



PACIFIC CENTER

FOR HUMAN GROWTH

Lesbian, Gay, Bisexual, Transgender, Queer, Intersex & 2-Spirit **Information and Resource List for Providers**

This list is reviewed and updated quarterly. Please send any updates or additions to:
Director@pacificcenter.org

Pacific Center also recommends

www.eastbaypride.com for additional **local** resources and updates

Responder Resources specific to LGBTQ Grief and Trauma

Kip Williams, LMFT: article on **10 Steps to help process the Orlando Massacre**

<http://marketstreetpsychotherapy.com/blog/10-steps-to-help-process-the-orlando-massacre/>

Self-care post mass shootings

<http://www.apa.org/helpcenter/mass-shooting.aspx>

Building Resilience

<http://www.apa.org/helpcenter/terror-exposure.aspx>

Pacific Center No-cost Grief therapy group: Meets every Saturday. 11AM @ Pacific Center, 2712 Telegraph Ave. Berkeley CA 94705

Lmonsour@pacificcenter.org

LGBTQI2-S Community Centers

Centerlink: national listing of LGBTQ centers: www.lgbtcenters.org

Their comprehensive listing of national organizations and resources can be found at:
<http://www.lgbtcenters.org/localstatenational-groups.aspx>

Northern California LGBTQI2-S Community Centers

Alameda County: **Pacific Center** – www.pacificcenter.org 510. 548.8283

Chico: **Stonewall Alliance Center** - www.stonewallchico.org 530.893.3336

Contra Costa County: **Rainbow Community Center** – www.rainbowcc.org 925.692.0090

Marin County: **Spectrum** – www.Spectrumlgbtcenter.org 415.472.1945

Sacramento : **Sacramento Gay & Lesbian Center** - www.saccenter.org 916.442.0185

Solano Co – **Solano Pride Center** – www.Solanopride.org

San Francisco: **SF LGBT Center** – www.SFcenter.org 415.865.5555

South Bay: **Billy DeFrank Community Center** – Defrankcenter.org 408.293.2429

Santa Cruz: **Diversity Center of Santa Cruz** – www.diversitycenter.org 831.425.5422

Most Community Centers offer social support and/or therapy services

LGBTQI2-S Health & Wellness Services

National

Gay and Lesbian Medical Association – professional association www.glama.org

National Coalition for LGBT Health – www.healthlgbt.org

Sexuality Information and Education Council of the United States - www.Siecus.org

Northern California

API Wellness Center – HIV/Trans support for API LGBTQ people – www.api.org

Asian Health Services – Oakland – www.asianhealthservices.org

Berkeley Free Clinic – Trans clinic, rapid HIV testing – www.berkeleyfreeclininc.org

Gaylesta – LGBTQ therapist referrals and professional association www.gaylesta.org

Lyon-Martin Health Services – primary and mental health services www.lyon-martin.org

Pacific Center– Berkeley - www.pacificcenter.org (510) 548.8283

Rainbow Community Center – Contra Costa County: www.rainbowcc.org (925) 692.0090

Crisis Support & Hotlines

Nationwide Suicide Crisis Hotline (24 Hour Crisis Line): National Suicide Prevention Lifeline 1800-273-TALK (8255) *1800-SUICIDE has been replaced with this number*

Alameda County Crisis Support Services (24 Hour Crisis Line): 1.800.309.2131

Alameda County Access: 1.800.491.9099

Berkeley Crisis Assistance

Mobile Crisis Team (10:30am – 11pm): 510.981.5254

(8am – 4pm; Mon – Fri; non-life threatening crisis): 510.981.5244

Contra Costa County

Access: 1.888.678.7277 Crisis: 800.833.2900

GLBT National Hotline: [888.843.4564](tel:888.843.4564)

GLBT National Youth Talkline: 1.800.246.PRIDE (7743)

S.F. Suicide Prevention 415.781.0500

San Mateo County

Access Team: Mon – Fri from 8am to 5pm: 1.800.686.0101

Crisis, Psychiatric Emergency Services: 650.573.2662

San Francisco

Crisis Line: 415.781.0500

HIV Nightline: 415.434.2437 (5pm – 5am): 1.800.628.9240

Translifeline/Suicide Prevention Line: 1.877.565.8860

Trevor (Youth) Lifeline: 1.866.U.TREVOR ([866.488.7386](tel:866.488.7386))

Resources for LGBTQI2-S Elders

National

National Resource Center on LGBT Aging - Links and resources -

www.lgbtagingcenter.org

Next Step in Care - Guide to LGBT Caregiving –

www.nextsteipincare.org/caregiver_Home/LGBT_Guide/

SageUSA – National LGBTQ organization for resources and advocacy www.sageusa.org

Northern California

Lavender Seniors — Support for LGBTQ seniors – www.lavenderseniors.org

Openhouse – SF based activities- housing www.openhouse-sf.org

Old Lesbians Organized for Change - national org w/local chapter - www.oloc.org

Pacific Center – Alameda Co. Support groups and no cost therapy– www.pacificcenter.org

Family & Youth Support Organizations National

It Gets Better Project www.itgetsbetter.org

A Better Way Children's Advocacy Center – Mental health support for children
<http://www.cacga.org/%20http://advochild.org/programs/a-better-way-children-advocacy-center/>

COLAGE – support for people with LGBTQ parents www.colage.org

Family Builders – adoption services – www.familybuilders.org

Family Acceptance Project/SFSU – resource for families and providers –
www.familyproject.sfsu.edu

Family Equality Council – international LGBTQ family resources - www.familyequality.org

Gay-Straight Alliance Network – student-run school clubs - www.gsanetwork.org

Clubs in schools throughout California – check website for details

GLSEN – Gay Lesbian Straight Educator Network – www.glsen.org

Out and Proud Families – Resources and videos for families www.outproudfamilies.org

The Trevor Project – national hotline – www.thetrevorproject.org

Northern California

Bay Area Community Health Education www.bacheinfo.org

California Safe Schools Coalition – www.casafeschools.org

Gay Prom – The biggest and best in Hayward! www.gayprom.org

Health Initiatives for Youth – West Oakland Youth Center – www.HIFY.org

LYRIC – youth support in San Francisco www.lyric.org

Our Family Coalition – support for LGBTQ parents and families www.ourfamily.org

Mamas and Papas – OFC parents blog – www.mamaspapas.blogspot.com

Our Space – youth space in Hayward www.baycyouth.org/lgbtq-community-center.html

Outlet Program – youth support in Menlo Park – www.acs-teens.org/what-we-do/outlet

PFLAG- Parents and Friends of Lesbians and Gays www.pflag.org
Parents, Families and Friends of Lesbians and Gays is a large national organization with many local chapters. Provides support for LGBTQ people and their families.

- **Concord** (Rainbow Community Center) 925.692.0090
- **Danville/San Ramon** 925.831.8172 paulshermanbrown@yahoo.com
- **Diablo Valley/Walnut Creek/Concord** 925.283.8928
- **Fremont** 510.226.6816 pflagfremontinfo@aol.com
- **Hayward** - 510/782-5462
- **Oakland/East Bay** 510.562.7692 Email: EBOakPFLAG@aol.com
- **Rossmoor** 925.945.1667
- **San Francisco** 415.921.8850 www.pflagsf.org
- **San Jose** - 408/270-8182 www.pflagsanjose.org

RYSE Youth Center – Richmond CA - www.ryse.org

Somos Familia – Latino parents of LGBTQ children support – www.somosfamilia.org

Youth Uprising – East Oakland – www.Youthuprising.org

Housing

Trans housing network - www.Transhousingnetwork.com – National resource

YEAH – www.yeah-berkeley.org – local youth support/emergency housing

Alameda Family Services Dreamcatchers – www.alamedafs.org/dreamcatchers

Resources for Intersex and Transgender People

National

F.T.M. International – www.ftmi.org

Intersex Society of North America - www.isna.org

National Center for Transgender Equality - Advocacy - www.transequality.org

Project Health Transline - national advocacy and info - www.projecthealth.org/transline/

Sexuality Information and Education Council of the United States - www.Siecus.org

Trans Advocacy Network – Assoc. of Trans organizations www.transadvocacynetork.org

Transgender Law Center - Civil Rights organization - www.transgenderlawcenter.org

Transpulseproject.ca – Good research and journal articles – www.transpulse.ca

UCSF Center of Excellence for Transgender Health – www.transhealth.ucsf.edu

World Professional Assoc. of Transgender Health – www.wpath.org

Northern California

Brown Boi Project - support for masculine of center and non conforming LGBTQI2-S people of color - www.brownboiproject.org

Gender Health Center - Sacramento - www.thegenderhealthcenter.org

Gender Spectrum - support/training for families and providers
www.genderspectrumfamily.org

Tom Waddell Clinic/San Francisco - Primary care and resources
www.sfdph.org/dph/comupg/oservices/medsvs/hlthctrs/tomwaddellhlthctr.asp

Resources for Bisexual People National

Bi-Net - National resource center for Bisexual people - www.binetusa.org

American Institute of Bisexuality - link to research, videos and books - www.Bisexual.org

Northern California

Bay Area Bisexual Network - local resources - www.bayareabisexualnetwork.org

Resources for 2-Spirit Peoples National

For information concerning the use of the term "2-Spirit," we recommend the following link:
A letter for white people using the term "TwoSpirit"
<http://www.conspireforchange.org/?p=2283>

Dancing to Eagle Spirit Society - <http://www.dancingtoeaglespiritsociety.org/twospirit.php>

First Nations 2-Spirit Collective

Native Out - National Resources/multimedia www.nativeout.org

Native Youth Sexual Health Network - www.nativeyouthsexualhealth.com

Two Spirit Resource Directory - Excellent Resource Listing -

<https://lgbt.wisc.edu/documents/two-spirit-resource-directory-jan-2013.pdf>

Northern California

Bay Area American Indian Two-Spirits - events, resources - www.baaits.org

People of Color Organizations

National

API Family Pride - support for API families with LGBTQI members www.apifamilypride.org

The Center for Black Equity - National resources - www.thecenterforblackequity.org

Muslims for Progressive Values - Excellent resource guide www.mpvusa.org/lgbtqi-resources/

Northern California

Aguilas - organization for Gay/bisexual Latino men- www.sfaguilas.org

API Wellness Center - programs and direct services - www.apiwellness.org

E/LA Para Translatinas SF support for transgender latinas
www.ellaparatranslatinas.yolasite.com/

Gay Middle Eastern Men's Group - SF based - www.gmemsf.org

Trikone - for LGBTQ people of South Asian Descent www.Trikone.org

Zuna - research and training on Black Lesbian issues, in Sacto - www.zunainstitute.org

Asian Pacific Islander Queer Women Transgender Community - Oakland
Good local resource guide <http://www.apiqwtc.org/>

Immigration Support Organizations

National

Immigration Equality - free legal advice for immigrants www.Immigration Equality.org

Out for Immigration – www.out4immigration.org

Outright Action International - education/advocacy www.outrightinternational.org

Spirituality National

Made in God's Image - www.madeinimage.org

Center for Lesbian and Gay Studies in Religion and Ministry www.clgs.org

Gay Buddhist Sanga - resources and support - www.gaybuddhistsanga.org

GayChurch.org - Directory of welcoming mainstream congregations www.gaychurch.org

Institute for Welcoming Resources - resources & links www.welcomingresources.org

Metropolitan Community Churches www.mcccchurch.org

Soulforce - national evangelical/christian activists - www.soulforce.org

Legal, Advocacy & Political Resources National

Gay & Lesbian Alliance Against Defamation – www.glaad.org

Human Rights Campaign – www.hrc.org

Lambda Legal – www.lambdalegal.org

National Black Justice Coalition - www.nbjc.org

National Center for Lesbian Rights – www.nclrights.org

National LGBTQ Task Force www.thetaskforce.org

The National Center for Transgender Equality www.transequality.org

Transgender Law Center - <http://www.transgenderlawcenter.org>

Northern California

Equality California – political PAC – www.eqca.org

Resources for Further Learning

Below are links for Transgender Awareness & Education
for Providers, Clients and Families:

What is Transgender www.psychologytoday.com/basics/transgender (Psychology Today)

Transgender Day of Visibility <https://www.lgbtqnation.com/2017/03/show-us-visible-transgender-day-visibility/> (Includes Poster)

Transgender Visibility Guide <http://www.hrc.org/resources/transgender-visibility-guide>
(Includes pamphlet)

Transgender Day of Visibility Guide <https://www.glsen.org/article/transgender-day-visibility> (Education resources, terminology guide, pronoun guides, etc.)

Transgender Terminology National Center for Transgender Equality (2014).. Retrieved from: http://transequality.org/Resources/TransTerminology_2014.pdf

Hunt, J. (2012). **Why the Gay and Transgender Population Experiences Higher Rates of Substance Use: Many Use to Cope with Discrimination and Prejudice**, *Center for American Progress*. Retrieved from:
www.americanprogress.org/issues/lgbt/report/2012/03/09/11228/whythegayandtransgenderpopulationexperienceshigherratesofsubstanceuse/

Jivanjee, P., Brennan, E., Roser, E., & Sellmaier, C. (2011). **Transition Service Provider Competency Scale**. Portland, OR: Research & Training Center for Pathways to Positive Futures, Portland State University.

Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (2009). **Competencies for counseling with transgender clients**. Alexandria, VA: Author

Barrow, K. **Psychotherapy with Transgender and Gender Nonconforming Clients**
www.psychotherapy.net/article/psychotherapy-transgender

Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (2009). **Competencies for counseling with transgender clients**. Alexandria, VA: Author

Barrow, K. **Psychotherapy with Transgender and Gender Nonconforming Clients**
www.psychotherapy.net/article/psychotherapy-transgender

Resources for further learning *continued*

Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling (2011). **Injustice at Every Turn: A Report of the National Transgender Discrimination Survey**. Washington: *National Center for Transgender Equality and National Gay and Lesbian Task Force*.

