

WHAT CARE LOOKS LIKE

A WORKBOOK FOR LGBTQ+ YOUTH
& THE PEOPLE WHO SUPPORT THEM



Notes

This publication is intended for use by teachers, clinicians, and others providing care to LGBTQ+ youth. Significant portions are intended to be used to directly support youth. We encourage you to photocopy any relevant sections to give to youth (e.g. the open letter “What Care Looks Like”, coming out worksheets, and hotlines), colleagues (e.g. best practices and glossary of terms), or families (e.g. open letter and resources). Thank you for all your good work!

This publication has been written by Astri Jack.

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Contents

1. What Care Looks Like

- What Care Looks Like: A Letter to Our Families, Doctors, Teachers, and Communities 4
- Best Practices for Care Providers 6
- Inclusive Facilities 7
- Inclusive Policies 8
- Adequate Education 9
- Care Provider as a Safe Person 10

2. Coming Out

- Helping Youth Through the Coming Out Journey 12
- Should I Come Out? Considering All Possibilities 14
- Coming Out Flowchart 16

3. Resources

- Local Resources 18
- Hotlines and Chat Services 19
- Useful Websites 20

4. Glossary

- Common LGBTQ+ Identities 22
- Related Terminology 25
- Acronyms 26
- Words to Avoid 27

What Care Looks Like

IN THIS SECTION:

- What Care Looks Like: A Letter to Our Families, Doctors, Teachers, and Communities
- Best Practices for Care Providers
- Inclusive Facilities
- Inclusive Policies
- Adequate Education
- Care Provider as a Safe Person

What Care Looks Like

An Open Letter to Our Families, Doctors, Teachers, and Communities

The first thing I want to say is thank you.

Caring for me is not always easy, and I know you are doing the best you can with the knowledge and resources you have been given. I hope this letter can be a resource for you on our journey.

Caring for me is not always easy because I am still learning how to care for myself. I do, however, know a few things about what care looks like. This isn't a definitive guide and there is no endpoint. You know how when an airplane lands the pilot says "if this is your final destination then welcome; otherwise, we wish you well wherever your travels may take you"? Caring for me will never have a final destination. Caring for me is a lifelong journey with many waystations and no last stop. While there is no one piece of advice I can give you for taking this journey with me, here are a few things that might help:

Care looks like acknowledging that I am the only person who lives in my body. Even if I am in the process of discovering all the nuances of my identity, I know how I feel. It is not a phase, I am not confused, and I am not too young to know in my body, my mind, and my heart. Trust me when I tell you my truths.

Care looks like honouring my journey. For some of us, gender and sexuality is fluid and changing. My name, pronouns, self expression, and even identity might be different tomorrow than it is today. I am not confused. I am an explorer, an artist, and an inventor of new futures. Honour my journey by embracing the discoveries tomorrow might bring.

Care looks like listening to me. My identity is not straightforward (pun intended) and having someone to listen to my trials and my joys means the world to me. Having said that, I don't always want to talk and care looks like accepting my silence as well.

Care looks like asking questions. If I tell you something you don't understand, ask me for clarification. If I tell you about something that happened to me, ask me how it made me feel. Don't make assumptions about my identity or experiences – assumptions will hurt me more than an honest and thoughtful question ever could. If you ask me a question and I

hesitate, remind me that it's okay to not know the answer and that you respect my privacy.

Care looks like respecting my choices. Just because I am out to you doesn't mean I am out to everyone. Don't pressure me and don't share things about me without my permission. On the other hand, I may want to come out even when it carries risks. Care looks like respecting that choice too and helping me even when I am making different choices than you would have made.

Care looks like giving me the healthcare I need. This means not assuming you know what kind of care I need, but asking me instead. This looks like you doing your homework to get the most up-to-date and evidence informed education you can. This looks like giving me relevant and LGBTQ+ affirming medical information about mental health, sexual health, and physical health. This means giving me timely care when I ask for help pursuing a medical transition. Above all, this means not demeaning, questioning, or dismissing my identity or needs.

Care looks like being brave. Brave enough to ask questions when you are scared they are the wrong ones. Brave enough to be my advocate when I am lacking support from my friend, teacher, doctor, parent, sibling, or even the bus driver. Brave enough to stand up for people like me even when we aren't in the room.

