LGBTQIA+ Members

Magellan HealthChoices Best Practice Guidelines

Best Practice Guidelines are intended to give guidance for contracted providers with a goal to promote the utilization and progress toward providing best practices, to increase the quality of services, and to improve outcomes for members.

Current Version Information

Substantive changes in most recent update:

- No substantive changes in most recent update, minor formatting, and wording changes only.

Use of Best Practice Guidelines

Please note that this document is designed to be a helpful guide to working with the LGBTQIA+ population, but does not replace or supersede applicable federal, state, or local anti-discrimination.

Guidelines for Working with Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Asexual (LGBTQIA+) Individuals in a Welcoming and Affirming Way

Introduction

Magellan supports culturally sensitive care for our members. Magellan strives to provide current, clear, consistent, and accurate guidance and information to providers to ensure that members receive care that is individualized, culturally appropriate, and effective. Magellan expects that all members are treated with dignity and respect and that they will not be subject to discrimination or denied access to care due to differences in gender identity and/or sexual orientation.

The purpose of this document is to relay information about best practice guidelines when working with LGBTQIA+ individuals. It is the hope that this document will serve as a roadmap for providers to provide welcoming and affirming treatment environments for LGBTQIA+ individuals. Also, this document will provide an overview of relevant terminology, discuss the importance of language and pronouns, address misconceptions about the population, describe referrals, care coordination, discharge and transition planning, special considerations for children and adolescents and for residential 24-hour levels of care. A glossary of relevant terms is included as an appendix to this document.

Understanding the Need

In 2017, it was estimated that 11 million people or 4.5% of the adult population in the United States identified as LGBTQIA+. As of January 2019, 4.1% of the population in Pennsylvania identify as LGBTQIA+ (Williams Institute). Individuals that identify as LBGTQIA+ encompass of all races, religions, social classes, and ethnicities.

LGBTQIA+ individuals have historically experienced discrimination in healthcare treatment settings. LGBTQIA+ individuals have also experienced difficulty accessing care due to bias and oppression. Social determinants affecting the health of LGBTQIA+ individuals are thought largely to be related to discrimination and oppression. Research suggests that LGBTQIA+ individuals face health disparities, and the resulting discrimination has been associated with high rates of substance abuse, psychiatric

disorders, and suicide (https://www.healthypeople.gov/2020). According to the American Psychiatric Association, LGBTQIA+ individuals are more than twice as likely as heterosexual men and women to have a mental health disorder in their lifetime, LGBTQIA+ individuals are 2.5 times more likely to experience depression, anxiety, and substance misuse compared with heterosexual individuals, and the rate of suicide attempts is four times greater for LGBTQI+ youth and two times greater for questioning youth than that of heterosexual youth (Mental Health Disparities: LGBT, American Psychiatric Association). Transgender adults are much more likely to have suicidal ideation, and LGB youth are much more likely to attempt suicide (Increasing Cultural Competency in Providing Care to the LGBT Community, SAMHSA 2014). Also, one in five transgender people report being turned away from a medical provider for being transgender, and 28% were subjected to harassment in medical settings (Increasing Cultural Competency in Providing Care to the LGBT Community, SAMHSA 2014).

One of the most prominent theoretical and explanatory frameworks of sexual minority health risk is the **minority stress model.** The concept of minority stress stems from several social and psychological theoretical orientations and can be described as a relationship between minority and dominant values and resultant conflict with the social environment experienced by minority group members (Meyer, 1995; Mirowsky & Ross, 1989; Pearlin, 1989). Minority stress theory proposes that sexual minority health disparities can be explained in large part by stressors induced by a hostile, homophobic culture, which often results in a lifetime of harassment, maltreatment, discrimination, and victimization (Marshal et al., 2008; Meyer, 2003) and may ultimately impact access to care. The Meyer (2003) minority stress model — minority stress processes in lesbian, gay and bisexual populations — is based on factors associated with various stressors and coping mechanisms and their positive or negative impact on mental health outcomes. Significantly, many of the concepts in the model overlap, representing their interdependency (Meyer, 2003; Pearlin, 1999). The model describes stress processes, including experiences of prejudice, expectations of rejection, hiding, concealing, internalized homophobia and ameliorative coping processes (Meyer, 2003). Stressors such as homophobia or sexual stigma that may arise from the environment require an individual to adapt but also cause significant stress, which ultimately affects physical and mental health outcomes (Dohrenwend et al., 1992). Providers' awareness of these stressors is vital in successfully treating this population.