Fine, C; (2011) **Delusions of Gender, How our minds, society, and Neurosexism create difference**

The World Professional Association for Transgender Health (2001). **Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People: 7th Edition**. Retrieved from:
http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=3926

Youth Resources and Education materials

Commission on Accreditation of Rehabilitation Facilities
www.CARF.org/SOGIE_case_Study **The Essential Philosophy of Serving Youth with Diverse SOGIE: A 2-part Series**

Bontempo, D. E. & D'Augelli, A. R. (2002). **Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior**. *Journal of Adolescent Health*, 30, 364-374.

Canfield-Lenfest, M. (2008) **COLAGE Kids of Trans Resources Guide**.

Corliss, HL, Cochran, SD, Mays, VM, Greenland, S., Seeman, TE. (2009). **Sexual orientation development and risk of childhood maltreatment and suicide attempts in women**. *American Journal of Orthopsychiatry* Oct; 79 (4):511 21 doi: 10.1037/a0017163

DeFao, J. (2009) **Free to Be Me. When kids don't fit traditional gender molds**. *Bay Area Parent*.

Kennedy, N. and Hellen, M. (2010). **Transgender children: more than a theoretical challenge**. *Graduate Journal of Social Science*, 7(2),pp. 25-43.

Diaz, E. M. and Kosciw, J. G. (2009). **Shared Differences: The Experiences of Lesbian, Gay, Bisexual, and Transgender Students of Color in Our Nation's Schools**. New York: GLSEN. www.glsen.org

Resources for further learning *continued*

GLSEN, CIPHR, & CCRC (2013). **Out online: The experiences of lesbian, gay, bisexual and transgender youth on the Internet.** New York: GLSEN. www.glsen.org

GLSEN and Harris Interactive (2012). **Playgrounds and Prejudice: Elementary School Climate in the United States, A Survey of Students and Teachers.** New York: GLSEN www.glsen.org/sites/default/files/Playgrounds%20%26%20Prejudice.pdf

Travers, R., Bauer, G., Pyne, J, Bradley, K., Gale, L, Papadimitriou, M. (2 October 2012) **Impacts of Strong Parental Support for Trans Youth.** *TransPulse*.
<http://transpulseproject.ca/?s=impacts+of+strong+parental+support+for+trans+youth&submit=Search>

Siecus Report: **Questions and Answers: LGBTQ Youth Issues**
<http://siecus.org/index.cfm?fuseaction=page.viewpage&pageid=605&grandparentID=477&parentID=591>

Heck, N. C.; Flentje, A.; Cochran, B. N., 2011. **Offsetting risks: High school gay-straight alliances and lesbian, gay, bisexual, and transgender (LGBT) youth.** *School Psychology Quarterly*, Vol 26(2), 161-174. <http://dx.doi.org/10.1037/a0023226>.

Kosciw, J. G. and Diaz, E. M. (2008). **Involved, Invisible, Ignored: The Experiences of Lesbian, Gay, Bisexual and Transgender Parents and Their Children in Our Nation's K-12 Schools.** www.glsen.org

Kosciw, J. G., Greytak, E. A., Diaz, E. M., & Bartkiewicz, M. J. (2010). **The 2009 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools.** www.glsen.org

Lucas-Stannard, P.(2013) **Gender Neutral Parenting Gender Neutral Parenting: Raising kids with the freedom to be themselves.**

Mercier, L. R., & Berger, R. M. (1989). **Social service needs of lesbian and gay adolescents: Telling it their way.** *Journal of Social Work & Human Sexuality*, 8(1), 75-95.

Page, Matthew, J. L, Lindahl, Kristin M. & Malik, Neena M. (2013) **The Role of Religion and Stress in Sexual Identity and Mental Health Among Lesbian, Gay, and Bisexual Youth.** *Journal of Research on Adolescence*, 23 (4), pp. 665-677.

Page, Matthew J. L. (2014). **Longitudinal Predictors and Effects of Parental Rejection of Sexual Minority Youth.** *Open Access Dissertations*. Paper 1234.

Resources for further learning *continued*

Ryan, C. (2014) **A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children**. SAMHSA; www.samhsa.gov.

Ryan, C., Huebner, D., Diaz, R. and Sanchez, J (2009). **Latino Lesbian, Gay, and Bisexual Young Adults Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults**. *Pediatrics* 123; pp.346-352.

Ryan, C., Russell S.T., Huebner, D., Diaz, R. and Sanchez, J (2010). **Family Acceptance in Adolescence and the Health of LGBT Young Adults**. *Journal of Child and Adolescent Psychiatric Nursing*, 3(4), pp. 205-213.

Suicide Prevention Resource Center **Suicide Prevention among Lesbian, Gay, Bisexual and Transgender Youth: Expanding the Frame and Broadening our Approaches**
<http://www.sprc.org/training-institute/r2p-webinars/suicide-prevention-among-lesbian-gay-bisexual-and-transgender-youth->

General Information and Resource Guides

UC Berkeley Gender Equity Resource Center (2014). **Definition of Terms**. Retrieved from http://geneg.berkeley.edu/lgbt_resources_definition_of_terms

2012 study by State of California on treating LGBTQI2-S populations
http://acinnovations.herokuapp.com/pdfs/Innovations_Report_Making_the_Invisible_Visible_by_HHREC.pdf

American Psychological Association (2012). **Guidelines for psychological practice with lesbian, gay, and bisexual clients**. *American Psychologist*, 67, 10-42. www.apa.org

A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals. Retrieved from:
<https://www.nalgap.org/PDF/Resources/ProvidersGuideSAMSHA.pdf>

Substance Abuse and Mental Health Services Administration (2001). **A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals**. Retrieved from:
<https://www.nalgap.org/PDF/Resources/ProvidersGuideSAMSHA.pdf>

Online Resources

General information

American Psychological Assoc – LGBTQ Q& A – www.apa.org/topics/lgbt

US Dept of Health and Human Services /Health Resources and Services Administration - National clearing house of information www.Hrsa.gov/lgbt

Videos

Be there for me (collective youth memories)

<https://www.youtube.com/watch?v=rsVxf1cjme8>

In the Life Media: Kicked Out: LGBT Youth Experience Homelessness

<https://www.youtube.com/watch?v=TUhgodigPFk&index=2&list=PL8sP3z8DjtoDYppCqmyz3HwA-go9CPFZ6>

In The Life Media: A Day in Our Shoes - Homeless LGBT Youth

<https://www.youtube.com/watch?v=ZXv1-fHd6Ug&index=3&list=PL8sP3z8DjtoDYppCqmyz3HwA-go9CPFZ6>

In the Life Media: It Gets Better - Parents of Transgender Children

<https://www.youtube.com/watch?v=2lozlwYVY&list=PL8sP3z8DjtoDYppCqmyz3HwA-go9CPFZ6&index=4>

It's Elementary: Talking About Gay Issues In School (1)

<https://www.youtube.com/watch?v=5J06NpqnvZ0>

It's Elementary: Talking About Gay Issues In School (2)

<https://www.youtube.com/watch?v=p4ru5MuYxil>

It's Elementary: Talking About Gay Issues In School (3)

https://www.youtube.com/watch?v=mvfHdEJ_x04

It's Elementary: Talking About Gay Issues In School (4)

<https://www.youtube.com/watch?v=ct78iStvcSw>

It's Elementary: Talking About Gay Issues In School (5)

<https://www.youtube.com/watch?v=b2gT64eiMq0>

Frameline Voices: In My Shoes: Stories of Youth with LGBT Parents

<https://www.youtube.com/watch?v=Z9xfHqT1HEY&list=PL8sP3z8DjtoDYppCqmyz3HwA-go9CPFZ6>

Online Resources continued

GASafeSchoolsTV

<https://www.youtube.com/watch?v=rsVxf1cjme8>

Collective Memories of LGBTQ Youth in Georgia High Schools

Shields, Kim Roco (Director): Imagine A World Where Being "Gay" The Norm & Being "Straight" Would Be The Minority! Wingspan Pictures [Short Film] <https://www.youtube.com/watch?v=1t3vfQIJ-zk>

This list is reviewed and updated quarterly. Please send any updates or additions to:
Director@pacificcenter.org

Pacific Center also recommends
www.eastbaypride.com for additional resources and updates



Working for Lesbian, Gay, Bisexual and Transgender Equal Rights

<http://www.hrc.org>
http://action.hrc.org/site/Donation2?12480.donation=form1&df_id=12480



National Coming Out Day
<http://www.hrc.org/resources/entry/national-coming-out-day>

CATEGORY: [Coming Out](#) ([/resources/category/coming-out](#))

Whether you're lesbian, gay, bisexual, transgender or an ally, be proud of who you are and your support for LGBT equality this Coming Out Day!



Transgender Visibility Guide

<http://www.hrc.org/resources/entry/transgender-visibility-guide>

CATEGORIES: [Coming Out](#) ([/resources/category/coming-out](#)), [Transgender](#) ([/resources/category/transgender](#))



A National Crisis: Anti-Transgender Violence

<http://www.hrc.org/resources/entry/a-national-crisis-anti-transgender-violence>

CATEGORIES: [Coming Out](#) ([/resources/category/coming-out](#)), [Transgender](#) ([/resources/category/coming-out-transgender](#)), [Hate Crimes](#) ([/resources/category/hate-crimes](#)), [Transgender](#) ([/resources/category/transgender](#))



Celebrities Come Out for Equality in 2014

<http://www.hrc.org/resources/entry/celebrities-come-out-for-equality-in-2014>

CATEGORIES: [Allies](#) ([/resources/category/allies](#)), [Coming Out](#) ([/resources/category/coming-out](#)), [Bisexual](#) ([/resources/category/coming-out-bisexual](#)), [Gay](#) ([/resources/category/coming-out-gay](#)), [In Communities of Color](#) ([/resources/category/coming-out-in-communities-of-color](#)), [Lesbian](#) ([/resources/category/coming-out-lesbian](#)), [Straight Allies](#) ([/resources/category/coming-out-straight-allies](#)), [Transgender](#) ([/resources/category/coming-out-transgender](#)), [Marriage](#) ([/resources/category/marriage](#)), [Transgender](#) ([/resources/category/transgender](#))



Coming Home: To Faith, To Spirit, To Self

<http://www.hrc.org/resources/entry/coming-home-to-faith-to-spirit-to-self>

CATEGORIES: [Coming Out](#) ([/resources/category/coming-out](#)), [Religion & Faith](#) ([/resources/category/religion-faith](#))



Coming Out as a Supporter

<http://www.hrc.org/resources/entry/straight-guide-to-lgbt-americans>

CATEGORIES: [Allies](#) ([/resources/category/allies](#)), [Coming Out](#) ([/resources/category/coming-out](#))



Coming Out at Work

<http://www.hrc.org/resources/entry/coming-out-at-work>

CATEGORIES: [Coming Out](#) ([/resources/category/coming-out](#)), [Bisexual](#) ([/resources/category/coming-out-bisexual](#)), [Gay](#) ([/resources/category/coming-out-gay](#)), [In Communities of Color](#) ([/resources/category/coming-out-in-communities-of-color](#)), [Lesbian](#) ([/resources/category/coming-out-lesbian](#)), [Straight Allies](#) ([/resources/category/coming-out-straight-allies](#)), [Transgender](#) ([/resources/category/coming-out-transgender](#)), [Workplace](#) ([/resources/category/workplace](#))



Coming Out in the Workplace as Transgender

<http://www.hrc.org/resources/entry/coming-out-in-the-workplace-as-transgender>

CATEGORIES: [Coming Out](#) ([/resources/category/coming-out](#)), [Transgender](#) ([/resources/category/coming-out-transgender](#)), [Workplace](#) ([/resources/category/workplace](#))



Coming Out Issues for Asian Pacific Americans

<http://www.hrc.org/resources/entry/coming-out-issues-for-asian-pacific-americans>

CATEGORIES: [Coming Out](#) ([/resources/category/coming-out](#)), [Bisexual](#) ([/resources/category/coming-out-bisexual](#)), [Gay](#) ([/resources/category/coming-out-gay](#)), [In Communities of Color](#) ([/resources/category/coming-out-in-communities-of-color](#)), [Lesbian](#) ([/resources/category/coming-out-lesbian](#)), [Straight Allies](#) ([/resources/category/coming-out-straight-allies](#)), [Transgender](#) ([/resources/category/coming-out-transgender](#))

Coming Out Issues for Latinas and Latinos
<http://www.hrc.org/resources/entry/coming-out-issues-for-latinas-and-latinos>

Coming Out to Your Doctor
<http://www.hrc.org/resources/entry/coming-out-to-your-doctor>



CATEGORIES: [Coming Out](#) ([/resources/category/coming-out](#)), [Bisexual](#) ([/resources/category/coming-out-bisexual](#)), [Gay](#) ([/resources/category/coming-out-gay](#)), [In Communities of Color](#) ([/resources/category/coming-out-in-communities-of-color](#)), [Lesbian](#) ([/resources/category/coming-out-lesbian](#)), [Straight Allies](#) ([/resources/category/coming-out-straight-allies](#)), [Transgender](#) ([/resources/category/coming-out-transgender](#))



Debunking the Myths: Transgender Health and Well-Being

<http://www.hrc.org/resources/entry/debunking-the-myths-transgender-health-and-well-being>

CATEGORIES: [Coming Out](#) ([/resources/category/coming-out](#)), [Health & Aging](#) ([/resources/category/health-and-aging](#)), [Parenting](#) ([/resources/category/parenting](#)), [Transgender](#) ([/resources/category/transgender](#)), [Workplace](#) ([/resources/category/workplace](#))



Family and Coming Out issues for Asian Pacific Americans

<http://www.hrc.org/resources/entry/family-and-coming-out-issues-for-asian-pacific-americans>

CATEGORIES: [Coming Out](#) ([/resources/category/coming-out](#)), [Bisexual](#) ([/resources/category/coming-out-bisexual](#)), [Gay](#) ([/resources/category/coming-out-gay](#)), [In Communities of Color](#) ([/resources/category/coming-out-in-communities-of-color](#)), [Lesbian](#) ([/resources/category/coming-out-lesbian](#)), [Straight Allies](#) ([/resources/category/coming-out-straight-allies](#)), [Transgender](#) ([/resources/category/coming-out-transgender](#))



