shelter. Trans women need to know that they are understood to be women. In addition, other women need to know that they are responsible for their own aggressive or violent behaviours as well. Again, bad behaviour is bad behaviour.

5. An FtM attempts to access your women’s shelter stating that he has not had chest surgery or taken hormones, and therefore does not pass and is not safe staying in a men’s shelter. What could you do?

Although a female-to-male trans person (trans man) might identify themselves as a man… the reality for many is that surgery and hormones are expensive, passing is out of reach, and men’s services are not safe for a trans man who may not pass. If an FtM has not been approved for testosterone, or had a mastectomy, (and even if he has…) then he is at risk for physical, verbal, and sexual assault in men’s dorms/ bathrooms/ and showers. There have been incidents of gang rape toward FtM’s in men’s shelters. Some FtM’s may choose to face these risks in a shelter that validates their identity… but they should not have to. There are no FtM shelters or rape crisis centers, so as men who face (or have faced) sexual assault, spousal abuse, and gender discrimination, there is, as of yet, no place better equipped to meet the needs of FtM’s than women’s services. FtM’s need women’s services to open their doors and their policies. This will require much revamping of policy and assumptions about men and women but it can be done. Again, working with all levels of the shelter to understand this issue will be necessary. There are many places where women, trans women, and trans men safely share space together. A trans organization like the Trans Community Shelter Access Project can assist with this process.
Conclusion: Making the Transition to a Safe Shelter

Each shelter’s journey to becoming the safest shelter possible for all people will be different. However, there are a few things that a shelter can do to make the road as smooth as possible.

The shelter should consider getting in contact with local transgender people who can assist the shelter in becoming more safe and welcoming. Local transgender people can often help with policy development, building referral lists, and training for staff and residents.

Next, policies must be developed and written so that all staff have access to them at all times. A model policy is included on page 41.

While policies are being developed, each shelter should do an evaluation of the privacy and safety of their restrooms and shower rooms and make any necessary adjustments. Other small things can also be done, such as building a referral list of transgender support organizations and social service agencies that welcome transgender residents. Also, noticeable signs need to be placed in the lobby and other high traffic areas that indicate the shelter respects transgender people.

Finally, it is very important that staff are trained on the policy of respect for transgender people and all of the other policies and procedures relating to transgender people. Suggested topics for staff training are included in Appendix B. In addition, the shelter may want to make this guide on making shelters safe for transgender people available for all staff to familiarize themselves with this issue.

For more information. The National Gay and Lesbian Task Force and the National Coalition for the Homeless applaud homeless shelters that seek to provide safe shelter for transgender people. If there are any additional resources we can provide, please do not hesitate to contact us. We would also be very interested in hearing about your experiences creating a safer shelter for transgender and other residents. Please feel free to contact us using email or by phone. The Task Force can be reached at nghtf@ngltf.org or (202) 393-5177. The National Coalition for the Homeless can be reached at info@nationalhomeless.org or (202) 737-6444.
FINAL CHECKLIST

- Have you reached out to the local transgender community for guidance, training, and referrals?

- Have you developed written policies covering issues of respect, confidentiality, housing placements, bathroom and shower policies, harassment, and topics for intake conversation?

- Have you made any alterations to bathrooms and showers, including installing locks or doors and putting up curtains to increase the amount of privacy in your facility?

- Have you changed your intake forms to ask “Gender:__________” followed by a statement that transgender people are respected at your shelter?

- Have you put up a sign in your lobby that indicates that transgender people are welcome in your shelter?

- Have you set up a training session for all staff? For shelter residents?

- Have you integrated a training segment into the training program for all new staff?

- Have you reviewed your referral list to ensure that the agencies are welcoming and respectful to your transgender residents you refer there?
MODEL POLICY FOR SAFE SHELTERS

RESPECT:

At this shelter, we have a policy of respect for all people, including transgender people. Our policy is to respect the gender of each person as they self-identify it. For example, if someone says she is a woman, she is a woman. A person’s gender does not depend on whether or not they have had surgery or other medical treatments. People are who they say they are.

