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The modern gay rights movement is considered to have begun with the Stonewall riots in June of 1969. Since that time lesbian, gay, bisexual, transgender, queer, and other sexual and/or gender minority individuals (LGBTQ+) have made significant progress in obtaining legal rights, but have also dealt with many setbacks. Understanding LGBTQ+ communities requires not only attention to the individuals themselves, but to the history of the community.

The first pride marches were held on the one-year anniversary of the Stonewall riots. These small commemorative events were held in New York, Chicago, and Los Angeles and would form the basis of what is now often celebrated as gay pride month in June. It was three years later in 1973 that the American Psychiatric Association voted to remove homosexuality from the third edition of the Diagnostic and Statistical Manual of Mental Disorders. Four years later, Harvey Milk was elected to the San Francisco Board of Supervisors after running as an openly gay man. Unfortunately, he was assassinated less than a year later.

In 1979 the first National March on Washington was held in order to draw national attention to the drive for equality and encourage passage of civil rights legislation, bringing in 75 to 125,000 people (Ghaziani, 2008). The AIDs epidemic during the 1980s dealt a strong blow to the movement as people began associating the deadly virus with gay men (Shilts, 1987). During this time militancy groups such as AIDS Coalition to Unleash Power (ACT UP) began to demand greater attention to the needs of queer people. The 1990s saw the passage of Don't Ask, Don't Tell, a compromise between the US Congress and President Clinton that allowed gays and lesbians serve in the military as long as they did not disclose their sexual orientation. In 2000 Virginia became the first state to legalize same-sex unions, followed by Massachusetts legalizing same-sex marriage in 2004. Don't Ask, Don't Tell was repealed in 2010, allowing gay and

lesbian individuals to openly serve in the United States military for the first time. A United States Supreme Court ruling in 2015 legalized same-sex marriage throughout the United States.

LGBTQ+ Terminology and Symbols

To understand the modern LGBTQ+ communities, it is necessary to recognize the importance of language and symbols. The term sexual orientation or sexual orientation identity refers to the gender of the individual to whom a person is sexually or romantically attracted. Gender identity refers to the gender with which an individual identifies. Those who identify with the sex they were assigned at birth are referred to as cisgender, whereas those who identify with a gender that does not correspond to the sex they were assigned at birth are referred to as gender-diverse or transgender. Both sexual orientation identity and gender are social constructs and are fluid, leading to a large variety of sexual orientation identities and gender identities.

Additional definitions for terms related to sexual orientation identity and gender identity are listed in Table 1. It is important to note that genders and sexualities are self-defined and they represent both individuals' experiences and their identities. In other words, people may experience themselves as a gender but not identify with the identity often associated with that experience or engage in sexual and/or romantic relationships with others but not identify with the identity often associated with those sexual interactions. For example, a man may have sex with another man and identify himself as heterosexual or a person assigned male at birth may identify as female but not as transgender. Further, a person may identify as polyamorous but be in a long-term monogamous relationship.

Table 1: Definitions

Agender	An individual who identifies as having no gender
Ally	An individual who identifies as supports LGBTQ+ individuals, often in a public and actionable manner

Aromantic	An individual who does not experience romantic attraction to anyone or who has a lack of interest in romantic relationships
Asexual	An individual who does not experience traditional forms of sexual attraction to anyone or who has a lack of interest in sexual activity
Assigned Female at Birth (AFAB) or Female Assigned at Birth (FAAB)	An individual who was assigned as female by a medical provider based on their genital presentation when they were born
Assigned Male at Birth (AMAB) or Male Assigned at Birth (MAAB)	An individual who was assigned as male by a medical provider based on their genital presentation when they were born
Assigned Sex at Birth (ASAB) or Sex Assigned at Birth (SAAB)	The sex an individual was assigned by a medical provider when they were born
Bigender	An individual who identifies as both male and female
Cisgender	An individual whose gender identity corresponds with the gender roles associated with the sex they were assigned at birth
Bisexual	An individual sexually and/or romantically attracted to both men and women
Demisexual	An individual who experiences sexual attraction to another individual after having a strong romantic and/or emotional connection
Female to Male (FtM or F2M)	An individual assigned female at birth who identifies as male; a transgender man
Gay	A man (cisgender or transgender) who is sexually and/or romantically attracted to other men (cisgender or transgender men); this may also be used as an umbrella term for the LGBTQ+ community
Gender-Diverse or Gender Variant or Gender Expansive	An individual who does not identify as either male of female; An individual who may alternate identification with specific genders over time
Gender Fluid or Genderfluid	An individual whose sense of their gender fluctuates over time
Heterosexual	An individual sexually and/or romantically attracted to individuals with a binary gender that differs from their own; generally used to refer to a woman who is sexually and/or romantically attracted to men (cisgender or transgender men) or vice versa; Also known as "straight"
Homosexual	An individual sexually and/or romantically attracted to individuals with a binary gender that corresponds with their own
Intersex	An individual born with sex characteristics and/or genitalia that do not correspond with socially standard definitions of male or female; An individual with ambiguous genitalia

