



True
Self

Project Topic

Topic:

A non-profit resource center for under-privileged LGBTQ+ individuals.



Research and Background

LGBTQ+ individuals have faced discrimination throughout history and are still confronted with these issues today. In their current position, underprivileged community members face the most difficult struggle due to the lack of access to medical and emotional care to fully understand their sexuality, gender, and self-identity. Because of this lack of access to life-altering treatment, underprivileged LGBTQ+ individuals can experience negative mental state of mind and in more extreme cases cause physical damage to themselves due to their lack of resources and knowledge about safe practices.

Members of the LGBTQ+ community can already be considered underprivileged because they are a minority group in the broad scheme of the cis/heteronormative America we know. The definition for "underprivileged" in this context refer to individuals who are experiencing financial instability, homelessness, lack of access to healthy foods, and acceptable medical care. In cases of homelessness within the LGBTQ+ community several providers working in homeless youth services have reported that out of the youth they work with, 20% identify as gay and/or lesbian, 7% as bisexual, and 2% as questioning. In terms of gender identity, an added 4% identify as transgender and/or genderqueer. These youth have many different reasons for their homeless, but some of the most prevalent reasons that have been recorded are being forced out by parents and/or running away, family issues, and family poverty (Choi, Soon Kyu, et al. 1). Familial relationships for LGBTQ+ individuals are often strained due to the lack of understanding, willingness to understand, and possibility of rejection that each person experiences. The most prevalent needs that have been reported for homeless LGBTQ+ youth are housing, employment, healthcare, acceptance/emotional support of

sexuality or gender identity, and education. Without these resources, young people could continue to experience unstable living conditions, harassment and rejection of self-identity, and without the proper sex education, homeless youth could put themselves at risk of unsafe sexual interactions.

To further understand why resource centers are essential one must understand that they are in control of what happens to them. Bodily autonomy is ones right to their body and to make choices and/or changes to their body without outside persuasion. When talking about bodily autonomy issues of legal consent also arise, such as the rights to abortion, education, medical treatment, and sexual preferences ("Bodily Autonomy"). The subject of bodily autonomy is important because at many clinical centers, underage LGBTQ+ youth may be required to have parent or guardian consent to any procedures or meetings with clinical staff. For youth that have left home due to familial issues as stated previously, these resources may be limited even further, making it even harder for them to understand their sexuality and/or gender identity. Younger community members also have a right to educate themselves about topics that may concern them, such as safe sex and STD/AIDS prevention.

Sex education in public and private schools can be considered lacking, but for people within the LGBTQ+ community this type of education is rarely seen. In American culture, straight relationships are the most common relationships represented in media and education, giving less representation for LGBTQ+ individuals, which may result in higher rates of unsuccessful LGBTQ+ romantic relationships (Tatter). Community members deserve to learn in settings that are inclusive of their experiences and that give them the education necessary to stay safe and healthy, which is something that resource centers can give them. Same sex education is one of the most important forms of

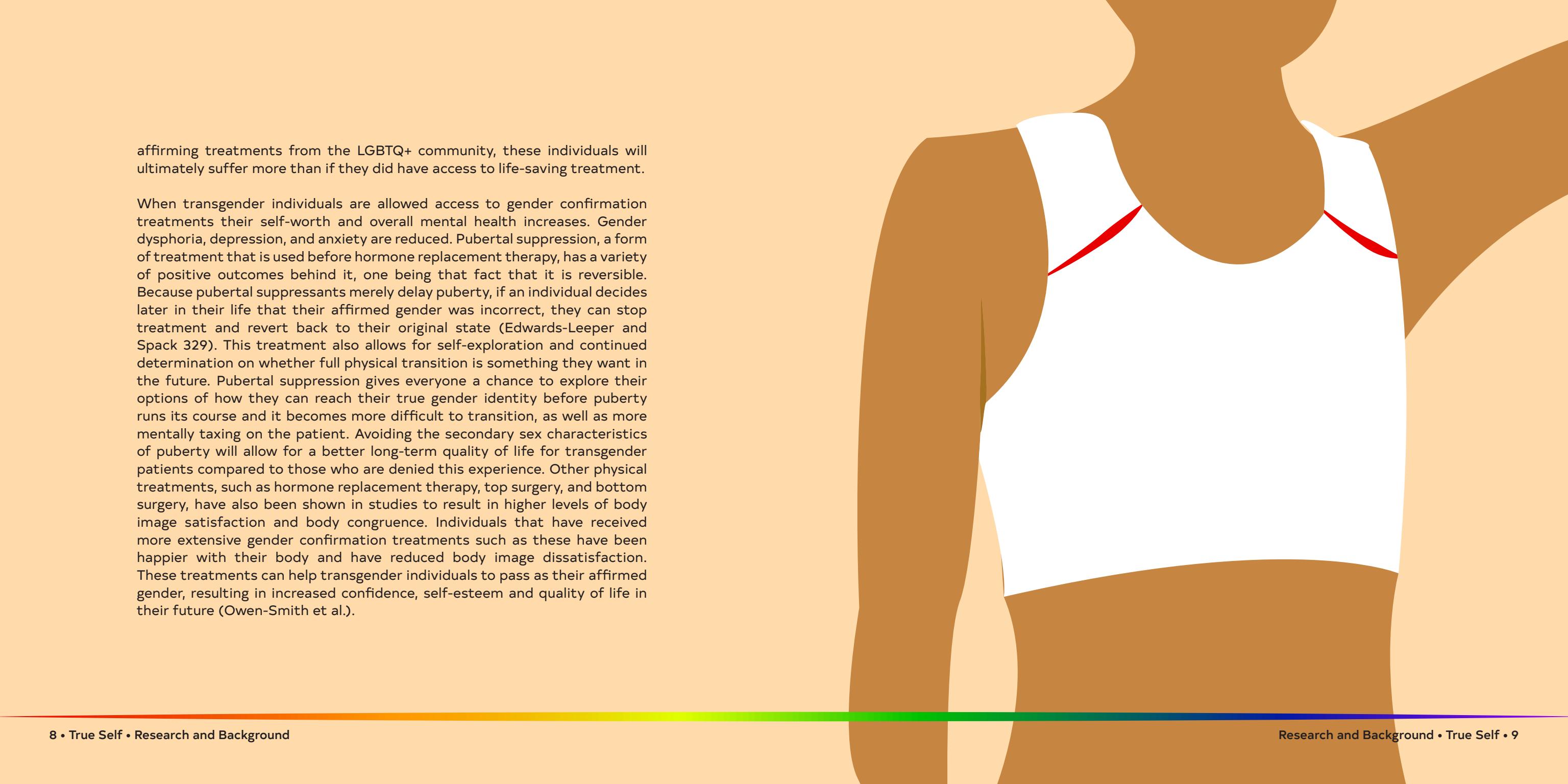
representation that can be given to youth that are learning about themselves and their growing self-identity. Unfortunately, according to the GLSEN 2013 National School Climate Survey, fewer than 5% of LGBTQ+ students have experienced a health class that has promoted positive and inclusive representation of LGBTQ related topics. In research conducted by Planned Parenthood Federation of America (PPFA) and the Human Rights Campaign (HRC) Foundation, LGBTQ youth reported that they do not have any sex education in their schools, or they have very limited sex education that was primarily or exclusively focused on heterosexual relationships between cisgender people and pregnancy prevention within those relationships (LGBTQ Youth, 2). Because of this lack of representation for community youth, they often turn to their peers or online information to learn about subjects related to their self-identity. Most of these resources, though, have been found to provide false or inaccurate representation of said topics. Not only is the lack of sex education for these youth startling, but there often is also a promotion of fear of same-sex attraction and re-enforcement of gender stereotypes within schools that do provide a form of sex education. When educators stigmatize LGBTQ+ education they further promote the message of "gay is bad" to their students, which creates the feeling of an unsafe environment for these students to freely express themselves and ask questions. GLSEN's national survey also found that "LGBT students who reported receiving an abstinence-only sex education curriculum were less likely to feel safe at school, more likely to miss school because they felt unsafe or uncomfortable, less likely to feel comfortable talking about LGBT issues with school personnel, and less likely to be able to identify educators who were supportive of LGBT students" (LGBTQ Youth, 4).

