

LGBTQ+ CULTURAL COMPETENCY FOR HEALTHCARE PROVIDERS

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(she/her)

August 2023

Slide 1

CEO Au: update December 2022 date?

CE, 2023-08-01T12:59:04.969

CJW(0 0 Sure. Whatever date you prefer.

Culligan, Julia W. (she/her/her, 2023-08-09T16:14:04.108

LEARNING OBJECTIVES

Upon successful completion of this continuing education course, you will be prepared to have respectful and effective clinical relationships with patients and clients receiving care in your specialty area who identify as LGBTQ+. You will be able to:

- Define culturally relevant terminology that demonstrates cultural sensitivity and understanding
- Describe intersectionality and the impact of intersecting systems of discrimination and oppression on emotional, physical, and social well-being
- Identify risk factors, health disparities, and strategies for minimization
- Identify legal obligations related to treating patients
- Describe guidelines and best practices for data storage, including appropriate collection, use, storing of sexual orientation and gender identify information
- Identify personal and cultural biases to challenge or correct within a culturally competent practice
- Discuss ways to engage and train support staff

Slide 2

CEO

Au: revise slide titles for consistent capitalization style throughout the presentation?

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CJW(0 0

Sure. However you think is best.

Culligan, Julia W. (she/her/her, 2023-08-09T16:13:46.026

ULTIMATE GOALS

- Healthcare providers: Understand and challenge the individual, social, and political factors that negatively impact LGBTQ+ emotional and physical well-being
- For LGBTQ+ people:
 - Decrease LGBTQ health disparities
 - Improve healthcare and social service delivery

LGBTQ+ TERMINOLOGY BASICS (Evolving)

LESBIAN

GAY

BISEXUAL

TRANSGENDER

QUEER* (being reclaimed by in-group)

+INTERSEX

+PANSEXUAL

+ASEXUAL

+QUESTIONING

**+SEXUAL & GENDER-DIVERSE
PERSONS (SGD)**

+++++

CE0

LGBTQ is an acronym

meant to encompass a whole bunch of diverse **sexualities** and **genders**. Folks often refer to the Q (standing for "queer*") as an **umbrella term**, under which live a whole bunch of identities. This is helpful because **lesbian**, **gay**, and **bisexual** aren't the only marginalized sexualities, and **transgender*** isn't the only gender identity. In fact, there are many more of both!



* The "Q" sometimes stands for "questioning" and "transgender" is often thought of as an umbrella term itself (sometimes abbreviated "trans"; or "trans*" in writing). Lots of asterisks, lots of exceptions, because hey - we're talking about lots of different folks with different lived experiences to be inclusive of.

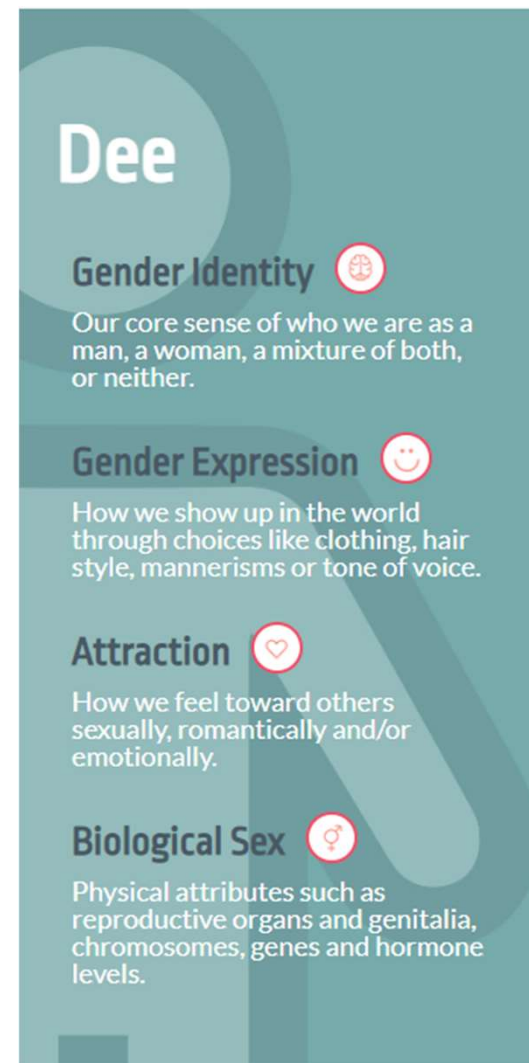
(Killermann, S. & Bolger M. n.d. Safe Zone Project.)

