



PRIDE
I N S T I T U T E

Getting to Know the Expansive LGBTQ+ Community

May 17, 2023

12PM-1PM



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CEO

Goals and Objectives

- Review LGBTQ+ terminology.
- Understand the interconnected yet specific concepts of assigned sex at birth, gender identity, gender expression, gender presentation, and sexual orientation.
- Explore gender-expansive/gender non-binary versus transgender.
- Stages of transition.
- Review an LGBTQ+ affirming assessment.
- Understand Minority Stress and the Adverse Childhood Experiences (ACE) and the impact of these on the LGBTQ+ community.
- Examine trends in substance use and mental health of LGBTQ+ individuals.

- “People who identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ) often face social stigma, discrimination, and other challenges not encountered by people who identify as heterosexual. They also face a greater risk of harassment and violence. As a result of these and other stressors, sexual minorities are at increased risk for various behavioral health issues.¹”

---Quote from



Statistics

60% were denied health care and/or refused treatment by their doctors.

50% have had to educate their own provider on competent care

90% have been harassed or threatened at work.

26% have been fired due to bias

Four times more likely to live in extreme poverty

60-70% had experienced physical or sexual harassment by law enforcement officers.

Four times the rate of HIV infection as the general population. People of color had even higher rates.

Suicide attempts 41% report suicide attempts compared to 1.6% of the general population.

10% higher rates of smoking than the general population

43+% report using substances to cope with stress of oppression and discrimination.

National Transgender Discrimination Survey Report on Health and Health Care, 2010

Minnesota Homelessness Study

4% of Minnesotans identify as LGBTQ+

11% of Minnesotans experiencing homelessness identify as LGBTQ+

Why left their last permanent housing

Eviction 38%

Problems with others in household 37%

Abuse by someone in the household 32%

Lost job/Reduced hours 31%

68% of LGBTQ+ respondents who are homeless are African American, Native American, Hispanic, Multiracial, or Asian.

Wilder Research. "Characteristics of people who identify as LGBTQ experiencing homelessness." September 2020.

APA Standards of Care

- 1. We understand that gender is a non-binary construct that allows for a range of gender identities and that a person's gender identity may not align with sex assigned at birth.
- 2. We understand that gender identity and sexual orientation are distinct but interrelated constructs.
- 3. We are aware of how our attitudes about and knowledge of gender identity and gender expression may affect the quality of care they provide to TGNC people and their families.

December 2015 . American Psychologist ©
2015 American Psychological Association 0003-
066X/15. Vol. 70, No. 9, 832–86

LGBTQ+ Terms Continued

- Assigned sex at birth
- Gender identity
- Gender expression
- Gender presentation
- Sexual orientation/attraction/behaviors



LGBTQ Terms Continued

Terms for Sex Assigned at Birth:

- **Assigned Male at Birth (AMAB):** Children believed to be male when born and initially raised as boys.
- **Assigned Female at Birth (AFAB):** Children believed to be female when born and initially raised as girls.
- **Gender Expression-**
- **Gender Presentation-**



LGBTQ+ Terms

- **LESBIAN:** A woman who experiences the human need for warmth, affection, and/or love from another woman identified woman. Sometimes this includes sexual contact.



LGBTQ+ Terms Continued

- **GAY:** A man who experiences the human need for warmth, affection, and/or love from another man identified man. Sometimes this includes sexual contact.



LGBTQ+ Terms Continued

- **BISEXUAL:** A person whose need for warmth, affection, and love can be satisfied by people who identify as a man or a woman. Sometimes this includes sexual contact.



LGBTQ+ Terms Continued

- **PANSEXUAL:** A person who recognizes more than two genders and experiences the human need for warmth, affection, and/or love from a person of any gender identity/expression. Sometimes this includes sexual contact.
- “I like the wine and not the label.”
David Rose.



LGBTQ+ Terms Continued

- **QUEER:** Once used primarily as a pejorative term, queer is being reclaimed by many LGBTQIA+ people.
- Because of the history behind this word, caution should be used when using it to describe others.



LGBTQ+ Terms Continued

- **ASEXUAL:** A person who is not sexually/physically attracted to other people; however, this does not exclude romantic feelings/attachment.
 - **This is different from celibacy.**



LGBTQ+ Terms Continued

- **CISGENDER:** A person whose assigned sex at birth matches their gender identity and/or expression. Literally “not transgender.”



LGBTQ+ Terms Continued

- **TRANSGENDER:** An umbrella term for people who, for any number of reasons, have a gender identity/expression not commonly associated with their assigned sex at birth.



LGBTQ Terms Continued

- **INTERSEX:** A term used to describe a person whose chromosomes, genitalia, and/or secondary sex characteristics are neither exclusively male nor female. Most transgender individuals do not have intersex traits.



LGBTQ+ Terms Continued

- **GENDER-EXPANSIVE:** Individuals who do not conform to their culture's expectations for boys or girls. Being transgender is one way of being gender-expansive, but not all gender-expansive individuals are transgender.



LGBTQ+ Terms Continued

- **Non-binary (NB):** A person whose gender ID falls outside of the traditional gender binary.
- **Gender fluid:** Gender is not fixed. May feel a “mix” of the two traditional gender but may feel more one gender some of the time, and another gender at other times.
- **Genderqueer:** Gender id falls outside of the traditional gender binary.
- **Pangender:** Gender ID is comprised of many genders.
- **Bigender:** Gender ID is a combination of two genders.
- **Agender:** Describes a person who identifies as having no gender.
- **Others:** Achilliean, Demi-Sexual, Omni-Sexual, Romantic/Attraction identities, Relationship identities, Ando/Gyno Sexual.



LGBTQ+ Terms Continued

- **QUESTIONING:** Someone who does not identify as LGBTQIA+ —either because they haven't determined how best to identify themselves or simply because they do not wish to associate themselves with any one category.





