

MSU Pride Community Centre 2STLGBQIA+ Handbook

2021 Edition



TABLE OF CONTENTS



Intro	3
Terms & Definitions	4
Pronouns & Gender Neutral Language	14
Why it Matters	14
Some Tips for Being a Good Ally	14
Gender Neutral Language	14
Pronoun Examples	15
How Do I Use That?	16
When Someone Uses Multiple Sets of Pronouns	16
Appendix A: Gender Affirming Gear	17
Appendix B: Gender Affirming Surgeries	19

INTRO



Thank you for checking out the “2STLGBQIA+ Handbook” by the MSU Pride Community Centre (PCC)! This handbook is meant as a starting point for readers to understand some terms and topics related to the 2STLGBQIA+ community and the experiences within. The PCC has strived to make this resource inclusive, accurate, and informative, but we are also always learning as language continues evolving. If something doesn’t sit right with you, feel free to reach out to us with your concerns or questions at:

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Thanks again for reading, and we hope that this resource helps answer your questions and inspires new ones!

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TERMS & DEFINITIONS

A

ABLEISM: Discrimination and prejudice against disabled people. Ableism can be both systemic and personal, and similarly to racism or sexism, classifies disabled folks as a group that are “less than” non-disabled (or abled) folks. It is rooted in the idea that “typical” ability is inherently better and/or that disabilities require fixing.

ACEPHOBIA/APHOBIA: Dehumanizing prejudicial attitudes against Asexual individuals involving beliefs that Ace folks are “machinelike” (deficient and less than human), are the result of endured sexual violence or ongoing mental illness, or are “prudes.” The belief that Asexual individuals do not belong to the 2STLGBQIA+ community or do not face oppression also constitutes acephobia/aphobia.

ACHILLEAN: MLM umbrella term (based on Achilles – a Greek hero of the Trojan War – who was involved with another man, Patroclus). Achillean individuals may or may not be attracted to other genders. The Achillean flag features a green carnation, a Victorian symbol of gay relations, atop blue and white stripes.

ALLY: A person who supports 2STLGBQIA+ folks. One cannot simply call themselves an ally and be one – allyship requires active support and advocacy for 2STLGBQIA+ folks, including working to unlearn oppressive ideas held within oneself, holding oneself accountable,

and challenging others who perpetuate oppressive ideas through words or actions. Advocate is sometimes presented as a better alternative to ally, because it centers action as important and doesn’t hold the connotation of an ally benefiting from their allyship.

ALLYSHIP: An active and continuous effort to unlearn oppressive ideas and work to support and advocate for oppressed groups and identities.

AGENDER: Someone who identifies as having no gender. Their gender expression (including pronouns) may be feminine, masculine, androgynous, a combination thereof, or something else entirely. Included under the nonbinary trans umbrella.*

** “Included under the nonbinary trans umbrella” is added to give the reader a better conceptual understanding of the potential relation between different gender identities. Someone who identifies with a specific label may also identify as nonbinary/trans but may also reject these labels for themselves personally.*

ALLOSEXUAL: Someone who experiences sexual attraction toward others. Non-sexual people are allosexual, and may be of any sexual identity, including lesbian, gay, bisexual, pansexual, etc.

AMBIAMORY: A relationship concept in which someone is neither opposed to nor in favor of either monogamy or polyamory. An ambiamorous individual may be in relationships with one partner or multiple

partners. Relationship concepts lie along a spectrum, in which ambiamory exists anywhere between strict monogamy and polyamory.

ANDROGYNY: A combination of feminine and masculine characteristics, sometimes to create gender ambiguity. May refer to someone's gender identity or gender expression. A common misconception is that all nonbinary or gender nonconforming people must be androgynous, which is untrue. Additionally, media often portrays androgyny or androgynous folks as white, skinny, masculine AFAB people. This is neither the point nor the reality of androgyny, and it is open to all people as a form of expression or identity.

ANDROGYNE: Someone who identifies outside of the gender binary, potentially identifying with both femininity and masculinity, or neither. Included under the nonbinary trans umbrella.

ANDROSEXUAL: Someone who is attracted to men/men-aligned folks/masculinity. Useful for explaining who a person is attracted to without implicating their own gender and is used by some nonbinary folks for that reason. You do not have to be nonbinary to use this label.

AROMANTIC: Someone who does not experience romantic attraction toward others. Aromanticism is also a spectrum including several identities (e.g. demiromantic, greyromantic, etc.), in which the individual has varying levels of romantic attraction for others. Short form: aro. Aromanticism is often used interchangeably with or in conjunction to asexuality, which is incorrect; individuals may be aromantic however identify with

a sexual orientation (i.e. gay, lesbian, heterosexual, homosexual, bisexual, etc.)

ASEXUAL: Someone who does not experience sexual attraction toward others. Asexuality is also a spectrum including several identities (e.g. demisexual, greysexual, etc.), in which the individual has varying levels of sexual attraction for others. Asexuals may also be aromantic, or they may have another romantic orientation (e.g. homoromantic, biromantic, heteroromantic, etc.). *Short form: ace.*

ASEXUALITY SPECTRUM: The spectrum of identities between asexual and allosexual. People on this spectrum may experience no sexual attraction or experience sexual attraction only sometimes or when certain conditions are met. *Short forms: ace spectrum, aspec.*

B

BALL CULTURE: The historic predecessor of modern drag, it is an underground subculture made by and for Black and Latinx 2STLGBQIA+ folks to express themselves freely at events known as balls. These balls have different categories, often referred to as walks, that participants can enter to display their creativity.

BI-ERASURE: Also known as bisexual invisibility, bi-erasure is to ignore, dismiss, question, or remove bisexuals and bisexuality from history, academia, media, and other areas. It can also be a lack of or misrepresentation of bisexuals in the categories previously listed. An example of bi-erasure is the belief that bisexuals are actually either straight or gay, or that a bi person's identity is just a "phase."

BIGENDER: An identity in which someone identifies with two genders. Bigender people may experience any combination of two genders (e.g. agender and a feminine identity, woman and man, etc.) and may experience them both simultaneously or varying between the two.

BIPHOBIA: Discrimination and biases against bisexual and biromantic people. Biphobia often leads to bi-erasure and the perpetuation of misinformation around bi people. An example of biphobia includes attempts to illegitimize bisexual people as a fake identity or telling bisexuals that they need to “pick a side.” Biphobia can be found both within and outside of the 2STLGBQIA+ community.