Thank you for listening and thank you for doing your best. Sometimes your best won't be enough, but that doesn't mean you should stop trying. Caring for me is not always easy, but I hope that loving me is.

Best Practices for Care Providers

The 2015 publication, “Being Safe, Being Me: Results of the Trans Youth Health Survey”, reported that safer spaces and caregivers for trans youth resulted in appreciable, even lifesaving, differences in their wellbeing. Included in their findings is that 70% of trans youth reported having been sexually harassed, and 36% of younger participants had been physically threatened or injured in the past year. They also noted that most trans youth did not feel connected in their schools. However, they also revealed the important finding that “those who reported higher school connectedness were twice as likely to report having good mental health” (p.2).

The survey concluded that we need safer and more welcoming schools, and that professionals from all care disciplines need further training so they can better serve LGBTQ+ populations. On the pages that follow you will find example of the four primary strategies that organizations and schools can use to create these outcomes, along with space for you to input your own ideas.

Creating safer spaces for all LGBTQ+ youth starts with reflecting on your school, organization, or family’s physical space and implementing strategies to improve its accessibility. Secondly, an investigation of official and unofficial policies and procedures needs to be conducted and areas requiring improvement should be implemented (in the case of a home, this looks like considering family rules and expectations and making modifications where appropriate). Thirdly, creating safer spaces requires education for practitioners, educators, and families. Education can be in the form of workshops, online research, reading books, and talking to LGBTQ+ youth. Finally, creating safer spaces also means establishing yourself as a safe person through proper conduct and competency.

In brief, the four pillars of safer spaces for LGBTQ+ youth are as follows:

- Inclusive Facilities
- Inclusive Policies
- Adequate Education
- Care Provider as a Safe Person

Inclusive Facilities

We know that LGBTQ+ youth are at significantly greater risk of sexual harassment and physical violence. As such, having facilities that are visibly inclusive and accommodating are essential to improving safety. An inclusive facility is one where LGBTQ+ youth feel their diverse needs are being met. It is clearly accessible and youth do not require additional support in order to navigate the space. Inclusive facilities may have:

- Gender neutral bathrooms that are accessible, visible, and do not require additional permission or a key from staff. Signs can simply say “washroom”.
- Visible signage promoting inclusivity (e.g. rainbow flags and queer affirming posters).
- Forms that don’t require gender (knowing a youth’s gender on an intake form is rarely an actual necessity). If *absolutely necessary* simply leave a blank line for client/student to fill out. Avoid check boxes.
- All-gender dormitories/classes/sports. If it is not possible to have the aforementioned co-ed, at the very least, allow trans or gender nonconforming youth to choose which facility or program they feel most comfortable in. Avoid segregation at all costs (e.g. in the case of a dormitory, not having trans youth sleep in a separate room unless they explicitly request it).
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Inclusive Policies

Inclusive policies support the safety and comfort of LGBTQ+ youth. They consider the diverse needs of these youth and ensure all staff follow the same standards of care. In the home, this may look like rules that take into account particular considerations pertinent to gender and sexual minority youth.

- Written, official policy delineating policies and procedure for working with LGBTQ+ youth to make them enforceable and clear. This may also include a declaration of inclusion for gender and sexual minority youth.
- Creating procedures for correct use of pronouns. This includes: asking the youth what pronouns they would like to use at your facility/school, and what pronouns they would like you to use when talking to their family. Many LGBTQ+ youth are “out” at school, but not at home. Make sure there are predetermined procedures to avoid disclosure of a youth’s identity to their family without permission.
- Consulting with LGBTQ+ youth in the school/organization to determine what they would most benefit from.
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Adequate Education

Adequate education for all staff is at the heart of providing safer spaces and care. Knowledge gives teachers and care providers the tools to understand the needs of LGBTQ+ youth, thus informing the development of inclusive facilities, policies, and practices.

