

El Camino

APPENDIX H:

Supplemental Resources for Working with LGBTQ+ Youth



The resources shared in this appendix aim to make El Camino more accessible to, and inclusive of, lesbian, gay, bisexual, transgender, and queer (LGBTQ+) youth. Motivated by questions from facilitators about how to better support and address the sexual and reproductive health education of LGBTQ+ youth who were enrolled in the El Camino program, this suite of resources was created in response and out of our own desire to strengthen the inclusivity of El Camino curriculum resources for LGBTQ+ youth.

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Access to sexual health education¹ that is inclusive of lesbian, gay, bisexual, transgender, and queer (LGBTQ+) youth is associated with improved health outcomes² and reduced impacts from stigma related to being LGBTQ+—including reductions in risky sexual behavior, lower risk of depression, and fewer reports of bullying³—among LGBTQ+ youth. LGBTQ+-inclusive sex education is not available for most youth,⁴ especially for LGBTQ+ youth who are Black, Indigenous, and other people of color (BIPOC). In a 2017 survey of LGBTQ+ youth, only 13 percent of Latinx LGBTQ+ youth reported that they received safer sex information in school that they found personally relevant.⁵

While El Camino has focused on the needs and cultural norms of Latino youth and their families since its development, we have strengthened the curriculum to be inclusive of LGBTQ+ youth's identities, needs, and experiences (see dropdown menu below for more information). This work has resulted in the following facilitator and youth resources that speak to different dimensions of LGBTQ+-inclusive sex education.

¹ SIECUS: Sex Ed for Social Change, URGE: Unite for Reproductive & Gender Equity, Advocates for Youth, Answer, Black & Pink, Equality Federation, GLSEN, Human Rights Campaign, National LGBTQ Task Force, & Planned Parenthood. (2021). *A call to action: LGBTQ+ youth need inclusive sex education*. <https://urge.org/lgbtq-inclusive-sexed-report/>

² Goldfarb, E. S., & Lieberman, L. D. (2020). Three decades of research: The case for comprehensive sex education. *Journal of Adolescent Health*, 68(1), 13–27. <https://doi.org/10.1016/j.jadohealth.2020.07.036>

³ Proulx, C. N., Coulter, R. W. S., Egan, J. E., Matthews, D. D., & Mair, C. (2019). Associations of lesbian, gay, bisexual, transgender, and questioning-inclusive sex education with mental health outcomes and school-based victimization in U.S. high school students. *Journal of Adolescent Health*, 64(5), 608–614. <https://doi.org/10.1016/j.jadohealth.2018.11.012>

⁴ Kosciw, J. G., Clark, C. M., & Menard, L. (2022). *The 2021 National School Climate Survey: The experiences of LGBTQ+ youth in our nation's schools*. GLSEN. <https://www.glsen.org/research/2021-national-school-climate-survey>

⁵ Human Rights Campaign. (2018). *Latinx LGBTQ youth report*. <https://www.hrc.org/resources/latinx-lgbtq-youth-report>

The table below outlines where each of the following resources can be incorporated in curriculum implementation.

Resource	Who's it for?	Where does this fit?	What's included?
LGBTQ+ Definitions	Facilitators and students	Cross-cutting	Defines terminology used throughout the student and facilitator resources
Sex, Gender, and Identity	Facilitators	Lesson 5: Teen Pregnancy and Understanding How Pregnancy Occurs	Provides facilitators with foundational information about sex, gender, and identity to strengthen baseline knowledge and confidence in delivering <i>Activity 5B: Gender, Culture, and Pregnancy</i>
Sexual Identity	Student*		Provides information and resources to support youth who may be exploring their sexual identity
Safer Sex for LGBTQ+ Young People	Facilitators	Arc 2: Sexual and Reproductive Health (Lessons 5–8)	Provides facilitators with an overview and resources on ensuring that conversations about safer sex are inclusive of all kinds of sex—not just penile-vaginal sex—and ways young people can protect themselves from STIs and prevent pregnancy
Finding LGBTQ+ Friendly Care	Students*	Lesson 8: Promoting Sexual Health and Staying on Your Camino	Complements <i>Activity 8C. Sofia and David Go to the Clinic: Meeting with a Nurse Practitioner</i> ; questions in the student resource help young people determine whether providers and clinics are LGBTQ+ friendly, while the facilitator resource provides background for facilitators and strategies to encourage young people to think about what they want in a sexual health provider
Helping Young People Find LGBTQ+ Friendly Care	Facilitators		
Supporting Healthy Relationships for LGBTQ+ Young People	Facilitators	Arc 3: Healthy Relationships (Lessons 9–11)	Provides facilitators with information and resources related to healthy relationships and intimate partner violence so facilitated discussions around these topics are inclusive of LGBTQ+ young people