When positive representations of LGBTQ topics are presented and taught there are several positive outcomes that come with it. Students who are

presented with these opportunities learn about sexual health information, explore attitudes and values about sexuality and relationships, and develop critical interpersonal skills that also allow for better communications practices within a relationship. "Hundreds of studies have shown that well-designed and well-implemented sex education programs can reduce sexual risk and support positive sexual health outcomes among teens, including: Delaying the age of first sexual intercourse, reducing the overall number of sexual partners, reducing unprotected sex and increasing use of condoms and contraception, reducing unintended teen pregnancy, and reducing rates of teen HIV and other sexually transmitted infections (STIs)" (LGBTQ Youth, 6). When there is a positive promotion and accurate representation of LGBTQ+ topics one can see the positive outcomes that come with it. Not only should schools implement these programs, but they should connect with resource centers that provide this specific type of education to students and show them where they can find these resources outside of school.

Access to resources for transgender individuals is especially important because of the combined mental and physical experience they have when questioning/periusing gender affirming treatment. When they are denied access to gender confirmations treatments there is a higher risk of suicidal ideation, mental illness and bodily harm due to alternative measures taken to pass as their affirmed gender. There have been several studies done to show the correlation between an individual's mental health and whether they have received gender confirmation treatments. One of the most common disorders is gender dysphoria. Gender dysphoria is feeling physical and mental discomfort with one's biological sex or gender role that was given to them at birth (Edwards-Leeper and Spack 322). Individuals who experience gender dysphoria have also been noted to be experience anxiety, depression, or both, at the same time. These experiences can reduce one's

self-worth, cause social isolation and increased thoughts of suicide or suicidal ideation (Edwards-Leeper and Spack 326-327). In a study published by the American Academy of Pediatrics, there is a confirmed correlation between individuals who were given pubertal suppression treatment and the reduced risk of suicidal ideation. Those who received treatment compared to individuals who wanted treatment but did not receive it had lower odds of lifetime suicidal ideation (Turban et al.). As children with this disorder grow older, their symptoms often worsen if there is no confirmation of their affirmed gender through medical transitioning. When an adolescent is given open access to these treatments there is a visible reduction in anxiety and depression (Edwards-Leeper and Spack 327). There are physical measures transgender individuals will take in order to pass as their affirmed gender. One of the most well-known tools transgender males use to pass are binders. Binders are like bras; they are used to press down breast tissue. The one significant difference between binders and bras though is that binders put more extensive amounts of pressure on the chest in order to flatten it, making it look like there is no breast tissue at all. While binders can increase the gender euphoria, the feeling of comfort or joy one feels when thinking about their true gender identity, that a transgender individual might experience, there are several negative side effects that they can have. These affects are not commonly discussed in transgender journals, but within the LGBTQ+ community it is a popular topic. In a journal published by the Taylor and Francis group, a community-driven study showed that more than 50% of the participants had been binding and a majority of them had experienced negative side effects (Peitzmeier et al. 64). There is a long list of the negative consequences, some of them including pain, excess skin, bruising, fractured ribs, all of which can later result in poor surgery results for those who pursue top surgery (Peitzmeier et al. 65). Due to the lack of knowledge of the consequences that could result from restricting resources and gender



affirming treatments from the LGBTQ+ community, these individuals will ultimately suffer more than if they did have access to life-saving treatment.

When transgender individuals are allowed access to gender confirmation treatments their self-worth and overall mental health increases. Gender dysphoria, depression, and anxiety are reduced. Pubertal suppression, a form of treatment that is used before hormone replacement therapy, has a variety of positive outcomes behind it, one being that fact that it is reversible. Because pubertal suppressants merely delay puberty, if an individual decides later in their life that their affirmed gender was incorrect, they can stop treatment and revert back to their original state (Edwards-Leeper and Spack 329). This treatment also allows for self-exploration and continued determination on whether full physical transition is something they want in the future. Pubertal suppression gives everyone a chance to explore their options of how they can reach their true gender identity before puberty runs its course and it becomes more difficult to transition, as well as more mentally taxing on the patient. Avoiding the secondary sex characteristics of puberty will allow for a better long-term quality of life for transgender patients compared to those who are denied this experience. Other physical treatments, such as hormone replacement therapy, top surgery, and bottom surgery, have also been shown in studies to result in higher levels of body image satisfaction and body congruence. Individuals that have received more extensive gender confirmation treatments such as these have been happier with their body and have reduced body image dissatisfaction. These treatments can help transgender individuals to pass as their affirmed gender, resulting in increased confidence, self-esteem and quality of life in their future (Owen-Smith et al.).

Resource centers are not non-existent in our world today, but there are not enough of them to cater to the continually growing LGBTQ+ community. There are very specific issues within the community that cannot be addressed at a primary doctor's office or health clinic, therefore there must be separate facilities to solve these issues. In 2018 CenterLink and the Movement Advancement Project (MAP) tracked the efforts of growing movement within the LGBTQ+ community centers and took notes of the trends and increasing needs of the community within a survey. Out of all the people that these centers have served, two-thirds of them would fall under the "underprivileged" category that was specified ("CenterLink" 1). This statistic would confirm the requirement of resource centers for the underprivileged part of the community considering they take up more than half of the people visiting and seeking out treatment and resources. The one main issue that resource centers face though is employment and staff members. Out of the 128 resource centers included in this survey, half of them are thinly staffed, and 25% of them rely entirely on volunteer participation to provide proper resource for the approximate 40,550 they serve almost every week ("CenterLink" 1). Despite this, the centers continue to provide a long list of resource and community-based practices, such as physical and mental health and wellness programs, all of which are impactful and allow the LGBTQ+ community to strive in a healthy and well-educated manor. These centers provide vital health services to the LGBT community in an environment that is competent and respectful of their identities.

The LGBTQ+ community is ever-growing and will also have specific needs and resources to ensure healthy living styles. Those who are underprivileged within the community are the most prevalent percentage that actively visit resource centers and therefore require even more specific access to these resources. When these community resources are further restricted or not openly available these individuals face more physical and mental dangers compared to those who may be more financially well off and can easily access these resources through other means. This option is not available for a larger percentage of the community, and therefore must be made more easily available.