HOUSING, BATHROOMS, AND SHOWERS:

People who identify as men are to be housed with the men and are to use the men’s showers and bathrooms. People who identify as women are to be housed with the women and use the women’s showers and bathrooms. People who do not clearly identify as male or female are to be housed in and use the bathrooms and showers in whichever section they feel safest. If this bothers the other residents of that section, staff should patiently explain to those residents that the person is not a threat to them and that they should be respected. Residents who are worried about privacy should be reminded that all showers and bathrooms in the facility allow for bodily privacy and that single-use showers and bathrooms are available if they more comfortable using those.

THE PRIVATE BATHROOMS AND SHOWERS:

All residents should be told about the single-use showers and bathrooms in the facility and all should be welcome to use them.

SLEEPING ARRANGEMENTS:

Transgender residents, and others with increased safety needs, should be offered bed space closest to the night staff so that if there is a problem, they may contact staff quickly for help.

HARASSMENT:

Harassment of all kinds is prohibited. If residents are harassing a transgender person, staff must make sure that it stops.

INTAKE:

All incoming residents are to be told that:

1. This shelter respects transgender residents.
2. Private information, such as medical information and information about whether or not a person is transgender, etc., is kept confidential unless the resident wishes otherwise.
3. No harassment of other residents is allowed.

If a resident reveals to staff that he or she is transgender, the intake conversation should include the following additional topics:

1. Housing placement and sleeping arrangements, including the availability of beds close to night staff if the resident prefers
2. Shower and bathroom placement, including the availability of private showers and bathrooms that the resident may use if he or she prefers
3. The name and pronouns (“he” or “she”) the resident would like staff to use

QUESTIONS:

Questions about this policy should be addressed to your immediate supervisor and if he or she is not available, contact the director of the shelter at _________.

41
Whereas, more than three and one-half million people will experience homelessness in the United States of America this year, and;

Whereas, people living without housing are the most vulnerable of our friends and neighbors, and;

Whereas, those people living without housing have the right to decent, safe, affordable and appropriate housing and services, without regard to race, ethnicity, national origin, age, gender identity or expression, sexual orientation, belief, health, disability, or family composition and;

Whereas, any kind of housing, whether it is emergency shelter, transitional, group home, supportive housing, public and/or private housing, falls under this policy;

The National Coalition for the Homeless does affirm and resolve that shelters, transitional housing, group homes or any public and/or private housing must be made available to persons requesting such housing as they present themselves, without discrimination, without regard to the above-mentioned characteristics or descriptions.

NOTE: Abiding by this non-discrimination resolution means that housing, shelter and services are to be made available to individuals according to the gender that the person self-identifies as.

“People living without housing have the right to decent, safe, affordable and appropriate housing and services, without regard to... gender identity or expression.”
—National Coalition for the Homeless resolution, October 2003
TOPICS TO COVER IN STAFF TRAINING

Effective training of shelter staff is necessary to guarantee that transgender men and women receive equal treatment and are comfortable and safe. In order for shelter staff to adequately serve the transgender community, they must first learn and understand who transgender people are and what type of discrimination they face. This can be accomplished in the form of a “Transgender 101” session with staff members covering these general areas through a discussion type of format or more formal presentation. There are three major areas to cover in training shelter staff:

- The challenges that transgender people face, including factors leading to increased homelessness
- Advising staff on how to show respect
- Specific shelter policies and procedures regarding transgender people

I. CHALLENGES TRANSGENDER PEOPLE FACE, LEADING TO INCREASED HOMELESSNESS

Transgender people must struggle with everyday life, and confront ugly, frequently legal discrimination in employment, public accommodations, and other areas such as housing. These issues include:

- Rejection by family members including being kicked out of the home
- Discrimination by social services such as homeless shelters, rape crisis centers, medical clinics
- Chronic unemployment or underemployment due to discrimination
- Discrimination and harassment in school
• Hate violence
• Domestic violence
• Fear of repercussion or reprisal in retaliation for exerting one’s basic rights, such as speaking out in public
• Abusive treatment by law enforcement personnel
• Public humiliation, derision, ridicule, marginalization and exclusion
• Denial of housing due to discrimination
• Denial of access to public accommodations such as shops, restaurants, and public transportation

