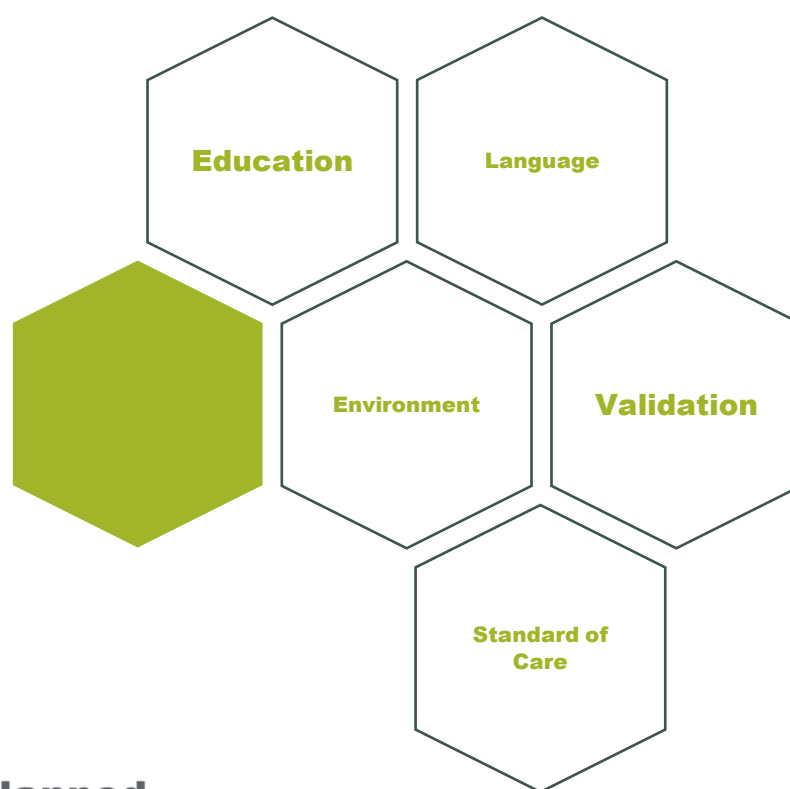


Trans and Nonbinary Youth Inclusivity in Sexual Health

Guidelines for sexual health service providers and educators



a project of



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introduction

We are very excited to share these new guidelines for including trans and nonbinary youth in sexual health with you, and that you are interested in learning more about affirming the wide range of gender identities of youth you work with!

Why are these guidelines important?

Trans and nonbinary youth experience challenges accessing sexual health services and sex education that validates their unique gender identities and bodies. As a result, some trans people avoid seeking necessary sexual health services, or feel left out of sexual health education materials and conversations. At the same time, many sexual health service providers and educators feel unprepared to work with trans people, or worry about making a mistake due to being uninformed. We believe that trans and nonbinary youth deserve to be included in sexual health information, resources and services across the board.

Who are these guidelines intended for, and what is their purpose?

These guidelines are intended for sexual health service providers and educators who want to better include trans and nonbinary youth in their work. We hope that this document will help service providers and educators feel more knowledgeable about trans identities, so that youth can access services and education that accurately reflect their experiences. These guidelines are not meant to be used as a resource for specific medical information, or as lesson plans to teach about trans and nonbinary youth inclusivity. Rather, this document serves as an introduction on how to improve your practice, informed by real life examples told from the perspectives of trans and nonbinary youth.

How were these guidelines created?

These guidelines were created through a community-based research project led by Planned Parenthood Toronto, with guidance and input from a youth advisory committee (YAC) of 8 diverse trans and nonbinary youth ages 16-29. The YAC played a key role in all stages of the project, but especially in determining what information to prioritize in the guidelines. The goal of this project was to develop solutions to increase the inclusion of trans youth in sexual health education by developing guidelines and language around sexual health that include diverse trans identities, bodies and experiences.

