A group of people standing together

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# Table of Contents

[This Resource Guide 3](#_heading=h.gjdgxs)

[Thank You 4](#_heading=h.3znysh7)

[Definitions 5](#_heading=h.41mghml)

[Resources for LGBTQIA+ Youth 9](#_heading=h.2grqrue)

[988 Suicide and Crisis Lifeline 9](#_heading=h.qsh70q)

[Health Steps 9](#_heading=h.fr4djhrk66d0)

[AIDS Action Project 9](#_heading=h.3fwokq0)

[Fenway Health: Trans and Gender-Diverse Youth and Adolescents 9](#_heading=h.1v1yuxt)

[The Boston Alliance of Lesbian, Gay, Bisexual, Transgender Queer Youth (BAGLY) 9](#_heading=h.4f1mdlm)

[The Trevor Project 10](#_heading=h.2u6wntf)

[Mass Suicide Prevention Program 10](#_heading=h.19c6y18)

[Speaking of Hope 10](#_heading=h.3tbugp1)

[Young Adult Access Centers 10](#_heading=h.28h4qwu)

[Video Summary 11](#_heading=h.49x2ik5)

[Guiding Discussion Questions 11](#_heading=h.37m2jsg)

[Facilitator Tips 13](#_heading=h.1mrcu09)

[Mandated Reporting & Managing Disclosure 13](#_heading=h.46r0co2)

[Creating Brave Spaces 13](#_heading=h.111kx3o)

[The Gender Unicorn 14](#_heading=h.206ipza)

[References 16](#_heading=h.5fy7rezacicb)

[The Gender Unicorn 19](#_heading=h.1egqt2p)

# This Resource Guide

As a branch of the Massachusetts Department of Public Health, the Office of Sexual Health and Youth Development (OSHYD) is proud to offer this Film Discussion Resource Guide to trusted caregivers and educators.

OSHYD is comprised of several programs that work synergistically to increase access to comprehensive sexuality education, decrease unintended teen pregnancy, decrease the incidence of sexually transmitted infections (STIs), increase the sustainability of delivery networks serving youth and other vulnerable populations, and increase protective factors for young people using a positive youth development lens1.

LGBTQIA+ youth experience many barriers that influence health and wellness, such as feeling unsafe, housing instability, or social isolation. LGBTQIA+ teens are six times more likely to experience symptoms of depression than non-LGBTQIA+ identifying teens. LGB youth are also more than twice as likely to feel suicidal and over four times as likely to attempt suicide compared to heterosexual youth2. Youth mental health outcomes can be improved by having an accepting community, adult, or caregiver, and having a trusted adult empowers young people to define and express themselves. Trusted adults play a significant role in supporting LGBTQIA+ youth3 by maintaining a safe space for LGBTQIA+ youth, focusing on the strengths and assets they bring, and challenging systematic barriers that they encounter.

This discussion guide can be used in conjunction with the film, *Something to Tell You,* on how to ask questions or have potentially challenging conversations with youth. There are resources that provide accurate and trauma-informed information that addresses social determinants of health for LGBTQIA+ youth. The organizations listed in this guide are committed to respecting and acknowledging sexual orientation or sexuality, gender identity and expression, and providing services that focus on HIV prevention and treatment as well as inclusive mental health care.

# Thank You

The Massachusetts Department of Public Health, the Office of Sexual Health and Youth Development (OSHYD) would like to thank the following organizations and individuals for their input and contribution to this resource guide:

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A special thanks go to the cast and crew of *Something to Tell You*

[Girls Inc. of Lynn 4](https://girlsinclynn.org/)

Bridget Brewer, Supervisor of Teen Pregnancy Prevention Programs at Girls Incorporated of Lynn

[Thato Mwosa](https://thatomwosa.com/)5, Film Producer, Writer, and Director for Tuli Media

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# Definitions

These definitions are based on what is currently appropriate to refer to members of the LGBTQIA+ community as of July 2023. These definitions are not exhaustive, and what is most important is asking folks about how they would like to be referred. For more information, please visit <https://pflag.org/glossary/>.