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What topic will you address with your project?

The topic that I will be addressing in my project is the lack of resources and community knowledge for under-privileged LGBTQ+ individuals, with under-privilege being defined as individuals who are experiencing financial instability, homelessness, lack of access to healthy foods, and acceptable medical care.

What is the purpose of your project?

The purpose of my project is to give LGBTQ+ individuals a safe space to explore and educate themselves about their own bodies without the feeling of judgment from those who are not well-versed in the issues of the community. Many people in the LGBTQ+ community struggle with self-identity and gender issues. My project would aim to allow these people to have access to resources to not only explore who they are or may be, but also have easier access to referrals for usually expensive gender confirmation treatments and mental wellness therapy/counseling sessions. This center will serve individuals and families that fall under the category of underprivileged, but will focus more on educational aspects and referrals to other centers based on the needs of each client. The physical space for this center would be based in a mid-size to large town/city.

How will people interact with your project?

There are several ways that people will interact with this resource center. They can find information through info pamphlets, business cards, and a website. The center will host community discussions each week, focusing on different issues and problem solving. There will also be connections with public school to give presentations for LGBTQ+ students. These visits will include care packages for those who are currently struggling with their sexuality and/or gender, which will contain information on how to reach out and who to go to about their concerns.

Who or what would benefit from your project?

Individuals within the LGBTQ community would greatly benefit from my project because finding resources for very specific topics can tend to be difficult. People who come to the resource center can not only learn about themselves and others but make more connections within their community to expand their support circle.

Who or what would be harmed by your project?

Individuals that are against progression of the LGBTQ community would not support this resource center and would possibly even protest it due to their personal morals and beliefs.

Questions and Assumptions

Assumptions

- The people who will be interacting with my project will be members of the LGBTQ community
- They will be struggling with self-identity issues or mental wellness issues
- They are seeking answers
- They are struggling within their family unit, living situation, or financially.

Questions

- What will the care box/bag provide for those who are struggling?
- How will confidentiality work?
- What legality issues will we face?
- What specific services will be offered?
- Will families be involved in the self-discovery process? Or will that be up to the patient?
- Where will the physical building be located?
- What organizations will we be working hand-in-hand with?
- Will there be more than one resource center?



Values

Goals:

- Create a safe space for LGBTQ individuals to openly express concerns and questions
- Normalize stigmas against gender confirmation treatments by holding educational online and in-person presentations.
- Give underprivileged LGBTQ community members access to resources they would not have otherwise

Objectives:

- Find counselors/therapists to work with.
- Find other resource centers to connect with
- Make an online resource for individuals not within the vicinity of the building
- Choose a specific place for the building to be.
- Connect with donation centers for homeless LGBTQ individuals.



Research Plan

Methodologies & Research Plan

1. Visit websites for other resource centers and take note of the information they provide, how they can be contacted and visit the Q&A section (if available) to see what people worry about the most.
2. Post to a community forum (possibly a Facebook group I'm in) to survey the crowd and see what topics are most important to them, as well as hone in on what underprivileged people within the community tend to care about.
3. Set up an interview with some people in the community who struggled to find resources and see where they looked to find information and what information is helpful for them.
4. Research the correlation between homelessness and the LGBTQ community and see where people in this demographic are mostly located, and where they feel most safe.
5. Look into donation websites that focus on gender-confirming clothing items.
6. Research the success that resource centers have for underprivileged peoples and what makes them successful
7. Research the legal issues of privacy and anonymity for patients (HIPPA laws and contracts).
8. Possibly visit a resource center, put myself through the process (because that is something I've been wanting to do, but just haven't had the time), and see how difficult the process actually is. The process I would be going through is the first consultation at a resource center to figure out how I can start the process of being approved for top surgery.

What is the goal?

The goal of my research is to find the most effective and safest way for underprivileged LGBTQ community members to feel that they are in the right body and mindset and have the safest transition they can if needed.





What methods will be used?

The methods that I will be using throughout my research process is photo and note documentation, interviews, community outreach, surveys, and personal exploration through site visits.

What resources are needed?

Resources that will be needed are a camera, notebook/notes app, research database, personal connections, other resource center websites, and a community that feels open to participation.

What are the benefits?

This project will benefit those who are not sure where to turn in order to find information on their developing identity or sexuality. I make an assumption that most LGBTQ members that are living in conditions that would be considered "underprivileged" would not feel as much support as someone who has more accessibility, whether is be financially, mentally or physically, and my main goal is to change that. This would make it easier for community members that are struggling to have easier access to gender confirmation treatment (hormone replacement, top surgery, bottom surgery, etc.), gender therapy(required in some states to gain access to gender confirmation treatments), sexuality therapy, mental wellness resources, and more connections with those who may be in the same position so they can support one another.

#1

I started my research with a simple google search to see where exactly near me I could find a resource center for my community. Unfortunately, most resource centers are on college campuses and are not open for public access. The closest places I could find were in New York City or all the way in Cortland, NY, which is approximately 2 hours and 30 minutes away from Schenectady. I started clicking on links that came up and found that UAlbany offered a resource center, but upon further investigation, it was only open to students and staff. After that, I found a website called "The Center" based in NYC. They had a large variety of options on their website to contact them or simply look into a specific topic. I took a screenshot of their "resource" tab for reference as to what they may offer. After finding this resource center, I made another google search but added "near me" to the end of it and found an article titled "How To Find Your Local LGBT Community Center" by David Artavia. He at first talks about the discrimination LGBTQ peoples still face today, but then links us to a website called CenterLink and a resource list provided by GLAAD. I decided to use the CenterLink website and was greeted by a large map. After giving it my location it came up with 5 results for centers near me, different from what google had given me. Two in Albany, one in Kingston and two more in Vermont. In Our Own Voices is a LGBTQ POC based resource center. They have recently had a lot of involvement with the Black Lives Matter movement. While I love that, it's not necessarily the type of resources I'm looking to offer. The Pride Center of the Capital Region, however, is something close by and worth looking into for this project as they seem to offer what I hope to talk about in my project.

THE CENTER

THE LESBIAN, GAY, BISEXUAL & TRANSGENDER COMMUNITY CENTER

RESOURCE CENTER

RESOURCES

Our Resource Center is a comprehensive guide connecting you to a wide range of personal resources and professional opportunities.

[VISIT RESOURCES ▶](#)

GENERAL RESOURCES

From insurance enrollment to program-specific resource areas such as Recovery, Wellness, Family and Youth, find a compilation of LGBT-focused organizations and opportunities to connect.

[VISIT GENERAL RESOURCES ▶](#)

NYC RESOURCES

From LGBT-friendly hotels, bookstores and attractions to anonymous HIV testing sites, find out more about what NYC has to offer you.

[VISIT NYC RESOURCES ▶](#)

PROFESSIONAL RESOURCES

For professionals looking for internship opportunities with The Center to those looking to further their understanding of the LGBT community, find resources designed to enhance your professional experience.