II. TRANSGENDER SENSITIVITY AND HOW TO SHOW RESPECT FOR TRANSGENDER RESIDENTS

One of the most glaring obstacles to society’s understanding of the transgender community is that there is a general lack of empathy and overall recognition that transgender people are just that—people. Central to developing an appreciation and recognition of transgender people among the general population is to expose staff to the following topics:

• Definitions of terms like transgender and transsexual, cross-dresser, etc.
• The distinction between sexual orientation and gender identity
• Transgender women are women and should be treated accordingly
• Transgender men are men and should be treated accordingly
• Describe and explain intersex issues and conditions
• Staff should always politely ask for clarification when they are unable figure out a resident’s gender identity or expression
• Whether a person has had surgeries is not the deciding factor in what their gender really is
• Using the proper terms: “she” for transgender women, and “he” for transgender men
• Refer to transgender persons only by their chosen name
• Staff must never tell others a resident’s transgender status because it is confidential, and because if others know a person is transgender, he or she may be subject to additional discrimination, harassment or even assault
III. SHELTER POLICIES REGARDING TRANSGENDER PEOPLE

There is much that staff people need to do to make shelters safe and welcoming:

- Staff must display a basic respect for transgender men and women and ensure that others do so as well. This means asking transgender individuals what name or names they prefer to be called. Shelter staff should ensure that all shelter guests respect transgender men and women, by making sure that guests address them by their preferred names and use proper pronouns ("he" or "she").

- Shelter staff should not require that residents remove gendered clothing.

- Violence and harassment are two of the most serious concerns for transgender individuals and must be addressed with a full commitment to ensuring that transgender residents are safe. Most transgender women report that they are harassed by other residents, often through sexual propositions. Shelters can decrease the danger of violence and harassment against transgender residents by allowing them to sleep on beds closest to night staff, within eyesight or earshot of staff.

- Staff must step in and act decisively if harassment occurs.

- Staff should determine whether or not there is a danger of an assault against a transgender resident in the bathroom or shower area, and monitor the situation, possibly taking proactive steps to decrease the risk of assault.

- Staff should talk openly with transgender people about safety concerns. This shows transgender individuals that the staff are aware of their concerns and safety, and that staff care about their level of comfort and understand their unique needs.

- Staff should be instructed on what topics to cover in intake conversations.
Resources for Social Service Providers

TIPS FOR SOCIAL SERVICE PROVIDERS


Trans Communities Shelter Access Project of the 519 Community Centre. Available at http://www.the519.org. The Project has many resources related to transgender health, homelessness, and community building and contains recommendations for homeless shelters specifically.

BOOKS


ARTICLES ON TRANSGENDER HEALTH CONCERNS


RESOURCE FOR POLICYMAKERS AND ACTIVISTS

Acknowledgements

AUTHORS

Lisa Mottet is the Legislative Lawyer for the Transgender Civil Rights Project of the Policy Institute of the National Gay and Lesbian Task Force. The Project primarily works to pass laws at the local, state, and federal level that prohibit discrimination against transgender people. The bulk of the Project’s first two years was funded by a fellowship from Equal Justice Works (www.equaljusticeworks.org). Read more about the Transgender Civil Rights Project at: http://www.ngltf.org/statelocal/transgender.html. Lisa can be reached at lmottet@ngltf.org.

John Ohle co-authored this publication while serving as a legal intern for the Transgender Civil Rights Project. John can be reached at john_ohle@hotmail.com.