Initially, content for these guidelines was developed based on focus groups we held with 18 trans and nonbinary youth, as well as individual interviews with 7 sexual health service providers and educators in Toronto. We then held a town hall in which approximately 60 service providers, educators, and community members provided feedback on the guidelines. After incorporating this feedback, we conducted another round of focus groups with 8 trans and nonbinary youth and 7 service providers and educators to gather final recommendations prior to finalizing the document.

A diverse range of youth participated in the project focus groups. Participants' gender identities included trans feminine, trans masculine, nonbinary, bigender, and two-spirit among others. Their sexual identities included bisexual, queer, gay or lesbian, heterosexual, pansexual, asexual and more. Participants also identified with a range of racial and cultural identities, including white, Black, Aboriginal, Jewish, Chinese, Southeast Asian, South Asian, West Asian, and Arab.

What are the limitations of these guidelines?

While we do see this as a useful starting point for increased trans and nonbinary inclusivity in sexual health service provision and education, we recognize that these guidelines may not represent the identities and experiences of all youth. For example, the perspectives of youth who did not feel comfortable participating in focus groups or who do not live in Toronto may not be represented in this document. Further, group dynamics of focus groups can sometimes make it difficult for some members to be heard. As such, these guidelines should not be seen as a replacement for individual conversations between youth and service providers or educators.

A note on definitions

In this document, we define trans as an umbrella term for people who feel that they don't identify with the gender they were assigned at birth, nonbinary as an umbrella term that covers any identities outside the gender binary of woman/man, and cisgender (cis) as people who identify with the gender and sex they were assigned at birth. If you come across a term you are unfamiliar with while reading this document, please refer to the [glossary](#) at the end of the guidelines.

A note on quotations

Throughout this document, direct quotes from research participants appear in green text boxes. Unless otherwise noted, the quotes are from trans and nonbinary youth participants.

language

Using gender affirming language creates an environment where trans and nonbinary people may feel more comfortable to talk about their health needs. Using language that makes assumptions about bodies or identities, or that misgenders trans youth, can create barriers to receiving the care or education they need.

“I’ve actually put off having a pap for several months, because I just didn’t want to deal with the constant aggressive misgendering.”

“Let people decide how you refer to their bodies. You can’t make assumptions about anyone, it will just make everyone uncomfortable.”

“The doctor I had before referred to me as a lesbian. I went to a doctor once, and I’ve never gone back. It was just an awful experience.”

ASKING YOUTH TO DESCRIBE THEIR PRONOUNS AND BODIES MAY BE EMPOWERING FOR TRANS AND NONBINARY YOUTH

Asking youth what pronouns they use and what words they use to describe their bodies enables trans and nonbinary youth to receive sexual health services and education in a way that is more respectful and accessible. It can also help create a more welcoming environment for trans youth by taking the onus off trans youth to be the ones to start conversations about their pronouns or the most comfortable ways to talk about their bodies.

“Just like you would ask, what’s your...pronoun? ...what’s your...way of referring to your own body parts?”

“And it would also be a way of empowering people.”

Below are some examples of “dos” and “don’ts” for using trans and nonbinary inclusive language in sexual health service provision and education settings. It is important to note that these recommendations may not work for all trans and nonbinary youth, and therefore should not be considered a replacement for individual conversations.

DO USE GENDER AFFIRMING LANGUAGE

name	pronouns	bodies
<p>Trans youth may use a name other than the name they were given at birth or than the name on their health card. Some trans people may use different names in different contexts. Use the name a person introduces themselves as and understand their name might change again.</p> <div data-bbox="201 726 561 1115" style="background-color: #8ebf40; color: white; padding: 10px; border-radius: 5px;"> <p>“[I] always introduce myself as [name]. So, if I introduce myself as [name], I just don’t think you should be calling me something else.”</p> </div>	<p>Trans youth may use he/she/they/zie or other pronouns that affirm their gender. To help create affirming spaces, share your own pronoun and then ask others what their pronouns are. (see glossary for examples of pronoun use)</p> <div data-bbox="602 726 987 1350" style="background-color: #8ebf40; color: white; padding: 10px; border-radius: 5px;"> <p>“My grade 10 English teacher told me... ‘even for pronouns, like I’ll switch depending on whatever day’. And it was just so nice. That was the first teacher ...that accommodated me that much, and understood that one day I might not feel male.”</p> </div>	<p>Like cis people, trans people use a wide variety of words to describe body parts. Some trans people are comfortable with ‘medical’ or ‘anatomical’ descriptors for their bodies, but many are not. Allow young trans people to name their body parts. Service providers/educators may ask trans youth to come up with a list of terms that affirm their gender identities. Understand that these terms may also change over time.</p>