Lesbian	A woman (cisgender or transgender) who is sexually and/or romantically attracted to other women (cisgender or transgender women)
Male to Female (MtF or M2F)	An individual assigned male at birth who identifies as female; a transgender woman
Men who have sex with men (MSM)	Cisgender men who have sex with cisgender men; requires both parties to have a penis; may or may not identify as gay; often use in medical literature to describe sexual behaviors rather than sexual orientation / identities
Monogamy or Monogamous	A practice of having only one romantic and/or sexual relationship at a time
Nonbinary or Non-binary or enby	An individual who does not identify as exclusively a man or woman, which includes genderfluid, genderqueer, bigender, among many more.
Pangender	An individual who identifies with many or all genders
Pansexual	An individual who is sexually and/or romantically attracted to people of any gender
Polyamorous or Polyromantic or Poly	A practice of having more than one consensual romantic and/or sexual relationship simultaneously; An individual who engages in polyamory
Queer	A reclaimed term that can represent anyone within the LGBTQ+ umbrella; An individual who resists traditional sex and/or gender roles; An identity of someone who resists forms of heteronormativity and cisnormativity
Questioning	An individual who is questioning their sexual orientation identity or gender identity
Same Gender Loving (SGL)	An individual who loves and/or is sexually attracted to a person of the same gender
Assigned Sex at Birth (ASAB) or Sex Assigned at Birth (SAAB)	The sex an individual was assigned by a medical provider when they were born
Skoliosexual	An individual primarily attracted to individuals outside the gender binary, transgender individuals, or those who do not identify exclusively as a man or woman
Transgender	An individual whose gender identity is different than the gender roles associated with the sex they were assigned at birth; this is sometimes used as an umbrella term that can represent everyone in the gender expansive community
Two-Spirit	An indigenous North American term used to describe an individual who has both genders within them
Women who have sex with women (WSW)	Cisgender women who have sex with cisgender women; requires both parties to have a vagina; may or may not identify as lesbian; often use in medical literature to describe sexual behaviors rather than sexual orientation / identities

The main symbol of LGBTQ+ communities, the rainbow flag, originated in San Francisco in 1978. The contemporary rainbow flag has six colors, red, orange, yellow, green, blue, and violet, though the original had eight colors, including pink and indigo and replacing blue with turquoise. While the rainbow flag was intended to represent all sexual minorities, many subgroups under the LGBTQ+ umbrella have their own flags used to represent their identities. For example, there are flag designs for lesbian, bisexual, pansexual, transgender, and nonbinary individuals, to name just a few. A rainbow flag with a large letter A on it is often used to represent allies to LGBTQ+ communities. Other important symbols of LGBTQ+ communities include the upside-down pink triangle, a symbol reclaimed by the community from its use of representing homosexuals in Nazi concentration camps. Interlocking gender symbols are also often used to represent same-gender unions. Displaying symbols such as these indicates support for LGBTQ+ communities.

Mental Health within the LGBTQ+ Communities

Aside from within their personal lives, many social workers will first meet members of LGBTQ+ communities to address mental health concerns. As a result of the stigma, discrimination, and harassment many LGBTQ+ individuals face, they have elevated rates of mental health and substance use disorders and suicidality (Plöderl & Tremblay, 2015). While many of these concerns can be addressed using the same techniques such as cognitive-behavioral therapy, acceptance and commitment therapy, and mindfulness as are used with any population, special attention must be paid to the place of stigma in their lives.