Sexual Orientation and Gender Identity (SOGI) –The Basics

Sexual orientation and gender identity are aspects of all humans, and we are all born with some combination of the two. There is a common misperception that a person's gender identity and sexual orientation are connected, but they are not. Gender identity in many cases is independent of one's sexual orientation. Sexual orientation refers to an inherent or immutable enduring, emotional, romantic, or sexual attraction to other people (www.hrc.org/resources/glossary-of-terms). Some examples of sexual orientation are lesbian, gay, bisexual, heterosexual, pansexual, and asexual. Gender identity is an individual's sense of oneself as male, female, both, or neither (www.hrc.org/resources/glossary-of-terms). Some examples of gender identities include transgender, agender, non-binary, genderqueer/genderfluid, gender non-conforming, and cisgender.

A person's sexual orientation and gender identity (SOGI) are personal and individualized and should never be assumed. The above noted examples of SOGI's are not meant to be an exhaustive list, and they are not to be a substitute for an individual's self-identified sexual orientation or gender identity.

Differences in sexual orientation and gender identity are not mental disorders. Homosexuality as a mental disorder was removed from the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1973. Gender Identity Disorder was removed from the DSM in 2013 and replaced with Gender Dysphoria with the aim to avoid stigma and remove the connotation that a person is disordered. A key feature of dysphoria is the presence of significant clinical distress associated with the condition. Gender non-conformity is not a mental disorder, and it should not be assumed that a person's gender identity or sexual orientation is the primary reason that individual is accessing care. A comprehensive assessment should be completed to gather information about what role (if any) the person's gender identity and sexual orientation is playing in the reason that individual is accessing treatment.

Welcoming and Affirming Practices and Spaces

Magellan expects that all providers take the steps necessary to ensure that all individuals seeking behavioral health treatment are treated in a respectful, welcoming, and affirming manner. LGBTQIA+ individuals can have difficulty finding healthcare providers that are knowledgeable about SOGI differences and that are welcoming and affirming. As a result, individuals may delay or even forgo needed care. Affirming programs are those that have a positive view of LGBTQIA+ individuals, respect SOGI differences, and seek to avoid and combat discrimination.

There are concrete actions that can be taken by providers to become more welcoming and affirming in providing services to those individuals that identify as LGBTQIA+. These actions can promote emotional safety and ensure that physical spaces are welcoming.

Safety

Protecting and promoting safety on all levels is crucial to ensuring that individuals feel comfortable and supported in treatment settings. If an individual does not feel safe either physically or emotionally, this can pose a significant barrier to establishing an effective and supportive therapeutic relationship. It can also deter individuals from seeking out much needed behavioral health services. LGBTQIA+ individuals may have experienced discrimination, threats, and violence due to SOGI differences. As such, taking the emotional and physical safety of LGBTQIA+ individuals into account throughout all steps in the treatment process (referral, intake/assessment, care coordination, discharge planning, etc.) is necessary.

Specific ways to do this include:

- Not making assumptions about a person's sexual orientation or gender identity. Do not assume that everyone is heterosexual or cisgender.
- Allowing the opportunity for disclosure of sexual orientation and gender identity during the therapeutic process and at the individual's discretion. "Outing" (disclosing a person's sexual

orientation or gender identity without that person's consent) is not appropriate and should not be tolerated.

- Anti-discrimination policies should include gender identity and sexual orientation. These policies should be well known to staff, enforced, and should be given to individuals seeking and receiving treatment.
- Having availability of all gender bathrooms. If that is not possible, individuals should be allowed to use the bathroom that aligns with their gender identity or the one that is most comfortable.
- Use of affirming language, chosen names and pronouns. Discriminatory, negative, or threatening language should not be tolerated. Chosen names and pronouns should be documented and used in all interactions and communications.