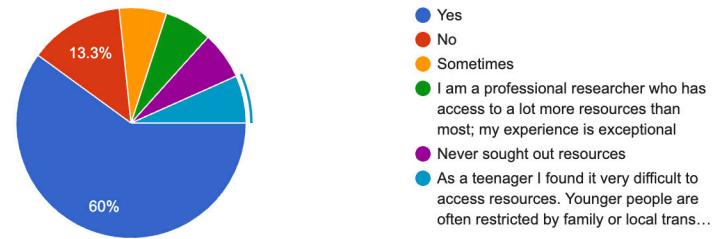
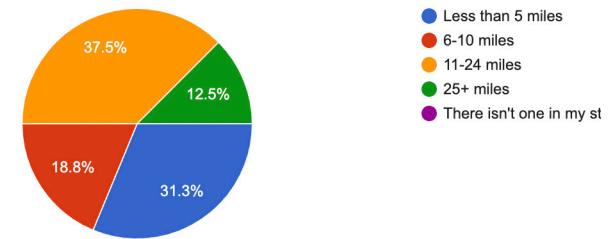
[VISIT PROFESSIONAL RESOURCES ▶](#)

#2

This weekend I was unable to visit any sites, but I was able to post a questionnaire for my research. I posed a handful of questions to my personal group of LGBTQ friends as well as a large group of LGBTQ individuals who are a part of a Facebook group I am in. I currently only have 11 responses, but the outcome I have had has been interesting. Many of my responses for the current results were late adolescent individuals. 9 out of the 11 people live in New York. Out of the remaining two, one lived in Washington and the other in Tennessee. Most of the results showed that their resource center was 11-24 miles away. While this is a large range, it still shows the amount of travel that has to be made to visit an existing resource center. Underprivileged individuals often have difficulty making trips such as these. 8 out of the 11 submitted surveys responded to the question: "What resources would you like to find in a LGBTQ+ center?" Here are the listed responses:

- Sex education, gender affirming resources, etc
- Safe Sex education
- Job placement assistance, housing assistance, counseling, medical financial assistance
- Information on cheap housing, std prevention and possibly testing, therapists or self help advisors
- Resources for trans youth to transition if they don't have the resources.
- Healthcare resources, activities to meet others, support groups? Maybe even help finding jobs and housing?

- sex ed; HIV/STI/STD testing or resources for finding free/subsidized testing, community building groups/activities/clubs/organizations; resources for therapy/counselling (free or subsidized); educational resources on identities, sexualities, LGBTQIA+ history; memorials to queer ancestors; art by queer people; information on housing/childcare/food assistance programs; social workers ready to help; possible sleeping quarters for displaced queer folk
- Therapy, resources relating to transitioning, and queer sex education



Our Values

Mission Statement: Provide underprivileged LGBTQ+ individuals with resources to help them become their true selves.

Vision Statement: Providing accurate information and specialized treatment for underprivileged LGBTQ+ individuals while also making personal connections to a supportive community.

Audience



NAME- Lili

QUOTE:

"Being disowned and kicked out by my family for coming out as transgender has made it hard to find stable living and reliable resources for my transition."

"My family is was not financially well off, and I have not been able to find any cheap options for gender therapy that my parent's insurance would have covered."

WHO IS YOUR PERSONA?

Age: 18

Location: Schenectady, NY

Job title: Unemployed but searching

Background: Lili comes from a very conservative household that holds religious morals to a high standard. At age 17, Lili came out as transgender (MTF) after an argument with her mother about human rights and LGBTQ+ issues. Her parents gave her a week to find a new place to stay after she told them that she is not just going through a phase and is going to transition "whether they agree with it or not." After an initial 4 months of couch hopping from friends' houses, Lili found herself without a job and living in homeless shelters, most of which she must hide her true identity because they also hold religious values.

WHAT ARE THE GOALS?

Lili's most important motivator is to find a safe place where she can find LGBTQ+ friendly house and also freely be herself without judgement.

Lili needs to find inexpensive therapy and gender affirming treatment, as well as insurance that covers gender and sexuality related medical treatment.

Lili wants to find a community of people like her where she can express and exchange information with others to learn more about her identity and what she can do to help her community.

WHAT IS YOUR PERSONAS ATTITUDE?

Lili is unsure about resource centers because she has not visited one before, but she is very open to the idea of visiting one to find safe housing, workplaces, and treatment.

Lili's expectation when she visits the resource center is to be greeted warmly, discuss her concerns and find reasonable solutions to continue her journey of self discovery. Her perception is that this resource center is a safe space to discuss her self-identity and personal struggles and to find resources and connections to other facilities that will welcome her.

Lili's motivation to interact with the resource center is the struggle to find accessible and inexpensive resources. Being a part of the LGBTQ+ community and also being homeless has several different obstacles to face. Housing, food, safety, community, education, etc. Lili wants to continue learning about herself and the people inside her community while also finding a safe space for herself.

Participation and Response

Participation

Who is allowed to participate?

Anyone who considers themselves to be a part of the LGBTQ+ community and falls under the category of "underprivileged." As well as anyone who is looking for information online about basic resources and connections to different facilities.

How do they participate?

Individuals can visit the resource center on-site and talk to the staff, or if they are unsure or not ready for an in-person visit they can see the resources we offer online and learn about the staff and facility. Resources that would be offered at the center include: Community interaction and discussion, one-on-one consultation for any concern (Housing, transgender issues, sexuality issues, STD/HIV and AIDS testing referral, etc.), second-hand donated clothing, and LGBTQ+ sex education.

Is participation meaningful?

Participation is extremely meaningful and allows for people within the community to connect and learn about themselves. Being able to talk about a personal issue and find out where you can go and be able to afford to solve that issue is a struggle, especially when it comes to mental health treatment and gender affirmation treatment. As well, in most public school, sex education is lacking and not inclusive. Participation at the center would allow for individuals to feel more comfortable with their sexuality and have an inclusive space to talk about it. It expands everyone's knowledge about LGBTQ+ issues and what we can do to make the world a better place.

Is participation voluntary?

While the majority of participation is voluntary, such as patients visiting the center on their own accord, it can be involuntary for the parents, friends or family of the individual who is going through treatment.

Response

What response do you want from your viewer?