DON'T USE LANGUAGE THAT MAKES ASSUMPTIONS

name	bodies	sexuality
<p>Don't assume that the name someone was given at birth is the name they use, or that a name they used in the past is what they currently use.</p>	<p>Don't assume a person's gender based on their body parts.</p> <p>“Like for me it's like pretty basic things like, vagina doesn't always equal women.”</p>	<p>Don't assume you will be able to predict someone's sexual orientation based on their gender identity.</p>

EXAMPLES OF INCLUSIVE LANGUAGE

say this	instead of	this	how
People	Rather than	Men/women or boys/girls	“Hello people”
Estrogen and testosterone	Rather than	Male and female sex hormones	“People's levels of both estrogen and testosterone vary throughout their life.”
External and internal genitalia or genitals	Rather than	Penis and vagina	“People with internal genitalia may use internal condoms to reduce risk of STIs”
Trans	Rather than	Transsexual or transgender	“Trans youth deserve affirming care.”
<p>Sometimes trans-inclusive language is contextual. Check in with individual youth about the appropriateness of the following language:</p>			
Becoming aroused	Rather than	Erection	“Do you have challenges becoming aroused?”
Chest	Rather than	Breast [for transmasculine and nonbinary people]	“Are you comfortable with a chest exam?”
Breast	Rather than	Chest [for transfeminine and nonbinary people]	“Some trans women use the word ‘breasts’ to describe their upper torso region.”
Upper region	Rather than	Chest or breast [for all people]	“Some nonbinary people prefer to say ‘upper region’ instead of chest or breast.”
Lower region	Rather than	Genitals [for all people]	“Some people prefer ‘lower region’ instead of genitals.”

HOW TO USE INCLUSIVE LANGUAGE

name	pronouns	bodies	sexuality
<p>Use the name with which people introduce themselves.</p>	<p>Share your own name and pronoun, and then ask others what their names and pronouns are. Make sure to ask everyone, not just a people you perceive as “outside the gender binary.” Use “they” when you are unsure what pronoun someone uses.</p>	<p>Let individuals take the lead in how they refer to their body. Wait for them to name body parts and mirror their language. If they haven’t introduced a term for a body part you need to discuss, ask what words they use or use gender neutral words.</p>	<p>Use gender neutral language when referring to people’s sexual or romantic partners. Know that gender does not dictate sexuality. In addition, know that some trans youth may identify as asexual and/or aromantic.</p>
<p>“So if I put my name, and then I put in brackets what I prefer to be called, call me by what I put in brackets.”</p>	<p>“Always ask pronouns. The first thing you do. Ask pronouns...don’t ever assume, ask. That’s like my motto for pronouns all the time. Like it’s better to ask and make sure of it, rather than just assume and end up hurting them.”</p>	<p>“So I think [my doctor]’s just been very good at listening and picking up on the words that I’ve used... He will ask before he makes an assumption.”</p>	<p>“My last doctor assumed I was gay, because I identify as bigender, so they were like, oh, you’re a lesbian then? And I was like, no, that’s not what I said. It’s a very different thing!”</p>

***Important note:* Recognize that like gender, physical bodies and sexual anatomy are not binary. Some trans and nonbinary youth may also be intersex.**

education

SAFER SEX MATERIALS AND INFORMATION CAN INCLUDE ALL BODIES

Sexual health education should include information about barrier methods for different body parts and types of sex, not just external condoms. Making gloves and dental dams available in sexual health clinics or using them in workshops or other educational settings may feel more inclusive for trans youth, as well as for other youth.