BISEXUAL/BIROMANTIC: Someone who is attracted to same/similar and other genders. Alternatively, a bisexual/biromantic person may define their identity as attraction to two or more genders, or, for some, as attraction to women and men. Bisexual refers to sexual identity and attraction, while biromantic refers to romantic identity and attraction. A person identifying as bisexual or biromantic may experience attraction to genders equally, or with stronger attraction to a specific gender or genders, which can change over time (or not!). **Short form: bi.**

BUTCH: A lesbian and wlw identity characterized by appearances, behaviors, traits, etc. that are traditionally perceived as masculine. This term is not interchangeable with “stud,” which describes an African American and/or Latina/Latinx masculine lesbian or sapphic. While butch (and stud) can be described as gender roles or expressions, some butches (and studs) identify as such as their gender identity as well.

C

CISGENDER: Someone who identifies with the gender they were assigned at birth.

CISNORMATIVITY: The belief that all or most people are cisgender, and that it is normal (or “correct”) to be cisgender.

CISSEXISM: Discrimination toward transgender people on the basis of their gender identity, specifically on account of them being non-cisgender. It is a systemic form of oppression that benefits or privileges cisgender people to the detriment of transgender people.

COLONIALISM: A practice of domination of one country over another people or territories in pursuit of economic interest. During this process, colonizers may impose religious and cultural practices on the indigenous population.

D

DEADNAME: A name no longer used by a transgender person (often, but not always, a birth name). Deadnaming is the action of using, intentionally or not, a trans person’s deadname. Deadnaming can be painful and harmful for a trans person on the receiving end, and it is a form of harassment when intentional.

DEMISEXUAL: Someone who experiences sexual attraction only after an emotional or romantic connection is established. Demisexuals are a part of the ace-spectrum. **Short form: demi.**

DIAMORIC: An umbrella term to describe sexual and romantic orientations experienced by nonbinary people that do not fall neatly into the same/similar and different/other gender attraction dichotomy. It can be used as an identity by itself or used as a prefix to other orientations to explain it as specifically nonbinary (e.g. dia gay, dia lesbian, dia bi, etc.).

DRAG: A form of entertainment and self-expression in which the drag performer dresses up in clothing and/or makeup to exaggerate femininity or masculinity. Historically rooted in the Ball Culture of Black and Latinx 2STLGBQIA+ folks in New York City.

DRAG KING: A drag performer who exaggerates masculinity for entertainment and self-expression.

DRAG QUEEN: A drag performer who exaggerates femininity for entertainment and self-expression.

F

FEMME: A lesbian and wlw identity characterized by appearances, behaviors, traits, etc. that are traditionally perceived as feminine, and performing femininity for women.

G

GAY: Someone who is attracted to same/similar genders (sometimes specifically describing men or nonbinary folks attraction to men).

GENDER AFFIRMATION: The affirmation of someone's gender socially, physically, legally, etc. Social gender affirmation can include using someone's correct pronouns and name; physical gender affirmation can include dressing to express your gender identity, using gender affirming gear (like packers, binders, breast forms, etc), or pursuing medical transition (like taking hormones or undergoing surgery); and legal gender affirmation can include legal name changes or gender marker changes (on birth certificates or other legal documents).

GENDER DYSPHORIA: A disconnect caused by a difference in one's assigned gender at birth and the gender they identify with, which may be distressing to the individual. Many transgender people feel gender dysphoria to some extent, but gender dysphoria is not a prerequisite to being transgender. Replaced the term "gender identity disorder" in the DSM.

GENDER IDENTITY: The personal sense of one's own gender. It does not necessarily correlate with one's sex or assigned gender, or one's gender expression.

GENDER NON-CONFORMING (GNC): Someone whose gender role or gender expression does not conform to the social norms expected of their gender. It can also be used as an identity, or as a descriptor for other trans and nonbinary identities.

GENDER POLICING: Attempting to force gender non-conforming people to conform to their perceived gender, whether by enforcing gender roles or gender expression deemed appropriate or normal for the individual's perceived gender. Gender policing is especially harmful to GNC trans and nonbinary folks, and it also

harms cisgender folks who are GNC (e.g. masculine women and feminine men). At its extreme, gender policing can lead to violence against GNC folks.

GENDER PRESENTATION/GENDER

EXPRESSION: The culmination of the way a person dresses, acts, talks, looks (etc.) in order to portray their gender to those around them.

GENDERFLUID: Someone whose gender is not fixed and can vary between different identities over time. A genderfluid person's gender may vary between two or more distinct identities, and they may also identify as multigender or nonbinary. If the intensity of their gender also varies over time, they may also identify as genderflux.

GENDERFLUX: An identity to describe when someone's gender varies in intensity over time. It can also describe when a person's gender fluctuates between agender and another gender, with agender being 0% and the other gender being 100%, and can have intermediary stages.

GENDERQUEER: Both an umbrella term and an identity, genderqueer, similarly to non-binary, implies a gender that is neither woman nor man. Genderqueer is often viewed as a spectrum of identities that fall in between or outside of masculinity and femininity.

GREYSEXUAL: An identity for people who only experience sexual attraction some of the time, predominantly of low intensity. Often used as a term encompassing anyone existing on the spectrum between asexuality and allosexuality.

GYNESEXUAL: Attraction to women and/or femininity. Both gynesexual

and androsexual were created with the intention of describing who the person is attracted to, without indication of their own gender.

H

HETEROSEXUAL: Attraction to opposite/other genders. Common alternative is straight. Coined in 1868-1869 by Karl-Maria Kertbeny.

HETEROFLEXIBLE: Primarily attracted to opposite/other genders, but may in some circumstances be attracted to people of same/similar genders.

HOMOSEXUAL: Attraction to opposite/other genders. Viewed as a technical term and less of an identity, with gay and lesbian being the more popular alternatives for men/men-aligned and women/woman-aligned people respectively. Coined in 1868-1869 by Karl-Maria Kertbeny.

HETERONORMATIVITY: The idea that heterosexuality is normal and superior to other sexual identities, upheld by strict social and gender roles and norms.

HETEROSEXISM: An oppressive systemic structure which privileges heterosexual people at the expense of non-heterosexual people, as well as heterosexual people who do not abide by strict social and gender roles and norms, on the basis of heteronormativity.