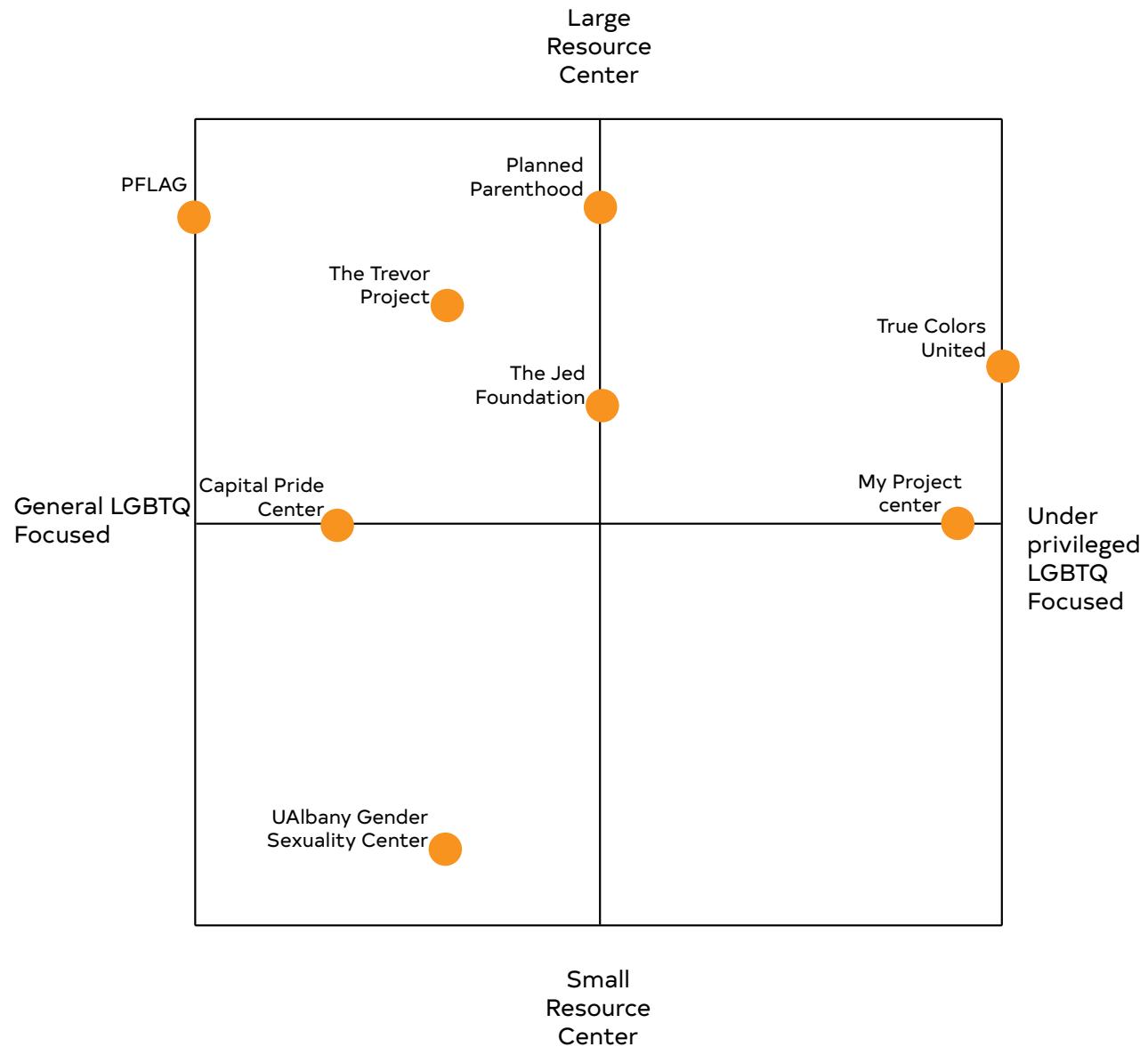
The response I am searching for is acceptance, love, and a desire for equality, not only for the community, but for these individuals who are struggling to find resources. I would hope that this resource center would be one big step for the community.

What is your visual communication objective?

My objective for visuals is one that follows the way we represent our community i.e. the rainbow flag, bright, inviting colors. As well as imagery that shows safety and acceptance.



Matrix



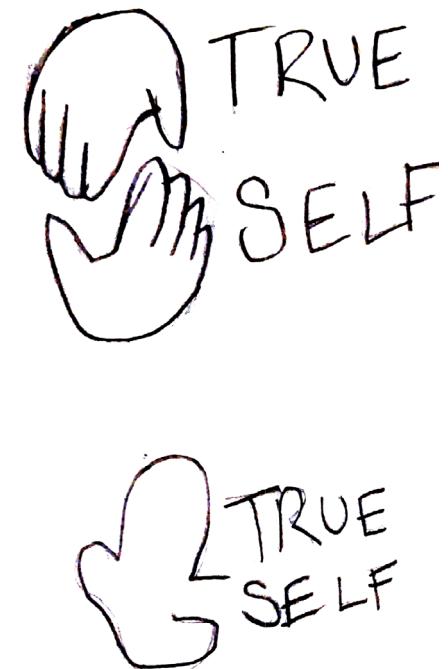
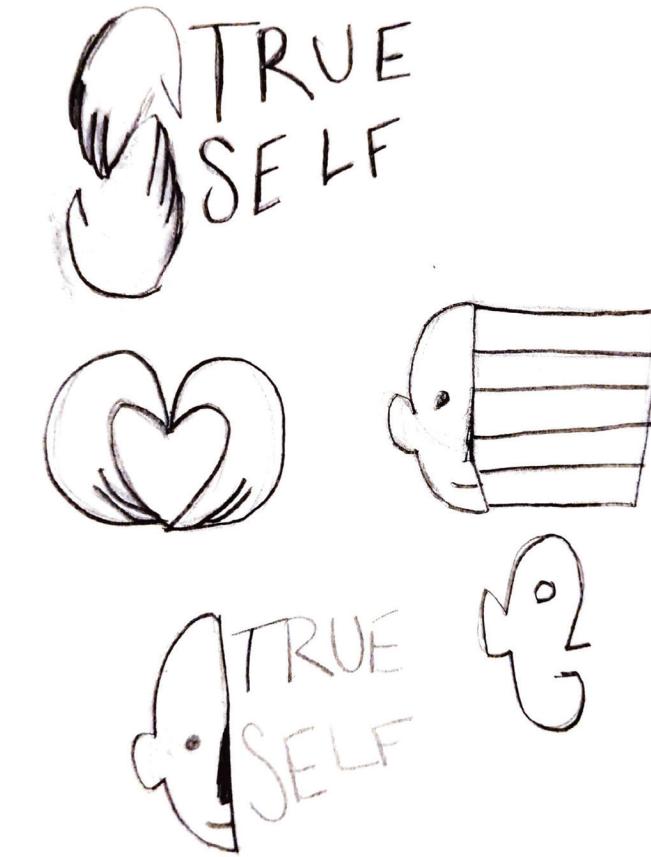
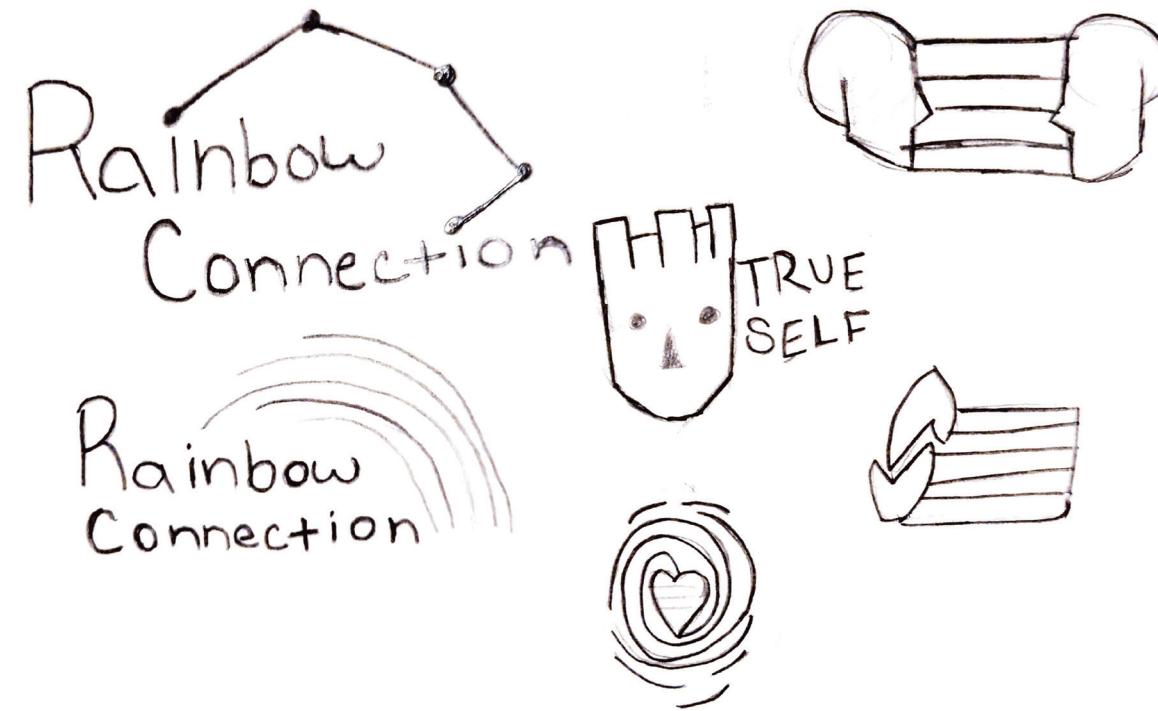
Planned Parenthood is a trusted health care provider, an informed educator, a passionate advocate, and a global partner helping similar organizations around the world. Planned Parenthood delivers vital reproductive health care, sex education, and information to millions of women, men, and young people worldwide.