Note: While student resources marked with an asterisk () are suggested to supplement particular lessons, facilitators should have them available to share with students, as needed, throughout implementation.*

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LGBTQ+ Definitions

The words LGBTQ+ people use to describe themselves and their communities are constantly evolving, and they regularly develop new terms and alter existing ones to better fit their lives and experiences. The definitions we present here are the most current, so they may be different than those you've heard in the past and may also change in the next few years. This is not an exhaustive list—there are many terms that people in the LGBTQ+ community use to describe themselves that are not included here, and people from different countries and cultures may have their own definitions for these terms. Asking people what terms they use and what these terms mean for them is important and is an excellent way to affirm someone's identity.

Sexuality refers to a pattern of who people are sexually attracted to over time.

Asexual (Ace) – people who experience little to no sexual attraction to people of any gender. Some asexual people experience romantic attraction to people of different genders and want to be in a romantic relationship, and other asexual people don't experience romantic attraction to people of any gender and prefer to be in non-romantic relationships. Other asexual people don't experience romantic attraction to people of any gender and prefer relationships that aren't romantic. Asexuality is also an umbrella term that may include people who experience sexual attraction only in specific circumstances or under specific conditions—for example, only after a strong emotional bond has been formed.

Bisexual (Bi) – people who are attracted to people of the same and other genders. Bisexuality is a spectrum; bisexual people can be attracted to people of any gender in different ways and be attracted to people of some genders more than others.

Gay – historically seen as men who are attracted to other men. It can also be used as an umbrella term for LGBTQ+ people. People of all genders sometimes use this term.

Heteronormative – refers to the idea that heterosexuality is the norm and anything that's not heterosexuality is abnormal. This idea has deep cultural roots and pressures people to identify as heterosexual.

Lesbian – historically seen as women who are attracted to other women. It can also include non-binary and transmasculine people if they choose to identify as lesbian.

LGBTQ+ – an acronym that stands for lesbian, gay, bisexual, transgender, queer, and other identities.

Pansexual (Pan) – people who are attracted to people of all genders. Like bisexual people, pansexual people can be attracted to people of each gender in different ways and be attracted to people of some genders more than others. Gender is not as relevant for pansexual people as it is for bisexual people.

Queer^a – both a general descriptor of people who are not heterosexual as well as a specific identity. It can also be associated with a rejection of labels and gendered concepts like the gender binary. It has been used as a slur against LGBTQ+ people, so even though it has been reclaimed by the community, it is important to be mindful that some LGBTQ+ people, especially those who are older, may not be comfortable with being called queer. It is important to use the terms people prefer to describe their identities and experiences.

Romantic attraction – an emotional response people experience when they desire to be in a romantic relationship with someone. This is different from sexual attraction because it does not necessarily indicate a sexual relationship.

Sexual attraction – an emotional response people experience when they desire to have sexual contact with someone. This is different from romantic attraction because it does not necessarily indicate a romantic relationship.

Gender is a socially constructed identification that refers to a constellation of behaviors, norms, and characteristics that vary by culture and over time.

AFAB – acronym for assigned female at birth. People use “assigned” to reflect that gender and sex assignments at birth are generally based on physical characteristics and may not be accurate to a person’s experience or even biological context such as hormonal and genetic contributions.

Agender – used to describe people who don’t experience a gender. Agender people see gender as something that is abstract and doesn’t relate to or resonate with them.

AMAB – acronym for assigned male at birth. People use “assigned” to reflect that gender and sex assignments at birth are generally based on physical characteristics and may not be accurate to a person’s experience or even biological context such as hormonal and genetic contributions.

Cisgender (Cis) – people who identify with the gender they were assigned at birth.

Cishet – people who are both cisgender and heterosexual; this term is short for cisgender, heterosexual.

Cisnormative – refers to the idea that being cisgender is the norm and anyone who is not cisgender is abnormal. This idea has deep cultural roots and pressures people to identify as cisgender.

Gender binary – refers to a system that classifies people as either men or women based on assigned sex and gender at birth. The gender binary relies on there being only two genders and those two genders being different from one another.

^a In this resource, we use queer to refer to lesbian, gay, bisexual, pansexual, and queer people.

Gender dysphoria – refers to the distress people experience when their gender identity and assigned gender are different.

Gender expression – refers to how people show their gender, often through appearance and behavior.

Gender identity – refers to someone's internal sense or understanding of their gender.

