

SEXUAL AND GENDER MINORITY AFFIRMING HEALTHCARE

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Learning Objectives



- *“Grant that I may not so much seek...to be understood as to understand.” - Prayer of St. Francis*
- Learn the difference between sexual orientation and gender identity
- Be able to recognize specific barriers these populations face in receiving affirming healthcare
- Gain a thorough understanding of how minority stress applies to these populations and impacts their cognitions and behaviors
- Identify at least two interventions specific to this population to help alleviate or moderate health disparities

About Me



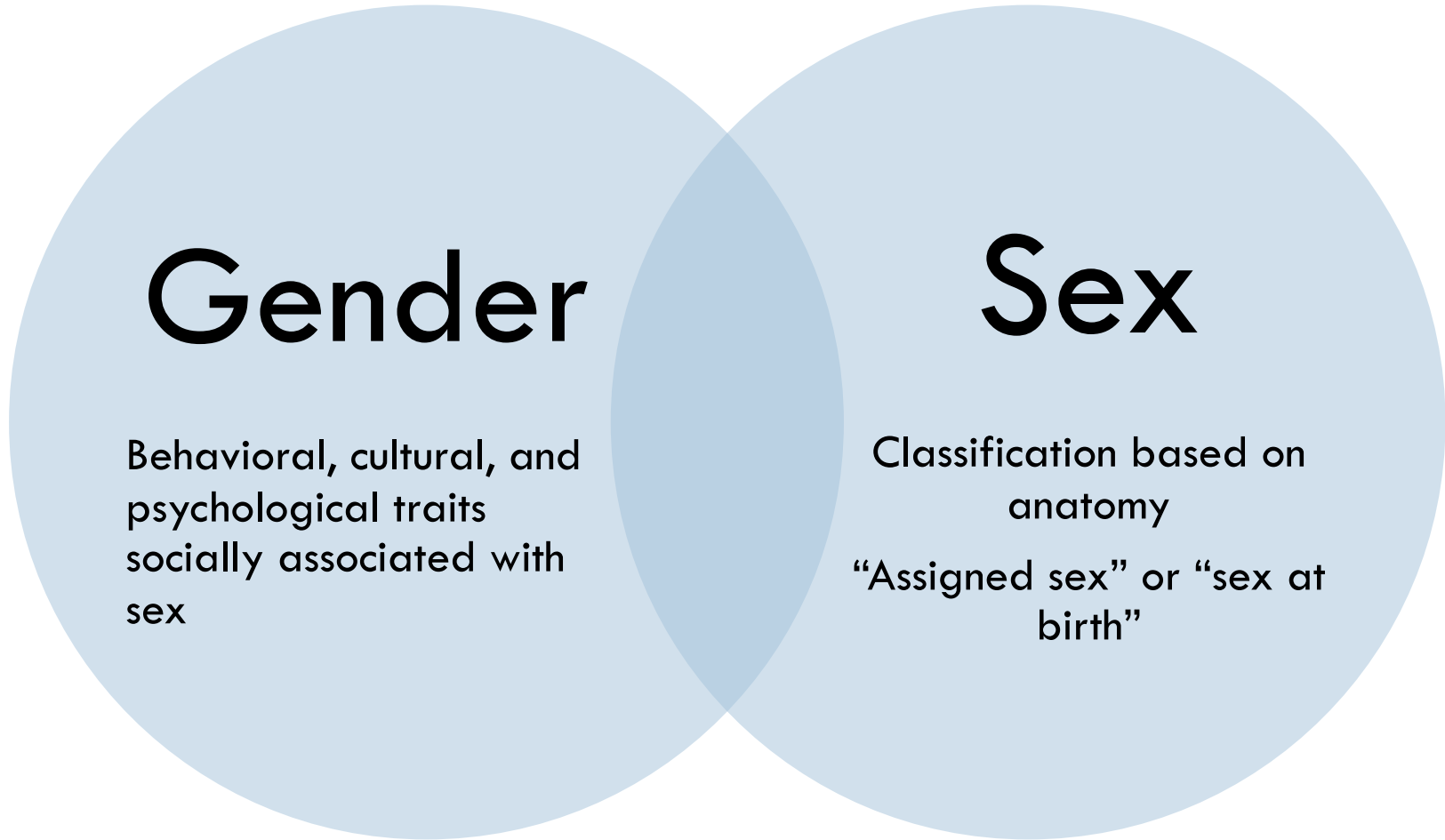
- Art degree, Dallas, Texas
- BA Psychology, St. Edward's University, Austin, Texas
- MA Counseling, Pacific University, Portland, Oregon
 - ▣ Internship at SMYRC (Sexual and Gender Minority Youth Resource Center)
- PhD, University of Memphis, Memphis, Tennessee
 - ▣ Pre-doctoral Internship at UT Dallas counseling center
 - ▣ Post-doctoral fellowship in LGBT Interprofessional Care at VA Houston
- Currently in practice at Truman Medical Centers in Kansas City
- Board member of Good Samaritan Project, HIV healthcare non-profit