Slide 4

- CE0** Au: in final line on left, revise to clarify what SGD stands for?
CE, 2023-08-01T13:10:54.591
- SH0 0** Sexual and Gender-Diverse
Shelly Hayden, 2023-08-09T21:07:04.357
- CE1** Au: globally, set all citations in author, date style?
CE, 2023-08-01T17:10:09.095
- CJW(1 0** YES, THE N.D. MEANS NO DATE
Culligan, Julia W. (she/her/her, 2023-08-09T16:14:47.667
- CE2** Au: provide reference section to correspond with citations within the presentation?
CE, 2023-08-01T18:49:00.621
- CJW(2 0** PREVIOUSLY SUBMITTED
Culligan, Julia W. (she/her/her, 2023-08-09T16:14:55.732

Identity ≠ Expression ≠ Sex Gender ≠ Sexual Orientation

SO/GI = sexual orientation and gender identity



Slide 5

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CJW(0 0 IT'S JUST A NAME GIVEN TO THE EXAMPLE
Culligan, Julia W. (she/her/her, 2023-08-09T16:15:53.244

CE1 Au: in notes below slide, 3rd bullet point, revise to clarify what "identiversity" is referring to?
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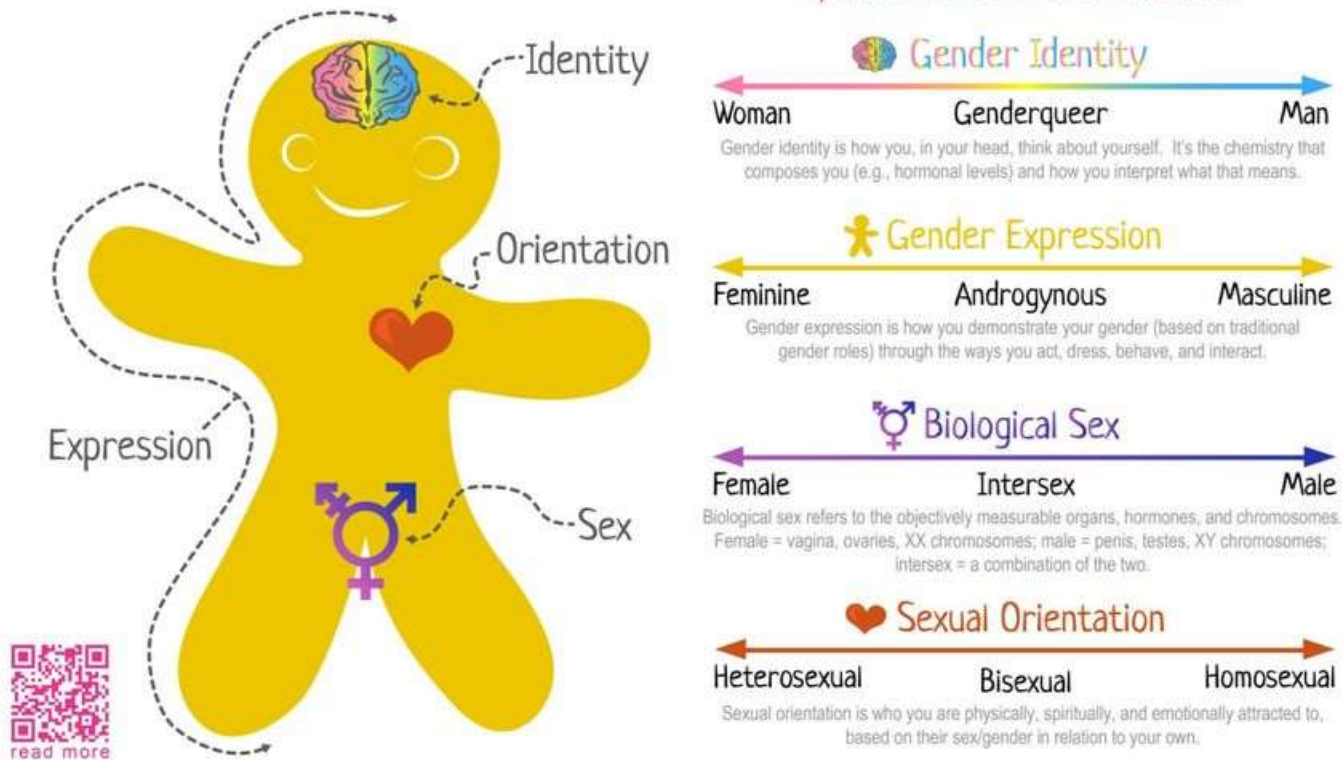
CJW(1 0 DO NOT PUBLISH NOTES. FOR AUTHOR'S CONTEXT AND PREPARATION ONLY.
Culligan, Julia W. (she/her/her, 2023-08-09T16:16:15.225