Gender non-conforming (GNC) – used to describe people whose gender expression doesn't conform to the societal expectations of their assigned gender.

Genderfluid – used to describe people who fluctuate between different gender identities. For example, some days a genderfluid person may feel more like a boy, some days they may feel more like a girl, and other days they may feel like another gender outside of the binary.

Genderqueer – used to describe people whose gender identity is queer or outside of the norms set by cisnormativity. This term originated in political circles within the queer liberation movement, and many people who use the term also identify their sexual orientation as queer, or not straight. Although genderqueer and non-binary are both terms used to indicate that a person does not have a binary identification, the use of the term “queer” in genderqueer indicates a perspective aimed at dismantling current ways of thinking about gender.

Intersex – this term encompasses any natural variation in sex characteristics that falls outside the binary definitions of male and female. There are many recognized variations in sex characteristics, which include variations in external genitalia, hormones, internal reproductive organs, or a combination of any of these.

Non-binary – can be used as an umbrella term to include people whose gender identity is outside of the gender binary and as a specific identifier. Non-binary people can have different conceptions of their gender with some relating to binary experiences and others not relating to those experiences.

Physical transition – refers to the process of making physical changes to one's body through hormone therapy and/or surgeries to better align their physical body to their gender identity.

Social transition – refers to the process of changing non-physical aspects of one's gender identity, such as their name and pronouns, and incorporating new aspects of gender expression into day-to-day life.

Transgender (Trans) – an umbrella term used to describe people who do not identify with the gender they were assigned at birth. Trans women are women who were assigned male at birth (AMAB) and trans men are men who were assigned female at birth (AFAB). Sometimes the term trans is used to specifically talk about trans men and women, and sometimes it is used to talk about all people who do not identify with the gender they were assigned at birth. Non-binary and genderqueer people are included in this definition, but not all non-binary and genderqueer people choose to also identify as trans. There are no requirements to “being” trans other than not identifying with your gender assigned at birth.^b

^b Note that in the past, people have used the word “transsexual” instead of “transgender”. This term is considered offensive to some trans people. Some trans people do still self-identify as “transsexual,” but cisgender people should never refer to a trans person as “transsexual” unless explicitly given permission to do so by that trans person.

Transfeminine – used to describe AMAB people who identify with femininity in terms of gender identity or gender expression. This can include trans women and non-binary people.

Transmasculine – used to describe AFAB people who identify with masculinity in terms of gender identity or gender expression. This can include trans men and non-binary people.

Two-Spirit – used as an umbrella term to describe Indigenous people who conceptualize themselves outside of the dominant cisgender and heterosexual ways of identifying. This specific term was created as a pan-Native American identifier and has only been in use for a few decades. However, the concept has deep and varied roots in Indigenous communities and should never be used by people outside of those communities. Additionally, just because someone is LGBTQ+ and Native American doesn't mean that they're Two-Spirit, and just because someone is Two-Spirit doesn't mean they identify as LGBTQ+.

¹Thorne, N., Yip, A. K., Bouman, W. P., Marshall, E., & Arcelus, J. (2019). The terminology of identities between, outside and beyond the gender binary - A systematic review. *International Journal of Transgenderism*, 20(2-3), 138-154. <https://doi.org/10.1080/15532739.2019.1640654>

²Ellasante, I. K. (2021). Radical sovereignty, rhetorical borders, and the everyday decolonial praxis of Indigenous peoplehood and Two-Spirit reclamation. *Ethnic and Racial Studies*, 44(9), 1507-1526.

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Sex, Gender, and Identity

In our society, people's sex and gender are assigned at birth based on their external genitalia. These assignments influence how people are organized and treated in different settings, including schools, doctor's offices, and families. People are also taught different expectations and behaviors based on their assigned gender. Sex and gender are often discussed as binary—male/boy and female/girl—but they are more diverse and complex than those two categories.

Sex assigned at birth

Sex refers to a combination of physical traits like genitalia, hormone levels, and chromosomes. **Sex assigned at birth** refers to how most people are assigned a male or female sex (and a gender) at birth by a healthcare provider based on external genitalia.¹ Around 1.7% of people are **intersex**, meaning that they are born with physical traits that don't fit neatly into "male" and "female" categories.²

Gender

Gender refers to the behaviors, norms, characteristics, and roles that are associated with being a man, a woman, or another gender. What it means to be a woman in 2022 in Los Angeles is different from what it meant to be a woman in 1850 in Mexico City, which is different from what it meant to be a woman in 1375 in Cairo. All these different places, times, and people have their own ideas of what womanhood means, as well as what behaviors, norms, characteristics, and roles are associated with being a woman.