- Attend workshops or bring in presenters to discuss LGBTQ+ identities and competency.
- Familiarize yourself with LGBTQ+ resources in the community and the province.
- Read reputable books and articles that discuss LGBTQ+ identities.
- Talk to LGBTQ+ youth and adults who are open to sharing.
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Care Provider as a Safe Person

The importance of support for LGBTQ+ youth by the adults in their lives can't be overstated. The aforementioned "Being Safe, Being Me" report indicated that having a supportive adult both inside and outside the home were four times more likely to report good or excellent mental health, and far less likely to have considered suicide. Becoming a supportive person inside or outside the home can take many forms, including:

- Avoid assuming you know someone's gender or sexual identity.
- Ask LGBTQ+ youth what their identity means to them when they come out to you.
- (Educators) Speak up in support of gender and sexual minority youth regularly in your classroom.
- Be attuned to special needs and concerns for LGBTQ+ youth, and ask youth what you can do to support them.

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Coming Out

IN THIS SECTION:

- Helping Youth Through the Coming Out Journey
- Considering All Possible Outcomes
- Flowchart: “Should I Come Out to my Family?”

Helping Youth Through the Coming Out Journey

“Coming Out”, the process of revealing your identity to friends/family/school/work, is a defining moment for many LGBTQ+ youth and adults. The prospect of coming out can produce a wide array of emotions, all the way from excited through to terrified. There are numerous reasons why youth (and adults) choose to come out:

- Feeling like you are living as your authentic self.
- Ability to dress in the ways that reflect your gender identity.
- The opportunity to bring your same-sex or gender nonconforming date friend home for dinner.
- Be able to have your friends/family/teachers use the name and pronouns you identify with.
- Access trans affirming healthcare (such as hormone blockers or hormones).
- Increasing minority visibility.
- Be able to openly seek out and befriend other LGBTQ+ youth.
- Gain support from the adults around you.

While there are many reasons to come out, there are also many reasons not to. These include:

- Risk of losing housing or financial support from family.
- Being talked down to by care providers (“you’re too young to know that”, “you don’t need hormone blockers,” “this is just a phase”).
- Potential risk of violence from peers or family.
- Being bullied or ostracized by friends.

- Unkind or shaming remarks from parents.
- Refusal from parents/teachers/peers to use your pronouns or acknowledge your identity as legitimate.
- General increased vulnerability.

Guiding LGBTQ+ youth through the coming out process means providing them with the questions they need to ask themselves in order to make the most informed decision possible. If they choose to come out, it also means ensuring there are contingency plans in place should coming out not go well for them. The following pages contain questions you can go through verbally, or you can photocopy to help LGBTQ+ youth who are considering coming out. There is also a flow chart, “Should I Come Out to my Family?”, that you can use as a starting point.

If the youth determines that they do not want to come out, it is important that you take this chance to reaffirm your support and ongoing commitment to helping them, regardless of their choice.

Should I Come Out?

Considering all Possibilities

When considering coming out, there are many factors to take into consideration. Take the time to go through the following questions to determine if coming out is right for you, and what steps you can take towards it.

List some ways that coming out would benefit you:

Is it possible that there would be negative consequences if you came out? If so, list them.

Who do you want to come out to? List their names and put a star beside them if you think they would have a positive reaction to you coming out.

If you are coming out to your family, there are special considerations to take into account: are you financially dependent on them and/or do you live with them? Is it possible they would kick you out or cut you off financially? If yes, what would you do?

Is there any risk that you will experience violence when you come out? If so, what can you do to reduce those risks? What would you do if the situation did become violent?

Do you have supportive people in your life who you are already out to? Who are they? What kind of support do they provide you?