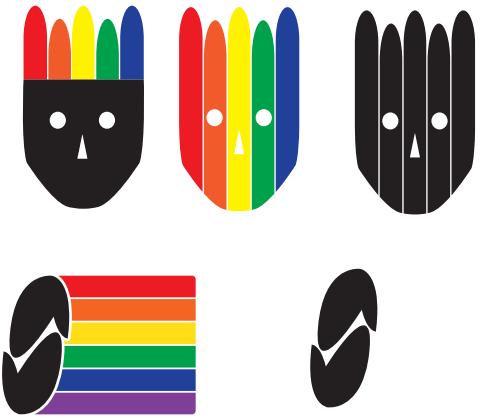
True Colors United implements innovative solutions to youth homelessness that focuses on the unique experiences of LGBTQ young people.

PFLAG is the first and largest organization for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people, their parents and families, and allies.

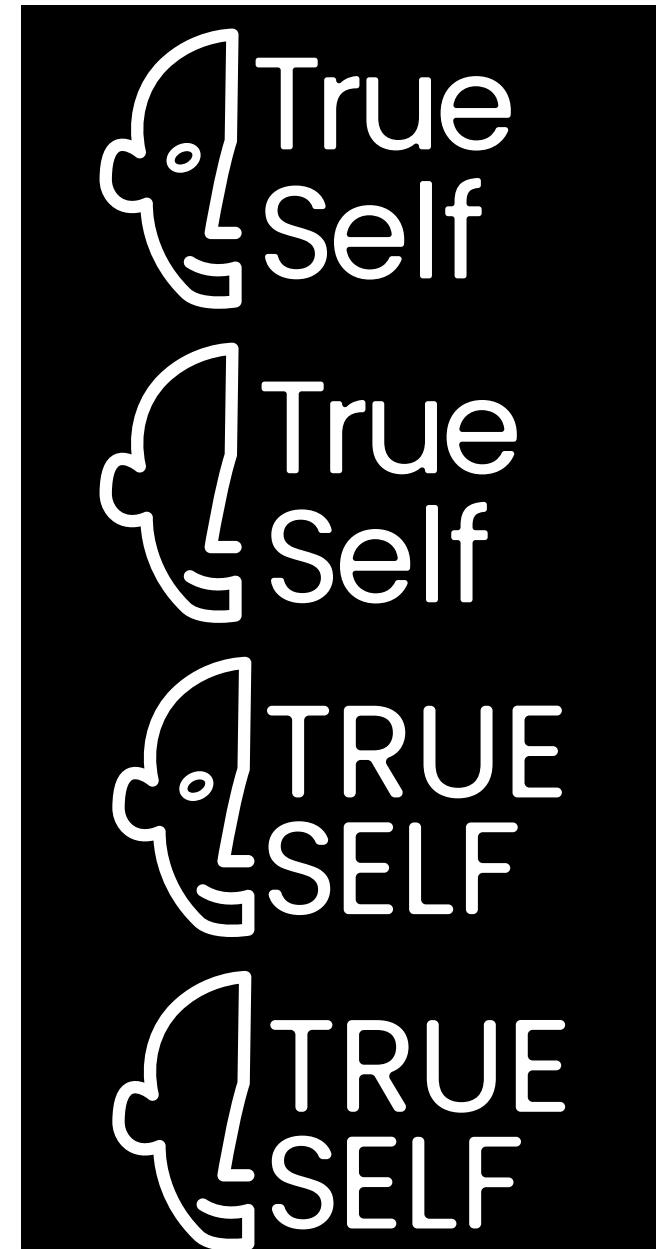
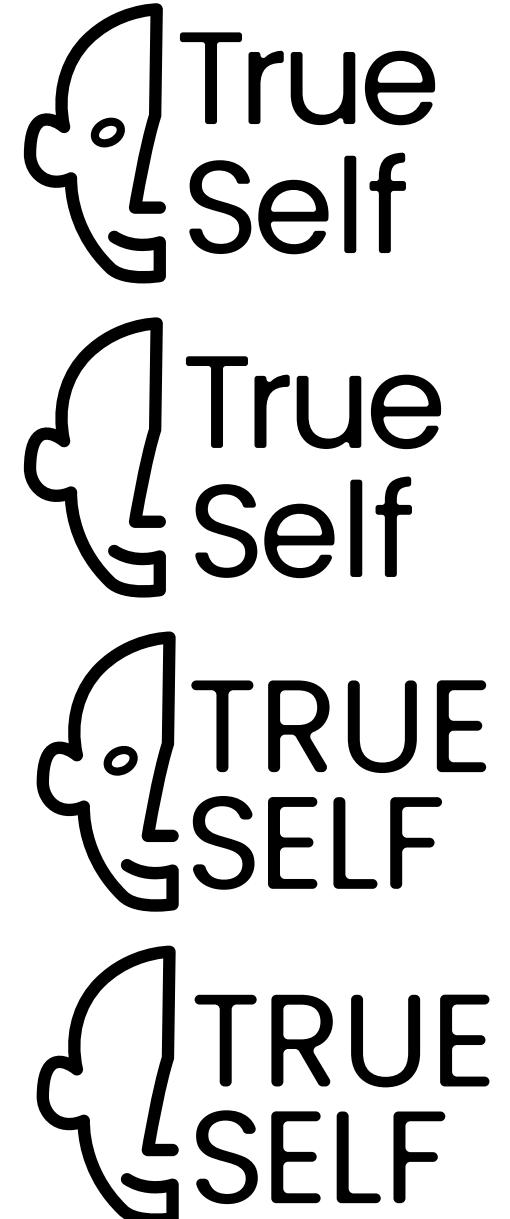
Founded in 1998 by the creators of the Academy Award®-winning short film TREVOR, **The Trevor Project** is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people under 25.

