Sexual Orientation, Gender Identity, and Expression (SOGIE) Committee

Sexual Orientation, Gender Identity, and Expression (SOGIE) - Affirming Social Work:
BEST PRACTICE – ETHICAL PRACTICE
September 2023
Letter from the NASW-TX SOGIE Committee Chair

September 5th, 2023

Dear Colleagues,

Over the past year, our profession has continued to see changes across our nation affecting our clients, the families, groups, communities, and organizations we are pleased and honored to serve. These changes are also coming with significant impacts on ourselves and our industry. However, when faced with the greatest challenges, our profession is resilient, constantly growing, transforming, and striving for ethical practice. At this time, it is with great pleasure to introduce you to the Sexual Orientation, Gender Identity, and Expression (SOGIE)- Affirming Social Work: Best Practice—Ethical Practice document.

Furthermore, this document is the collective work of an extraordinary group of social workers comprising the National Association of Social Workers (NASW) Texas Chapter SOGIE committee, an equity committee of NASW. The Sexual Orientation, Gender Identity, and Expression (SOGIE)-Affirming Social Work: Best Practice-Ethical Practice document was developed from the continued response to support our field to promote ethical ongoing practice with a disadvantaged population. This document serves as a guiding principle for social workers. As the NASW-TX SOGIE Committee Chair, I am pleased to lead an extraordinary group of social workers who continue to advocate for best practices in our field and across the state of Texas. Our field is continuously growing, finding new evidence-based practices, advancing research, continuing to strive for the ongoing strengthening of dialogues, and addressing the need to enhance and improve education for social workers. The Best Practice—Ethical Practice document serves as a guiding principle to help social workers have a foundational understanding when working with diverse SOGIE clients.

Although developed to help provide best practices and ethical practices, this document should not serve to replace the NASW Code of Ethics or ethical consultations with the association. Therefore, this document serves as a supplement to ongoing ethical practice. Aligned with the NASW Code of Ethics and the Texas Code of Conduct, the Best Practice and Ethical Practice Documents have not only been reviewed by over thirty social workers at all levels in our field but also by the NASW Texas ethics committee.

Throughout your time with this document and your career, I encourage you to continue striving for excellence, creating transformation, and growing professionally. Thank you for reading this document and for your continued work in our extraordinary field.

Yours in Service,

Kurt W. Oster, MAT, MSW,
Licensed Behavioral Specialist (LBS) | Licensed Independent Clinical Social Worker (LICSW) | Licensed Clinical Social Worker (LCSW) | Academy of Certified Social Workers (ACSW) | Registered Play Therapist™ (RPT™) | Board Certified Diplomate in Clinical Social Work (BCD) | National Association of Social Work (NASW) Texas Chapter SOGIE Committee Chair
## Contributing Authors

**Members of the National Association of Social Work Texas Chapter Sexual Orientation, Gender Identity, and Expression Committee**

<table>
<thead>
<tr>
<th>Chair</th>
<th>Members</th>
<th>Secretary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kurt W. Oster, LBS, LICSW, LCSW, ACSW, BCD, RPT™</td>
<td>Hannah Mitchell, LCSW</td>
<td>Ashley Heidebrecht, LMSW</td>
</tr>
<tr>
<td>Chris Avila, LCSW-S, BCD</td>
<td>Kat Moody, BSW</td>
<td>Raymond Castilleja, Jr., LCSW-S</td>
</tr>
<tr>
<td>Vice Chair</td>
<td>Members</td>
<td>Secretary</td>
</tr>
<tr>
<td>Chris Avila, LCSW-S, BCD</td>
<td>Kat Moody, BSW</td>
<td>Raymond Castilleja, Jr., LCSW-S</td>
</tr>
<tr>
<td>Jennifer Nichols, LMSW</td>
<td>Kathy Phoenix, DSW, LCSW-S</td>
<td>Ashley Heidebrecht, LMSW</td>
</tr>
<tr>
<td>Mika Smith-Low, LCSW-S</td>
<td>Natalie Smith-Low, LCSW-S</td>
<td>Aiden Morales, BSW</td>
</tr>
<tr>
<td>Steven Parks, LCSW-S, MBA, RPT™</td>
<td>Krystal Mehrhof, LMSW</td>
<td>Steven Parks, LCSW-S, MBA, RPT™</td>
</tr>
<tr>
<td>Loren Jones, BSW Student</td>
<td>W. John Arlotto, LCSW-S</td>
<td>Stacia Barrett, LCSW-S</td>
</tr>
<tr>
<td>Catelyn Devlin, LMSW, LCPAA-I</td>
<td>Heather Thatcher, LCSW</td>
<td>Ginger Chun, LMSW</td>
</tr>
<tr>
<td>Will Francis, LMSW</td>
<td>Executive Director- NASW LA &amp; TX</td>
<td>Stacia Barrett, LCSW-S</td>
</tr>
</tbody>
</table>

