

WELCOMING  
THE LGBTQ POPULATION  
INTO YOUR  
PROFESSIONAL SCOPE

Spring Institute  
2017

Shelly Farnan, Psy.D.

# Welcome and Overview

- Portray realistic representations of the multifaceted LGBTQ Experience
  - To Bring the Material To Life
  
- Facilitate live discussion to
  - Enhance Confidence, Competence, and Understanding in meeting the unique needs of the LGBTQ Population
  - Improve treatment of, and outcomes with, LGBTQ people
  - Reduce fear and uncertainty in working with those who identify as LGBTQ
  
- Answer/Discuss any other questions/thoughts/experiences/reactions that participants have

# Goals

1. Assess personal and professional awareness, knowledge, and skills specific to the LGBTQ population
2. Increase Knowledge and Familiarity with appropriate Language  
Discern between sexual orientation and gender identity
  - Recognize that **everyone** has a sexual orientation and a gender identity – which are independent constructs
  - Describe the importance of incorporating sexual orientation and gender identity into the professional relationship
3. Describe healthcare needs and barriers to care for the LGBTQ population
4. Identify Best Practices in creating a safe and welcoming environment for LGBTQ people and in treating LGBTQ patients  
Offer Resources along the way

How Does This Apply to Your Work?



# Policy and Practice Requirements

- Joint Commission Standards for LGBT Care
- Visitation Rights of LGBT Patients by Medicare & Medicaid funded hospitals
- Affordable Care Act (ACA) prohibits discrimination based on sexual orientation and gender identity
- HHS lifted ban on Transgender related health services

# Leaders in the Field

---

- All Major Medical Associations
- World Professional Association for Transgender Health
- Center of Excellence for Transgender Health

# Brief LGBT History Lesson



# Language

## LGBTQIA....Etc.!

### ▣ Sexual Orientation

- ▣ Asexual
- ▣ Bisexual
- ▣ Gay
- ▣ Heterosexual
- ▣ Pansexual
- ▣ Lesbian
- ▣ Queer
- ▣ Questioning

### ▣ Gender Identity

- ▣ Cis-Gender
- ▣ Disorders of Sexual Development
- ▣ Queer
- ▣ Questioning
- ▣ Transgender



Sexual Orientation:

Gender Identity

# Gender and Sexual Orientation

# There's a Difference?

---

- Gender
- Sexual Orientation

# There **IS** a Difference.

- Unlearning the binary view of gender
  
- Gender Is an intersection of:
  - Our bodies (Gender Biology)
  
  - How we dress & act (Gender Expression)
  
  - How we feel Inside (Gender Identity)