Physical Spaces

Physical spaces should be inclusive and welcoming. Waiting rooms and reception areas are good opportunities to show LGBTQIA+ individuals that they have entered a welcoming and safe space. Having décor, signage, and brochures that are inclusive and that depict images of diverse people and families is encouraged. Displaying signage or other symbols showing support of the LGBTQIA+ community (i.e., rainbow flag, transgender pride flag, etc.) can serve as a visual cue that all are welcome and expected at a treatment facility. Digital spaces including provider websites should also be inclusive and depict images of diversity and inclusion.

Staff Training

Having a robust, comprehensive, and ongoing cultural competency training plan for staff that includes specific information about the LGBTQIA+ population is essential in creating a welcoming and affirming treatment programs and is expected of Magellan providers. All staff regardless of position or role should be trained on the use of non-discriminatory, welcoming, and affirming language. Providers should also work to promote a respectful work environment for employees and staff that identify as LGBTQIA+. All staff should be encouraged to examine their own biases and ideas that may pose a barrier to completing their job in a welcoming and affirming way. Supervisory staff are expected to be aware of the role of bias and be prepared to identify any additional training needs of their staff.

Assessments/Forms

All assessments and forms should be inclusive. Forms should provide an opportunity for individuals to self-identify their sexual orientation and gender identity. The use of 'other' as a choice outside of the binary (i.e., male, female) should not occur. Providing a blank space to self-identify is a more welcoming and affirming approach to obtaining SOGI data. All assessments and treatment plans should be individualized, and recovery focused. Assessments should consider all aspects of individuals and should be mindful of the potential for an LGBTQIA+ individual to have had experienced trauma, discrimination, violence, or oppression that may be related to sexual orientation or gender identity differences. Safety concerns should be assessed and addressed.

Conversion Therapy

Conversion Therapy aims to change the sexual orientation of an individual from homosexual or bisexual to heterosexual. This type of treatment assumes that any other sexual orientation other than heterosexual is an illness that can be cured or an attraction that can be changed. Homosexuality has not been considered a mental illness for many years, and it's inappropriate for behavioral health professionals to try to change an individual's sexual orientation. Conversion therapy has been found to not only be ineffective, but can have a wide range of harmful side effects including shame, guilt, depression, suicidality, and hopelessness (https://www.thetrevorproject.org/get-involved/trevor-advocacy/50-bills-50-states/about-conversion-therapy/). Magellan does not support Conversion Therapy, and in Pennsylvania, the use of Medicaid funds for Conversion Therapy is not permitted.

Coming Out & Transitioning

LGBTQIA+ individuals continually make a choice about who they want to share information about their sexual orientation and gender identity with. Coming out is an ongoing process. Navigating this process spans all life stages and can be stressful. There are both risks and benefits to coming out. As children and adolescents are dependent on their caregivers for support at all levels, safety issues must be considered as some people may be hostile, and not everyone will accept or understand. Individuals should be supported in their decisions related to coming out, and Magellan expects that treatment providers will provide a safe and affirming space for individuals to speak about their own experience and be supported in the coming out process.

Gender transitioning is a very private, personal, and individualized process. The process consists of both social and medical transitions. Social transitions can include presenting in public part or full time in a person's identified gender, coming out to people in their life, and changing legal documents to reflect chosen name, gender identity, and pronoun(s) used. Medical transition can include hormone therapy, chest, face, genital, or other gender affirming surgeries, hair removal, and speech therapy (https://transcare.ucsf.edu/transition-roadmap). Magellan expects that providers are knowledgeable about gender transitioning and acknowledges that specialized care (i.e., hormone therapy) may be needed for individuals to continue or begin certain gender affirming therapies. Referrals to outside providers may be needed to ensure that adequate and appropriate care is given to individuals during gender transitioning.