GAY



TRANSGENDER



BISEXUAL



POLYSEXUAL



GENDERQUEER



DEMISEXUAL



ASEXUAL



PANSEXUAL



GENDER FLUID



INTERSEXUAL



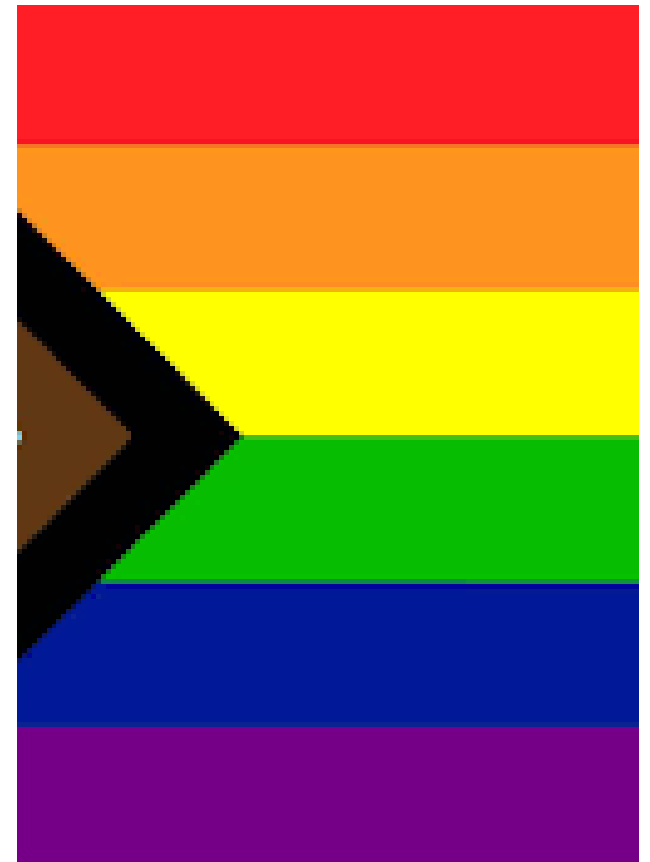
NON-BINARY



AGENDER

LGBTQ+ Affirming Assessment

- **Coming out history.**
- **Trans/Gender Fluid/Non-binary: If yes, transitioning status.**
- **LGBTQ+ Related issues: Bullying and target of “phobias.”**
- **Culture, ethnicity, race. Intersectionality of identities.**
- **Internalized homo/bi/trans/lesbo/queer negativity.**



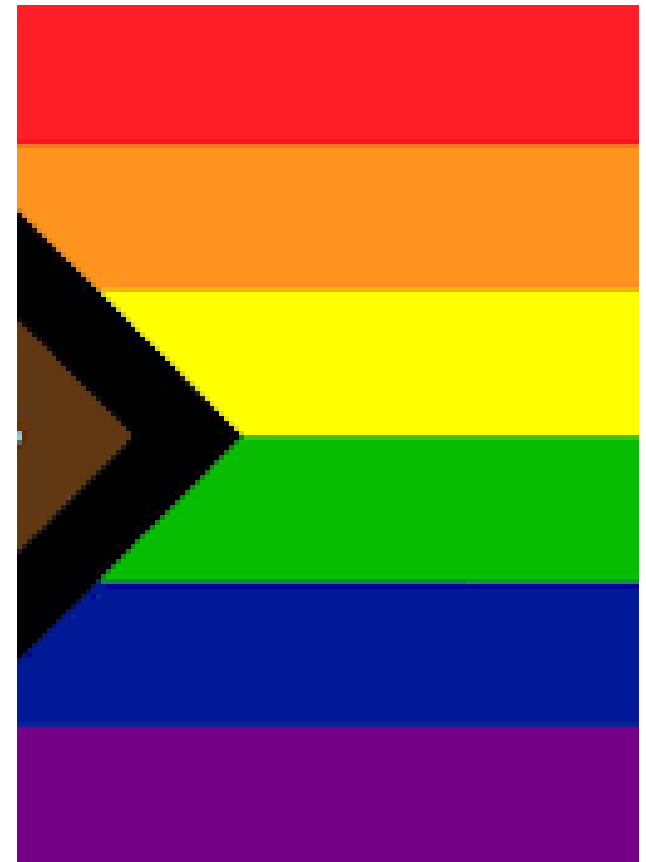
Gender dysphoria in DSM5

Gender-expansive: Behavior, preferences, or other traits are not gender typical

Not necessarily distressed over this (except for social bullying and stigma).

Transgender: Distressed about assigned sex and/or expected gender identity.

May call for gender transition.



Transition of gender minority

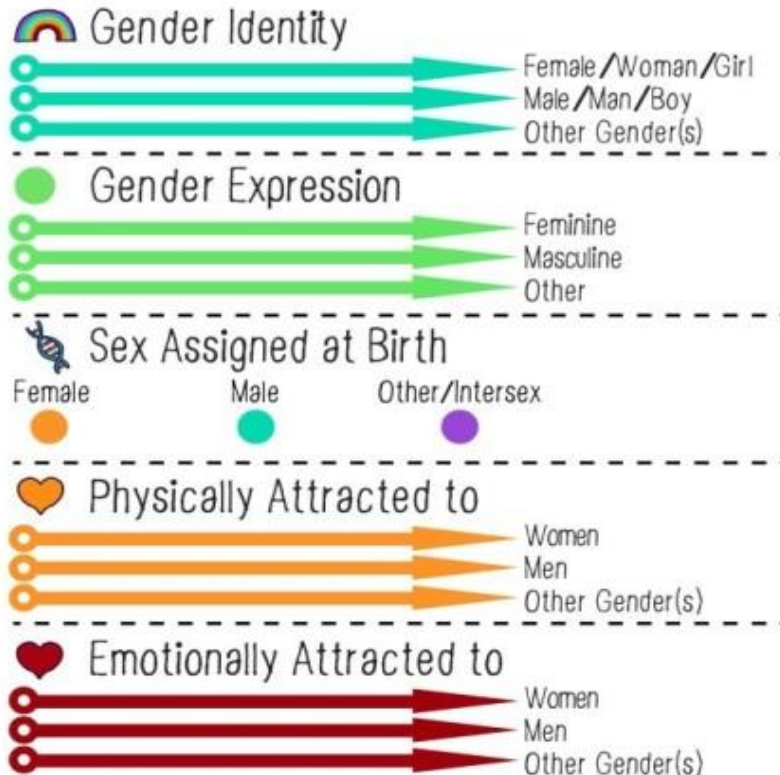
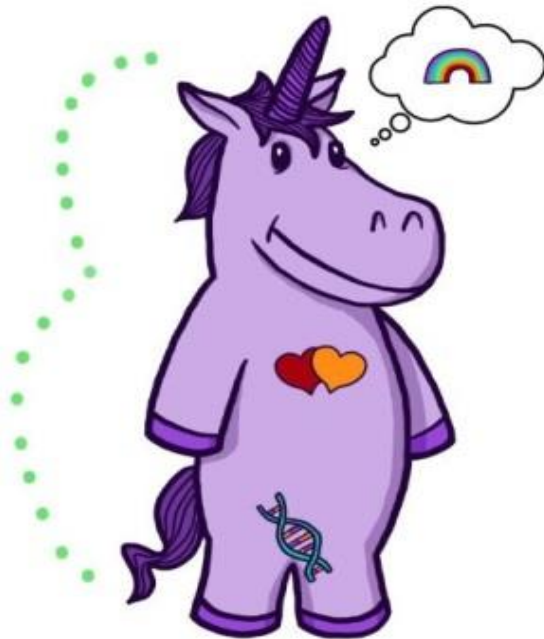
Stages of transition

- Social transition(including legal) : from coming out to family and friends to legal change of names and ID through court system.
- Puberty Blockers: Gonadotropin-releasing analogs such as leuprolide and histrelin.
- Gender Affirming Hormonal transition: it includes estradiol/spironolactone for male to female, and testosterone for female to male
- Gender Affirming Surgical transition: gender reassignment surgeries
 - Feminization surgeries
 - Masculinization surgeries
- *Most gender minority clients are in social and or hormonal transition stages
- not all gender queer persons desire and are interested in hormonal and surgical transition

Gender Unicorn

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Pronouns

- One cannot tell what pronouns a person uses just by looking at them
- Asking and using correct gender pronoun is the most basic way to show respect, and has a significant impact on mental health outcomes
- “What pronouns do you use?”