Brand Development





Typold	Open Sans	*Poppins	Catamaran
True Self	True Self	True Self	True Self
TRUE SELF	TRUE SELF	TRUE SELF	TRUE SELF
trueself	trueself	trueself	trueself
Trueself	Trueself	Trueself	Trueself
TRUESELF	TRUESELF	TRUESELF	TRUESELF
True	True	True	True
Self	Self	Self	Self
TRUE	TRUE	TRUE	TRUE
SELF	SELF	SELF	SELF

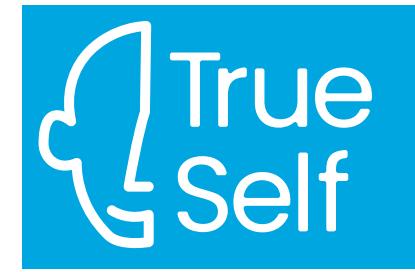




True
Self



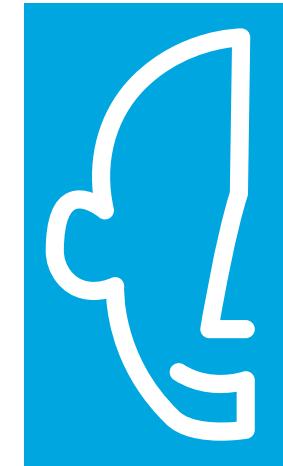
True
Self



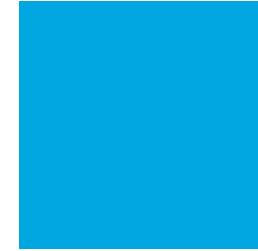
True
Self



True
Self



True
Self



Basic Blue
C 73 M 17 Y 0 K 0
R 0 G 166 B 224
HEX #00A6E0



Basic Pink
C 3 M 38 Y 0 K 0
R 255 G 171 B 231
HEX #FFABE7



Vibrant Yellow
C 4 M 0 Y 93 K 0
R 255 G 242 B 0
HEX #FFF200

Typold Regular

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xYyZz0123456789

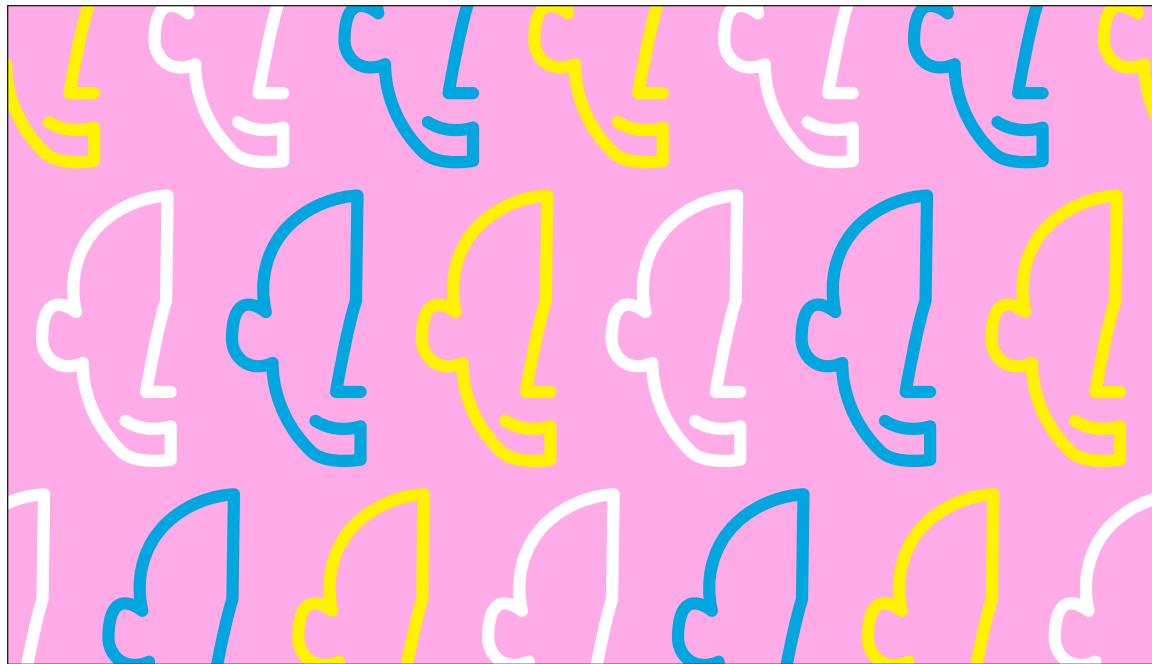
Typold Medium

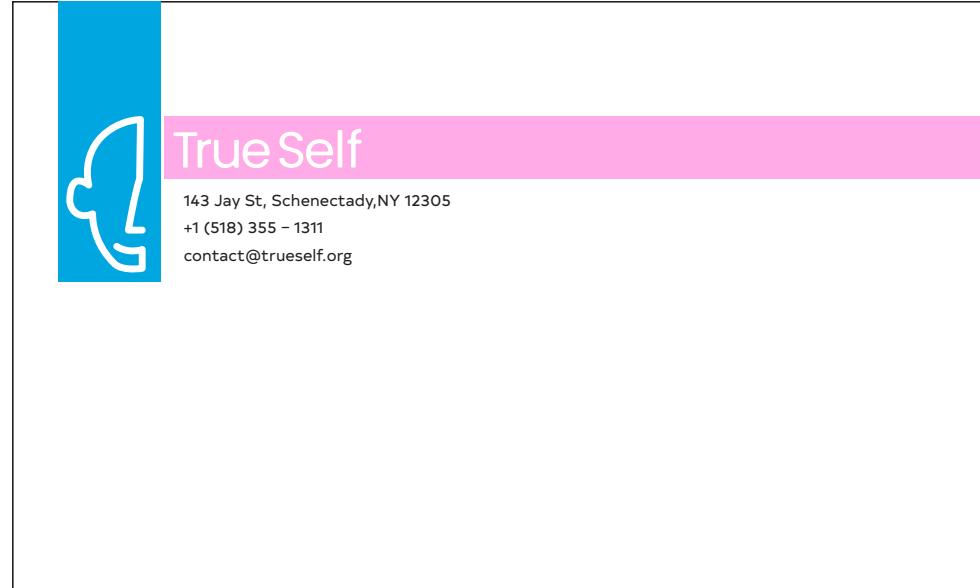
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xYyZz0123456789