Gender identity

Gender identity is an internal sense of self that helps people situate themselves in a world with different expectations for people by gender.³ There are many different genders and ways that people see and relate to their gender. Some people know that their gender identity is the same (cisgender) or different (transgender) from their assigned gender early on in life. Other people take more time to figure out their gender identity. Understanding and labeling one's gender does not have a timeline, and there is no right or wrong time to do so.

Social and physical transition

Social transition involves the process of someone changing their pronouns, name, and/or gender expression to reflect their gender identity. People may start by socially transitioning because it helps them explore their gender and figure out what parts of gender expression they like.⁴ **Physical transition** is another way people affirm their

gender and involves medical procedures and hormone therapies that alter someone's body in a way that affirms their gender identity.⁵ Affirming one's gender can include some, all, or none of these kinds of transition.

Gender expression

Gender expression refers to how people share their gender identity through behavior and physical appearance, such as makeup, clothing, mannerisms, and voice. A person's name and pronouns are also an important part of their gender expression. Gender identity does not determine gender expression, and people of any gender can present themselves however they want.⁶ Others should not make assumptions about someone's gender or sexual identity based on their gender presentation.

People may feel discomfort around commonly gendered body parts like their chest or genitalia. Practices like tucking and binding are non-permanent options to change the way those body parts look in clothes and ease their ease distress.⁷ **Tucking** involves flattening the space between someone's legs by moving the penis and testicles. **Binding** is something people do to compress their chest to create the appearance of a flat chest. Some people see tucking and binding as daily components of their gender expression, and other people only use them sometimes.^{8,9}

Masculinity and femininity

The terms **masculinity** and **femininity** are used to describe the ways in which people's behaviors, roles, and characteristics can be associated with masculinity/men or femininity/women without necessarily assigning them those labels. For example, someone may say that a boy who paints his nails is feminine even though he is a boy. Masculinity and femininity are often positioned as a binary; however, a person can and often does express masculinity and femininity at the same time. For example, someone can wear lipstick and a tuxedo or work in construction and enjoy taking ballet classes. Like gender, masculinity and femininity are personally defined and are constantly changing.

Additional resources

- [Understanding your own gender identity](#): interactive activities and community resources to help youth think about their gender identity and gender expression and how they could share it with others
- [Gender Triangle Education Guide](#): educational tool to understand the different components of gender identity
- [Gender Identity](#): short videos on different aspects of gender identity
- [I Think I Might be Transgender](#): pamphlet written by transgender youth about navigating gender identity

- **[Binding Resources](#)**: collection of online guides to binding, resources for where to find binders and tape, and FAQs
- **[Safer Tucking](#)**: guide to tucking for gender expansive youth

¹ Bates, N., Chin, M., & Becker, T. (Eds.). (2022). *Measuring Sex, Gender Identity, and Sexual Orientation*. National Academies Press. <https://doi.org/10.17226/26424>

² Patterson, C. J., Sepúlveda, M.-J., & White, J. (Eds.). (2020). *Understanding the Well-Being of LGBTQI+ Populations*. National Academies Press. <https://doi.org/10.17226/25877>

³ Gender Spectrum. (n.d.). *Understanding gender*. <https://www.genderspectrum.org/resources>

⁴ Pullen Sansfaçon, A., Medico, D., Suerich-Gulick, F., & Temple Newhook, J. (2020). “I knew that I wasn’t cis, I knew that, but I didn’t know exactly”: Gender identity development, expression and affirmation in youth who access gender affirming medical care. *International Journal of Transgender Health*, 21(3), 307–320. <https://doi.org/10.1080/26895269.2020.1756551>

⁵ Tordoff, D. M., Wanta, J. W., Collin, A., Stepney, C., Inwards-Breland, D. J., & Ahrens, K. (2022). Mental health outcomes in transgender and nonbinary youths receiving gender-affirming care. *JAMA Network Open*, 5(2), e220978–e220978. <https://doi.org/10.1001/jamanetworkopen.2022.0978>

⁶ Gender Spectrum. (n.d.). *Understanding Gender*. <https://genderspectrum.org/articles/understanding-gender>

⁷ Coleman, E., Radix, A. E., Bouman, W.P., Brown, G.R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F.L., Monstrey, S. J., Motmans, J., Nahata, L., ... Arcelus, J. (2022). Standards of care for the health of transgender and gender diverse people, version 8. *International Journal of Transgender Health*, 23(Suppl. 1), S1–S259. <https://doi.org/10.1080/26895269.2022.2100644>