Why Affirming?



- Not enough to be “accepting” or “LGBT friendly”
 - Study of rural providers in New Mexico
 - “everyone gets treated the same” – neutrality insinuates another layer of bias
 - Clients felt subtle pressure to not disclose, or to change the subject if their sexuality came up
 - Providers verbalized being accepting and did not perceive themselves as manifesting bias
 - Disregards varied social adversities and lived experiences of this group

Gender & Sexuality



Cisgender

Gender 101

- Sex
 - ▣ Typically assigned at birth

- Gender
 - ▣ External presentation

- Gender Identity
 - ▣ Internal sense of self



Gender ≠ Sex ≠ Gender Expression

- Gender Expression
 - How one “performs” their gender
- Gender Variance
 - The distribution of sex, gender, and gender expression within an individual
 - Gender variant individuals are not always transgender
- Transgender
 - When an individual’s gender identity or expression significantly differ from what is commonly associated with one’s sex
 - Not all transgender individuals meet diagnostic criteria for Gender Dysphoria (formerly Gender Identity Disorder)
- Intersex
 - Individuals whose with reproductive or sexual anatomy and/or chromosome pattern that do not seem to fit typical definitions of male or female. Now called Disorders of Sexual Development (DSD).

Gender Identity



- One's felt sense of self as being a girl, a boy, both, or neither
 - ▣ Internal
 - ▣ Child usually voices gender between 2 and 5 years old

- One "just knows" their gender
 - ▣ Psychological, cultural, social construct
 - ▣ Tied to names and pronouns
 - ▣ Mr./Mrs./Ms. and He/him/she/her

Gender Diversity



□ Intersex

- ▣ **Sex** differs from cultural expectations (www.isna.org)

□ Gender non-conformity

- ▣ **Gender expression** differs from cultural expectations

□ Transgender

- ▣ **Gender identity** differs from cultural expectations

Transgender Terminology

Binary

- Transwoman/Feminine
 - ▣ She/her/hers
 - ▣ Ms/Miss/Mrs.
- Transman/Masculine
 - ▣ He/him/his
 - ▣ Mr.
- Cisgender

Non - Binary

- Genderqueer
- Gender fluid
- Agender
- Third gender
- Bi gender
 - ▣ They/them/theirs

Sexuality

- Attractions
 - ▣ Erotic
 - ▣ Emotional/romantic
- Behaviors
- Identity



Health Disparities

- LGBT is an umbrella term
- Health needs often grouped together
 - ▣ Each letter represents a distinct population with unique health concerns
 - ▣ Subpopulations for each group based on race, ethnicity, socioeconomic status, age, geographic location, and other factors
- Due to stigma, relatively little health research
 - ▣ Sexual orientation and gender identity are multifaceted and complex concepts and identities, making defining them operationally difficult
 - ▣ Individuals often reluctant to answer questions
 - ▣ Relatively small proportion of the population – labor intensive and costly
- Initiated by the NIH, the Institute of Medicine conducted a health consensus based on 4 conceptual frameworks:
 - ▣ *Life-course framework*
 - ▣ *Minority stress model*
 - ▣ *Intersectionality*
 - ▣ *Social ecology perspective*

Health Disparities for LGB

- HIV falls disproportionately on young men, particularly young black MSM
 - 2005-2014 HIV decreased 19% overall, but increased 6% among all gay and bisexual men
- 30% of LGB youth attempt suicide by age 15, versus 1.6 % of heterosexual population (suicide is the leading cause of death of LGB youth, versus the 9th leading cause of death among their hetero peers)
- Rates of smoking, alcohol abuse, and substance use higher among LGB youth, and lesbians throughout the life span.
- It is estimated that homeless youth comprise up to 40% of the homeless youth population, with LGB homeless youth at significantly higher risk of being sexually or physically victimized, have more mental health issues, experience more discrimination as a result of their homelessness, and engage in riskier survival sex