Minority stress theory (Meyer, 2003) emphasizes the additive effects of stigma and discrimination on individuals' mental health. Many LGBTQ+ people face stigma, harassment, and discrimination in multiple settings such as home, employment, and typical social

interactions. Further, when these negative experiences permeate multiple areas, LGBTQ+ individuals may not have access to the common sources of support that help build resilience. The impact of these experiences is greater than the impact of any one on its own and can lead to many of the mental health disparities noted previously.

Within minority stress theory, stressors are evaluated at various levels. Distal stressors include prejudice, social judgements, and negative messaging from the media and other social institutions. Two powerful distal stressors are *heteronormativity* and *cisnormativity,* which refer to the assumptions that all individuals are heterosexual and cisgender respectively. These assumptions can be harmful to LGBTQ+ individuals as they may feel their identities are not recognized or valued. They further reinforce the idea that those who identify as LGBTQ+ are not normal. More proximal stressors include experiences of victimization, harassment, and discrimination. These experiences serve to personalize distal stressors as they come to impact the individuals' lives. For example, experiencing discrimination based on one's sexual orientation translates the general concept of social judgments to an actual experience.

Fully proximal stressors are those that occur internally. Expectations of harassment or judgment may lead LGBTQ+ individuals to remain at a heightened level of awareness and vigilance, leading to chronically high stress levels. Further, social judgements can lead to internalized homophobia or internalized homonegativity, or when LGBTQ+ individuals internalize the negative social messaging directed toward them. When present within gender-diverse individuals, this internalization is referred to as internalized transphobia or internalized transnegativity. Combating this type of experience requires attention to the person as well as to societal reactions so that the negative and personal social messaging can be challenged and new narratives developed. Given the heightened role of stress in their lives and their greater

likelihood of having experienced trauma, trauma-informed therapeutic techniques may be warranted when working with LGBTQ+ individuals.

Conversion therapies, also known as reparative therapies, are attempts to change individuals’ sexual orientation to heterosexual or gender identity to cisgender. Some techniques include mental health therapy, medical interventions, aversion therapy, sexual violence, and/or religious therapy. Conversion therapies are considered harmful and go against the National Association of Social Workers’ *Code of Ethics* (National Association of Social Workers, 2015).

Working with LGBTQ+ Youth

Working with LGBTQ+ youth requires attention to the development of their sexual orientation and gender identity and its impact on their lives. Over the years many models of sexual orientation identity development have been proposed, largely based on Cass (1979). While the original models focused on gay men, they are often accepted as applicable to all LGBTQ+ individuals. The model posits six stages that sexual minorities go through as they develop an understanding of themselves. These six stages are *Identity Confusion*, a time when individuals begin to consider their sexual orientation / gender identity and connect discussion about sexuality and gender diversity to themselves; *Identity Comparison*, when individuals begin to accept they may be LGBTQ+ and compare their identities to others in their lives; *Identity Tolerance*, when individuals having begun tolerating the idea that they may be LGBTQ+; *Identity Acceptance,* when individuals have fully identified as LGBTQ+ and accept this identification; *Identity Pride*, when individuals openly identify as LGBTQ+ to others in an unashamed manner; and *Identity Synthesis*, when individuals incorporate their LGBTQ+ identities into their global identity or as a part of their lives.

Troiden (1989) developed a four-step model that largely followed Cass' (1979) model and built on her previous work, but which also focused on three aspects of LGBTQ+ identity. The internal self represents how individuals identify, whereas the perceived is when individuals feel others identify them as LGBTQ+. The final aspect, the presented self, is when LGBTQ+ publicly present themselves as LGBTQ+. In general, it is considered best if all three aspects of the self are aligned, though this is not required and there are many reasons an individual may choose to not align them, such as in a situation that they perceive presenting themselves as LGBTQ+ may be dangerous or harmful. In terms of gender, Devor (2004) published a model of transsexual (sic) identity development though it is not as widely used.