I

INTERSEX: An intersex person is someone who has sex characteristics perceived

as both male and female, which may include chromosomal, hormonal, gonadal, and genital characteristics, such that they do not perfectly fit the definitions of female or male. Historically, intersex liberation and trans liberation have been allied causes, leading to the inclusion of intersex people in the 2STLGBQIA+ acronym and community, though individual intersex people may not identify as part of the community, and may otherwise be heterosexual and cisgender. Intersex identities do not determine gender or sexuality in and of themselves.

INTERSECTIONALITY: A term coined by Kimberlé Crenshaw in the 1980s to describe the lived experiences of black women, who experience racism from white women and sexism from black men, and have a unique lived experience where those identities intersect. Commonly used to describe the intersections of two or more marginalized or oppressed identities that create a unique form of marginalization or oppression.

L

LESBIAN: A woman or nonbinary person who experiences attraction to women.

- He/him and they/them lesbians: A lesbian who uses he/him or they/them pronouns. A he/him or they/them lesbian may be non-binary, woman-aligned, or identify as a woman, but feels some disconnect with the label of woman, and uses he/him or they/them pronouns to alleviate this.

M

METAMOR: A romantic and/or sexual partner of a partner, as could be the case in an open or polyamorous relationship involving more than two people, where not every person is involved with every other person (e.g. if your partner has a partner you do not also date, you might refer to them as your metamor).

MISGENDER: The act of using a word-pronouns and gendered addresses like sir or ma'am- for a person that does not reflect that person's gender identity, especially with respect to transgender folks. Misgendering can be intentional or accidental, both of which can be harmful. Intentional misgendering is a form of gender-based violence and discrimination; accidental misgendering can often be addressed with a quick correction. Excessive apologies puts the person who was misgendered in an uncomfortable position where the emotional labor of smoothing the situation falls on them.

MISOGYNY: The belief that masculinity and maleness is superior to femininity and femaleness, that reinforces and upholds male dominance over women, and punishes women for fighting against a patriarchal status quo.

MONOGAMY: It is the practice of having one exclusive romantic and/or sexual relationship.

MULTISEXUAL: Someone who is attracted to multiple genders. It is also used sometimes as an umbrella term for bisexuality, pansexuality, polysexuality, omnisexuality, and other sexualities that experience attraction to multiple genders.

M-SPEC AND MGA: M-Spec or mspec is short for multisexual spectrum. MGA stands for multiple gender attraction. Both are umbrella terms referring to the spectrum of identities that experience attraction to multiple genders.

N

NEOPRONOUN(S): Pronouns outside of the officially recognized pronouns of a language. In English, for example, common singular pronouns include she/her, he/him, and they/them. Neopronouns are any pronouns used as alternatives to these pronouns, and are sometimes used to express a gender identity outside of woman/man.

NEURODIVERSE: A concept emphasizing that neurological/brain differences are both recognized and respected the same as any other human variation. This term argues against the ableist notion that individuals must be “normal” (or neurotypical) to be deemed worthy. Coined in 1998 by Judy Singer.

NON-BINARY: Anyone who does not identify with the gender binary of woman and man. There are many non-binary identities beyond this term, though there are people who identify exclusively as non-binary. Non-binary people can use any pronouns and express their gender as androgynous, feminine, masculine, any mixture of the three, or entirely outside these classifications.

O

OMNISEXUAL: Someone who is attracted to all genders, where gender still plays a role in their attraction. Sometimes used interchangeably with pansexual, polysexual, and bisexual, but a distinct identity in and of itself. *Short form: omni.*

OPEN RELATIONSHIP: A relationship in which those involved consent to pursuing sexual or romantic relationships with other people. This may constitute one type of a polyamorous relationship, though not all people who participate in open relationships consider themselves or their relationships to be polyamorous in nature.

OUTING/OUTED: The act of disclosing another individual’s sexual or romantic orientation or gender identity without their consent. Outing another individual is never okay, as it violates their trust and puts them at risk of harassment, discrimination, and violence.

P

PANSEXUAL: Someone who is attracted to all genders, often regardless of gender. Sometimes used interchangeably with omnisexual, polysexual, and bisexual, but a distinct identity in and of itself. *Short form: pan.*

POLYSEXUAL: Someone who is attracted to multiple (or all) genders. Short form: ply (previously poly, but changed out of respect for the Polynesian community).

POLYAMORY: Most easily defined as consensual non-monogamy, polyamory

is a relationship concept describing any number of relationship models in which a person or persons have more than one romantic or sexual partner. A key component of polyamory is that all involved parties know of each other's involvement. In this way, polyamorous relationships are not a form of "cheating" as all individuals consent to the relationship, in whatever way it is defined. Short form: polyam or poly (previously poly, but changed out of respect for the Polynesian community).

PRIVILEGE: A set of unearned social advantages given to persons belonging to a dominant social group (e.g. white, straight, cisgender, abled, man/male, etc.), to the detriment of people who do not hold membership in these groups, upheld by systemic discrimination (e.g. by white supremacy, cisheterosexism, ableism, sexism and misogyny, etc.).

PRONOUN: The words we use to describe or refer to another individual in conversation. Never assume another person's pronouns. Referring to an individual with the incorrect pronouns is harmful and hurtful to them; such misgendering when intentional or repeated constitutes harassment.

PASSING: A term used to describe when a 2STLGBQIA+ person is not visibly recognizable as a member of the 2STLGBQIA+ community. With respect to trans folks, it can be used to describe when a trans person is perceived (or "passes") as cisgender, or as the gender they identify as, by other people.

Q

QUEER: An umbrella term, an identity, and a slur. The 2STLGBQIA+ community is referred to, in some contexts, as the queer community, describing all people who have a gender or sexuality that differ from the social norm (i.e. non-cisgender and non-heterosexual). As an identity, it can refer to a gender or sexual identity that differs from cisgender or straight, and is used by people who do not prefer other labels or prefer queer specifically. Historically and currently, it is also a slur used against 2STLGBQIA+ people, and is not accepted as an umbrella term by all members of the community. It is a slur being reclaimed, and as such, people who do not identify as queer/2STLGBQIA+ should avoid using it without explicit permission in regard to a specific person's identity.

QUESTIONING: The act of thinking about one's own sexuality or gender identity, or the state of being in which someone does not know with what labels they identify.