LGBTQ+ Terms Continued

- **CISSEXISM:** The appeal to the norms that enforce the gender binary, and gender essentialism, resulting in the oppression of gender variant, non-binary and trans identities.



LGBTQ+ Terms Continued



- **HETEROSEXISM:** A system of attitudes, bias, and discrimination in favor of opposite-sex sexuality and relationships.

LGBTQ+ Terms Continued



HOMONORMATIVITY: occurs both within and outside the LGBTQ+ community.

**INTERNALIZED
HOMO/BI/LESBO/TRANS/QUEER
NEGATIVITY.**

Rural LGBTQ+

- 2.9-3.8 Million identify as LGBTQ+ live in rural areas (15%-20% of the LGBTQ+ population).
- One in five is a person of color (40% black, 35% Latinx, 25% Native American, Pacific Islander, or Asian American).



Rural LGBTQ+

- Fear of victimization and Stigmatization.
- Amplify acceptance or rejection.
- “Ripple Effect.”
- Alternatives.
- Supports.
- Advocacy.
- Providers.



APA Stigma, Discrimination and Barriers to Care

Guideline 5

-We recognize how stigma, prejudice, discrimination, and violence affect the health and well-being of LGBTQ+ individuals.

Guideline 6

-We recognize the influence of institutional barriers on the lives of LGBTQ+ people and to assist in developing LGBTQ+ -affirmative environments.

Guideline 7

-We understand the need to promote social change that reduces the negative affects of stigma on the health and well-being of LGBTQ+ people.

Minority stress theory

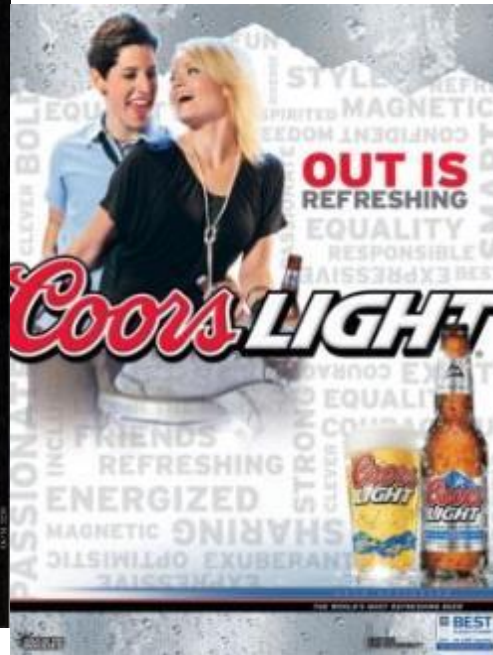
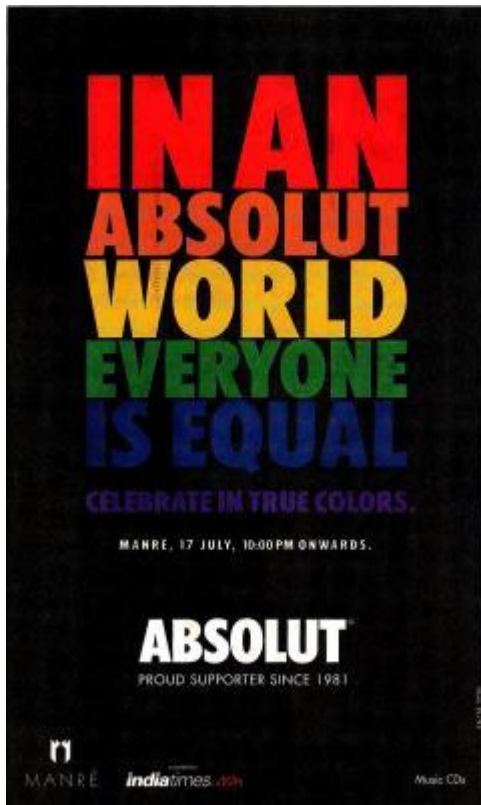
- It posits that sexual minorities experience distinct, chronic stressors related to their stigmatized identities, including victimization, prejudice, and discrimination
 - **Minority stress theory** proposes that sexual minority health disparities can be explained in large part by stressors induced by a hostile, homophobic culture, which often results in a lifetime of harassment, maltreatment, discrimination and victimization
 - **Stigma and Minority Stress as Social Determinants** has provided a foundational framework for understanding sexual minority mental health disparities
 - Sexual and gender minority (less than 5 %), in heteronormative, binary culture and society
 - Intersectionality of identities.
- Source:
Meyer 1995,
2003 & Inst.
Med. 2011
- Source: Marshal et al., 2008; Meyer, 2003



Stigma and Discrimination

- Homo/bi/lesbo/trans/ queer phobic culture:
- **Few places to find community.**
- **Bars and Clubs have historically provided this safe haven.**
- **Military Service.**
- **Conversion therapy.**
- Title VII of the [Civil Rights Act](#) of 1964, which prohibits employment discrimination based on race, color, religion, sex and national origin, did not cover sexual orientation – Finally passed in support of LGBTQ+ rights
- **Refusal to provide services based on religious beliefs.**
- **Adoption.**
- **Historical trauma.**
- **FL, TX et al.**

Alcohol and Tobacco Industries



- Tobacco companies have purposely targeted LGBTQ+ individuals by:
- Advertising in LGBTQ+ -themed publications
- Exploiting LGBTQ+ bars and clubs
- Using “liberation” “acceptance” “individualism” as a means to tap into societal stigma, feeling like an “outsider.”