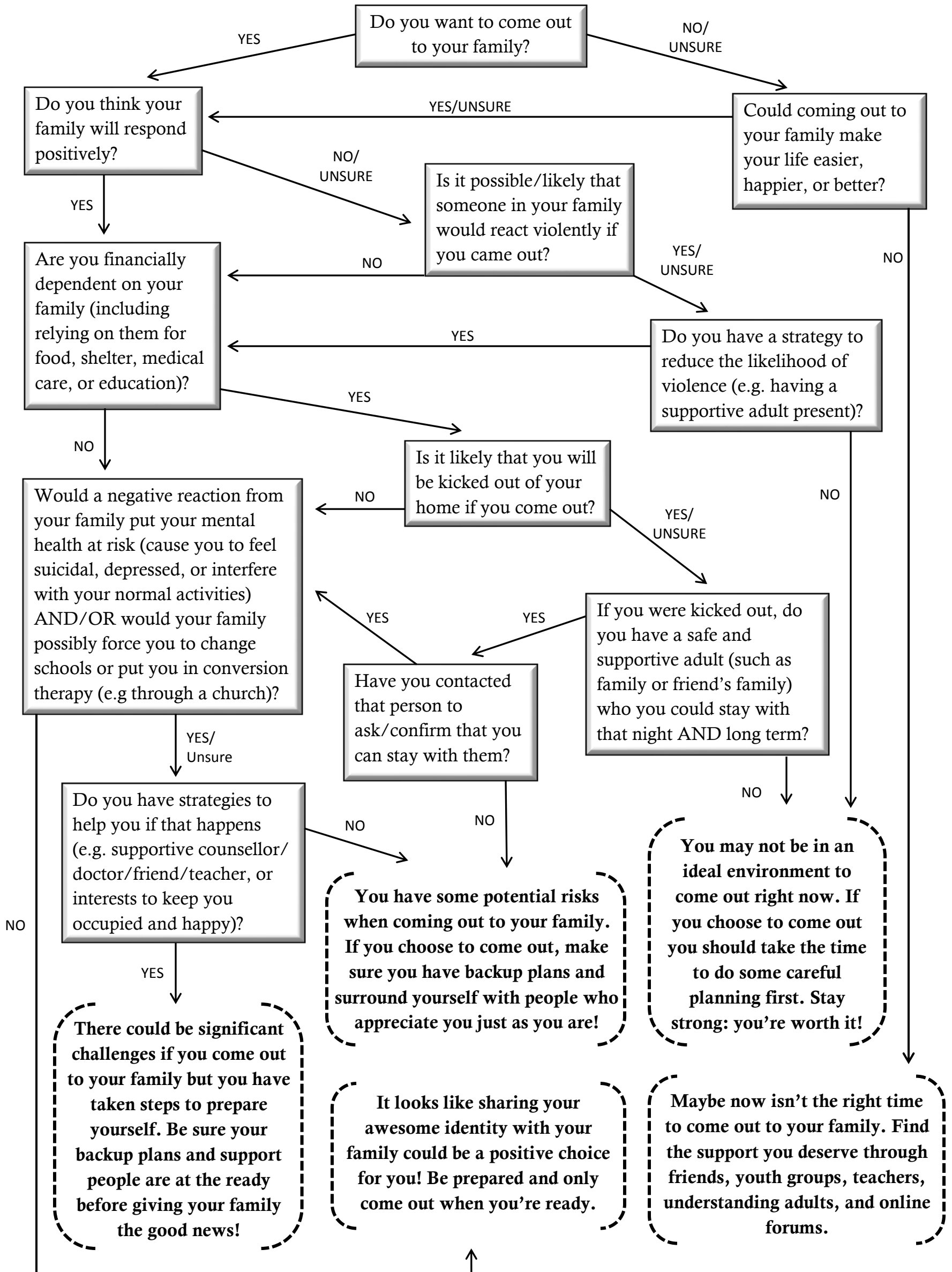
What are your self care strategies? What can you do to make yourself feel good and happy and safe, regardless of whether or not you come out?

If you choose not to come out, what are other ways you can make yourself feel accepted and appreciated?

Regardless of whether you are “in” or “out”, you are valuable and worthy of love. There is no hurry. The most important thing is for you to take care of yourself. For some people, taking care looks like coming out to one or many people. For others, taking care looks like finding self recognition and acceptance now, and telling others later.

Should I Come Out to my Family?

A flowchart for LGBTQ+ youth



Resources

IN THIS SECTION:

- Local Resources
- Hotlines and Chat Services
- Useful Websites

Local Resources

Living Positive Resource Centre. Education, outreach, client support, harm reduction, and a men's health initiative for guys who like guys.

✓ Call: **778-753-5830**

✓ Email: **info@lprc.ca**

Etcetera LGBTQ+ Youth Programming. Etcetera Youth Groups (ages 10-18), Etcetera Parent Network (for guardians of LGBTQ+ youth), and community education programs.

✓ Call: **778-753-5830 x 104**

✓ Email: **astrij@lprc.ca OR info@lprc.ca**

Okanagan Pride Society. Community events and resources.