R

RACISM: Discrimination based on a person's race. When referring to systemic racism, it is the systems and social structures that perpetuates the oppression of certain racial groups and bestows unearned privilege to others.

S

SAPPHIC: WLW umbrella (based on Sappho from Lesbos)

SEX: The broad categorization of a person's primary and secondary sex characteristics (physical biological traits) into male or female, which is typically assigned at birth based on external genitalia. Someone's full sex is comprised of many components, including chromosomes, hormones, reproductive organs (gonads as well as internal and external genitalia), and more. Male and female are two large groupings, but not everyone falls neatly into either. People with mixed sex characteristics may be categorized as intersex, but personal identification as such is just that - a personal choice.

SEXUALITY: Encompasses an individual's sexual, aesthetic, and romantic thoughts, feelings, and emotions towards other individuals, and an individual's gender and gender expression. Sexuality is individual and specific to each person.

STEALTH: Refers to an individual who is wholly perceived as the sex and/or gender they identify as by everyone and at all times. Often refers to trans folks passing as cisgender. Being stealth is not the same as "being in the closet," as stealth individuals are publicly perceived as their true identity.

STUD: Used to refer to a "traditionally masculine" African American and/or Latina lesbian.

T

STONE POLICING: An oppressive conversational/political tactic entailing criticizing or shaming a person or group for expressing emotion regarding a topic, thereby dismissing the actual message. Tone policing can be both deliberate or

unintentional, the latter often driven by unconscious biases against marginalized populations. Examples of tone policing include the following retorts to an emotionally charged conversation: "calm down," "you don't need to get so angry," and "tone matters."

TORIC: Nonbinary attraction toward men (exclusive or not).

TRANSFEMININE: Refers to individuals who predominantly present or identify as "traditionally feminine," however often were assigned male at birth. This term is used both as a gender identity and/or expression for Trans, Gender-fluid, and Non-binary folks.

TRANSGENDER (TRANS): both an umbrella term and an identity, transgender (trans) refers to anyone who does not identify with their assigned gender at birth. This includes but is not limited to trans-binary (transwomen and transmen) and trans non-binary individuals.

TRANSITION: The process of changing one's gender presentation and/or sex characteristics to align with their gender identity. Transitioning can include social, physical, and legal aspects. For example, changing one's name and pronouns is part of social transition (or part of legal transition if one's name is changed legally). Physical transition can include dressing to express your gender identity, taking hormones, or undergoing surgery to better match your gender physically. While many transgender people transition and for a variety of reasons (like alleviating gender dysphoria, passing as their gender, or because it makes them more comfortable), transitioning is not a requirement for identifying as transgender. Hormones and

surgery may be outside of someone's financial capability, could pose health risks that make them infeasible, or simply aren't what a specific trans person wants. Transitioning is a personal choice, and some people may define it with a start and end, while others may see it as a fluid, lifelong process.

TRANSMASCULINE: term used to refer to individuals who are generally assigned female at birth, however who identify with or express themselves predominantly as "traditionally male." It is also used as an umbrella term including Trans, Gender-fluid, and Non-binary folks.

TRANSMEDICALISM/TRUSCUM: Both terms refer to the ideology that someone must undergo medical transition and/or experience gender dysphoria as a requirement for identifying as transgender. It medicalizes being transgender and enforces the idea that there are standards one must meet to "really" be transgender.

TRANSSEXUAL: This is an outdated term that has largely been replaced by "transgender." However, some trans people may still self-identify as transsexual for a variety of reasons. Transsexual is also used in some contexts to refer to transgender people who have medically transitioned (by taking hormones, undergoing surgery, or both), and this is one example as to why a trans person may self-identify as transsexual. In most situations, it is better to avoid using the term transsexual (and instead use transgender), unless specifically talking about it in appropriate (like historical) contexts, or at the request of someone who self-identifies as such.

TRANSVESTITE: Someone who wears clothing associated with the opposite sex.

It is often viewed as derogatory, especially when used to describe a transgender person. Cross-dresser is another term with a similar meaning to transvestite. Both terms have a history of derogatory usage against queer, gender non-conforming, and transgender people, so it is typically better to avoid the use of these words unless at the request of someone who self-identifies as such (which historically some transgender and queer folks have, like Marsha P. Johnson).

TRIXIC: Nonbinary attraction toward women (exclusive or not).

TWO-SPIRIT: An Indigenous term used to describe a gender identity or sexual orientation that does not fall into the social norm of cisgender or straight, created by Indigenous people for Indigenous people. Some two-spirit people may also identify with a TLGBQIA+ label and some may identify exclusively as two-spirit. In either case, a two-spirit person may identify as a part of the TLGBQIA+ community or not.

X

XENOGENDER: A category of genders existing entirely outside the gender binary, based outside of concepts of masculinity/femininity/androgyny. Someone who identifies as a xenogender may still use she/her, he/him, or they/them pronouns, but may also use a neopronoun that reflects their xenogender. An example of such is catgender, for which two common sets of pronouns are nya/nyan/nyanself and meow/meows/meowself. Many xenogenders were and are coined by neurodivergent folks for neurodivergent folks, though not everyone who identifies with a xenogender is neurodivergent.

PRONOUNS & GENDER NEUTRAL LANGUAGE

Pronouns are important! Getting them right is also important. Here's a guide with some tips, examples, and explanations to get you started.

Why it Matters

It's important to be respectful and use the pronouns people tell you to use for them. Misgendering occurs when you use a pronoun for someone when they don't use that pronoun for themselves. This can be uncomfortable and harmful for trans folks on the receiving end, so being mindful to use someone's correct pronouns is an important part of respecting someone's identity and being a good ally.

Some Tips for Being a Good Ally

Introduce yourself with your pronouns! If you're cisgender (you identify with the gender you were assigned at birth), you might not think it's necessary to introduce yourself with your pronouns. However, doing so opens up the space for trans and nonbinary folks to do the same, without the added pressure of drawing unwanted attention for being the only people stating their pronouns.

Practice someone's pronouns if you're struggling! If someone introduces themselves with pronouns that conflict with your perception of them, or they use neopronouns (pronouns other than she/her, he/him, and they/them in English), you might find yourself messing up frequently. It's not the end of the world if you accidentally misgender someone, but put in the work to do better.

If you do accidentally misgender someone, don't make it a big deal! Correct yourself and move on; the last thing a trans or nonbinary person wants is you to draw more attention to the incorrect pronoun.