Example: Teach youth how to turn a condom into a dental dam/barrier, and how to use a wide variety of barriers for use during sexual activity.

“Also diagrams on how to use [gloves and dental dams]... In each condom box they have [instructions] so people pretty much know how to use a condom, although those are pretty cissexist and gross as well, but there’s like no instruction on how to use a dental dam, which is sad.”

YOU CAN EDUCATE ALL YOUTH ABOUT GENDER DIVERSITY

All youth can benefit from learning about the range of gender identities and expressions within the human experience. This information does not need to be only for trans people. Many cis youth are friends, family members, romantic partners, and/or sexual partners to trans people, so this information may help cis youth in understanding trans people who are part of their lives. There may be times you think you are working with a cis youth, only to later find out that they are trans.

Example: When working with a group of youth on a sexual health topic, bring in gender diversity and include trans youth in your examples as one way of educating about trans and nonbinary identities.

“If you want to get the...students educated in whatever class regarding like, gender and stuff like that, you have to have the teachers educated first, because that way, a teacher can be like, ‘hey, you’re wrong, with your cisnormative thoughts’...”

This is also important because youth who do not receive trans inclusive sexual health education may rely on their peers for information. However, peers may not always have accurate information or all the information needed, and younger or socially isolated youth might not have access to peer education networks.

“In my entire time in high school, I think there was only two sexual education classes...I learned nothing about this stuff [barriers inclusive of all bodies], and I only learned it in my last year because I made friends with genderqueer people.”

YOU CAN EDUCATE YOUR COLLEAGUES AND ADVOCATE FOR ORGANIZATIONAL TRAINING

A big strength among many sexual health providers and educators is that we are constantly sharing knowledge on a range of issues. You can make trans inclusion one of these conversations.

Examples: You could share resources, such as these guidelines, with your colleagues; organize a lunch discussion group on trans health issues; or ask your supervisor for trans inclusion training.

“If I’m trying to engage a peer in a conversation about improving their practice, we first have to get on the same page... Then we can talk about what makes you...not just trans-inclusive but trans-positive.”

-Service provider

DON’T EXPECT YOUNG TRANS PEOPLE TO EDUCATE YOU

Some trans youth feel resentful and frustrated when service providers and educators have not done their own work on educating themselves about trans identities, issues and experiences, and instead, look to trans people for their education.

“Every time I see [a trans-inclusive service] and I go and look it up, I get there and...I find out that I am probably going to educate them when I get there. And I thought I was going to get a service, but then I feel like I’m the service.”

It is important to remember that trans youth regularly encounter health care providers who are uneducated about their needs. This can become quite draining. It can feel like too much work, not to mention an inappropriate expectation, to be asked to educate others when trying to access care.

DON’T ASK YOUNG TRANS PEOPLE TO DO YOUR WORK FOR YOU

If you don’t have the answer to a question related to sexual health it’s okay to acknowledge you don’t know, and then take the time to ask a colleague, refer to the resources provided toward the end of this document, or otherwise seek out the information needed.

“When I have questions that [service providers] can’t answer, they’ll ask me to go and research it, instead of doing their job.”

creating a trans inclusive environment

The settings that services and education are provided in, like offices, clinics, and classrooms, can also be trans and nonbinary inclusive. Below are some tips for creating trans and nonbinary inclusive spaces.

trans-affirming posters and pamphlets

- Can make young trans people feel safe and included
- Can be great teaching tools

“I came across pamphlets that are just like basically explaining gender or have a list of terms and different identities, which I think is really helpful. Because going up to someone and just saying ‘yeah, I’m nonbinary’ just turns into, let me explain to you what this means for half an hour.”

- Can be used by young trans people to hold sexual health service providers and educators accountable

“If there [are] posters like that, in a doctor’s office or something ...it gives me a good impression... Then I feel that if I experience something that doesn’t embody that, then I can call them out. And I can say, ‘well, you’ve got that poster over there, you should be saying that...You advertise yourself as an inclusive place... you need to be more careful about your language’. Almost justifies being able to tell them how they should be doing things.”

ensure that trans-affirming posters and pamphlets

- Meet a high standard of care and are backed up by appropriate education

“If you’re just putting up a poster, it could actually be taken the wrong way, because it could become a joke. It could become something people make fun of, and ‘oh look at that stupid poster our school put up’, and stuff. If you’re going to put up a poster, you have to do the education that goes with it.”