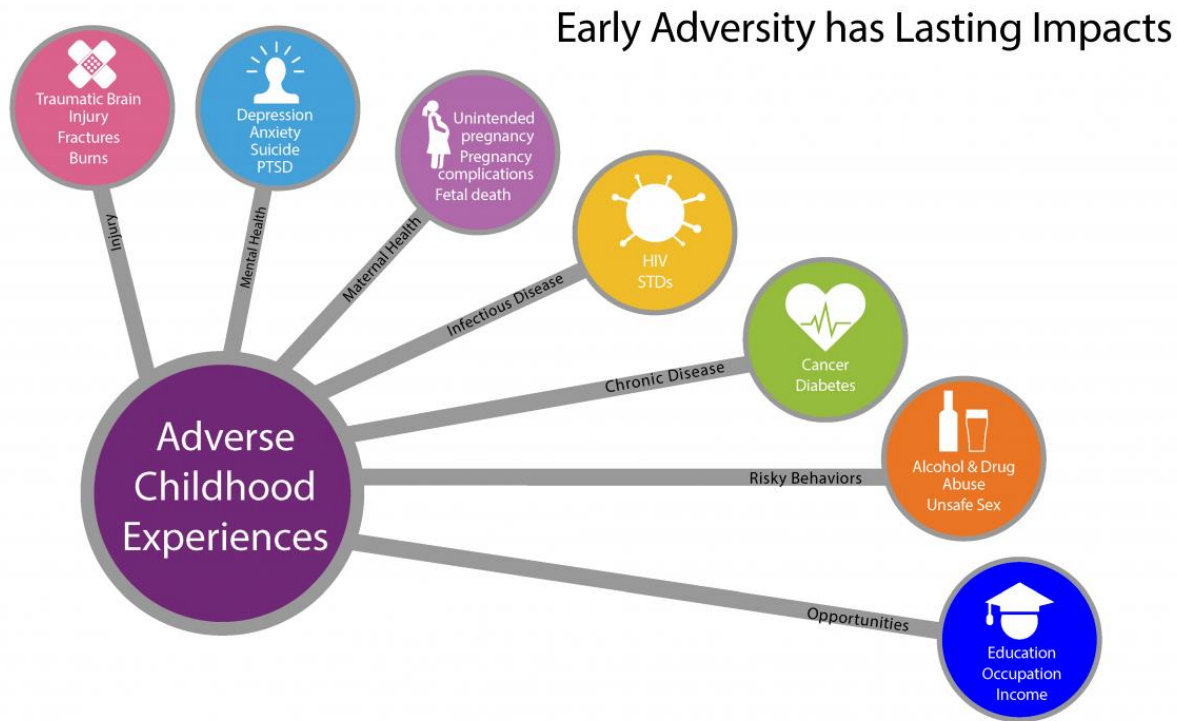


Adverse Childhood Experiences (ACEs) Questionnaire

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often...
 - Swear at you, insult you, put you down, or humiliate you? or
 - Act in a way that made you afraid that you might be physically hurt?
2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
3. Did an adult or person at least 5 years older than you ever...
 - Touch or fondle you or have you touch their body in a sexual way? or
 - Attempt or actually have oral or anal intercourse with you?
4. Did you often or very often feel that
 - No one in your family loved you or thought you were important or special? or
 - Your family didn't look out for each other, feel close to each other, or support each other?
5. Did you often or very often feel that ...
 - You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
6. Was a biological parent ever lost to you through divorced, abandonment, or other reason?
7. Was your mother or stepmother:
 - Often or very often pushed, grabbed, slapped, or had something thrown at her? or
 - Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
9. Was a household member depressed or mentally ill? Or Did a household member attempt suicide?
10. Did a household member go to prison?

Adverse Childhood Experience (ACE) Scores



Andersen, J. P., & Bloasnick, J. (2013). Disparities in adverse childhood experiences among sexual minority and heterosexual adults: results from a multi-state probability-based sample. *PLoS one*, 8(1), e54691. <https://doi.org/10.1371/journal.pone.0054691>

LGBQ

- 83% experienced at least one ACE compared to 64% of straight adults.
- 52% experienced three or more ACE scores compared to 26% of straight adults.
- Highest disparities were largest for sexual abuse, household mental illness, and emotional abuse.
- LGBQ experienced greater number of mental health days per month **REGARDLESS** of ACE's.

• Journal of American Medical Association Psychiatry , February 2013.

LGBTQ+ Clinical Rationale for Specific Treatment

- SOGI minority stress.
- Safety of the client.
- Provide staff that have been trained to address specific LGBTQ+ issues.
- Individualize care to meet the needs of the LGBTQ+ individual.
- Cultural humility.



“ Three highs
and one low”
in substance
use disorders
and mental
health of
LGBTQ+

- Higher prevalence of MH and SUD
- Higher healthcare burden and cost
- Higher other co-occurring conditions
- Lower accessibility

SAMHSA NSDUH Data Review

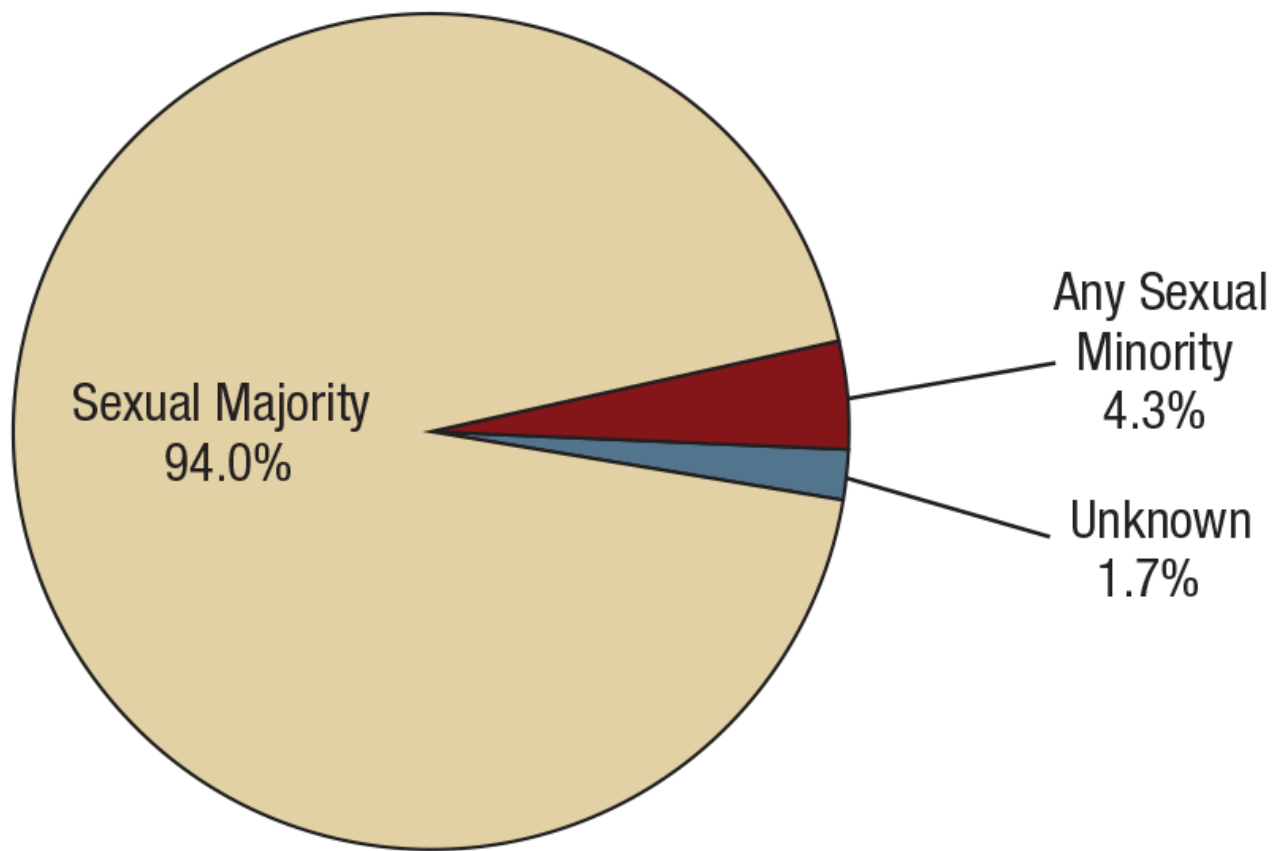
“Sexual Orientation and Estimates of Adult Substance Use and Mental Health: Results from the 2015 National Survey on Drug Use and Health.”