- **Example:** *"I was talking with Isabella and she - sorry, they - said they want to study as a group later."*

Don't assume gender! Brains are wired to make assumptions based on appearances, and you're not a bad person or bad ally for doing this. But try not to assume someone's gender when you meet them, and leave space for your initial perceptions to change - you can't know someone's gender identity just by looking at them.

Gender Neutral Language

A good way to avoid misgendering someone when you're not sure what their pronouns are is to refer to them with gender neutral pronouns until you're certain what their pronouns are. Instead of referring to someone new as she/her or he/him, you can use they/them pronouns.

- **Example:** *Oh, I'm not sure what their name is, we haven't really talked before.*
- **Example:** *They have a really cute phone case.*
- **Example:** *Do you wanna ask them to join our group?*

Beyond pronouns, using gender neutral terms instead of gendered terms can also be more inclusive to trans and nonbinary folks.

- **“Folks” or “Everyone” instead of “Guys” or “Girls”**
- **“Welcome Guests” instead of “Ladies and Gentlemen”**

Pronoun Examples

The following chart describes some, but not nearly all, pronouns and their conjugations to give an idea of some of the pronouns in use today.

Subject	Object	Possessive (Adjective)	Possessive (Pronoun)	Reflexive
they	them	their	theirs	themselves
ze	zir	zir	zirs	zirsself
xe	xem/xim/xym	xer/xyr	xers/xyrs	xemself/xymself
e/ei	em	eir	eirs	eirsself/emself
fae*	faer	faer	faers	faersself
it**	it	its	its	itself
she	her	her	hers	herself
he	him	his	his	himself

* Fae is an example of a “noun-self” pronoun. These pronouns use a noun as the person’s pronoun. Other examples include but are by no means limited to: bun/buns/bunself, cat/cats/catsself, ari/aries/ariesself, star/stars/starsself, etc. Noun-self pronouns are often common amongst people who identify with xenogenders (see definition above, under X terms), but can be used by anyone.

** While referring to a trans person as “it” is generally rude at best and transphobic at worst, there are some trans people who use it as their (or, its, in this case) pronoun. Their choice to do so should be respected.

*** There are many other neopronouns that someone might choose to use for themselves. Whatever pronouns someone presents to you are the ones that you should be using for that person.

**** If unsure of someone’s pronouns, it is usually considered acceptable to ask for

clarification. If for some reason this doesn't seem like a proper course of action, referring to the person in question by their name (avoiding using pronouns to refer to them) is also usually appropriate.

How Do I Use That?

Below are some examples of how to use different pronoun sets in a sentence.

- **They/Them/Theirs:** I'm driving them to the store later so they can pick up a few things for their dog.
- **Ze/Zir/Zirs & Zie/Hir/Hirs:** Ze/Zie's in class right now, I don't want to disturb zir/hir.
- **Fae/Faer/Faers:** Fae went to Toronto yesterday. Faer family lives there so fae went to visit them.

Many other example sentences for a variety of pronouns can be found online. If you encounter a pronoun set you've never seen before, or are confused on how to use, someone probably has you covered with a guide.

When Someone Uses Multiple Sets of Pronouns

Some people use two or more sets of pronouns. There are many different reasons why someone might use multiple pronoun sets, but there's only one key thing you should remember: switch them up! It is important when interacting with people who use multiple pronouns to not only use one set of pronouns.

- **Example:** Charlie told me he uses he/him and they/them pronouns when I had coffee with them last week. I've been practicing switching between pronoun sets so they can hear both! I'm hoping to get coffee with him again soon :)
- **Example:** I sat with Asami in class today. Fae was talking about a new show she started watching. We're going to watch it together at faer's apartment after her last lecture today.

And yes, there are exceptions to "switch it up!" If someone tells you they don't mind you using only one set of pronouns for them, or they have any other reason for wanting you to use only one pronoun set at some point (safety in situations where they're not "out" for example), then using only one set of pronouns is appropriate. But unless someone gives you permission to use only one pronoun set, defaulting to switching between sets is a good idea.

APPENDIX A: GENDER AFFIRMING GEAR



BINDING:

- Chest binding should only be done with a proper binder (*do not use ace bandages or knock-off “binders” that use clips in the back like a bra*).
- People new to binding should only bind for a few hours (max of 3) at a time, work your way up to 8 hours (*Maximum*).
- Chest binding is a mitigating solution -- it is usually meant to lessen feelings of dysphoria, sometimes until top surgery is available.
- Extensive and intensive binding can cause damage to your ribs and lungs.
- This means that if you bind and don't plan on getting top surgery as an end goal, you're more at risk for damage to your chest, so it's important to keep that in mind.

PACKING:

- You can pack with a sock, or with purchasable prosthetic flaccid penises (such as Mr. Limpy - known for its relatively cheap price and for those new to packing).
- Keep in mind that the usual penis is about 3-4 inches flaccid, so you don't need to pack large to have a believable bulge (unless that's what you want to do).
- Packer harnesses/holders can be made using shoestrings or socks, or can be purchased to hold packers in place - but you can also simply drop your packer into your underwear if that's what you prefer.
- It may take time and practice to figure out a comfortable position for your packer to sit in your underwear, so try putting it on an angle/to the side (facing your inner leg) instead of having it face straight down.
- Packers made from rubber, elastomer, or cyberskin, are harder to clean than packers made from silicon--you can clean rubber, etc., with a gentle soap and dust lightly with cornstarch to prevent stickiness, whereas silicon can simply be boiled to be cleaned.

STPS (STAND TO PEES):

- When you first start to use an STP, it's best to start out practicing at home (in the shower is suggested, then eventually using your toilet) before using it in public.
- STPs can be purchased or homemade (some people cut off the end of a medicine spoon to use as a very basic STP), an example of a purchasable STP is the Peacock (an STP, packer, and dildo/strap-on 3-in-1).
- To clean an STP depends on the material it's made from--generally, hand-washing your STP with wash water and a gentle soap is a good go-to cleaning method.
- Be careful to store your STP in a clean place when it's not being used--bacterial transfer from the outside world to your body can be very easy and make you sick.

PADDING:

- Buying silicone inserts or using socks are options for padding.
- Use double-sided fabric tape to hold silicon inserts in place in your bra--this prevents

any damage to the fabric of your bra or the silicon insert.

