A MULTIDIMENSIONAL UNDERSTANDING OF GENDER IDENTITY, AFFECTIONAL ORIENTATION, AND INTERSECTIONS WITH OTHER IDENTITIES

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TODAY’S OBJECTIVES

• To learn about a number of invisible identity variables including various affectional orientations (e.g., lesbian, gay, bisexual, asexual, pansexual) and gender identities (e.g., transgender, intersex, genderqueer, agender, non-binary), and how these variables intersect with other identity variables;

• To learn about the personal and social constructs that affect these identities, their intersectionality, and developmental models that can help us to better understand them;

• To learn about ways that bias, prejudice, and discrimination related to these identities may come up in education and service provision;

• To learn tools to help educators and practitioners appropriately communicate and work with students and clients with regards to these variables, and ways that individuals can be more affirmed and empowered.
The Ultimate Mini LGBTQ Flag Guide

Gay Pride
Used by all members of the LGBTQ community

 Bisexual Pride
Used by those with possible attraction to those of the same gender or others

Pansexual Pride
Used by those with sexual attraction to all genders and sexes

Asexual Pride
Used by those with a lack of sexual attraction

Polyamory Pride
Used by supporters and practitioners of having multiple relationships at once

Transgender Pride
Used by male-to-female and female-to-male transgenders

Genderqueer Pride
Used by those whose gender identity is not "man" or "woman"

Intersexual Pride
Used by natural-born and transitioning intersexuals

Straight Allies
Used by non-LGBTQ supporters of LGBTQ rights

Bear Brotherhood
Used by gay and bisexual people of the bear brotherhood

Lipstick Lesbian
Used by lesbian and bisexual people with a feminine identity

Leather Pride
Used by BDSM and leather enthusiasts. Not always LGBTQ.
AFFECTIONAL ORIENTATIONS

(CONSIDER USING THIS TERM AS OPPOSED TO SEXUAL ORIENTATION – WHY?)

• You probably know what these mean:
  • Straight
  • Lesbian
  • Gay
  • Bisexual
AFFECTIONAL ORIENTATIONS

• But how about these?

• Asexual
• Demisexual
• Pansexual
• Polyamorous

• Others?
GENDER IDENTITIES

- How about these?
- Transgender
- Intersex
- Genderqueer
- Agender
- Non-binary
- Others?
LET'S TRY TO GET OVER THE BINARY – IT CAN BE A PROBLEM FOR Many

• Some (more) non-binary identities:

• Feminine of Center
• Gender Fluid
• Gender Non-conforming
• Gender Variant
• Masculine of Center
• Queer
• Two-spirit
Let’s take a poll!
LET’S TALK PRIVILEGE

If you don’t have to think about it, it’s a privilege.

What are some male privileges?
What are some white privileges?
What are some straight privileges?
What are some cisgender privileges?
Let’s take another poll!
## Let’s Talk Pronouns

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BEING AWARE OF HETERONORMATIVE AND GENDERED LANGUAGE

• Always remember – **not everyone is straight and cisgender!** Start by using inclusive language. What are some examples?

• And be cautious to not **misgender** people:
  • a term used to describe the act of failing to use (or even acknowledge) an individual’s requested gender pronouns or using gendered language when referring to them (e.g., ma’am, sir, guy, girl, etc.). The possibility of being misgendered is often anxiety provoking for gender non-conforming individuals. Moreover, being misgendered is disrespectful at best, potentially putting the misgendered individual at risk for discrimination. (Harbin, 2017)
INVISIBILITY AND OTHER CONSIDERATIONS

• Many LGBTQ+, especially non-binary people, are consistently misidentified:
  • When with same-gender partners, are read as gay
  • When with other-gender partners, read as straight
  • Often field difficult questions from friends and family about if they are “still bi/pan/queer” if they break up with someone
    • Particularly if they break up with a same-gender partner and start dating an other-gender partner
• Often made to feel unwelcome in queer spaces
  • Gay and lesbian communities often warn against dating bi/pan/queer people, so may get bias/prejudice/discrimination from many sides
    • Sometimes feel pressured to prove that they are “queer enough”
• Many of the same issues faced by other bi- or multicultural people (not fitting in with many worlds)
LET’S HIGHLIGHT A FEW IDENTITIES AND STATS
• 57.6% of LGBTQ+ students felt unsafe at school because of their sexual orientation, and 43.3% because of their gender expression.

