



## Individuals with and without Intellectual and Developmental Disabilities in the LGBTQQIAAP Community

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### Introduction

*To be yourself in a world that is constantly trying to make you something else is the greatest accomplishment – Ralph Waldo Emerson*

Today's global societal climate is changing. Different cultures across the world have variations on the level of acceptance for the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community. In the United States views about the LGBTQ+ community vary greatly. Regardless of personal views, we are in the people-helping business, and that means we help **all** people. The educational environment is paramount to addressing the issue of stigma and therefore reducing stress initiated by stigma, for LGBTQ+ populations (Burkey et al., 2021). Stereotypes and stigmas surrounding the LGBTQ+ community can be extremely damaging to the individuals in the community and the community as a whole.

Working in the home care field, you might come across individuals in the LGBTQ+ community and respecting their identities will increase the quality of your care and their lives.



While crossover between the LGBTQ+ and Autism Spectrum Disorder (ASD) community may seem small, there is an under-researched and misunderstood LGBTQ+/ASD population that lacks adequate health care services. Focused interviews make a compelling case that American adults with ASD who also identify as LGBTQ+ lack adequate health care services and experience worse health than their straight, cisgender peers with ASD. Despite having higher educational attainment, the LGBTQ+/ASD group reported greater rates of mental illnesses, smoking and poorer overall health. These findings are in direct contrast to a large body of work demonstrating better health and lower rates of depression and smoking among individuals with more education (Hall et al., 2020).

Research has shown that autistic individuals are more likely to identify as LGBTQ+ compared to their neurotypical peers. A recent study highlighted that the intersection of Autism Spectrum Disorder (ASD) and LGBTQ+ identities is a growing area of research, as more autistic individuals feel comfortable identifying outside the traditional gender and sexuality norms. These findings suggest that inclusive practices and support services should address both neurodiversity and LGBTQ+ identity to provide better overall support for individuals who fall into both categories.

However, these individuals often face unique mental health challenges. A study published in 2024 found that autistic individuals who are also transgender or gender non-conforming report higher rates of depression, anxiety, and social isolation compared to their neurotypical peers. This highlights the need for tailored mental health strategies that address both neurodiversity and gender identity, promoting resilience and providing specialized support for those who experience the intersection of these identities.

As a Child and Youth Mentor, you will need to try to empathize with the experiences of the person that you are supporting. We can all empathize with the difficulties of high school, puberty, and trying to determine your identity and how to express yourself. LGBTQ+ adolescents and young adults face additional challenges related to sexual orientation, evolving gender roles, peer pressure, bullying, and progression through developmental stages. Sexual minorities including the LGBTQ+ community are understudied with respect to health and health care inequalities (Walia et al., 2019). Being patient and ensuring that the person that you are supporting has equal healthcare opportunities could be what brings their experience as an Individual with Intellectual and Developmental Difficulties who is part of the LGBTQ+ community into a positive light.

LGBTQ+ individuals need access to competent, nondiscriminatory healthcare. This can only be accomplished when healthcare workers are adequately trained to address the health needs and experiences of this population. Without widespread education and training for clinicians and their staff, disparate health outcomes will continue to occur and further marginalize this population (Rhoten et al., 2021)

An important part of being culturally competent in regard to this community is understanding the verbiage that individuals use to identify themselves. The LGBTQ+ acronym has expanded to become more inclusive and give more individuals the opportunity and ability to express themselves outside of a five letter acronym. One popular is now LGBTQQIAAP, which stands for Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Aromantic, Asexual and Pansexual.

Term	Definition
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Lesbian	An individual who is a woman or aligns with womanhood who is primarily sexually and/or romantically attracted to women and womanhood-aligned individuals.
Gay	<ol style="list-style-type: none"> <li>1. An individual who is a man aligns with manhood who is primarily sexually and/or romantically attracted to men and manhood-aligned individuals.</li> <li>2. An umbrella term used by many identities in the LGBTQ+ community as a simplified way to identify themselves to others in the community (similar to queer).</li> </ol>
Bisexual	An individual who is sexually and/or romantically attracted to two or more genders.
Transgender	An umbrella term used by individuals who do not identify as the gender they were assigned at birth; this term branches into binary and non-binary transgender identities.
Queer	<ol style="list-style-type: none"> <li>1. An individual who identifies as a part of the LGBTQ+ community who may not have a label specifying their gender and/or sexuality</li> <li>2. An umbrella term used by many identities in the LGBTQ+ community as a simplified way to identify themselves to others in the community.</li> </ol> <p>This term originated as a slur against the LGBTQ+ community and, as such, should never be used to describe an individual who has not given their explicit permission to call them queer.</p>
Questioning	A person who is still exploring their sexuality or sexual identity, who may or may not have already identified with the LGBTQ+ community.
Intersex	An umbrella term to describe a wide range of natural body variations that do not fit neatly into conventional definitions of male or female. Intersex variations may include, but are not limited to, variations in chromosome compositions, hormone concentrations, and external and internal characteristics.
Aromantic	A person who does not experience romantic attraction, e.g. “crushes,” toward any person of any gender.
Asexual	A person who does not experience sexual attraction toward any person of any gender.

Pansexual	A person whose sexual attraction is not based on gender and may themselves be fluid when it comes to gender or sexual identity.
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It is also important to understand the terms used by individuals within this community, as some of these terms are confused and incorrectly interchanged. This includes terms such as Gender Expression, Sexual Orientation, and Gender Identity. Understanding these terms will create a trusting and positive relationship that could greatly benefit the person that you are supporting by increasing their confidence and helping them to feel more comfortable with who they are and how they identify. In addition, if you are supporting a member of the LGBTQ+ community, knowing their pronouns and using their preferred pronouns could increase their mental health and overall outcome.

Term	Definition
Gender Expression	A person's outward expression of gender or how they present themselves to the world
Sexual Orientation	A pattern of emotional, romantic, and/or sexual attractions to men, women, both, neither, or other genders.
Sex	An individual's sex assignment at birth
Gender Identity	A personal conception of oneself as male, female, both, or neither.
Cultural Competency	The ability to understand, appreciate, and interact with persons with diverse values, beliefs, and behaviors.

(Walia et al., 2019)

PRONOUNS					
A Helpful Resource					
Pronouns are words that substitute for nouns. Gender pronouns are used in place of a person's name. This list is not exhaustive but is a good place to start!					
Binary and Gender Neutral Pronouns					
	Nominative (Subject)	Objective (Object)	Possessive Adjective	Possessive Pronoun	Reflexive
She	She	Her	Her	Hers	Herself
He	He	Him	His	His	Himself
They	They	Them	Their	Theirs	Themselves
Ze	Ze	Hir	Hir	Hirs	Hirself
Ey	Ey	Em	Eir	Eirs	Eirself

LGBTQ+ individuals have a long history of being disrespected not only by the general public, but by health care providers. Lesbian, gay, bisexual, transgender, and queer individuals and families experience many barriers to receiving respectful, nondiscriminatory, and adequate health care. LGBTQ+ people seeking health care services frequently encounter unwelcome and disrespectful attitudes as well as outright refusals of care. Inadequate health care for individuals in this population may result not only from outright refusals of care or overt hostility, but also from provider discomfort and lack of understanding of these patients' lives and healthcare needs (Rhoten et al., 2021).

**If you are assigned to an LGBTQ+ individual and you do not feel as though you can provide adequate and unbiased care, please inform your supervisor so that they can be assigned to a different provider.**

Most members of the LGBTQ+ community have experienced harassment and negative judgement at some point in their lives due to their sexual orientation and/or gender identity. LGBTQ+ youth's experiences with harassment have been linked to skipping schools because of safety concerns, which can have wideranging consequences for academic achievement, psychosocial wellbeing, and progress after graduation. (Porta et al., 2017).



The harassment that LGBTQ+ youth have to endure can vary in severity. The range in severity can typically be attributed to (1) the LGBTQ+ youth living in a small, rural community; (2) the LGBTQ+ youth being considered a racial/ethnic “minority” and; (3) how the youth identifies. Lesbian, gay, bisexual, transgender, and queer adults in America share common, yet diverse experiences of consistent and pervasive discrimination based on their sexual orientation and/or gender identity. LGBTQ+ racial/ethnic minorities experience particularly high rates of LGBTQ+ based discrimination in employment and workplace settings and interacting with the legal system, while transgender adults report significant discrimination in both housing and health care (Casey et al., 2019).

Having a Child and Youth Mentor who is accepting and respectful has the potential to provide a more positive mental health outcome for the individual. LGBTQ+ individuals are more likely to suffer from depression, anxiety, and other mental health challenges, report poor health, use tobacco, abuse drugs, consume excessive alcohol, fare more poorly than others when undergoing cancer treatment; and suffer from eating disorders (Rhoten et al., 2021). Being part of the LGBTQ+ community can be difficult on its own and identifying outside of the “norm” as an Individual with an Intellectual and/or Developmental Disability can add an entirely new set of challenges both in terms of mental health and societal support.

One suggested best practice for serving youth and young adults (YYA) who are LGBTQ+ is to give the YYA a safe, respectful space to self-identify their sexual orientation and gender identity. Asking questions can be one way to identify and refer YYA who are LGBTQ+ to appropriate and competent supportive services that will address their unique needs, and to ensure that transgender and gender expansive youth are referred to using accurate names and pronouns (Shelton et al., 2018). For example, if you intentionally refer to the person that you are supporting by their “dead” name – a given name that they have chosen to change - and incorrect pronouns, you could be setting them up for a negative outcome, and their mental health may deteriorate. Respecting the individual’s name and pronouns and looking for care/resources that are in line with their identity can help YYA to gain further self-confidence and independence.

Recent research highlights the alarming mental health challenges faced by LGBTQ+ youth. A 2024 survey conducted by The Trevor Project found that 39% of LGBTQ+ youth seriously considered suicide in the past year. The rates were especially high among transgender and nonbinary youth, as well as youth of color, who reported facing unique challenges related to their sexual orientation and gender identity. This data underscores the urgent need for targeted mental health support and services tailored to LGBTQ+ youth, particularly in light of growing societal pressures and discrimination.

The same study revealed that nearly half (50%) of LGBTQ+ youth who sought mental health care in the past year were unable to access it. Barriers to care included a lack of affordable services, fear of being outed, and concerns about not being taken seriously by healthcare professionals. These findings highlight the critical need for accessible, affirmative, and supportive mental health services that prioritize the needs of LGBTQ+ individuals, especially those from marginalized groups within the LGBTQ+ community.

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### **LGBTQQIAAP & Autism Spectrum Disorder**

-In the United States, 6.5% of autistic adolescents and 11.4% of autistic adults said they wished to be the opposite gender of what they had been assigned at birth, compared with just 3% to 5% of the general population -Children on the autism spectrum are up to 3 times as likely to be targets of bullying and physical or sexual abuse, compared to their neurotypical peers; a statistic that increases with intersectionalities with sexual orientation or gender fluidity.