Language and Pronouns

The use of inclusive language and appropriate pronouns is important when communicating with others in written and spoken language, online, in-person, in conversation or on forms/documentation. Always avoid gender assumptions in your language. Although you might not mean harm, using language that assumes another person's gender or pronouns (if that person has not shared the gender or pronouns to use) can cause harm, as can using language that erases some people's genders by implying there are only two genders (or that only a certain gender is qualified to do a particular job). Small changes in language can make a big difference in people's lives.

Using someone's correct personal pronouns is a way to respect them and create an inclusive environment, just as using a person's name can be a way to respect them. Just as it can be offensive or even harassing to make up a nickname for someone and call them that nickname against their will, **it can be offensive or harassing to guess at someone's pronouns and refer to them using those pronouns if that is not how that person wants to be known**. Or, worse, actively choosing to ignore the pronouns someone has stated that they go by could imply the oppressive notion that intersex, transgender, nonbinary, and gender nonconforming people do not or should not exist.

Providers should be mindful of binary gender language when doing initial screenings and assessments and should use gender neutral language instead. Sample questions include, but are not limited to:

1. What name and pronouns would you like me to use? (Instead of assuming the name on the insurance card is the chosen name).
2. Are you in a relationship? (Instead of "Do you have a boyfriend/girlfriend/husband/wife?")
3. What are the names of your parents? (Instead of "What is your mother's/father's name?)

Misconceptions About This Population

Misconceptions regarding various aspects of the LGBTQIA+ population exist and have been perpetuated by misinformation. These include, but are not limited to, the following:

- Sexual orientation is a choice. In reality, sexual orientation is due to genetics and brain development.
- LGBTQIA+ people can be "cured". Therapy cannot change sexual orientation and conversion therapy or "reparative" therapy has been found to be harmful.
- LGBTQIA+ people can "turn" other people**.** Sexual orientation is not a learned behavior.
- LGBTQIA+ people are prone to mental illness and substance use. Being LGBTQIA+ is not a mental illness, however, due to external stressors, this population tends to have a higher rate of anxiety and depression than the general population.
- All gay men are feminine, and all lesbians are masculine. These are stereotypes and cannot be applied to the entire LGBTQIA+ population.
- Bisexual people are just confused. The Kinsey studies show us that very few people are either completely heterosexual or completely gay. Most people fall somewhere on the continuum between the two. Sexual orientation and gender identity are fluid.
- "One is the man; one is the woman". Same sex couples do not take on a role or persona of a "man" and the other a "woman." Expressions of femininity and masculinity vary from person to person in any relationship.
- The person who identifies to be in the LGBTQI+ population is "just going through a phase". The belief that the individual is just going through a "phase" is a harmful myth that must be debunked. Not only is an individual who identifies as being in the LGBTQI+ group "real," in fact, studies of both LGBTQI+ youth and adults show that the percentage of those identifying with this group continue to identify as being in this group throughout their life. It is common for young people who do identify as being in the LGBTQI+ population to feel dismissed, mocked, or

stigmatized by peers and adults because of this myth. It is, therefore, even more crucial for professionals caring for LGBTQI+ youth to support and affirm that aspect of their identity.

Referrals and Care Coordination/Discharge Planning and Transition

Providers should be aware of welcoming and affirming resources in the community, make referrals appropriately, and build a network of LGBTQIA+ supportive environments.
Providers are expected to demonstrate comprehensive discharge and transition planning. Active discharge and transition planning is initiated upon admission to the program. A fully developed discharge plan should be in place when a member is ready to leave the treatment program. In anticipation of discharge, the provider will openly discuss with the member any potential barriers in successfully transitioning to the next level of care, which includes personal and environmental barriers.