⁸ Julian, J. M., Salvetti, B., Held, J. I., Murray, P. M., Lara-Rojas, L., & Olson-Kennedy, J. (2021). The impact of chest binding in transgender and gender diverse youth and young adults. *Journal of Adolescent Health*, 68(6), 1129–1134. <https://doi.org/10.1016/j.jadohealth.2020.09.029>

⁹ Malik, M., Cooney, E. E., Breville, J. M., & Poteat, T. (2022). Tucking practices and attributed health effects in transfeminine individuals. *Transgender Health*. 9(1), 92–97. <https://doi.org/10.1089/trgh.2022.0064>

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Sexual identity

Sexual identity is about who you are attracted to or whether you're attracted to anyone at all. Most people are raised with the assumption that they are straight. If they aren't, it can take people different amounts of time to figure out their sexual identity. The way you identify can change over time, and you can try out different labels to see which one matches your experiences best or decide you don't want to use a label at all.

Coming out

When people are in a safe environment, they may choose to share their sexual identity with their friends, family, and/or community. This is called coming out. The right time to come out is whenever you feel ready and safe. It can be hard to wait, especially when you want to share that part of yourself. Your identity is real regardless of who knows or doesn't know about it.

Finding community

If you're exploring your sexual identity, it can be helpful to connect with LGBTQ+ community. Finding community can offer a sense of belonging and connect you to other LGBTQ+ young people, adults, and community resources that can help you understand your identity and navigate any questions or challenges you have.

Exploring sexual identity

- **I Think I Might Be Asexual** ([English](#), [Spanish](#)): frequently asked questions about asexuality with guidance on coming out, safer sex, and healthy relationships
- **I Think I Might Be Bisexual** ([English](#), [Spanish](#)): frequently asked questions about bisexuality and pansexuality with guidance on coming out, safer sex, and healthy relationships
- **I Think I Might be Gay** ([English](#), [Spanish](#)): frequently asked questions about being gay with guidance on coming out, safer sex, and healthy relationships
- **I Think I Might be Lesbian** ([English](#), [Spanish](#)): frequently asked questions about being a lesbian with guidance on coming out, safer sex, and healthy relationships

- [Imi Queerness Guide](#): interactive activities and community resources to help youth explore their sexual identities.
- [Coming Out Handbook](#): guidance on coming out in various settings, figuring out which identity works for you, healthy relationships, and mental health.
- [Becoming Out](#): guidance on planning for and navigating coming out conversations.
- [CenterLink LGBT Community Center Member Directory](#): national directory of LGBTQ+ centers



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Safer Sex for LGBTQ+ Young People

It's important to make sure that LGBTQ+ young people are included in conversations about safer sex. This means talking about all kinds of sex—not just penile-vaginal sex—and ways young people can protect themselves from STIs and prevent pregnancy.

STI prevention

There can be a lot of misinformation about STI risk among LGBTQ+ people, for example, “lesbians can’t get STIs” or “only gay men get HIV.” It’s important to emphasize that anyone having sex can get an STI, and different kinds of sex come with different STI risks that vary based on whether or not a barrier method, such as condoms or dental dams, is used. This information can help young people make informed decisions about the kinds of sex they want to have and how to protect themselves from STIs.

Barriers are a great way to prevent STIs and can be used for all kinds of sex, not just penile-vaginal sex. Condoms can be used during penile-vaginal sex, penile-anal sex, and oral sex with a penis. Dental dams can be used during oral sex with a vagina or anus or during vulva-to-vulva contact. Lubricant makes barriers more effective by preventing them from tearing.

- [Safer Sex](#): information on STI risk for different kinds of sex and strategies for safer sex, including barrier methods, lubricant, and medication
- [Dental Dam Use](#): instructions on how to use a dental dam for oral sex and how to make a dental dam from a condom

HIV prevention

PrEP (Pre-Exposure Prophylaxis) is a medication that protects people if they come into contact with HIV. It can be taken daily as a pill or every two months as a shot. PrEP is mostly talked about in the context of queer men, but anyone who is concerned about contracting HIV can take it. PrEP is safe to take for people on hormones.¹

- [Pre-Exposure Prophylaxis \(PrEP\)](#): collection of resources about what PrEP is, how to determine if it is right for someone, and how to obtain and pay for it

If someone who isn't on PrEP has unprotected sex and is concerned about getting HIV, they can take **PEP** (post-exposure prophylaxis). It is available at the emergency room or sexual health clinics.² PEP should be taken within 72 hours of potential exposure to HIV and is taken daily for 28 days.