✓ Call: **250-860-8555**

✓ Email: **info@okanaganpride.com**

Hotlines and Chat Services

LGBT Youth Line (Canadian crisis line offers texting, phone conversations and online chat with a trained volunteer). *Only available from 1pm-6:30pm from Sun to Fri.*

- ✓ Call: **1-800-268-9688** (toll free, available from 1pm-6:30pm, Sun-Fri)
- ✓ Text: **647-694-4275**
- ✓ Chat: **www.YouthLine.ca**

Kids Help Phone (24/7 Canadian child and teen crisis line with trained counsellors, plus online counselling from Wed-Sun).

- ✓ Call: **1-800-668-6868** (toll free, available 24 hours/day, 7 days/week)
- ✓ Chat: **www.KidsHelpPhone.ca** (available Wed-Sun from 3pm-11pm)

The Trevor Project. USA based, LGBTQ specific, 24/7 phone conversations, limited texting, and online chat with a trained volunteer counsellor).

- ✓ Call: **1-866-448-7386** (toll free, available 24 hours/day, 7 days/week)
- ✓ Text: **Text "Trevor" to 1-202-304-1200** (available Thursdays and Fridays from 1pm-5pm). Standard texting to USA messaging rates apply
- ✓ Chat: **www.TheTrevorProject.org**

Useful Websites

Etcetera Youth Group on Facebook (youth only). Get updates on youth group events and connect with other youth.

✓ **[Facebook.com/groups/EtceteraKelowna](https://www.facebook.com/groups/EtceteraKelowna)**

Etcetera Parent Network Facebook (for parent, guardians and other allies of LGBTQ+ youth). Get updates on family and youth events.

✓ **[Facebook.com/groups/EtceteraParent](https://www.facebook.com/groups/EtceteraParent)**

Okanagan Pride Society. See what's happening in the community. Click the "Youth" link at the top to stay updated on Etcetera Youth and Parent events.

✓ **OkanaganPride.com**

It Gets Better Project. originally created as a suicide prevention site with amazing video testimonies from real queer people about how the struggles they faced as teens and young adults got better with time.

✓ **ItGetsBetter.org**

GSAnetwork. website to help youth bring Gay Straight Alliances to their schools

✓ **GSAnetwork.org**

PFLAG. Parents, Families and Friends of Lesbians and Gays. Has information about LGBTQ issues, support resources, and education.

✓ **community.pflag.org**

Transgender Health Information Program. a BC-wide information hub providing information about gender affirming care and supports, is in the process of integrating with the Trans Care BC program at PHSA.

✓ **TransHealth.phsa.ca**

Glossary

IN THIS SECTION:

- Common LGBTQ+ Identities
- Related Terminology
- Acronyms
- Words to Avoid

Common LGBTQ+ Identities

*This is only a guide and each person will have their own understanding of their identity. Don't make assumptions – ASK what their identity means and looks like to them. There are also many identities not listed here.

Asexual: A person who generally does not experience sexual attraction (or very little) to any group of people. Some people who are asexual experience romantic attraction to others, but generally not sexual attraction. This is a natural variation of human sexuality and does not alone indicate PTSD or experiences of trauma.

There are varying degrees of asexuality including: demisexual (someone who only experiences some sexual attraction, and only if they already have a strong emotional connection with someone), and gray-asexual (someone who experiences only occasional or mild sexual attraction and desire)

Bisexual: a person who experiences sexual, romantic, physical, and/or spiritual attraction to people of their own gender as well as another gender. Sometimes this means they are interested in men and women, or men and people who are gender queer (but not women), etc. For some bisexuals, their identity has the same definition as pansexual (below).

Cis/Cisgender: Someone whose biological sex and gender identity align. The majority of people are cisgender. The word has its origin in the Latin-derived prefix *cis-*, meaning “on this side of”, which is an antonym for the Latin-derived prefix *trans-*, meaning “across from” or “on the other side of”. To transition or to be trans is to move across or through gender barriers and demarcations, and to be cis is to be comfortable remaining within the confines of the gender you were assigned at birth.

Gay and Lesbian: People who are attracted to people who have the same gender as themselves (i.e. men attracted to men, women attracted to women). This does not exclude trans people (regardless of their level of medical intervention) and many gay men are attracted to transgender men, and many gay/lesbian women are attracted to trans wom

Gender Queer/Fluid/Creative: gender identities that fall under the trans umbrella. These identities are distinct in that they are non-binary (gender queer people generally identify as neither “male” nor “female”). Rather, as the names suggests, these identities can embrace multiple genders, can move between genders, or can be entirely outside of gender as we traditionally understand it. Gender creative is often used for youth and children who express gender in non-normative ways. Not all gender creative children will grow up to be transgender but many do.