- When using socks as padding, make sure to use the same pair every time and to wash them frequently, as well as unfold them after using them for padding (so they don't become oblong and look odd in your bra).

TUCKING:

- Gaffs can be purchased or homemade--LeoLines on Etsy makes gaff underwear, or you can make a gaff yourself with: a sock, the elastic waistband of a pair of underwear, and a pair of scissors (to cut the waistband off the pair of underwear).
- If you tuck using duct tape instead of a gaff, you're at risk at giving yourself skin irritations or more extremely, skin infections--UTIs, yeast infections, as well as other skin conditions are also more common if you tuck improperly and/or you tuck for too long.
- It's important to take breaks when tucking--like when you're at home, sleeping, or in any other safe situations for yourself.
- Frequently cleaning between tucking sessions is recommended to reduce the chances of infection and irritation from sweat build-up and proximity to the anus.
- Shaving is optional, but may help reduce friction while tucking.

BONUS:

Changing your name in the McMaster computer system:

- You can change your name displayed in Mosaic on your own at any time by going to [Student Centre > Names], this will inform professors/instructors but it won't change your name on your actual file.
- If you have legally changed your name while already a student at McMaster, go to Gilmore Hall Room 108, to the Office of the Registrar.
- Make sure you have either photocopies or originals (they will photocopy your originals if you bring those in) of both your new birth certificate, as well as your name change certificate (in addition to having to provide photo ID and your student card).
- The Office of the Registrar will offer to print you a new student ID with your name and a new photo and destroy your old one, if requested.
- If your name is not legally changed, a name change may be requested without legal documentation--contact the Associate Registrar at 905-525-9140 ext. 24553 or via email at student.services@mcmaster.ca for assistance.
- Note that if your name is not legally changed, and you change it in the McMaster system, there can be complications/consequences which will be explained to you by the Associate Registrar (e.g., possible OSAP issues due to name differences, etc.).
- To change the name associated with your Mac email, go to University Technology Services in Burke Science Building Room 245 (they will ask for photo ID as well as your student ID and Mac email).

APPENDIX B: GENDER AFFIRMING SURGERIES

This section describes in detail some of the surgeries and medical options available to trans and nonbinary folks for transition. Content warnings for references to genitalia, medical procedures, and potentially graphic imagery, as well as mentions of blood, scabbing, etc. This is meant to be a fairly comprehensive description of these surgeries so as to give folks a starting point to learn about what each entails. Please keep this in mind going forward if you think you may find these descriptions upsetting or that they might trigger your dysphoria. Be safe and happy reading!

DOUBLE MASTECTOMY:

- Two types of surgery: double incision is suggested for those with larger chests, whereas periareolar is recommended for those with flatter chests.
- After your surgery, expect to wear a compression vest or binder for approximately one month.
- During the first week, avoid as much activity as you can and limit exercise to walking--although rare, your chest is most vulnerable to infection and tears during this first week so you want to be especially careful.
- If you have a double incision mastectomy, there are no dressing changes to be done until you have the graft dressings taken down after the first week--after the first week there will be daily dressing changes to the nipple grafts, and you will not be able to shower in order to make sure your grafts remain dry so they can properly re-establish themselves.
- After the first week that a double incision mastectomy (removes excess skin and adjusts the size and placement of areolas) has been performed, there will be daily dressing changes using an antibacterial ointment; change your nipple dressing after showering; any minor bleeding or peeling will be temporary and shouldn't be a source of concern--the purpose of the ointment is to allow the grafts to heal without sticking to the gauze; keep the binder on for another 2 weeks.
- If you have the keyhole/periareolar (incision around the nipple) procedure, you will be able to shower and get everything wet the day after surgery--there are usually drainage tubes with the keyhole procedure that you can hang on a lanyard while washing, washing and showering will ensure that you keep the treated areas clean so that they can heal properly.
- After the first week that a keyhole/periareolar procedure has been performed, the drainage tubes will probably be taken out within the first week--at this point you should keep the binder on securely to minimize the risk of fluid building up under the skin where the breast tissue was removed.

BREAST AUGMENTATION:

- Implants can be inserted through an incision under the breast (inframammary), in the armpit (transaxillary), or around the nipple (periareolar).
- These implants are filled with either saline (salt water) or silicone, so they'll look further apart, firmer, and rounder than, for example, cis women's breasts.
- Breast implants are predisposed to rupture or leak, and need to be removed -- it's up to your discretion whether or not to replace them.
- If you get surgery to receive breast implants, but then get them removed for whatever reason and decide not to replace them -- it's important to keep in mind that implants stretch skin and as a result, will likely be wrinkled, dimpled, or puckered, without the implants being replaced.
- After surgery, you will need to wear a special bra and leave the surgical dressings on for 3 days -- once that time passes, you can remove the dressings (do not remove the adhesive tapes along the incision lines!).
- The adhesive tapes or steri-strips along your incision lines will fall off on their own within 7-10 days after surgery, when you shower within that time frame though you must avoid getting water directly on the steri-strips and pat them dry after you shower.
- Incision will likely be red after surgery, but if the length of the area that is red exceeds 1-2 cm past the incision themselves, contact your doctor as it can be a sign of infection.
- A slightly intense level of bruising and swelling after surgery is to be expected -- sore and swollen feelings in your breasts will last at least a month post-surgery, if swelling is extreme then contact a doctor.

BREAST REDUCTION:

- There are three methods for breast reduction: liposuction (less invasive, works best for those who only need a slight to moderate reduction, and have good skin elasticity), vertical/lollipop (two incisions that include around the nipple and from the nipple down to the bottom of the breast, for people who need a moderate reduction and have less skin elasticity), and inverted-T/anchor (same incision as lollipop procedure except with an added incision along the crease underneath the breast, for people with more extensive reduction required).
- After surgery you will need to wear a surgical compression bra for 2 weeks, then you are to wear a sports bra for the next 2 to 4 weeks, and no underwire bras until after 6 weeks post-surgery.
- You will be able to leave the hospital the same day after some time in supervised recovery, and will be prescribed pain medication.
- There will be swelling for about 4 to 6 weeks, and any strenuous physical activity can resume after 2 months post-surgery.
- Scarring depends on the method used, there can be minimal to no visible scarring (liposuction), circular scarring around the nipples (vertical/lollipop, inverted-T/anchor), a vertical scar extending from the bottom of the nipple continuing down underneath the breast (vertical/lollipop, inverted-T/anchor), and a thin scar along the crease of the breast (inverted-T/anchor).