- [Post-Exposure Prophylaxis \(PEP\)](#): collection of resource about what PEP is, how to determine if it is right for someone, and how to obtain and pay for it

Safer sex during transition

Gender-affirming hormone therapy can affect someone's ability to get pregnant or get someone else pregnant, but it is not an effective contraceptive option. When talking with young people, emphasize the importance of contraception for anyone who is having penile-vaginal sex with someone who can get pregnant or get them pregnant, even if they're on hormones. There are no evidence-based guidelines on choosing contraception for people on testosterone, and all methods are currently assumed to be safe.³

- [Birth Control across the Gender Spectrum](#): guidance on choosing a contraceptive for trans people
- [Safer Sex for Trans Bodies](#): guide to safer sex practices for trans and gender nonconforming people

¹ Cairns, G. (2022, September 12). *Interactions between PrEP and gender-affirming hormone therapy*. NAM Publications. <https://www.aidsmap.com/about-hiv/interactions-between-prep-and-gender-affirming-hormone-therapy>

² Centers for Disease Control and Prevention. (2021, May 25). PEP (*post-exposure prophylaxis*). U.S. Department of Health and Human Services. <https://www.cdc.gov/hiv/basics/pep.html>

³ Boudreau, D., & Mukerjee, R. (2019). Contraception care for transmasculine individuals on testosterone therapy. *Journal of Midwifery & Women's Health*, 64(4), 395–402. <https://doi.org/10.1111/jmwh.12962>

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Finding LGBTQ+ Friendly Care

Everyone deserves healthcare that is respectful of their gender and sexual identities. A big part of respectful care is having a provider who has experience working with LGBTQ+ young people. Providers who are familiar with LGBTQ+ health can give you more useful resources and advice than those who aren't. It also might feel easier to talk about gender and sexuality with someone who gets it.

Ask questions, look for green flags on a clinic's website or office, and read online reviews to learn more about their experience working with LGBTQ+ young people.

Website

- Information about their experience working with LGBTQ+ young people.
- Inclusion of providers' pronouns
- Information about experience with specific services you need (like Gender-Affirming Hormone Therapy)
- Photos of LGBTQ+ people or pride flags



Office

- Inclusive language on their intake form. For example, having a place to include pronouns, chosen name, and gender
- Pride flags in their waiting room



Finding sexual health services

An important part of a sexual health visit is getting information about safer sex practices and how to take care of your sexual health. If you're looking for a provider with experience working with a specific identity, like intersex, or who can provide specific services, like STI testing, you can customize these questions to fit your needs.

Worried about your privacy?

Talk about confidentiality with your provider before you share anything. Usually what you talk about during your visit stays between you and your provider, unless they feel like you may hurt yourself, someone else, or are being hurt by someone.

Here are some questions you can ask a potential healthcare provider:

What training and experience do you and your staff have in LGBTQ+ sexual health?

Are there any LGBTQ+ providers who work here?

Does your office have gender-neutral bathrooms?

Do you provide [insert services] or referrals to [insert services]?

Have you worked with LGBTQ+ young people before? How is your approach to working with them different from how you work with LGBTQ+ adults?

Finding gender-affirming care

Gender-affirming care helps people feel more comfortable in their bodies by changing the way they look and express themselves. Because there are many forms of affirming care, it's important for a provider to work with you to come up with a plan that's unique to you. These questions can help you learn more about a provider's experience providing gender-affirming care.

What is your approach to providing gender-affirming care? How do you approach working with young people?

How long have you been providing gender-affirming care? Why is it important to you?

What training do you and your staff have in gender-affirming care

What can gender-affirming care include? What does the process look like? What methods (shots, gel, etc.) do you offer for hormone therapy?

Not everyone is able to access LGBTQ+ friendly providers for different reasons, and it might take some time to find someone you like. If you can't find an LGBTQ+ friendly provider, it is important to stay safe both physically and emotionally. LGBTQ+ community spaces can provide practical advice as well as support, rest, and joy among people with shared experiences.

There are different limitations for who can receive gender-affirming care based on the type of care, age, and state. For state-specific information, refer to the map [here](#).

