NAATP

WEBINAR SERIES

Working with LGBTQ+ Teens in Residential Care

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Working with LGBTQ+ Teens in Residential Care

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Time to go over the ol' gay Agenda.
GAY AG
☑ Be Cute Without
☐ Make kids Not hate themselves
☐ Prevent transgender kids from killing themselves
☐ flirt with older men and then leave.
☐ Make straight guys insecure About how much more their girlfriends like Me than them.
Damian Alexander

Terminology

Transgender

- What does “transgender” mean? – (adjective)
  - An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth.
- People may express this very early on or much later in life.
- Everyone’s expression is going to be different.
- Transgender does not mean that someone has had a surgical procedure–although they may have.

Gender non-binary

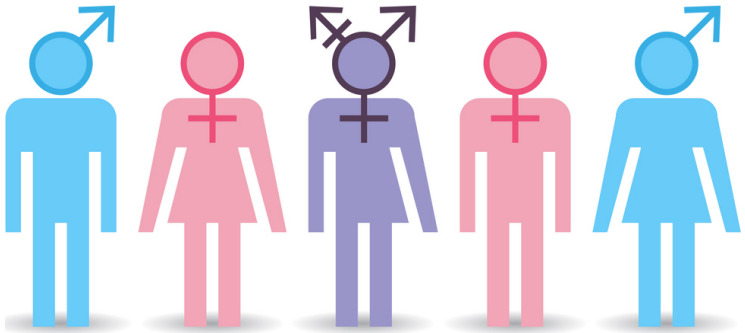
- What does non-binary mean?
  - Not identifying with either male or female gender roles
    (Also called “enby” or “NB”)
- May prefer they/them pronouns (or other pronouns), may not!
- May prefer a name other than their birth name–if so, it is not your role to disclose their birth name to others. (This is called “deadnaming.”)

Terms to know

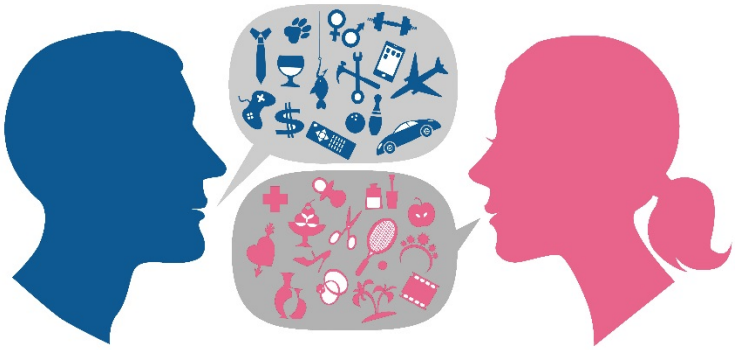
- **Ally** – A person who is not LGBTQ+ but shows support for LGBTQ+ people and promotes equality in a variety of ways.
- **Aromantic** – person with no interest in romantic relationships (regardless of sexual orientation).
- **Asexual** – An adjective used to describe people who do not experience sexual attraction.
- **Bisexual** – A person who has the capacity to form enduring physical, romantic, and/or emotional attractions to those of the same gender or to those of another gender.
- **Coming out** – A lifelong process of self-acceptance. People forge a LGBTQ+ identity first to themselves and then they may reveal it to others. Publicly sharing one's identity may or may not be part of coming out.

Terms to know

- **Gender expression** – How one wears and performs their gender (through clothing, language, physical movement, body modification, etc.).
- **Gender fluid** – A person who does not identify with a single fixed gender; of or relating to a person having or expressing a fluid or unfixed gender identity.
- **Gender identity** – An individual's self-perception as male, female, both, neither, or another configuration of gender.
- **Gender role** – the social role that one plays with regard to gender, based on stereotypes (sometimes offensive, sexist, or restricting).
- **Gender transition or gender affirmation** – process of recognizing, accepting, and expressing your gender identity.



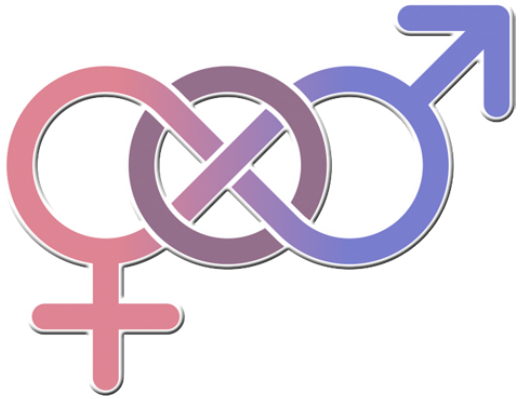
Terms to know



- **Cisgender** – Anyone who is not transgender, gender nonconforming or questioning. A non-transgender person means that the individual was socialized and still identifies and expresses as the gender assigned to them at birth and is comfortable doing so.
- **Gay** – The adjective used to describe people whose enduring physical, romantic, and/ or emotional attractions are to people of the same sex.
- **Gender dysphoria** – Range of characteristics pertaining to, and differentiating between, masculinity and femininity. Depending on the context, these characteristics may include biological sex, sex-based social structures, or gender identity. Most cultures use a gender binary, having two genders; those who exist outside these groups fall under the umbrella term non-binary or genderqueer.