NASW Texas Ethics Committee

Executive Director- NASW LA & TX
Setting the Foundation

The last few years have seen an increase in LGBTQ+ visibility and a significant rise in anti-LGBTQ+ legislation, public and political narratives, discrimination, and violence against LGBTQ+ people. This escalation is true not only within the state of Texas but on a national scale. The social and political climate has created a hostile environment for LGBTQ+ people in our state, contributing to socioeconomic, health, and mental health disparities.

As Texas social workers, we are ethically responsible for advocating for social justice and respecting the dignity and worth of clients. The following is information on best practices when working with LGBTQ+ clients and ethical practices for all Texas social workers in light of the increased targeting of LGBTQ+ people.

Culturally Competent Terminology

Here are some basic definitions and terms, with additional definitions available in the linked resources below.

**Sexual orientation**: “One’s internal, personal sense” of who they are sexually attracted to or are not sexually attracted to. This can include, but is not limited to, straight or heterosexual, gay, lesbian, bisexual, pansexual, asexual, or queer (SOGIE Center, 2023, p. 5).

**Gender identity**: “One’s internal, personal sense of gender or lack thereof. Gender identity is best represented as a spectrum, and individuals may move around it throughout their lives. Examples of gender identities include but are not limited to man, woman, two-spirit, agender, and nonbinary” (SOGIE Center, 2023, p. 3).

**Gender expression**: “How an individual communicates their gender to others through behavior, clothing, hairstyle, voice, etc.; not an indication of gender identity or sexual orientation” (SOGIE Center, 2023, p. 3).

**Gender dysphoria**: “The complex and nuanced psychological, physical, and emotional suffering emerging in response to the internal and external (e.g., social/societal) experiences which highlight a disconnection between one’s internal understanding of self and one’s external presentation of self” (SOGIE Center, 2023, p. 3).

**SOGIE**: Sexual Orientation and Gender Identity/Expression.

**LGBTQIA+**: an acronym representing Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, + (plus) other terms regarding ways folks can identify and experience their sexual orientation and gender identity/expression.

**SGM**: Sexual and/or Gender Minority/minorities, generally referring to people who are not cisgender or heterosexual.
Additionally, many LGBTQ+ people are considering relocating to safer communities and states due to anti-LGBTQ+ state actions. Recent polling shows that, of the estimated 11,343,000 LGBTQ+ adults in the United States, approximately:

- 5% or 567,150 LGBTQ+ adults have already relocated, and approximately
- 27% or 3,062,610 LGBTQ+ have considered relocating.

The LGBTQ+ adults who have relocated or are considering relocating are disproportionately Black, Hispanic, nonbinary, transgender, and ages 18 to 24 or over age 65 (Conron & Goldberg, 2020).

It is essential to use correct terminology when discussing LGBTQ+ people who have relocated due to persecution and socioeconomic exclusion.

- Use the term “internally displaced person” rather than “refugee” when describing someone who relocated out of one state and into another while remaining in the United States. While internally displaced people and refugees are forcibly displaced due to persecution, refugee status is only given if someone is outside their country of origin (Phares, 2023).

For a full list of up-to-date terminology, please visit the National Center for Youth with Diverse Sexual Orientation, Gender Identity & Expression, and PFLAG Glossaries.