- Are not misleading

“I think like if you do see any [posters] I think it’s cause they’re trying to act as if they’re including trans, but in actuality they’re not... So it’s like, how genuine is this service that you were advertising on this pamphlet?”

trans-inclusive intake forms

- Allow youth to state their pronouns
- Have a preferred name option
- Include a wide range of gender identity options or allow people to write in their response
- Explain why gender information is being collected

“I dislike it when there’s... forms you have to fill out, and the options for gender are male female and other?...You could just leave it blank, and let us write whatever we’re comfortable with.”

safer sex materials

- Should be available for all bodies and types of sex

“May I point out that most sexual health places have like a [emphasis] wall of condoms, but you can’t find a bloody dental dam...It’s frustrating, because you can’t really perform safe oral sex on anyone with internal bits, including anuses. It needs a barrier.”

gender neutral washrooms

- Have at least one gender neutral washroom available, and ensure that it is easily accessible to youth (e.g. not locked, not in a staff only area)

“The weirdest is when I go to a place, and they have two exactly identical one-stall washrooms, yet one has male, one has female sign. And it’s like, is that necessary?”

***Important note:* The gender neutral washroom should be in a location accessible to people who may have mobility limitations.**

inclusion of trans and queer staff

- Access to trans and queer service providers and educators can make a space more welcoming

validation

- ✓ **Do** validate a person’s gender identity and expression
- ✓ **Do** validate a person’s sexuality
- ✓ **Don’t** suggest that a person’s gender identity is not real or is a passing phase

“I’ve had a doctor [say my gender identity didn’t exist]. I actually had to bring in informational study about bigendered people and say ...this is a real thing - this exists!”

HOW TO VALIDATE A YOUNG PERSON’S GENDER IDENTITY

use gender neutral language	accept people’s gender identities	support people in their identities
<p>“Removing binary- like the whole binary language.”</p>	<p>“I just explain to them... I’m a woman, I have been through transition. That was pretty much the end of the conversation.”</p>	<p>“I would invalidate my own gender identity during a therapy session. Say you know, I’m not really a guy, I’m not really a dude. [My therapist] would kind of just affirm like, gently, but firmly... You are. You’re a guy. Yeah, it’s just very very supportive.”</p>

standard of care

Trans-inclusive practices can be integrated into a standard of care in sexual health contexts. Rather than being an add-on approach for specialized treatment, trans-inclusive education and practices should be implemented as part of comprehensive sexual health services and education for youth broadly.

“I think [service providers] should be required to treat [people]...with the same respect, whoever it is. Like, they’re providing a health service... You need to know who I am, and that means you’re going to have to ask me. You should be educated already, if someone is coming that is like this, so you can document them properly, refer to them properly, and give them the services they need.”

“I don’t want to feel like, the doctor, thinks of me as an interesting experiment because I’ve encountered that a lot. ... Cause if they’re like, over-enthusiastic, it’s not good. I want them to be normal about it.”

“[My service provider]’s really casual about it [asking about pronouns, preferred name], so I, don’t think much of it. Oh yeah, like I do. Okay. And we move on....You know, it seems like a pretty easy question to ask, but could probably really validate people... When he’s asking about um, testosterone, or changes in my body and stuff like that. He kind of leaves things open and doesn’t specifically use names for things to kind of see what I’ll fill them with, and then he’ll go from there and use whatever I’ve decided to use.”

check your assumptions

TRANS PEOPLE AND GENDER EXPRESSION/PRESENTATION

Recognize that gender identity does not determine gender expression. For example, just because someone identifies as a trans woman or as trans feminine does not mean they will necessarily wear make-up or dresses, just like cis women may not do these things. Youth's gender expression may change depending upon the day, and upon social context. Some trans and nonbinary youth may feel safe to have a certain gender expression in some spaces but not others.