EDITORS

Sean Cahill, Jason Cianciotto, Roddrick Colvin, Michael Stoops

GRAPHIC DESIGNER

Samuel Buggeln

REVIEWERS

The authors would like to thank the many individuals and organizations that have helped make this guide a reality. Leaders and staff of many national organizations helped shape this publication, including the International Foundation for Gender Education, the National Center for Lesbian Rights, the National Center for Transgender Equality, and the Transgender Law and Policy Institute. Thank you also the 519 Community Centre’s Trans Communities Shelter Access Project, JRI Health, Inc., San Francisco Human Rights Commission, Sylvia Rivera Law Project of the Urban Justice Center, and the Transgender Law Center.
Thank you especially to those individuals who have helped make this publication better by editing and commenting on drafts: Marcus Arana, Anita Beaty, Caeden Dempsey, Courtney Joslin, Jody Marksamer, Abbe McGray, Shannon Minter, Moonhawk River Stone, Dean Spade, Gunner Scott, Michael Stoops, and Willy Wilkinson. A special thank you goes out to those who went above and beyond the call of duty by reviewing multiple drafts: Sarah Josephson, Mara Keisling, and Diego Sanchez. The Task Force also thanks staff and interns who edited or help shape this publication: Sean Cahill, Seth Chamberlain, Rod Colvin, Sunny Eaton, Erin Ekeberg, and Marquis Starks.

The content of this guide reflects the views of the authors, the National Gay and Lesbian Task Force and the National Coalition for the Homeless and not necessarily the views of the reviewers or institutions acknowledged.

SPECIAL THANKS

Lisa Mottet would like to thank the District of Columbia activists she worked with to help make local shelters safer for transgender people: Earline Budd of Transgender Health Empowerment, Inc.; Mark Phemister of the D.C. Transmasculine Society, and GiGi Thomas of Helping Individual Prostitutes Survive (HIPS).
BOARD OF DIRECTORS

Alan Acosta  
San Francisco, CA  

Marsha C. Botzer (Treasurer)  
Seattle, WA  

Maureen Burnley  
New York, NY  

Glenn W. Carlson  
Cambridge, WI  

Candy S. Cox  
Washington, DC  

Susan Culligan  
Provincetown, MA  

Danny R. Gibson  
Los Angeles, CA  

Craig Hoffman  
Washington, DC  

Ernest C. Hopkins  
San Francisco, CA  

Juan M. Jover, Ph.D.  
Miami Beach, FL  

Yoseñio V. Lewis  
San Francisco, CA  

Mary F. Morten  
Chicago, IL  

Loren S. Ostrow (Co-Chair)  
Los Angeles, CA  

Ken Ranftle  
Ft. Lauderdale, FL  

Mark M. Sexton  
New York, NY  

Kevin Wayne Williams, M.D., J.D. (Secretary)  
New York, NY  

Beth Zemsky (Co-Chair)  
Minneapolis, MN  

EXECUTIVE TEAM

Matt Foreman  
Executive Director  

Rea Carey  
Senior Strategist  

Sean Cahill  
Director of Policy Institute  

Dave Fleischer  
Director of Organizing and Training  

Sandi Greene  
Director of Finance and Administration  

Sheri Lunn  
Director of Communications  

Charles Robbins, CFRE  
Director of Development  

Roberta Sklar  
Communications Consultant
NGLTF Funders

FOUNDATIONS

The following have generously provided general operating and program-related funding:

$1 million +
Arcus Foundation (over 3 years)
Anonymous

$300,000 to $999,999
Ford Foundation

$100,000 to $299,999
Gill Foundation
Evelyn and Walter Haas, Jr. Fund

$50,000 to $99,999
Open Society Institute
Wells Fargo Foundation

$25,000 to $49,999
Lesbian Equity Foundation of Silicon Valley
Anderson Prize Foundation
Management Assistance Group

$10,000 to $24,999
Albert A. List Foundation
Paul Rapoport Foundation
David Bohnett Foundation

$2,500 to $9,999
B. W. Bastian Foundation
David Geffen Foundation
Kicking Assets Fund of the Tides Foundation
Richard Nathan Anti-Homophobia Trusts
Underdog Fund of the Tides Foundation
Gay Block and Malka Drucker Philanthropic Fund

CORPORATIONS

We extend our thanks to the following companies for their generous support:

Premier Sponsors - $50,000 +
The Advocate
Radisson Barceló Hotel, Washington
Affinia
Wyndham Bel Age Hotel, West Hollywood
American Airlines

Official Sponsors - $25,000 +
PlanetOut Partners
Wells Fargo

COMBINED FEDERAL CAMPAIGN

Special thanks to the many individuals who enabled the Task Force to receive contributions through the Combined Federal Campaign. (CFC#2262).
LEADERSHIP COUNCIL

We extend a heartfelt thanks to our Leadership Council members for their continued and generous support of the National Gay and Lesbian Task Force.