Gender Neutral Housing

<http://www.hrc.org/resources/entry/gender-neutral-housing>

CATEGORIES: [Campus & Young Adult](#) ([/resources/category/campus-young-adult](#)), [Coming Out](#) ([/resources/category/coming-out](#)), [Transgender](#) ([/resources/category/coming-out-transgender](#)), [Parenting](#) ([/resources/category/parenting](#)), [Schools](#) ([/resources/category/parenting-schools](#)), [Transgender](#) ([/resources/category/transgender](#)), [Alabama](#) ([/resources/category/alabama](#)), [Arizona](#) ([/resources/category/arizona](#)), [Arkansas](#) ([/resources/category/arkansas](#)), [California](#) ([/resources/category/california](#)), [Colorado](#) ([/resources/category/colorado](#)), [Connecticut](#) ([/resources/category/connecticut](#)), [District of Columbia](#) ([/resources/category/district-of-columbia](#)), [Florida](#) ([/resources/category/florida](#)), [Georgia](#) ([/resources/category/georgia](#)), [Hawaii](#) ([/resources/category/hawaii](#)), [Idaho](#) ([/resources/category/idaho](#)), [Illinois](#) ([/resources/category/illinois](#)), [Indiana](#) ([/resources/category/indiana](#)), [Iowa](#) ([/resources/category/iowa](#)), [Kansas](#) ([/resources/category/kansas](#)), [Kentucky](#) ([/resources/category/kentucky](#)), [Louisiana](#) ([/resources/category/louisiana](#)), [Maine](#) ([/resources/category/maine](#)), [Maryland](#) ([/resources/category/maryland](#)), [Massachusetts](#) ([/resources/category/massachusetts](#)), [Michigan](#) ([/resources/category/michigan](#)), [Minnesota](#) ([/resources/category/minnesota](#)), [New Hampshire](#) ([/resources/category/new-hampshire](#)), [New Jersey](#) ([/resources/category/new-jersey](#)), [New York](#) ([/resources/category/new-york](#)), [North Carolina](#) ([/resources/category/north-carolina](#)), [Ohio](#) ([/resources/category/ohio](#)), [Oklahoma](#) ([/resources/category/oklahoma](#)), [Oregon](#) ([/resources/category/oregon](#)), [Pennsylvania](#) ([/resources/category/pennsylvania](#)), [Rhode Island](#) ([/resources/category/rhode-island](#)), [Texas](#) ([/resources/category/texas](#)), [Vermont](#) ([/resources/category/vermont](#)), [Virginia](#) ([/resources/category/virginia](#)), [Washington](#) ([/resources/category/washington](#))



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Equality Magazine

<http://www.hrc.org/resources/entry/equality-magazine>

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Family and Coming Out issues for Latinas and Latinos

<http://www.hrc.org/resources/entry/family-and-coming-out-issues-for-latinas-and-latinos>

CATEGORIES: [Coming Out](#) ([/resources/category/coming-out](#)), [Bisexual](#) ([/resources/category/coming-out-bisexual](#)), [Gay](#) ([/resources/category/coming-out-gay](#)), [In Communities of Color](#) ([/resources/category/coming-out-in-communities-of-color](#)), [Lesbian](#) ([/resources/category/coming-out-lesbian](#)), [Straight Allies](#) ([/resources/category/coming-out-straight-allies](#)), [Transgender](#) ([/resources/category/coming-out-transgender](#))



Glossary of Terms

<http://www.hrc.org/resources/entry/glossary-of-terms>

CATEGORIES: [Coming Out](#) ([/resources/category/coming-out](#)), [Bisexual](#) ([/resources/category/coming-out-bisexual](#)), [Gay](#) ([/resources/category/coming-out-gay](#)), [In Communities of Color](#) ([/resources/category/coming-out-in-communities-of-color](#)), [Lesbian](#) ([/resources/category/coming-out-lesbian](#)), [Straight Allies](#) ([/resources/category/coming-out-straight-allies](#)), [Transgender](#) ([/resources/category/coming-out-transgender](#))



Guía de Recursos Para Salir Del Clóset

<http://www.hrc.org/resources/entry/guia-de-recursos-para-salir-del-closet>

CATEGORIES: [Coming Out](#) ([resources/category/coming-out](#)), [Bisexual](#) ([resources/category/coming-out-bisexual](#)), [Gay](#) ([resources/category/coming-out-gay](#)), [In Communities of Color](#) ([resources/category/coming-out-in-communities-of-color](#)), [Lesbian](#) ([resources/category/coming-out-lesbian](#)), [Straight Allies](#) ([resources/category/coming-out-straight-allies](#)), [Transgender](#) ([resources/category/coming-out-transgender](#))

HRC Arkansas: Telling Our Stories



<http://www.hrc.org/resources/entry/hrc-arkansas-telling-our-stories>

CATEGORIES: [Coming Out](#) ([resources/category/coming-out](#)), [Arkansas](#) ([resources/category/arkansas](#))



Human Rights Campaign Foundation Overview

<http://www.hrc.org/resources/entry/foundation-overview>

CATEGORIES: [Campus & Young Adult](#) ([resources/category/campus-young-adult](#)), [Children & Youth](#) ([resources/category/children-youth](#)), [Coming Out](#) ([resources/category/coming-out](#)), [Religion & Faith](#) ([resources/category/religion-faith](#)), [Workplace](#) ([resources/category/workplace](#)), [Workplace Equality](#) ([resources/category/workplace-equality](#))



Religion and Coming Out Issues for African Americans

<http://www.hrc.org/resources/entry/religion-and-coming-out-issues-for-african-americans>

CATEGORIES: [Coming Out](#) ([resources/category/coming-out](#)), [Bisexual](#) ([resources/category/coming-out-bisexual](#)), [Gay](#) ([resources/category/coming-out-gay](#)), [In Communities of Color](#) ([resources/category/coming-out-in-communities-of-color](#)), [Lesbian](#) ([resources/category/coming-out-lesbian](#)), [Straight Allies](#) ([resources/category/coming-out-straight-allies](#)), [Transgender](#) ([resources/category/coming-out-transgender](#)), [Religion & Faith](#) ([resources/category/religion-faith](#))



Religion and Coming Out Issues for Latinas and Latinos

<http://www.hrc.org/resources/entry/religion-and-coming-out-issues-for-latinas-and-latinos>

CATEGORIES: [Coming Out](#) ([resources/category/coming-out](#)), [Bisexual](#) ([resources/category/coming-out-bisexual](#)), [Gay](#) ([resources/category/coming-out-gay](#)), [In Communities of Color](#) ([resources/category/coming-out-in-communities-of-color](#)), [Lesbian](#) ([resources/category/coming-out-lesbian](#)), [Straight Allies](#) ([resources/category/coming-out-straight-allies](#)), [Transgender](#) ([resources/category/coming-out-transgender](#)), [Religion & Faith](#) ([resources/category/religion-faith](#))



Resource Guide to Coming Out for African Americans

<http://www.hrc.org/resources/entry/resource-guide-to-coming-out-for-african-americans>

CATEGORIES: [Coming Out](#) ([resources/category/coming-out](#)), [Bisexual](#) ([resources/category/coming-out-bisexual](#)), [Gay](#) ([resources/category/coming-out-gay](#)), [In Communities of Color](#)



HRC Alabama: Telling Our Stories

<http://www.hrc.org/resources/entry/hrc-alabama-telling-our-stories>

CATEGORIES: [Coming Out](#) ([resources/category/coming-out](#)), [State Advocacy](#) ([resources/category/state-advocacy](#)), [Alabama](#) ([resources/category/alabama](#))

HRC Mississippi: Telling Our Stories



<http://www.hrc.org/resources/entry/hrc-mississippi-telling-our-stories>

CATEGORIES: [Coming Out](#) ([resources/category/coming-out](#)), [Mississippi](#) ([resources/category/mississippi](#))



Language and Coming Out Issues for Latinas and Latinos

<http://www.hrc.org/resources/entry/language-and-coming-out-issues-for-latinas-and-latinos>

CATEGORIES: [Coming Out](#) ([resources/category/coming-out](#)), [Bisexual](#) ([resources/category/coming-out-bisexual](#)), [Gay](#) ([resources/category/coming-out-gay](#)), [In Communities of Color](#) ([resources/category/coming-out-in-communities-of-color](#)), [Lesbian](#) ([resources/category/coming-out-lesbian](#)), [Straight Allies](#) ([resources/category/coming-out-straight-allies](#)), [Transgender](#) ([resources/category/coming-out-transgender](#))



Religion and Coming Out Issues for Asian Pacific Americans

<http://www.hrc.org/resources/entry/religion-and-coming-out-issues-for-asian-pacific-americans>

CATEGORIES: [Coming Out](#) ([resources/category/coming-out](#)), [Bisexual](#) ([resources/category/coming-out-bisexual](#)), [Gay](#) ([resources/category/coming-out-gay](#)), [In Communities of Color](#) ([resources/category/coming-out-in-communities-of-color](#)), [Lesbian](#) ([resources/category/coming-out-lesbian](#)), [Straight Allies](#) ([resources/category/coming-out-straight-allies](#)), [Transgender](#) ([resources/category/coming-out-transgender](#))



Resource Guide to Coming Out

<http://www.hrc.org/resources/entry/resource-guide-to-coming-out>

CATEGORIES: [Coming Out](#) ([resources/category/coming-out](#))



Society and Coming Out Issues for Asian Pacific Americans

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[\(resources/category/coming-out-transgender\)](#)

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The Cost of the Closet and the Rewards of Inclusion

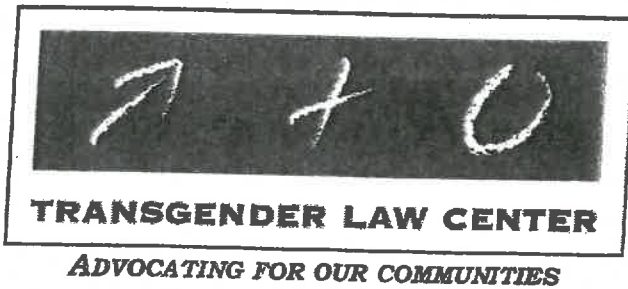
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The History of Coming Out

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Medi-Cal and Gender Reassignment Procedures

An information and resource publication of:

The Transgender Law Center

and

The Community Health Advocacy Project

50 Fell Street
San Francisco, CA 94102
(415) 982-1300

Does Medi-Cal cover gender reassignment?

Yes! Despite what many Medi-Cal recipients have heard, Medi-Cal will cover some procedures. It is true that Medi-Cal still sometimes tries to deny coverage for gender reassignment procedures. However, California courts have, on several occasions, overruled these denials and ordered Medi-Cal to pay for the requested treatment.

Because it is possible that Medi-Cal will continue to automatically deny some requests for treatment, applicants should prepare their requests with that in mind. This pamphlet contains suggestions on filing an effective request and information about getting help in filing an appeal if your request is denied by Medi-Cal.

What types of procedures might be covered?

Medi-Cal should cover hormone treatment, gender reassignment surgery, and other necessary procedures. Medi-Cal is required by law to evaluate requests on a case-by-case basis. They must approve those requests that they find to be medically necessary so long as the procedure is not considered to be "experimental." Medi-Cal's definition of experimental does not include gender reassignment surgery.

What steps do I need to take to get Medi-Cal to cover gender reassignment procedures?

The first thing you'll need to do is find a health care provider who is registered with Medi-Cal. Anyone who is providing you health services related to your transition should be able to become a Medi-Cal provider.

Providers who are not already signed-up with Medi-Cal should be encouraged to do so. Your provider can get more information on registering with Medi-Cal by calling (800) 541-5555.

If getting gender reassignment surgery (GRS) is a part of your prescribed or desired medical treatment, you are likely to have a difficult time finding an experienced surgeon who accepts Medi-Cal. To begin the process, your surgeon will need to submit a Treatment Authorization Request (TAR) to Medi-Cal. A TAR is an explanation about why the services you are requesting are medically necessary and should be paid for by Medi-Cal.

Your TAR is incredibly important in getting your request approved. You'll need to work with your provider in order to insure that the best possible request is submitted. Your TAR should include letters from your therapist or therapists, a letter from your primary physician, and a letter from you. These letters should all explain why the requested procedure is medically necessary for you.

How long does it take to get a decision?

Medi-Cal has 30 days to take action on the TAR. It can sometimes take longer if your request is complicated. When Medi-Cal has made a decision, they will send letters to you and your provider.

What should I do if Medi-Cal denies coverage?

If Medi-Cal decides not to pay for the services that you requested, they will send you a "Notice of Action." You should use the form on the back of this notice to request a state "Fair Hearing." You have **90 days** from the date you received your Notice of Action letter to file your request. Once your request is processed, you will be given a date for a hearing. You are strongly encouraged to seek legal help or representation for the hearing.

Where can I get a lawyer?

If you live in the Bay Area and are low-income, **Bay Area Legal Aid** provides free legal help. If you live outside of the Bay Area, the Transgender Law Center may be able to help you find an attorney close to you.

If you choose not to use an attorney, or one is not available in your area, you should ask a friend, relative or community advocate to help you prepare your case. This person should also go with you to your hearing.

What additional information should I give to Medi-Cal before I go to the state hearing?

At the state hearing, the judge will be looking for evidence that gender reassignment is medically necessary for you. You should provide as much evidence as you can to prove that this is true. This can include letters from other health care providers, updated medical reports, letters from friends and family, and/or social science reports that discuss gender identity disorder. You can contact the Transgender Law Project for copies of appropriate reports.

What happens after the hearing?

The judge looks at all of the evidence from both sides and renders a decision. The law says that you must receive a decision within 90 days of filing your request for a hearing (unless you waive that right in writing).

What can I do if I lose at the state hearing?

If the judge rules to deny you coverage, you have the right to a rehearing. If you lose the rehearing, you have the right to appeal the decision in California Superior Court.

You should also be aware of something called an "alternate decision." If the judge grants you coverage, the Director of Medi-Cal has the power to over-rule the decision. If the Director does this in your case (it sometimes happens in gender reassignment applications), you'll have to appeal the Director's decision in California Superior Court. If you decide to go to Superior Court and have not already obtained legal assistance, we strongly advise that you do so at this stage.