Sam Killermann's GENDERBREAD.ORG

(Killermann, S. n.d.)

The Genderbread Person

by www.ItsPronouncedMetrosexual.com



GLOSSARY of TERMS: SEXUAL ORIENTATION (Amory et al., 2022)

- **SEXUAL ORIENTATION** (emotional, romantic, sexual, spiritual attraction or relationship) (Schwindt et al., 2020)
 - **GAY:** Same-sex attraction/relationship
 - **LESBIAN:** Woman attracted to, in relationship with another woman
 - **BISEXUAL:** Sexual attraction/behaviors directed toward own gender and gender different from one's own; distinct sexual orientation
 - **Pansexual:** Toward people regardless of sex or gender identity
 - **Asexual:** No sexual feelings/desires for physical intercourse with another (<1%)
 - **MSM:** Abbreviation for men who have sex with men; may identify as gay
 - **WSW:** Abbreviation for women who have sex with women; may identify as lesbian
 - **Same-gender loving (SGL):** Term more common in African American community
- ****Note:* Label may not correspond to sexual behavior (Bass & Nagy, 2022)

GLOSSARY of TERMS: GENDER IDENTITY (Amory et al., 2022)

- Transgender: Gender identity is different from assigned sex at birth; term includes nonbinary identity
- Genderqueer: See selves outside socially constructed binary of man/woman; identifies as both feminine and masculine
- Bigender: Encompasses both male and female genders, binary or nonbinary, simultaneously or alternating between
- MtF: Male-to-female trans woman
- FtM: Female-to-male trans man
- Transsexual: Medical term for those who have used surgery or hormones to modify their bodies (term may be offensive)
- Nonbinary: Identifies outside of the social constructs of man/woman
- Cisgender: A person whose gender identity aligns with sex assignment at birth
- Two-spirit: Term within the Indigenous community for third gender (be careful with cultural appropriation)

Slide 8

CEO Au: note "Genderqueer" is here twice
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CJW(0 0 Done
Culligan, Julia W. (she/her/her, 2023-08-09T16:16:44.171

GLOSSARY OF TERMS (Amory et al., 2022)