For additional information on culturally competent practice, please visit the NASW Guide for Understanding, Supporting, and Affirming LGBTQI2-S Children, Youth, and Families.

**NASW Ethical Principle:** Competence, Dignity, and Worth of the Person

**NASW Ethical Standard:** 1.05 Cultural Competence

(a) Social workers should demonstrate an understanding of culture and its function in human behavior and society, recognizing the strengths of all cultures.
(d) Social workers should obtain education about and demonstrate an understanding of the nature of social diversity and oppression concerning race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical ability.

Texas Social Worker Code of Conduct, Texas Administrative Code (TAC) RULE §781.301: (4) A social worker shall strive to maintain and improve her or his professional knowledge, skills, and abilities.

**Ethical Responsibilities to Clients**

- Social workers are encouraged to recognize and be knowledgeable about…
The challenges diverse SOGIE individuals with physical, sensory, and cognitive-emotional disabilities may experience.

How cohort and age differences, influences of religion and spirituality, and socioeconomic status may impact the psychological well-being of diverse SOGIE clients.

The importance of intimate relationships.

Challenges related to multiple and often conflicting norms, values, and beliefs faced by members of racial and ethnic minority groups.

Effects of stigma (i.e., prejudice, discrimination, and violence) and its various contextual manifestations for diverse SOGIE individuals.

How someone's SOGIE identity may impact the family of origin and the relationship with that family of origin.

Families of diverse SOGIE persons, which may include people who are not legally or biologically related (chosen family/found family).

How one's attitudes and knowledge (as a social worker) about LGBTQ+ issues may be relevant to assessment and treatment.

How to seek consultation or make appropriate referrals when indicated.

- Clients should not experience discrimination on account of their sexual orientation, gender identity, or gender expression when it comes to employment, public education, or while receiving social work services provided by federal Health and Human Service grants, including in health care, child welfare, foster care, refugee resettlement, or early childhood services (U.S. Department of Health and Human Services, 2023).

- Social workers should fight against discrimination their clients may experience. Federal and state law prohibits discriminating against people based on sex in certain circumstances. The U.S. Supreme Court has ruled that the term “sex” relates to civil rights, and discrimination includes a person’s sexual orientation and/or gender identity/expression (Bostock v. Clayton County, 2020).

- If you work with a client who does experience discrimination on account of their SOGIE in these settings, as a social worker, you are encouraged to advocate for the client’s civil rights, including but not limited to filing a complaint with the Office of Civil Rights in the Department of Health and Human Services.

**Ethical Principles**: dignity and worth of the person, importance of human relationships, competence

**Ethical Standards**: 6.04 Social and Political Action

(a) Social workers should engage in social and political action to ensure that all people have equal access to the resources, employment, services, and opportunities required to meet their basic human needs and fully develop. Social workers should be aware of the impact of the political arena on practice. They should advocate for changes in policy and legislation to improve social conditions to meet basic human needs and promote social justice.
Ethical Responsibilities to Colleagues

- Consider the conditions under which other practitioners may be practicing. Not all practitioners can live and/or practice in communities where it is safe to be openly out. If possible, seek guidance and training on how to make your professional space friendly and acceptable for all sexual orientations, gender identities, and expressions.

- It is essential to remember that there is no universal standard for being a safe and affirming provider. Gatekeeping often comes from an intention of protection; however, it often creates additional harm and can cause people to be barred from a space in which they are needed and in which they can contribute significantly. Furthermore, a social worker who is affirming to gay people may not be affirming to trans people, or maybe affirming to LGBTQ+ people who are white but exhibit racial bias or any of the other many scenarios we find involving intersectionality. In this time of challenge, NASW-TX wants to offer space for you as a provider to consider these nuances and encourage us to trust each other while offering guidance to help us all be safe and affirming providers.

Ethical Responsibilities in Practice Settings

- Report comments, questions, and/or concerns to the NASW Ethics Committee and/or NASW SOGIE Equity Committee and/or the NASW-TX chapter if you are concerned about a practitioner not using best/ethical practices. A member from at least one of these committees can provide counsel as needed.