|  |  |
| --- | --- |
| Ally6 | In the LGBTQIA+ community, this term is used to describe an individual who is supportive of LGBTQIA+ individuals and the community, either personally or as an advocate. Allies include both heterosexual and cisgender people who advocate for equality in partnership with LGBTQIA+ people, as well as people within the LGBTQ+ community who advocate for others in the community. “Ally” is not an identity, and allyship is an ongoing process of learning that includes action. |
| Asexual (ACEs)7, 8 | Asexuality is an umbrella term and exists on a spectrum. Asexual refers to a complete or partial lack of sexual attraction or lack of interest in sexual activity with others. Asexual people may experience no, little, or conditional sexual attraction. |
| Assigned Sex at Birth6 | The sex assigned to an infant at birth is based on the child’s visible sex organs, including genitalia and other physical characteristics. |
|  |  |
| BIPOC9,10 | The term refers to “Black and/or Indigenous People of Color.” BIPOC explicitly leads with Black and Indigenous identities, which helps to counter anti-black racism and invisibilization of Native communities. |

|  |  |
| --- | --- |
| Bisexual6 | The term refers to a person who acknowledges in themselves the potential to be attracted--romantically, emotionally, and/or sexually--to people of more than one gender, not necessarily at the same time, in the same way, or to the same degree. |
| Brave Space11 | An environment that acknowledges the challenges that both students and faculty have when discussing difficult and/or sensitive topics such as race, power, privilege, and the various forms of oppression for the purpose of learning. |
| Cisgender6 | A term used to refer to an individual whose gender identity aligns with the sex assigned to them at birth. |
| Cultural Expectations/  Norms12 | Social and cultural norms are rules or expectations of behavior and thoughts based on shared beliefs within a specific cultural or social group. |
| Dead Name/Deadnaming6 | This is when an individual, intentionally or not, refers to the name that a transgender or gender-expansive individual used at a different time in their life. Avoid this practice, as it can cause trauma, stress, embarrassment, and even danger. Some may prefer the terms birth name, given name, or old name. |
| Gay6 | A term used to describe people who are emotionally, romantically, and/or physically attracted to people of the same gender. |
| Gender6 | Gender is a set of socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate. |
| Gender Binary6 | A concept that there are only two genders, male and female and that everyone must be one or the other. This concept is often misused to assert that gender is biologically determined; it also reinforces the idea that men and women are opposites and have different roles in society. |
| Gender Dysphoria6 | The distress caused when a person's assigned sex at birth and assumed gender is not the same as the one with which they identify. |
| Gender Identity6 | A person’s deeply held core sense of self in relation to gender (see Gender). Gender identity does not always correspond to biological sex. Gender identity is a separate concept from sexuality and gender expression. |
| Gender Nonconforming  (GNC) /Gender Expansive6 | An umbrella term for those who do not follow gender stereotypes or who expand ideas of gender expression or identity. GNC and Gender Expansive does NOT mean non-binary and cisgender people can be GNC and Gender Expansive as well. While some use these terms interchangeably, it is important to use the term preferred by an individual with whom you are interacting. |
| Healthy Coping Skills13 | Coping refers to the conscious and voluntary thoughts and behaviors employed to navigate both internal and external stressors. It is distinct from 'defense mechanisms,' which are subconscious or unconscious adaptive responses. |
| Intersex6 | Intersex is the current term used to refer to people who are biologically between the medically expected definitions of male and female. This can be through variations in hormones, chromosomes, internal or external genitalia, or any combination of any or all primary and/or secondary sex characteristics. |
| Lesbian6 | A term referring to a woman who is emotionally, romantically, and/or physically attracted to other women. |
| LGBTQIA+6 | An acronym that collectively refers to individuals who are lesbian, gay, bisexual, transgender, queer, intersex, or asexual; the “+” represents those who are part of the community but for whom LGBTQIA+ does not accurately capture or reflect their identity. |
| Misgender6 | To refer to an individual using a word, especially a pronoun or form of address, which does not correctly reflect their gender. |
| Non-Binary6 | Refers to people who do not subscribe to the gender binary. They might exist between or beyond the man-woman binary. Some use the term exclusively, while others may use it interchangeably with terms like genderqueer, genderfluid, gender nonconforming, gender diverse, or gender expansive. |
| Pronouns6 | The words used to refer to a person other than their name. Common pronouns are they/them, he/him, and she/her. |
| Queer6 | A term used by some LGBTQIA+ people to describe themselves and/or their community. Reclaimed from its earlier negative use--and valued by some for its defiance--the term is also considered by some to be inclusive of the entire community and by others who find it to be an appropriate term to describe their more fluid identities. |
| Sex6 | Also referred to as Biological Sex. Refers to anatomical, physiological, genetic, or physical attributes that determine if a person is male, female, or intersex. |
| Sexual Orientation6 | Sexual attraction toward other people or no people. Sexual orientation is part of the human condition, and all people have one. Typically, it is attraction that helps determine orientation. |
| Transgender6 | Often shortened to trans, is a term describing a person’s gender identity that does not necessarily match their assigned sex at birth. |
| Transitioning6 | A term used to refer to the process--social, legal, and/or medical--one goes through to affirm one’s gender identity. |
| Trusted Adult14 | A trusted adult is chosen by the young person as a safe figure who listens without judgment, agenda or expectation but with the sole purpose of supporting and encouraging positivity within a young person’s life. |
| Two-Spirit6 | According to the Northwest Portland Area Indian Health Board [NPAIHB], a term used within some American Indian (AI) and Alaska Native (AN) communities to refer to a person who identifies as having both a male and a female essence or spirit. Non-indigenous people should not use this term. |
| Values15 | The beliefs people have, especially about what is right and wrong and what is most important in life, that control their behavior. |