• 31.8% of LGBTQ+ students missed at least one entire day of school in the past month because they felt unsafe or uncomfortable, and 10% missed four or more days in the past month.

• Over a third avoided gender-segregated spaces in school because they felt unsafe or uncomfortable (bathrooms: 39.4%; locker rooms: 37.9%).

• Most reported avoiding school functions and extracurricular activities (71.5% and 65.7%, respectively) because they felt unsafe or uncomfortable.
• 27% of LGBTQ+ students were physically harassed (e.g., pushed or shoved) in the past year because of their sexual orientation and 20.3% because of their gender expression.
• 13% were physically assaulted (e.g., punched, kicked, injured with a weapon) in the past year because of their sexual orientation and 9.4% because of their gender expression.
• 48.6% experienced electronic harassment in the past year (cyberbullying).
• 59.6% were sexually harassed (e.g., unwanted touching or sexual remarks) in the past year at school.
• 57.6% who were harassed or assaulted in school did not report the incident to school staff, mostly because they doubted that effective intervention would occur or the situation could become worse if reported.
• 63.5% who did report an incident said that school staff did nothing in response or told the student to ignore it.
• 29.8% of students reported being disciplined for public displays of affection that were not disciplined among non-LGBTQ+ students.
• 22.2% of students had been prevented from wearing clothes considered “inappropriate” based on their legal sex.
• 16.7% of students were prohibited from discussing or writing about LGBTQ+ topics in school assignments, and 16.3% were prohibited from doing so in school extracurricular activities.
• 15.6% of students were prevented from attending a dance or function with someone of the same gender.
• 14.1% of students were restricted from forming or promoting a GSA.
• 13.2% of students were prevented from wearing clothing or items supporting LGBTQ+ issues.
• 10.8% were prevented or discouraged from participating in school sports because they were LGBTQ+.
• 3.5% of students reported being disciplined for simply identifying as LGBTQ+.
Cass’ Model of Sexual Identity (very gay/lesbian-oriented)

**Conscious Awareness:** realization that gay or lesbian identity is possible; may feel alienated

**Identity Comparison:** tentative commitment to gay identity; begin to accept, reject, or partially accept their identity

**Identity Tolerance:** seeking out sexual minorities to alleviate feelings of alienation & enhance self-awareness

**Identity Acceptance:** establish a sense of normalcy

**Identity Pride:** strong commitment to gay identity & activism that may not yet be fully integrated into identity

**Identity Synthesis:** gay identity is fully integrated with other dimensions of self-identity

(Cass, 1996)
10% of those who were out to their immediate family reported a family member was violent towards them because they were transgender.

8% were kicked out of the house because they were transgender.

Those who were out or perceived as transgender while in school (K–12) experienced some form of mistreatment, including 54% being verbally harassed, 24% physically attacked, and 13% sexually assaulted because they were transgender.

17% experienced such severe mistreatment that they left a school as a result.

(James et al., 2016)
In the year prior to completing the survey:

- 30% of respondents who had a job reported being fired, denied a promotion, or experiencing some other form of mistreatment in the workplace due to their gender identity.
- 46% were verbally harassed and 9% were physically attacked because of being transgender.
- 10% were sexually assaulted in the past year, and nearly half (47%) were sexually assaulted at some point in their lifetime.
- 29% were living in poverty, compared to 12% in the U.S. population.
- 15% unemployment rate—three times higher than the unemployment rate in the U.S.

(James et al., 2016)
• 39% of respondents experienced serious psychological distress in the month prior to completing the survey, compared with only 5% of the U.S. population.

• 40% have attempted suicide in their lifetime—nearly nine times the attempted suicide rate in the U.S. population (4.6%).