- Work within your agency or practice setting to market your skills and experience as a practitioner capable of providing LGBTQ+-affirming mental health care. This adjustment could look like adding your name or practice to diverse SOGIE-safe provider lists, advising clients and their families on seeking gender transition care providers, etc.

- If you live in a community where it is unsafe to openly advertise that you are an LGBTQ+/SOGIE-friendly space (for you as the provider and potential clients), contact the NASW-TX SOGIE Committee for support.

- If you are a provider who is part of the LGBTQ+ community and you do not feel safe to come out professionally, the NASW-TX SOGIE Committee is here for your support.

Ethical Responsibilities as Professionals

- Research the political, cultural, and socioeconomic histories of various sexual orientations, gender identities, and gender expressions across the lifespan and the intersecting root causes, attitudes, and beliefs that create opportunities of harm and opportunities of celebration towards receiving/accessing care, human rights, and mental health treatment.

- Attend professional development opportunities regularly to understand and implement best and ethical practices for working with all marginalized communities and to affirm complex identities.
Ethical Responsibilities to the Social Work Profession

- Social workers are charged with the ethical responsibility to hold the profession accountable while we continue to professionally change, grow, and advance. As such, these changes continue to occur as social awareness expands.

- Providers, just like everyone, are impacted by social narratives and biases, reinforcing that heterosexuality and the gender binary are the norms and the only correct way of existing. Much of our profession’s standardized language and practices have been considered harmful, misleading, and stigmatizing. The mental health and law enforcement systems worked hand in hand for generations to pathologize and institutionalize LGBTQ+ people. While homosexuality was removed from the DSM in 1973, therapy and psychiatry commonly remained a primary tool to fix LGBTQ+ people in the following decades. The language of referring to LGBTQ+ existence as ‘deviant’ or ‘alternative’ is still present in our social narratives and the DSM (National Association of Social Workers, n.d.).

- Providers are encouraged and ethically obligated to use a person-centered lens, affirming language and practice with clients and colleagues. While a provider may know that discrimination is wrong, we work within a system designed for heteronormativity and the binary, and providers may become uncomfortable or feel unequipped to meet clients where they are. As fellow providers, we must view these situations with empathy and understanding, recognizing that some communities are safer than others. We must account for intersectionality, recognizing that a provider who is White and gay may have a different experience as a professional than a provider who is Black and transgender. A provider may be out in a manner that allows them to feel safe while also, through word of mouth or strategic marketing, being able to reach the queer community in their area. We also must remember that how, when, and where a person comes out is up to them, and no one else has the authority to dictate that.

Ethical Responsibilities to the Broader Society

- Understanding the nature of sexual orientation and gender identity/expression are fundamental aspects of the social work knowledge base. All Texas social workers must know evidence-based understandings related to SOGIE as part of Human Behavior in the Social Environment. For more information, please utilize the resources shared below.

- Social workers are ethically obligated to advocate for vulnerable populations, and an essential type of advocacy is speaking out against misinformation and correcting false narratives. Bystander intervention can be a helpful approach when speaking against LGBTQ+ hate.

- If you hear someone spreading misinformation or hate speech about LGBTQ+ people, you must address this by correcting the harmful and hateful narrative. Texas social workers are ethically responsible for speaking up for evidence-based care and against hate speech targeting vulnerable members of society.

Common misconceptions and evidence-based responses can be found at the [Yale Law School’s](https://www.yale.edu/law)
Integrity Project and in a recent publication from the Journal of Adolescent Health.

<table>
<thead>
<tr>
<th>Ethical Principles: dignity and worth of the person, importance of human relationships, competence.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethical Standards: 6.01 Social Welfare</td>
</tr>
</tbody>
</table>

Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs. They should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.

Best Practices for Texas Social Workers Working with LGBTQ+ Clients: Response to Senate Bill 14

What does SB 14 do?