TRANS PEOPLE AND SEX WORK

The topic of sex work often emerges in conversations surrounding trans people and sexual health. While it is true some trans youth are engaged in sex work, the reality is that the majority are not. When you're working with youth, whether trans or cis, who are engaged in sex work, take a sex work positive approach!

“I’ve had quite a few people assume that I’m a sex worker...I’ve had people tell me, guys tell me like..., people just assume. They’re like, ‘Oh, so do you do sex work?’ ‘No, I don’t.’ And they’re like, ‘well you will eventually, because most trans girls [do]’”

- Do not stigmatize trans sex workers

“Just because there is a stereotype [that] a lot of trans women are sex workers doesn’t mean that if you [emphasis] are a trans woman and a sex worker then that’s a bad thing.”

- Do not withhold sexual health medications based on value judgments

“Being a trans girl on hormones, one of the negative side effects ...is having trouble staying hard. So I was having a conversation with my doctor about possible medication, like Viagra. Before she went further, she just said, ‘are you a sex worker?’ And I was like, ‘no! I’m not, why?’ And she just said, ‘okay, we just have to make sure, because we don’t prescribe Viagra to sex workers, because we don’t want to support that kind of work.’”

TRANS PEOPLE AND LIFESTYLES OF “RISK”

Be cautious about linking trans identities with sexual behaviours that are associated with higher likelihood of negative health outcomes (e.g. condomless sex), being HIV positive, and using substances during sexual activity.

“I talk about being with other people, and like I have to justify that...it’s an open relationship, it’s okay. And then I get the safety thing like, ‘oh, are you safe? Are you safe?’ And it’s like, ‘no. I’m barebacking all of these people’. [sarcasm... lots of laughter] It’s like, yeah, I’m using condoms, you know!

“Because you are trans, you’re like, immediately tied in with all of this ...risky lifestyle stuff..., and I don’t like that.”

INSTEAD YOU CAN ASSUME THAT...

- All trans and nonbinary youth are complex people with varied life experiences.
- Individual, respectful, conversations about sexual health issues is a good place to start.

resources

These guidelines for trans inclusive sexual health should be used in connection with additional trans specific and trans inclusive resources. For further information please consult, and refer youth to:

Brazen: Trans women’s safer sex guide

- Available at: <http://librarypdf.catie.ca/pdf/ATI-20000s/26424.pdf>

Let’s Get Real: A question and answer guide for dating trans folks

- Available at: <http://www.rainbowhealthontario.ca/resources/lets-get-real-a-question-and-answer-guide-for-dating-trans-folks/>

Our Relatives Said: A wise practices guide. Voices of Aboriginal trans people

- Available at: <http://www.2spirits.com/>

Primed 2.0. The backpocket guide for trans men and the men who dig them

- Available at: <http://www.queertransmen.org/>

Queering Sex Ed: A sex ed resource by and for queer and trans youth

- Available at: <http://queeringsexed.com/resources>

Trans Youth Sexual Health Guide

- Available at: <http://cdn0.genderedintelligence.co.uk/2012/11/17/17-14-04-GI-sexual-health-booklet.pdf>

Women Lovin’: A sexual health guide for queer women

- Available at: <http://librarypdf.catie.ca/pdf/ATI-20000s/26399.pdf>

Support Programs for Young Trans People

Central Toronto Youth Services – Transcend

- <http://www.ctys.org/category/groups/#transcend>

Supporting Our Youth at the Sherbourne Health Centre – Trans_Fusion Crew

- <http://www.soytoronto.org/current/tfc.html>

Sketch – Sirens Trans Feminine Collective

- <http://sketch.ca/>

Support for Health Care Providers

Trans Health Connection: Weekly mentorship calls for health care providers

- <http://www.rainbowhealthontario.ca/trans-health-connection/>

glossary

The following glossary of terms and list of pronouns has been carefully selected based on focus group conversations with trans and nonbinary youth, as well as through consultation at a town hall event, and youth advisory committee meetings. The glossary has been adapted from the “Language & Definitions” resource created by the Youth Advisory Committee of Planned Parenthood Toronto’s “Queering Sex Ed” project, and expanded on with additional terms.