Providers are expected to work with the member to develop plans to overcome identified barriers. Successful transition management is a process that should be driven by the member and should take into consideration a full array of both professional services and community supports. When a member is ready to transition to the next level of care, providers will ensure that referrals are both appropriate and culturally competent. Clinical staff should be aware of aftercare resources that are LGBTQIA+ friendly, inclusive, and clinically competent. If a provider cannot confirm if the resource is LGBTQIA+ friendly and inclusive, the provider should inform the member when recommending the referral. Providers should include physical health referrals as part of aftercare. These steps ensure better outcomes as the individual will being seen by professionals who have been trained and understand the concerns, culture and language of the LGBTQIA+ population. Studies show that the therapeutic alliance between the member and the professional accounts for up to 70% of treatment success, and a strong therapeutic alliance can only be achieved if the member feels the provider's understating of the members' concerns are understood.

Magellan's provider search on the Magellan website now has a filter for "LGBT" so referring providers can find LGBTQIA+ information from providers. This can be found under the "Specialty" filter.

Special Considerations for Residential and 24-Hour Levels of Care

Providers should recognize that gender identity itself is not a safety risk, but rather acknowledge that the experiences of living as transgender/nonbinary (such as violence and discrimination) can be a safety risk. When reviewing safety risks related to people who are transgender/nonbinary, isolation is acceptable only when the same safety risks would initiate isolation with people who are cisgender. Isolation is not used for convenience, as it appropriates discrimination towards people who are transgender/nonbinary, requiring isolation when other populations/subpopulations are not isolated. Isolation is used to manage safety risks as outlined in provider policies and procedures.

Providers should be aware of the environmental factors at their facilities/offices that make clinical spaces feel safe or unsafe for people who are transgender/nonbinary. Bathrooms and sleeping spaces should be evaluated for both physical and emotional safety, as they have the potential to isolate

individuals that are transgender/nonbinary. People who are transgender/nonbinary use bathrooms and sleeping arrangements that are associated with their gender identity, which may or may not be their sex assigned at birth. All-gender bathrooms should be available to all members of the treatment community, and no one should be forced to use a bathroom based on their sex assigned at birth. People who are transgender/nonbinary should have the opportunity to have a roommate if people who are cisgender have roommates. It is critical that providers use isolation only when a safety risk presents, recognizing that gender identity and sexual orientation are not safety risks. Isolation is a significant risk factor for suicide and a barrier to the therapeutic process. If safety in the environment is done correctly, then isolated bedrooms and bathrooms are unnecessary.

Providers should be mindful that not everyone in the LGBTQIA+ population prefers a single room or separate hygiene accommodations. The National Center for Transgender Equality (2016) recognizes that privacy is appreciated by all people when using the restroom, but that forcing a population to use a private bathroom when other populations are not required to use a private bathroom contributes to and reinforces the idea that isolation is required for the safety of others, not necessarily the safety of the person that identifies as transgender/nonbinary. Bathroom discrimination has been shown to significantly increase the odds of transgender/nonbinary youth reporting depressive mood, seriously considering suicide, a suicide attempt, and/or multiple suicide attempts (Gash, 2017). Providers should discuss bathroom accommodations as part of orientation, allowing members to use the bathroom that aligns with their gender identity.

Special Considerations for Adolescent/Child Population

System-Level approaches for providers who are helping youth who are LGBTQIA+ and their families:

Services for youth who are LGBTQIA+ can be improved by implementing service and agency-level interventions that include families and communities. A comprehensive approach to addressing the needs of these youth includes:

- Integrating services and supports across child- and youth-serving systems, including health care providers.
- Ensuring appropriate services and supports are available.
- Facilitating access to services.
- Delivering culturally and linguistically competent services and supports.
- Delivering quality care without bias or prejudice.
- Monitoring and assessing outcomes for LGBTQIA+ youth.
- LGBTQI+ youths are at greater risk for abuse and suicide (8 times more likely). Thus, providers must pay special attention to the mental health of the youth, including asking them about and working with their support system, as well are referring for mental health treatment when needed.
- Educate the family on the importance of them doing BTH (Behaviors That Help) including:
  → Advocating for the youth.
  → Bringing the youth to LGBTQIA+ events.
  → Helping the youth find an on-line support/community.

→ Connect the youth with a mentor.
→ Welcome the youth's LGBTQIA+ friends to family gatherings and activities.
→ Believe the youth can be happy being LGBTQIA+ as a youth & as an adult.