Special Issues to Consider

The Harry Benjamin Standards of Care

If you have not already heard of the Harry Benjamin Standards of Care, you will probably begin to hear about them as you enter this process. The Harry Benjamin International Gender Dysphoria Association has created guidelines for providing health services to people with Gender Identity Disorder (GID). Not all transgender people have GID. Of those who do, some choose to utilize these guidelines as a way to plan the health care they will receive.

Some successful Medi-Cal applicants and health care advocates believe that the best way to apply for Medi-Cal coverage is by following these guidelines. Their argument is that Medi-Cal is most likely to find a procedure "medically necessary" if you can prove that it is a part of these physician and psychiatrist approved treatment guidelines. While we are not advocating these guidelines as the only health care plan that Medi-Cal will find "medically necessary," we believe that applications that follow them have a greater chance of being approved. You can access the guidelines on the internet at: www.hbigda.org.

What if I have chosen to be part of an HMO as my Medi-Cal service provider?

Some HMO's deny gender reassignment to their members. If you are a member of an HMO that will not cover gender reassignment, Medi-Cal should still cover the cost.

Your medical provider must first send the treatment request to the HMO. The provider will receive a denial of payment. The provider then has to send that denial along with a TAR to Medi-Cal for payment. If Medi-Cal denies the TAR, you can request a state "Fair Hearing." (See above section: "What should I do if Medi-Cal denies coverage?")

Will Medi-Cal cover electrolysis or other necessary procedures related to transitioning?

It is unclear what services Medi-Cal considers medically necessary for gender reassignment. Possible covered procedures include tracheal shave, breast construction (for MTFs), and electrolysis.

If you are in need of any procedure as a part of your transition, you should get help from a medical health care professional who is a Medi-Cal provider and follow the application steps set out in this pamphlet to request coverage for the procedure. If Medi-Cal denies coverage, see the above section on what to do if Medi-Cal denies coverage.

Medicare and Medi-Cal

If you are a recipient of both Medicare and Medi-Cal, you will need to take an additional step prior to applying to Medi-Cal for transition related procedures. Since Medicare is your primary health insurance, you need to first apply for coverage from Medicare. Once your application is denied (Medicare explicitly excludes transition related procedures), you can follow the above steps for getting approval from Medi-Cal.

TLC's Community Legal Services Project is partially sponsored by:
The Horizons Foundation
The VanLobenSels/RembeRock Foundation

The information in this pamphlet is not meant to substitute for advice from an attorney or appropriate agency. Because of the changing nature of the law, we cannot be responsible for any use to which it is put.

May 2002

Terms & Definitions

LESBIAN/GAY/ BISEXUAL GLOSSARY OF TERMS

***Bisexual, Bi**

An individual who is physically, romantically and/or emotionally attracted to men and women. Bisexuals need not have had equal sexual experience with both men and women; in fact, they need not have had any sexual experience at all to identify as bisexual.

***Closeted**

Describes a person who is not open about his or her sexual orientation or gender identity.

***Coming Out**

A lifelong process of self-acceptance. People forge a lesbian, gay, bisexual or transgender identity first for themselves and then may reveal it to others. Publicly identifying one's sexual orientation or gender identity may or may not be part of coming out.

Discrimination

Treatment or consideration of, or making a distinction in favor of or against, a person based on the group, class or category to which that person belongs rather than on individual merit.

***Gay**

The adjective used to describe people whose enduring physical, romantic and/or emotional attraction is to people of the same sex (e.g., gay man, gay people). In contemporary contexts, *lesbian* is often a preferred term for women. Avoid identifying gay people as *homosexuals*, a derogatory term.

***Heterosexual**

An adjective used to describe people whose enduring physical, romantic and/or emotional attraction is to people of the opposite sex. Also *straight*.

* Terms with an asterisk are from or adapted from the *Gay & Lesbian Alliance Against Defamation (GLAAD) Media Reference Guide* (www.glaad.org)

Heterosexism

A term that applies to negative attitudes, bias and discrimination in favor of opposite-sex sexuality and relationships. It can include the presumption that everyone is heterosexual or that opposite-sex attractions and relationships are the norm and therefore superior.

***Homophobia**

Fear of lesbians and gay men. *Biphobia* is used to describe a fear of bisexual people. Prejudice is usually a more accurate description of hatred or antipathy toward lesbian, gay and bisexual people.

Internalized Homophobia/Transphobia

A type of homophobia or transphobia where lesbian, gay, bisexual and transgender people direct anti-gay or anti-transgender cultural messages toward themselves, both consciously and unconsciously.

***Lesbian**

A woman whose enduring physical, romantic, and/or emotional attraction is to other women. Some lesbians may prefer to identify as gay (adj.) or as gay women. Avoid identifying lesbians as *homosexuals*, a derogatory term.

***LGBT/GLBT**

Acronym for *lesbian, gay, bisexual and transgender*. LGBT and/or GLBT are often used because they are more inclusive of the diversity of the community. Care should be taken to ensure that audiences are not confused by their use.

***Lifestyle**

Inaccurate term used by anti-gay extremists to denigrate lesbian, gay, bisexual and transgender lives. As there is no one straight lifestyle, there is no one lesbian, gay, bisexual or transgender lifestyle.

***Openly Gay**

Describes people who self identify as lesbian or gay in their public and/or professional lives. Also *openly lesbian, openly bisexual, openly transgender*. Sometimes referred to as being "out," as in, "She is an *out* lesbian."

Terms & Definitions, continued

***Outing (v.)**

The act of publicly declaring (sometimes based on rumor and/or speculation) or revealing another person's sexual orientation or gender identity without that person's consent. Considered inappropriate by a large portion of the LGBT community.

Prejudice

A prejudice is a preconceived belief, opinion or judgment especially toward a group of people characterized by their race, physical ability, social class, gender, ethnicity, sexual orientation, gender identity, age or religion.

***Queer**

Traditionally a pejorative term, queer has been appropriated by some LGBT people to describe themselves. However, it is not universally accepted even within the LGBT community and should be avoided unless quoting or describing someone who self-identifies that way.

Questioning

A person who is unsure about his or her sexual orientation or gender identity.

Same-Gender Loving (SGL)

A cultural term used most frequently in communities of color that affirms the same-sex attraction between men and women. The term may be favored by some over the labels *gay*, *lesbian* or *bisexual*.

***Sexual Orientation**

The scientifically accurate term for an individual's enduring physical, romantic and/or emotional attraction to members of the same and/or opposite sex, including lesbian, gay, bisexual and heterosexual (straight) orientations. Avoid the offensive term *sexual preference*, which is used to suggest that being gay or lesbian is voluntary and therefore "curable."

Two-spirit

The term reflects traditions among many Native American nations that accept and celebrate the diversity of human gender, spirituality and sexuality.

**TRANSGENDER
GLOSSARY OF
TERMS**

***Gender Expression**

External manifestation of one's gender identity, usually expressed through "masculine," "feminine" or gender-variant behavior, clothing, haircut, voice or body characteristics. Typically, transgender people seek to make their gender expression match their gender identity, rather than their birth-assigned sex.

***Gender Identity**

One's internal, personal sense of being a man or woman (or a boy or girl). For transgender people, their birth-assigned sex and their own internal sense of gender identity do not match. Gender identity and sexual orientation are not the same. Transgender people may be heterosexual, lesbian, gay or bisexual. For example, a man who becomes a woman and is attracted to other women may identify as a lesbian.

***Intersex**

Describing a person whose biological sex is ambiguous. There are many genetic, hormonal or anatomical variations that make a person's sex ambiguous (e.g., Klinefelter Syndrome). Parents and medical professionals usually assign intersex infants a sex and perform surgical operations to conform the infant's body to that assignment. This practice has become increasingly controversial as intersex adults speak out against the practice. The term intersex is not interchangeable with or a synonym for transgender.

***Sex**

The classification of people as male or female. At birth, infants are assigned a sex based on a combination of bodily characteristics such as chromosomes, hormones, internal reproductive organs and genitals.

***Transgender**

An umbrella term (adj.) for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. The term may include but is not limited to transsexuals, cross-dressers and other gender-variant people. Transgender people may identify as female-to-male (FTM) or male-to-female (MTF). Use the descriptive term (transgender, transsexual, cross-dresser, FTM or MTF) *preferred by the individual*. Transgender people may or may not decide to alter their bodies hormonally and/or surgically.

Terms & Definitions, *continued*

Transphobia

Fear of transgender people, transsexuals, cross-dressers and other gender-variant people. Prejudice is usually a more accurate description of hatred or antipathy toward transgender people.

***Transsexual**

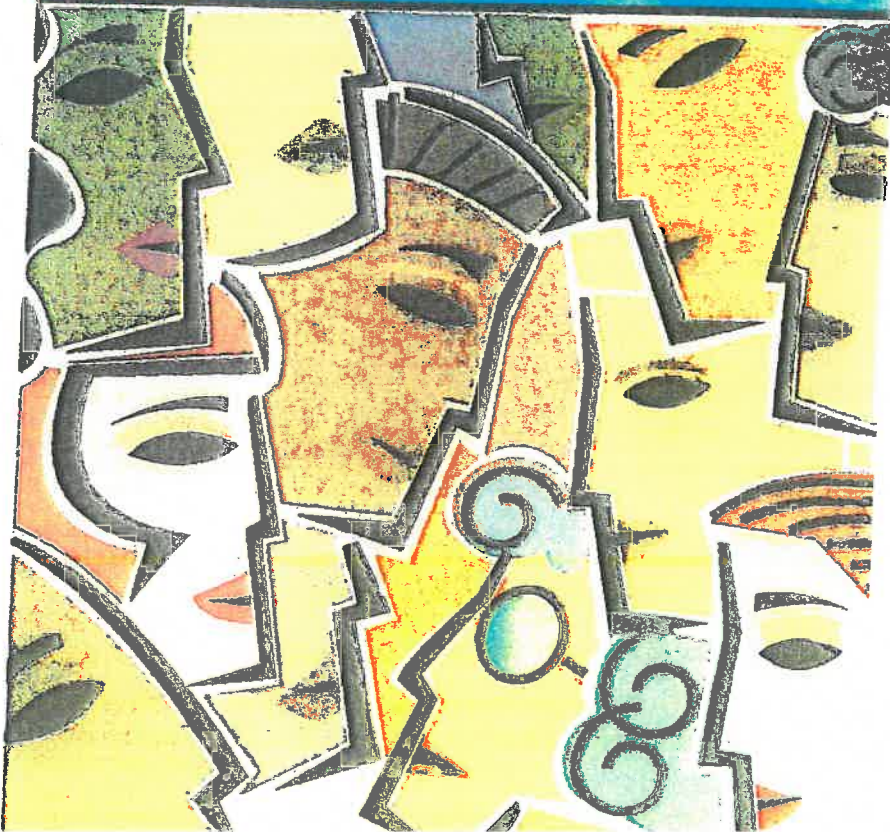
An older term, which originated in the medical and psychological communities. While some transsexual people still prefer to use the term to describe themselves, many transgender people prefer the term *transgender* to *transsexual*. Unlike *transgender*, *transsexual* is not an umbrella term, as many transgender people do not identify as transsexual. It is best to ask which term an individual prefers.



GLMA
Gay, Lesbian, and
Bisexual Medical Association

GUIDELINES
FOR CARE OF
LESBIAN, GAY,
BISexual, AND
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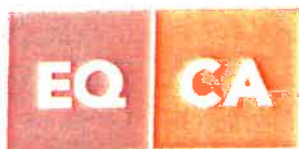


First, Do No Harm:
Reducing Disparities for
Lesbian, Gay, Bisexual, Transgender, Queer and Questioning
Populations in California



The California LGBTQ
Reducing Mental Health Disparities Population Report

https://www.cdph.ca.gov/programs/Documents/LGBTQ_Population_Report.pdf



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Equality California Announces Findings From "First Do No Harm: Reducing Disparities for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Populations in California"

(Los Angeles) After a two-year study conducted by the Equality California Institute and Mental Health America of Northern California, in conjunction with 19 statewide members of the California LGBT HHS Network, into the efficacy of and access to mental health care for lesbian, gay, bisexual, transgender, queer and questioning Californians, EQCAI and MHANCA are proud to announce the findings in the form of a report titled, "First Do No Harm: Reducing Disparities for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Populations in California."

The primary recommendations include:

- :: The development of standard sexual orientation and gender identity measures for data collection at state and county levels, and collecting sexual orientation and gender identity data on clients when they access public health services — making sure the LGBTQ community counts.
- :: A requirement for statewide workforce training and education in order to increase culturally competent mental, behavioral and physical health care.
- :: Training of service providers focused on the distinctiveness of each sector of the LGBTQ population within an overarching approach to mental health throughout the lifespan for the racial, ethnic and cultural diversity of LGBTQ communities.
- :: Development and implementation of effective anti-bullying and anti-harassment programs for all California public schools.
- :: All locations where physical, behavioral or mental health care is provided should be required to be safe, affirming spaces for LGBTQ people of all races, ethnicities, cultures and ages.
- :: A requirement that all locations where physical, behavioral or mental health care is provided be safe, affirming spaces for LGBTQ people of all races, ethnicities, cultures and ages.
- :: An environment of safety and affirmation for LGBTQ employees at state and county mental/behavioral health and physical health care departments

For the report, EQCAI and MHANCA, with the 19 statewide members of the California LGBT HHS Network, reached out to LGBTQ communities throughout California to produce a comprehensive document on the disparities in mental health care access faced by LGBTQ communities, and policy recommendations for reducing those disparities.

"We know that LGBTQ people face the constant stress of unequal treatment before the law and in society, and that manifests as increased need for mental health care as a community," said John O'Connor, Equality California executive director. "While we remain committed to fixing those larger inequities, making sure we have effective and accessible mental health care will have an immediate and lifesaving effect for the LGBTQ community."

EQCA is scheduling a series of town hall meetings to discuss the report with the communities that contributed to it. Topics to be discussed include findings from the survey, how to affect change within local communities, and feedback from local community members on the recommendations contained in the report.