VAGINECTOMY:

- The vaginal lining is removed and the vaginal walls are fused together to create support for the pelvic organs.
- This surgery decreases complications with urethroplasty.
- A hysterectomy is required to have a vaginectomy.
- Length of hospital stay depends on whether vaginectomy is done in addition to a hysterectomy or metoidioplasty, so refer to those healing guidelines and recovery timeframes.
- Moderate pain is expected but usually lessens after 2 weeks.

URETHROPLASTY/URETHRAL LENGTHENING:

- This surgery allows you to stand to urinate by lengthening the urethra.
- For metoidioplasty with urethral lengthening, local tissue is used to reconstruct the urethra.
- For phalloplasty with urethral lengthening, a skin-tube urethra is created and connected to the lengthened urethra.
- After urethroplasty, a suprapubic tube (catheter) going from the lower abdomen to the bladder which diverts urine to allow the urethra to heal is left in place for 2 to 4 weeks.
- For the first week, moderate pain is common -- especially around the incision areas, and you are able to shower after about 2 days after surgery.
- Do not engage in strenuous activity for about a month post-surgery.
- There are post-surgery complications associated with urethroplasty, such as narrowing of the urethra, and urinary fistula (a hole connecting the urethra and the outside skin, causing urination complications).

SCROTOPLASTY:

- A scrotum is formed using the labia majora (outer vaginal lips), they are fused midline anteriorly positioned and pouch-like with testicular implants inserted to resemble cis men's scrotums.
- If a larger scrotum is desired, tissue expansion can be requested and then scrotoplasty performed at a later time.
- This is usually done in conjunction with metoidioplasty or phalloplasty, so refer to those healing processes and timeframes as applicable.

METOIDIOPLASTY:

- An alternative to phalloplasty, a penis is created by releasing a hormonally enlarged clitoris (freeing the clitoris from the surrounding tissue) -- the penis is approximately 4 to 6 cm in size, allowing urination while standing if urethroplasty is also desired in addition to metoidioplasty.
- The best metoidioplasty results are from a minimum of 2 years using testosterone (as hormone replacement therapy causes natural clitoral growth).
- Metoidioplasty can be done in conjunction with urethroplasty, vaginectomy, and scrotoplasty -- but these surgeries are all optional.
- Hospital stay after surgery is short -- depending on your doctor, you may leave same day as the surgery is performed or you will be asked to stay overnight at the most.

- Recovery times vary, but typically incapacitation lasts for 2 weeks post-surgery.
- Strenuous activity is not recommended for 2 to 4 weeks after surgery.
- There is minimal visible scarring, and the penis can become erect on its own -- less expensive than phalloplasty but the penis is much smaller.

PHALLOPLASTY:

- There are multiple procedure options for phalloplasty: radial forearm free-flap (forearm graft with the blood vessels and nerves intact), anterior lateral thigh pedicled flap (front of the thigh graft), abdominal/supra-pubic (lower stomach, hip-to-hip graft), and musculocutaneous latissimus dorsi flap (skin graft from the back muscles underneath the arm with the blood vessels and nerves intact).
- Radial forearm free-flap phalloplasty is the newest procedure, has great erotic sensitivity, aesthetically-pleasing results, and low mobility damage to the donor site (forearm, in this case) but has the most visible scarring.
- Anterior lateral thigh pedicled flap phalloplasty has low erotic sensitivity, a higher rate of urinary complications, and leaves more significant scarring but in a more discrete area.
- Abdominal phalloplasty has no erotic sensation but will have tactile sensation, while the preserved clitoris can still be stimulated, leaves a horizontal scar from hip-to-hip that is easily covered, and has fewer complications since it does not involve the urethra.
- Musculocutaneous latissimus dorsi flap has some erotic sensitivity (though not as much as the radial forearm free-flap procedure), allows for the creation of a larger penis, the donor site heals well and doesn't scar as noticeably as the other mentioned procedures.
- The only procedure listed that doesn't involve urethral reconstruction is the abdominal procedure.
- All procedures listed allow for the option of a penile implant/erectile device in a second procedure about 10 to 12 months after the initial phalloplasty.
- You will be bedridden for the first few days after surgery, but should be discharged within 5 to 7 days post-surgery with pain medication.
- After about 10 to 14 days after surgery, you are allowed to shower but your donor site(s) must be kept dry and out of the way of the direct water stream, by wrapping it in plastic wrap.
- No strenuous physical activity for at least 6 weeks post-surgery.

GLANSPLASTY:

- This surgery uses a skin graft from the abdomen as a donor site to create the glans or "head" of a penis, after phalloplasty.
- Steri-strips will be placed on the abdomen, and you are to remove them in the shower after they begin to fall off/peel after about a week post-surgery.
- Keep this area moist with antibiotic ointment (bacitracin or neosporin) applied directly onto it twice a day for a week, then use vaseline or aquaphor for about one month.
- Once the wound is mature, no further moisturizing is required.
- Light bleeding and oozing is expected for 2 to 3 weeks after surgery.
- Possible post-surgery complications include: glans ridge atrophy, poor skin graft take, and wound infection.

ORCHIECTOMY: **More info can be found in the resource Surgery: A guide for MTFs*

- Some surgeons do not recommend having orchiectomy as a separate procedure if you may want to pursue vaginoplasty at a later date because after the removal of the testicles, there is a risk of shrinkage or damage of the skin.
- The testicles are removed but the scrotal skin is typically left behind to create labia and to line part of the vagina (if you get vaginoplasty in conjunction).
- If orchiectomy is done alone, it is generally considered a simple surgery that can be done under a local anesthetic and completed in under an hour.
- Aftercare is generally straightforward, with a full recovery in 2-4 weeks.

PENECTOMY: **More info can be found in the resource Surgery: A guide for MTFs*

- Removal of the penis as a separate procedure is not recommended if you are considering vaginoplasty at a later time, as skin and tissue from the penis is typically used in vaginoplasty.
- A shallow vaginal dimple is made after the removal of the penis, and a new urethral opening is created so you can sit to pee.