Health Disparities for LGB



- Lesbian and bisexual girls and women tend to have higher BMIs throughout the lifespan, and receive less preventative care overall, such as mammograms
- LGB adolescents and adults have markedly higher depressive and PTSD symptomatology. Gay males tend to have higher sexual dysfunction, and lesbians and bisexual women have higher rates of physical and sexual trauma across the lifespan, as well as engage in sex at younger ages, and may be more at risk of pregnancy in adolescence.
- LGB elders often find themselves going back into the closet in retirement, particularly in nursing homes. Also, fewer children to help care for, or advocate, for them.

National Transgender Discrimination Survey

- Extreme poverty
 - 4x more likely to have household income under \$10,000
 - 16% reported working in underground economy

- 41% attempted suicide (vs. 1.6%)

- Harassment at school K-12, 78%. Physical, 35%. Sexual, 12%. Harassment so severe 15% reported leaving school entirely.

- 90% reported being mistreated or harassed at work. 26% reported being fired as a direct result of their gender identity.

- Currently unemployed respondents reported double the rate of working in the underground economy, twice the rate of homelessness, 85% more incarceration, double the HIV infection rate

National Transgender Discrimination Survey

- 19% reported homelessness at some point in their life. 55% reported being harassed by shelter staff. 29% were turned away altogether from shelters. 22% reported being sexually assaulted by shelter staff.
- 53% reported verbal harassment in a public place, such as a hotel, bus, airport, or government agency.
- 19% reported being overtly refused medical care
- 63% experienced a serious act of discrimination due to being transgender (firing, being disowned, rape, losing custody of children, denial of medical service, homelessness, incarceration). 23% reported a catastrophic level of discrimination, meaning they were impacted by at least three major life-disrupting events.

- Transgender women of color are murdered at a rate of one per week in the United States, resulting in their being the most victimized minority in the United States (Southern Poverty Law Center, 2015)

Transgender women who survive hate attacks are
6 TIMES MORE LIKELY
to experience physical violence when interacting
with the police than are other gay, lesbian,
or bisexual survivors.

Source: NCAVP

Mother Jones

Minority Stress Theory

- Sexual and Gender Minority Stress models
 - Offers a framework for better understanding how discrimination, and feared or perceived discrimination impacts psychological functioning
 - Socially-based and chronic, perpetrated by and stemming from stable social structures and norms beyond the individual's control
 - Sexual and gender minorities report more hopelessness, rumination, and social isolation from an early age compared to hetero and cisgender peers
 - Gender-based violence in schools results in students reporting up to 4x the suicide rate of those who do not suffer violence. For 15%, it was enough to drop out of school
 - LGBT students may face identity-related barriers to seeking help for victimization

Minority Stress

- **Syndemic**
- **Minority Stress Processes**
 - Rejection sensitivity (cognitive)
 - Internalized homo/trans phobia (affective)
 - Concealment (behavioral)
- **Universal Risk Factors**
 - Hopelessness
 - Rumination
 - Social isolation
 - unassertiveness

Distal Processes (external)



- High rates of discrimination, violence, rejection
 - ▣ Abuse, trauma, homelessness, religious and political violence and discrimination

- Negative experiences receiving healthcare
 - ▣ Assumptions of heterosexuality or about gender identity could be insulting and alienating
 - ▣ Lack of intervention when homo/bi/trans-negative comments are made

Proximal Processes (internal)



- Expectations of violence and discrimination
 - Often learned through experience/trauma
 - Trauma often compounded by reactions of parents/teachers/police, etc
 - Concealment
 - Low rates of reporting violence
 - Internalized homo/bi/trans-negativity

Barriers to Care



- ❑ Refusals of care
- ❑ Delayed or substandard care
- ❑ Mistreatment
- ❑ Inequitable policies and practices
- ❑ Little or no inclusion in health outreach or education
- ❑ Inappropriate restrictions or limits on visitation

- *“What is an opinion on an issue for you could be a matter of life and death for someone else.”*



Promote Resilience



- Family support, peer support, and identity pride all negatively associated with psychological distress
- Peer support significantly moderates the relationship between enacted stigma and discrimination and psychological distress
- Medical interventions for transgender people
- “Gay- affirming” CBT for gay men
- Watch for prejudice and bias AND intervene

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