# Resources for LGBTQIA+ Youth

## 

## [988 Suicide and Crisis Lifeline](https://www.mass.gov/info-details/about-the-988-suicide-and-crisis-lifeline)

988 is a direct three-digit number to trained Suicide and Crisis Lifeline specialists. 988 is free and available 24/7, 365 days a year via phone call, text or chat16.

## 

## [Health Steps](https://www.211.org/about-us/your-local-211)

211HELPSteps is the online platform of Mass211. From any desktop or mobile device, individuals can search and then connect to local health and human service resources across the Commonwealth. Programs that are included support basic needs such as food security, housing, childcare, transportation, and mental and emotional health resources17.

## [AIDS Action Project](https://fenwayhealth.org/aac/)

AIDS Action is New England’s largest provider of services to people living with HIV/AIDS and populations at risk of infection. AIDS Action leads the state’s Getting To Zero Coalition, which seeks to reduce the number of HIV infections to zero and operates a needle exchange that serves as an entry point to healthcare services for active substance users. In 2013, AIDS Action Committee became a part of Fenway Health, which works to make life healthier for the people in our neighborhoods, the LGBTQIA+ community, people living with HIV/AIDS, and the broader population. Services that are offered include primary care, reproductive and trans & gender diverse care, and mental health services 18.

## [Fenway Health: Trans and Gender-Diverse Youth and Adolescents](https://fenwayhealth.org/care/medical/transgender-health/youth/)

Gender-affirming care for transgender and gender-diverse youth at Fenway Health is managed through family medicine primary care teams. As a patient, you and your parent(s)/guardian(s) work together with medical and behavioral health care providers to develop a treatment plan centered on your gender goals and based on your age, developmental history, medical and mental health conditions. Understanding your goals and concerns allows us to support you, your family, and your larger support system19.

## [The Boston Alliance of Lesbian, Gay, Bisexual, Transgender Queer Youth (BAGLY)](https://www.bagly.org/the-agly-network)

The Boston Alliance of Gay, Lesbian, Bisexual, and Transgender Youth is a youth-led, adult-supported social support organization committed to social justice and creating, sustaining, and advocating for programs, policies, and services for the LGBTQIA+ youth community. Contrary to our name, BAGLY’s work extends well beyond the borders of the City of Boston. Through the GLBTQ+ Youth Group Network of Massachusetts, we provide technical assistance and training, capacity building, best practices development, and program evaluation to LGBTQIA+ youth groups across the state20.

## [The Trevor Project](https://www.thetrevorproject.org/)

The Trevor Project is focused on suicide prevention efforts among LGBTQIA+ youth. The Trevor Project offers a toll-free telephone number where confidential assistance is provided by trained counselors. They are committed to providing crisis intervention and suicide prevention services for youth, as well as offering guidance and resources to parents and educators in order to foster a safe, accepting, and inclusive environment for all youth at home, schools, and colleges. If you are thinking about suicide and in need of immediate support, please call TrevorLifeline at [1-866-488-7386](tel:%201-866-488-7386) or select [TrevorChat](https://www.thetrevorproject.org/get-help-now/) to connect with a counselor (open 24 hours)21.

