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THE LESBIAN, GAY, BISEXUAL &
TRANSGENDER COMMUNITY CENTER

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Language Matters: Say My Name, Respect My Pronouns – How to Work with LGBTQ+ Youth in Prevention and Recovery

June 23rd 2022
ASAP Justice, Equity, Diversity, and Inclusion (JEDI) Summit

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Learning Objectives

- ✓ Defining LGBTQ+ related terms
- ✓ Identify current challenges and strengths related to LGBTQ+ youth and substance use and intersecting factors
- ✓ Review affirming approaches for LGBTQ+ youth in recovery and prevention
- ✓ How to be an ally/accomplice through a cultural humility lens

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Community Agreements

- All questions are welcome: There are no “stupid” questions
- Please remember that this is a space for people to learn because everyone has their own level of understanding, knowledge, and voice
- Ask open-ended questions to seek clarification to avoid operating on assumptions
- Step up, Step back
- Please be respectful to each other and please use “I Statements” when speaking

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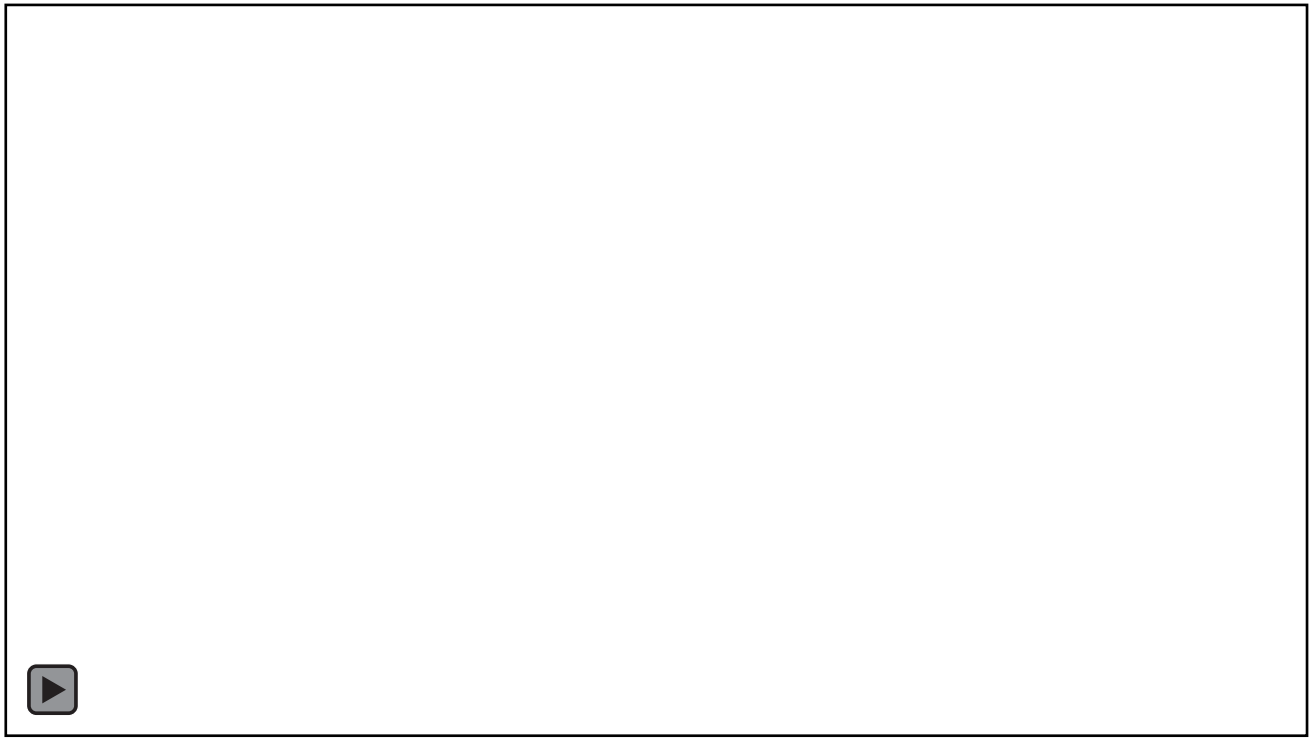
REVIEW OF THE LANGUAGE

Queer ASL with Nyle & Chella, them Video



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Assigned Sex

Refers to the sex assignment given to us at birth based on genitalia, hormones, and assumptions about our chromosomes, which is what is put on our birth certificates

Sex assignments include:
- Female (XX) and Male (XY)

Instead of saying “biological sex,” please use the phrase “**assigned male at birth” or “assigned female at birth”**

This acknowledges that someone (often a doctor) is making a decision for someone else: the assignment of a biological sex may or may not align with what’s going on with a person’s body, how they feel, or how they identify

Assigned Sex

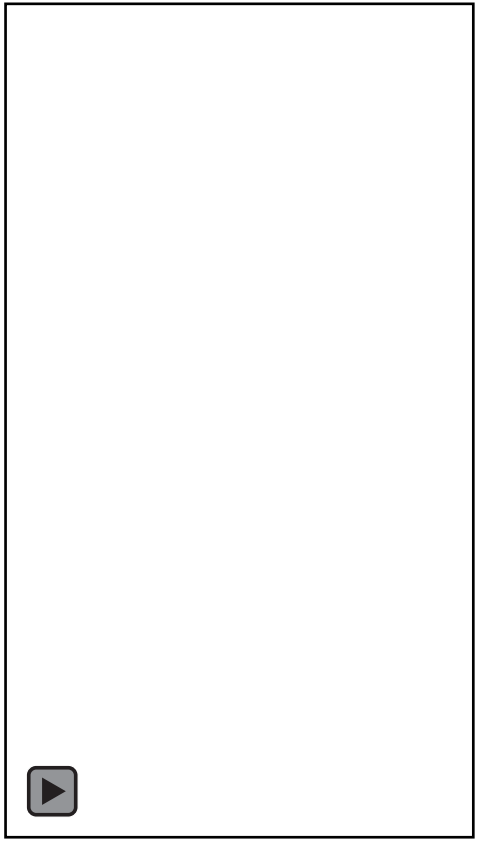
Some people might call assigned sex “biological sex”, but this term does not capture the complex biological, anatomical and chromosomal variations that can occur

- **Intersex:**
An individual whose combination of chromosomes, gonads, hormones, internal sex organs, and genitals differs from the two expected patterns of male or female

Formerly known as hermaphrodite (or hermaphroditic), but these terms are now considered outdated and derogatory

Sex is Not Binary!