• 33% of those who saw a health care provider had at least one negative experience related to being transgender, such as being verbally harassed or refused treatment because of their gender identity.

• 23% reported that they did not seek the health care they needed due to fear of being mistreated as a transgender person.

• 33% did not go to a health care provider when needed because they could not afford it.

(James et al., 2016)
TRANSGENDER IDENTITY DEVELOPMENT

• Existing traditionally gendered identity – Individual understands the role of gender as an identity

• Developing a personal transgender identity – Individual’s identification as it relates to the transgender community

• Developing a transgender social identity – Individual forms a support group and recognizes them as such during this identity development

• Becoming a transgender offspring - Individual’s process of proclaiming his/her/their identity to their parents/guardians and the consequent reactions

• Developing a transgender intimacy status – Individual’s positive self-concept allows him/her/them to share this identity and the rest of themselves with a partner

• Entering a transgender community – Individual’s positive self-concept allows them to join the community in political and social actions and beliefs.

(Evans, Forney, Guido, Patton, & Renn, 2010)
INTERSEX PERSONS

- A set of medical conditions where people are born with ‘sex’ (gender) chromosomes, external genitalia or an internal reproductive system that is not considered ‘standard’ for either male or female;
- Intersex infants are typically given a male or female gender identity and may undergo treatment to align their body with social norms;
- Intersex advocacy groups call for such procedures to not be performed as infants cannot consent; in the past, medical professionals have even decided without parental consent.

Intersex Society of North America
SIGNIFICANT ETHICAL ISSUES

• Invasive surgery on children without medical necessity
• Doctors dictate gender
  • Remove parts that don’t align with assigned gender, often without consulting the patient or even parents
• Denying agency and choice
  • Children not part of the discussion on their own body and gender identities
• Healthcare professionals as gatekeepers
  • Making decisions about care based on how well individuals “pass” physically and how much they adhere to gender roles

Intersex Society of North America
ASEXUALITY

• Asexuality involves dimensions to sexuality and attraction that are rarely talked about and can be difficult for non-ace (short for asexual) people to understand
  • In order to understand asexual orientations, we need to separate the capacity for romantic attraction, sexual attraction, and sex drive from each other, as well as the circumstances under which all occur

• Aromantic: a person who experiences little or no romantic attraction to others

• Libido exists separately from these identities; that is, some ace people have sex drives

Scherrer, & Pfeffer (2017)
ASSAULT & STIGMA

Systemic Issues
Prevalence of “corrective rape”

Sexual assault, particularly before identifying as ace, is often used to undermine asexual identities as being trauma responses (Asexual Up My Sleeve, 2013; Chasin, 2015)

Assault in relationships is often blamed on the ace person for not fulfilling their partner’s sexual needs or being “frigid” (queenieofaces, 2013)

MacInnis and Hodson (2012) found that asexual people were evaluated more negatively, viewed as less human, and less valued as contact partners, relative to straight people and other sexual minorities.
NOW LET'S LOOK AT SOME LGBTQ+ INTERSECTIONS WITH OTHER IDENTITIES

Obviously these are quite numerous, but here are a few examples:
DISABILITY

• Much like how people with disabilities (PWD) have historically been seen as ill or in need of treatment due to their disabilities, individuals with non-majority affectional orientations were seen as having mental disorders up until the 1970’s, and many people with differing gender identities still are. And, they are also often denied “preferred” ways of life.

• Thus, non-majority orientations have also historically been pathologized, and are still seen as such by many…

• Consider the overlap of affectional/gender minority status and disability
DISABILITY

• Access to sex education
  • Knowledge about consent
  • Information about non-binary genders and orientations
  • Discussion of specific needs

• Guardianship laws
  • Kortner v. Martise: mother filed civil suit for her daughter with a disability in S/M relationship (and won) (Glenza, 2014)

• Decision-making powers can be used to end or punish LGBTQ+ relationships
While marriage equality was nationally legalized in 2015, many people with disabilities still don’t have access