## [Mass Suicide Prevention Program](https://www.mass.gov/suicide-prevention-program)

This program aims to reduce the number of suicides and suicide attempts and promote mental health and well-being among Massachusetts residents. We seek to raise awareness of suicide as a public health problem. The Program provides support to community agencies, education and training for professionals and caregivers, and funds programs working with youth, veterans, and older adults. We use data to identify populations and geographic areas of the state that need assistance. We also support and encourage communities to collaborate across disciplines to prevent suicide and suicide attempts across the lifespan22.

## [Speaking of Hope](https://www.speakingofhope.org/)

Speaking of Hope is a web and social media platform that supports mental wellness for young adults in Massachusetts and offers key resources such as employment and training services, mental health support, and substance use recovery support for young adults23.

## [Young Adult Access Centers](https://www.speakingofhope.org/access-centers/)

Young Adult Access Centers provide timely and effective services for young adults facing mental health concerns. These centers focus on outreach to those dealing with challenges such as mental illness, substance misuse, economic insecurity, and homelessness. Services are free and available in Massachusetts. Find a center at <https://www.speakingofhope.org/access-centers/> or contact Heidi Holland, Director of Young Adult Transitional Services, at [Heidi.holland@mass.gov](mailto:Heidi.holland@mass.gov). Centers are affirming and inclusive spaces that promote an environment that specifically and effectively engages Black, Indigenous, People of Color (BIPOC) and Lesbian, Gay, Bisexual Queer/Questioning (LGBTQIA+) young people. To find an Access Center24.

# Video Summary: Something to Tell You

This short film follows Blue, a non-binary teen struggling to come out to their parents. Blue’s father is a locally elected official who, with the support of Blue’s mother, is preparing to endorse an anti-LGBTQIA+ bill. With the help of their friend, Blue finds the courage to tell their parents their pronouns and that they want to be called Blue moving forward. This announcement shocks their parents; however, because of the impact on their child, Blue’s parents decide not to vote for the bill.

# Guiding Discussion Questions

Below are key talking points and takeaways for facilitators to address in the discussion and to leave with the group.

* **Key Themes**

1. Allyship
2. Trusted Adult
3. Healthy Coping Skills
4. LGBTQIA+
5. Gender Non-Conforming/Gender Expansive Identities

* **Reflection Questions for Facilitators**

1. How do you currently create a brave space for youth to be their authentic selves?
   1. How can you continue to do so? See Facilitator Tips.
   2. Are there policies at your agency that prevent the creation of these spaces? What are those barriers?
   3. What supports do you need to continue to create these spaces?
2. Has this video challenged your values in any way? If it has, how can you continue to be a trusted adult for youth?
3. How do you, as a trusted adult, help youth cultivate supportive, affirming, and respectful relationships?
4. How can cultural expectations or norms be a protective factor for youth?
5. How would you approach a youth whom you notice has been more withdrawn from programming?
6. What mental health resources or referral partners can your program provide for youth? Is there any protocol around follow-up?
7. What is your agency’s policy around disclosure and mandatory reporting?

* **Discussion Questions for Youth**

1. What are pronouns? Why are they important to respect?
2. How do you think Blue felt having to hold in their secret about their identity? Why do you think Blue struggled to tell their parents?
   1. Have you ever had to hold a secret about something important to you to try and fit in?
   2. How do you think Blue felt after telling their parents?
3. What makes a supportive, affirming, and respectful ally? How can you be an ally for your LGBTQIA+ peers?
4. Who can you talk to for support about certain aspects of your identity?

# 

# Facilitator Tips

Below are recommendations and factors to consider while leading this or any other LGBTQIA+ conversation in a group or in one-on-one setting.

## Mandated Reporting & Managing Disclosure

Under Massachusetts law, the Department of Children and Families (DCF) is the state agency that receives all reports of suspected abuse and/or neglect of children under the age of 18. Professionals who have regular contact with children are mandated by state law to inform the Department of Children and Families (DCF) if they have suspicions of child abuse or neglect25. If you work in childcare, you may find it necessary to submit a report to DCF regarding suspected child abuse or neglect26. To learn more about the process of reporting alleged child abuse or neglect under section 51A, please click [here](https://www.mass.gov/how-to/report-child-abuse-or-neglect) for additional information.

Below is a list of positions that are mandated reporters25:

1. Physicians, dentists, nurses, medical interns, hospital personnel, and all medical staff.
2. Public or private school teachers, educational administrators, guidance, or family counselors.
3. Early education, preschool, childcare, or after-school program staff, including any person paid to care for or work with a child in any public or private facility funded or licensed by the Commonwealth.
4. Voucher management agencies, family childcare, and childcare food programs.
5. Childcare licensors, such as staff from the Department of Early Education and Care.