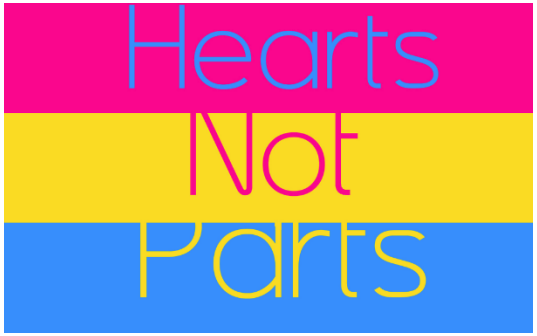
Terms to know

- **Heterosexual** – An adjective used to describe people whose enduring physical, romantic, and/ or emotional attraction is to people of the opposite sex. Also *straight*.
- **Homophobia** – Fear of people attracted to the same sex. *Intolerance*, *bias*, or *prejudice* is usually a more accurate description of antipathy toward LGBTQ+ people.
- **Intersex** – General term used for a variety of conditions in which a person is both, with reproductive organs, sexual anatomy, or chromosomes that are not considered “standard” for either male or female.
- **Lesbian** – A woman whose enduring physical, romantic, and/or emotional attraction is to other women.



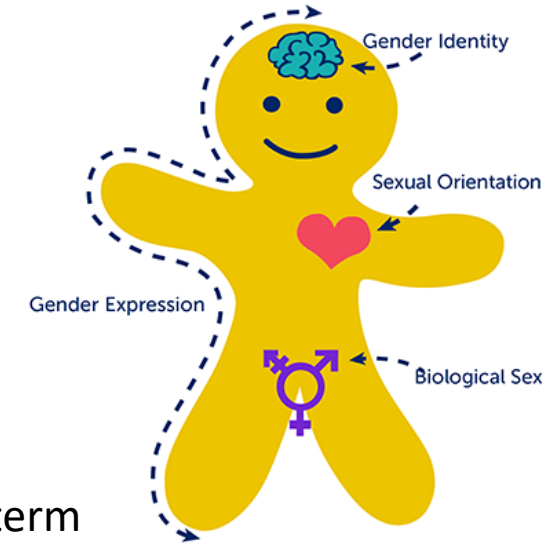
Terms to know

- **Misgender** – Referring to or addressing someone using words and pronouns that do not correctly reflect the gender with which they identify.
- **Non-binary** – Not identifying with either male or female gender roles.
- **Out** – person who self-identifies as LGBTQ+ in their personal, public, and/or professional lives.
- **Pansexual** – The potential for sexual attraction or romantic love toward people of all gender identities and biological sexes.
- **Outing** – The act of publicly declaring (sometimes based on rumor and/or speculation) or revealing another person's sexual orientation or gender identity without that person's consent. Considered inappropriate by a large portion of the LGBTQ+ community.



Terms to know

- **Queer** – An adjective used by some people, particularly younger people, whose sexual orientation is not exclusively heterosexual (e.g. queer person, queer woman). Typically, for those who identify as queer, the terms *lesbian*, *gay*, and *bisexual* are perceived to be too limiting and/or fraught with cultural connotations they feel don't apply to them.
- **Sexual orientation** – The scientifically accurate term for an individual's enduring physical, romantic, and/or emotional attraction to members of the same and/or opposite sex, including lesbian, gay, bisexual, and heterosexual (straight) orientations. Avoid the offensive term "sexual preference," which is used to suggest that being gay, lesbian, or bisexual is voluntary and therefore "curable."