As youth progress through these stages and become more comfortable with themselves, they are confronted with questions about who to reveal their sexual orientation or gender identity, or "come out of the closet," to and when. While many families are supportive of their LGBTQ+ family member, others can ostracize the youth. Those youth who are supported in their coming out often can successfully integrate their sexual orientation into the rest of their identities, resulting in positive psychosocial functioning (Sadowski et al., 2009). It must be noted, however, that many youth may still be exploring their sexual orientation after coming out, leading to fluidity in labels and self-understanding, and they should be supported in this process.

When working with LGBTQ+ youth, it is important that the youth remember their own process of coming out and the struggles they went through, as many youth expect their families to be open and supportive immediately when they come out. Even supportive family members often require some time to adjust their new knowledge of the youth's sexual orientation or gender identity and the impact it will have on them and the rest of the family. Encouraging youth to be patient with family members can enhance familial functioning.

Some youth suffer harassment from those within their families or close circle of friends. Familial rejection based on youths' LGBTQ+ identity is the number one cause of homelessness among LGBTQ+ youth (Ray, 2006). Professionals working with youth need to be aware of the possibility that youths' family members or friends may be rejecting and assist youth with realistically examining the possible effects of such a disclosure. Youth should always have a plan available to ensure their own safety and security if such an experience were to occur.

LGBTQ+ youth often struggle in schools, with many reporting discrimination, victimization, and forced isolation (Kosciw et al., 2018). As a result of the victimization many experience, LGBTQ+ youth have higher rates of mental health disorders and substance use than their heterosexual peers (Plöderl & Tremblay, 2015). Fortunately, having a supportive family or engaging with supportive professionals or organizations such as gay-straight alliances / gender and sexuality alliances / GSAs or LGBTQ+ community centers has been shown to reduce the negative impact of these occurrences (Asakura, 2010; Walls et al., 2013).

Sexual education and sexual health are important areas to address with LGBTQ+ youth. Most sexual education curricula are heavily heteronormative, ignoring LGBTQ+ youths' sexuality and preventing them from receiving important sexual health information. Parents are similarly unprepared, with many reporting discomfort or lack of adequate knowledge on how to address these areas with their LGBTQ+ youth (Newcomb et al., 2018). Advocating for the inclusion of LGBTQ+ content in sexual education curricula or being willing to speak about it with LGBTQ+ youth is an important area for social work practitioners (McCave et al., 2014).

Working with LGBTQ+ Adults and Older Adults

LGBTQ+ adults have unique challenges. While they have more freedom to choose their environment than youth, their mobility may be limited by finances or social ties. Further, many

have experienced years of harassment and discrimination as well as years of questioning themselves. The lack of legal recognition of same-sex relationships nationally until 2015 led to many feeling their relationship were discredited and limiting their connection to some social safety nets. Chronic stress can also be a factor, especially for older adults, leading to higher mental health and social service needs.

There are many reasons why individuals might wait until they are adults to come out. Common precipitating factors include the death of a parent, feelings of emotional and social stagnation, meeting other LGBTQ+ individuals for the first time, or finding a supportive peer or professional. Prior to coming out, many have been involved in heterosexual relationships, sometimes for many years, and many have children. These situations lead to many concerns such as losing established relationship, concerns about custody of children, fear of being accused of having lied to others for years, losing a sense of self, and losing the safety and security of existing relationships (Rickards & Wuest, 2006). For LGBTQ+ parents, there is a constant process of coming out as they meet new people and encounter experiences such as doctor appointments, school registrations, and meeting their child(ren)'s friends.

Among LGBTQ+ older adults there can be further experiences of isolation. Many faced higher levels of stigma, harassment, and discrimination when growing up than youth do today with the increased acceptance of LGBTQ+ individuals. Loss of social connections can occur at this age, reducing social supports at a difficult time. Further, factors such as having lived through the HIV/AIDs crisis may limit their willingness to engage with medical and social service providers, leading to increased risk of health problems, as well as having reduced their social ciricle. Areas such as assisted living, nursing homes, community centers, can be particularly stressful as they may not be well-attuned to the needs of LGBTQ+ individuals. Many report

feeling the need to go back into the closet prior to joining a retirement community, possibly leading to a loss of sense of self and further isolation (Johnson, 2013). All of these experiences can further contribute to psychosocial concerns among LGBTQ+ adults, a vicious cycle for a group that may be resistant to seeking services.