Follow up study in 2019.

Medley G, Lipari R, Bose J, Cribb D, Kroutil L, McHenry G. Sexual Orientation and Estimates of Adult Substance Use and Mental Health: Results from the 2015 National Survey on Drug Use and Health. NSDUH Data Review. <https://www.samhsa.gov/data/sites/default/files/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015.htm>. Published October 2016.

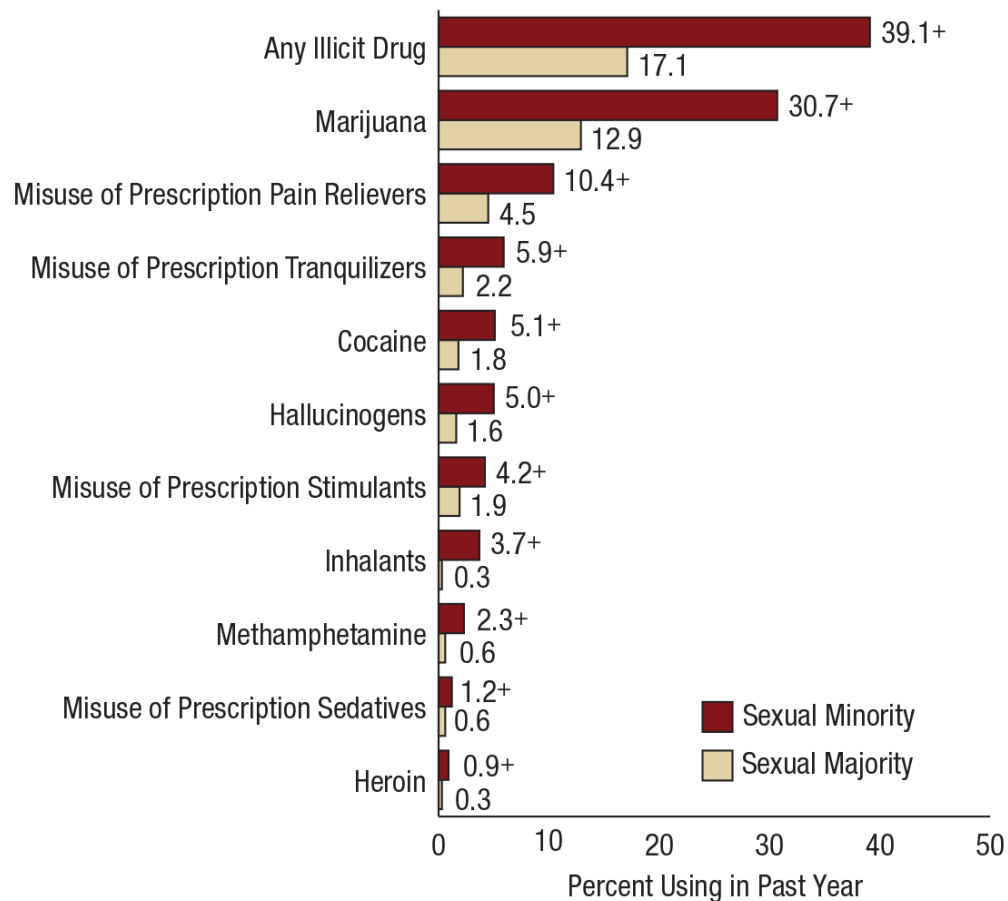
SAMHSA NSDUH Data Review

Sexual Identity among Adults Aged 18 or Older: Percentages, 2015

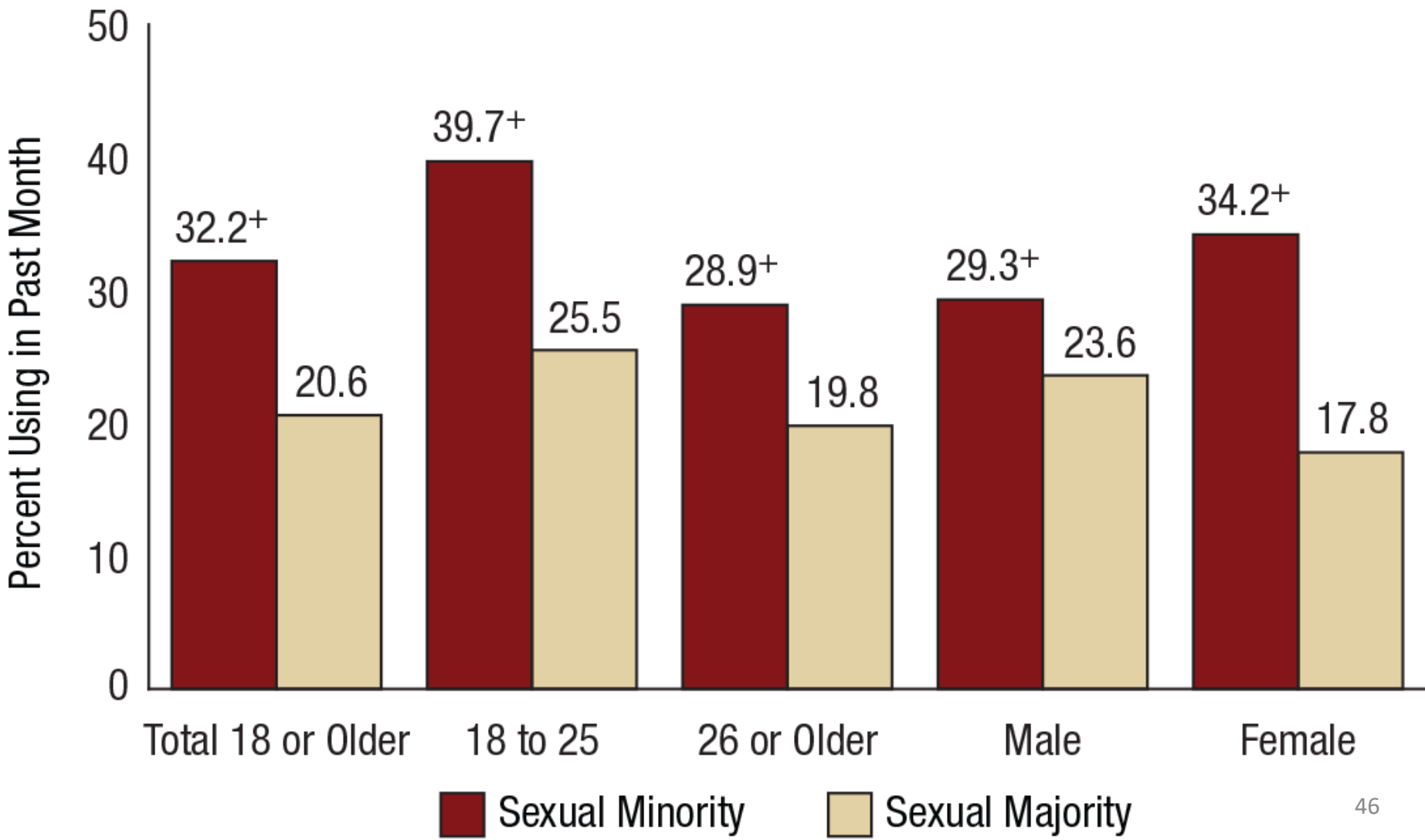


SAMHSA NSDUH Data Review

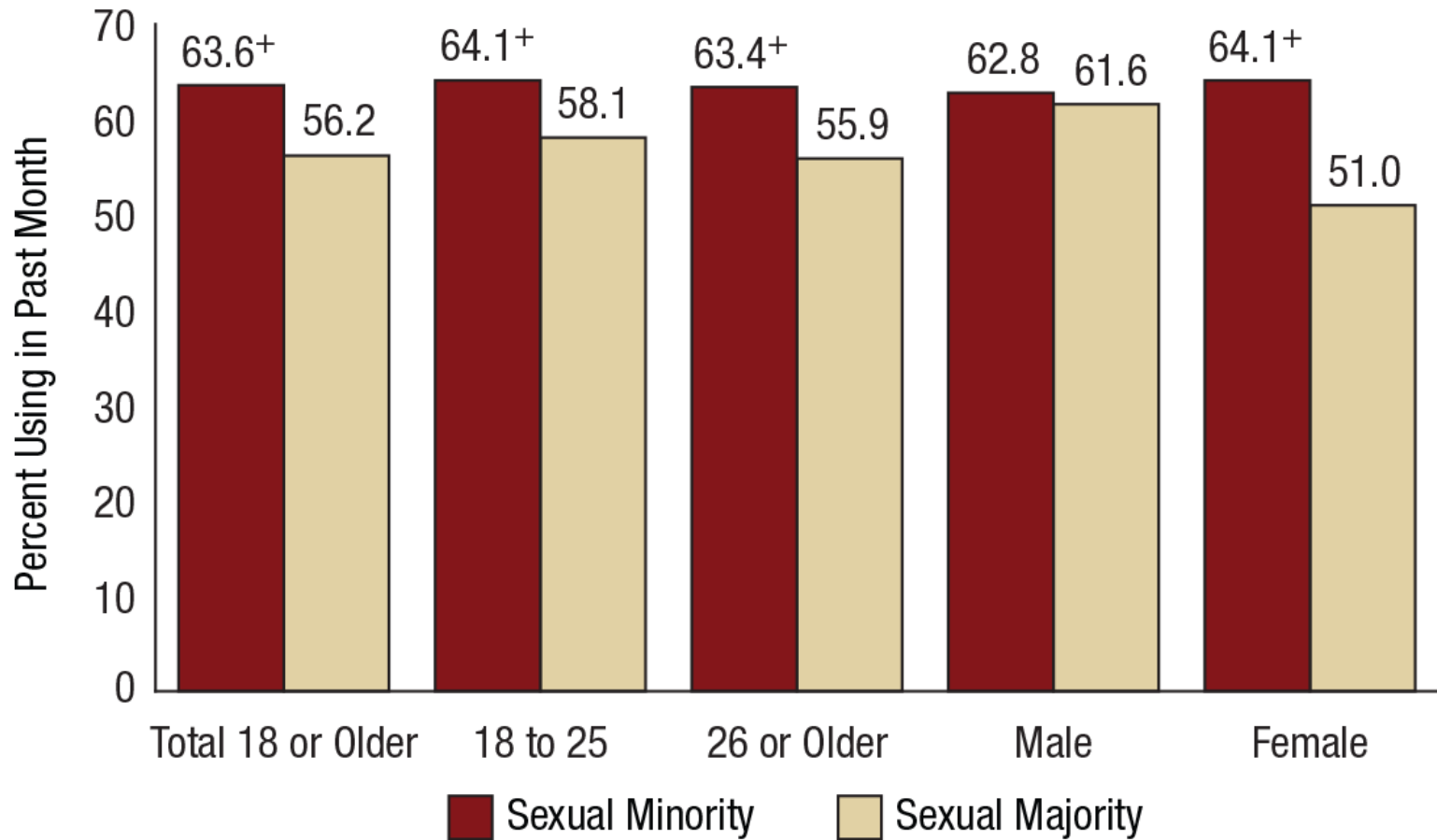
Past Year Illicit Drug Use among Sexual Minority and Sexual Majority Adults Aged 18 or Older, by Drug Type: Percentages, 2015