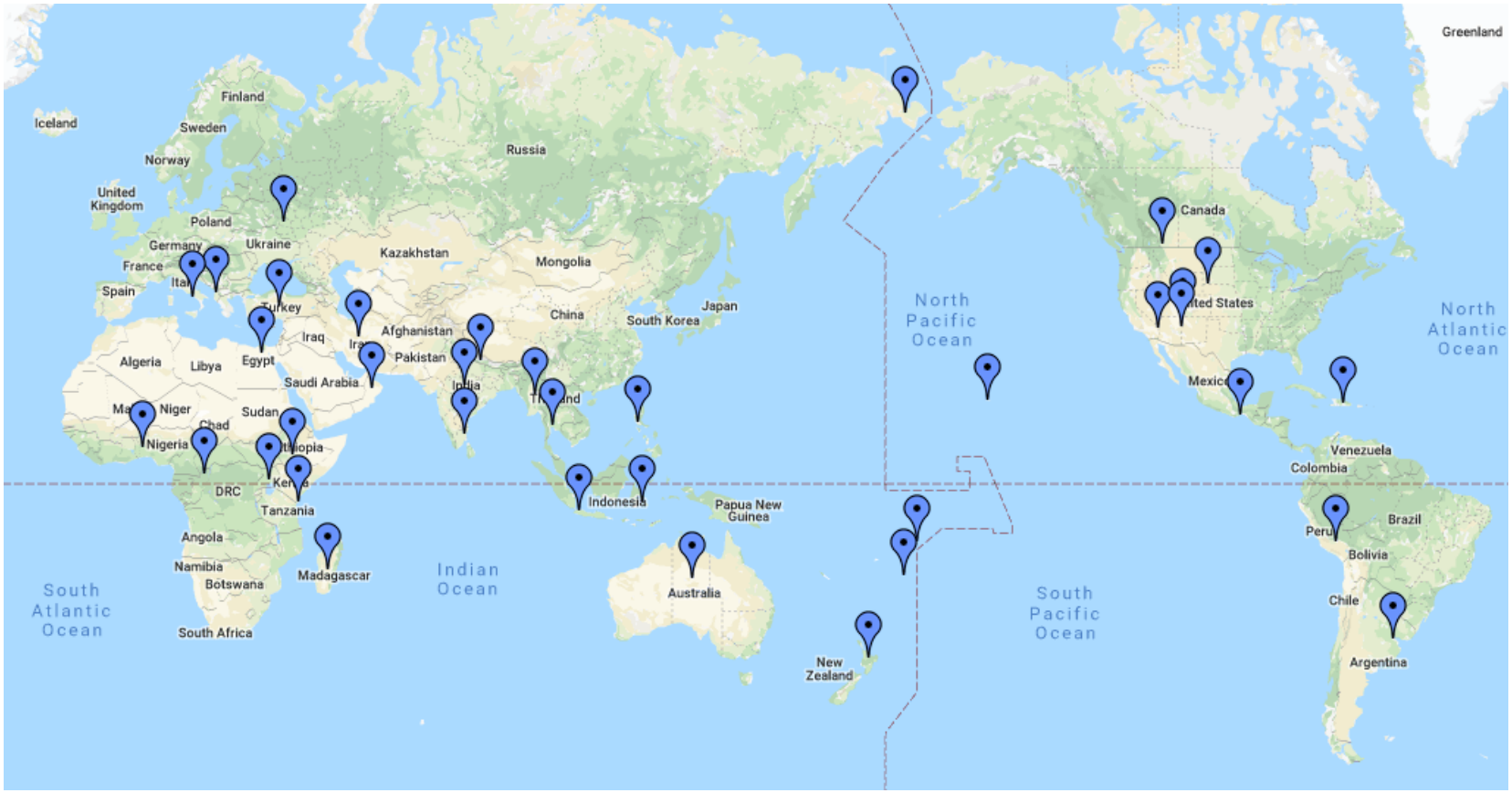


Terms to know

- **Transgender** – (adjective) An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth.
- **Transgender woman (MTF)** – Assigned male at birth, and now identifies as female.
- **Transgender man (FTM)** – Assigned female at birth, and now identifies as male.
- **Sex** – Separate from gender, term referring to the cluster of biological, chromosomal, and anatomical features associated with maleness and femaleness in the human body.

History of sexual minorities in mental health

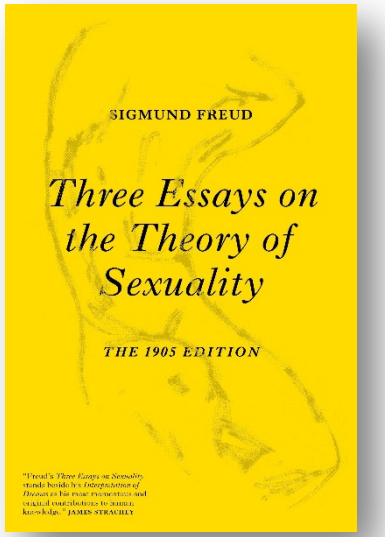
Cultures with three or more genders



Source: https://www.google.com/maps/d/viewer?mid=1zDWxhBN5aOofwpE-FkZWQsiFDlE&ll=22.971037270290825%2C151.896973&z=2

History of homosexuality in psychiatry: 4 BC–1920

- **4 BC**: Hippocratic medical texts
- **1533**: Henry VIII criminalizes "buggery" making it punishable by death and loss of property.
- **1610**: The Virginia Colony establishes sodomy as a capital crime; other American colonies follow suit.
- **1905**: *Three Essays on the Theory of Sexuality* by Sigmund Freud
- **1920**: *The Psychogensis of a Case of Homosexuality in a Woman*, by Sigmund Freud



Source: Group of the Advancement of Psychiatry, 2007

History of homosexuality in psychiatry: 1921–1949

- **1935**: Sigmund Freud states in his *Letter to an American Mother* that "Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation; it cannot be classified as an illness."
- **1935**: First use of electrical shock in aversion treatment of homosexuality
- **1937**: J. Edgar Hoover declares "War on the Sex Criminal!"
- **1940**: Selective Service Medical Circular No. 1 recommends that doctors screen out homosexuals from military draftees.
- **1949**: D.O. Cauldwell first describes "psychopathic transsexualism."

Source: Group of the Advancement of Psychiatry, 2007

History of homosexuality in psychiatry: 1950–1968

- **1950**: Beginning of Senator Joseph McCarthy's hearing on communists in the government; purges of homosexuals from government.
- **1952**: The first edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) groups the "sexual deviations" (including homosexuality) under the category of "sociopathic personality disorders."
- **1964**: M. P. Feldman and M.K. MacCulloch report on the use of electric shock aversion therapy in the treatment of homosexuality.
- **1968**: Homophile activists protest against Dr. Charles Socarides at the American Medical Association meeting in San Francisco.