President's Circle ($50,000 and up)
Anonymous
Rosie & Kelli O'Donnell
Ric Weiland

Executive's Circle ($25,000-49,999)
Tom Bombardier & John Fowler
Daniel Renberg & Eugene Kapuloski

Ambassador's Circle ($10,000-24,999)
Larry Courtney
Amy Mandel & Katina Rodis
Michael H. Morris & Richard Blinkal
Stanley Newman & Brian Rosenthal
Loren Ostrow & Brian Newkirk
Nancy D. Polkoff
Shad Weinstein & Jody Laine
Rachel R. Rosen & Barbara Zusman
Henry van Ameringen

Advocate's Circle ($2,500-4,999)
Emily Rosenberg & Darlene Demanicor
Eric Shore & Fred Paul
Jim Stepp & Peter Zimmer
Andrew Tobias & Charles Nolan
Urvashi Vaid & Kate Clinton
Ignacio Valdes & Damon Wolf
David M. Waterbury & Ruth Waterbury

Delegate's Circle ($1,200-2,499)
Bruce M. Abrams
Alan Acosta & Thomas Gratz
Meryl Allison & Elisa Burns
Jane Anderson & Tess Ayers
Anonymous
Eric Bacolas & Michael Bonomo
Patricia M. Bartlett
Bruce W. Bastian
Alvin H. Baum Jr.
Edwin Bayrd
David Beatty
David P. Becker
Don Beeman
Dana Beyer & Catherine Beyer
Beth Beymer & Sandra S. North
David Bjork & Jeff Benetson
Marsha C. Botzer & Kim Harms
Kevin Brown
Sean Cahill
Warren L. Campbell & Michael L. McClung
Rea Carey & Margaret Conway
Jose F. Castro
Art Cayley & Alex Lane
Gregg Church & Jesus Lopez
Chadwick Cipiti
David A. Clark
Brett Cobb
Bruce L. Cohen
John Cowles Jr. & Sage Fuller Cowles
Joseph Culligan & Paul Menard
Susan Culligan
Darrel Cummings & Tim Dang
Donald E. Davis
Richard J. Day
John Dorsey
Robert M. Eichler
Brian Esner
Joseph Falk
Gavin Feinberg & Mickey Maxwell
Art Flores
Dwight Foley
Lieber Gadinsky & Seth Gadinsky
Dylan Cameron Gailey

Director's Circle ($5,000-9,999)
Susan E. Anderson
Margaret A. Burd & Rebecca A. Brinkman
Jerry N. Clark
Donna Deitch & Terri Jentz
Robert P. Denny
Matt Foreman & Francisco de Leon
Allan D. Gilmour & Eric Jergins
Robert T. Hanley
Fred P. Hochberg & Thomas P. Healey
Lorri L. Jean & Gina M. Calvelli
Michael K. Keeley
Mickey MacIntyre & Scollay Petry
John S. McDonald & Rob Wright
Katharine Pillsbury & Cindy Marshall
William J. Resnick & Douglas Cordell
Sheryl A. Robertson & Lori D. Anderson

Advocate's Circle ($2,500-4,999)
Reuben J. K. Chong
Candy S. Cox & Debra L. Peeve
Jere Ford
Gary H. Hickox & Alan D. Lambert
Craig Hoffman & Albert Lauber
Ernest C. Hopkins
Dr. Juan Jover & Dr. Ken Ahonen
Jeremiah F. Kelly, M.D. & Paul G. Oostenburg
Jeffrey C. Lamkin
Jason Lowen
John M. Messer & Stephen G. Peck
David Mizer & Arturo Carrillo
Ken Ranfile & Craig Leiby
Marie C. Seggerman
Elliott R. Semel & Aaron L. Hobbs
Curtis F. Shepard & Alan Hergott
John A. Silberman
Loren Dunlap Smith
Jeffrey B. Soref
Charles Spiegel & James M. Emery
Martha J. Trolin
James D. Wagner
Leonie A. Walker & Katherine A. O'Hanlan
Kevin Wayne Williams, M.D., J.D.
Reid Williams
Dr. Myron Wojtowycz
Beth Zemsky & Jennifer F. Martin