Source: pinkmantaray (IG)
Schuyler Bailar



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Gender Identity

Refers to our internal sense of self and how we experience our gender

Gender is a **social construct**: gender can vary from culture to culture and can change over time

- It helps us form our social identity in relation to others
- Each culture has standards about the way that we should behave based on their gender
- It is a **legal status**: identity documents, being able to access resources and spaces, which reduces the risk of violence, discrimination, and harassment

- Gender Identity is not determined by appearance or observed gender expression

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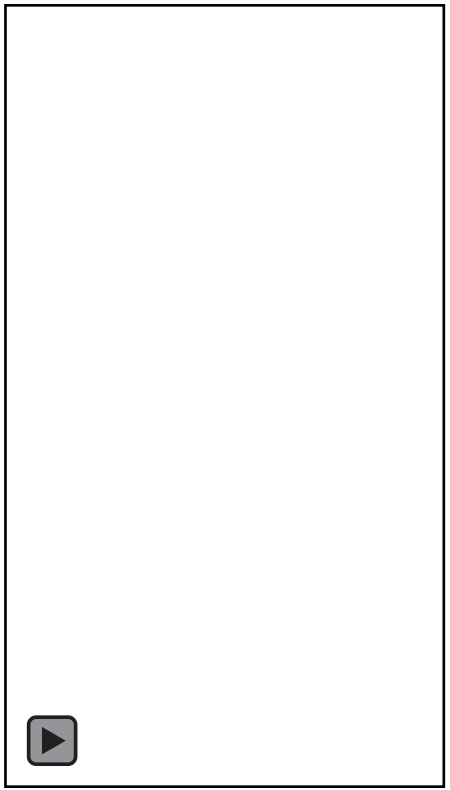
Gender Identity

- Some identities people may use include:
- **Transgender**: is an adjective describing a person whose gender identity does not correspond to their assigned sex at birth
- **Cisgender**: is an adjective describing a person whose gender identity corresponds to their assigned sex at birth
- Cisgender and Transgender have their origins in the Latin-derived prefixes of “cis” and “trans”
- Cis means “on this side of” and trans means “across from” or “on the other side of”

Being Transgender is NOT a Choice

Source: pinkmantaray (IG)
Schuyler Bailar



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Gender Identity

- **Bigender**: An individual who experiences exactly two genders, either simultaneously or varying between the two

- **Two-Spirit**: someone from an Indigenous Native American culture (Over 500 different cultures) that is deemed to have a masculine and feminine spirit

  - It also refers to the spirit of the connection of Indigenous culture/community, traditions, and lands
  - Served as religious or spiritual leaders including healers, shamans due to their connection to the supernatural
  - Not all indigenous and Native LGBTQ+ people identify as Two-Spirit
  - Two-Spirit is not an identity that non-indigenous can hold

Gender Identity

Please note that this is NOT an exhaustive list – there are many other gender identities!

- **Gender Non-Conforming/Non-Binary/Genderqueer:** A person who is a person who identifies with a gender that is not a woman or a man (within the gender binary)
- The gender binary is the assumption that all people are of two genders (woman/man)

- **Gender fluid**: is a gender identity which refers to a gender which varies over time. A gender fluid person may at any time identify as a man, woman, any non-binary identity, or a combination of identities.

- **Agender**: It can be seen either as a non-binary gender identity or as a statement of not having a gender

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Gender Expression

Refers to how we present ourselves outwardly in terms of behavior, voice, dress, hairstyles, posture, roles, pronouns, and other perceived characteristics

Gender expression includes using facilities (like washrooms and change rooms) that match up with your own sense of gender

Different cultures have their own definitions of what is considered “normative” or expected

Gender Expression

Please note that this is **NOT** an exhaustive list – there are other ways to express gender!

Some examples include:

- **Masculine**
- **Feminine**
- **Androgynous**
- **Gender nonconforming (GNC):** a term used to describe people whose gender expression differs from stereotypic expectations

Pronouns

- Pronouns allows us to identify ourselves apart from our names and it is a simple way to affirm a part of a person's identity

- She, her, hers and he, him, his are a few commonly used pronouns. Some people call these "female/feminine" and "male/masculine" pronouns

- There are also lots of gender-neutral pronouns in use including:

- They, them, theirs (John ate their food because they were hungry.)
- This is a pretty common gender-neutral pronoun and it can be used in the singular
- In fact, "they" was voted as the Word of the Year in 2015

Pronouns

- How is "they" used as a singular pronoun?

"They" is already commonly used as a singular pronoun when we are talking about someone, and we don't know who they are

- Ze, hir (Tyler ate hir food because ze was hungry)
  Ze is pronounced like “zee” can also be spelled zie or xe, and replaces she/he/they
  Hir is pronounced like “here” and replaces her/hers/him/his/they/theirs

- Just my name please! (Ash ate Ash’s food because Ash was hungry)
  Some people prefer not to use pronouns at all, using their name as a pronoun instead

Preferred Pronouns vs Pronouns

- An example of the language evolving as the LGBTQ+ community and culture continues to change is shifting away from using preferred pronouns to asking for one's pronouns
- There is no need to qualify the statement with "preferred" because it makes using someone's pronouns as optional because both options are seen as viable, but if you had to choose, you would choose one over the other
- Using someone's pronouns is a basic need people have to feel safe and to exist in public spaces
- Think about your own pronouns – Are your pronouns preferred?

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Pronouns

What if I make a mistake and misgender someone, or use the wrong words?

- It is human to make mistakes, even members of the LGBTQ+ community might make mistakes or need to be more mindful

- **Apologize with a sense of genuineness and non-defensiveness**
- Avoid “hollow forgiveness” – “Sorry, but not sorry” attitude

- **It is perfectly OK not know how to use LGBTQ+ terminology at first**
- **The important aspect is be interested in continuing to learn** – as a social construct, the way we communicate through language can change over time or as the culture continues to evolve
- **Practice, practice, and practice!** – In order to begin to understand a community, you need to be involved with the community