Gender Neutral Pronouns: are used to avoid referring to someone as "he/him" or "she/her." Some people explicitly ask for gender-neutral pronouns, as these are the most comfortable for them; other people will use them as generics. This is a short (but certainly not exhaustive) list of the most common gender-neutral pronouns:

1. **They, them**

Examples: They smiled • I called them • their cat purred • it's theirs • they like themselves

2. **Sie, hir** (pronounced, see/hear)

Examples: Sie smiled • I called hir • hir cat purred • it's hers • sie likes herself

3. **Zie, zim** (like he/him, but with a "z" at the front)

Examples: Zie smiled • I called zim • zir cat purred • it's zirs • zie likes zirs

4. **Ey, em** (like they/them without the "th")

Examples: Ey smiled • I called em • eir cat purred • it's eirs • ey likes emself

Ally: A person who works in solidarity with members of an oppressed group, supporting them in the struggle against oppression while not always identifying within the oppressed group.

Androgynous: An expression of gender that is ambiguous. Some trans people who do not identify as male or female may call themselves **androgynes**.

Asexual: A person who is not sexually attracted to other people, but may be attracted to them in other ways such as emotionally or romantically.

Aromantic: A person who is not romantically attracted to other people, but may be attracted to them in other ways such as sexually or emotionally.

Assigned: A newborn infant’s sex is determined based on an assessment of the appearance of sexual organs and this typically informs the child’s socialization into a gender role. A vulva-bearing child is typically assigned female at birth, or **AFAB**. A penis-bearing child is typically assigned male at birth, or **AMAB**.

Bigender: A person who can experience two gender identities either at the same time, or changing back and forth between the two. These two identities could be man and woman, masculine and feminine, or could include nonbinary identities.

Bisexual: A person who can be attracted to people of more than one gender.

Body Parts: May be called different things by different people. People can use what names work best for them.

Cisgender (Cis): This term describes people who identify with the gender and sex they were assigned at birth. Cisgender people are not transgender. Similarly, **cissexual** describes someone who is not transsexual.

Cissexism: An idea in society, supported by actions and policies that enforce the idea, that cisgender people are superior and everyone should be cisgender.

Crossdresser: A person who sometimes wears clothes that represent a gender other than that with which they identify.

Deadname: A trans person's old name, or name they are no longer using.

Deadnaming: The practice of using a trans person's old name, despite being aware of their current name.

Drag King/Drag Queen is someone who dresses up and performs as a gender other than that which they identify. Some drag performers do identify with the gender that they are performing and it may be a performance art piece.

Dysphoria: Trans or nonbinary people who experience dysphoria may feel uncomfortable with certain features of their bodies, especially sex characteristics. They may also have a strong reaction when called the wrong pronouns or name (i.e., being **misgendered**).

Female-to-male (FTM, FtM, F2M): A trans person who considers himself to be transitioning from female-to-male.

Gender and Sexual Minorities: People who identify outside of straight or cisgender identities.

Gender Expression: How a person chooses to express their gender to the world (through clothing, behaviour, etc.).

Gender Fluid: People who have shifting gender identities, meaning their gender can change over time anywhere along the gender spectrum.

Gender Identity: How a person views themselves in regards to the gender assigned at birth and the gender they currently identify with.

Genderqueer: A person who does not necessarily identify as either a man or a woman, may identify as both man and woman, or identifies outside of the traditional Western ideas of gender.

Gender Neutral Pronouns: Pronouns used to avoid referring to someone as "he/him" or "she/her." Some people explicitly ask for gender-neutral pronouns. Other people will use neutral pronouns generically to describe someone whose pronouns they are not certain of yet.

Intersex: Someone who doesn't fit medical definitions of male/female – this can be because of body parts, chromosomes, hormones, or any combination of these.