**Texas SB 14** prohibits medical providers who prescribe medication or perform surgeries from providing certain types of gender-affirming medical care to children under age 18. Specifically, medical providers are prohibited from prescribing puberty blockers to delay puberty or hormones like estrogen or testosterone to children under age 18 if the physician is prescribing those for “gender transitioning” or to treat “gender dysphoria” (SB 14, 2023).

SB 14 also prohibits the use of public funding, including Medicaid, CHIP, and the Texas Medical Assistance Program, from reimbursing any expenses associated with the *medical* gender-affirming care prohibited in the proposed bill (SB 14, 2023).

SB 14 violates transgender children’s equal protection rights; by explicitly allowing the same medications to be administered to intersex and cisgender children, SB 14 supporters undermine their argument that SB 14 is about protecting children’s health. Their concerns about children’s health are insincere if they explicitly allow intersex and cisgender children to access these medications but not transgender youth.

SB 14 is set to go into effect on September 1, 2023. However, a lawsuit was filed in July 2023 by several Texas families and Texas medical providers to challenge SB 14 and prevent it from going into effect. NASW-TX will share updates on the status of SB 14 as the lawsuit progresses.

What does SB 14 *not* do?

SB 14 does *not* prohibit gender-affirming mental health care and treatment. Public funding, including Medicaid, CHIP, and Medical Assistance Program, *can still cover* gender-affirming mental health care costs.

SB 14 does *not* penalize social workers who help transgender children and their families access gender-affirming medical care out-of-state.
Southern Equality’s Southern Trans Youth Emergency Project has information on:
  - Patient Navigators to help identify providers outside of Texas who can provide
gender-affirming care to youth residing in Texas.
  - Funding to help cover the costs of traveling out of state to access gender-affirming
  medical care.
  - Other LGBTQ+ organizations are also working on various supports for LGBTQ+
  people who must travel or relocate out of Texas due to anti-LGBTQ+ state actions
  (Campaign for Southern Equality, n.d.).

What does SB 14 mean for Texas social workers?

Within their scope of practice, all social workers should continue to serve transgender and
gender-diverse clients under age 18 according to evidence-based and best practice standards of care.
For more information on this specific legislation, read this fact sheet from the ACLU.

Mental Health Care for Transgender and Gender-Diverse Children
Positively Impacts Mental Health Care for All Children

Texas social workers should continue to connect clients to affirming and evidence-based mental
health treatment.

- SB14 affects medical treatment related to certain types of gender-affirming care but does not
  appear to affect mental health treatment.
- Gender-affirming mental health care can still be provided to minors in Texas without medical
  support like puberty blockers, gender-affirming hormones, or surgeries.
- Anti-LGBTQ+ policies, government action, and societal sentiment are associated with
  worsening mental health for children and adolescents.
- While LGBTQ+ children and teenagers' mental health is affected more, even cisgender and
  heterosexual children and teenagers demonstrate poor mental health outcomes in
  environments that include or tolerate anti-LGBTQ+ sentiment (Saewyc et al., 2014).
- It is crucial for young people, both LGBTQ+ young people and cisgender, heterosexual
  young people, to see social workers standing up for them and speaking out against hate
  speech (Poteat et al., 2012).

Both the American Psychiatric Association (which authors the DSM-5) and the World Health
Organization do not categorize gender dysphoria as a mental health disorder, nor is it considered a
phase (American Psychiatric Association, 2013; American Psychiatric Association, 2017; Bauer et
al., 2022; McNamara et al., 2022).

Still, many transgender people may experience stress about their body’s physical characteristics not
aligning with their gender identity. Research has shown that gender-affirming medical care like
puberty blockers and gender-affirming hormones are often effective at treating gender dysphoria
(Kuper et al., 2020). Non-affirming environments, puberty, and the absence or withdrawal of gender-
affirming medical treatment may significantly worsen or intensify stress and discomfort. A study of
over 100 transgender children showed puberty blockers and gender-affirming hormones were
associated with a 60% decrease in depression and a 73% decrease in suicidality (Tordoff et al., 2022).
Research notes that gender-affirming care is life-affirming as it is rooted in social work theory. As such, research explains that life-affirming care is about:

1. Using affirming language, including preferred name and proper pronouns.
2. Not losing sight of the client’s resilience.
3. Appreciating and supporting the courage it takes for clients to be who they are in this world.
4. Should not focus on or reduce what the client is feeling around body parts alone.
5. Paying attention to the intersections and impact of trauma.
6. Introducing clients to trans adults who are thriving.
7. Connecting clients to their peers.
8. Help the client to feel comfortable stepping outside the box.
9. Never give up on a family- no matter how difficult they appear. Take it day by day.
10. Encourage healthy self-esteem through appropriate connections to others (Nealy, 2017).

**NASW Ethical Principle:** Service, Dignity, and Worth of the Person

**NASW Ethical Standard:** 1.01 Commitment to Clients

Social workers’ primary responsibility is to promote the well-being of clients.

(3) A social worker shall only offer those services that are within his or her professional competency and shall provide services within accepted professional standards of practice appropriate to the client’s needs.

Texas Social Worker Code of Conduct, TAC RULE §781.301s: (1) A social worker shall not refuse to perform any act or service for which the person is licensed solely based on a client's age; gender, race; color; religion; national origin; disability; sexual orientation; gender identity and expression; or political affiliation.

**Seeking Gender-Affirming Care Out-of-State**

SB 14 *does not* affect social workers’ ability to help clients identify, travel to, and access gender-affirming medical care out-of-state if the social worker is not using state funding to cover the costs of their time working with the client to access out-of-state gender-affirming medical care. State funding cannot be used to cover other expenses related to a minor accessing gender-affirming medical care out-of-state. However, Medicaid and CHIP can reimburse for gender-affirming mental health care.

Social workers should not use state funding if they are helping “facilitate” a transgender child’s out-of-state access to medications or surgeries related to gender-affirming care. It is recommended that social workers do not help facilitate transgender children’s access to out-of-state gender-affirming medication or surgeries if their salaries are paid for with state-funded grants (SB 14, 2023).
NASW Ethical Principle: Competence, Integrity, Dignity, and Worth of the Person

NASW Ethical Standard: 1.07 Privacy and Confidentiality

(a) Social workers should respect clients’ right to privacy. Social workers should not solicit private information from or about clients except for compelling professional reasons. Once private information is shared, standards of confidentiality apply.
(e) Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients’ right to confidentiality. Social workers should review with clients’ circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker-client relationship and as needed throughout the relationship.

Texas Social Worker Code of Conduct TAC RULE §781.301: (7) A social worker shall safeguard the client's rights to confidentiality within the limits of the law.

### Mandated Reporting

SB 14 does not impact mandated reporting of child abuse and neglect. Gender-affirming medical care is not child abuse, according to NASW-TX, the American Academy of Pediatrics (AAP), the Texas Chapter of AAP, the Texas Pediatric Society, and the American Professional Society on the Abuse of Children (APSAC) (American Academy of Pediatrics & Texas Pediatric Society, 2022).

Many Texas social workers expressed confusion regarding their mandated reporting requirements after Texas Attorney General Ken Paxton issued an opinion in February 2022 alleging that gender-affirming care could constitute child abuse. In addition to the evidence showing gender-affirming care is not child abuse - confirmed by all major medical and mental health organizations – the Texas Supreme Court added clarity on our mandated reporting obligations in light of the Paxton memo. In the lawsuit against the Department of Family Protective Services (DFPS) investigations into parents of trans kids, the Texas Supreme Court (2022) wrote, “…it is well-settled that an Attorney General opinion interpreting the law cannot alter the pre-existing legal obligations of state agencies or private citizens” (p. 5). In other words, the Attorney General’s opinion on gender-affirming care does not affect mandated reporters in Texas.

Further, the Texas Supreme Court ruled that DFPS cannot investigate families of transgender children when the only allegation is that the parents have a transgender child. There must be allegations that fit within the Texas Family Code of Abuse and Neglect beyond allegations of a transgender child accessing gender-affirming care.