Sexual Orientation

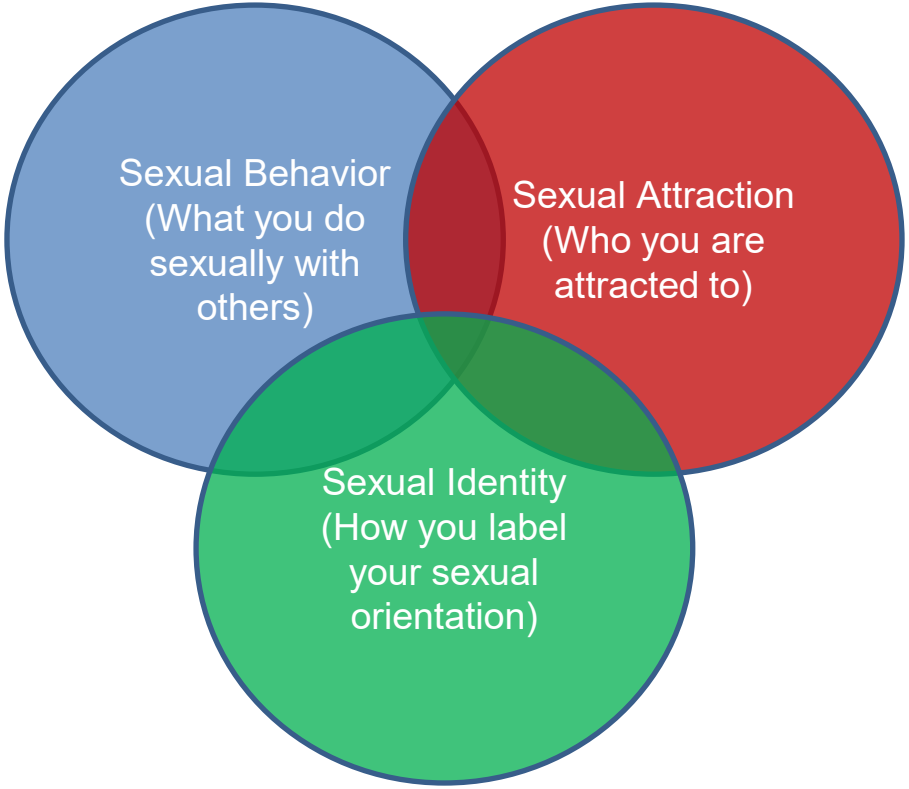
Refers to enduring physical, romantic, and emotional attraction we have to others

People don't need to have had specific sexual experiences to know their own sexual orientation

They need not have had any sexual experience at all

They need not be in a relationship, dating or partnered with anyone for their sexual orientation to be validated

The Three Dimensions of Sexual Orientation



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Sexual Orientation

Some identities people may use include:
Lesbian – A woman who is attracted to another woman

Gay – A man who is attracted to another man

Bisexual – People who have the capacity to form attractions to one or more genders

- Some argue that bisexuality reinforces the gender binary because of the Greek prefix “bi” means two
- Many words that described sexuality were rooted in the gender binary due to limited understanding of gender by larger society
- Identity definitions are not always literal and reflects the ever-evolving process of language

Sexual Orientation

Some identities people may use include:
What about Pansexuality?

- **Pansexual** - A person who experiences sexual, emotional, or physical attraction for members of any or regardless of their gender identities and expressions
- Sometimes people may use bisexual and pansexual interchangeably
- But, it is important to always ask how someone may identify

Demisexual - A person who is only sexually attracted to people they are romantically attracted to (though they can be romantically attracted to someone without sexual attraction)

Sexual Orientation

Some identities people may use include:
Asexual – Often called “ace” for short, asexual refers to a complete or partial lack of sexual attraction or lack of interest in sexual activity with others

- Asexuality exists on a spectrum, and asexual people may experience no, little or conditional sexual attraction

- Being asexual has nothing to do with how often you have sex, your sexual history, or how you feel about other people having sex or expressing their sexuality

- Some asexual people enjoy masturbating, watching porn, and/or engaging in some types of sexual encounters

Why Does LGBTQ Specific Language Matter?

This is Personal

This is not just specific to LGBTQ+ people

We all have a **SEX ASSIGNED AT BIRTH**

We all have a **SEXUAL ORIENTATION**

We all have a **GENDER IDENTITY** and We all have a way we **EXPRESS OUR GENDER**

The Principles of SOGIE

- **Distinct and Separate**: Assigned Sex, sexual orientation, gender identity, gender expression, and sexual behavior are distinct from each other

- **Exists on a Spectrum**: SOGIE identities exists on a spectrum, language to describe identities on these spectrums varies by the individual that use that language

- **Intersectional**: SOGIE identities interact with other identities to create life experiences
  Intersectionality are the social distinctions (cultural, social, psychological) of a client are related and simultaneously impacts the client's life, also refers to the multiple oppressions that are simultaneous, inseparable and intertwined

- **Universal**: Everyone has a SOGIE and identity development is an ongoing process of the human experience

- **Self-Defined**: How one understands, articulates, or shares their SOGIE is self-determined

Minority Stress Model

- A significant factor behind LGBTQ+ risk behaviors and disparities when compared to heterosexual and cisgender people is the minority stress model
- The minority stress model indicates that LGBTQ+ individuals face unique challenges that cause additional stress and mental health problems
- Many LGBTQ+ people have reported stigma when trying to access health services and programs, leading some individuals to forego healthcare and treatment completely
- Stressors might include exposure to violence and victimization across one's lifespan, anticipation and experiences of rejection/discrimination, and internalized homophobia/transphobia
- Stressors have been associated with increased anxiety, depression and levels of alcohol and drug use/misuse

Risk and Protective Factors for LGBTQ+ Youth: Strengths and Challenges

Risk Factors:

- According to Youth Risk Behavior Survey (YBRS) Data Summary & Trends Report: 2009-2019, since the YBRS started to collect data on LGB students in 2015, the results revealed there were disparities between sexual minority students and heterosexual students in key health risk factors, notably **substance use, experiencing violence, and suicide behaviors**

Risk and Protective Factors for LGBTQ+ Youth: Strengths and Challenges

According to Youth Risk Behavior Survey (YBRS) Data Summary & Trends Report: 2009-2019
Since 2015:

- The percentage of LGB youth who experienced physical dating violence significantly decreased and its detection is promising

- However, female LGB students had a greater prevalence of sexual dating violence and forced sex than male LGB students
- This sex difference is also consistent with what is known about dating and sexual violence among LGB youths and mirrors national trends in dating and sexual violence, in which females are consistently disproportionately affected by these types of victimization (Lachman et. al, 2014)

- This downward trajectory of physical dating violence appears to be a continuation of an already documented population trend of a decrease in experiences of dating violence among adolescents (CDC, Youth Risk Behavior Survey: data summary & trends report 2007–2017)

Risk and Protective Factors for LGBTQ+ Youth: Strengths and Challenges

- Among students who had any sexual contact with people of the same sex, the percentage who were threatened or injured with a weapon or who did not go to school because of safety concerns significantly increased
- Of those students who had sexual contact with people of the same sex, the percentage who seriously considered suicide significantly increased
- The percentage of LGB students who had an HIV test significantly decreased

Risk and Protective Factors for LGBTQ+ Youth: Strengths and Challenges

- According to Youth Risk Behavior Survey (YBRS) Data Summary & Trends Report: 2009-2019, sexual minority students are more likely to use high-risk substances (select illicit drugs, injecting illegal drugs, and misusing prescription opioids)