Delegate's Circle ($1,200-2,499)
Bruce M. Abrams
Alan Acosta & Thomas Gratz
Meryl Allison & Elisa Burns
Jane Anderson & Tess Ayers
Anonymous
Eric Bacolas & Michael Bonomo
Patricia M. Bartlett
Bruce W. Bastian
Alvin H. Baum Jr.
Edwin Bayrd
David Beatty
David P. Becker
Don Beeman
Dana Beyer & Catherine Beyer
Beth Beymer & Sandra S. North
David Bjork & Jeff Benetson
Marsha C. Botzer & Kim Harms
Kevin Brown
Sean Cahill
Warren L. Campbell & Michael L. McClung
Rea Carey & Margaret Conway
Jose F. Castro
Art Cayley & Alex Lane
Gregg Church & Jesus Lopez
Chadwick Cipiti
David A. Clark
Brett Cobb
Bruce L. Cohen
John Cowles & Sage Fuller Cowles
Joseph Culligan & Paul Menard
Susan Culligan
Darrel Cummings & Tim Dang
Donald E. Davis
Richard J. Day
John Dorsey
Robert M. Eichler
Brian Esner
Joseph Falk
Gavin Feinberg & Mickey Maxwell
Art Flores
Dwight Foley
Lieber Gadinsky & Seth Gadinsky
Dylan Cameron Gailey

Delegate's Circle ($1,200-2,499)
Bruce M. Abrams
Alan Acosta & Thomas Gratz
Meryl Allison & Elisa Burns
Jane Anderson & Tess Ayers
Anonymous
Eric Bacolas & Michael Bonomo
Patricia M. Bartlett
Bruce W. Bastian
Alvin H. Baum Jr.
Edwin Bayrd
David Beatty
David P. Becker
Don Beeman
Dana Beyer & Catherine Beyer
Beth Beymer & Sandra S. North
David Bjork & Jeff Benetson
Marsha C. Botzer & Kim Harms
Kevin Brown
Sean Cahill
Warren L. Campbell & Michael L. McClung
Rea Carey & Margaret Conway
Jose F. Castro
Art Cayley & Alex Lane
Gregg Church & Jesus Lopez
Chadwick Cipiti
David A. Clark
Brett Cobb
Bruce L. Cohen
John Cowles & Sage Fuller Cowles
Joseph Culligan & Paul Menard
Susan Culligan
Darrel Cummings & Tim Dang
Donald E. Davis
Richard J. Day
John Dorsey
Robert M. Eichler
Brian Esner
Joseph Falk
Gavin Feinberg & Mickey Maxwell
Art Flores
Dwight Foley
Lieber Gadinsky & Seth Gadinsky
Dylan Cameron Gailey

Delegate's Circle ($1,200-2,499)
Bruce M. Abrams
Alan Acosta & Thomas Gratz
Meryl Allison & Elisa Burns
Jane Anderson & Tess Ayers
Anonymous
Eric Bacolas & Michael Bonomo
Patricia M. Bartlett
Bruce W. Bastian
Alvin H. Baum Jr.
Edwin Bayrd
David Beatty
David P. Becker
Don Beeman
Dana Beyer & Catherine Beyer
Beth Beymer & Sandra S. North
David Bjork & Jeff Benetson
Marsha C. Botzer & Kim Harms
Kevin Brown
Sean Cahill
Warren L. Campbell & Michael L. McClung
Rea Carey & Margaret Conway
Jose F. Castro
Art Cayley & Alex Lane
Gregg Church & Jesus Lopez
Chadwick Cipiti
David A. Clark
Brett Cobb
Bruce L. Cohen
John Cowles & Sage Fuller Cowles
Joseph Culligan & Paul Menard
Susan Culligan
Darrel Cummings & Tim Dang
Donald E. Davis
Richard J. Day
John Dorsey
Robert M. Eichler
Brian Esner
Joseph Falk
Gavin Feinberg & Mickey Maxwell
Art Flores
Dwight Foley
Lieber Gadinsky & Seth Gadinsky
Dylan Cameron Gailey
A significant source of funding for the Task Force comes from its major donor program, the Leadership Council. Leadership Council members make an annual pledge of $1,200 or more in non-event-related contributions. The donors listed above made pledges from October 16, 2002–October 15, 2003. If we have inadvertently omitted or incorrectly listed your name, please contact Steve Ramirez, director of donor relations, at (323) 857-8747, or at SRamirez@ngltf.org.
Education Policy