Source: Group of the Advancement of Psychiatry, 2007

History of homosexuality in psychiatry: 1969–1970

- **1969**: The Stonewall Inn riots in New York's Greenwich Village ignite a radical gay rights movement.
- **1969**: National Institute of Mental Health Task Force on Homosexuality, headed by Evelyn Hooker, completes its Final Report; publication delayed until 1972.

- **1970**: Gay rights activists storm panels on homosexuality at the American Psychiatric Association (APA) annual convention in San Francisco.

Source: Group of the Advancement of Psychiatry, 2007

History of homosexuality in psychiatry: 1971–1973

- **1971**: Annual APA meeting in Washington DC features first-ever panel of gay people speaking about “Lifestyles of Non-Patient Homosexuals.”
- **1972**: APA annual meeting sponsors panel—”Psychiatry: Friend or Foe to Homosexuals: A Dialogue”—includes gay activists, gay sympathetic psychiatrists, and a disguised gay psychiatrist, Dr. H Anonymous (John Fryer, MD).
- **1973**: Board of Trustees (BOT) of the APA approves the deletion of homosexuality from the DSM-II and substitutes a diagnosis of “Sexual Orientation Disturbance.”

Source: Group of the Advancement of Psychiatry, 2007

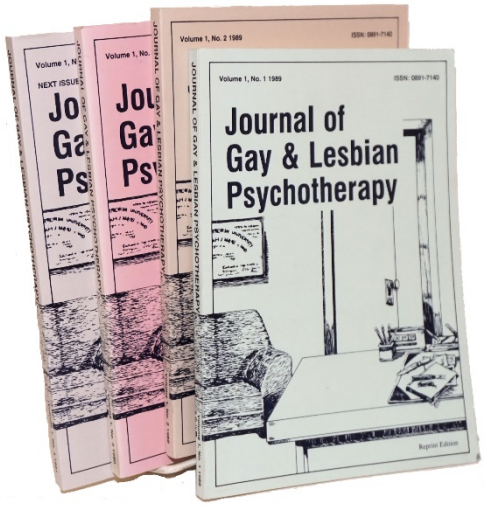
History of homosexuality in psychiatry: 1974–1982

- **1974**: Referendum organized by antigay psychoanalysts to overturn APA BOT decision is defeated. APA members support BOT decision to remove homosexuality by significant majority.
- **1980**: DSM-III creates a new class, the "psychosexual disorders," including psychosexual dysfunction, paraphilia (fetishism), gender identity disorder (transsexualism), and "ego-dystonic homosexuality."
- **1981**: First reports of a new immunodeficiency syndrome in homosexual men.
- **1982**: APA establishes the a Caucus of Homosexual-Identified Psychiatrists which later becomes the Caucus of Lesbian, Gay and Bisexual Psychiatrists.

Source: Group of the Advancement of Psychiatry, 2007

History of homosexuality in psychiatry: 1983–1991

- **1985**: Establishment of the Association of Gay and Lesbian Psychiatrists
- **1987**: DSM-III-Revised deletes the diagnosis of homosexuality entirely, leaving the paraphilias and sexual dysfunctions as the two main classes of "sexual disorders."
- **1989**: First issue of *Journal of Gay and Lesbian Psychotherapy*, the official journal of the Association of Gay and Lesbian Psychiatrists
- **1991**: J. Michael Bailey and Richard C. Pillard publish findings on high concordance rate of homosexuality in twins.



Source: Group of the Advancement of Psychiatry, 2007

History of homosexuality in psychiatry: 1992–1994

- **1992**: American Psychoanalytic Association modifies position statement opposing discrimination on the basis of sexual orientation to include faculty, supervising, and training analysts.
- **1993**: Dean Hamer and colleagues report on a linkage between DNA markers on the X chromosome and homosexuality.
- **1993**: President Bill Clinton's unsuccessful effort to end discrimination against gays in the military leads to the compromise: Don't ask, don't tell.
- **1994**: DSM-IV groups sexual dysfunction, the paraphilias, and gender identity disorder under the heading "sexual and gender identity disorders."

Source: Group of the Advancement of Psychiatry, 2007

History of homosexuality in psychiatry: 1995–2001

- **1997**: American Psychoanalytic Association becomes first mainstream mental health organization to support marriage equality (same-sex marriage).
- **1998**: APA officially criticizes efforts to change sexual orientation.
- **2000*:*** APA issues two position statements, one in support of same sex civil unions and the other asking ethical psychiatrists to refrain from practicing conversion or “reparative therapies.”
- **2001**: The Netherlands becomes the first country to legalize marriage equality.

Source: Group of the Advancement of Psychiatry, 2007

History of homosexuality in psychiatry: 2002–2005

- **2002**: American Academy of Pediatrics issues position statement in support of second parent adoptions for same-sex couples; APA follows suit with a similar position statement that same year.
- **2005**: APA issues a position statement in support of same sex civil marriage.
- **2005**: In the DSM-V, gender identity disorder was replaced with gender dysphoria; the focus is no longer on identity, but on the distress that trans people may experience when their biological sexes do not line up with said identities. Persons with gender dysphoria are also no longer classified by sexuality.