- A greater percentage of sexual minority youth reported using high-risk substances compared to heterosexual students (There was no change in these behaviors from 2015 through 2019)

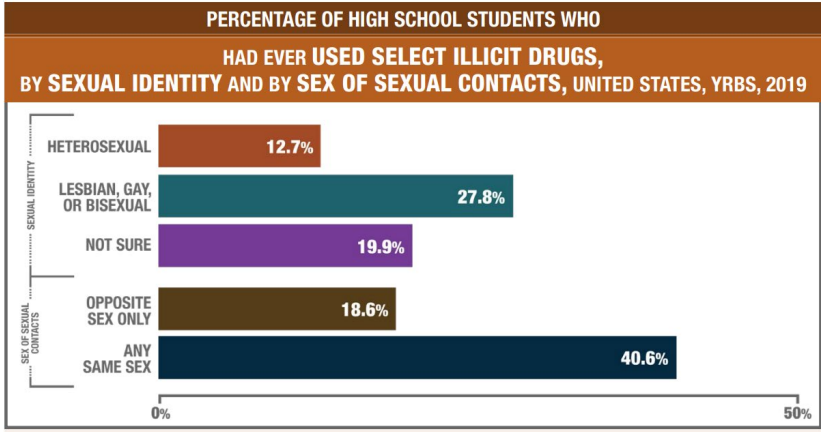
- More lesbian, gay, or bisexual students used select illicit drugs in 2019 compared to those not sure of their sexual identity

Risk and Protective Factors for LGBTQ+ Youth: Strengths and Challenges

- More students not sure of their sexual identity reported injecting illegal drugs in 2019 than lesbian, gay, or bisexual students
- In 2019, more lesbian, gay, or bisexual students and students not sure of their sexual identity had ever misused prescription opioids compared to heterosexual students
- More lesbian, gay, or bisexual students and students not sure of their sexual identity misused prescription opioids during the past 30 days compared to heterosexual students

Youth Risk Behavior Survey (YBRS) Data Summary & Trends Report: 2009-2019

In 2019, the percentage of high school students who had ever used select illicit drugs varied by sexual identity and by sex of sexual contacts. Select illicit drugs include cocaine, inhalants, heroin, methamphetamines, hallucinogens, or ecstasy



Sexual Identity — Lesbian, gay, or bisexual students and students not sure of their sexual identity were more likely to have used illicit drugs than heterosexual students in 2019.

Sex of Sexual Contacts — Students who had sexual contact with people of the same sex were more likely to have used select illicit drugs than students who had sexual contact with only the opposite sex.

PROGRESS AT-A-GLANCE

TRENDS IN THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO HAD EVER USED SELECT ILLICIT DRUGS, BY SEXUAL IDENTITY AND BY SEX OF SEXUAL CONTACTS, YRBS, 2015-2019

		2015	2017	2019	Trend
BY SEXUAL IDENTITY	Heterosexual	13.1	12.3	12.7	◆
	Lesbian, gay, or bisexual	31.8	23.1	27.8	◆
	Not sure	30.8	26.8	19.9	◆
BY SEX OF SEXUAL CONTACTS	Opposite sex only	20.6	19.1	18.6	◆
	Any same sex	40.7	35.7	40.6	◆

KEY
- ▼ Improving
- ◆ No change
- ▲ In wrong direction

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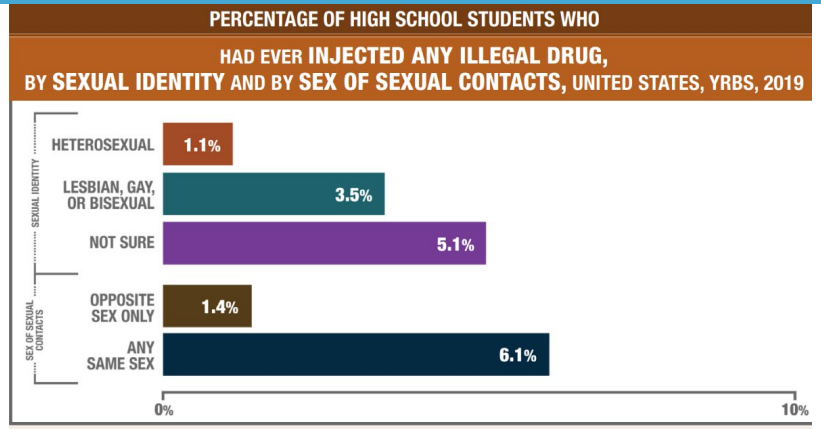
Youth Risk Behavior Survey (YBRS) Data Summary & Trends Report: 2009-2019



Sexual Identity — Students not sure of their sexual identity were more likely to have ever injected any illegal drugs than lesbian, gay, or bisexual, or heterosexual students.

Sex of Sexual Contacts — Students who had sexual contact with people of the same sex were more likely to have injected illegal drugs compared to students who had sexual contact with only people of the opposite sex.

PROGRESS AT-A-GLANCE

TRENDS IN THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO HAD EVER INJECTED ANY ILLEGAL DRUG, BY SEXUAL IDENTITY AND BY SEX OF SEXUAL CONTACTS, UNITED STATES, YRBS, 2015-2019

		2015	2017	2019	Trend
BY SEXUAL IDENTITY	Heterosexual	1.1	1.0	1.1	◆
	Lesbian, gay, or bisexual	5.4	3.4	3.5	◆
	Not sure	7.6	6.1	5.1	◆
BY SEX OF SEXUAL CONTACTS	Opposite sex only	1.8	1.4	1.4	◆
	Any same sex	7.3	6.0	6.1	◆

KEY
- ▼ Improving
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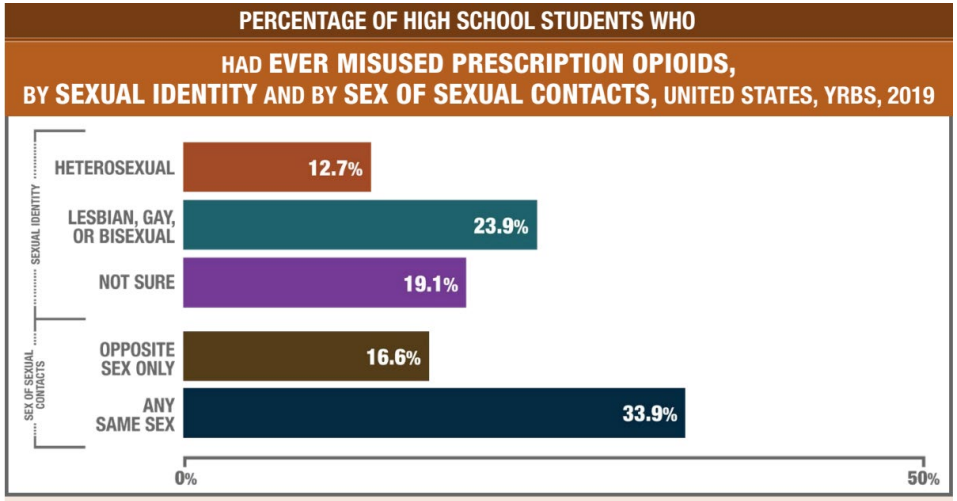
Youth Risk Behavior Survey (YBRS) Data Summary & Trends Report: 2009-2019



Sexual Identity

Lesbian, gay, or bisexual students and students not sure of their sexual identity were more likely to misuse prescription opioids than heterosexual students.