Typold Bold

AaBbCcDdEeFfGgHhIiJjKkLlMmNnOoPpQqRrSsTtUuVvWwX
xYyZz0123456789

Stationary



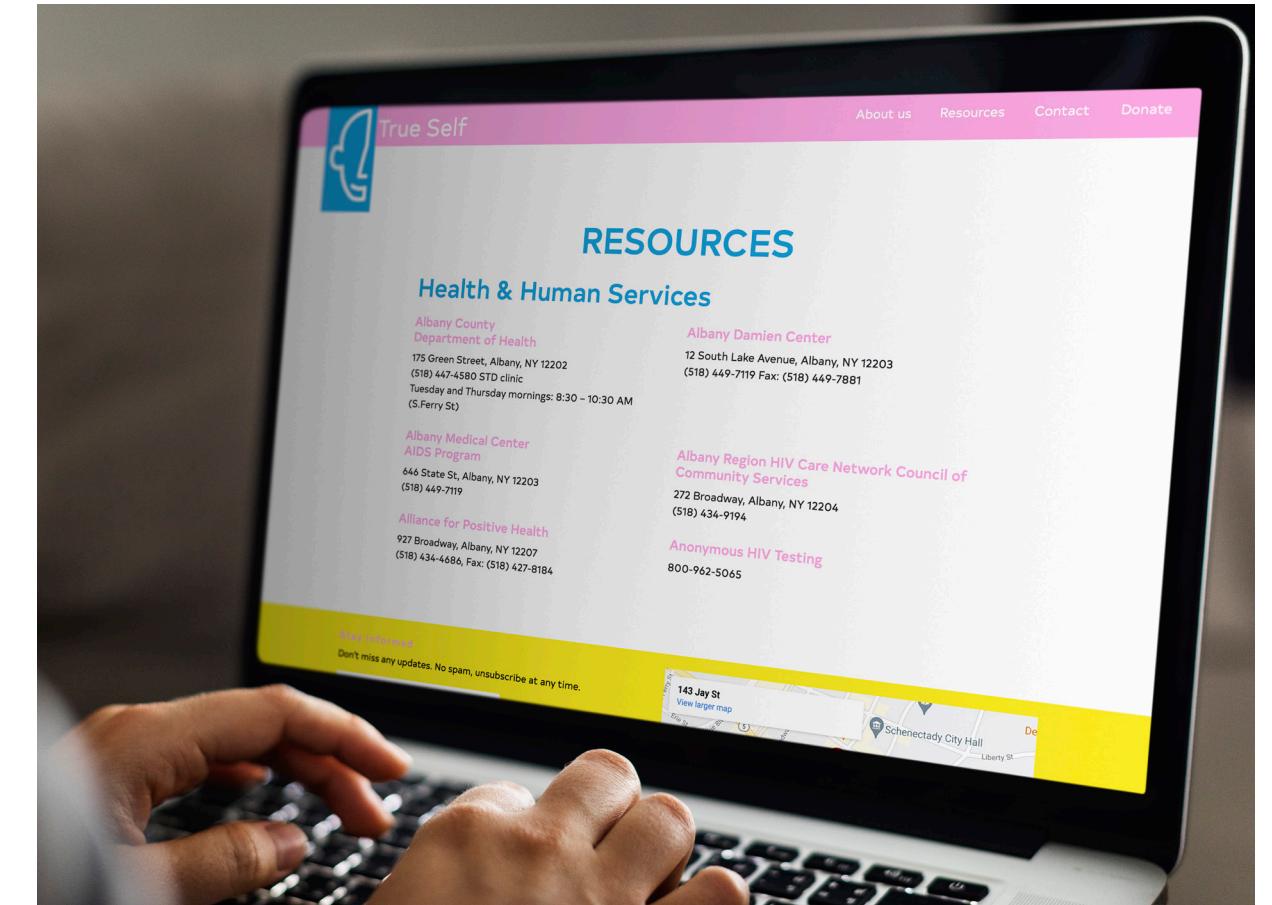


Campaign Posters





Website



Brochures



Local Sources

Pride Center of the Capital Region

332 Hudson Avenue
Albany, NY 12210
(518) 462-6138

Planned Parenthood Schenectady Health Center

1040 State St,
Schenectady, NY 12307
(518) 374-5353

Bethesda House

834 State St.
Schenectady, NY 12307
(518) 374-7873

Emergency Food Pantry Schenectady Inner City Ministry

839 Albany St.
Schenectady, NY 12307
(518) 346-4445

Schenectady County Department of Social Services

797 Broadway
Schenectady, NY 12305
(518) 388-4470



Gender vs. Sex

Gender

Gender is much more complex: It's a social and legal status, and set of expectations from society, about behaviors, characteristics, and thoughts. Each culture has standards about the way that people should behave based on their gender. This is also generally male or female. But instead of being about body parts, it's more about how you're expected to act, because of your sex.

Sex

Sex is a label — male or female — that you're assigned by a doctor at birth based on the genitals you're born with and the chromosomes you have. It goes on your birth certificate. When someone's sexual and reproductive anatomy doesn't seem to fit the typical definitions of female or male, they may be described as **intersex**.

Gender Identity

Gender identity is how you feel *inside* and how you express your gender through clothing, behavior, and personal appearance. It's a feeling that begins very early in life. Some terms that people may identify with are:

Transgender Man

describes someone assigned female at birth who has a male gender identity.

Transgender Woman

describes someone assigned male at birth who has a female gender identity.

Non-binary

describes someone who has a gender identity that is neither male nor female, or is a combination of male and female.

What Is Sexual Orientation?

Sexual orientation is how a person describes their emotional and sexual attraction to others.

Heterosexual (straight) describes women who are emotionally and sexually attracted to men, and men who are emotionally and sexually attracted to women.

Gay describes a person who is emotionally and sexually attracted to people of their own gender. It is most commonly used when talking about men.

Lesbian describes a woman who is emotionally and sexually attracted to other women.

Bisexual describes a person who is emotionally and sexually attracted to people of their own gender and people of other genders.

Asexual describes a person who has a lack of sexual attraction to others, or low or absent interest in or desire for sexual activity.

Familiarizing yourself with language that describes different types of sexual and romantic feelings and orientations will help you, your partners, and your friends navigate and understand the many ways people experience and identify their sexuality.

What if I don't want to be labeled?

It's okay if you don't want to be labeled. Only you can decide what sexual identity best describes you. Your sexual orientation and identity can remain the same throughout your life. Or it can vary depending on who you're attracted to, or romantically partnered or sexually active with. This is completely normal. Once you claim a label, there's no reason why it can't change as you change.

Changing how you identify doesn't mean that you're "confused." Many folks, old and young, experience changes in who they're attracted to and how they identify. This is called "fluidity."

What is Consent?

Sexual consent is an agreement to participate in a sexual activity. Before being sexual with someone, you need to know if they want to be sexual with you too. It's also important to be honest with your partner about what you want and don't want.

Consenting and asking for consent are all about setting your personal boundaries and respecting those of your partner — and checking in if things aren't clear. Both people must agree to sex — every single time — for it to be consensual.

Without consent, sexual activity (including oral sex, genital touching, and vaginal or anal penetration) is sexual assault or rape.

Stickers





60 • True Self • Stickers



Stickers • True Self • 61

Buttons





Mural