The first in this series of town hall meetings is scheduled for Thursday, January 17, at First Congregational Church in San Bernardino, from 2:30 to 5:30 p.m.

Future town halls are being planned throughout the state. For more information, visit www.eqca.org.

Equality California (EQCA) is the largest statewide lesbian, gay, bisexual, and transgender advocacy organization in California. Over the past decade, Equality California has strategically moved California from a state with extremely limited legal protections for lesbian, gay, bisexual and transgender people to a state with some of the most comprehensive human rights protections in the nation. Equality California has partnered with legislators to successfully sponsor more than 90 pieces of pro-equality legislation. EQCA continues to advance equality through legislative advocacy, electoral work, public education and community empowerment.

www.eqca.org

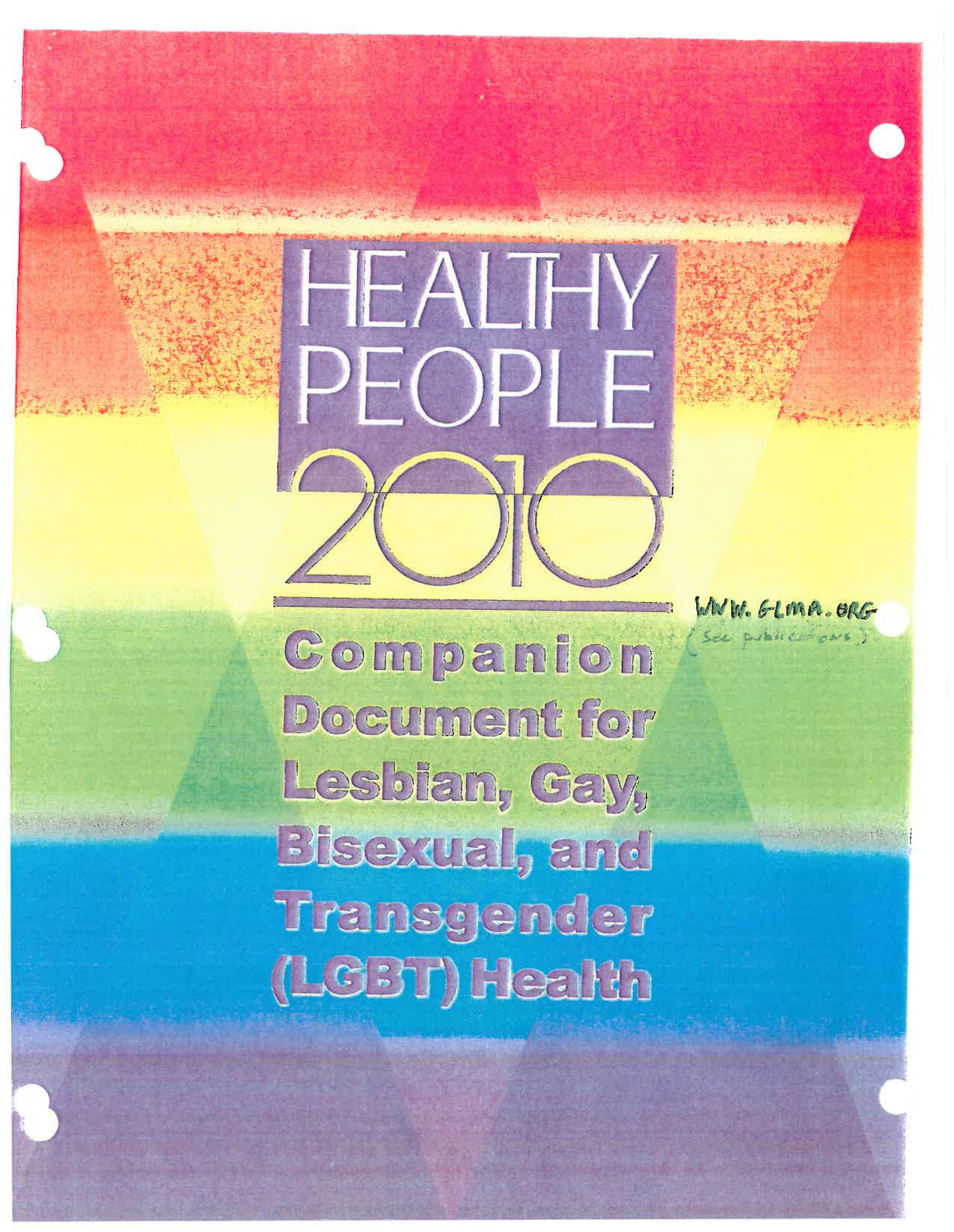
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- [The State of Transgender California \(2008\)](#)

Resource Publications:

Publications from TLC: We believe strongly in getting legal information into the hands of community members, attorneys, employers, educators, health care providers, and others. This is why we've created one of the country's most expansive libraries of original publications, pamphlets, how-to guides, and other materials related to transgender law. We've tried to create publications that are accessible and useful and have done them in several different formats: fact sheets, practice guides, reports, activist guides, etc.

All of our publications can be downloaded for free right here (you'll only need an Adobe Reader program). If you have trouble downloading any, send us an email so we can mail out a copy to you.

In addition to the publications listed below, we have seven fact sheets in Spanish.

Transgender Law 101

California Transgender Law 101: A Resource Guide for California Lawyers and Advocates

An annotated overview of the laws and regulations that affect our ability to express our gender identity. Combining practical information with cutting edge case law, this guide provides information about many different transgender legal issues in the state.

Allies

An Ally's Guide to Talking About Nondiscrimination Protections for LGBT People

An Ally's Guide to Talking About Nondiscrimination Protections for LGBT People provides conversation approaches to help build and sustain solid, lasting support for nondiscrimination laws, and also factually and effectively address concerns that might be raised when discussing the need for such laws.

Employment

Know Your Rights: Transgender Employment Law

An information and resource publication for transgender employees in California

Tips for Working with Transgender Coworkers

Tips for Lawyers Working with Transgender Clients and Coworkers

Transgender Employees and Tenants in California: Rights and Responsibilities

Family Law

Transgender Family Law Facts

This abbreviated version of our Transgender Family Law 101 provides a quick overview of issues regarding marriage, domestic partnerships, parenting, foster care, and youth issues.

Family Law 101

This overview of family law issues, co-created with the National Center for Lesbian Rights, covers marriage, domestic partnership, child custody, adoption, and foster parenting.

Health Care

FAQ: California's Ban on Trans Exclusions

Organizing for Transgender Health Care

Our guide will give you the tools you need to advocate with the goal of ensuring your local community has competent, quality care available for transgender patients.

10 Tips for Working with Transgender Patients

Our brochure is a great resource for health care providers to begin thinking about how to best provide care. We recommend health care providers contact us for trainings and more resources.

How to Start a Transgender Clinic

A step by step guide for health care providers and community organizers. This printable PDF will guide you through the structure of setting up a Transgender Clinic.

MediCal Fact Sheet

Information about Medi-Cal and Gender Reassignment Procedures

Transgender Health and the Law and La Salud De Personas Transgénero y La Ley

A fact sheet on identifying and fighting health care discrimination

Housing

California Fair Housing and Employment Act: What It Means to You

A fact sheet from the Transgender Law Center that explains California law that applies to employees and tenants. The fact sheet explains what gender identity discrimination is and how you can take steps to address the situation if you've been discriminated against.

Transgender Employees and Tenants in California: Rights and Responsibilities

A fact sheet from Transgender Law Center and the National Center for Lesbian Rights explaining the Rights and Responsibilities as Clarified by the Gender Nondiscrimination Act of 2003 (AB 196)

ID Documents

Identity Documents Fact Sheet

An overview of the identity documents that many transgender Californians change to better reflect their gender identity.

ID Please

A Guide to Changing Your California and Federal Identity Documents to Match Your Gender Identity. This comprehensive guide will walk you through: going to court, changing your social security records, getting your new driver's license or state ID, and fixing your immigration, passport, and birth certificate documents. It is meant to be a how-to guide to help you navigate the sometimes complex world of identification documents.

F.A.Q: Vital Statistics Modernization Act

The Vital Statistics Modernization Act clarifies the documentation and residency requirements for obtaining a California court-ordered gender change.

Immigration

Immigration Law and Transgender People and Las leyes migratorias y las personas transgénero (Español)

This fact sheet provides basic information about the rights of transgender immigrants, including immigration documents, asylum, and marriage-based immigration.

Asylum Fact Sheet and La Solicitud de Asilo Basada en la Persecucion por Identidad de Género (Español)

A tool for potential asylum seekers and their allies co-created with the Lawyers Committee for Civil Rights.

Immigration Law and the Transgender Client

A publication of Transgender Law Center and Immigration Equality for lawyers and advocates

Jails/Prison

Policy Recommendations Regarding LGBT People in California Prisons

Dignity and Justice For All – a coalition comprised of *Equality California*, *Just Detention International*, *National Center*

for Lesbian Rights , Transgender Gender Variant Intersex Justice Project , and Transgender Law Center – makes the following recommendations based on the testimony presented at the Senate Committee on Public Safety's Informational Hearing on Issues Facing Lesbian, Gay, Bisexual, and Transgender Inmates in California Prisons, on December 11, 2008.

Safety Inside: Problems Faced by Transgender Prisoners and Common Sense Solutions to Them

Written testimony submitted to the National Prison Rape Elimination Commission detailing the ways in which transgender prisoners face harassment and discrimination and common sense recommendations that the Commission can take to improve conditions for transgender prisoners.

Public Accommodations

Peeing in Peace

This guide provides cutting edge information to transgender people, activists, and allies about creating bathroom safety. Whether you want tips on how to address harassment, ideas for getting good bathroom policies passed, or an outline for doing a bathroom safety campaign, PIP is for you. The guide also contains sample letters, information on creating a grassroots organization, and a resource list.

Youth

Transgender and Gender Non-Conforming Students' Rights in California Schools

A joint publication from GSA Network and the Transgender Law Center that outlines students' rights in California and how to respond to discrimination.

Beyond the Binary: A Tool-Kit for Gender Identity Activism in Schools

This publication, co-created with the Gay-Straight Alliance Network and the National Center for Lesbian Rights, provides students and their allies with practical and accessible tools to support their efforts to make schools safe and welcoming for all students regardless of gender identity. *Generously funded by the Gill Foundation*

Quick Steps You Can Take to Move Your School Beyond the Binary

An executive summary of Beyond the Binary

Published work by TLC Staff

Ben Lunine's article in ABA newsletter on services for transgender victims of domestic violence, sexual assault and stalking

Annual Reports

2012 Annual Report (Interactive .pdf)

2011 Annual Report

2010 Annual Report

2009 Annual Report

2008 Annual Report

2007 Annual Report

2006 Annual Report

LGBT WELCOMING AND INCLUSIVE SERVICES CHECKLIST

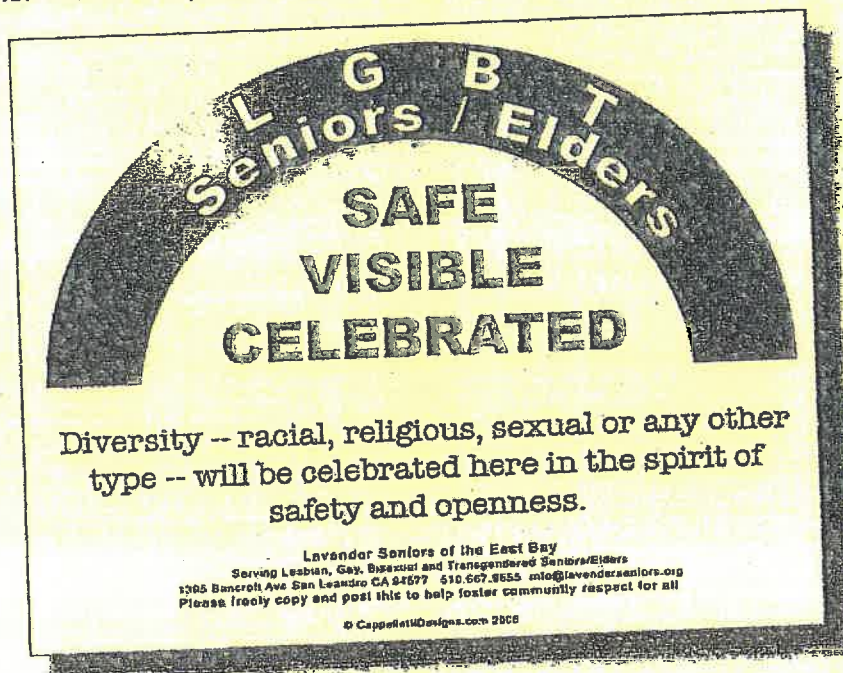
YES	NO	AGENCY POLICIES AND PROCEDURES
		We have a nondiscrimination policy for staff members
		We have a nondiscrimination policy for clients
		Our mission statement is inclusive
		We offer domestic partner benefits to LGBT employees
		Client confidentiality policies include how to deal with LGBT people who do not want information about sexuality or gender on their records
		Our sexual harassment policy includes LGBT issues
		We have a procedure for staff or clients to grieve issues of discrimination based on sexuality and/or gender
		Written notice is given to clients about when and for what reason information about them may be disclosed to a 3 rd party
		STAFF TRAINING/CONDUCT
		All staff get basic training on LGBT people and issues at least once
		Some staff get advanced training
		At least one staff member has expertise in working with LGBT clients
		All staff treat LGBT clients with respect and honor confidentiality
		Staff members know how to intervene when clients act in discriminatory manner to LGBT clients
		INCLUSIVE LANGUAGE: FORMS/ASSESSMENTS/TREATMENT
		Written forms have inclusive language and encourage disclosure
		Assessments are inclusive and encourage discussion of whether gender or sexuality issues need to be addressed in treatment
		Case management, treatment, and aftercare plans include issues related to sexual and gender if appropriate
		Staff members get a sexual history from all clients
		Treatment groups, social activities, and all aspects of the program are "safe" for LGBT clients
		VISIBILITY OF LGBT PEOPLE AND ISSUES
		We advertise employment opportunities in LGBT publications
		We have openly LGBT people on staff
		We have openly LGBT people on the board of directors
		We have openly LGBT people as volunteers, sponsors, mentors
		Our nondiscrimination policy that includes LGBT is prominently displayed
		LGBT clients' families are included in family days/events
		LGBT issues are discussed in treatment groups when appropriate
		Posters, pamphlets, magazines, and other materials reflect our LGBT clients
		We do outreach/market our services to local LGBT communities
		RESOURCES AND LINKAGES
		We have checked our referral sources to make sure that they are LGBT-sensitive
		We have linkages to our local LGBT community
		We screen guest speakers, volunteers, mentors, sponsors, etc, to make sure they know that we are welcoming and inclusive of LGBT people