Intersex: a natural variation of human biology where a person has sex characteristics (genitals, hormones, and/or chromosomes) that do not fit the *typical* definitions of female or male. It is estimated that as much as 1.7% of the population is intersex (some smaller studies even assert close to 4%).

Intersex is expressed in many ways, such as: genitals that are ambiguous (neither strictly “male” nor “female” in appearance), having chromosomes different from what the anatomy would suggest (e.g. to have a vagina and vulva and XY chromosomes)

Pansexual: a person who experiences sexual, romantic, physical, and/or spiritual attraction to multiple gender identities/expressions (for example, a pansexual person may be attracted to all or some of the following: men, women, gender queer or gender fluid people, androgynous people, trans folks...)

Queer: an umbrella term used to describe non-straight, non-cis, or otherwise LGBTQ2IA+ spectrum individuals. The term also has political connotation having to do with rejection of the status quo and embracing a more diverse and less oppressive future. Not everyone likes this term, especially older LGBTQ2IA+ folks, because it has historically been used as an insult. Unless speaking to someone who identifies as queer, non-queer identified people may want to avoid using the term because of its historical implications, using “LGBTQ” or something similar instead.

Transgender (also abbreviated to trans, trans-, or trans*): is an umbrella term for someone who does not identify with their biological sex or the gender they were assigned at birth. Many identities fall under the word trans including: trans woman/man, trans feminine/masculine, gender queer/fluid/creative (see definition above), and agender (someone who does not identify as any gender). Some trans, and especially gender queer, people may identify with the sex they were assigned at birth at some times but not all the time. Some trans people are gender binary (either a man or a woman) and some are non-binary (identifying as neither a man nor a woman, but perhaps both,

neither, or somewhere between). These identities may be fixed or may change throughout the lifespan.

People who are trans may choose to change their appearances through clothing, makeup, hormones, and/or surgery. Some don't do any of these things. Some trans or people change their first names or their pronouns (like he/she/they/ze) to reflect their gender identity. Some don't

To be transgender has more to do with your gender *identity* than your gender *expression* (see definitions below). To be a trans woman, you don't have to wear dresses, choose a feminine name, grow your hair long, shave, take estrogen, get breast implants, or have "bottom surgery" (surgery to change the appearance and function of the genitals). All you need to do to be a trans woman (or to be a woman at all) is to feel like you are a woman, and the same goes for being a man or any other gender.

Two Spirit: A culturally distinct gender that describes Indigenous North Americans who fulfill one of many mixed gender roles found traditionally among many Indigenous Nations. Two Spirit can be used to stand in for trans, gay, and several other identities depending on culture and individual. This term is generally only appropriate for use by Indigenous people.

Related Terminology

Binary/Non-Binary: Someone who identifies as “binary” would fall under either male OR female on the gender spectrum (e.g. a binary trans woman is someone who was assigned male at birth but who identifies as a woman and only a woman).

Someone who is “non-binary” may identify as one of the following:

- BETWEEN male and female
- SIMULTANEOUSLY male and female
- SWITCHES BETWEEN male and female
- NEITHER male nor female

Biological Sex: A medical term for the anatomical, hormonal, and chromosomal attributes which come together to classify someone as male, female, or intersex. “Sex” is not the same as “gender”.

Gender Identity: How you feel on the INSIDE (e.g. man, woman, agender, gender fluid, etc.). Often influences which pronouns you use (e.g. he, she, they, ze, etc.).

Gender Expression: How you present yourself on the OUTSIDE. This often doesn’t align with a person’s gender identity (e.g. a butch/masculine woman, a metrosexual man, or a tomboy). Examples of gender expression include (among countless others):

- Feminine (long hair, wearing dresses and makeup, having traditionally female roles or interests like care professions or sewing)
- Masculine (short hair, wearing suits, and having traditionally male roles or interests like being a politician or athlete)
- Androgynous (“gender neutral” appearance and behaviours)

Acronyms

DFAB and DMAB: said *D-fab* and *D-mab*. Stands for “Designated Female at Birth” and “Designated Male at Birth”. Used in the trans community to indicate the gender that was assigned to an individual at birth (e.g. “it’s a boy!” = DMAB).