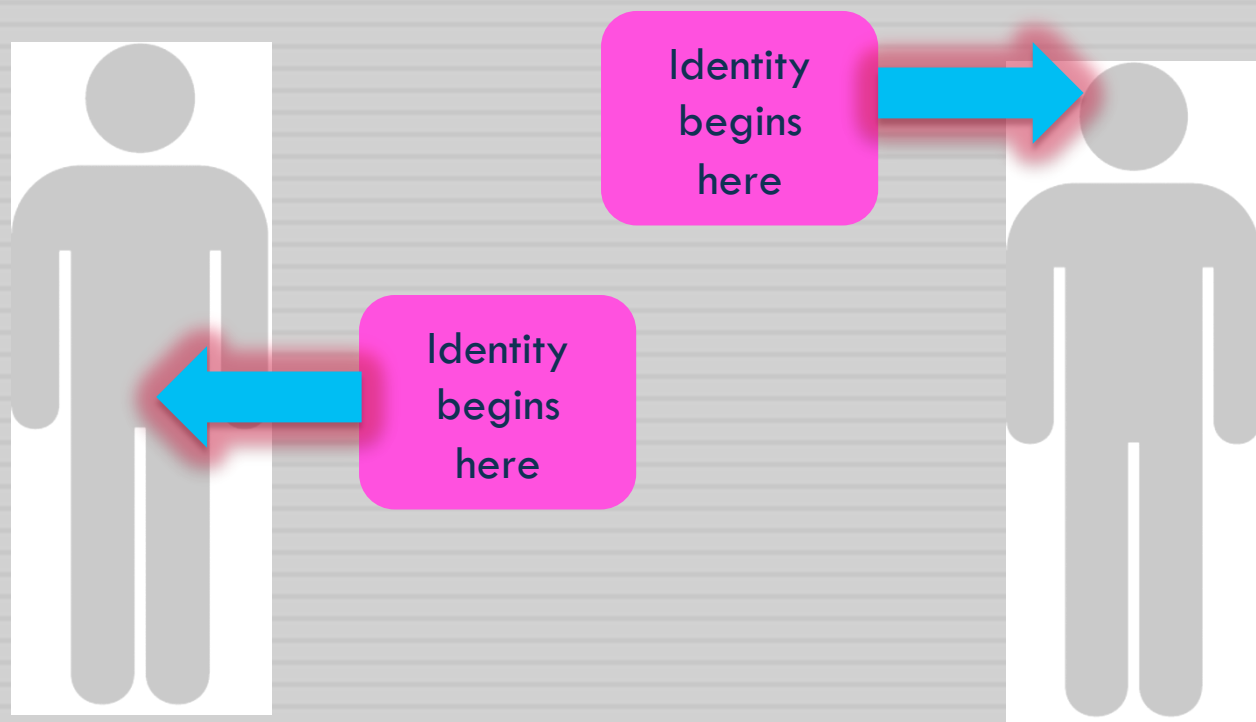
# Sex vs Gender

---

- ▣ Sex
- ▣ Gender
- ▣ Gender identity

# Gender Identity

Fenway Institute (2012)



**Medical Construct:**  
Gender reassignment or transition

**Patient-centered  
Construct:**  
Gender affirmation

# Development – Gender Identity

- Every person has a gender identity
- Age 3 -Gender identity is generally established early
- For most of us it is consistent with assigned gender at birth
- For others, there is conflict between understanding of self and assigned gender at birth
- Gender Roles – societal and cultural expectations – “How to be a boy/girl” – internalized between ages of 3 and 7
- Children begin to understand gender messages/expectations they receive are very different from what feel internally
  - Learn to hide these feelings to avoid disapproval or punishment



# Gender Dysphoria

---

- A diagnosis
  - Assigned birth gender does not match the internal sense of self

# Gender Expansive Language

- Cis-gender
- Non-Binary
- Gender Fluid
- Gender Variant
- Gender Queer
- Nonconforming
- FtM – Affirmed male/transboy
- MtF – Affirmed female/transgirl



# Gender

---

# Sexual Orientation

- **Asexual**
  - An identity label for people who may not form sexual, romantic and/or relational ties with anyone.
- **Bisexual**
  - An identity label for people who may form primary sexual, romantic and/or relational ties with either men or women.
- **Gay**
  - An identity label for men who may form primary sexual, romantic and/or relational ties to other men.
- **Heterosexual**
  - An identity label for those who are attracted to members of the opposite sex
- **Lesbian**
  - An identity label for women who may form primary sexual, romantic and/or relational ties to other women.
- **Pansexual**
  - An identity label for people who may form sexual, romantic and/or relational ties regardless of gender and biology.

We ***all*** have a sexual orientation

# Development – Sexual Orientation

- Kids recognize same sex or bisexual feelings long before becoming sexually active, some by age 5 (Ryan & Diaz, 2005)
- Adolescents do not need to have a sexual relationship with an opposite-sex or same-sex partner to understand their sexual orientation
- Despite same sex attractions, many young people do not identify themselves as lesbian or gay
- There is no reliable method to determine one's sexual orientation based on appearance or behavior

# LGBT Health Disparities

- ❑ High rates of homelessness among LGBT youth.
- ❑ Underutilization of preventative services for cancer by Lesbians.
- ❑ Higher risk of HIV and other STD's by Gay men, especially among communities of color.
- ❑ High rates of being overweight or obese among Lesbian and Bisexual females.
- ❑ High rates of HIV/STD's, victimization, mental health issues, suicide and less likely to have insurance for Transgender individuals.
- ❑ Additional barriers associated with isolation and lack of social services which are culturally competent among LGBT older adults.
- ❑ Highest rates of tobacco, alcohol and other drug use among LGBT populations.