- Ace: A person who is asexual
- Ace relationship: Refers to an ace who is in an asexual relationship
- Cisgender: A person whose gender identity aligns with sex assignment at birth
- Cisnormativity: Cis as default; treating all as if gender aligns with birth assignment
- Coming out (of the closet): Disclosing sexual orientation or gender identity to others
- Gender dysphoria: Feeling that gender identity is a mismatch with sex assigned at birth, resulting in distress or dysphoria
- Gender fluidity: Changes in a person's gender identity throughout lifetime or across different contexts; opposed to cultural constructs of gender as fixed and unchanging
- Gender nonconformity: Gender expression/behavior mismatch gender norms

GLOSSARY OF TERMS (Amory et al., 2022)

- **Gender-affirming surgery or hormone therapy**: Treatment to alter body to align with gender identity
- **Genderqueer**: Gender identity is fluid; not binary or does not fit either category of M/F
- Hermaphrodite (offensive): Intersex
- **Heteronormative**: Heterosexuality is the default sexual orientation until proven otherwise
- Heterosexism: Heterosexuality is the only acceptable sexual orientation
- Inverts: Very old term for homosexuals
- Passing: As whatever gender they are wanting to present
- **Romantic friendships**: Nonsexual relationship that is closer than typical
- Third gender: Neither man nor woman
- Tomboi: West Sumatran term for “women who dress like men and have relationships with women”; not “tomboy” (Amory et al., 2022)

Slide 10

CEO Au: in final bullet point, revise to clarify where quoted material is from?
CE, 2023-08-01T13:20:35.704

CJW(0 0 Added
Culligan, Julia W. (she/her/her, 2023-08-09T16:17:18.526

IN- VERSUS OUT-GROUP SLANG (Bass & Nagy, 2022)

- In-group reclaiming terms (e.g., queer, gay, dyke, fag)
- Out-group, provider, unknown to be in-group: Derogatory
 1. Listen for language
 2. Ask
 3. Note in medical record

SEXUALITY: Nature Versus Nurture

- Genes play a limited role (8% to 25%); nearly 500,000 subjects (Ganna et al., 2019)
- No single “gay gene” (LGB, not gender identity TQIA+) (Ganna et al., 2019)
 - Sexuality is polygenic
 - Complex heritable characteristics (proclivity)
 - Strongly influenced by environment
 - Several genes have minor correlation (< 1%), including a gene influencing sense of smell in men
- Doesn't measure complexity of attraction (e.g., Kinsey scale oversimplification)
- 3 Biomarkers of same-sex attraction (Akpan, 2019)
 1. Fraternal birth order (males)
 2. Handedness (other than right-handed)
 3. Familiarity (more than one relative who is gay, 30% close relative who is gay)

Note: CONVERSION THERAPY IS HARMFUL (Jones et al., 2022; *The Lies and Dangers of “Conversion Therapy,”* n.d.)