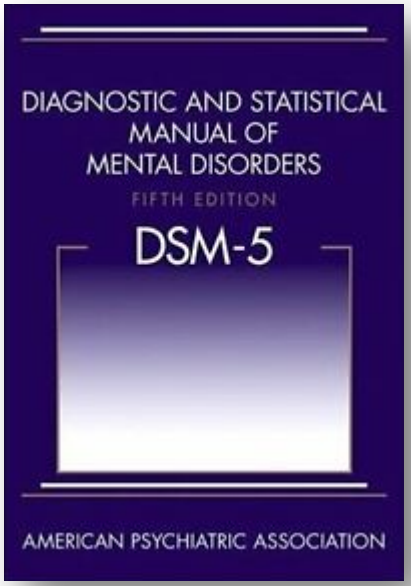
Source: Group of the Advancement of Psychiatry, 2007

Gender dysphoria

- Gender dysphoria (formerly known as gender identity disorder in the fourth version of the *Diagnostic and Statistical Manual of Mental Disorders*, or DSM) is defined by strong, persistent feelings of identification with another gender and discomfort with one's own assigned gender and sex.

Diagnosis criteria for gender dysphoria in adolescents and adults

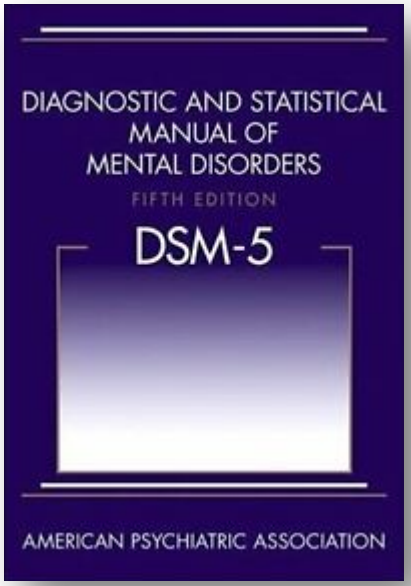
- A marked incongruence between an individual's experienced/ expressed gender and assigned sex as evidenced by two of the below, which have been present after the onset of puberty for at least 6 months:
  1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or the anticipated secondary sex characteristics in young adolescents).
  2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or a desire to prevent the development of the anticipated secondary sex characteristics in young adolescents).
  3. A strong desire for the primary and/or secondary sex characteristics of another gender.



Adapted from DSM-V

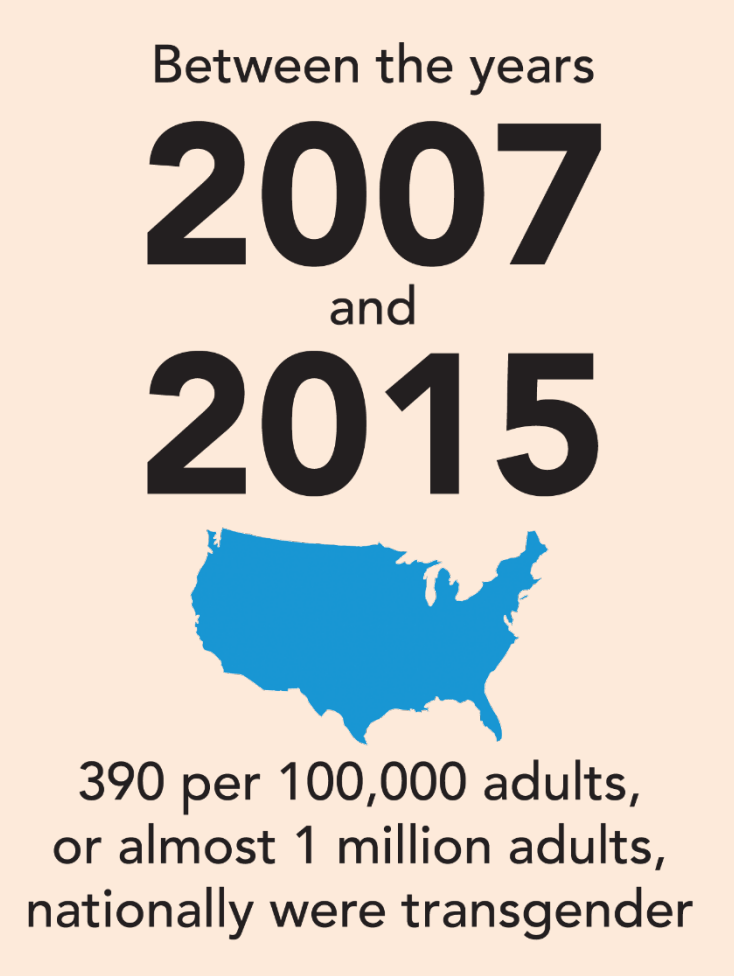
Diagnosis criteria for gender dysphoria in adolescents and adults

4. A strong desire to be of a gender different from one's assigned gender.
5. A strong desire to be treated as a gender different from one's assigned gender.
6. A strong conviction that one has the typical feelings and reactions of a gender different from one's assigned gender.
7. The condition is associated with distress or impairment in social, occupational, or other important areas of functioning that are clinically significant.