ISSUES AFFECTING LESBIAN, GAY, BISEXUAL, AND TRANSGENDER YOUTH

by Jason Cianciotto and Sean Cahill

Education Policy provides a comprehensive overview of social science research on the extent and impact of harassment and violence against LGBT students, as well as the public policy interventions that support LGBT students and make schools safer. It includes the first in-depth analysis of how President Bush’s No Child Left Behind Act affects LGBT students, profiles eight students who stood up to anti-LGBT abuse, and articulates an agenda for future research and policy analysis. (November 2003; 168 pp.; $20.00; www.ngltf.org/library/)

The 2004 Democratic Presidential Candidates

ON GAY, LESBIAN, BISEXUAL, AND TRANSGENDER ISSUES

This report details the positions of the 2004 Democratic contenders on GLBT issues. It evaluates the candidates’ positions on sexual orientation and gender identity nondiscrimination laws, AIDS prevention and treatment, the military ban, domestic partnership, civil unions and marriage, adoption, education policy and Social Security survivor benefits. This is the most pro-GLBT field of candidates to seek the Democratic nomination for President. (May 2003; 56 pp.; $10.00; www.ngltf.org/library/)

Campus Climate

FOR GAY, LESBIAN, BISEXUAL, AND TRANSGENDER PEOPLE: A NATIONAL PERSPECTIVE

This report, by Susan R. Rankin, details the experiences of GLBT people at 14 colleges and universities across the country. Based on a survey of nearly 1700 students, faculty, and staff, Campus Climate documents anti-GLBT bias and harassment, along with levels of institutional support for GLBT people. It highlights differences in experiences between various identity groups and concludes with recommendations for creating an inclusive and supportive environment for GLBT people. (May 2003; 70 pp.; $10.00; www.ngltf.org/library/)

Family Policy

ISSUES AFFECTING GAY, LESBIAN, BISEXUAL, AND TRANSGENDER FAMILIES

By Sean Cahill, Mitra Ellen and Sarah Tobias. Groundbreaking in its breadth and depth, this report examines family policy as it relates to GLBT people and their loved ones. It provides information useful to those advancing supportive legislation and policy, particularly at the state and local levels. Covers partner recognition; antigay adoption and foster policies; youth and elder issues; health care and end-of-life concerns; and the impact of welfare reform and the faith-based initiative. (December 2002; 216 pp.; $20.00; www.ngltf.org/library/)

Say it Loud and I’m Black Proud

BLACK PRIDE SURVEY 2000

This largest-ever study of Black GLBT people is the result of a two-year collaboration between nine Black GLBT Pride organizations, the NGLTF Policy Institute, and five African-American researchers: Juan Battle, Cathy J. Cohen, Dorian Warren, Gerard Ferguson, and Suzette Audam. The survey of nearly 2,700 respondents documents significant and often surprising demographics, experiences, and policy priorities of Black GLBT people. (March 2002; 86 pp.; $10.00; www.ngltf.org/library/)

Transgender Equality

A HANDBOOK FOR ACTIVISTS AND POLICYMAKERS

A handbook providing activists and policymakers with the tools they need to pass transgender-inclusive nondiscrimination and anti-violence legislation. Written by Paisley Currah and Shannon Minter, with an introduction by Jamison Green. This handbook is an invaluable resource guide providing model legislative language, talking points, responses to frequently asked questions, and a comprehensive resource listing. (June 2000; 96 pp.; $10.00; www.ngltf.org/library/)
OTHER NGLTF PUBLICATIONS

The 2000 Census and Same-Sex Households
In 2000, the U.S. Census allowed same-sex couples living together to identify themselves as "unmarried partners." This national data set offers a rich trove of information on members of our community, easily accessible on-line. Maps show concentrations of same-sex households in all 50 states and a dozen major cities. (October 2002; 162 pp.; $20.00; www.ngltf.org/library/)