VAGINOPLASTY, LABIAPLASTY, CLITOROPLASTY: **More info can be found in the resource Surgery: A guide for MTFs*

- You can safely have FFS 3 months before or after vaginoplasty, as long as there are no complications from whichever surgery you decide to have done first.
- The most common technique for creating a vagina is the penile inversion -- in this technique the penis is skinned and the skin is turned inside out to line the walls of the new vagina, as part of the penile inversion, a small section of the head of the penis - the part that is most sensitive - is used to create a new clitoris.
- Another method for vaginoplasty is rectosigmoid -- similar to penile inversion the penis and testes are removed and the vaginal tunnel of the neovagina is created through an incision between the rectum and the prostate, but the lining of the vaginal tunnel is created from a colon graft (specifically from the sigmoid colon section).
- Rectosigmoid vaginas are self-lubricating, but it requires additional surgery and is more invasive with a more extensive, intense recovery period, as well as there is typically an unpleasant odour for months post-surgery.
- Revisions are sometimes needed after vaginoplasty to refine the appearance of the labia, as well as the clitoris or its hood.
- You will stay at the hospital after surgery for about 6-8 days, and in the early stages of recovery you will be restricted to bedrest with a patient-controlled analgesia machine to allow you to take pain medication when you need it.
- Antibiotics and medication will also be given to you to prevent blood clots.
- After surgery, you will have a rod-shaped prosthesis inserted into your vagina that will help the skin lining your vagina attach properly to the vaginal wall, as well as a catheter (to drain your bladder), and both will stay there for 5 days.
- When the prosthesis and catheter are removed, your surgeon will check on your health and provide you with more instructions and information for taking care of your vagina.
- Fully healing after this surgery takes a long time and you will most likely be in pain and sore indefinitely.

- For the first while you will see your surgeon at least once a week after the surgery for a physical exam to check your general health and how your clitoris healing and sensation is.
- The first 8 weeks after vaginoplasty you will have to wear the prosthesis inside your vagina most of the time, it's important to dilate every day as your vagina can become narrow and short if you don't.

HYSTERECTOMY:

- There are three main procedures for hysterectomy: laparoscopic (using an instrument known as a laparoscope, which is a tube with a lighted camera, and surgical tools inserted through small abdominal incisions), abdominal, and vaginal.
- There are also two types of hysterectomies that can be done: subtotal, partial, or supracervical hysterectomy (only the uterus is removed, pap tests are still required post-op and 5% of patients will continue to experience a light menstrual cycle because the cervix is not removed), and total hysterectomy (The uterus and cervix are removed, the Fallopian tubes and ovaries may also be removed - which is a bilateral salpingo-oophorectomy).
- After surgery, expect moderate pain for 2-3 weeks if you have a laparoscopic or vaginal hysterectomy, and expect more long-term pain for 3-5 weeks if you have an abdominal hysterectomy.
- When you leave the hospital you will be prescribed painkillers, and typically you can switch to a pain reliever like Tylenol within a week of surgery.
- Depending on your procedure there can be no scarring (vaginal), 2-5 small incisions with minimal scarring (minimally invasive laparoscopic procedure), or a long scar on the abdomen (abdominal).
- Recovery times can vary - about 2 weeks for laparoscopic hysterectomies, 6-8 weeks for abdominal and vaginal hysterectomies.
- Physical activities that are particularly straining can be resumed in 6-8 weeks for laparoscopic procedures, and 3-6 months for abdominal and vaginal procedures.

FACIAL FEMINIZATION SURGERY (FFS): **More info can be found in the resource Surgery: A guide for MTFs*

- You can safely have FFS 3 months before or after vaginoplasty, as long as there are no complications from whichever surgery you decide to have done first.
- Forehead surgery: Pain medication and antibiotics will be prescribed, swelling and bruising around the eyes should go away in just under 2 weeks.
- Cheek augmentation: Pain medication and antibiotics will be prescribed and you can clean your teeth as normal, being careful not to brush over the incision line if the implant was placed through your mouth -- within 2 weeks after surgery swelling should go down.
- Nose surgery: Pain medication will be prescribed -- note that if you wear glasses, you will get special instructions as the nasal pads that rest your glasses on your nose can't touch the nose for one month after surgery, but within 2 weeks of surgery the bruising around your nose and eyes should be faded.
- Chin reduction: Pain medication will be prescribed, recovery times vary -- with up to 5

weeks to recover if bone reconstruction has been done.

- Jaw reduction: Pain medication will be prescribed, the face is typically moderately bruised and swollen after surgery for about 2 weeks.
- Lip augmentation: Usually a relatively minor procedure, there may be some swelling that typically goes away within 10-14 days of surgery.
- Tracheal shaving is highly recommended to be the last surgery you have completed, since some types of voice surgery narrow the windpipe and makes it harder to put in the tube that keeps it open during general anesthesia (tracheal intubation) -- tracheal intubation can also decrease the effectiveness of some types of voice surgery.

TESTOSTERONE HRT:

- Can cause clitoral growth.
- Increase in body hair.
- Possible hair recession and/or thinning of head hair.
- Voice change (cracking, deepening).
- Can amplify or dull feelings and emotional processing.
- Can increase the secretion of natural oils in the skin and cause acne.
- Can lighten bleeding during menstruation (or stop it altogether).
- Can amplify or dull libido.
- Redistribution of body fat (especially around the face and abdomen) and heightens ability to gain muscle mass.

ESTROGEN HRT:

- Estrogen can aid in the development and look of more natural-looking breast, in addition to breast augmentation surgery.
- Breast growth is slow and gradual, usually takes up to two years or more for breasts to reach their maximum size.
- Skin can become drier and/or thinner (your pores will become smaller and as a result, less oil production).
- Change in your physiological perception of pain and temperature.
- Small “buds” usually develop within a few weeks after starting estrogen, they’re likely to be mildly sensitive and cause pain.
- Redistribution of body fat (around the hips and thighs) and muscle mass in the arms in legs becomes less defined.
- Body hair (chest, back, and arms) will decrease in thickness and growth rate will slow.
- Emotional state may change (dealing with emotions differently, experiencing emotions you haven’t felt before, sudden diverge into different interests).
- There may be minor changes in shoe size or height.
- If you plan to get vaginoplasty, you will be tapered off of estrogen a few weeks before the surgery to minimize the risk of blood clots.
- After vaginoplasty, you must wait until you can perform light activities before being put back on estrogen (your surgeon will work in conjunction with the medical practitioner that will prescribe your hormones).

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