Sex of Sexual Contacts

Students who had sexual contact with people of the same sex were more likely to misuse prescription opioids than students who had sexual contact with only people of the opposite sex.

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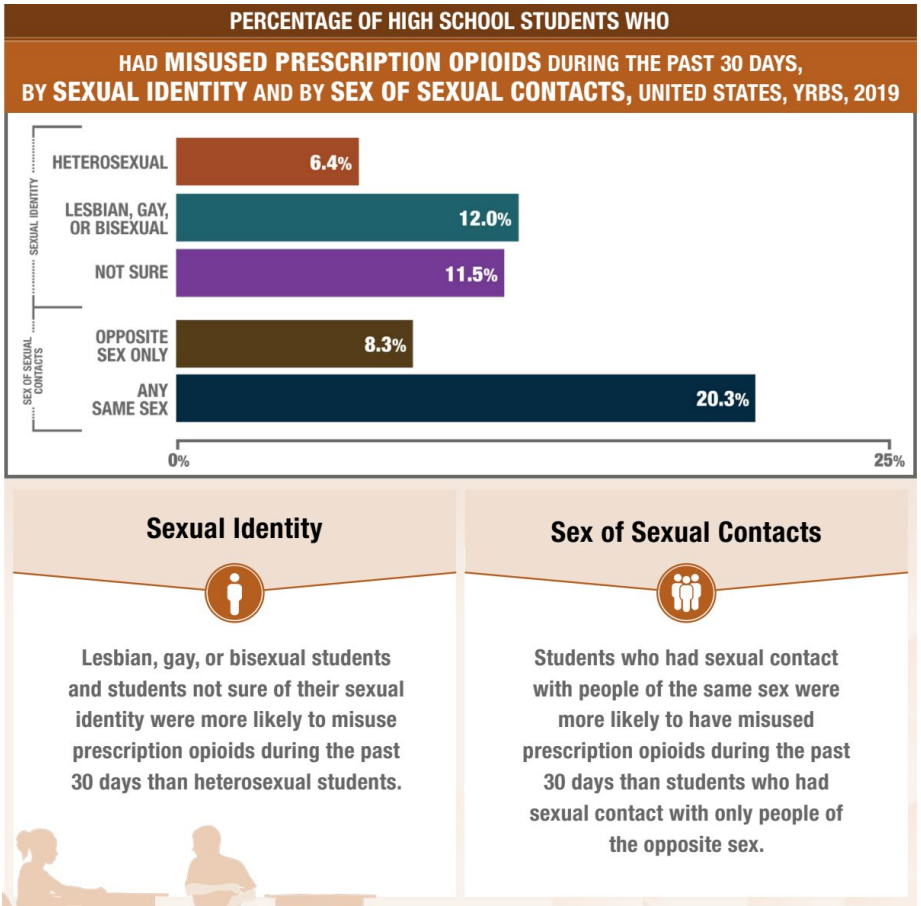
Youth Risk Behavior Survey (YBRS) Data Summary & Trends Report: 2009-2019



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Risk and Protective Factors for LGBTQ+ Youth: Strengths and Challenges

Risk Factors:
Homelessness and Unstably Housed Youth

- In 2021, there were 5,734 unstably housed and homeless youth in NYC (NYC Youth Count 2021)

- According to a study from the Chapin Hall at the University of Chicago (2017), LGBT youth were placed at 120% higher risk for homelessness in the US

- It is estimated that about 7% of youth in the US are LGBTQ, while 40% of youth experiencing are LGBTQ (True Colors United)

Risk and Protective Factors for LGBTQ+ Youth: Strengths and Challenges

Risk Factors:
American politics in 2022 has been characterized by a wave of anti-transgender legislation across the US

- More than 300 anti-LGBTQ+ bills have been proposed in the 2022, 130 specifically target transgender people (Human Rights Campaign)

- 94% of LGBTQ youth reporting that recent politics negatively impacted their mental health (2021 National Survey on LGBT Youth Mental Health)

Risk and Protective Factors for LGBTQ+ Youth: Strengths and Challenges

Risk Factors:
Rainbow capitalism:

- The commercialization and commodification of Pride (as a movement) and LGBTQ+ people flattens the dire needs of the community, while increasing the visibility of the community

- Pride is one of the spirit-and alcohol industry's biggest promotional seasons despite the disproportionately high rates of substance misuse among LGBTQ people

- An recent investigation done by Popular Information has found 25 major corporations have spent 13.2 million dollars supporting members of Congress with a zero rating on HRC's Congressional scorecard for issues of LGBT equality but has high ratings (80+/100) on HRC's 2022 Corporate Equality Index since 2021

Risk and Protective Factors for LGBTQ+ Youth: Strengths and Challenges

Risk Factors:

- **Mental Health Concerns:**
- **42% of LGBT youth** including more than half of transgender and non-binary youth, seriously considered attempting suicide in the past year (2021 National Survey on LGBT Youth Mental Health)

- Transgender and non-binary youth attempt suicide less when respect is given to their pronouns and they are allowed to officially change their legal documents
- Yet, **nearly half** could not access the mental health care they desired in the past year

- Among LGBTQ respondents, 12% of white youth attempted suicide compared to 31% of Native/Indigenous youth, 21% of Black youth, 21% of multiracial youth, 18% of Latinx youth, and 12% of Asian/Pacific Islander youth

Risk and Protective Factors for LGBTQ+ Youth: Strengths and Challenges

- LGBTQ youth face unique risk factors for suicide, including discrimination and the discredited practice of conversion therapy (2021 National Survey on LGBT Youth Mental Health)

- LGBTQ youth who experienced discrimination on the basis of their sexual orientation, gender identity, and/or race/ethnicity reported much higher rates of attempting suicide
- And those who reported experiencing all three of these different types of discrimination reported the highest rate of attempting suicide