-According to Spectrum News, a recent international study revealed that nearly 70% of autistic respondents identify as non-heterosexual, which is more than double in the neuro-typical population.

**-Why is the prevalence of gender diversity higher in autistic people than in the general population?** Social experiences are likely a main component, experts say. Compared with neurotypical people, autistic people may be less influenced by social norms and so may present their internal selves more authentically.

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(Dettaro, 2021)

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### LGBTQ+ Youth High School Statistics

- 59.1% of LGBTQ students felt unsafe at school because of their sexual orientation, 42.5% because of their gender expression, and 37.4% because of their gender.
- Many avoided gender-segregated spaces in school because they felt unsafe or uncomfortable: 45.2% avoided bathrooms and 43.7% avoided locker rooms.
- Most reported avoiding school functions (77.6%) and extracurricular activities (71.8%) because they felt unsafe or uncomfortable.
- Nearly a fifth of LGBTQ students (17.1%) reported having ever changed schools due to feeling unsafe or uncomfortable at school.
- 87.4% of LGBTQ students heard negative remarks specifically about transgender people, like “tranny” or “he/she;” 43.7% heard them frequently or often
- 52.4% of students reported hearing homophobic remarks from their teachers or other school staff, and 66.7% of students reported hearing negative remarks about gender expression from teachers or other school staff -11.0% of LGBTQ students were physically assaulted (e.g., punched, kicked, injured with a weapon) in the past year based on sexual orientation, 9.5% based on gender expression, and 9.3% based on gender
- 44.9% of LGBTQ students experienced electronic harassment in the past year (via text messages or postings on social media), often known as cyberbullying.
- 58.3% of LGBTQ students were sexually harassed (e.g., unwanted touching or sexual remarks) in the past year at school
- Only 19.4% of LGBTQ students were taught positive representations of LGBTQ people, history, or events in their schools; 17.0% had been taught negative content about LGBTQ topics.
- Overall, pansexual students experienced more hostile climates than gay and lesbian, bisexual, queer, and questioning students, including facing the highest rates of victimization, school discipline, and missing school because of safety reasons.
- Among cisgender LGBTQ students, male students experienced a more hostile school climate based on their gender expression and on sexual orientation than cisgender female students, whereas cisgender female students experienced a more hostile school climate based on their gender than cisgender male students.

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(The 2019 National School Climate Survey, 2020)

## LGBTQ+ History in the United States

*If an elephant has its foot on the tail of a mouse and you say that you are neutral, the mouse will not appreciate your neutrality.” —Archbishop Desmond Tutu*

Lesbian, gay, bisexual, transgender, and queer people in the United States have experienced an expansive history of discrimination, including criminalization of their identities and classifications as being mentally ill, attempts to forcibly change LGBTQ+ people's sexual orientations and/ or gender identities through inhumane conversion “therapies” hate crimes and violence, exclusion from employment, housing, public spaces, and social institutions (Casey et al., 2019). Though the first documented LGBTQ+ historical event was Stonewall in 1969, the fight for equality for this community has been going on for much, much longer. Despite the shocking amount of time that LGBTQ+ individuals have been fighting for equality, the world (focusing more specifically on the United States) continues to fight back, even in 2021. It is important to keep in mind that the fight for equality for the LGBTQ+ community in the United States started in or before 1924, this battle has been ongoing for almost 100 years.

In 1924, the Society for Human Rights formed in Chicago, Illinois – the first gay rights organization in the United States. In 1925, police raided the founder’s residence and took all of the organization’s records. It was not until the 1950s that new LGBTQ+ organizations formed, and several started their own magazines. *The Mattachine Review*, *One*, and *The Ladder* are three of the most well-known early gay and lesbian publications (The National Park Service, 2019).

In the 1930s, Ruth Fuller Field, under the pseudonym Mary Casal, wrote an autobiography where she describes her introduction to a circle of lesbian friends and describes her same-sex affairs over the years. Hearing these memories had a powerful effect on Field: “How much suffering would have been saved me and what a different life I would have led if I had known earlier that we are not all created after one pattern...” (Springate, 2016)

Ruth Fuller Fields’ autobiography was not the only LGBTQ+ autobiography that was written and released during this time. *Autobiography of an Androgyne* (1918) and *The Female Impersonators* (1922), look back on queer life in New York City in the 1890s, both written by the pseudonymous Earl Lind (ca. 1874–?), also known as Ralph Werther and Jennie June, a feminine-identified man whom some might now see as a precursor to contemporary transwomen (Springate, 2016). Unfortunately, these individuals being so open and sharing their stories did not sway the majority opinion (at the time) that LGBTQ+ individuals were incorrect in their orientation and identity and should “be closer to god.”

Having documentation of gay history and culture is so important for youth today, who typically cannot go to their families with questions about their history or culture. LGBTQ people customarily are born into families that have little or no connection with lesbian, gay, bisexual, and transgender life. While growing up, most have not benefited from hearing stories at home that reflect their emerging same-sex desires or their sense of a gender that differs from the one assigned to them at birth. As historian and theorist of sexuality David Halperin observes, “Unlike the members of minority groups defined by race or ethnicity or religion, gay men cannot rely on their birth families to teach them about their history or culture.” (Springate, 2016)

The history of anti-LGBTQ+ legislation in the United States has been marked by periods of intense discrimination and marginalization. Over the past several decades, while significant



progress has been made toward equality, recent years have witnessed an increasing wave of laws and policies targeting LGBTQ+ individuals, particularly transgender youth. These laws, which often involve banning gender-affirming care or restricting the rights of LGBTQ+ people, have had a profound and detrimental impact on their mental health.

Peer-reviewed studies have consistently demonstrated that discriminatory policies contribute to higher levels of stress, anxiety, and depression among LGBTQ+ individuals. A landmark study by the American Psychological Association (APA) in 2017 found that the stress of living in an environment where one's rights are restricted is a significant factor in the mental health disparities faced by LGBTQ+ individuals, especially transgender youth. These policies not only exacerbate feelings of isolation and discrimination but also directly influence the mental health outcomes of young people, increasing their vulnerability to suicidal ideation.

A more recent survey conducted by The Trevor Project (2024) provides further evidence of the harmful effects of such legislation. The survey revealed that nearly 40% of transgender youth living in states with restrictive laws reported serious mental health challenges, including increased rates of depression, anxiety, and suicidal thoughts. The findings of this survey are consistent with earlier studies, such as a 2020 article published in the *Journal of Adolescent Health*, which documented that transgender youth in states with limited access to gender-affirming care are significantly more likely to experience mental health crises compared to those in states with affirming policies.

Historically, the fight for LGBTQ+ rights has been intertwined with struggles for visibility and access to healthcare, particularly for transgender individuals. From the early days of the LGBTQ+ rights movement, the struggle for gender-affirming care was central to the demand for dignity and respect. However, with the rise of anti-transgender legislation in recent years, this hard-won progress is at risk of being rolled back. The current wave of anti-LGBTQ+ legislation serves as a stark reminder of the historical cycles of oppression that the LGBTQ+ community has faced.

These legislative efforts not only restrict access to healthcare but also send a powerful societal message of rejection and invalidation. A 2021 study published in *Social Science & Medicine* found that exposure to anti-LGBTQ+ policies significantly worsens the mental health of transgender individuals by reinforcing societal stigma and discrimination. This underscores the critical need for continued advocacy and legal protections to ensure that LGBTQ+ individuals—especially transgender youth—are able to access the care, support, and affirmation they deserve.

The evidence from these studies highlights the importance of combating such discriminatory policies and emphasizes the need for an inclusive, supportive approach to mental healthcare for transgender youth. As the historical struggle for LGBTQ+ rights continues, it is essential that we recognize the long-lasting impact of political decisions on the mental health and well-being of marginalized communities.

### Timeline of Important Events in LGBTQ History

Event	Description
The Stonewall Riots (June 28 <sup>th</sup> , 1969)	In 1969, a riot at the Stonewall Inn (later known as the Stonewall Riots) became a turning point in LGBTQ+ history. The Stonewall Riots ignited after a police raid took place at the Stonewall Inn. The tension from ongoing harassment galvanized the LGBTQ community to riot for six days. The protest through the streets of New York City is memorialized as the annual Gay Pride parades that are now celebrated around the world.
Harvey Milk (1930-1978)	When he won the election to the San Francisco Board of Supervisors in 1977, Harvey Milk made history as the first openly gay elected official in California, and one of the first in the United States. During his tenure as supervisor, he helped pass a gay rights ordinance for the city of San Francisco that prohibited anti-gay discrimination in housing and employment
National March on Washington for Lesbian and Gay Rights (1979)	Marches on Washington, D.C. can serve many functions: to protest peacefully, to make visible the commitment and volume of support behind a movement, to mobilize and nationalize otherwise more fractured, local efforts to organize. The LGBTQ+ community and its allies have marched on the nation's capital on numerous occasions, beginning with a march and rally that took place on October 14, 1979.
The HIV/AIDS Epidemic (1980s)	The United States was the focal point of the HIV/AIDS epidemic of the 1980s. When cases of AIDS first emerged in the U.S., they tended to originate among men who had sex with other men, hemophiliacs, and IV drug users. The prevalence of the disease among gay men in the U.S. in the '80s and '90s initially resulted in a stigma against homosexuals and a general fear and misunderstanding surrounding how AIDS was spread. However, as celebrities like Rock Hudson and Freddie Mercury revealed that they had the disease, and Magic Johnson came forward with his HIV diagnosis, and dedicated his retirement to educating others about the virus, attitudes began to change

Don't Ask, Don't Tell (1990s)	In 1993, the "Don't Ask, Don't Tell" policy was instituted within the U.S. military, permitting gays to serve in the military but banning homosexual activity. On April 25, an estimated 800 thousand to one million people participated in the March on Washington for Lesbian, Gay, and Bi Equal Rights and Liberation. The march was a response to "Don't Ask Don't Tell", Amendment 2 in Colorado, and
	rising hate crimes and ongoing discrimination against the LGBT community.
The Defense of Marriage Act (DOMA) (1996)	The Defense of Marriage Act (DOMA) was enacted in 1996 and defined marriage, at the federal level, as the union of one man to one woman. DOMA allowed states to refuse to recognize same-sex marriages granted under the laws of other states. While DOMA did not bar individual states from recognizing same-sex marriage, it imposed constraints on the benefits that all legally married same-sex couples could receive. These benefits included insurance benefits for government employees, social security survivors' benefits, immigration assistance, ability to file for joint bankruptcy, and the filing of joint tax returns, financial aid eligibility otherwise available to heterosexual married couples, and other laws that applied to heterosexual married couples.
Proposition 8 (2008-2013)	Prop 8 was a California ballot proposition and a state constitutional amendment passed in the 2008 California state election, which ruled that "Only marriage between a man and a woman is valid or recognized in California.". The proposition was created by opponents of same-sex marriage brought before the California Supreme Court after Proposition 22, which contained the exact same wording, but was struck down previously. Among the advocates for Prop 8 were religious organizations, most notably the Roman Catholic church and the Church of Jesus Christ of Latter Day Saints. Once Prop 8 had been upheld by the state courts, two same-sex couples filed a lawsuit against Prop 8 in the U.S. District Court for the Northern District of California in <i>Hollingsworth v. Perry</i> . On June 26, 2013, the U.S. Supreme Court issued its decision in <i>Hollingsworth v. Perry</i> , ruling that proponents of initiatives like Proposition 8 did not possess legal standing to defend the resulting law in federal court. Thus, Prop 8 was held unconstitutional, and Governor Brown was free to permit same-sex marriages to recommence.