- May have more family involvement or other monitoring
- Those on social security benefits would receive a drastic cut, which is practically impossible to live on (Davis, 2015)
  - The U.S. government sees marriage as indicative of a person not having a disability or of their having caretaking and financial resources to tap

Those with cognitive disabilities may be deemed incompetent to consent, which carries over to sexuality and gender identity

- Consent-related laws may be used by prejudiced caretakers to discriminate specifically against relationships they do not approve of
HIV/AIDS

- A potentially disabling condition that affects many LGBTQ+ individuals
  - Gay and bisexual men: 55% of all PLWH in the U.S. (hrc.org)
  - Approx. 1 in 5 transgender women has HIV (Baral et al., 2013)

- Epidemiology and demographics of the disease have shifted over the last 30+ years and now specifically include many more women, African Americans, and Latinos, including many straight/cisgender individuals
STIGMA

Why is HIV/AIDS stigmatizing?

• it is contagious and incurable
• some modes of transmission are viewed as immoral or disgraceful by many
  • e.g., men who have sex with men (MSM), IV drug users, sex workers
• it can cause disability
• it is not well understood
HIV STIGMA ON WELL BEING

• HIV Stigma has a considerable impact on mental and emotional well-being, causing significantly increased levels of anxiety, loneliness, depressive symptoms, suicidal ideation and engagement in avoidant strategies such as social withdrawal (Courtenay-Quirk et al., 2006; Grov et al., 2010)

   PLWH – twice as likely to commit suicide as compared to the general population (Pebody, 2017)

• In addition, physical symptoms of HIV and side effects of its treatment can also have a negative psychological and emotional impact (Pence, 2009).

• Stigma may also interfere with health behavior adaptation and medical regimen adherence
LOCASE: RURAL V. URBAN

- Back to the GLSEN National School Climate Survey:
  - Rural students experience heightened victimization related to sexual orientation and gender identity (perceived or actual)
  - Rural LGBTQ+ youth significantly less likely to have any LGBTQ+-related resources or supports
- Rural LGBTQ+ persons can become victim to heightened stigma due to negative, conservative, and heterosexist views on sexual orientation and gender identity
- Heterosexist worldviews can be internalized and affect healthy functioning:
  - LGBTQ+ identities tend to be less understood
  - Become more complicated or compromised by isolation and invisibility (Datti, 2012)
• LGBTQ+-related mental health and other resources and services are often scarce or non-existent.
• Limited knowledge of and bias toward LGBTQ+ persons affects mental health and other providers in rural and other areas
• LGBTQ+ persons who take steps to receive services may not be met by safe, competent caregivers.
• And if practitioner, agencies, and schools are competent with LGBTQ+ issues, how will potential student/clients know?
  • While some take steps to include LGBTQ+ persons in practice and advertise this, many in rural areas may be fearful to do so.

(Datti, 2012)
• Tend to have more negative views toward differing identities, often related to fear of rejection from their racial group.

• Making it difficult for individuals to accept themselves particularly within family and community, and are often forced to live a double life.

• And have their intimacy needs met on the down low - a common term for men of color who do not identify as gay, but secretly have same -sex relations and do not reveal them to female partners or others (Wasserman, & Smith, 2006)

• Risk rejection from their families and communities.
• Being both Black and LGBTQ+, for example, is “worse” than the simple stigma associated with each characteristic by itself.

• In this regard, there may be “synergistic stigma” occurring if being both White and LGBTQ+ is less stigmatizing than being Black and LGBTQ+.

• “In the African American community homosexuality is seen as a taboo subject that clashes with gender role expectations, definitions of masculinity, community norms relating to sexuality, and is perceived as sinful and unnatural. Homosexuality is also seen as a weakness or an embarrassment to the African American community.”

• As a result, many Black gay and bisexual men, for example, identify as straight while secretly engaging in sex with men.