Please note that this list is not exhaustive. If you are unsure if you are a mandated reporter, please refer to your supervisor.

Being well-informed about your agency’s policies regarding mandated reporting and managing disclosures is crucial. Setting up a pre-planned strategy with your agency for managing disclosures and locating post-disclosure support is essential for effectively dealing with such challenging situations. It is vital to maintain transparency and honesty when interacting with children or students under the age of 18 and disclose that you are a mandated reporter. This disclosure is essential, as it can provide children or students with support or guide them to other resources to feel comfortable and safe.

## Creating Brave Spaces

Establishing a brave space for youth is difficult but doable. As a facilitator, it is important to set and communicate discussion boundaries immediately to help maintain a healthy and safe environment. One effective approach is to involve the youth in collectively setting ground rules for your time together. Some examples of such rules could include: (1) focusing on challenging ideas, not individuals; (2) respecting confidentiality (“What's discussed here stays here,”); and (3) listening with the intent to learn rather than simply responding.

Another approach is using the “Comfort Circle” or similar concept. To follow this suggestion, see page 32 of the Valuing Our Insights for Civic Engagement (VOICES) curriculum25. This curriculum was developed by the Office of Sexual Health and Youth Development in collaboration with The Posse Foundation. Write down these rules somewhere where everyone can see them and seek consensus that everyone in the space will commit to following the ground rules. At the start of each day of programming, refer youth back to the ground rules.

LGBTQIA+ youth benefit from safe spaces where they can freely be who they are without fear of negative consequences28. Many studies have shown that LGB youth experience more anti-LGB discrimination, stigmatization, and victimization than heterosexual youth28. Because of this, inclusive environments have been shown to improve educational outcomes, retention, mental health, and overall well-being for youth. Adults can create inclusive environments in multiple ways: by providing learning opportunities or “calling in” when other youth or adults make harmful comments about LGBTQIA+ communities, by affirming people's chosen names and pronouns, and by taking ownership.

Below are some recommendations on how to incorporate affirming practices29, 30:

* Wherever possible, use someone’s chosen name. This includes casual conversation, email communication, and formal settings.
* If you are creating a registration/signup form, allow the use of the preferred name (instead of “legal name” or “birth name,” unless requested for formal documents) and pronouns.
* There may be times when someone may not want the chosen name used. If you are hesitant, you can ask privately if there is an exception to using the chosen name.
* When leading a group with youth, ask them when they share their names to also share their pronouns if they are comfortable.

## 

## [The Gender Unicorn](https://transstudent.org/gender/)

The Gender Unicorn (see page 20) is a great tool to start a discussion with young people about the differences between gender identity, gender expression, biological sex, and physical and emotional attraction31. When you are introducing this tool, if you feel comfortable, model how to complete the form. When filling out the Gender Unicorn, you will note how you personally identify, feel, and express yourself on each section’s scales. Below is a detailed breakdown of each section31:

* Gender Identity: one’s internal sense of being male, female, neither, both, or another gender(s).
* Gender Expression/Presentation: the physical manifestation of one’s gender identity through clothing, hairstyle, voice, body shape, etc.
* Sex Assigned at Birth: the assignment and classification of people as male, female, or intersex, based on a combination of anatomy, hormones, and chromosomes.
* Sexually Attracted To: one’s sexual orientation.
* Romantically/Emotionally Attracted To: one’s emotionally attraction to.

***Important factors to note when engaging in these discussions:***

Sexuality is fluid, and gender is constructed. The fluidity of sexuality means individuals experience shifts in attraction, whom they have sex with, and the terms they use to define their sexual orientation. These changes are commonly known as sexual fluidity. Additionally, gender construction signifies that social structures and knowledge systems are influenced and shaped by individuals, ideas, cultures, and various elements within the system, such as families, religions, and nations; these constructs lack inherent truths32, 33. Understanding these concepts is important when working with youth who have different identities from your own and are in the process of exploring their personal identities. This approach enables you, as a trusted adult, to adopt an inclusive and supportive stance toward the young individuals you are assisting.

It is important to understand that some of these suggestions and conversations can be challenging and uncomfortable. Many young individuals in this context may be actively seeking and in need of resources. It's important to remember that your role as a facilitator is not to offer counseling but to serve as a trustworthy adult and direct the young person to the appropriate resources. Always seek permission before sharing resources, such as connecting them with a therapist or school staff member. Follow up with the students to see how they are doing and ensure they are mentally and physically safe.