FtM and MtF: Terms used by trans people to indicate their assigned gender at birth and their actual, felt gender.

- FtM = Female to Male (which means this person was assigned female at birth, but identifies as male).
- MtF = Male to Female.

LGBTQ+: An acronym used to indicate everyone in the queer community. Often also seen as to LGBT or LGBTQQ2IA. Stands for: Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Two Spirit/2 Spirit, Intersex, Asexual, etc. There are variations of this acronym to include other identities such as Pansexual and Gender Queer.

MSM: Stand for “Men who have Sex with Men”. Favoured over identifiers like gay or bisexual by medical providers because not all men who have sex with men identify as being part of the queer community. In fact, many men who identify as heterosexual will have frequent or occasional sex with men so differentiating between behaviours (sex with men) and identities (gay, bisexual, etc.) is important.

SRS and GRS: Stand for Sex Reassignment Surgery and Gender Reassignment Surgery. Usually indicates “bottom surgery” or surgery of the genitals to form a vagina and vulva (for MtF), or a penis (FtM). Sometimes also used to describe other surgeries such as a double mastectomy with male contouring of the chest (FtM), or breast implants (MtF). Technically, only SRS is accurate because you cannot reassign someone’s gender identity (gender is what’s between your ears/how you feel as a gendered being). You can only reassign or change someone’s biological sex (hormones, genitals, and some secondary sex characteristics). The term “Gender Confirmation Surgery” is often preferred and considered more affirming.

Words to Avoid

Gender Confused: This undermines and portrays negatively the normal, explorative process of uncovering gender identity. A better choice to describe someone who is unsure of their gender identity would be “gender questioning” or “gender creative”.

Gender Dysphoric: This is the term in the DSM-5 used to describe trans people who experience significant and prolonged dysphoria/discomfort/unhappiness with their assigned gender. Many gender diverse people don’t like this term because of its connotations of sickness. The term should be reserved for: official medical diagnosis to help a trans person access appropriate medical care, or when a trans or gender questioning person describes themselves that way.

Not all trans people are gender dysphoric. Keep in mind that the anxieties and other mental health struggles some trans people face is often caused by the way society treats them. Pursuing a medical-assisted transition is not about a trans person hating themselves so much that they want to change their body, it is about that person taking control of their body and expressing their truest selves.

Homosexuals: This word is generally frowned upon in the LGBTQ+ community and should be avoided unless the client uses this term themselves, then it may be appropriate. Many feel uncomfortable with it because it has a stigmatizing medical history and has been used to pathologize gay and lesbian people as sick or mentally ill.

Hermaphrodite: The word hermaphrodite is deemed offensive by many and is NOT interchangeable with the word intersex. Hermaphroditism has never been known to occur in humans as it requires two sets of fully functional and fertile, opposing (male/female) reproductive organs at the same time, or genitals that can change across the lifespan, such as frogs who have fully functional male reproductive organs at birth and can transition over the course of their lives into having fully functional and fertile female reproductive organs. The word intersex is preferred when describing individuals with diverse sex characteristics.

She-male or Tranny: These words are pejorative and often used aggressively or accompany violence. They are also commonly used in the sex industry in ways that are dehumanizing, fetishizing, and disrespectful of trans people. Using these terms could be highly traumatic for the person being referred to. Some people will identify with these monikers, but it is not recommended you mirror that language. Also avoid “cross dresser” or “drag queen/king” to describe a trans person as these are fully separate expressions/identities.

Transgendered: While the difference may seem small, adding “ed” at the end of transgender has significant implications. Linguistically it indicates that being trans *happens to* a person, rather than it being a distinct identity. E.g. I am a woman, I have not been “womaned”.

Transgenders: Trans people are individuals. As such, they should be referred to as transgender *people*, trans *individuals*, trans *folks*, transmen, transwomen, trans *youth*, etc.

Transsexual: While this is not always an unacceptable term, transsexual is less favoured than transgender. Some people who choose to have a full medical transition (hormones, surgery, etc), thereby changing their sex, may describe themselves as transsexual. Allow people to self identify as transsexual and do not use it to describe them unless they have self-identified as such.

Notes