Resources

- [How to Find Affirming Care: A Guide for LGBTQ+ Youth and Their Parents and Caregivers](#): guidance on finding and choosing an LGBTQ+ affirming health care provider
- [Feminizing hormone therapy](#): information on the effects feminizing hormone therapy and how to prepare for it
- [Masculinizing hormone therapy](#): information on the effects of masculinizing hormone therapy and how to prepare for it
- [Q Chat Space](#): online, chat-based discussion groups for youth facilitated by staff who work at LGBTQ+ centers
- [Trans Lifeline](#): fully confidential and anonymous peer support to connect trans people to community, resources, and support via a hotline number (877-565-8860). They are committed to never calling the police.
- [LGBT National Help Center](#): confidential peer support for LGBTQ+ people via a national hotline number (888-843-4564) and youth hotline (800-246-7743).
- [Finding Your Voice: A Short Guide to Vocalization](#): guide to feminizing and masculinizing voice exercises.
- [Resources for Trans and GNC youth](#): collection of national and state-level organizations that support trans and gender non-conforming people

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Helping Young People Find LGBTQ+ Friendly Care

The questions in the student resource “Finding LGBTQ+ Friendly Care” are designed to help young people determine whether providers and clinics are LGBTQ+ friendly. Before they contact potential clinics or providers, you can encourage young people to think about what they want in a provider:

- Does the young person want someone who shares an important aspect of their identity?
- Is the provider’s gender or age important to the young person?
- Are the provider’s values and beliefs about LGBTQ+ people important to the young person?

Anything that might impact how comfortable a young person feels with their provider is important to think about beforehand. Young people can use the student resource to identify clinics with multiple “green flags,” which are overt or covert signs suggesting that these clinics and providers are more inclusive of LGBTQ+ people.

Finding sexual health providers

Providers should be knowledgeable about the ways in which sexual and gender identity impacts LGBTQ+ young people’s sexual health needs. In addition to asking a provider about their training in LGBTQ+ sexual health, it’s important for a young person to know if a clinic’s frontline staff have training in LGBTQ+ inclusivity. Even if a provider is LGBTQ+ friendly, a negative interaction with another staff member can impact a young person’s experience with care.



Not all providers with experience in LGBTQ+ sexual health have worked with LGBTQ+ young people before. Asking about a provider’s experience specifically working with LGBTQ+ young people can help the young person gauge a provider’s willingness to adapt materials to be youth-friendly and to approach conversations in an accessible way.

For many LGBTQ+ young people, having an LGBTQ+ provider and access to gender-neutral bathrooms is necessary. But even if this isn’t important to a young person, asking about it can still help them learn more about the degree to which a clinic is LGBTQ+ friendly. Having LGBTQ+ providers on staff can indicate the overall inclusivity of a clinic, and the presence of a gender-neutral bathroom can also signal a clinic’s trans-inclusivity.



Finding gender-affirming care providers

One component of gender-affirming care involves medical treatments—including gender-affirming hormone therapy (GAHT) and surgeries—that people undertake to align their physical body more closely with their gender identity.¹ Providing trans and nonbinary young people with gender-affirming care has been shown to improve their mental health and quality of life.^{2,3}



It is important for providers to work collaboratively with young people. Ultimately, young people are the experts in their own gender identity; providers should use their experience to help young people make their own choices rather than make assumptions about goals for treatment. Asking about a provider's training in gender-affirming care, approach to working with young people, and motivation behind their work can help young people determine whether a provider's experience and beliefs about gender-affirming care are compatible with their treatment goals.

Asking about the treatment process can help young people learn more about what it looks like to receive gender-affirming care and which options a provider might offer. Because states have various limitations around gender-affirming care, this conversation can also give young people an idea of what is and is not feasible for their current circumstances. When discussing gender-affirming care, providers should also talk about social transition and any additional ways young people can express their gender, like binding their chest or getting laser hair removal.

Resources

- [How to Find Affirming Care: A Guide for LGBTQ+ Youth and Their Parents and Caregivers](#): guidance on finding and choosing an LGBTQ+ affirming health care provider
- [Feminizing hormone therapy](#): information on the effects feminizing hormone therapy and how to prepare for it
- [Masculinizing hormone therapy](#): information on the effects of masculinizing hormone therapy and how to prepare for it
- [Q Chat Space](#): online, chat-based discussion groups for youth facilitated by staff who work at LGBTQ+ centers
- [Trans Lifeline](#): fully confidential and anonymous peer support to connect trans people to community, resources, and support via a hotline number (877-565-8860); Trans Lifeline is committed to never calling the police
- [LGBT National Help Center](#): confidential peer support for LGBTQ+ people via a national hotline number (888-843-4564) and youth hotline (800-246-7743)
- [Finding Your Voice: A Short Guide to Vocalization](#): guide to feminizing and masculinizing voice exercises
- [Resources for Trans and GNC youth](#): collection of national and state-level organizations that support trans and gender non-conforming people

¹ HHS Office of Population Affairs (2023). *Gender-affirming care and young people*. <https://opa.hhs.gov/sites/default/files/2023-08/gender-affirming-care-young-people.pdf>