- 36% of LGBTQ youth who experienced discrimination based on their sexual orientation, gender identity, and race/ethnicity reported attempting suicide, while only 7% of LGBTQ youth who did not experience discrimination reported attempting suicide

Risk and Protective Factors for LGBTQ+ Youth: Strengths and Challenges

- **Conversion therapy** means any services that seek to change an individual's sexual orientation or gender identity
- **New York has banned conversion therapy in 2019**

- LGBTQ youth who were subjected to conversion therapy reported more than twice the rate of attempting suicide in the past year compared to those who were not
- 13% of LGBTQ youth reported being subjected to conversion therapy, including 21% of Native/Indigenous LGBTQ youth and 14% of Latinx LGBTQ youth

- Transgender and nonbinary youth reported being subjected to conversion therapy at twice the rate of cisgender LGBQ youth
- LGBTQ youth who reported being subjected to conversion therapy were an average of 15 years old at the time, with 83% of LGBTQ youth reporting that it occurred when they were younger than 18

Risk and Protective Factors for LGBTQ+ Youth: Strengths and Challenges

Risk Factors:

- **Non-affirming Homes and Inability to Express SOGI:**
- More than **80% of LGBTQ youth stated that COVID-19 made their living situation more stressful** — and only 1 in 3 LGBTQ youth found their home to be LGBTQ-affirming (2021 National Survey on LGBT Youth Mental Health)

- **The pandemic limited many LGBTQ youth's ability to express their identity:**
- Nearly half of LGBTQ youth stated that COVID-19 impacted their ability to express their sexual orientation (2021 National Survey on LGBT Youth Mental Health)
- Nearly 60% of transgender and non-binary youth said the pandemic impacted their ability to express their gender identity (2021 National Survey on LGBT Youth Mental Health)

Risk and Protective Factors for LGBTQ+ Youth: Strengths and Challenges

Risk Factors:

- **Food Insecurity -** LGBTQ youth who had trouble affording enough food in the past month reported more than **twice the rate** of attempting suicide in the past year compared to those who did not experience this food insecurity

- **30% of LGBTQ youth** experienced food insecurity in the past month, including half of all Native/Indigenous LGBTQ youth and more than 1 in 3 Black and Latinx LGBTQ youth

- **27% of LGBTQ youth** said they worried that food at home would run out in the last month before they or their family had money to buy more

- **19% of LGBTQ youth** said that in the last month, they were hungry but didn't eat because they or their family didn't have enough food

Risk and Protective Factors for LGBTQ+ Youth: Strengths and Challenges

Risk Factors:

Multiple oppressions
Poverty, Racism, HIV/AIDS related issues and/or other concerns

Lack of social spaces
Reliance on LGBT bar scene for socialization and identity affirmation

Family, religious and social intolerance of LGBT identities
The threat and/or experience of antigay or anti-trans violence
Disconnection from family and other institutions

LGBT-related stigma
Discrimination in housing, education, employment, health care access

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"I am not a "high risk" person; I am a member of a community that has been put at high risk."
-Marcela Romero, Coordinator of REDLACTRANS

Protective Factors Among LGBTQ Youth

- **Sex Positivity and safer sex practices** (condoms, PrEP/PEP, dental dams, birth control, female condoms which was renamed to internal condoms) in which providers can provide **inclusive sex education** including the intersection of sex and substance use
- **Increased peer group acceptance of safer sex** (POL/YASS)
- **Acceptance and support from parents/caregivers, peers, and "chosen family"**
- Having access to a **GSA or QSA**
- **Implementing school policies that addresses harassment against LGBT youth**
- **Social support from school staff**
- **LGBT role models**
- **Positive individual coping mechanisms** (assessing safety when coming out, exploring their sexual orientation or gender expression that feel safe, and seeking out LGBT resources)

Protective Factors: Young People are Our Future

Having Pride in Oneself (Asking What do you like about yourself and/or what would others say about you?), What is their “coming out” narrative (Reframing it as an invitation to let someone in)

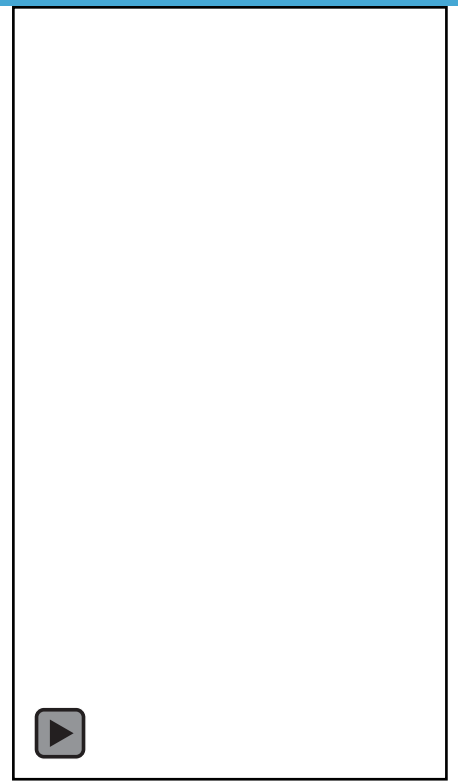
Strong connections with family and re-creation/definition of “family”

- Family of choice, affinity (e.g. ballroom communities, “gay mother/father”, etc.)

Unique intersecting cultural identities

Collective power & Leadership

- Knowing LGBTQ history, being part of a community rooted in social justice and community organizing



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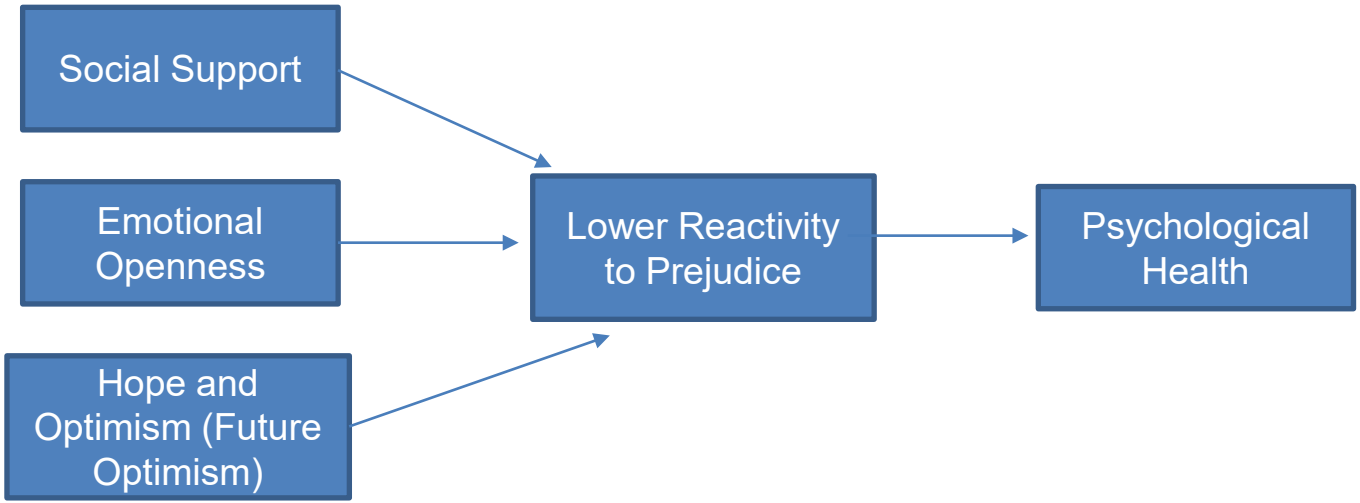
Source: @emilysuyamaa (TikTok)