Developed by Gil Gerald and Associates, Inc. through funding from the State of California Department of Alcohol and Drug Programs Contract No. 07-00135. LGBT TRISTAR: Lesbian, Gay, Bisexual and Transgender, Treatment and Recovery Improvement, Statewide Technical Assistance Resources. www.lgbt-tristar.com

Lavender Seniors of the East Bay The LGBT Elder-Friendly Project

An agency that is Lesbian, Gay, Bisexual, Transgender Elder-Friendly:

1. Displays the LGBT emblem below in their front window, reception desk or another visible and public location in their agency,



And,

2. Has statements or policies on record of non-discrimination, regardless of sexual orientation or gender identity,

And,

3. One or more of the following:
 - a. Specifically states that they serve LGBT's,
 - b. Displays LGBT literature and other LGBT welcoming materials
 - c. Has "out" LGBT staff members
 - d. Staff has recently been trained in LGBT cultural competency, or
 - e. Has LGBT sensitive forms and publicity

A BIG thanks to the following:

- East Bay Community Foundation and the Sociological Initiatives Foundation
- Senior Access Project Steering Committee – Rose White, Ina Mae Murri, Fred Banuelos, Brendalynn Goodall, Peter Gordon (Gaylesta), Barbara Faulkner (Project Coordinator), Vivienne Crawford (Consultant)
- Emblem creation - Christina Cappelletti, Cappelletti Designs
- **And, all the great volunteers who contributed through our focus groups and key informant surveys!!**

For more information, call Lavender Seniors at 510-667-9655, email: barbara@lavenderseniors.org or go to our website at www.lavenderseniors.org

Attachment C

A QUICK CHECKLIST OF CULTURAL COMPETENCE IN PROVIDING HEALTH PROGRAMS & SERVICES TO LGBT INDIVIDUALS

In 1997, the Massachusetts Department of Public Health funded The LGBT Health Access Project. One outcome of the project was publication of "Community Standards of Practice For Provision of Quality Health Care Services For Gay, Lesbian, Bisexual And Transgendered Clients," the complete text of which is available at the Project's website - www.glbthealth.org. The following is adapted from the project's Quick Checklist, to help programs, services, agencies and organizations determine the cultural competence in meeting the needs of LGBT clients.

All of the items on this checklist are important. However, cultural competence is seen as a continuum. Thus the more of these that are in place or are adopted, the greater the level of cultural competence.

Does your agency, program, or organization:

- Actively recruit gay, lesbian, bisexual, and transgender employees in its hiring practices, including advertising employment opportunities in LGBT publications
- Have written policies regarding diversity, non-discrimination, and sexual harassment that explicitly include gay, lesbian, bisexual, and transgender employees
- Support and encourage visibility of gay, lesbian, bisexual, and transgender employees
- Have formal procedures for addressing employee complaints of discrimination or harassment based on sexual orientation or gender identity
- Work to ensure that gay, lesbian, bisexual, and transgender employees of all ages have the same benefits and compensation as all other employees, including family benefits
- Train personnel about LGBT-related benefits issues

- ___ Have written policies explicitly prohibiting discrimination based on sexual orientation and gender identity in the provision of services
- ___ Have written procedures for clients to file and resolve complaints regarding discrimination based on sexual orientation or gender identity
- ___ Use inclusive intake and assessment forms and procedures that are culturally appropriate for gay, lesbian, bisexual, and transgender clients
- ___ Train intake and assessment staff to assure that they provide medically and culturally appropriate care and referrals within and outside the agency
- ___ Provide ongoing diversity, harassment, and anti-discrimination training for staff around LGBT issues as they pertain to the agency's services
- ___ Provide comprehensive training so that all direct care staff can identify and address basic LGBT health issues within the scope of their expertise
- ___ Identify staff with special expertise in and sensitivity to LGBT issues
- ___ Have a comprehensive list of resources and relationships with other agencies to facilitate appropriate referrals for LGBT health and social services within and outside the agency
- ___ Include and address sexual orientation and gender identity in all case management and treatment plans when it is necessary and appropriate to client care
- ___ Have written confidentiality policies that explicitly acknowledge that information about sexual orientation and gender identity is highly sensitive and should be treated accordingly
- ___ Give clients the option of designating sexual orientation and gender identity on forms and in records
- ___ Train staff on confidentiality requirements relating to data collection and information disclosure
- ___ Provide written notice to clients about when and for what reasons information about them may be disclosed to third parties
- ___ Provide appropriate, safe, and confidential treatment to LGBT minors (unless the agency's services are inappropriate for all minors)
- ___ Train staff about the legal rights of minors to seek and receive health care

____ Tell minor clients in writing and verbally about mandatory reporting laws, and about their rights regarding confidentiality and treatment without parental consent

____ Include gay, lesbian, bisexual, and transgender people and their families in all outreach and health promotion activities

____ Encourage openly gay, lesbian, bisexual, and transgender people to join its Board of Directors or other institutional bodies

____ Include gay, lesbian, bisexual, and transgender people in agency community benefits programs

____ Review its written policies, procedures, and forms regularly to ensure that they explicitly address issues of gay, lesbian, bisexual, and transgender staff and consumers.

Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC)

Competencies for Counseling with Transgender Clients

Approved by ALGBTIC Board - September 18, 2009

Approved by American Counseling Association Governing Council - November 7, 2009

Authors

ALGBTIC Transgender Committee:

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Vel S. McKleroy, Jesse McNulty, Stacey Reicherzer

Citation Information:

Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling. (2009).
Competencies for counseling with transgender clients. Alexandria, VA: Author.

Theoretical Framework

This document contains suggested competencies for use in counseling with transgender clients. These competencies are geared toward professionally trained counselors who work with transgender individuals, families, groups, or communities. These competencies are based on a wellness (e.g., Myers & Sweeney, 2005), resilience (Singh, Hays, & Watson, in press), and strength-based approach (e.g., Bockting, Knudson & Goldberg, 2007; Carroll, 2010; Lev, 2004; Vanderburgh, 2007) for working with transgender clients. The authors of these competencies come from diverse theoretical and professional backgrounds in working with transgender clients, advocating for transgender communities, and having relationships with transgender people.

Across this diversity, the authors share a common approach of affirming that all persons have the potential to live fully functioning and emotionally healthy lives throughout the lifespan along the full spectrum of gender identity and gender expression. The authors advocate using a strength-based approach to highlight the strengths and resilience of transgender individuals as they experience their lives due to the significant experiences of multiple oppressions transgender people may have. Further, the authors believe that counselors are in the unique position to endeavor to make institutional changes in the environment in which they work more safe for transgender people.

The authors built a theoretical framework from which they constructed these competencies. This framework in part stemmed from the authors' acknowledgment of their biases – both their own and those of the society in which they live. The authors chose to be transparent about their theoretical framework in order to not only share their assumptions about transgender people, but also to acknowledge that all individuals hold biases of which they are not yet aware. Therefore, the authors met as a committee weekly or biweekly for over a year to identify these biases and develop strength-based competencies. The authors also sought the expertise of seven independent reviewers who ranged in their experiences of clinical, advocacy, and research with transgender issues.

The authors conceptualized this approach from a theoretical orientation of counseling that integrates multicultural (Sue & Sue, 2008), social justice (Goodman et al, 2004) and feminist (Worell & Remer, 2003) approaches, which acknowledge the influence of privilege, power and oppression on clients' lives. These theoretical approaches provide a lens for identifying, documenting the experiences of, and working to meet the needs of transgender clients. These approaches also provide a framework for the macro-level implications for working with transgender individuals and communities and allowed the authors to recognize how gender identity intersects with a client's multiple sociocultural identities (e.g., race, ethnicity, sexual orientation, etc.).

In addition to their theoretical orientation to counseling, the authors strived to incorporate counselors' multiple professional roles into the theoretical framework of these competencies. For example, the importance of social justice and advocacy as part of counselors' work with transgender clients is acknowledged (e.g., Carroll, 2010). The authors referenced the LGB Competencies (AGLBIC, 2003) and the ACA Advocacy Competencies (Lewis, Arnold, House,

& Toporek, 2003) to ensure counselors' roles as advocates integrate a systemic, multicultural approach to wellness.

Another important aspect of the authors' theoretical framework stemmed from the authors' beliefs about how these competencies should be used. These competencies should not be used in lieu of professional training in working with transgender clients, and supervision of trainees by licensed professionals (as well as consultation among professionals) is essential and provides ongoing continuing education for individuals working with transgender clients. There are established World Professional Association of Transgender Health Standards of Care (Meyer et al., 2001 – previously known as the Harry Benjamin Standards of Care) for working with transgender clients, and the authors do not intend that these competencies replace the WPATH Standards of Care, but that they complement them and are used in the training of counselors and establishing best practices in the counseling field with transgender clients.

Best practices for professional counselors working with clients from marginalized communities (e.g., AGLBIC, 2003) articulate the need for counselors to be familiar with all eight domains of these competencies in order to demonstrate cultural competence with transgender clients. Further, although there may be overlap among the different areas of these competencies, it will be important to review all areas to incorporate common themes of the areas as well as counseling strategies that are unique to particular sections.

Transgender-Affirmative Language

In addition to their theoretical framework, the authors consulted many different theoretical and empirical sources (see Reference List) and the seven reviewers of this document to identify appropriate, transgender-affirmative language to use in these competencies. The authors of this document recommend the following as a growing list of some of the least restrictive terms available for use with transgender people, which are excerpted with permission from the Lambda Legal (2008) publication, *Bending the mold: An action kit for transgender youth* (See Appendix A). Although specific terms are used throughout the document, it is important to recognize the continuous evolution of language is to be expected with regard to working with transgender clients as there are many terms that are used within transgender communities.

Despite identifying and using a common language that was pervasive throughout the competencies, the authors thought it important to note that language in transgender (and any cultural) communities varies and that these competencies would not dictate "accurate" or "correct" language. In addition to language surrounding constructs of gender identity, the authors also recognize that the correct use of self-identified, gender affirming pronouns for transgender clients are also important. For example, gender-neutral pronouns such as "ze" and "hir" are a critical addition to counselors' vocabulary when working with some transgender clients. It is important to honor the set of pronouns that clients select and use them throughout the counseling process. At the same time, counselors should also be aware that some transgender individuals do not identify with gender-neutral pronouns and identify with traditional gender pronouns. Specifically, this language used should be directed by the client and affirm the client's self-identified gender throughout the transition process, especially in instances where the counselor's perception and the client's perception differ.

The authors felt it important to note that transgender people have been historically marginalized and pathologized by diagnostic and assessment systems and recognized that they would need to position themselves within the debate about the pathology of transgender individuals and share how their position influences their approach to counseling work with transgender clients at the initial counseling meeting. Using the Minority Stress Model (Meyer, 2003), the authors believe that gender identity is in no way a mental disorder, and articulate such by putting "Disorder" in quotes throughout the competencies (e.g., Gender Identity "Disorder"), to draw attention to their critique of pathologizing gender identity.

Due to heterosexism and transphobia being referenced throughout the document and being central concepts to the minority stress model, it is important to clarify the difference between the two terms. Transphobia describes the irrational fear and hatred of all those individuals who transgress, violate, or blur the dominant gender categories in a given society, which may be experienced by transgender individuals in different ways from microaggressions to violence. Heterosexism, on the other hand, describes the assumption that everyone is heterosexual or should be. While many transgender individuals identify as heterosexual, they may still experience heterosexism because embedded within heterosexism is a narrow binary gender system that transgender individuals may be seen as outside of or they are questioned about their status of being a "real" man or woman. Therefore, ze/she/he may be heterosexual, yet experience heterosexism through microaggressions, discrimination, harassment, violence, etc. because of being incorrectly viewed as gay/lesbian.

An important consideration in working with transgender individuals is how family is defined. Due to the heterosexism, transprejudice, transphobia, and transnegativity many transgender individuals experience, it is not uncommon transgender people to be rejected from their family of origin; and, therefore, there may be conflict and/or separation from nuclear and extended families. Transgender individuals may therefore find and define family by those who perform the roles of family, despite biological or legal adoption with a family unit. This broader definition of family should be honored and integrated into the counseling process as the individual chooses. Within the transgender community, this is usually referred to as "family of choice," and also the authors urge counselors to honor how individuals define and label family for themselves.

Limitations of Competencies

While this document attempts to provide a comprehensive list of competencies in counseling transgender clients, the authors also want to acknowledge that this project has limitations in its scope. These competencies are intended to be a foundation, and the authors encourage counselors to continually develop resources and knowledge that build upon limitations. Some particular limitations the authors would like to note regarding this project are specific populations and differences related to gender transition.

With regards to specific populations, the competencies did not permit for an in-depth application to counseling transgender youth, the elderly, or working with the family and loved ones of transgender individuals. While many items in these competencies will be relevant for working with transgender youth and family and loved ones of transgender individuals, because it

was not the focus, there are considerations that require further attention. The authors have attempted to address this issue through providing resources at the end of the document. An additional limitation that the authors felt important to note is that the document does not break down the competencies by the specific experiences of identifying as male-to-female (MTF) or female-to-male (FTM) and those who identify with other gender descriptions (e.g., genderqueer). An important difference to note is the experiences relating to the loss of male privilege for MTF transgender individuals and the gain of male privilege for FTM transgender individuals. These experiences also vary within each of these two distinct categories based on the individual (e.g., how gaining male privilege is experienced by a FTM will vary widely, such as how other identities such as race/ethnicity intersect with their gender identity). Not every transgender individual will transition from MTF or FTM, and not all transgender individuals identify within the current gender binary (male or female). *Ze/she/he* instead may identify as genderqueer, androgynous, etc. It is important for counselors to be aware of the pressure all individuals experience related to fitting into the narrow gender binary and the additional challenges one might face if clients step out of these confines.