² Tordoff, D. M., Wanta, J. W., Collin, A., Stepney, C., Inwards-Breland, D. J., & Ahrens, K. (2022). Mental health outcomes in transgender and nonbinary youths receiving gender-affirming care. *JAMA Network Open*, 5(2), e220978. <https://doi.org/10.1001/jamanetworkopen.2022.0978>

³ Allen, L. R., Watson, L. B., Egan, A. M., & Moser, C. N. (2019). Well-being and suicidality among transgender youth after gender-affirming hormones. *Clinical Practice in Pediatric Psychology*, 7(3), 302-311. <https://psycnet.apa.org/doi/10.1037/cpp0000288>

El Camino

Supporting Healthy Relationships for LGBTQ+ Young People

Healthy relationships

Healthy LGBTQ+ relationships share similar characteristics as all healthy relationships—open communication, boundaries, and mutual respect. LGBTQ+ young people also have some unique considerations for their relationships as it is important for their sexual and gender identity to be respected by their partner.¹ Young people should accept and affirm their partner's sexual and gender identity and respect their partner's choice to share or not share their gender and/or sexual identity with others.

- [LGBTQ Relationships](#): information on signs of healthy and unhealthy relationships for LGBTQ+ youth, barriers, and supports
- [Supporting your partner through transition](#): guidance on navigating a partner's transition
- [Dating while trans](#): guidance on dating, sex, and relationships for trans youth

Intimate partner violence

Research shows that LGBTQ+ young people are at a greater risk for experiencing intimate partner violence.^{2,3} Therefore, it's important to make sure discussions about intimate partner violence are inclusive of LGBTQ+ young people by talking about what abuse can look like in LGBTQ+ relationships.

Misconceptions about what LGBTQ+ relationships are like can make it difficult for LGBTQ+ young people to identify abuse.⁴ LGBTQ+ relationships are commonly perceived to be less violent and abusive than cisgender, heterosexual relationships because most of the stories we hear about abuse are about cisgender men abusing cisgender women.⁵ This can lead to false narratives, like the assumption that women can't abuse women, men can't be abused, and feminine people can't abuse masculine partners.⁶ However, it's important to emphasize that anyone can experience abuse or abuse a partner and teach young people to recognize the signs of abuse in all relationship dynamics.

- [Trans-Specific Power and Control Tactics](#) details abuse tactics specifically used by and against trans partners
- [Power and Control Wheel for LGBT Relationships](#) describes abuse tactics for all LGBTQ+ people
- [Stalking and LGBTQ+ Individuals](#): information on the prevalence and impact of stalking among LGBTQ+ people and support resources

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- ¹ Rollè, L., Giardina, G., Caldarera, A. M., Gerino, E., & Brustia, P. (2018). When intimate partner violence meets same sex couples: A review of same sex intimate partner violence. *Frontiers in Psychology*, 9, 1506. <https://doi.org/10.3389%2Ffpsyg.2018.01506>
- ² Reuter, T. R., & Whitton, S. W. (2018). *Adolescent dating violence among lesbian, gay, bisexual, transgender, and questioning youth*. In D. A. Wolfe & J. R. Temple (Eds.), *Adolescent dating violence: Theory, research, and prevention* (pp. 215–231). Elsevier Academic Press. <https://doi.org/10.1016/B978-0-12-811797-2.00009-8>
- ³ Garthe, R. C., Kaur, A., Rieger, A., Blackburn, A. M., Kim, S., & Goffnett, J. (2021). Dating violence and peer victimization among male, female, transgender, and gender-expansive youth. *Pediatrics*, 147(4), e2020004317. <https://doi.org/10.1542/peds.2020-004317>
- ⁴ Rollè, L., Giardina, G., Caldarera, A. M., Gerino, E., & Brustia, P. (2018). When intimate partner violence meets same sex couples: A review of same sex intimate partner violence. *Frontiers in Psychology*, 9, 1506. <https://doi.org/10.3389%2Ffpsyg.2018.01506>
- ⁵ Cannon, C. (2015). Illusion of inclusion: The failure of the gender paradigm to account for intimate partner violence in LGBT relationships. *Partner Abuse*, 6(1), 65–77. <https://psycnet.apa.org/doi/10.1891/1946-6560.6.1.65>
- ⁶ Rollè, L., Giardina, G., Caldarera, A. M., Gerino, E., & Brustia, P. (2018). When intimate partner violence meets same sex couples: A review of same sex intimate partner violence. *Frontiers in Psychology*, 9, 1506. <https://doi.org/10.3389%2Ffpsyg.2018.01506>