# LGBT Youth

- Increased risk of mental illness
- Higher rates of substance abuse
- High rates of verbal and physical harassment
- High rates of homelessness
- 1 in 2 youth report negative reaction from parents when they came out
  - (NGLTF & HRC, 2012)
- 61.1% felt unsafe or uncomfortable as a result of their sexual orientation
- Increased rates of missing school due to safety concerns
- Stressors experienced by LGBT Youth also put them at greater risk for sexual behaviors which lead to HIV and other Sexually Transmitted Diseases
  - (CDC)

# LGBT Youth in Missouri





# Regardless of Actual SO or GI

- Gender variance – those who do not fit societal expectations of gender roles
  - **Perceived** by others to be gay or lesbian
  - Often results in anti-gay harassment and abuse – even when victims are heterosexual
  - Youth are victimized because of what others think they are, despite the reality
  - Same serious negative outcomes
    - Higher rates of suicide

# Harassment and Victimization

- Lead to Preference to live on the street
  - 56% of youth interviewed said they stayed on the streets at times because it felt more safe than where they were living (Mallon, 1998)
  - LGBT Homeless youth report the highest rates of
    - Victimization, Risk, Health Concerns
- Homelessness exposes LGBT youth to:
  - Criminal Activity
    - Prostitution, Theft, Drugs
    - Survival Sex – Incarceration, HIV Infection, Violence
  - Increased Victimization
    - Assault, Robbery, Rape

# Transgender Discrimination

- 57% were rejected by families
- 47% have attempted suicide
- 41% can't change their gender on their ID's
- 19% experienced homelessness
- 19% were refused medical care

National Transgender Center for Equality survey of 6,450 transgender individuals.



# Inappropriate Staff Behavior

- ❑ Laughter, Pointing, Joking, Taunting, Mockery, Slurs, Variety of Negative Comments
- ❑ Violations of Confidentiality, Regardless of HIPAA
- ❑ Use of Improper Name and/or Pronoun for patient
- ❑ Inappropriate questions and/or exams, including needless viewing of genitals
- ❑ Prohibitions of bathroom use, or challenges to it
- ❑ Inappropriate Room Assignments
- ❑ Failure to Follow Standards of Care

# Suicide

# Facts

- ❑ Suicide is the 2<sup>nd</sup> leading cause of death for those ages 10 to 24 (CDC)
- ❑ Questioning Youth
- ❑ LGB Youth
- ❑ Transgender Youth (Grossman, A.H. & D'Augelii 2007)
- ❑ Each episode of LGBT victimization (physical or verbal harassment or abuse) increases the likelihood of self-harming behavior by 2.5x on average (Impact 2010)
- ❑ LGB Adults
- ❑ Transgender Adults

# Risks specific to LGBT – “Minority Stress”

- Coming Out – vulnerable
- Gender Non-Conformity – vulnerable
- Experiences of discrimination; victimization
- Homophobic bullying
- Parental Rejection/Abuse

# Risks

- Two Key Suicide Risk Factors for LGBT people
  - Depression
  - Experiences of Stigma and Discrimination
    - Anti-LGBT hostility, harassment, bullying, and family rejection



# Protective Factors

- LGBT peer support
  - ▣ Having friends who are also LGBT
  - ▣ Gay-Straight Alliances at school (Hatzenbeuhler, 2011)
  
- LGBT Social Support

# Families

# CREATING SAFE SPACES & BEST PRACTICES

# It Starts with Leadership

- Goal:
  - Development of a culture in which the inherent worth and dignity of every person is respected and every person treated fairly and equally

# Get it in Writing

---

- Nondiscrimination Policies which include sexual orientation and gender identity
- Provide a copy at orientation to staff and discuss application; patient and families when they enter the system; posting the policy; talking about it to patients who are able to understand

# Provide Training

---

# Promoting Positive Development

---

- Permit patient to:

# Validate & Encourage

- ❑ Do not require Transgender patient to conform to traditional concepts of gender
- ❑ Validate core identity, as defined by the person
- ❑ Allow patient to wear clothes consistent with their identity
- ❑ Use preferred name and pronouns
- ❑ Ask, do not assume