Gender Diversity

Gender-diverse individuals are important constituents of the LGBTQ+ communities. It is important to differentiate gender, or an individual's sense of themselves as a gendered person, from sexual orientation, which refers to the sex or gender of the individuals a person finds sexually attractive. Transgender refers to an individual whose gender identity, or the gender with which they identify, is different than the sex they were assigned when they were born. Alternatively, cisgender individuals are those whose gender identity matches the sex they were assigned at birth. As many see the term transgender as too binary, gender-diverse or gender-expansive are used more expansively to represent all gender identities other than cisgender. Gender identity examples include nonbinary, pangender, and genderfluid, to name a few. In 2016, over 1.4 million adults in the United States identified as transgender (Flores et al., 2016).

Name and pronouns can be a particular area of importance to gender-diverse individuals. Many gender-diverse individuals choose a name that corresponds with their gender identity rather than their legal name. They often also use pronouns of their identified gender rather than the sex they were assigned at birth. Those who identify as nonbinary or outside the gender binary or who rejected the gendered nature of the he/him/his and she/her/hers binary may utilize a singular form of they. This type of singular usage of "they" dates back to the middle ages even though many view it as a new occurrence. In such a case, standard grammar protocols should be

followed, e.g., "They are coming with me to the store", even if there is only one person coming. Other pronouns may include "ze" or "xe." The table below shows singular pronoun usage rules.

	Subject	Object	Possessive Adjective	Possessive Pronoun	Reflexive
Feminine	She	Her	Hers	Hers	Herself
Masculine	He	Him	His	His	Himself
Gender Neutral	They	Them	Theirs	Theirs	Themselves
Gender Neutral	Ze or Xe	Zir or Hir	Zirs or Hirs	Zirs or Hirs	Zirself or Hirself

While many LGTBQ+ individuals face stigma, gender-diverse individuals face greater amounts due to their perceived afront to gender norms. Such is the stigma that during the latter half of the 2010s many states sought to enact laws that are discriminatory and seek to enforce social adherence to the sex individuals were assigned at birth. Several states were successful in their attempts to pass these bills even though many major corporations were against them.

LGBTQ+ People of Color

Intersectionality is an essential aspect of the lives LGBTQ+ People of Color (POC). Many LGBTQ+ POC experience a significant disconnect between their racial/ethnic identity and their LGBTQ+ identity, leading to what has been referred to as a conflict of allegiance in which they must choose which identity to foreground at different times (Sarno et al., 2015). Contributing factors to these conflicts include racism within LGBTQ+ communities and homonegativity/transnegativity within racial/ethnic communities. These dual stigmatized identities can further exacerbate psychosocial concerns through additional layers of minority stress. Feeling connected to others can partially mitigate the impact of these stressors, especially if individuals are able to form a community with other LGBTQ+ POC (Ghabrial, 2016).

Professional Tips

Recommendations for working with LGBTQ+ individuals in social work practice include

- Seek training on best practices for working with LGBTQ+ individuals
- Examine your own beliefs about LGBTQ+ individuals, the bases for those beliefs, and the ways in which they may affect how you work with these individuals.
- Explore means to visibly show support for LGBTQ+ individuals through displaying LGBTQ+ symbols or participating in LGBTQ+ community events
- Develop, publicly post, and enforce nondiscrimination policies that explicitly mention LGBTQ+ individuals, including intolerance of jokes about gender and sexuality
- Politely ask clients what name and pronouns they use and ensure individuals refer to clients using the proper pronouns and proper chosen name (rather than legal name)
- Review agency paperwork and forms to ensure inclusivity through language such as asking for the names of each parent rather than the names of mother and father and avoiding checkboxes that limit gender options (when in doubt, use a write-in line)
- Recognize that while important, sexuality and gender are only pieces of individuals' identities and avoid making them the centerpiece of services if not warranted

Suggested Resources

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