Additional Resources

PA Resources (general)

SAGA/The Welcome Project PA (Nov 3rd training)

CenterLink LGBTQIA+ Community Center Member Directory

The American Psychological Association (APA)
Provides educational and support resources on a range of LGBTQIA+ topics.

The Association of Gay and Lesbian Psychiatrists
Offers many resources for LGBTQIA+ individuals experiencing mental health conditions and psychiatric professionals with LGBTQIA+ clients.

The Gay and Lesbian Medical Association's Provider Directory
A search tool that can locate a LGBTQIA+-inclusive health care provider.

The LGBT National Help Center
Offers confidential peer support connections for LGBTQIA+ youth, adults and seniors, including phone, text and online chat.

The National Center for Transgender Equality
Offers resources for transgender individuals, including information on the right to access health care.

The Trevor Project
A support network for LGBTQIA+ youth providing crisis intervention and suicide prevention, including a 24-hour text line (text "START" to 678678).

SAGE National LGBT Elder Hotline

Society for Sexual, Affectional, Intersex, and Gender Expansive Identities (SAIGE)
Delivers educational and support resources for LGBTQIA+ individuals, as well as promotes competency on LGBTQIA+ issues for counseling professionals.

Trans Lifeline

County Specific:

Bucks County PA
BUCKS LGBTQ CENTER at Bucks Support Services, 17 Barclay Street, Suite B3
Newtown, PA 18940
267-753-3030

Penndel LGBTQ+ Support Group
1st Tuesday of the month from 6:30-8:00pm
Reach Out Foundation – 152 Monroe Ave, Penndel, PA 19047

Warminster LGBTQ+ Support Group
1st and 3rd Mondays of the month from 6:00 – 7:30pm
Warminster Library – 1076 Emma Lane, Warminster, PA 18974

Cambria County PA
LGBTQIA+ Teen Support Group
Contact Stephanie Rex at to join the online support group rex@cambriasomersetvs.org

Lehigh County PA
Project Silk Lehigh Valley PA: Project Silk is an LGBTQIA+ inclusive drop-in program that is youth-led, adult-supported and offers free health services like HIV/STI testing, healthy food and snacks, active recreation, peer supports, and discussions on a variety of health and social topics 610-347-9988 x 301.

Bradbury-Sullivan LGBT Community Center
522 West Maple Street
at Bayard Rustin Way
Allentown, PA 18101
(610) 347-9988

Montgomery County PA
The Welcome Project PA
350 S. York Rd.
Hatboro, Pennsylvania 19040
215-675-8808 ext. 203

Northampton County, PA
Bradbury-Sullivan LGBT Community Center
522 West Maple Street
at Bayard Rustin Way
Allentown, PA 18101
(610) 347-9988

Quality Management

Quality care for members and their families is important. Magellan is committed to Continuous Quality Improvement and outcomes management through its company-wide Quality Improvement Program that includes assessment, planning, measurement, and re-assessment of key aspects of care and services. Magellan has collaborated with Counties and providers to develop a Quality Improvement Program that strives to improve the delivery of services to HealthChoices' members.

The Magellan Quality Improvement Program's policies and procedures are structured to support compliance with the accreditation requirements of several organizations, including the National Committee for Quality Assurance (NCQA) and URAC. This includes Magellan's Distinction for Multicultural Health Care through NCQA. Assessment of compliance with these requirements is integrated into our quality improvement activities.

Per Magellan's contractual agreement, providers must cooperate and participate with all quality improvement procedures. Providers shall permit access to any and all portions of the medical record that resulted from a member's admission, or the services provided. Magellan's utilization review program and/or quality improvement program may include on site review of covered services, and providers shall permit Magellan staff on site access.

In support of our Quality Improvement Program, providers are essential quality partners. It is important that providers are familiar with our guidelines and standards and apply them in clinical work with members to provide safe, effective, patient-centered, timely, and equitable care in a culturally sensitive manner.