Obergefell v Hodges – Marriage Equality (2015)	The U.S. Supreme Court makes same-sex marriages legal in all 50 states in Obergefell v. Hodges.
US Supreme Court ruling protections for LGBTQ employees (June, 2020)	In a historic decision, the U.S. Supreme Court ruled that the 1964 Civil Rights Act protects gay, lesbian, and transgender employees from discrimination based on sex.

(Georgetown.edu, 2021)

## Lesbian

*An individual who is a woman or aligns with womanhood who is primarily sexually and/or romantically attracted to women and womanhood-aligned individuals.*



Past definitions of the term lesbian have run along the lines of, “a person that identifies as a woman and is primarily attracted to other people who identify as women.” However, as gender norms, expression, and identities continue to evolve and expand, this definition is no longer flexible enough to include the wide range of individuals that identify with lesbianism. Focusing the lesbian label on femininity and assigned gender at birth leads to

exclusion of butch and masculine lesbians, nonbinary lesbians, trans woman lesbians, and others who do not fit the “typical” image of a lesbian. A more inclusive, but still limiting definition of lesbianism is, “An individual who is a woman or aligns with womanhood who is primarily sexually and/or romantically attracted to women and womanhood-aligned individuals.”

While lesbian and gay people are slowly becoming more widely accepted in the United States, it is not in the way that were hoping for. In many shows and movies, as well as on social media platforms, LGBTQ+ people are reduced to stereotypes and over-sexualization.

Feminine and woman-aligned people are very attentive to the sense of having their value reduced to physical or sexual attractiveness by the imposition of media norms. PL, a 25-year-old Asian bisexual woman, provided a clear description of her understanding of sexualization of women as synonymous with being reduced to a sexual object (Randazzo et al., 2015)

*When women are sexualized, it's like that's all they're there for. They're kind of like an object, right? But when a guy's sexualized, you still don't feel like he's being belittled. You just feel like he still has power. And that's why I'm so uncomfortable, even now when I see sexualization of women, because I feel like they're being treated as like lesser than what they actually are and being seen as kind of useless in other areas. So I find that kind of demeaning.*

Being sexualized and objectified is typically not something that people are happy about, as it is extremely disrespectful and demeaning. However, it is even worse for lesbians, as the media sexualizing lesbianism turns their sexual orientation into something that the media can use for profit and, in turn, makes lesbianism seem like an exotic-fad instead of a legitimate sexual orientation. The lesbian identity is also fetishized and exploited in the pornography industry, further contributing to the objectification and dehumanization of lesbians.

Critical analyses of media portrayals specific to lesbianism have been less optimistic, pointing out that lesbian sex is often appropriated as a fleeting performance rather than an

authentic identity (Randazzo et al., 2015). Although the possibility that queer women are sexualized is not reflected in the APA report (2007), research on objectification theory and its applicability to lesbian women shows that path models established in studies with heterosexual women do not capture the experiences of lesbian women (Randazzo et al., 2015).

Many of the studies that have been posted in regard to the sexualization of lesbians are fairly old (i.e., APA study was completed in 2007, and the study conducted by Kozee and Tylka took place in 2007) and, therefore, may be less accurate. The political climate in the United States, especially in regard to the LGBTQ+ community, has changed dramatically in the last 1415 years, so these studies are extremely outdated. As Kozee and Tylka (2006) explained in an exploratory study of the objectification theory model with diverse women, “interrelationships among the objectification theory constructs were different and more complex for the lesbian participants than for the heterosexual participants” (Randazzo et al., 2015). While it was stated in that study that the objectification of lesbian women are more complex, which is true, this is one of the few studies that have been done in regard to this topic.

Yet young women’s sexualities develop within contentious political, economic, historical, and psychological landscapes. Young women’s sexuality is constructed as excessive and in need of controlling through both interpersonal relationships and public policy. Queer feminist Scholars of Color have critiqued how sexualized policing of desire has been constructed within interlocking systems of racism, sexism, and heterosexism. Young Women of Color are hyper visible in popular and political discourse with stereotypes and controlling images of “Jezebels,” as “oversexed and over-reproductive” young women “at-risk” of teenage pregnancy. On the other hand, same-sex desire tends to be invisible and silenced, albeit with limited visibility in hyper-heterosexualized or denigrated representations of desire (Chmielewski, 2017).

More studies need to be conducted in regard to this topic in order to bring more light to the issue, as it is a serious one. Young individuals in lesbian relationships described their relationships as fulfilling and meaningful, but also recognized that these relationships rendered them vulnerable to sexual harassment (Chmielewski, 2017).

It is critical to recognize the difficulties that lesbians might face, especially if you are supporting and providing services to a lesbian individual or if their parents are lesbians. Keeping in mind that they might be used to hyper-sexualization and making a conscious effort to see their relationships and sexuality as valid and important could greatly increase the quality of care that you are providing.

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**Table 1** Themes within contexts, their description, and illustrative examples

Context theme	Description	Example
Sexualization in relationships		
"Just don't say you're gay there": Silencing desire with peers	Silencing voice in response to straight peers treating them as "slutty," "sex objects," and/or predatory	"When you go to camp, the girls didn't want to take a shower around me... Like why you think I'm like a rapist?! Like calm down! Like, you're not Jennifer Lopez! Yeah so that was funny. That was what happened to me so especially when I went to camp I never said I was gay. Ever. Cuz like then they get all protected over themselves. So... just don't say that there." (Ell)
"You're not gonna manipulate me": Speaking back in relationships	Cutting off relationships with straight peers and partners to protect against sexualization and sexual violence	"Most guys are like, 'Oh cool, my girlfriend's bisexual.' A couple of guys I dated were like, 'I don't care what you do with a girl, but you can't be with a guy,' which to me is offensive. Like the same way you would judge me if it was a guy, you should judge me if it's a girl. It's sexist and that's when I'd call the relationship short." (Michele)
Sexualized surveillance in school		
"I'm under a microscope": Sexualization of same-sex desire	Experiencing isolation in response to peers' and teachers' sexual interest in their sexuality; feeling sexuality is on display	"They would always ask me, 'How you have sex with a girl? How you do this? How you do that? What do you like about it?' It got like really annoying and sometimes it was just like very uncomfortable. And yeah even my facilitator asked me why'd I choose to be gay or why did I choose to like girls." (Tee)
Disciplined desires: Navigating resistance to sexualized control	Experiencing academic consequences of resisting sexualization; policing of sexuality through school discipline	"I'd get mean stares and a lot of people felt the need to come up to me and tell me they didn't approve of my relationships. Somebody very rudely, while I was holding my friend's hand, just smacked our hands apart... over time I just stopped talking and figured out new ways to walk down the hall to avoid them. Sometimes I would decide not to go to school because I just couldn't handle it." (Lizbeth-Goying)
Street harassment and violence		
"Covering up": Navigating sexual harassment through body management	Engaging in body surveillance (i.e. clothes, mannerisms, public displays of same-sex affection) to avoid sexual harassment related to sexuality	"When I was in like middle school, I would be really open. If I was out with someone I was kind of like care-free. Cuz I never had the experience of like any kind of repression to make me not want to do those things out in public but... when I learned about those kinds of things, now I'm just cautious... even from holding hands. People don't keep quiet when they notice two females in a relationship." (Brit)
The dangers of "flipping out": Managing resistance to sexual harassment	Speaking/fighting back against sexual harassment from men; physical dangers of, and lack of protection for, speaking back	"I'll be like, 'Excuse me?! I know you're not talking to me!' or I'll really go off. But it's really uncomfortable cuz if you're gonna say something to a guy, you don't know what they can do... like if they can hurt you or if they end up following you or whatever so sometimes it can be scary. So for the most part like when I'm by myself I won't say nothing to them." (Amanda)

## Gay

*An individual who is a man or aligns with manhood who is primarily sexually and/or romantically attracted to men and manhood-aligned individuals.*





Gay men have been subject to extreme amounts of hate and judgement from the heterosexual community and, more specifically, “dude bros.” “Dude bros” are typically young (millennial), straight, White cisgender males of privilege who express masculinity in entitled and toxic ways which can be inclusive of overt anti-LGBTQ+ commentary and behaviors as well as misogynistic rants about their sexual “conquests” over women (Worthen, 2021). Gay men are often overly represented as effeminate, and while some gay men might be more effeminate, individuals (such as “dude bros”) have a tendency to put a negative spin on it, despite the fact that it is not a negative quality. In addition, not all gay men present that way, and that stereotype has the potential to alienate certain individuals from the community.

While many individuals/groups other than dude bros are prejudiced against the gay community, dude bros tend to be the most vocal as they usually travel in groups. Dude bros can be a part of other male groups who are regularly stereotyped for their potentially problematic expressions of masculinity (e.g., football players/jocks and frat boys) but dude bros need not participate in such collective activities that can bring them together (e.g., organized sport or fraternity life). Instead, dude bros’ unifying characteristics are their shared negative and disparaging perspectives about women and LGBTQ people that work to secure their own places of privilege as cisgender men (Worthen, 2021). This group of people can be extremely toxic for gay men and the gay community in general, especially in their use of hate speech and homophobic slurs.

In addition, despite cisgender, heterosexual men’s tendencies to sexually disrespect women and their tendencies to spread hate in regard to the LGBTQ+ community, they cannot handle being “hit on” by a gay individual. Past research indicates that some heterosexual men’s aversion to sexual advances from other men may be an overarching force behind their prejudices toward gay and bisexual individuals. For example, one small scale study of college students found that heterosexual men felt threatened by gay and bisexual individuals because they were fearful that they might be solicited romantically by them. When they are “hit on” by gay or bisexual men, heterosexual cisgender men may perceive this action as a reflection of their real or imagined effeminacy, which may be interpreted as a direct threat to their own hetero-cis-masculinity (Worthen, 2021).