Adapted from DSM-V

Incidence of transgender



Source: Am J Public Health. 2017 February; 107(2): e1–e8.

Rates

- Lesbian, gay, and bisexual (LGB) adolescents also reported higher rates of substance use compared to heterosexual adolescents.
  - Bisexual adolescents used substances at 3.4 times the rate of heterosexual adolescents
  - Lesbian and bisexual females used at four times the rate of their heterosexual counterparts.

Source: Marshal MP, Friedman MS, Stall R, et al. Sexual orientation and adolescent substance use: a meta-analysis and methodological review. Addict Abingdon Engl. 2008;103(4):546-556. doi:10.1111/j.1360-0443.2008.02149.x.

Co-occurring

- Sexual minorities with SUDs are more likely to have additional (comorbid or co-occurring) psychiatric disorders
  - They have greater odds of frequent mental distress and depression than their heterosexual counterparts.
  - Transgender children and adolescents have higher levels of depression, suicidality, self-harm, and eating disorders than their non-transgender counterparts.

Source: Connolly MD, Zervos MJ, Barone CJ, Johnson CC, Joseph CLM. The Mental Health of Transgender Youth: Advances in Understanding. J Adolesc Health Off Publ Soc Adolesc Med. 2016;59(5):489-495.

Born this way?

Sex	Zygosity	Concordance		Totals		
		Yes	No	*N* total	Con	Yes %
Male	MZ	7 + 6 = 13	10 + 16 = 26	39	13/39	33
	DZ	1 + 0 = 1	9 + 11 = 20	21	1/21	5
Female	MZ	5 + 3 = 8	9 + 18 = 27	35	8/35	23
	DZ	0 + 0 = 0	0 + 15 = 15	15	0/15	0
Totals		13 + 9 = 22	28 + 60 = 88	110	22/110	20

Note. MZ = monozygotic; DZ = dizygotic.

Source: Transsexuality Among Twins: Identity Concordance, Transition, Rearing, and Orientation. International Journal of Transgenderism. Jan-Mar2013, Vol. 14 Issue 1, p24-38

Treatment of gender dysphoria

- Assessment
- Psychosocial intervention
- Psychotherapy
- Physical interventions

Assessing gender dysphoria in teens

- Should not dismiss or express a negative attitude towards nonconforming gender identities or indications of gender dysphoria.
- Acknowledge the presenting concerns of children, adolescents, and their families.
- Offer a thorough assessment for gender dysphoria and any coexisting mental health concerns.

Assessing gender dysphoria in teens

- Educate clients and their families about therapeutic options, if needed
- Acceptance, and alleviation of secrecy, can bring considerable relief to gender dysphoric children/ adolescents and their families.
- Should include an evaluation of the strengths and weaknesses of family functioning.
- Inform youth and their families about the possibilities and limitations of different treatments.

Developmental gender dysphoria

- Gender dysphoria during childhood persisted into adulthood for only 6–23% of children.
- The persistence of gender dysphoria into adulthood appears to be much higher for adolescents.
- In a follow-up study of 70 adolescents who were diagnosed with gender dysphoria all continued with actual sex reassignment, beginning with feminizing/masculinizing hormone therapy.

Source: WPATH Standard of care

Roles of mental health professionals working with children and adolescents with gender dysphoria

- Directly assess for gender.
- Provide family counseling and supportive psychotherapy.
- Assess and treat any coexisting mental health or refer adolescents for additional physical interventions.

Roles of mental health professionals working with children and adolescents with gender dysphoria

- Educate and advocate on behalf of gender dysphoric children, adolescents, and their families in their schools and communities.
- Provide children, youth, and their families with information and referral for peer support, such as support groups for parents of gender-nonconforming and transgender children.

Psychological and social interventions

- Help families to have an accepting and nurturing response to the concerns of their gender dysphoric child or adolescent.
- Psychotherapy should focus on reducing a child's or adolescent's distress related to the gender dysphoria and on ameliorating any other psychosocial difficulties.
- Treatment aimed at trying to change a person's gender identity and expression to become more congruent with sex assigned at birth is no longer considered ethical.

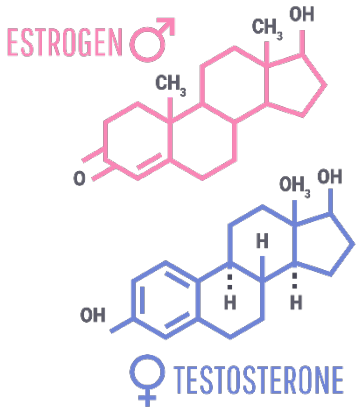
Psychological and social interventions

- Families should be supported in managing uncertainty and anxiety.
- Mental health professionals should not impose a binary view of gender.

- Clients and their families should be supported in making difficult decisions.
- Mental health professionals should strive to maintain a therapeutic relationship with gender-nonconforming children/adolescents and their families.

Physical interventions

- Fully reversible interventions
  - GnRH analogues to suppress estrogen or testosterone production and consequently delay the physical changes of puberty.
  - Alternative treatment options include medications that decrease the effects of androgens secreted by the testicles of adolescents.
  - Continuous oral contraceptives (or depot medroxyprogesterone) may be used to suppress menses.
- Partially reversible interventions
  - Hormone therapy used to masculinize or feminize the body.
- Irreversible interventions
  - These are surgical procedures.