Glossary

Ally | A term used to describe someone who is actively supportive of LGBTQIA+ people. It encompasses straight and cisgender allies, as well as those within the LGBTQIA+ community who support each other (e.g., a lesbian who is an ally to the bisexual community).
Asexual | The lack of a sexual attraction or desire for other people.
Biphobia | The fear and hatred of, or discomfort with, people who love and are sexually attracted to more than one gender.
Bisexual | A person emotionally, romantically, or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree. Sometimes used interchangeably with pansexual.
Cisgender | A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.
Coming Out | The process in which a person first acknowledges, accepts, and appreciates their sexual orientation or gender identity and begins to share that with others.
Gay | A person who is emotionally, romantically, or sexually attracted to members of the same gender. Men, women, and non-binary people may use this term to describe themselves.

Gender binary | A system in which gender is constructed into two strict categories of male or female. Gender identity is expected to align with the sex assigned at birth, and gender expressions and roles fit traditional expectations.
Gender dysphoria | Clinically significant distress caused when a person's assigned birth gender is not the same as the one with which they identify.
Gender-expansive | A person with a wider, more flexible range of gender identity and/or expression than typically associated with the binary gender system. Often used as an umbrella term when referring to young people still exploring the possibilities of their gender expression and/or gender identity.
Gender expression | External appearance of one's gender identity, usually expressed through behavior, clothing, body characteristics or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.
Gender-fluid | A person who does not identify with a single fixed gender or has a fluid or unfixed gender identity.
Gender identity | One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.
Gender non-conforming | A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category. While many also identify as transgender, not all gender non-conforming people do.
Genderqueer | Genderqueer people typically reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation. People who identify as "genderqueer" may see themselves as being both male and female, neither male nor female or as falling completely outside these categories.
Homophobia | The fear and hatred of or discomfort with people who are attracted to members of the same sex.
Intersex | Intersex people are born with a variety of differences in their sex traits and reproductive anatomy. There is a wide variety of difference among intersex variations, including differences in genitalia, chromosomes, gonads, internal sex organs, hormone production, hormone response, and/or secondary sex traits.
Lesbian | A woman who is emotionally, romantically, or sexually attracted to other women. Women and non-binary people may use this term to describe themselves.
LGBTQIA+ | An acronym for "lesbian, gay, bisexual, transgender, queer, intersex, and asexual."
Non-binary | An adjective describing a person who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. While many also identify as transgender, not all non-binary people do. Non-binary can also be used as an umbrella term encompassing identities such as agender, bigender, genderqueer, or gender-fluid.
Outing | Exposing someone's lesbian, gay, bisexual transgender, or gender non-binary identity to others without their permission. Outing someone can have serious repercussions on employment, economic stability, personal safety or religious or family situations.

Pansexual | Describes someone who has the potential for emotional, romantic, or sexual attraction to people of any gender though not necessarily simultaneously, in the same way or to the same degree. Sometimes used interchangeably with bisexual.
Queer | A term people often use to express a spectrum of identities and orientations that are counter to the mainstream. Queer is often used as a catch-all to include many people, including those who do not identify as exclusively straight and/or folks who have non-binary or gender-expansive identities. This term was previously used as a slur but has been reclaimed by many parts of the LGBTQIA+ movement.
Questioning | A term used to describe people who are in the process of exploring their sexual orientation or gender identity.
Same-gender loving | A term some prefer to use instead of lesbian, gay or bisexual to express attraction to and love of people of the same gender.
Sex assigned at birth | The sex, male, female or intersex, that a doctor or midwife uses to describe a child at birth based on their external anatomy.
Sexual orientation | An inherent or immutable enduring emotional, romantic, or sexual attraction to other people. Note: an individual's sexual orientation is independent of their gender identity.
Transgender | An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.
Transitioning | A series of processes that some transgender people may undergo to live more fully as their true gender. This typically includes social transition, such as changing name and pronouns, medical transition, which may include hormone therapy or gender affirming surgeries, and legal transition, which may include changing legal name and sex on government identity documents. Transgender people may choose to undergo some, all, or none of these processes.
https://www.hrc.org/resources/glossary-of-terms

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