Due to the hate and discrimination that gay individuals experience, they are at higher risk for having mental health/substance abuse issues. However, it is important to note that this is not a trademark of the community and that not every gay individual has mental health/substance abuse issues. Within this community, gay, bisexual, and other individuals who have sex with men and manhood aligned individuals have been found to be at increased risk for substance use disorders and to present with unique substance use treatment needs (Mericle et al., 2020).

Unfortunately, even with the commonality of substance abuse in the LGBTQ+ community, a shockingly low amount of treatment programs specific to the LGBTQ+ community



exist, despite the obvious benefits. As with anyone sharing needles, gay individuals have the potential to contract HIV/AIDS *from the act of sharing needles*. However, there is a widespread assumption that gay individuals usually contract HIV/AIDS via sexual intercourse with other men, which is not typically the case. There is strong demand for services to address the issue of substance use disorders among LGBTQ+ populations, and there is a growing literature on behavioral interventions targeting substance use and HIV/AIDS among sexual minority men. (Mericle et al., 2020) This syndemic that partially drives HIV/AIDS among men and manhood-aligned individuals who have sex with manhood-aligned individuals includes interconnected and mutually reinforcing conditions such as polysubstance use, childhood sexual abuse, intimate partner violence, depression, and sexual compulsivity (Mericle et al., 2020)

It is important as a Child and Youth Mentor to recognize the hate, discrimination, and homophobic slurs that gay men have had to endure for years and are still enduring today (see the graph above showing hate speech on Twitter). The ability to understand the community could help you to provide higher quality care to individuals who are gay and could greatly increase their chance of having a positive outcome.

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#### Additional Information on Gay Individuals

- In 1987, Delta Airlines apologized for arguing in plane crash litigation that it should pay less in compensation for the life of a gay passenger than for a heterosexual one because he may have had AIDS.
  - Records of same-sex relationships have been found in nearly every culture throughout history with varying degrees of acceptance.
  - Historians note that in some cultures, homosexual behavior was not viewed as effeminate but as evidence of a man's masculinity. Examples include the Celtic and Greek cultures.
  - The state with the most gay couples is California, with approximately 92,138. The state with the least gay couples in North Dakota, with approximately 703 couples.
  - Approximately one in three gay men prefer to not engage in anal sex.
  - In some American Indian cultures, having a same-sex attraction was called being Two-Spirited. The tribe honored such people as having special gifts and being especially blessed.
  - The Society for Human Rights in Illinois was founded in 1924 and is believed to be the first homosexual organization in the United States. It lasted just a few months but published two issues of Friendship and Freedom, the first gay liberation magazine in the country (Lehnardt, 2016)
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## Bisexual

*An individual sexually and/or romantically attracted to two or more genders. ‘Bisexuality’ is a*



poorly defined and understudied sexuality in the research literature. When bisexuality is examined, it is often framed in contrast to lesbian and gay experience. Bisexuality, then, is conceptualized as a homogenous middle ground that bridges two monosexual (heterosexual and lesbian/gay) anchors. Representing bisexuality on a continuum between “same” and “opposite-sex” attraction creates misunderstandings that reinforce a binary conceptualization of bisexuality (Galupo et al., 2017)

Bisexuality is often portrayed as “a phase” that individuals go through before deciding that they are fully gay/lesbian. This is not true, and it invalidates the identity of those individuals. Sexuality as well as gender identity live on a broad spectrum and can vary greatly from person to person. Contemporary understandings of bisexuality are affected by the way cultural and scientific definitions of ‘sexuality’ are based upon heteronormative and mononormative assumptions where heterosexual and monosexual experience are considered the natural default (Galupo et al., 2017). However, there is not a natural default for sexuality or gender identity, even in bisexuality alone. In a study conducted by Wardecker et al. (2019), members of the LGBTQ+ community were asked questions about how they specifically identify.

*I find myself romantically and physically attracted to both men and women, albeit not equally. I would say that my attraction level is about 65% toward men and 35% toward women. (Bisexual)*

*I’m queer. I’m in a hetero marriage, but I’m bisexual probably 60% gay 40% straight. (Queer)*

*I am bisexual, though I prefer men. It’s about 70/30. (Bisexual)*

*I am romantically and sexually attracted to all genders and orientations except for cis straight men. (Bisexual)*

*I’m attracted to my gender and other genders. I’m not attracted to all genders, therefore not identifying as pansexual. (Bisexual)*

Due to the negative stereotypes and assumptions in regard to bisexuals and LGBTQ+ individuals in general, these individuals often experience lower life satisfaction than heterosexual individuals. Gay and lesbian individuals had a slightly higher life satisfaction in adulthood, but that does not cross over to bisexual individuals. The stark contrast in average levels and changes in life satisfaction between bisexuals and heterosexuals is alarming and deserves future attention (Wardecker et al., 2019)

In addition to bisexual individuals having their sexual orientation ridiculed and stigmatized, they also experience a high degree of sexual objectification. According to a growing body of research, bisexual women experience unique forms of sexual objectification due to cultural depictions of hypersexualized bisexuality. Furthermore, bisexual women may experience anti-bisexual attitudes from heterosexual communities (e.g. heterosexual men fearing that their bisexual partner will cheat on them with another gender) and lesbian communities (e.g. “gold star lesbian” rhetoric, implying that a woman is a better lesbian if she has never had a relationship with a man), resulting in exacerbated minority stress associated with greater psychological distress and lower psychological well-being (Randazzo et al., 2015).

When working in home care/social services, it is important to remember that bisexuality is a perfectly valid and legitimate sexual orientation and is not a phase before an individual decides that they are gay or lesbian. Questioning the sexual orientation of the person that you are supporting could be extremely damaging and should be avoided under all circumstances as it could result in a negative outcome (i.e., depression, substance abuse, suicide, etc.).

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#### Additional Information on Bisexuality

- 58% of bisexuals are exposed to biphobic jokes at work, and 31% have been sexually harassed on the job because of who they are. Many have even been denied job advancement or work opportunities because they are bisexual (GLAAD, 2016)
  - Just short of 60% of bi women live with anxiety and mood disorders, almost double the rate of their straight peers (GLAAD, 2016)
  - Around a quarter to one third of Millennials and Generation X are neither completely straight nor gay (GLAAD, 2016)
  - More than half of LGBT youth are bi+, including 7% who are pansexual and 4% who are queer (GLAAD, 2016)
  - 40% of bi high school students seriously considered attempting suicide (GLAAD, 2016)
  - 61% of bisexual women experience intimate partner violence, more than gay or straight men and women. 37% of bi men face the issue as well, more than gay and straight men or straight women (GLAAD, 2016) - Nearly half of bisexual students are subjected to sexual assault, compared to 1/3 of their gay and lesbian peers (GLAAD, 2016)
  - Nearly 13% of women between the ages of 18-44 said that they were attracted to both sexes (HRF, 2015) - The percentage of men who self-identify as bisexual in the 18-44 age demographic: 1.8% (HRF, 2015) - When asked about sexual attraction, however, almost 6% of men stated that they were attracted to both men and women (HRF, 2015)
  - Up to 40% of the LGBTQ community identifies itself as bisexual, with women having a 2 to 1 advantage over men in this identification (HRF, 2015)
  - For those who identify as bisexual, the average age they first thought they were attracted to both genders was 13 (HRF, 2015)
  - Most bisexuals won't tell someone about their sexual orientation until the age of 20 (HRF, 2015)
  - For those who identify as bisexual, the average age they first thought they were attracted to both genders was 13 (HRF, 2015)
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## Transgender

*An umbrella term used by individuals who do not identify as the gender they were assigned at birth; this term branches into binary and non-binary transgender identities*



Transgender individuals in the United States face a stunning level of discrimination, violence, and higher rates of murder (especially Black transgender women) than other LGBTQ+ individuals.



The misconceptions and disinformation spread about transgender individuals and the transgender community exist even within the LGBTQ+ community. As such, transgender YYA are at higher risk for

mental illness, substance abuse, and suicide. Black transgender women and trans individuals of color are more often the targets of hate speech, sexual violence, hate crimes, and murder than other members of the LGBTQ+ community. The prevalence of “transgender-exclusionary radical feminists” (TERFs) has also grown in the LGBTQ+ community as a result of societal pressure creating infighting, resulting in transmisogyny and violence against transgender women in particular.



Non-binary and gender fluid individuals are often judged by the cisgender-heterosexual community as well as other individuals in the LGBTQ+ community. The lack of power for non-binary individuals and groups perpetuates ongoing oppression. Problematic bureaucratic expression and lack of respect are two elements of non-binary gender identity that contribute to the ongoing oppression of this group identity, particularly when the non-binary identity is not a



recognized identity in an overwhelming majority of jurisdictions in the United States (Elias & Colvin, 2020). Fortunately, as a gender identity, non-binary individuals are starting to be more widely accepted, at least in the United States. In saying “widely accepted”, the message is not that there is no more discrimination, just that more online and paper forms are starting to list non-binary as a gender option next to “male” and “female”.

You may start working with a transgender individual while they are socially transitioning, and your help and support could make that transition significantly easier. Social transitioning may include changing names and pronouns; using particular toilets and changing rooms; dressing more in accordance with societal expectations of their gender; performing mannerisms in line with their gender such as, using binders and packer or, for some, seeking medical measures such as hormone therapy (McGlashan & Fitzpatrick, 2018).

If you do end up supporting a transgender individual, you need to remember that the identity that they have chosen might make them feel stronger and more self-assured. Even implying that their identity is not valid or that they are wrong to identify as a sex that they were not born as can be extremely damaging and should be avoided at all costs. It is important to note that being trans is by no means necessarily a singular or even shared experience. Like all identity positions, trans is one articulation among many (including those connected with ethnicity, social class, place, age, ability and so on) (McGlashan & Fitzpatrick, 2018)

Transgender people, with their unique health concerns, may also face special health-related vulnerabilities as a result of discrimination, including social and economic vulnerabilities that increase health risks. These effects are particularly alarming given that LGBTQ+ people are significantly less likely than non-LGBTQ+ people to have health insurance and therefore may have less access to medical care that could mitigate the adverse health consequences of discrimination (Casey et al., 2019).

In many cases, doctors are able to tell if an individual is transgender due to (1) the individual asking about hormone therapy; (2) the individual asking about safe binding techniques; (3) the individual asking about surgery and similar situations. It is important to note, however, that not every individual who is transgender wants hormone replacement therapy or surgery. Each individual's experience is different, and some individuals will not be interested in hormone replacement/surgery; this does not make their gender identity any less valid. Because doctors are often (but not always) able to tell if an individual is transgender, or if the individual discloses their identity to a doctor, it could potentially lead to medical discrimination.