Organization of Competencies

Using the theoretical framework articulated above, the authors created domains of competencies for counseling with transgender clients. The competencies are organized according to the Council for Accreditation of Counseling and Related Educational Programs standards (CACREP, 2009). They are divided into eight domains by the eight training domains of CACREP standards, as the expectation that the CACREP standards are the minimum standards for the delivery of ethical and competent counseling services, training and practice of counselors in the profession. Thus, the authors encourage counselors to move beyond competence into the role of conscientious consumers of these standards by becoming social change agents, and allies for transgender clients. The authors hope that counselors will recognize and celebrate the rich histories, lives, and pride of transgender clients and communities.

The competencies incorporate a multicultural counseling competency framework that includes Knowledge, Skills, and Awareness (KSA) areas (Sue, Arredondo, & McDavis, 1992). This framework was used for the LGB Competencies (AGLBIC, 2003), and the authors find it appropriate to similarly structure these competencies for working with transgender clients as a beginning step. Although this structure is the existing framework for organizing these competencies, the authors also recognize that this document will evolve and require revision over time. Thus, these competencies will require periodic evaluation and revision to reflect current theory, research, practice, and counseling frameworks regarding transgender clients. The authors recognized that there are also many interactions among the three areas of the KSA competence model, and therefore all eight domains of these competencies respectively integrate all three areas (vs. identifying specific and respective competencies of knowledge, skills, and awareness for each of the eight CACREP domains).

Using an organizational structure that integrates the eight CAREP domains with the three KSA areas, it is inevitable that, references for various CACREP domains and KSA areas overlap and could become cumbersome in utilizing the competencies. Therefore the authors have listed all references at the end of the entire document for readers' further professional development.

Also, the authors made no links in the body of the text to specific references; rather, counselors should use the reference section as critical tools to obtain resources for their continued professional development in theory, research, practice, training, advocacy, and resilience of transgender clients.

Foundational Literature

As part of their initial construction of these competencies, the authors recognized the importance of using empirical research as a basis from which the competencies could be identified. Such a process stemmed in part from calls from the professional literature that stressed the importance of using current empirical and theoretical literature in the development of guidelines for multicultural practice and training (Association for Assessment in Counseling and Education, 2009). The authors also included sources in their review of the literature with which they believed readers should engage for their own professional development as counselors use these competencies.

- Council for Accreditation of Counseling and Related Educational Programs (2009)
- American Counseling Association Ethics Code (2005)
- World Professional Association of Transgender Health Standards of Care (Meyer et al., 2001)
- American Psychological Association Report of the Task Force on Gender Identity and Gender Variance (2008)
- Advocacy Competencies (Lewis et al., 2003)
- Multicultural Competence (Sue, Arredondo, & McDavis, 1992)

A. Human Growth and Development

Competent counselors will:

- A. 1. Affirm that all persons have the potential to live full functioning and emotionally healthy lives throughout their lifespan while embracing the full spectrum of gender identity expression, gender presentation, and gender diversity beyond the male-female binary.
- A. 2. Notice that respective developmental periods throughout the lifespan (e.g., youth, adolescence, elderly) may impact the concerns and process that transgender clients present in counseling.
- A. 3. Affirm transgender mental and medical health care (e.g., hormone therapies, sexual reassignment surgery, safe and trans-positive general medical services) through the entire lifespan, not just during the initial assessment process or during transition.

- A. 4. Understand the biological, familial, social, cultural, socio-economic and psychological factors that influence the course of development of transgender identities.
- A. 5. Identify the gender-normative assumptions present in current lifespan development theories and address for these biases in assessment and counseling practices.
- A. 6. Understand how stigma and pressures to be gender-conforming may affect personality development even in the face of the resiliency and strengths of transgender individuals. Further, understand how these factors influence decision-making in regards to employment, housing, healthcare; and manifestation of psychological disorders of transgender individuals.
- A. 7. Recognize the influence of other contextual factors and social determinants of health (i.e. race, education, ethnicity, religion and spirituality, socioeconomic status, sexual orientation, role in the family, peer group, geographical region, etc.) on the course of development of transgender identities.
- A. 8. Be informed on the various ways of living consistently with one's gender identity, which may or may not include physical or social gender transition, and how these options may affect transgender individuals throughout their development. Be aware of the sociopolitical influences that affect the lives of transgender individuals, and that stereotyping, discrimination, and marginalization may shape one's developmental processes, self-esteem, and self-concept.
- A. 9. Recognize that the normative developmental tasks of many transgender individuals may be complicated or compromised by one's self identity and/or sexuality confusion, anxiety and depression, suicidal ideation and behavior, non-suicidal self-injury, substance abuse, academic failure, homelessness, internalized transphobia, STD/HIV infection, addiction, and other mental health.
- A. 10. Understand how transgender individuals navigate the complexities for self and others with regard to intimate relationships throughout the lifespan.
- A. 11. Understand that the typical developmental tasks of transgender seniors often are complicated or compromised by social isolation and invisibility, medical problems, transgender-related health concerns, family-of-origin conflicts, and often limited career options – especially for those with developmental disabilities.
- A. 12. Recognize that gender identity formation, self-acceptance of transgender identity, and disclosure of transgender status are complex processes that are not necessarily permanently resolved and may be experienced repeatedly across one's lifespan.

B. Social and Cultural Foundations

Competent counselors will:

- B. 1. Understand the importance of using appropriate language (e.g., correct name and pronouns) with transgender clients; be aware that language in the transgender community is constantly evolving and varies from person to person; seek to be aware of new terms and definitions within the transgender community; honor client's definitions of their own gender; seek to use language that is the least restrictive in terms of gender (e.g., using client's name as opposed to assuming what pronouns the clients assert are gender affirming); recognize that language has historically been used to oppress and discriminate against transgender people; understand that the counselor is in a position of power and should model respect for the client's declared vocabulary.
- B. 2. Acknowledge that the oppression of transgender people is a component of sexism, heterosexism and transphobia and reflects a worldview and value-system that undermines the healthy functioning and autonomy of transgender people.
- B. 3. Understand that transprejudice and transphobia pervades the social and cultural foundations of many institutions and traditions and fosters negative attitudes, high incidence of violence/hate crimes, and overt hostility toward transgender people.
- B. 4. Recognize how internalized prejudice and discrimination (e.g., transphobia, racism, sexism, classism, religious discrimination, ableism, adultism, ageism) may influence the counselor's own attitudes as well as those of her/his/hir transgender clients resulting in negative attitudes toward transgender people.
- B. 5. Recognize, acknowledge, and understand the intersecting identities of transgender people (e.g., race/ethnicity, ability, class, religion/spiritual affiliation, age, experiences of trauma) and their accompanying developmental tasks. This should include attention to the formation and integration of the multiple identity statuses of transgender people.
- B. 6. Understand how the specific intersection of of sexism, heterosexism and transphobia may affect clients' lives. For example sexism (how patriarchy promotes gender stereotypes and roles and how power and privilege are distributed to reinforce the binary gender system), transphobia (internalized fears or negative self-concept), and heterosexism (while sexual orientation and gender identity are different, how heterosexism impacts both those who identify as homosexual and heterosexual, because ze/she/he may be viewed as being outside of the gender binary or as "really a man/woman" and therefore are seen as gay/lesbian).
- B. 7. Understand how the specific intersection of racism, sexism, heterosexism and transphobia influences the lives of transgender people of color (e.g., increased risk for HIV/AIDS and overrepresentation of transgender people of color in HIV infections) and recognize the negative stereotypes used against transgender people of color.
- B. 8. Acknowledge how classism affects the lives of transgender people through increased rates of homelessness, restricted job opportunities and increased marginalization within the work place, and lack of federal employment protections.

- B. 9. Identify transgender-positive resources (e.g., support groups, websites, brochures) that address multiple identities of transgender people (e.g., youth, differential ability, people of color).
- B. 10. Use empowerment and advocacy interventions (see ACA Advocacy Competencies) when necessary and/or requested with transgender clients (e.g., employment and education discrimination, transgender people of color, housing discrimination).
- B. 11. Educate themselves and others about the damaging impact of colonization and patriarchy on the traditions, rituals, and rites of passage specific to transgender people across cultures over time (e.g., Hijras of India, Mahu of Hawaii, Kathoey of Thailand, Two-Spirit of Native American/First Nations people).
- B. 12. Recognize that spiritual development and religious practices may be important for transgender individuals, yet it may also present a particular challenge given the limited transpositive religious institutions that may be present in a given community, and that many transgender individuals may face personal struggles related to their faith and their identity.

C. Helping Relationships

Competent counselors will:

- C. 1. Understand that attempts by the counselor to alter or change gender identities and/or the sexual orientation of transgender clients across the lifespan may be detrimental, life-threatening, and are not empirically supported; whereas counseling approaches that are affirmative of these identities are supported by research, best practices, and professional organizations – such as the American Counseling Association, American Psychological Association).
- C. 2. Recognize that the counselors' gender identity, expression, and concepts about gender are relevant to the helping relationship, and these identities and concepts influence the counseling process and may affect the counselor/client relationship.
- C. 3. Be aware that, although the client is transgender and may have gender-related concerns, the client's primary concern and reason for seeking counseling services may *not* be related to gender identity and/or gender dysphoria.
- C. 4. If gender identity concerns are the reason for seeking treatment, counselors acknowledge experience, training, and expertise in working with individuals with gender concerns at the initial visit while discussing informed consent and seek supervision and consultation as necessary.
- C. 5. Acknowledge with the paucity of research on efficacious theoretical approaches for working with transgender populations, counselors are urged to conduct routine process

monitoring and evaluation of their service delivery and re-evaluate their theoretical approach for working with transgender individuals.

- C. 6. Acknowledge that, although gender identities and expressions are unique to individuals, they can vary greatly among and across different populations of transgender people. Further, a transgender client's gender identity and/or expression may evolve across their lifespan.
- C. 7. Acknowledge that physical (e.g., access to health care, HIV, and other health issues), social (e.g., family/partner relationships), emotional (e.g., anxiety, depression, substance abuse), cultural (e.g., lack of support from others in their racial/ethnic group), spiritual (e.g., possible conflict between their spiritual values and those of their family's), and/or other stressors (e.g., financial problems as a result of employment discrimination) often interfere with transgender people's ability to achieve their goals. Therefore, it is important assist them with overcoming these obstacles and regulating their affects, thoughts, and behavior throughout this coping process.
- C. 8. Recognize and acknowledge that, historically, counseling and other helping professions have compounded the discrimination of transgender individuals by being insensitive, inattentive, uninformed, and inadequately trained and supervised to provide culturally proficient services to transgender individuals and their loved ones.
- C. 9. Create a welcoming, affirming environment for transgender individuals and their loved ones by creating a counseling space that affirms transgender people's identity (e.g., placing transgender-positive magazines and literature in the waiting room, etc.). Respect and attend to the entire individual—not just their gender identity-related issues.
- C. 10. Facilitate an open discussion to identify the effects of trans-prejudice and discrimination experienced by transgender clients and assist them in overcoming potential internalized negative attitudes about themselves and their gender identities.
- C. 11. Proactively seek consultation and/or supervision from professionals competent in working with transgender individuals (please refer to WPATH's *Standards of Care* regarding guidelines for professional competency) to ensure that the counselors' own biases or knowledge deficits do not negatively affect the helping relationship.

D. Group Work

Competent group counselors will:

- D. 1. Maintain a nonjudgmental, supportive stance on all expressions of gender identity and sexuality and establish this as a standard for group members as well.

- D. 2. Facilitate group members' understanding that mental health professionals' attempts to change a member's gender identity (e.g., conversion or reparative therapies) are not supported by research, and moreover, may have life-threatening consequences.
- D. 3. Involve members in establishing the group treatment plans, expectations, and goals, which should be reviewed periodically throughout the group. These should foster the safety and inclusion of transgender members.
- D. 4. Provide education and opportunities for social learning about a wide array of choices regarding coming out and transitioning if indicated or warranted.
- D. 5. Recognize the impact of power, privilege, and oppression within the group especially among the counselor and members and between members of advantaged and marginalized groups.
- D. 6. Consider diversity (i.e., gender identity, sex assigned at birth, sexual orientation, mental and physical ability status, mental health concerns, race, ethnicity, religion, and socioeconomic class) when selecting and screening group members, and be sensitive to how these aforementioned diverse identities may affect group dynamics.
- D. 7. Be aware of the unique status of an individual who is the only transgender group member, and create a safe space in which that person can share her/his experiences if feeling comfortable. In this case, it is especially important to foster a sense of security through the use of respectful language towards the transgender member (e.g., correct pronouns and name; gender-affirmative terminology of transition interventions).
- D. 8. In gender-specific groups (e.g., inpatient treatment settings, substance abuse treatment, etc.), transgender individuals need to attend the gender group with which they identify (instead of the gender group that they were assigned at birth).
- D. 9. Acknowledge the impact of institutionalized and personalized transphobia on transgender members' comfort with disclosing and reflecting on their experiences that occur inside and outside of group.
- D. 10. Actively intervene when either overt or covert hostility towards transgender identified members threatens group security and cohesion. This applies to both transgender specific groups and any group that has transgender members.
- D. 11. Recognize that although group support can be very helpful, peer pressure to conform to specific expression or plan of action exists within the group.
- D. 12. Coordinate treatment with other professionals working with transgender members, while maintaining confidentiality within the group.
- D. 13. Refer clients to other mental and physical health services when either initiated by the group member or due to clinical judgment that the member is in need of these interventions.

- D. 14. Be aware of how their own gender identities, beliefs about gender, and lack of knowledge about transgender issues may affect group processes.
- D. 15. Seek consultation or supervision to ensure that the counselor's potential biases and knowledge deficits do not negatively affect group dynamics.
- D. 16. Will ideally have previous experience working with transgender individuals in both non-transgender specific and transgender specific groups. If no previous counseling experience with transgender individuals exists, consultation and supervision with mental health professionals who are competent and have more experience working with transgender issues is even more critical.