Leaving Our Children Behind
WELFARE REFORM AND THE GAY, LESBIAN, BISEXUAL, AND TRANSGENDER COMMUNITY
This report, by Sean Cahill and Kenneth T. Jones, describes the reactionary agenda of senior policymakers in the Bush administration to change social service provision in the United States. Examines welfare reform and the impact of marriage and fatherhood initiatives, abstinence-only-until-marriage education, and the faith-based initiative on the GLBT community. (December 2001; 112 pp.; $10.00 www.ngltf.org/library/)

Social Discrimination and Health
THE CASE OF LATINO GAY MEN AND HIV RISK
This report, by renowned AIDS researchers Rafael Diaz and George Ayala, documents the correlations among homophobia, racism, poverty, and HIV risk, and has significant implications for prevention strategies. Although Latinos were the subject of this case study, the findings are relevant to other communities of color and marginalized groups. Available in English and Spanish. (July 2001; SOLD OUT; download at www.ngltf.org/library/)

Outing Age
PUBLIC POLICY ISSUES AFFECTING GAY, LESBIAN, BISEXUAL AND TRANSGENDER ELDERS
This groundbreaking report reviews social science literature and explains what we do and do not know about the demographics of GLBT elders. Outing Age outlines major public policy issues facing GLBT seniors—including federal aging programs, disability, long-term care and caregiving, nursing homes, and Social Security—and presents recommendations for advocacy to move public policy toward equal treatment of this population. (Nov. 2000; SOLD OUT; download at www.ngltf.org/library/)

Out and Voting II
THE GAY, LESBIAN AND BISEXUAL VOTE IN CONGRESSIONAL ELECTIONS, 1990-1998
An in-depth profile of the gay, lesbian, and bisexual voting bloc and the first-ever analysis of the impact of this emerging constituency in national congressional elections. By Dr. Robert Bailey of the Rutgers University School of Public Policy and Administration. Among the report’s findings: out GLB voters comprise roughly 5% of the national electorate, and 8.8% of voters in cities of 500,000 or more. (January 2000; 54 pp.; $10.00; www.ngltf.org/library/)

Domestic Partnership Organizing Manual
This manual, by Policy Institute Research Fellow Sally Kohn, provides comprehensive information on what domestic partnership benefits are, why employers should adopt these benefits, and how employees and citizens organize effectively for policy change. Sample policies and lists of who offers domestic partnership benefits are included. (May 1999; 140 pp.; $10.00; www.ngltf.org/library/)

FOR A MORE COMPLETE AND UPDATED LIST OF PUBLICATIONS, VISIT OUR WEBSITE AT WWW.NGLTF.ORG

PUBLICATIONS ORDER FORM

<table>
<thead>
<tr>
<th>PUBLICATION NAME</th>
<th>QUANTITY</th>
<th>TOTAL PAGES</th>
<th>UNIT COST</th>
<th>TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POSTAGE &amp; HANDLING</td>
<td>$2 FOR ORDERS TOTALLING UNDER 20PP; $3 FOR ORDERS 20-100PP; $4 FOR ORDERS 100-200PP; $6 FOR ORDERS OVER 200PP</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

We should mail publications to:
Name ____________________________________________
Address _________________________________________
City/State/Zip __________________________________
Phone __________________________________________
E-mail __________________________________________

To order NGLTF publications by check or money order, make checks payable to NGLTF and return with this order form to:
NGLTF/Publications • 1325 Massachusetts Avenue NW, Suite 600 • Washington, DC 20005

To charge your order to Visa Mastercard Amex Discover (circle one) we require a minimum order of $15.
Card# __________________________ Name __________________________
Expiration Date __________________

If ordering by credit card, you may fax this form to NGLTF at 202.393.2241, order by phone at 202.393.5177, or email ngltf@ngltf.org.
PRICES ARE CURRENT AS OF MAY 2003. PUBLICATIONS WILL BE SENT OUT UPON RECEIPT OF PAYMENT. PLEASE ALLOW 3-5 WEEKS FOR DELIVERY.