“Experiencing discrimination persistently leads to negative health effects for LGBTQ people, and it limits their opportunities and access to critical resources in areas such as health care, employment, and public safety. It also leads to avoidance of care, further amplifying these negative health consequences. For example, transgender people who have experienced discrimination in health care are more likely than those who have not experienced discrimination to subsequently avoid both preventative and urgent health care services, including needed

## KEY TERMS

**Non-binary gender identity:** gender identities that do not fall exclusively in man/male or woman/female categories. Some examples include genderqueer, gender fluid, agender, and bigender. Within non-Western cultures, individuals from groups such as Two Spirit people, Fa'afafine, or Hijra are sometimes considered to comprise a 'third' gender, but may or may not identify as non-binary or transgender.

**Gender Binary System:** system by which society categorizes gender as falling into one of two categories (man/woman, male/female, masculine/feminine).

**Gender Non-Conformity:** describes those who do not conform with the prescribed social expectations associated with the gender that matches a person's sex assigned at birth. This term is also used to reference cisgender individuals who fit this description (e.g. butch women).

**Cisgender:** gender identity that matches social expectations of the sex they were assigned at birth (e.g., a person assigned female at birth, who identifies as a girl/woman).

**Binarism:** assumption that gender experience is binary and devaluation of non-binary experiences of gender.

**Cissexism/cisgenderism/cisnormativity:** assumption that everyone identifies within the gender assigned at birth, and devaluation of non-cisgender experiences or perspectives in favor of cisgender ones, via behaviors, actions, attitudes, and microaggressions.

**AFAB/AMAB:** assigned female/male at birth. Also DMAB/DFAB (designated male/female at birth) or FAAB/MAAB (female-/male- assigned at birth). Terms like “born female” or “natal male” are less accurate & may be considered microaggressions.

care due to illness or injury. This leads to worse health outcomes, including higher likelihood of depression and suicidal ideation or attempts.” (Casey et al., 2019) The blatant lack of effective and non-discriminatory health care for individuals who are part of the LGBTQ+ community can lead to poor health outcomes, which could lead to poor mental outcomes. If one part of the system breaks down (i.e., health care, social services, etc.) the entire system could collapse for the LGBTQ+ individual who is seeking health care. Even in home care (like we are providing at PPRS) there is a great risk for discrimination, Child and Youth Mentors need to go into homes with an open mind and an open heart and support the individuals that they are caring for to the best of their ability.

A 2024 study by Johns Hopkins Bloomberg School of Public Health explored the systemic barriers transgender and gender non-conforming (TGNC) individuals face when attempting to access healthcare in the U.S. The research revealed that these individuals often encounter discrimination, stigma, and a lack of knowledgeable providers, resulting in significantly lower access to essential healthcare services. Transgender and nonbinary people report negative healthcare experiences, including outright refusals of care and discomfort from medical professionals, leading many to avoid seeking care altogether.

Despite progress in some areas, barriers to accessing gender-affirming care remain a significant issue. According to a study by Harvard's Chan School of Public Health, less than 0.1% of minors with private insurance received gender-affirming medical care between 2018 and 2022. This lack of access to necessary treatments has been exacerbated by political narratives that restrict gender-affirming healthcare for minors. This underscores the need for comprehensive, evidence-based healthcare policies that ensure transgender and nonbinary individuals can receive the care they need.

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### **Additional Information on Transgender Individuals**

- More than 1 in 3 LGBTQ Americans faced discrimination of some kind in the past year, including more than 3 in 5 transgender Americans (Mahowald et al., 2020)
- Around 3 in 10 LGBTQ Americans faced difficulties last year accessing necessary medical care due to cost issues, including more than half of transgender Americans (Mahowald et al., 2020)
- 15 percent of LGBTQ Americans report postponing or avoiding medical treatment due to discrimination, including nearly 3 in 10 transgender individuals (Mahowald et al., 2020)
- Transgender individuals faced unique obstacles to accessing health care, including 1 in 3 who had to teach their doctor about transgender individuals in order to receive appropriate care (Mahowald et al., 2020)
- 700,000 people identify as transgender in the United States (Thapoung, 2017)
- 1966 was the first year that transition surgeries were practiced in the United States (Thapoung, 2017)
- It's estimated that reassignment procedures can cost between \$5,000 and \$50,000—some can be as pricey as \$100,000 (Thapoung, 2017)



- In 2012, the Human Rights Campaign found that out of 636 companies analyzed, 207 provided healthcare coverage to transgender employees. It's not enough but considering only 49 corporations delivered these services in 2009, it's a step in the right direction (Thapoung, 2017)
- Disheartening research from the 2011 National Transgender Discrimination Survey reveals that 41% of transgender participants (2,644 out of 6,450) had attempted, at some point, to take their own lives. Sexual assault was the biggest cause, followed by physical assault, harassment in school, and job loss due to bias (Thapoung, 2017)
- A 2014 report from the Williams Institute estimates that there are over 15,000 transgender individuals serving on active duty and there are over 134,300 transgender veterans. According to their data, 32% were assigned male at birth and 5.5% were born female (Thapoung, 2017)
- In a massive joint report from the National Center for Transgender Equality and the National Gay and Lesbian Task Force, released in 2011, 19% of respondents said they had suffered domestic abuse because of their gender nonconformity. Interestingly, male-to-females are more likely to experience family violence than female-to-males are (Thapoung, 2017)
- The District of Columbia has laws in place, too, but for 32 states, transgender individuals can still be fired or denied employment for their identity. According to the American Civil Liberties Union, discrimination is prohibited in California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Iowa, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, and Washington (Thapoung, 2017)

## Queer

*An individual who identifies as a part of the LGBTQ+ community who may not have a label specifying their gender and/or sexuality.*



**This term originated as a slur against the LGBTQ+ community and, as such, should never be used to describe an individual who has not given their explicit permission to call them queer.**



Although our assumptions about gender identity and expression come to us early in life, gender is not a binary construct of only male and female. In recent years, many individuals have eschewed conventional gender expression, in favor of constructs that better represent their true identities, including agender, nongendered, and genderless nonbinary designations (Elias & Colvin, 2020). Many individuals do not fit into the male/female gender binary, these categories are very narrow, and do not include a decent amount of the population. Even the acronym LGBTQIAAP does not fully encompass all of the experiences and identities that individuals might have.

Some people use the term “gender-expansive” to describe their particular experience, the term captures a range of gender identities including but not limited to transgender, agender, bigender, genderqueer, non-binary, and pangender. Gender identity is fluid and individuals may hold multiple identities simultaneously or experience a change(s) in their identity throughout their lifespan (Fix et al., 2020). Individuals are definitely able to hold multiple identities at once; this does not mean that the identity that they had prior was “fake” or a “phase,” it just means that they are learning more about themselves and who they are, and that should be celebrated.

“TGE (Transgender, Non-Binary, and Gender Expansive) participants had diverse descriptions of their genders, and some reported that their gender identity had changed throughout their lives. Participants described their gender identity as: “mixed gender” or “non-binary,” “genderqueer,” “trans man,” “non-binary transgender queer,” “genderqueerish,” “trans or transgender or non-binary.” Three TGE individuals reported routinely evaluating the risks and benefits of disclosing their gender identity in different situations, and two reported always disclosing.” (Fix et al., 2020)

As in most cases concerning the LGBTQ+ community, health care has the potential to be discriminatory and subpar at best. Doctors might simply be uneducated on queer/nonbinary/gender fluid individuals and, therefore, unable to provide adequate care. Or a doctor might be biased against the LGBTQ+ community and refuse to provide health care services or provide inadequate health care services. Some of the numerous barriers to medical care faced by TGE people in the U.S. include discrimination in the healthcare setting based on gender identity, limited clinician knowledge and/or refusal to provide care, and lower rates of insurance coverage than the general U.S. population (Fix et al., 2020). Because of this discrimination in health care services, TGE individuals might miss out on basic healthcare and, because of that, have a lower life expectancy/satisfaction.

Another issue facing gender TGE individuals is that many stores/businesses are very gendered, a few examples being male/female specific bathrooms and male/female specific clothing sections/changing rooms in department stores. A genderqueer identifying young person (16-year-old, genderqueer, queer, BC) emphasized the challenges with living in a gendered society by using a bathroom example,

*“I guess in everyday -- day-to-day life being genderqueer is definitely-- presents more barriers than being-- than having a queer sexual orientation because there's so many necessities that are gender based like washrooms.” (Porta et al., 2017).*

Marginalization occurs if an individual is forced to select a gender identity that is inconsistent with one's own gender when a non-binary option is unavailable. Non-binary gender citizens are excluded from full recognition and inclusion in everyday life. Furthermore, if an individual is recognized as non-binary in one jurisdiction but not another, this conveys that their non-binary identity is valued in one place and marginalized in another (Elias & Colvin, 2020).

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### **Additional Information on TGE Individuals**

- Non-binary people are not confused about their gender identity or following a new fad. In fact, non-binary identities have been recognized for millennia by cultures and societies around the world (Therapy Changes, 2020) - Some, but not all, non-binary people undergo medical procedures to make their bodies more congruent with their gender identity. While not all non-binary people need medical care to live a fulfilling life, it's critical and even lifesaving for many (Therapy Changes, 2020)
- There's no one way to be non-binary. The best way to understand what it's like to be non-binary is to talk with nonbinary people and listen to their stories (Therapy Changes, 2020)



- In a general population, over a third of people said that they were to some extent the 'other' gender, 'both genders' and/or 'neither gender' (allabouttrans.org, 2021).
- Globally many cultures recognize more than two genders. As with sexuality, in western cultures it seems that binary categories (male/female, gay/straight) have been imposed on a human experience which is not binary (allabouttrans.org, 2021)
- Transgender and nonbinary youth who reported having their pronouns respected by all or most of the people in their lives attempted suicide at half the rate of those whose pronouns were disregarded (Ennis, 2020)
- Transgender and nonbinary youth with access to tools such as binders, shapewear, and gender-affirming clothing reported lower rates of attempting suicide in the past year compared to transgender and nonbinary youth without access to these essentials (Ennis, 2020)

## Questioning

*A person who is still exploring their sexuality or sexual identity*



“Questioning” is exactly what it sounds like, it is the time in an individual’s life where they are exploring their sexual orientation and gender identity. It is important to support individuals during this time, and it is important to respect their pronouns and the name they decide upon (if their name/pronouns change). It is also vital that providers use the proper verbiage in reference to this time, “Exemplified in the

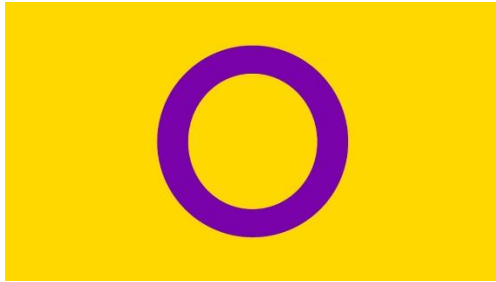
polarized use of language (e.g., “gender confused”

versus “gender questioning”) during debates about bathroom rights, particularly for transgender youth, many stakeholders have demonstrated capacity to enter into conflict that quickly seems to lose sight of those who are at the center of the experience: the youth who study, eat, play, and use the bathroom together every day. With the exception of an academic journal editorial on bathrooms written by a transgender physician, most perspectives heard to date have been adults, particularly cisgender (McGlashan & Fitzpatrick, 2018). The focus here should not specifically be on bathroom rights, as the conflict goes far beyond that particular issue.