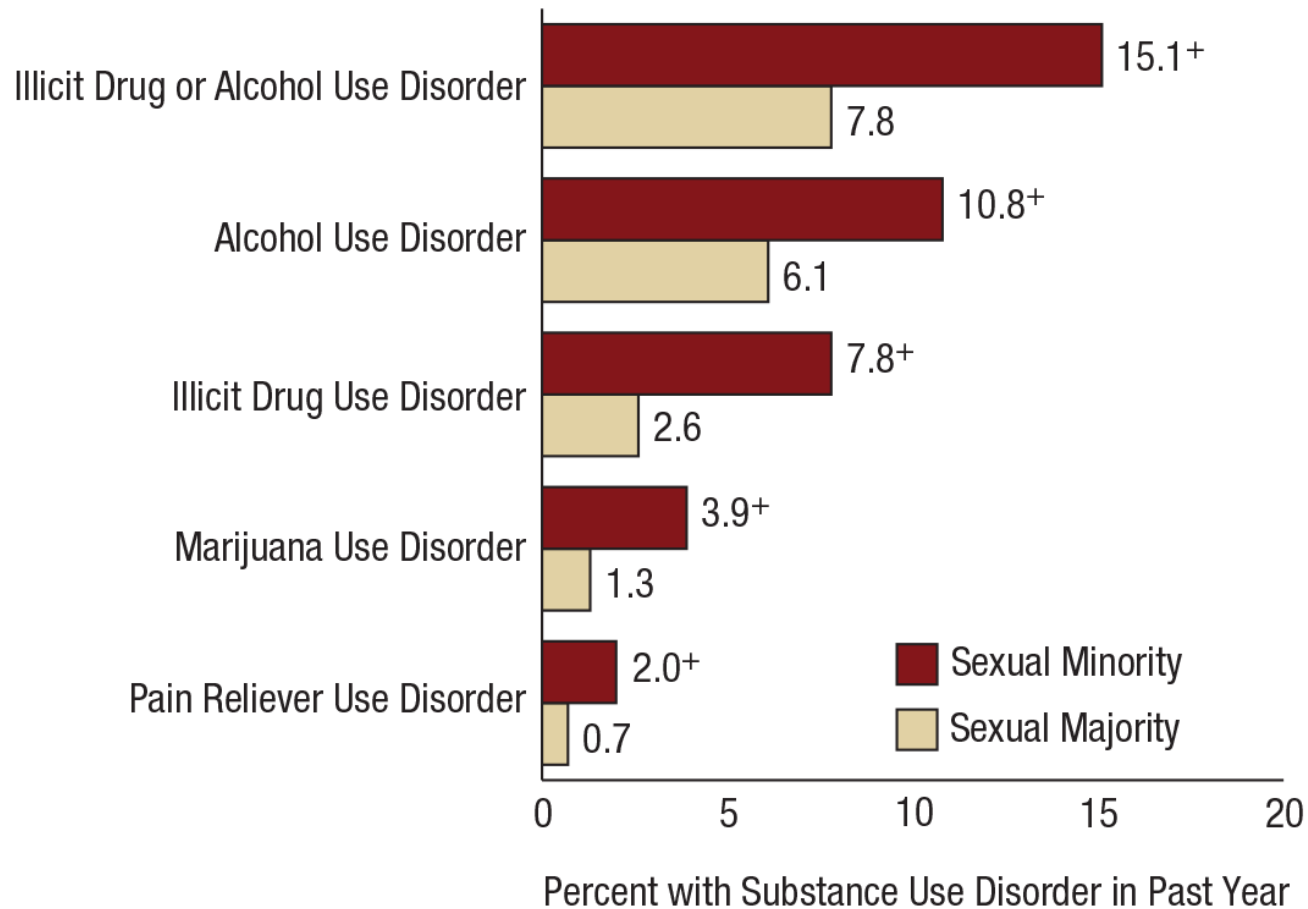
Past year Illicit Drug Use among Sexual Minority and Sexual Majority Age 18 or Older



Alcohol Use in the Past Month among Sexual Minority and Sexual Majority Age 18 or Older