Male-to-female (MTF, MtF, M2F): A trans person who considers herself to be transitioning from male-to-female.

Misgendering: refers to being called by the (incorrect) pronouns of their birth-assigned genders, or the inappropriate-gender names that were used for them before they came out. For example, calling a MTF trans woman "he" would be misgendering.

Nonbinary: An umbrella term that covers any identities outside the gender binary of woman/man.

Non-Op: Shorthand for non-operative. This term describes people who have not undergone, or don't have plans to undergo, any surgery related to transitioning.

Open Relationship: A type of relationship that describes any type of consensual non-monogamy. This may include casual sex outside of a partnership, swinging, polyamory, or the invitation of additional partners into a sexual relationship.

Pansexual: A person who is attracted to people from across the gender spectrum.

Polyamorous: A person who may have ongoing romantic and/or sexual relationships with more than one person at once with the knowledge and consent of all parties involved.

Post-Op: Refers to trans people who have completed or started surgical procedures to change their physical body. This may include changes to genitalia, or to their secondary sex characteristics (breast/chest, trachea, hips, etc.)

Poz: Refers to someone who is HIV positive.

Queer: An umbrella term that can be used to define people who do not identify as straight or cisgender. Historically a negative word, 'queer' has been reclaimed by some members of the LGBTQ community to refer positively to themselves. However, some trans people reject being referred to as "queer".

Questioning: A person who is trying to figure out their sexual orientation and/or identity.

Safer Sex: Sexual activity engaged in by people who have taken precautions to protect themselves against sexually transmitted infections or unwanted pregnancy.

Sex: refers to features (genitals, hormone levels, internal sex organs) of the human body that can contribute to being defined as being male, female, or intersex. Sex is distinct from gender and gender identity.

Sex Work: Engaging with others sexually in exchange for money, goods, or services.

Sex Work Positive: Embracing and supporting people in their choice to engage with others sexually in exchange for money, goods, or services.

Sexual Orientation: How a person identifies themselves in terms of who they are attracted to. For example: straight, gay, lesbian, bisexual, queer, or pansexual.

Sex Positive: means that someone has an attitude that embraces human sexuality.

Sex Reassignment Surgery (SRS): Also known as **gender reassignment surgery**, or **gender affirming surgery**. Refers to various types of surgeries associated with transition. It may describe **vaginoplasty** (the creation of a vagina) or breast implants. **Metoidioplasty (or meta)** and **phalloplasty (or phallo)** are two ways to create a penis. **Double mastectomy** means removal of the breasts. Other surgeries, involving removal of parts of the internal reproductive system, can also be considered forms of SRS.

Stealth: A trans person who chooses not to identify as trans to the public.

Trans Man: A man who was assigned a female identity at birth but who identifies as male and may use masculine pronouns.

Trans Woman: A woman who was assigned a male identity at birth but who identifies as female and may use feminine pronouns.

Trans: An umbrella term for people who feel that they don't identify with the gender they were assigned at birth. This term is sometimes used as a short form for people who are not cisgender.

Transgender: An umbrella term for people who feel that they don't fit into the gender they were assigned at birth. This term is sometimes shortened to trans.

Transphobia: Discomfort, hatred, and/or fear of trans people and people who are perceived to be trans.

Transition: The process of changing one's sex and/or gender so that better fits the individual's gender identity. Transition can range from a change in clothing and hairstyle, to a name or pronoun change, to sex reassignment surgery.

Transsexual: A person who does not identify with the sex they were assigned at birth. A transsexual person may have changed how they look to fit how they feel – or may be in the process of doing so.

Two-Spirit (2 Spirit): A term referring to Aboriginal, First Nations, and Métis people whose identities are outside of the straight or cisgender norm. A Two Spirit person may or may not also identify as gay, lesbian, bisexual, or trans. The term refers to the idea that a person has both a male and a female spirit inside them. This term is specific to Aboriginal, First Nations, and Métis people and should not be used as an identity by people outside these communities.

Important note: This list is not exhaustive and people may use alternative terms to describe their experiences and identities.

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