As Child and Youth Mentors, the best thing that you can do while an individual is trying to figure out who they are is to be supportive and celebrate whoever they authentically are. Sexuality and gender are very broad categories, so it is also good to remember that it is okay to ask questions and asking questions could be more respectful than fully misunderstanding.

## Intersex

*An umbrella term to describe a wide range of natural body variations that do not fit neatly into conventional definitions of male or female. Intersex variations may include, but are not limited to, variations in chromosome compositions, hormone concentrations, and external and internal characteristics.* “Intersex is an umbrella term for differences in sex traits or reproductive



anatomy. Intersex people are born with these differences or develop them in childhood. There are many possible differences in genitalia, hormones, internal anatomy, or chromosomes, compared to the usual two ways that human bodies develop” (InterACT Advocates for Intersex Youth 2021).

*Intersex Pride Flag*

2021).

Older terms, such as pseudohermaphroditism and hermaphroditism, are controversial, leading the Lawson Wilkins Pediatric Endocrine Society (LWPES) and the European Society for Pediatric Endocrinology (ESPE) to propose in 2006 the expression “disorders of sex development” (DSD), a contentious term in its own right, to define congenital conditions in which development of chromosomal, gonadal, or anatomical sex is atypical (Reis & McCarthy, 2016). However, the DSD label is still controversial, and “many intersex people reject the term “DSD” because it supports the idea that their bodies are wrong, or up to doctors to “fix” (InterACT Advocates for Intersex Youth, 2021).

For some people, their intersex condition is being born with genitals that look ambiguous to the degree that physicians and parents have difficulty determining what sex to put on the birth certificate. For others, their intersex condition, in this case androgen insensitivity syndrome (AIS), is discovered as the patient gets older, either in childhood (often appearing as a “hernia” that leads to the discovery of internal testes) or later in puberty (Reis & McCarthy, 2016).

One of the most controversial parts of the intersex condition is the nonconsensual surgery. Many individuals have their gender chosen for them (male/female) before they are old enough to make that decision on their own. Intersex activists have spent the last 20 years trying to convince doctors to stop performing corrective surgery, and to wait until the child can have a say in operative procedures. They recommend choosing a sex based on hormonal and chromosomal factors in cases of ambiguous genitalia but delaying any surgeries other than lifesaving treatments. This unfortunate history of nonconsensual surgery has been destructive in many ways for intersex patients and their families (Reis & McCarthy, 2016). Heidi Walcutt (1999), in an autobiographical essay, recalled that in the 1970s a doctor at the Buffalo Children’s Hospital told her at age 14 or 15 that she would need surgery to increase the depth of her vagina “if you ever want to have normal sex with your husband.” (Reis & McCarthy, 2016)

Many doctors do not know how to care for intersex patients, and their first instinct is to “correct” the genitals of the intersex individual. This is generally not the proper way to provide medical services to individuals who are intersex. The needs of intersex patients should become a

more integral part of medical school curricula. Estimates put the incidence of intersex at about 1 in 2,000 births, and some people say it is even more common than that (Reis & McCarthy, 2016). With how common this condition is, it would certainly make sense for this topic specifically to be included in medical curricula, as well as how to care for transgender/nonbinary individuals, who also do not typically receive adequate health care. As health care is already far below the quality that it should be for these individuals, it is important for you as a CYM (Child and Youth Mentor) to offer the utmost support and understanding to this individual, as well as to celebrate who they authentically are/who they want to be.

### Additional Information on Intersex Individuals

- If you ask experts at medical centers how often a child is born so noticeably atypical in terms of genitalia that a specialist in sex differentiation is called in, the number comes out to about 1 in 1500 to 1 in 2000 births. But a lot more people than that are born with subtler forms of sex anatomy variations, some of which won't show up until later in life (ISNA, 2008)
- Some people live with DSDs or intersex anatomy without anyone, including themselves ever knowing (Niamh, 2015)
  - Some cases of DSD are suspected at birth because of obvious signs of atypical or ambiguous genital appearance. In such cases tests may be carried out which determine whether the baby is raised as a boy or a girl (Niamh, 2015)
- 1 in 100 people are born with bodies that differ from standard male or female (Niamh, 2015)
- Approx 1-2 in every 1000 people receive surgery to 'normalise' genital appearance (Niamh, 2015)
- An Intersex person is not a "hermaphrodite". A hermaphrodite implies that a person is both fully male and fully female. This is a physiologic impossibility. The term may be considered offensive (Niamh, 2015)
- Most DSD conditions do not affect a person's physical health. When health implications do occur they tend to relate to infertility and hormone levels (Niamh, 2015)
- According to experts, between 0.05% and 1.7% of the population is born with intersex traits – the upper estimate is similar to the number of red haired people (Anunnaki Ray, 2020)
- Being intersex relates to biological sex characteristics and is distinct from a person's sexual orientation or gender identity. An intersex person may be straight, gay, lesbian, bisexual or asexual, and may identify as female, male, both or neither (Anunnaki Ray, 2020)

## Aromantic

*An individual who does not experience romantic attraction, e.g. "crushes," toward any person of any gender.*

Individuals on the aromantic spectrum describe themselves as "lacking romantic attraction" or feeling it so infrequently that they do not relate to the "standard" way that non-aromantic people do. The aromantic label is an umbrella term to refer to individuals who identify as aromantic, demiromantic (feeling romantic attraction to an individual only once a strong platonic bond is established), greyromantic (feeling romantic attraction extremely fleetingly or ambiguously), and other "nonstandard" romantic attraction or lack thereof.



Aromantic individuals are often faced with stigma around being “loveless” or experiencing no emotions whatsoever, but this of course is not true. There is a societal focus on romantic relationships in the United States and other Western countries, but there are and always have been many forms of love, romantic, platonic, familial, and otherwise. Nevertheless, some aromantic individuals lean into the “loveless” label and demonstrate the ways in which life can be fulfilling without a focus on Western standards of love.

Many young aromantic individuals who have not fully figured out their identity may worry or feel that they are “broken” due to their lack of romantic attraction, especially throughout middle and high school years when many students are exploring romantic and sexual interpersonal relationships.

It is important to remember that romantic relationships are not the “standard” for everyone, and that not everyone is interested in having romantic relationships, nor do they experience romantic attraction to others. Platonic, familial, and queer-platonic relationships can be and are just as fulfilling as romantic relationships, and aromantic individuals deserve equal respect as their alloromantic peers.

## Asexual

*A person who is not attracted in a sexual way to people of any gender*



The Asexual Visibility and Education Network (AVEN) states that “an asexual person is a person who does not experience sexual attraction,” yet a more inclusive definition also delineates that this person also self-identifies as an asexual person. This expanded definition means that a person must choose the asexual identity label for themselves and that it cannot be forced upon them based on their experiences, behaviors, or attitudes around sexuality

(Teut, 2019)

Asexuality does not mean that an individual has made a decision to not have sex (although that is absolutely valid) it typically means that an individual does not feel sexually attracted to others. However, as with all sexualities, the spectrum is broad, and this might present differently in each asexual individual. Beyond the initial lack of sexual attraction, the asexual community acknowledges a broad diversity of ways of being asexual. For instance, there are at least five different types of attraction (sexual, sensual, romantic, platonic, aesthetic), a spectrum

of willingness to engage in sexual activities (sex-positive, -neutral, -negative, -adverse), and spectrums for intensity of attraction felt as well as conditions under which attraction is felt (Teut, 2019).

There are a few other sexualities that fall on the spectrum of asexuality, the main subcategory being gray-A/gray ace which also encompasses demisexuality and semisexuality. Demisexuality is a sexual orientation in which someone feels sexual attraction only to people with whom they have formed a strong platonic, romantic, or other emotional bond. Most demisexuals feel sexual attraction rarely compared to the general population, and some have little to no interest in sexual activity (Demisexuality Resource Center, 2021). Semisexual is similar to gray-A, and has multiple definitions that are currently in use (1) Someone who falls between fully asexual and fully allosexual; (2) Someone who feels sexual attraction but has no desire to act on it; (3) Someone who does not feel sexual attraction but has a libido; (4) Someone who experiences sexual attraction and possibly qualifies as allosexual by definition, but finds asexuality and/or greysexuality a useful and relevant concept to describe one's orientation, experiences, or feelings in some way (LGBTQ Wiki, 2021)

It is important to remember that sexual intercourse is not the “standard” for everyone, and that not everyone is interested in having sex/sexually attracted to others. Sexuality is different for everyone, and it is vital that we acknowledge and respect asexuality as a valid sexuality. Knowing who you are, feeling empowered by who you are, and being lifted up and supported by those around you could be so incredibly beneficial for LGBTQ+ youth, especially youth who are not neurotypical and/or have issues with mental health disorders.

*Trans, sexuality, and gender, and mental health stuff are like all super wrapped up for me, because I have been diagnosed as autistic. . . . I see these things as the social constructs that they are because I am a person whose ways of thinking are just by nature the way my brain works—slightly removed from those social constructs.*

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### Additional Information on Asexuality

- Asexuality Is a Spectrum of Sexuality In and Of Itself (Zeilinger, 2016)
- Asexuality Is Not a Mental or Pathological Disorder (Zeilinger, 2016)
- Asexuality Is Not the Same Thing as Having Low Sex Drive or Being Celibate, Abstinent, or Having Never Had Sex (Zeilinger, 2016)
- Asexual people are not incapable of having sex. In fact, some who identify as asexual not only choose to engage in sexual acts, they do so on a regular basis with partners who may not be asexual themselves (Hugel, 2014)
- While some asexuals identify as homosexual, there are many who desire and participate in heterosexual relationships. Whether this is merely romantic or includes a sexual component is entirely dependent on the individuals. There is no reason why a person can't identify with more than one option on the sexual spectrum (Hugel, 2014)

- Asexuality, unlike celibacy, is not a choice. It is a sexual orientation in the same way that heterosexuality or homosexuality are. A person doesn't wake up one morning and decide to be asexual (Hugel, 2014) - The term demisexual is relatively new—it was first coined in 2008, on the Asexual Visibility & Education Network website—but it's been growing fast as more and more people come out as demisexual, refusing to be shamed about their unconventional attractions. A demisexual person can also be gay, straight, or bisexual, or pansexual and may not have a gender preference when it comes to sexual attraction (Daniel, 2019)

## Pansexual

*A person whose sexual attraction is not based on gender and may themselves be fluid when it comes to gender or sexual identity*



Pansexual individuals do not generally have a gender preference in sexual partners. As pansexual character David Rose in the television show “Schitt’s Creek” once said, “I care about the wine, not the label.” Essentially, personalities matter more in terms of sexual/romantic attraction than gender for pansexual individuals. Unfortunately, pansexuality is not often considered a valid sexual identity or even known

of amongst the majority. Even the most outspoken antigay and lesbian faith groups often do not mention bisexual individuals in their policies. As bisexual and pansexual individuals challenge binary notions of sexuality and gender, they often experience isolation and invisibility (Levy & Harr, 2018).