E. Professional Orientation

Competent counselors will:

- E. 1. Understand and be aware that there has been a history of heterosexism and gender bias in the Diagnostic and Statistical Manual (DSM). For instance, counselors should have knowledge that homosexuality was previously categorized as a mental disorder and that currently "Gender Identity Disorder" remains in the DSM.
- Know the history of how the helping professions have negatively influenced service delivery to transgender individuals, their families and significant others through heterosexism and gender bias, and specifically know the history of when "Gender Identity Disorder" was inserted into the Diagnostic and Statistical Manual (DSM) and when homosexuality was removed as a mental health disorder.
- E. 2. Acknowledge and address the gatekeeper role and subsequent power that mental health professionals have historically had in transgender clients accessing medical interventions and resulted in mistrust of mental health professionals. This power difference needs to be minimized in the counseling relationship with transgender clients.
- E. 3. Ascertain the needs and presenting concerns of transgender clients, including transgender identity development, gender confusion, gender transition, gender expression, sexuality, anxiety and depression related to transgender life experiences, family/partner relationships, substance abuse, transgender health issues, and presenting concerns unrelated to gender.
- E. 4. Understand the related ACA ethical guidelines for counseling individuals who are exploring issues related to gender identity, gender expression, and sexual orientation.
- E. 5. Seek consultation or supervision to ensure that personal biases do not negatively affect

the client-therapist relationship or the treatment outcomes of the transgender individual.

- E. 6. Be familiar with and know how to assist transgender clients access community resources where appropriate.
- E. 7. Facilitate access to appropriate services in various settings for transgender individuals by confronting institutional barriers and discriminatory practices.
- E. 8. Seek professional development opportunities to enhance attitudes, knowledge, and counseling skills related to transgender individuals.
- E. 9. Recognize the importance of educating professionals, students, and supervisees about transgender issues, and challenge misinformation and bias about transgender individuals.
- E. 10. Support a positive, public dialogue that affirms individual gender expression and gender identity.
- E. 11. Serve as advocates for transgender individuals within professional counseling organizations, and specifically advocate for anti-discrimination policies concerning transgender individuals.
- E. 12. Collaborate with health professionals and other individuals, groups, agencies, as indicated by the individual in order to provide comprehensive care.

F. Career and Lifestyle Development Competencies

Competent counselors will:

- F. 1. Assist transgender clients with exploring career choices that best facilitate both identity formation and job satisfaction.
- F. 2. Recognize that existing career development theories, career assessment tools, employment applications, and career counseling interventions contain language, theory, and constructs that may be oppressive to transgender and gender-conforming individuals.
- F. 3. Acknowledge the potential problems associated with career assessment instruments that have not been normed for the transgender community.
- F.4. Challenge the occupational stereotypes (e.g., sex work, entertainment careers, etc.) that restrict the career development and professional decision-making of transgender clients, or respect decisions to remain in entertainment careers, while also be prepared to affirm that these are valid jobs for those who are satisfied working in these fields.

- F. 5. Acknowledge and understand how the interplay of discrimination and oppression against transgender individuals adversely affect career performance and/or result in negative evaluation of their job performance, and thus may limit career options resulting in underemployment, less access to financial resources and overrepresentation in certain careers.
- F. 6. Demonstrate awareness of the high degree of discrimination that transgender individuals have historically experienced in the workplace and how this discrimination may affect other life areas (e.g., housing, self-esteem, family support).
- F. 7. Demonstrate awareness of and skill in addressing employment issues and challenges for transgender individuals who have experienced transition, those who may choose to transition, and those who may not opt to transition while in the workplace and recognize the diversity of experiences for transgender individuals who choose to transition while in the workplace.
- F. 8. Explore with clients the degree to which government (i.e., federal, state, and/or local) statutes, union contracts, and workplace policies protect workers against employment discrimination based on gender identity and expression. In cases where there is no protection of transgender employment rights, provide information on advocacy and support efforts.
- F. 9. Link clients with transgender mentors and resources that increase their awareness of viable career options.
- F. 10. Provide employers with consultation and education on gender identity issues and ways to facilitate workplace changes, such as restrooms, locker rooms, staff education, and creating a respectful, inclusive environment.
- F. 11. Assist with empowering transgender individuals to advocate on their own behalf as appropriate in their workplace context (i.e., micro-level or macro-level) and/or offer to engage in this advocacy with the client's consent if the client would benefit from a direct workplace psychoeducation/training on transgender issues and safety in the workplace.
- F. 12. Advocate for gender identity and gender expression anti-discrimination policies in the workplace as they are applicable on both micro-level (e.g., in the workplace) and macro-levels (e.g., in the local and larger communities where we live, with policy makers and legislators, etc.).

G. Appraisal

Competent counselors will:

- G. 1. Determine the reason for counseling services at the initial visit (e.g., exploring gender

issues, career issues, relationship issues, evaluation and referral for medical services, or other mental health services).

- G. 2. Identify challenges that may inhibit desired treatment (e.g., cognitive impairment, serious mental health concerns such as psychosis or personality disorders, medical issues, developmental disabilities, etc.).
- G. 3. Understand that gender identity and expression vary from one individual to the next, and that this natural variation should not be interpreted as psychopathology or developmental delay.
- G. 4. Examine the legitimate power that counselors hold as helping professionals, particularly in regards to assessment for body modifications, and seek to share information on the counselor's gate keeping role (e.g., writing letters supporting body modifications) so it is not a restrictive influence, but rather seeks to better serve transgender people's needs.
- G. 5. Understand the power that counselors have in meeting the needs of transgender individuals in regards to making decisions about hormonal or surgical interventions. Therefore, it is important to collaboratively discuss the potential length of counseling services and costs as a part of the informed consent process.
- G. 6. Recognize that the goal of treatment is to provide a comprehensive psychosocial mental health assessment, which should encompass all life areas, for all transgender individuals whether or not they are seeking medical interventions and/or body modifications.
- G. 7. Examine how their own biases and privilege may influence their assessment with each transgender individual. Such bias might include sexism, heterosexism, transnegativity, promoting medical interventions, or a particular course of treatment.
- G. 8. Utilize supervision and consultation as tools to help counselors minimize biases and avoid misuse/abuse of privilege and power (e.g., in regards to providing approval for transgender individuals to obtain medical treatment and/or body modifications).
- G. 9. Understand how heterosexism and sexism are promoted and maintained within society, and how these dynamics influence the assessment of transgender individuals.
- G. 10. Consider in the differential diagnosis process how the effects of stigma, oppression, and discrimination contribute to psychological symptoms, but do not necessarily indicate pathology for transgender individuals. Consider these effects when collaboratively deciding client's readiness for body modifications.
- G. 11. Apply ethical standards when utilizing assessment tools such as tests, measurements, and the current edition of the DSM, because they have not been normed on transgender people. As many assessments are also products of a sexist and heterosexist culture and may reinforce a pathological or trans-negative perspective on transgender people, determine which assessments are in the best interest of transgender people (i.e., ones that do not equate mental health with being gender conforming) and employ a collaborative assessment

approach when possible.

- G. 12. Be sensitive to and aware of the ongoing debate regarding Gender Identity “Disorder” being listed as a medical condition in the current edition of the DSM and be willing to communicate to transgender individuals the position the helping professional takes, and to have open and honest discussions about how this may affect the work you do together.
- G. 13. Be familiar with WPATH’s Standards of Care principles in order to guide but not dictate treatment for individuals with gender identity concerns, including gender dysphoria.
- G. 14. Be prepared to face ethical dilemmas with the appraisal of transgender people, especially because theories and practices with transgender people continue changing and evolving, and create many ethical dilemmas
- G. 15. Seek out the perspectives and personal narratives of the transgender community as essential components to fully understanding appropriate assessment of transgender people.
- G. 16. Recognize that the presence of a co-occurring mental or physical health disorder does not necessarily preclude counseling for gender concerns or medical treatments, but may or may not require stabilization or additional treatment.
- G. 17. Recognize that transgender people with mental health concerns (e.g., schizophrenia, personality disorders) and/or cognitive challenges experience significant bias and discrimination and may benefit from discussions about the impact of mental health stigma on their daily lived experiences and their selection of body modifications.

H. Research

Competent counselors will:

- H. 1. Be aware of existing transgender research and literature regarding social and emotional wellbeing and difficulties, identity formation, resilience and coping with oppression, as well as medical and non-medical treatment options.
- H. 2. Consider limitations of existing literature and existing research methods regarding transgender individuals such as sampling, confidentiality, data collection, measurement, and generalizability (e.g., LGB literature applying results and content to transgender individuals).
- H. 3. Be aware of gaps in literature and research regarding understanding the experiences of and assisting of transgender individuals and family members.
- H. 4. Have knowledge of qualitative, quantitative, and mixed methods research processes and potential future research areas such as individual experiences of transgender people,

counselor awareness and training on transgender concerns, reduction of discrimination towards transgender individuals, and advocacy opportunities for positive social change in the lives of transgender individuals.

- H. 5. Consider how critical consumption of research may assist with understanding needs, improving quality of life, and enhancing counseling effectiveness for transgender individuals.
- H. 6. Formulate research questions taking into account transgender participants and transgender issues/concerns.
- H. 7. Construct surveys or any data gathering forms that include gender demographic information options that provides the participants the opportunity to disclose their declared or affirmed gender identity while concurrently not conflating gender identity and sexual orientation.
- H. 8. Be familiar with current transgender-affirmative terminology and be aware of the importance of using the least restrictive gender language that adheres to participants' declared or affirmed pronouns/names.
- H. 9. Involve transgender-identified individuals in research regarding transgender issues/concerns when appropriate and possible - while attending to and being reflective of transgender research participants' lived experiences.
- H. 10. Recognize research is never free of positive or negative bias by identifying the potential influence personal values, gender bias, and heterosexism may have on the research process (e.g., participant selection, data gathering, interpretation of data, reporting of results, DSM diagnosis of Gender Identity Disorder), and seek to address these biases in the best manner possible.
- H. 11. Make transgender-focused research available to the transgender community served by making a study's results and implications accessible for the community, practitioners, and academics alike.

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Appendix A

The authors of this document recommend the following as a growing list of some of the least restrictive terms available for use with transgender people, which are derived from the Lambda Legal (2008) publication, *Bending the mold: An action kit for transgender youth* and reproduced below with permission of Lambda Legal.

Biological Sex, Sex: a term used historically and within the medical field to refer to the chromosomal, hormonal and anatomical characteristics that are used to classify an individual as female or male.

Classism: a system of institutionalized practices and individual actions that benefits people who have wealth and power.

Crossdresser: a person who, on occasion, wears clothing associated with another sex, but who does not necessarily desire to change his or her sex. Many crossdressers identify as heterosexual but can have any sexual orientation.

Drag King / Drag Queen: a performer who wears the clothing associated with another sex, often involving the presentation of exaggerated, stereotypical gender characteristics. The performance of gender by drag queens (males in drag) or drag kings (females in drag) may be art, entertainment and/or parody.

FTM (Female to Male), Transgender Man: terms used to identify a person who was assigned the female sex at birth but who identifies as male.

Gender: a set of social, psychological and emotional traits, often influenced by societal expectations, that classify an individual as feminine, masculine, androgynous or other.

Gender Binary: the concept that everyone must be one of two genders: man or woman.

Gender Expression: The outward manifestation of internal gender identity, through clothing, hairstyle, mannerisms and other characteristics.

Gender Identity: the inner sense of being a man, a woman, both or neither. Gender identity usually aligns with a person's sex, but sometimes does not.

Gender Dysphoria: an intense, persistent discomfort resulting from the awareness that the sex assigned at birth and the resulting gender role expectations are inappropriate. Some consider gender dysphoria to be a symptom of Gender Identity Disorder, a health condition recognized by the American Psychiatric Association. Many transgender people do not experience gender dysphoria.

Genderqueer: a term used by some people who may or may not identify as transgender, but who identify their gender as somewhere on the continuum beyond the binary male/female gender system.

Gender-Nonconforming: behaving in a way that does not match social stereotypes about female or male gender, usually through dress or physical appearance.

Gender Role: the social expectation of how an individual should act, think and feel, based upon the sex assigned at birth.

Gender Transition: the social, psychological and medical process of transitioning from one gender to another. Gender transition is an individualized process and does not involve the same steps for everyone. After gender transition, some people identify simply as men or women.

Hormone Therapy: administration of hormones and hormonal agents to develop characteristics of a different gender or to block the development of unwanted gender characteristics. Hormone therapy is part of many people's gender transitions and is safest when prescribed and monitored by a health care professional.

MTF (Male to Female), Transgender Woman: terms used to identify a person who was assigned the male sex at birth but who identifies as female.

Oppression: the acts and effects of domination of certain groups in society over others, caused by the combination of prejudice and power. Systems of oppression include racism, sexism, homophobia and transphobia.

Post-Op, Pre-Op, Non-Op: terms used to identify a transgender person's surgical status. Use of these terms is often considered insulting and offensive. Surgical status is almost never relevant information for anyone except a transgender person's medical providers.

Privilege: social and institutional advantages that dominant groups receive and others do not. Privilege is often invisible to those who have it.

Racism: a system of institutionalized practices and individual actions that benefits white people over people of color.

Sex Reassignment Surgery (SRS): any one of a variety of surgeries involved in the process of transition from one gender to another. Many transgender people will not undergo SRS for health or financial reasons, or because it is not medically necessary for them.

Sexism: a system of institutionalized practices and individual actions that benefits men over women.

Transgender or Trans: an umbrella term used to describe those who challenge social gender norms, including genderqueer people, gender-nonconforming people, transsexuals, crossdressers and so on. People must self-identify as transgender in order for the term to be appropriately used to describe them.

Transphobia: the irrational fear of those who challenge gender stereotypes, often expressed as discrimination, harassment and violence.

Transsexual: a person who experiences intense, persistent, long-term discomfort with their body and self-image due to the awareness that their assigned sex is inappropriate. Transsexuals may take steps to change their body, gender role and gender expression to align them with their gender identity.

Appendix B: List of Reviewers and Their Affiliations

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