(Brooks, 2007, Oct., Center on AIDS and Community Health Anti-Stigma Meeting)
• Identification with differing affectional orientations or gender identities from the majority may be very challenging for Latinos, particularly men, as the culture tends to be high in homo-negativity and have stricter binary gender roles (Zea, Reisen, & Diaz, 2003)

• Some research shows that gay Latinos do not necessarily verbally disclose their gay identity to family and friends but instead disclose nonverbally and behaviorally. While verbal disclosure seems to benefit gay White people’s well-being, it doesn’t seem to affect gay Latino’s well-being – perhaps because they may already feel strong connections with others based on their ethnic identity (Villicana, 2016)
LATINX PERSONS

• Machismo:
  • Connotes manliness, strength, and virility; the family caretaker
  • May negatively affect LGBTQ+ men’s views of everyday life in their culture and influence help seeking behavior or presentation of issues
  • May view seeking assistance (e.g., counseling) as an indicator of weakness.

• Marianismo:
  • Requires a woman to be pure, make sacrifices for the husband’s and children’s benefit, not engage in premarital sex, and be a nurturing female role-model for her daughters.
  • Consider the potential inconsistency with LGBTQ+ identity.

(Hays & Erford, 2014)
• LGBTQ+ individuals may be at risk of having negative experiences with religion because of many mainstream religions’ non-LGBT-affirming stance.

• Negative religious experiences can lead to religious or spiritual struggles and loss of religious or spiritual identity to maintain sexual identity. (Wood & Conley, 2014)

• Religious Freedom
• Can you be LGBTQ+ and Christian, for example?

• Sure you can! We think...=0

• Fr. James Martin: Building a Bridge
PRACTICAL IMPLICATIONS

• Many educators and practitioners are not adequately prepared to work with LGBTQ+ persons, especially transgender, gender nonconforming, and other non-binary identities.

• Biases perpetrated against these individuals during services (e.g., education, counseling) can be subtle…but also blatant and aggressive; thus, there may be fear and stigma associated with receiving services…or the services can be harmful.

(McCullough et al., 2017)
PRACTICAL IMPLICATIONS

• Consider invisible minority status on multiple levels

• Understand that affectional orientation and gender identity as well as other cultural “management” often affects perceptions of everyday happenings.

• Communicate to students and clients acceptance of diversity including affectional orientation and gender identity as well as other cultural variables

• Advertise in accessible LGBTQ+ publications and websites

• Have resources that are conducive to the LGBTQ+ communities available and visible

• Educate your students, clients, their families, your colleagues, and communities.

• We must also help fight internal heteronormativity, cisgenderism, and the potential problems associated with a binary world.
PRACTICAL IMPLICATIONS

• Review intake and assessment materials for unintentionally alienating language (e.g., does yours say MALE or FEMALE, check one?)
  • Does it even ask about affectional orientation?

• Never assume pronouns and always be sure to use the correct ones – ask the question on your intake: What are your pronouns?

• Do not make assumptions about who they will be attracted to, date, or have sex with, or how they will do that
  • If these questions are not relevant to the presenting issues, don’t ask

• Providers need to be trained to be able to sensitively discuss relationships, sexuality, and gender identity with individuals and the impact they may have on person-centered and personalized care and education.
WHAT’S IN YOUR POLICY?

• Does the policy of your school, university, agency, etc. include affectional orientation, gender, gender identity, and gender expression as part of its non-discrimination classes?

• Is your entity’s hiring policy inclusive to affectional orientation, gender, gender identity, and gender expression?
HOW’S YOUR ADVERTISING?

• If an LGBTQ+ person were to come to your office, would the surroundings suggest it is a safe environment?

• How about a safe zone sign? Caveat: the zone really needs to be safe…

• Maybe having some LGBTQ+ specific publications and materials visible in offices might help too.

• If potential student/clients were to visit your website, would they be able to tell that the your space is a safe place?
DO’S & DON’TS

• **DO** be aware of your own misbeliefs and capacity for stereotyping and assumptions. That includes unintentional bias.

• **DON’T** expect a person to be “out” or even want specialized LGBTQ+ services, even though they may identify as LGBTQ+. Be sensitive to whom they are out to (or not).

• **DON’T** forget that there are minority individuals within the LGBTQ+ community – and be sure to consider intersectionality.