Unfortunately, much like bisexual individuals, pansexual individuals will often have their sexual orientation questioned if they happen to be with same-sex partners or partners of the opposite sex. Essentially, their identities might be questioned regardless of who they are with. Some individuals explained that they are labeled as gay or lesbian because of their same-sex partners. No matter how they were labeled by others, it was frustrating for participants that these labels were assigned to them in advance of them choosing to come out or identify themselves. (Levy & Harr, 2018). Bisexual and pansexual individuals may even experience discrimination within the LGBTQ+ community, as these individuals are often seen as being confused, ambiguous, or undecided.

*Since I [started to] identify as pansexual, I’ve only dated someone who looks sexually like a girl so I don’t ever get questioned about it. And sometimes I feel like I’m not really part of the LGBTQA community just because I am dating someone who looks like a girl.... We don’t get discriminated against in restaurants or anything like that. I feel like we got a free pass in society.*

Some pansexual individuals may want to go to church for support/religious purposes, however, and queer theory defies the notion that one cannot be bisexual or pansexual and Christian, and it highlights the importance of self-identification for sexuality and faith. It is important to note that identities are not held in a vacuum but rather intersect with one another, and this is particularly important when considering religious and sexual identities (Levy & Harr, 2018). Individuals can be any sexual orientation/gender identity and can still be connected to any number of religions, including Christianity. Identifying in a way other than cisgenderheterosexual does not take away an individual's ability to be religious and does not make them any less of a Christian/religious person. Intersectionality recognizes that individuals are not simply made up of their individual identities but instead are made up of an intersection of those identities. As individuals negotiate their sexual identity and religious beliefs, they live in the in between spaces where labels and assumptions fail to encompass the richness of their experiences (Levy & Harr, 2018).

Finally, as with all sexualities, pansexuality is a spectrum, and can present differently in each individual within this community. A study conducted by Levy & Harr (2018) included interviews with a number of individuals from the LGBTQ+ community:

*I am mostly attracted to females or feminine/androgynous people. Whenever I fantasize about masculine men, it feels like it comes from a very feminine side of me. (Pansexual)*

*I'm very picky about romantic attraction and fairly picky about sexual attraction, too. (Pansexual)*

*Attracted to all genders/sexualities as well as those who don't identify with a gender. (Pansexual)*

*It's about loving someone for who they are as a person, not their gender. (Pansexual)*

*I'm gender-blind. I'll be with a person for who they are, regardless of gender/sex. (Pansexual)*

*Interested in people over people's bits. Gender is amongst the many variables that literally do not enter the equation of "to date or not to date. (Pansexual)*

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### Additional Information on Pansexuality

- Pansexuals don't find the gender or gender expression of others to be important with regards to their attraction. Some people use the word "gender-blind" to describe themselves and their sexual tastes. This may often be mistaken for bisexuality, but they are not the same—pansexuality has a distinctive philosophy. (Sydney Gay Counselling, 2021)
- Pansexual people often say that their sexual orientation represents a way of thinking about sexuality that is disconnected from traditional ideas, and therefore they often get brushed to the side and minimized (Sydney Gay Counselling, 2021)
- Pansexuality is becoming a widely-accepted orientation and experience. There are even some notable celebrities who publicly identify as pansexual, including singers Miley Cyrus, Janelle Monae, Brendan Urie, and Angel Haze and Texas legislator Mary Gonzalez (Sydney Gay Counselling, 2021)



- While some have criticised bisexuality for not being inclusive of non-binary people, bisexuals have come forward saying that “bi” in this case means “both same and different,” and therefore their orientation includes attraction to non-binary people (Sydney Gay Counselling, 2021)
- While the prefix “pan” means “all,” it’s a common myth that pansexual people are promiscuous and will have sex with anyone they meet (Sydney Gay Counselling, 2021)
- Pansexual people can be attracted to anyone of any gender, but it doesn’t mean they’re attracted to everyone (Them., 2019)
- Though many pansexual people also identify as polyamorous, pansexuality is about the gender of the people one is attracted to, while the polyamory is about the ability and commitment to form romantic and/or sexual relationships with more than one person. Not all pansexual people are polyamorous and not all polyamorous people are pansexual (Them., 2019)
- As people become more educated on nonbinary identities, it stands to reason that pansexuality will become an increasingly common orientation as well (Them., 2019)

## How To Be An Ally

One of the most important things that allies can do to support the LGBTQQIAAP community is to confront individuals who are misinformed, or homophobic/transphobic. It is wonderful to accept and support the LGBTQ+ community, however, this is not the most effective way to be an ally. With respect to allies (in this case non-sexual orientation minority supporters), prior work has shown that these individuals do often confront prejudice, they experience positive intrapersonal consequences when they confront, and they experience feelings of self-criticism and guilt when they do not confront but feel that they should have. Based on past definitions of confrontation, we define confrontation as verbally expressing one's dissatisfaction with a perpetrator's negative behaviors, attitudes, or assumptions (Martinez et al., 2017).

It is usually positive to stand up for others, especially “minority”\*\*\* populations, and cisgender, heterosexual white people are typically more inclined to listen to other cisgender, heterosexual white people than they would be if someone from a “minority” population was trying to correct them. Past research has shown that allies may be more effective confronters than sexual orientation minorities themselves. Because allies are not perceived as having a vested interest in the confrontation, they are often seen as more objective than those who are targets and

\*\*\* The term “minority,” when referring to specific populations, is typically referring to anyone who is not white, cisgender, and heterosexual. Straight white people are not the norm or “majority,” and this type of verbiage has the potential to alienate individuals in other communities.

are more effective than targets in reducing subsequent prejudiced attitudes, eliciting feelings of guilt, and reducing negative behaviors toward target group members by confronting (Martinez et al., 2017).

Perpetrators engage in more self-reflection when they are confronted by allies than by targets. These results suggest that allies (versus targets) elicit greater self-directed introspection in perpetrators, which is an important first step in attitude change. Confrontations enacted by allies also may legitimize the seriousness of the prejudiced action more so than those enacted by targets. Finally, targets who confront tend



to receive more negative reactions from third-party witnesses than allies who confront. Thus, allies (relative to targets) are perceived as being more persuasive, elicit more negative reactions toward the perpetrator, and do not receive as much negative backlash as a result of confronting prejudice (Martinez et al., 2017)

Confrontation can be awkward and stressful but having one or two awkward minutes in your life so that an LGBTQ+ individual is not harassed is definitely worth it. Although much research has examined ways that LGBTQ+ targets can internally cope with experiences of prejudice and discrimination, the goal of confronting is to reduce its occurrence (Martinez et al., 2017). If more people that stand up and tell hateful individuals that their hate is unfounded and unacceptable, the higher chance that those individuals will actually listen. The below statements are what LGBTQ+ individuals stated that they expect from allies:

- *“I think if a situation arises where there's not someone that represents [a] lesbian, gay or bisexual [individual] in the situation, and there's something happening relating to that, I think as an ally it's then your responsibility to step up and then be that voice”*
- *“An ally to me in the workplace would be somebody that if something came up as a problem – whether it's my boss or one of my co-teachers – they would stand by my side... I think that is the biggest sign of an ally. They're not only supportive when things are going well... It's standing by even if an issue were to come up.”*
- *“I had a coworker ask me, “All gay men have anal sex, right?” And nobody said anything. So I quickly said, “No.” He said, “Well I don't understand. If a man is gay, how does he go his entire life without having anal sex?” And my coworkers were standing there all in shock. Like, this is happening! But nobody said anything!” • “That's definitely a big thing when someone is able to step up for somebody who is LGB. I feel like often times I'm the only one in the room that will say something. And I think someone who's not LGB just doesn't even realize the impact they can have by saying something. So when someone does say something it's like, “Oh! There's someone else here that supports these things!” It's nice to have someone speak up on behalf of the LGBT community.”*
- *“I think for an ally in particular, if someone said, “Oh, you're bringing your boyfriend [to a company event]?” they'd be the person that would say, “No, don't assume [that her partner is male],” so that I don't have to be the only one in the room who is correcting.”*
- *“I would say most of the allies that I meet don't have the education, because it's not something that they've researched before. I think it's really clear when you hear things like, “I'm an ally, I watch Glee.” Like that's their way of showing you they're supportive. They don't know about some of the things they don't know about. The tools. But you still get some of the general support. They'll say something maybe misguided, but they'll say something in your defense”*
- *[At work], we had to measure [customers] for dress shirts, and this one man said “I don't want [your coworker] to measure me.” [I asked] “why?” and then he said the F-word. I was like, “Oh, okay then, he's just a person, he's not going to bite you...” I think that its*

*better when you hear somebody say something like that to stay calm and just get levelheaded about the situation, because if you come back with anger and stuff like that its just going to make it worse. I mean they're not going to listen to you.*

## Final Note

*Remember that it is always okay to change how you identify, regardless of where you are in your life or who you have come out to!*