Promoting Resiliency Among LGBT Individuals (Kwon, 2013)



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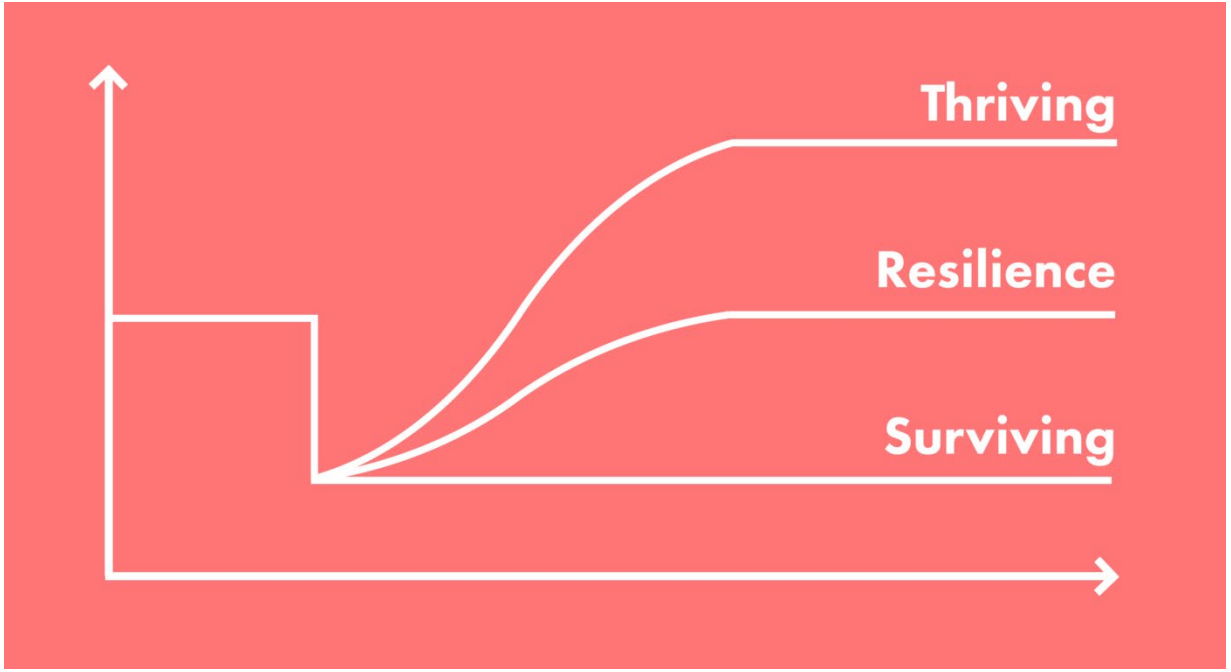
Surviving, Resilience, and Thriving



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Surviving, Resilience, and Thriving

- **Surviving:** The human nervous system is tuned to detect safety and danger, integrating the body and brain responses via the autonomic nervous system – mental health is compromised if there are shifts in the brain-body states towards danger

- **Resilience**: Refers to our ability to adapt and to cope to life's challenges and uncertainties (adversity, trauma, tragedy, threats, or significant sources of stress) by bouncing back
- A process to harness resources to sustain well-being
- **Why is resilience is not always ideal** - Our current systemic structures that drive the unsustainable behavior patterns are the issue
- **Resilience Fatigue**: the feeling of exhaustion that comes from the effort to cope and manage prolonged stress over a period of time
- The idea of a sustained well-being

- **Thriving**: A condition beyond resilience and survival, in which the person is preserving what is needed to survive, composting or rearranging what is no longer needed, and creating new arrangements that generate the capacity to flourish in new conditions (Transformation and innovation during times of uncertainty)

Social Determinants of Health and Understanding LGBT Health

- **Determinants of Health** are the range of personal, social, economic, and environmental factors that influence health (Neighborhoods, Education, Economic Stability, Healthcare, and Social and Community Context)
- In order to effectively address LGBTQ+ health issues, we need to securely and consistently collect SOGI information in national surveys and health records - This will allow researchers and policy makers to accurately characterize LGBTQ+ health and disparities **(Health Literacy and Language Access)**
- Understanding LGBTQ+ health starts with understanding the history of oppression and discrimination that these communities have faced **(Having an intersectional lens and understanding different experiences related to the community's determinants of health)**
- For example, in part because bars and clubs were often the only safe places where LGBTQ+ individuals could gather, (not completely accurate – it was illegal to service LGBTQ+ people alcohol because it was illegal to be LGBTQ+ and bars were raided constantly) alcohol misuse has been an ongoing problem **(Important to see gay bars as a social/cultural institution as it served as a physical space for socialization and identity affirmation)**

Social Determinants of Health and Understanding LGBT Health

Social determinants affecting the health of LGBT individuals largely relate to oppression and discrimination
Examples include:

- Legal discrimination in access to health insurance, employment, housing, marriage, adoption, and retirement benefits
- Lack of laws protecting against bullying in schools
- Lack of social programs targeted to and/or appropriate for LGBT youth, adults, and elders
- Shortage of health care providers who are knowledgeable and culturally competent in LGBT health
- Family, religious and social intolerance of LGBT identities and threat or experience of violence against them

The physical environment that contributes to healthy LGBT individuals includes:

- Safe schools, neighborhoods, and housing
- Access to recreational facilities and activities
- Availability of safe meeting places
- Access to health services

"I am not a "high risk" person; I am a member of a community that has been put at high risk." - Marcela Romero, Coordinator of REDLACTRANS

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Some Barriers to Accessing Recovery or Prevention Programs

- LGBT clients are more likely to engage in treatment/prevention programs that address sexuality and gender

- There are less compliance with treatments or prevention programs recommended by homophobic/transphobic providers
- Are the clients/participants also homophobic/transphobic?