• **DO** a walk-through of your facility – from the front door, through intake, office/classroom spaces, program and course themes, etc. Is everything appropriate for LGBTQ+ folks?

• **DO** train **ALL** personnel (including administrators, faculty, secretaries, reception, maintenance, etc.) on LGBTQ+ affirming practices.
DO’S & DON’TS

• **DON’T** neglect identified family members’ inclusion. This may include not just relationship partners, but any number of non-biological people (chosen family).

• **DON’T** ignore homo/bi/trans-phobic comments, slurs, or hate-speech. Consider hanging anti-hate-speech posters and setting policies for those who will not comply with the respect expectations.

• **DO** be sure that your assessments are as bias-free as possible!
LGBTQ+ (Healthcare) Bill of Rights

- RIGHT TO BE TREATED WITH EQUALITY AND RESPECT
- RIGHT TO AFFIRMATION OF YOUR TRUE AFFECTIONAL ORIENTATION AND GENDER IDENTITY
- RIGHT TO HELP DESIGNATE WHO WILL MAKE DECISIONS FOR YOU
- RIGHT TO VISITATION BY ANYONE YOU CHOOSE
- RIGHT TO YOUR PRIVACY
- RIGHT TO PROTECTIONS IF YOU ARE DISCHARGED DUE TO DISCRIMINATION

(adapted from healthcarebillofrights.org)
OTHER RECOMMENDATIONS

• Don’t be afraid to talk about LGBTQ+ and non-binary stuff!

• Educate students, clients, families, coworkers, and others about what you’ve learned today!

• Be an appropriate, positive role model and ally for students, clients, their families, and others!

• Advocate for equality and inclusion and appropriate procedures in agency/company/school policies, communities, and laws!

• Continue your training and research!
SOME RESOURCES

AMERICAN COUNSELING ASSOCIATION:
• ALGBTIC Competencies
• Transgender and Gender Non-Conforming Clients

ASEXUALITY:
• AVEN, The Asexual Visibility and Education Network
• Asexualityarchive.com

BISEXUAL:
• American Institute of Bisexuality
• Bi Magazine

GAY AND LESBIAN (AND BEYOND):
• LGBTQ+ National Help Center (Let’s check this one out)
GENDER QUEER/GENDER NON-CONFORMING:
- http://genderqueerid.com/
- https://genderqueer.me/

INTERSEX
- List of organizations and more
- Accord Alliance
- Organization Intersex International

TRANSGENDER:
- ALGBTIC Transgender Competencies
- Silvia Rivera Law Project
- Lambda Legal (for all LGBTQ+ persons)
- National Center for Transgender Equality
- My Trans Health
• Advocates for Youth: http://www.advocatesforyouth.org/glbtg.htm
• BiNet USA: http://www.binetusa.org
• Bisexual Resource Center: http://www.biresource.net.
• Gay, Lesbian & Straight Education Network (GLSEN): http://www.glsen.org
• Gay, Straight Alliance Network: http://gsanetwork.org
• Human Rights Campaign: http://hrc.org
• International Bill of Gender Rights: http://www.transgenderlegal.com/ibgr.htm
• International Gay & Lesbian Association: http://ilga.org/.17Rue
• It Gets Better Project: http://www.itgetsbetter.org/
• LGBTQ+ Affirming History: http://www.LGBTQ+Qhistorymonth.com/resources_2016
• LGBTQ+ Healthcare Bill of Rights: http://healthcarebillofrights.org/Read-The-Bill
• National Coalition for Sexual Freedom: https://ncsfreedom.org/key-programs/kink-aware-professionals/kap-program-page.html
• National LGBTQ+ Task Force: http://www.thetaskforce.org/
• National Transgender Center for Transgender Equality: http://www.transequality.org/
• Parents Families & Friends of Lesbians & Gays (PFLAG): http://www.pflag.org
• Society for the Advancement of Sexual Health: http://www.sash.net/find-a-therapist-organization-sash-member/#!directory/map/ord=rnd
• Stop the Hate: http://www.stopthehate.org/
REFERENCES