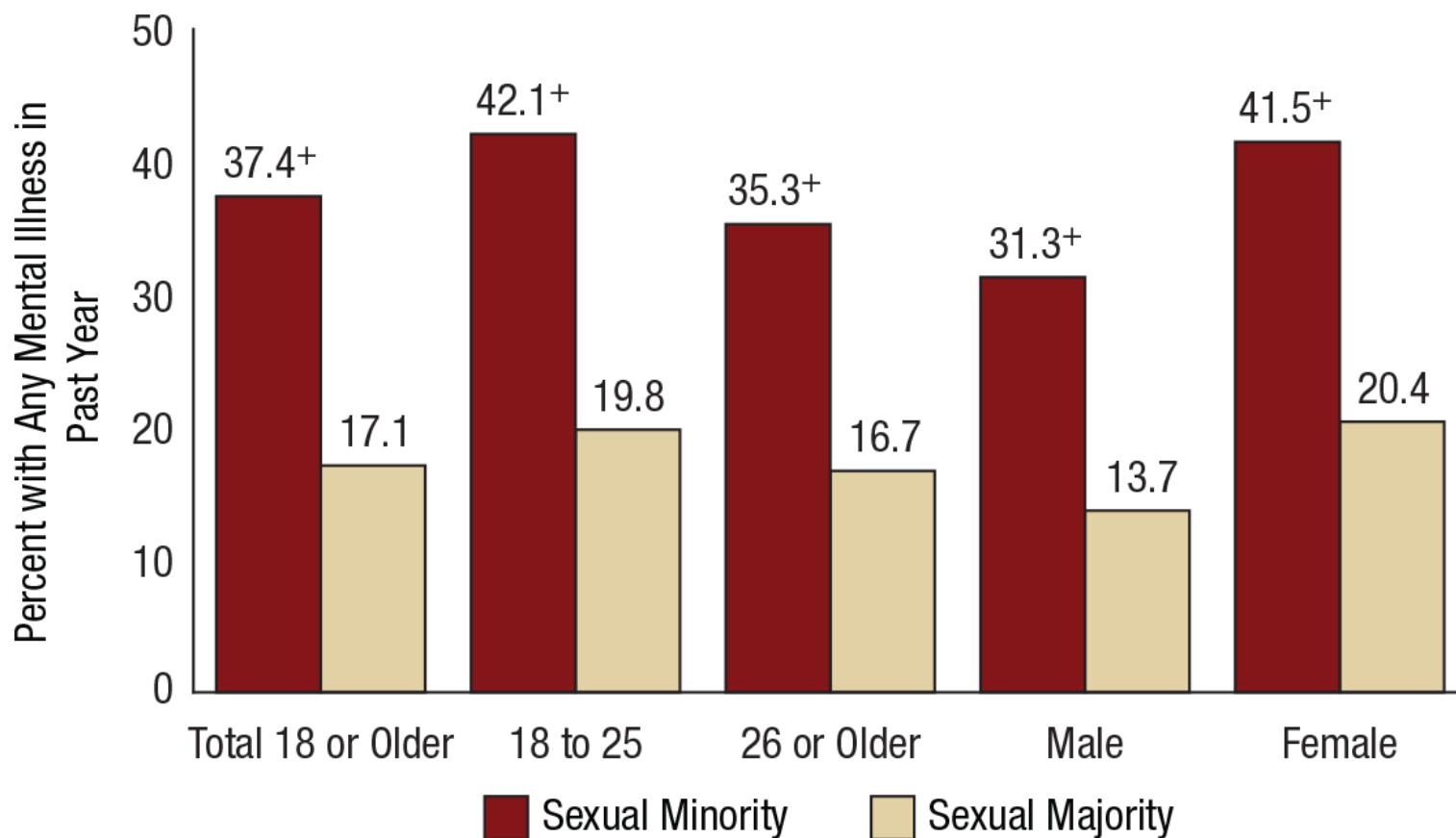


Substance Use Disorder in the Past Year among Sexual Minority and Sexual Majority Adults Age 18 or Older, Percentages , 2015.

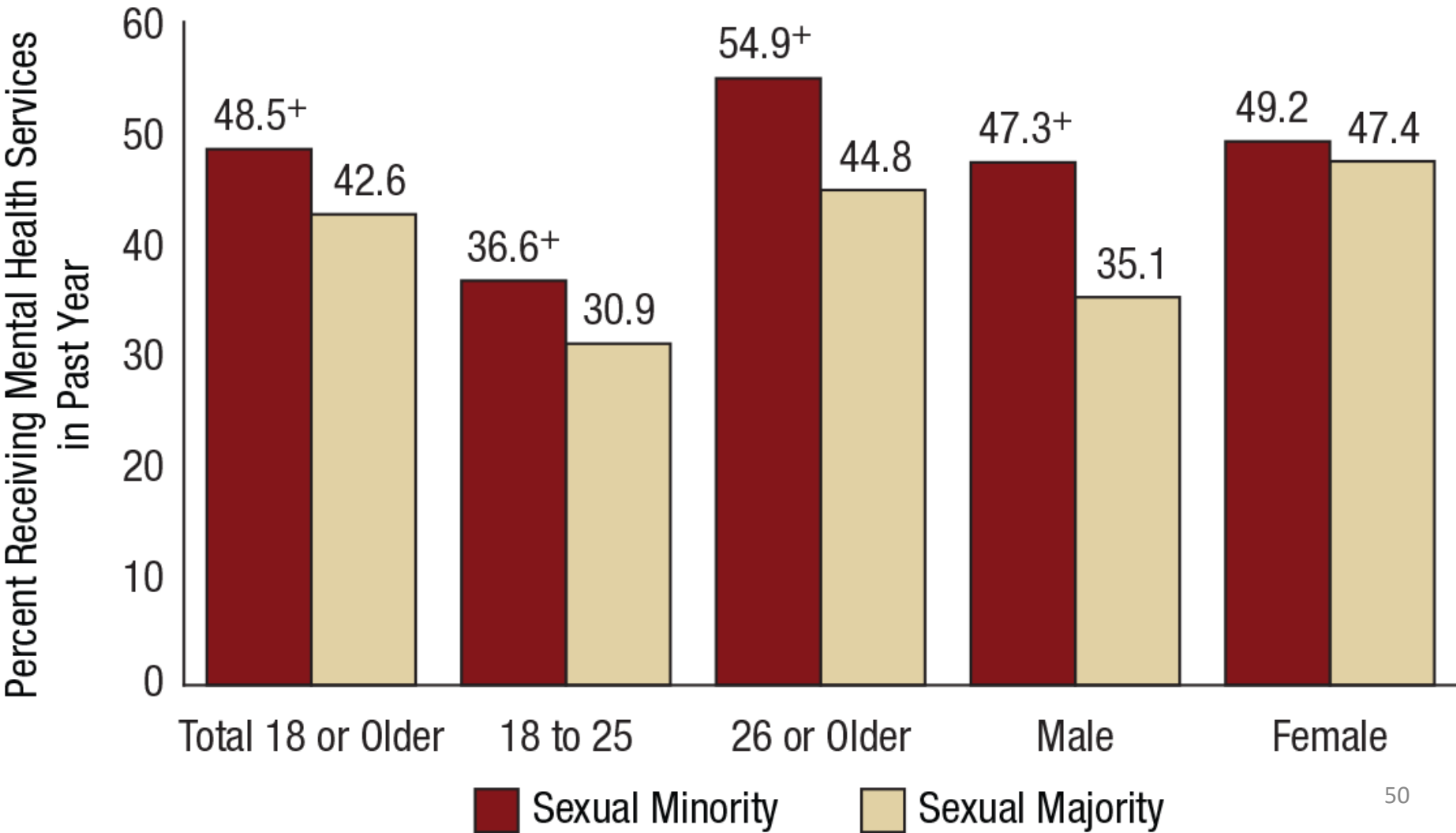


SAMHSA NSDUH Data Review

Any Mental Illness in the Past Year among Sexual Minority and Sexual Majority Adults Aged 18 or Older, by Age Group and Sex: Percentages, 2015



Received Mental Health Services in the Past Year among Sexual Minority and Sexual Majority Adults Aged 18 or Older, by Age Group and Sex



Prematurely Leaving Treatment

- LGBTQ+ individuals often report facing difficulties when accessing healthcare, including addiction treatment programs.
- Enacted and felt stigma can lead to clients leaving treatment prematurely
 - Isolation
 - Harassment
 - Unwelcomed
 - Being a diversion or nuisance
 - Social rejection
 - Tokenism



How to Uproot Stigma and be an Ally

- Gender inclusive restrooms
- Room all clients in rooms according to their gender identity
- Collect data and information on SOGI
- Welcoming signs/materials
- Posted non-discrimination policies that include SOGI
- Provide LGBTQ+ training to all employees
- Hire openly LGBTQ+ employees
- Have forms and intake staff use best practices in asking chosen name, pronouns, sex assigned at birth, current gender identity.

- “It is absolutely imperative that every human being’s freedom and human rights are respected, all over the world.”

– Jóhanna Sigurðardóttir



Thank you!



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Behavioral Health Awareness Series

If you are an Evernorth or Cigna customer and have questions about Substance Use treatment or about your benefits and how to use them, please contact:

Stephanie Gissal - 800.274.7603 x398516

Wanda Russell – 800.274.7603 x342063

Kari Mack – 800.274.7603 x1034994

Jordan Nielsen – 800.274.7603 x382620