- Accessible treatment for transgender individuals are lacking

Affirming Approaches for LGBTQ+ Youth in Recovery and Prevention

- **It all starts with data collection** – Are you asking for sexual orientation, gender identity, (SOGI) and pronouns?
- SOGI data informs treatment and prevention
- It also supports comprehensive medical and psychosocial assessments

- Trust and confidentiality are key to building rapport
- The relationship needs to be collaborative
- Youth are seen as the experts of their own experience

Affirming Approaches for LGBTQ+ Youth in Recovery and Prevention

- Providers should be free of homophobia, transphobia, heterosexism, and cisgenderism
- Welcome and promote openness about sexual orientation and gender identity in therapeutic settings
- Allow for fluidity and exploration of sexual/gender identities - including changing pronouns, names, and orientations/gender identities (or having no orientation/gender)
- Be familiar with many of the issues that LGBTQ+ people face as well as LGBTQ+ culture, strengths, and LGBTQ+ joy
- It is important to assess which identities are more salient for a client in a given context (How does the client filter their culture) while acknowledging the degree of privilege or oppression the client experiences on various dimensions
- Looking at the intersections of multiple identities, whether or not they are marginalized identities, is critical to understanding the experiences of clients who have substance use disorders

Cultural Humility: Another Way of Being Culturally Responsive

- Attributed to Tervalon and Murray-Garcia (1998) - is a process of ‘committing to an ongoing relationship with patients, communities, and colleagues’ that requires ‘humility as individuals continually engage in self-reflection and self-critique’
- Cultural Humility is a willingness to suspend what you know or what you think you know about a person/group of people based on generalizations/assumptions about their culture
- Shifts the focus of trying to understand other people to a focus on self-awareness
- Acknowledges that one’s own perspective may be full of assumptions and prejudices

Cultural Humility: Another Way of Being Culturally Responsive

- Lifelong learning and critical reflection (Culture is filtered through individual and culture is shared; Understanding is only as powerful as the action that follows)
- Mitigating power imbalances (Examining structural forces that underlie health and social disparities – People are not “at risk”, they are “placed at risk”; Humanizing our processes – Avoiding “I know, but”)
- Institutional and individual accountability (How do you build partnerships with other groups/organizations?)
- For example, the cultural humility approach explicitly acknowledges power differentials between provider and the person you are serving and asserts that problems do not often arise ‘from a lack of knowledge but rather the need for a change in service providers’ self-awareness and attitudes toward diverse communities we work with

Individual Questions to Assess Cultural Humility

Essential Questions for Critical Self-reflection
Individual Level:

- What are my cultural identities?
- How do my cultural identities shape my worldview?
- How does my own background help or hinder my connection to the people/ communities I serve?
- What are my initial reactions to the people I serve,* specifically those who are culturally different from me?
- How much do I value input from the people I serve?
- How do I make space in my practice for the people I serve to name their own identities?
- What do I learn about myself through listening to the people I serve who are different?

Allyship

Begins when a person of privilege from the dominant group seeks to support a marginalized individual or group with their consent **(keywords: power and privilege)**

It is the practice of unlearning and relearning and is a lifelong process of building relationships based on **TRUST, CONSISTENCY,** and **ACCOUNTIBILITY** with the communities you work with

ALLYSHIP IS NOT AN IDENTITY NOR IS IT SELF-DEFINED – decreases opportunities for performative allyship

The work and the efforts must be recognized by the people we seek to ally with and because of this, it is important on how we frame and present the work we do

Example: We are doing X, Y, Z to demonstrate our support for…
We are using our power and privilege to demonstrate our continued commitment to ending [system of oppression] by…

How To Demonstrate Allyship

Creating an Affirming Environment

- Identifying LGBT-specific community partners for referrals
- Development of LGBT-specific educational materials, trainings, and social media geared towards the community that is accessible and visible
- i.e. Post pride flags, gender neutral bathroom signs and allowing people to use the bathroom that reflects their gender, or other LGBT-affirming symbols
- Exhibits posters of BIPOC LGBTQ+ people or couples or LGBTQ+ organizations
- Display brochures (multilingual when possible and appropriate) about LGBT health concerns, such as breast cancer, safe sex, hormone therapy, mental health, substance use, and HIV/AIDS, and STIs
- Creating open dialogue around patient's gender identity, sexual orientation, their expression of SOGI (sexual orientation and gender identity), and safer sex practices (open-ended questions, non-defensiveness, avoiding perfectionism, being open to being called out or accountable)

How To Demonstrate Allyship

Creating an Affirming Environment

- Making sure there is space for patients to self-identify and making sure staff are reviewing paperwork because the name and gender may not match legal documents or insurance
- Ask yourself if the line of questioning and inquiry is necessary for patient's care vs curiosity:

➢ What do I know?
➢ What do I need to know?
➢ How can I ask for the information I need to know in a sensitive and affirming way?

- Create an environment of accountability – Disseminate or visibly post a non-discrimination statement stating that equal care will be provided to all patients, regardless of age, race, ethnicity, physical ability or attributes, religion, sexual orientation, or gender identity/expression

How To Demonstrate Allyship

Creating an Affirming Environment

- Reflect the language that the patient uses – practice not using gendered language*
- i.e. using relationship status vs marital status; using name/gender vs preferred name/gender; using parents/caregiver vs mom and dad; using Mx. [read mix] or their name instead of Mr./Mrs./Ms. or madam/sir, using partners or significant others vs husband or wife
- In order to understand a community, you must participate in the community and its culture – what are you doing to increase your own self-awareness and understanding of the community, what does your engagement with the community look like?
- How much do you respect and listen to your patient's feedback, disagreements, calling out/calling in tactics
- How do you generally respond when challenged? How do you demonstrate that you care?
- How do you humanize the processes that patients/clients/participants go through and how often do you gatekeep?

How To Demonstrate Allyship

Creating an Affirming Environment

- Be aware of additional barriers caused by differences in socioeconomic status, cultural norms, racial/ethnic discrimination, age, physical ability, and geography
- Do not make assumptions about literacy, language capacity, and comfort with direct communication
- Conducting patient interactions through a trauma-informed lens and that patient's negative reactions (different sensitivities) towards medical professionals may be due to past experiences and are byproducts of systemic issues and health inequities
- When discussing sexual history, it is very important to reflect patients' language and terminology about their partners and behaviors
- It is important to assess which identities are more salient for a client in a given context (How does the client filter their culture) while acknowledging the degree of privilege and/or oppression the client experiences on various intersections of identity

Question/Comments?

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