Additionally, safeguarding your own mental health is critical. Engaging empathetically with youth who have experienced trauma can lead to vicarious trauma. Be watchful for signs of emotional exhaustion, reduced personal accomplishment, and dissociation. Establish a plan with your leadership team and seek mental health support for yourself 34.

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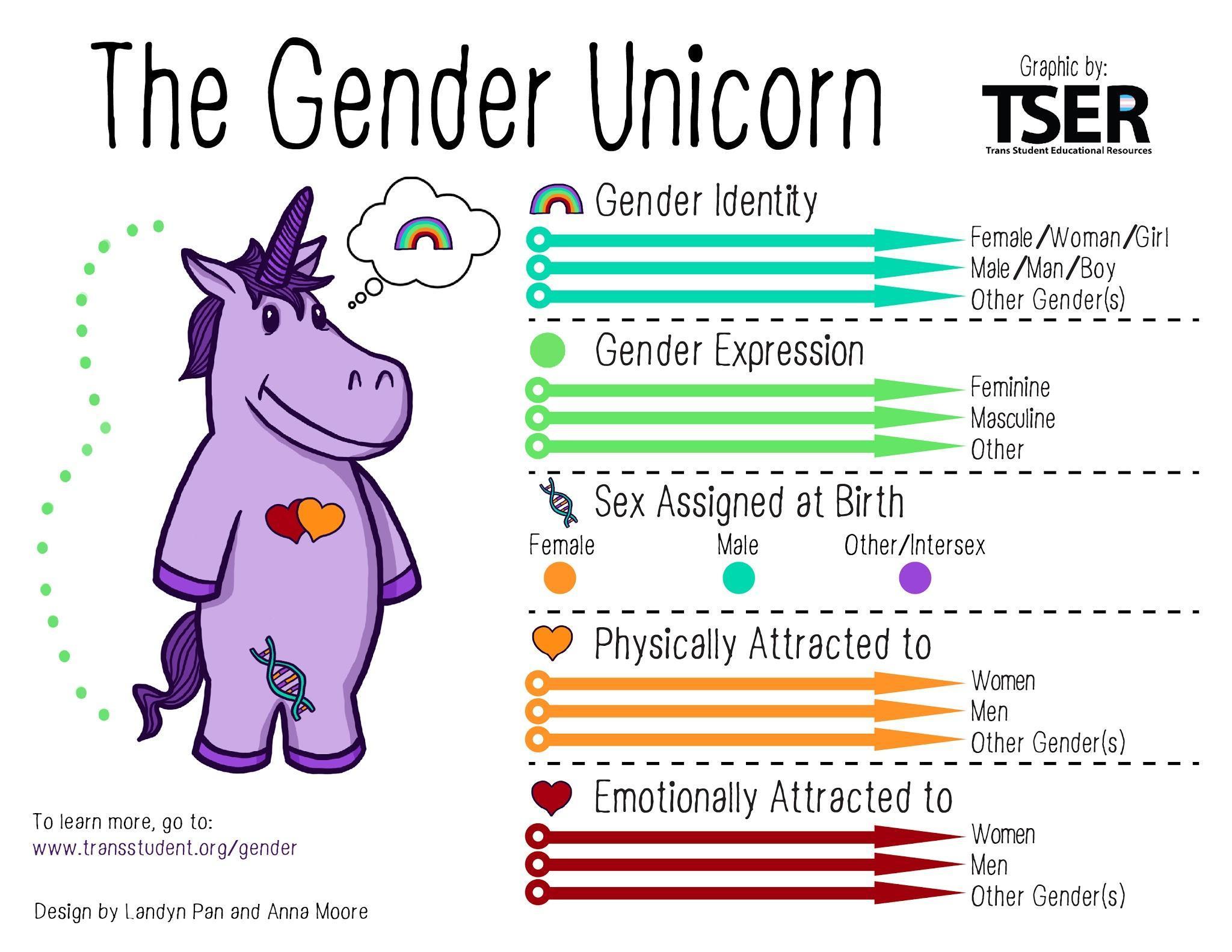
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## The Gender Unicorn



The Gender Unicorn explains the distinctions among gender identity, gender expression, biological sex, and physical and emotional attraction31.