Gender-affirming care is evidence-based, medically necessary, life-affirming care. It is not child abuse, and NASW-TX sees no reason for a Texas social worker to report caregivers of a transgender child to DFPS simply because the child is accessing gender-affirming care.

### Resources for Children, Adults, and Families

Social workers should share these important tasks with any parent of trans kids in Texas, and parents should complete both of the following tasks as soon as possible.

1. **Protect Health Information.** Any transgender child or young adult in Texas should submit [this letter](#) to all their medical and mental health providers to protect their health information. [Click here](#) for instructions on how to complete the letter.

2. **Join PFLAG.** Every parent of a trans or gender-diverse child in Texas should [join](#) PFLAG immediately. As of [September 2022](#), DFPS is not allowed to investigate PFLAG members if the
only allegation against the PFLAG member is that they have a child who is receiving gender-affirming medical care. The *PFLAG v. Abbott* lawsuit is still active, and NASW-TX will share updates as the lawsuit progresses.

Social workers should also share the following resources with any Texas-based transgender child and their families:

- **Texas Trans Kids** is the primary hub for transgender kids in Texas
- **Parent Resources** and **Health Care Resources** from the Transgender Education Network of Texas (TENT)
- **TENT Travel Funds Application**

Social workers should review and refer to the following essential resources for gender-affirming care:

- **ACLU of Texas**
- **American Psychological Association (APA)**
- **Equality Texas**
- **Gender Infinity**
- **Gender Pronouns**
- **Gender Unicorn**
- **Genderbread**
- **GLSEN Gender Terminology**
- **Human Rights Campaign’s Time to Thrive**
- **Lambda Legal Help Desk**
- **NASW Texas Committee on Sexual Orientation, Gender Identity, and Gender Expression**
- **National LGBTQIA+ Health Education Center, Fenway Institute**
- **National Resource Center on LGBT Aging**
- **PFLAG**
- **Qwell Community Foundation**
- **SAGECARE**
- **Texas Foster Youth Connections**

**Resources for Social Workers**

For ethical questions, you can contact the NASW-TX Office for an ethics consult, or you can reach out to Kurt W. Oster, LBS, LICSW, LCSW, ACSW, BCD, RPT™, NASW-TX SOGIE Chair or Chris Avila, LCSW-S, BCD, NASW-TX SOGIE Vice-Chair at sogie.naswtx@socialworkers.org

**Organizational positions that advocate for gender-affirming care for minors:**

- **American Medication Association (AMA)**
  - 2021 – Press release “Stop interfering in health care of transgender children”
- **American Academy of Child and Adolescent Psychiatry (AACAP)**
  - 2019 – Statement responding to efforts to ban evidence-based care for transgender and gender diverse youth
• American Psychological Association (APA)
  o 2023 – Criminalizing gender-affirming care with minors
  o 2020 – Statement on the treatment of transgender (Trans) and gender-diverse youth
• The Endocrine Society
  o 2021 – Statement condemning efforts to block access to medical care for transgender youth
• National Association of Social Workers (NASW)-Texas Chapter
  o 2023 – Sexual Orientation, Gender Identity and Expression (SOGIE) Equity Committee statement on gender-affirming care
• World Professional Association of Transgender Health (WPATH) and United States Professional Association of Transgender Health (USPATH)
  o 2023 – USPATH and WPATH Confirm Gender-Affirming Health Care is Not Experimental; Condemns Legislation Asserting Otherwise
  o 2023 – Statement of Opposition to Legislation Banning Access to Gender-Affirming Health Care in the US

Professional resources, publications, and toolkits with evidence-based practices:


Davidge-Pitts, C., & Solorzano, C. B. (Eds.). (2022, January 24). *Transgender and gender diverse*


Klein, K., Holtby, A., Cook, K., & Travers, R. (2015). Complicating the coming out narrative:
Becoming oneself in a heterosexist and cissexist world. *Journal of Homosexuality*, 62, 297-326. [https://doi.org/10.1080/00918369.2014.970829](https://doi.org/10.1080/00918369.2014.970829)


References