## Citations

- allabouttrans.org. (2021). Non-Binary Gender Fact Sheet. All About Trans.
- Anunnaki Ray. (2020, January 10). United Nations' INTERSEX Fact Sheet. Mx. Anunnaki Ray Marquez. <https://anunnakiray.com/unitednations-intersex-fact-sheet/>.
- BBC. (2015, June 25). We know what LGBT means but here's what LGBTQIAAP stands for. BBC News. <https://www.bbc.com/news/newsbeat33278165>.
- Burkey, D., Fetty, A., & Watson-Huffer, K. (2021). Infusing LGBTQ cultural competency into nursing curriculum. *Nurse Education Today*, 96, 104642. <https://doi.org/10.1016/j.nedt.2020.104642>
- Casey, L. S., Reisner, S. L., Findling, M. G., Blendon, R. J., Benson, J. M., Sayde, J. M., & Miller, C. (2019). Discrimination in the United States: Experiences of lesbian, gay, bisexual, transgender, and queer Americans. *Health Services Research*, 54(6), 1454–1466. <https://doi.org/10.1111/1475-6773.13229>
- Chmielewski, J. F. (2017). A Listening Guide Analysis of Lesbian and Bisexual Young Women of Color's Experiences of Sexual Objectification. *Sex Roles*, 77(7-8), 533–549. <https://doi.org/10.1007/s11199-017-0740-4>
- Daniel, A. F. (2019, July 3). Demisexual Facts: 15 Signs This Is Your Sexual Orientation. *Best Life*. <https://bestlifeonline.com/demisexual/>.
- Demisexuality Resource Center. (2021). *Demisexuality Resource Center*. Resources for demisexuals, partners, and allies. <http://demisexuality.org/articles/what-isdemisexuality/>.
- Dettaro, L. (2021, February 4). Gender and sexuality in autism, explained: *Spectrum: Autism Research News*. *Spectrum*. <https://www.spectrumnews.org/news/gender-andsexuality-in-autism-explained/>.
- Elias, N., & Colvin, R. (2020). A Third Option: Understanding and Assessing Non-binary Gender Policies in the United States. *Administrative Theory & Praxis*, 42(2), 191–211. <https://doi.org/10.1080/10841806.2019.1659046>
- Ennis, D. (2020, July 15). Largest Survey Of Transgender And Nonbinary Youth Says More Than Half Seriously Considered Suicide. *Forbes*. <https://www.forbes.com/sites/dawnstaceyennis/2020/07/15/largest-survey-of-transgender-andnonbinary-youth-says-more-than-half-seriouslyconsidered-suicide/?sh=da9234b3404d>.
- Fix, L., Durden, M., Obedin-Maliver, J., Moseson, H., Hastings, J., Stoeffler, A., & Baum, S. E. (2020). Stakeholder Perceptions and Experiences Regarding Access to Contraception and Abortion for Transgender, Non-Binary, and Gender-Expansive Individuals Assigned Female at Birth in the US. *Archives of Sexual Behavior*, 49(7),

- 2683–2702. <https://doi.org/10.1007/s10508-020-01707-w>
- Galupo, M. P., Ramirez, J. L., & Pulice-Farrow, L. (2017). “Regardless of Their Gender”: Descriptions of Sexual Identity among Bisexual, Pansexual, and Queer Identified Individuals. *Journal of Bisexuality*, 17(1), 108–124. <https://doi.org/10.1080/15299716.2016.1228491>
- Georgetown.edu. (2021). A Brief History of Civil Rights in the United States: LGBTQ Civil Rights. Guides. <https://guides.ll.georgetown.edu/c.php?g=592919&p=4100955>.
- GLAAD. (2016, September 28). 13 things you didn't know about being bisexual+. *GLAAD*. <https://www.glaad.org/blog/13-things-you-didn%E2%80%99t-know-about-being-bisexual>.
- HRF. (2015, July 2). 24 Uncommon Bisexuality Statistics. *HRF*. <https://healthresearchfunding.org/24-uncommon-bisexuality-statistics/>.
- Hugel, M. (2014, December 23). 6 Important Facts Bust the Biggest Myths About Asexuality. *Mic*. <https://www.mic.com/articles/106784/6important-truths-that-reveal-what-asexuality-isreally-about>.
- InterACT Advocates for Intersex Youth. (2021, January 26). What is Intersex? Frequently Asked Questions. *interACT*. <https://interactadvocates.org/faq/>.
- ISNA. (2008). How common is intersex? *Intersex Society of North America*. <https://isna.org/faq/frequency/>.
- Kozee, H. B., & Tylka, T. L. (2006). The test of objectification theory with lesbian women. *Psychology of Women Quarterly*, 30, 348–357. <https://doi.org/10.1111/j.1471-6402.2006.00310.x>
- Lehnardt, K. (2016). 82 Interesting Facts about LGBT. *Interesting Facts*. <https://www.factretriever.com/lgbtfacts#:~:text=Studies%20have%20shown%20that%20gay%20men%20have%20more,inner%20functions%20and%20eyebinking%20reactions%20to%20loud%20noises>.
- Levy, D. L., & Harr, J. (2018). “I never felt like there was a place for me:” Experiences of Bisexual and Pansexual Individuals with a Christian Upbringing. *Journal of Bisexuality*, 18(2), 186–205. <https://doi.org/10.1080/15299716.2018.1431169>
- LGBTa Wiki. (2021). Semisexual. *LGBTa Wiki*. <https://lgbta.wikia.org/wiki/Semisexual>.
- Mahowald, L., Gruberg, S., & Halpin, J. (2020, October 6). The State of the LGBTQ Community in 2020. *Center for American Progress*. <https://www.americanprogress.org/issues/lgbtqrights/reports/2020/10/06/491052/state-lgbtqcommunity-2020/>.
- Martinez, L. R., Hebl, M. R., Smith, N. A., & Sabat, I. E. (2017). Standing up and speaking out against prejudice toward gay men in the workplace. *Journal of Vocational Behavior*, 103, 71–85. <https://doi.org/10.1016/j.jvb.2017.08.001>
- McGlashan, H., & Fitzpatrick, K. (2018). “I use any pronouns, and I’m questioning everything else”: Transgender youth and the issue of gender pronouns. *Sex Education*, 18(3), 239–252. <https://doi.org/10.1080/14681811.2017.1419949>
- Mericle, A. A., Carrico, A. W., Hemberg, J., de Guzman, R., & Stall, R. (2020). Several Common Bonds: Addressing the Needs of Gay and Bisexual Men in LGBT-Specific Recovery Housing. *Journal of Homosexuality*, 67(6), 793–815. <https://doi.org/10.1080/00918369.2018.1555394>
- Mollet, A. L. (2020). “I Have a Lot of Feelings, Just None in the Genitalia Region”: A Grounded Theory of Asexual College Students’ Identity Journeys. *Journal of College Student Development*, 61(2), 189–206. <https://doi.org/10.1353/csd.2020.0017>
- Niamh. (2015, October 27). 7 facts you should know about Intersex. *GCN*. <https://gcn.ie/7-facts-you-should-know-about-intersex/>.
- Porta, C. M., Gower, A. L., Mehus, C. J., Yu, X., Saewyc, E. M., & Eisenberg, M. E. (2017). “Kicked out”: LGBTQ youths’ bathroom experiences and preferences. *Journal of Adolescence (London, England)*, 56, 107–112. <https://doi.org/10.1016/j.adolescence.2017.02.00>
- Pride guide: An interactive workbook for exploring lesbian, gay, bisexual, transgender, and queer (LGBTQ) history and places: Derived from LGBTQ America: A theme study of lesbian, gay, bisexual, transgender, and queer history. (2019). *The National Park Service, U.S. Department of the Interior*.
- Randazzo, R., Farmer, K., & Lamb, S. (2015). Queer Women’s Perspectives on Sexualization of Women in Media. *Journal of Bisexuality*, 15(1), 99–129. <https://doi.org/10.1080/15299716.2014.986315>
- Rhoten, B., Burkhalter, J., Joo, R., Mujawar, I., Bruner, D., Scout, N., & Margolies, L. (2021). Impact of an

- LGBTQ Cultural Competence Training Program for Providers on Knowledge, Attitudes, Self-Efficacy and Intentions. *Journal of Homosexuality*, 1–12.  
<https://doi.org/10.1080/00918369.2021.1901505>
- The Trevor Project. (2024). *National survey on LGBTQ+ youth mental health*. The Trevor Project.  
[https://www.thetrevorproject.org/survey-2024/?utm\\_source=chatgpt.com](https://www.thetrevorproject.org/survey-2024/?utm_source=chatgpt.com)
- Journal of Adolescent Health. (2020). The impact of gender-affirming care on mental health outcomes of transgender youth. *Journal of Adolescent Health*, 67(4), 587–594.  
<https://doi.org/10.1016/j.jadohealth.2020.03.005>
- Social Science & Medicine. (2021). The effects of anti-LGBTQ+ policies on the mental health of transgender individuals. *Social Science & Medicine*, 273, 113735.  
<https://doi.org/10.1016/j.socscimed.2020.113735>
- Shelton, J., Poirier, J., Wheeler, C., & Abramovich, A. (2018). Reversing Erasure of Youth and Young Adults Who are LGBTQ and Access Homelessness Services: Asking about Sexual Orientation, Gender Identity, and Pronouns. *Child Welfare*, 96(2), 1–28.
- Springate, M. E. (2016). LGBTQ America: A theme study of lesbian, gay, bisexual, transgender, and queer history. *National Park Service, U.S. Department of the Interior*.
- Sydney Gay Counselling. (2021, January 21). 5 Myths and Facts About Pansexuality. *Sydney Gay Counselling*.  
<https://sydneygaycounselling.com/2018/09/myths-facts-pansexuality/>.
- Teut, J. (2019). Integrating Asexuality: A is for Asexual in LGBTQIA+. *New Directions for Community Colleges*, 2019(188), 95–108.  
<https://doi.org/10.1002/cc.20381>
- Thapoung, K. (2017, October 11). The Transgender Community by the Numbers. *Marie Claire*.  
<https://www.marieclaire.com/culture/g3065/transgender-facts-figures/>.
- The 2019 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual, Transgender, and Queer Youth in Our Nation's Schools. Executive Summary. (2020). Distributed by ERIC Clearinghouse.
- Them. (2019, October 16). Pansexuality 101: five key facts you need to know. *British GQ*.  
<https://www.gqmagazine.co.uk/lifestyle/article/pansexualmeaning>.
- Therapy Changes. (2020, December 3). Gender Identity Basics: Understanding Non-Binary, Transgender, and Gender Fluid People. *Therapy Changes*.  
<https://therapychanges.com/blog/2020/12/understanding-non-binary-transgender-genderfluid-people/#:~:text=Below%20are%20important%20facts%20about%20nonbinary%20people%3A>
- Wardecker, B. M., Matsick, J. L., Graham-Engeland, J. E., & Almeida, D. M. (2019). Life Satisfaction Across Adulthood in Bisexual Men and Women: Findings from the Midlife in the United States (MIDUS) Study. *Archives of Sexual Behavior*, 48(1), 291–303. <https://doi.org/10.1007/s10508-018-1151-5>
- Webb, A., Matsuno, E., Budge, S., Krishnan, M., & Balsam, K. (2021). Non-Binary Gender Identities Fact Sheet. *APA Division 44: Society for the Psychology of Sexual Orientation and Gender Diversity*.
- Worthen, M. G. F. (2021). The Young and the Prejudiced? Millennial Men, “Dude Bro” Disposition, and LGBTQ Negativity in a US National Sample. *Sexuality Research & Social Policy*, 18(2), 290–308. <https://doi.org/10.1007/s13178-020-00458-6>
- Zeilinger, J. (2016, October 24). 6 Actual Facts About What It Means to Be Asexual. *Everyday Feminism*.  
<https://everydayfeminism.com/2015/07/what-it-means-to-be-asexual/>.