Peer reviewed studies on LGBTQ+ youth and mental health

Cigarette smoking among youth at the intersection of sexual orientation and gender identity

Conclusion: These findings suggest that transgender boys may be at higher risk for early and current cigarette use regardless of their sexual identity, whereas smoking varied more widely for youth across different sexual identities. The findings suggest that specific subgroups of SGM youth require focused attention in tobacco control research and practice.

Experiences and psychological wellbeing outcomes associated with bullying in treatment-seeking

For transgender and gender-diverse youth

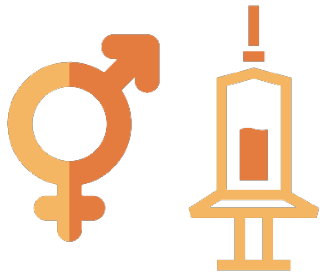
Conclusion: These findings indicate very high levels of bullying within the young TGD population attending a transgender health service in the United Kingdom, which affects wellbeing significantly. More intervention work and education need to be introduced in schools to reduce bullying.

LGBT Health Volume 6, Number 5, 2019

A systemic review of the effects of hormone therapy on psychological functioning and quality of life

In transgender individuals

Conclusion: Hormone therapy interventions to improve the mental health and quality of life in transgender people with gender dysphoria have not been evaluated in controlled trials. Low quality evidence suggests that hormone therapy may lead to improvements in psychological functioning. Prospective controlled trials are needed to investigate the effects of hormone therapy on the mental health of transgender people.



Transgender Health Vol. 1, No. 1

Clinical exposure to transgender medicine improves students' preparedness above levels seen with didactic teaching alone

A key addition to the Boston University model for teaching transgender healthcare

Conclusion: Although integrating evidence-based, transgender-specific content into medical curricula improves student knowledge and comfort with transgender medical care, gaps remain. Clinical exposure to transgender medicine during clinical years can contribute to closing that gap and improving access to care for transgender individuals.

Transgender Health Vol. 3, No. 1

Factors associated with gender-affirming surgery and age of hormone therapy initiation

Among transgender adults

Conclusion: This study extends our understanding of prevalence and factors associated with gender-affirming treatments among transgender adults seeking primary care. Findings can inform future interventions to expand delivery of clinical care for transgender patients.

Clinical suggestions

The basics

- Don’t make assumptions
- Gender does not equal sexuality
- Never ask someone to explain their relationship
- There is no need to ask someone’s stage of transition or if they’ve had any surgeries
- Don’t ask what someone’s “real” name is

The basics

- Don’t question or correct what restroom someone is using
- Don’t ask/say:
  - “I wouldn’t have known you are trans!”
  - “But you were so pretty/ handsome!”
  - “When did you become (transgender, gay, bisexual, queer, etc.)?”

Bottom line

Don’t ask someone who is LGBTQ+ something you wouldn’t ask someone who is cisgender or straight.

When documenting

- Transgender**ed** is not a word
  - **Appropriate:** “Greg is a transgender male.”
  - **Inappropriate:** “Suzie is a girl who prefers to identify as male, and wants to be called Greg.”
- No need to overstate any client’s gender identity more than once– just as you would not state their age, race, etc., more than once.

When documenting

- Do not refer to someone's gender identity as an "issue" or "concern"– unless they have used these words themselves.
- People in the LGBTQ+ community may experience mental illness, substance abuse, or other difficulties in life–this does not mean that everything relates back to their gender or sexual orientation.
- Do not assume gender dysphoria.

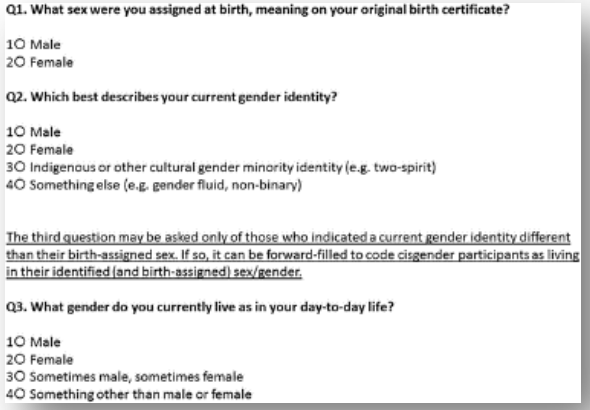
Documentation and your EHR

- EHR may limit genders to specific units.
  - We initially had to alert software support any time we admitted a client who was transgender.
  - We have worked with software support to disable this setting.

- It may only allow for male or female (as assigned at birth).
- If client prefers they/them pronouns, that is what should be used in the chart.

Documentation and your EHR

- What is the best way to ask someone if they are transgender or prefer different pronouns?
  - The best way is just to ask everyone "What are your preferred pronouns?"
  - College "Common Application" asks:
    - What is your "gender assigned at birth?"
    - "If you'd like the opportunity, we invite you to share more about your gender identity below."



Q1. What sex were you assigned at birth, meaning on your original birth certificate?