# Building Rapport

- Knowledge of historical implications
- Language
- Usual rapport building techniques
- Trans-specific sensitivity
- Visible Trans-related information

# Practitioner-Level Changes

## 1. **CHANGE** your language

- I see we have your name listed as \_\_\_\_\_, is this what you go by?
- Say, "... your partner, spouse"
- Mirror the language people use for themselves, their partners and their body parts

## 2. **SHOW** your openness

- Wear a rainbow pin or an LGBT sticker
- Assure confidentiality to make coming out safe
- Have LGBT publications **available**

## 3. **LEARN** more

- Read more about the Transgender community
- Learn about Transgender health risks
- Form a **diversity** group in your **organization**

# Language

- **Instead of “Are you married?”**
  - “Are you in a relationship?”
  - “Are you seeing anyone right now?”
  - “Do you have a partner or significant other?”
- **Instead of assuming the name/gender found on the forms:**
- **Avoid invasive, unnecessary questions**
- **Ask people their preferred name, pronouns, and names for body parts**
  - “What name would you prefer I call you?”
  - “What pronouns do you prefer, if any?”
  - “Are there certain names that you would like me to use or avoid in reference to particular body parts?”

**Use the language people use for themselves, their partners, and their bodies.**

# Facility Level Changes

- Provide visible LGBT-inclusive pictures, symbols, and literature in waiting rooms and offices
- Incorporate all members of the patient's family of choice into the treatment and recovery process
- Have a current list of LGBT-friendly referrals available
- Create and/or support an LGBT task force or committee to better welcome LGBT patients and families
- Offer continuing education on LGBT health
- Post and enforce LGBT-inclusive non-discrimination policies.
  - It is a Joint Commission standard
- Hire LGBT identified and allied staff
- Collect data on LGBT patients and conduct research on LGBT health



# Documentation

---

- Best Practice:

# Unethical, Unfounded, and Potentially Harmful Approaches

Attempts to alter or change sexual orientation and/or gender identity may be detrimental, life threatening, and are not empirically supported (NASW, ACA, APA, etc.).

# In Summary

- There are LGBT patients in nearly every facility
- It is not always obvious who is LGBT
- The form is not going to tell you what you need to know
- It is OK to ask and it is OK to be awkward at first.
  - It is NOT OK to completely disregard their identity due to YOUR discomfort, lack of knowledge, lack of acceptance
  - It is NOT OK to expose their identity to others
  - It is NOT OK to make them the subject of your comic relief
  - It is NOT OK to minimize the distress they are in
  - It is NOT OK to perpetuate stigma, discrimination, ignorance, intolerance
  - It is NOT OK to remain silent when others are doing any of the above
- It is important to have accurate knowledge of the LGBT Population
  - To know appropriate language
  - To understand health disparities
  - To understand health risks
  - To have an idea of what is contributing to their current presentation

# Resources

- ❑ PROMO
- ❑ The Human Rights Campaign (HRC)
- ❑ Parents, Friends, and Family of Lesbians and Gays (PFLAG)
- ❑ The Gay & Lesbian Alliance Against Defamation (GLAAD)
- ❑ The Gay and Lesbian Medical Association
- ❑ Movement Advancement Project (MAP)
- ❑ Lambda Legal
- ❑ The Trevor Project
- ❑ World Professional Association for Transgender Health (WPATH)
- ❑ Center of Excellence for Transgender Health
- ❑ Sylvia Rivera Law Project



# Resources

- ❑ Transgender Law Center
- ❑ The Fenway Institute – Fenway Health
- ❑ Gay, Lesbian, & Straight Education Network (GLSEN)
- ❑ The It Gets Better Project
- ❑ APA Division 44
- ❑ [APA Division 44 Journals](#)
- ❑ American Civil Liberties Union (ACLU)
- ❑ [AFFIRM Psychologists Affirming their Lesbian, Gay, Bisexual, and Transgender Family](#)
- ❑ Children of Lesbians and Gays Everywhere (COLAGE)
- ❑ National Lesbian and Gay Task Force
- ❑ The Straight Spouse Network