1O Male
2O Female

Q2. Which best describes your current gender identity?

1O Male
2O Female
3O Indigenous or other cultural gender minority identity (e.g. two-spirit)
4O Something else (e.g. gender fluid, non-binary)

The third question may be asked only of those who indicated a current gender identity different than their birth-assigned sex. If so, it can be forward-filled to code cisgender participants as living in their identified (and birth-assigned) sex/gender.

Q3. What gender do you currently live as in your day-to-day life?

1O Male
2O Female
3O Sometimes male, sometimes female
4O Something other than male or female

Intakes, observed drops, unit placements

- This is each client's preference–ask them who they prefer to room with, to do their intake, to observe urine screens, etc.
- Do not isolate–separate is not equal.
- Educate reception staff about the need for sensitivity.
  - If you are aware of a preferred pronoun or name, inform reception if this is possible, so that the client is greeted in the most welcoming way possible.

What if you make a mistake?

- Apologize and move on!
- If you realize you made a mistake with someone's pronouns at a later time, apologize later, privately.
- Correct others when they make a mistake by saying, "Johnny uses they/them pronouns."
- If someone has told you their preferred pronouns, but doesn't correct you when you make a mistake, this does not mean that they don't care.

What if you make a mistake?

- You are not expected to know everything; however, you should take an interest in learning:
  - Ask questions
  - Do your own research
  - Talk to people
- Put an alert in EHR system:
  - Clients' preferred pronouns and/or preferred name.
- Why does using the wrong pronoun or name matter?
  - Deadnaming

Customer care—
Doing a little extra

- We have made purchases of clothing, binders, etc., to make a client feel comfortable enough to participate in treatment.
- We work with families to educate how to support their loved ones–providing literature, links to websites, and LGBTQ+-friendly aftercare programming.

Staff education

- Work with your administrators and leadership.
  - What are their points of view?
  - How do they feel about serving clients in the LGBTQ+ community?
  - Does it align with your values?
- Provide staffings and consultations with other teams or sites within our own agency.
- Conduct open meetings with introductions and preferred pronouns–asking everyone is the easiest way to learn about each other and create an environment of safety.

Staff education

- Email signature–include your preferred pronouns
- Plural “They”…
  - If you don’t know who you’re talking about or their gender, use they/their/them … “Someone dropped their wallet, I will turn it into lost and found for them, so that they can find it.”
- Merriam Webster and the Oxford Dictionaries recognize both the plural and singular they.

Gender fluidity

- People may identify differently each day, or even throughout each day.
- Ask them what they prefer in this regard. Do they want you to ask them for their preferred pronouns and name on a daily basis, or are they comfortable enough to let you know? Be supportive in having open dialogue.

Gender fluidity

- Orientation and identity may change based on situations and level of comfort–it is never your role to discuss that you've observed someone use different pronouns or express their gender differently in other situations.
- Never, ever ask someone to "pick" a gender.

Rosecrance story

Rosecrance's progress

- Sexual orientation and gender orientation are not a consideration regarding admission.
- We offer clients their preference regarding unit assignment and which staff to work with for observed urine screens and intake showers.
- Someone's sexual or gender orientation is not discussed with unit staff prior to admission.

Rosecrance's progress

- We don't feel a need to prepare staff or other clients about someone's sexual orientation or gender identity as they are coming onto the unit.
- The clients have taught us more than we could have ever learned on our own–this is because we listened to them.
- Administration is supportive of serving all clients, of all backgrounds, orientations, races, etc., and they make that known.

Instead of that … Say this:

- Homosexual
- Transgendered
- Sexual preference
- Gay marriage
- She-male
- LGBTQ+ lifestyle
- Admitted homosexual, avowed homosexual
- Gay agenda

- Gay or lesbian
- Transgender
- Sexual orientation
- Marriage
- Intersex
- Nothing!
- Out gay man, out lesbian, etc.
- Accurate description of the issues

Instead of that … Say this:

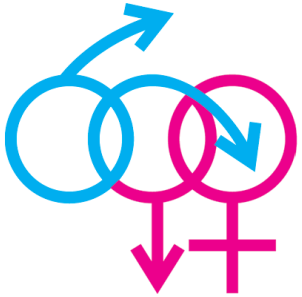
- Special rights
- Transgendered, A Transgender
- Sex change, pre/post operation
- Biologically male, biologically female, genetically male, genetically female, born a man, born a woman

- Equal rights
- Transgender people, transgender man
- Transition
- Assigned male at birth, assigned female at birth, or designated male at birth, designated female at birth

Other resources

- WPATH
  - **Mission:** To promote evidence-based care, education, research, advocacy, public policy, and respect in transgender health.
- PFLAG
- Peer support groups

PFLAG
Parents, Families and Friends of Lesbians and Gays



WPATH
WORLD PROFESSIONAL ASSOCIATION for TRANSGENDER HEALTH

Other resources

- http://gal-aa.org/meetings/meeting-listing/
- https://gsanetwork.org/
- http://www.qcardproject.com/
- https://www.thetrevorproject.org/
- https://itgetsbetter.org/
- https://www.glsen.org/participate/student-action

rosecrance

life's waiting

815.391.1000
888.928.5278
www.rosecrance.org

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