Slide 12

- CE0** Au: provide citation for Neale and Vilain quotations in notes?
CE, 2023-08-01T13:23:20.453
- CJW(0 0** Identifies as both feminine and masculine
Culligan, Julia W. (she/her/her, 2023-08-09T16:17:28.973
- CJW(0 1** Ignore that.
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- CJW(0 2** DO NOT PUBLISH NOTES. FOR AUTHOR'S CONTEXT AND PREPARATION ONLY.
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- CE1** Au: please confirm blue, bold, underlined text formatting should be retained in notes
CE, 2023-08-01T13:26:16.206
- CJW(1 0** Identifies as both feminine and masculine
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- CJW(1 1** DO NOT PUBLISH NOTES. FOR AUTHOR'S CONTEXT AND PREPARATION ONLY.
Culligan, Julia W. (she/her/her, 2023-08-09T16:18:32.203
- CE2** Au: in notes, #3, revise what "the new study" is referring to?
CE, 2023-08-01T13:27:35.579
- CJW(2 0** DO NOT PUBLISH NOTES. FOR AUTHOR'S CONTEXT AND PREPARATION ONLY.
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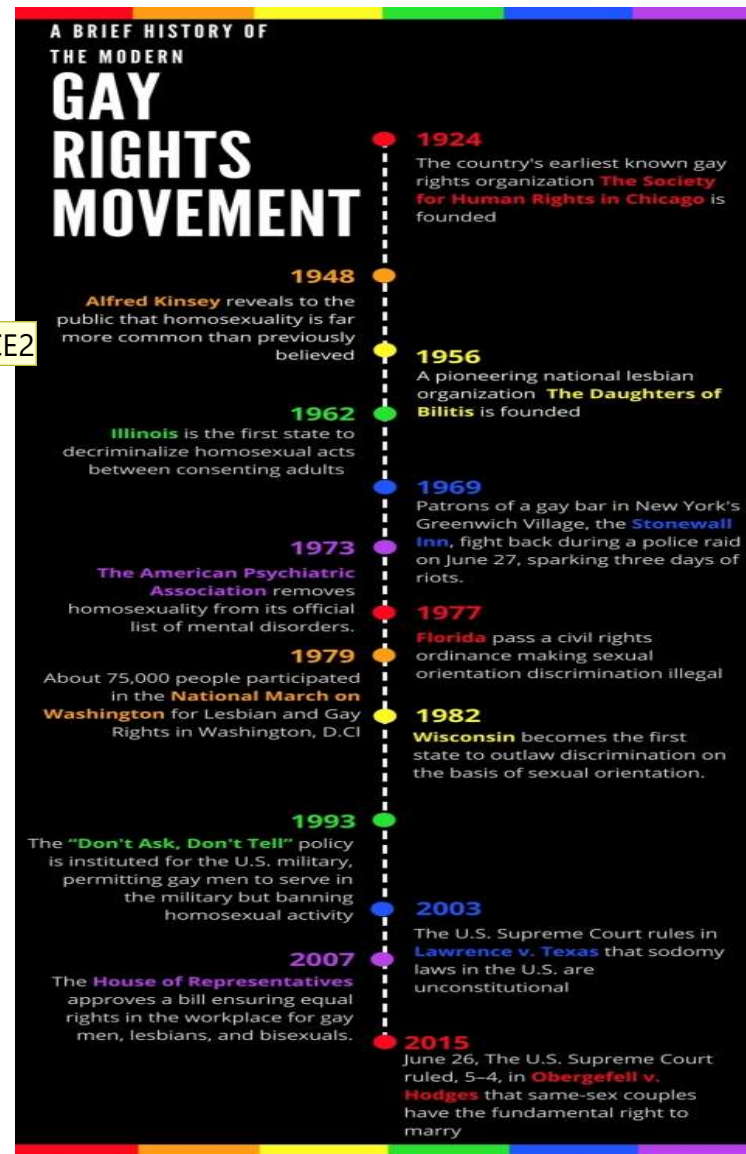
BRIEF LEGAL LGBTQ+ U.S. HISTORY

(Rashad, 2014)

- 1935 “Successful” ECT treatment of homosexuality reported at American Psychiatric Association (APA) meeting
- 1943 U.S. military bans gays and lesbians from serving
- 1945 First known F to M sex reassignment surgery, Britain
- 1952 Immigrants banned from U.S. with “psychopathic personality,” including homosexuality
- 1953 President Eisenhower orders dismissal of federal employees guilty of “sexual perversion”
- **1962 Illinois first state to make consensual same-sex acts legal**
- **Stonewall**
- 1973 American Psychiatric Association removed homosexuality from Diagnostic & Statistical Manual – II (DSM-II)
- 1979 First gay rights march on Washington, DC
- 1985 President Reagan mentions AIDS publicly for first time; 25,000 Americans had already died
- 1992 World Health Organization removes homosexuality from list of disorders
- 2000 Vermont becomes first state to allow civil unions
- 2001 Maryland passes employment nondiscrimination act
- 2003 Massachusetts legalizes same-sex marriage
- 2008 Prop 8 makes gay marriage illegal in California
- 2010 Arkansas ban on adoption by same-sex couples ruled unconstitutional
- 2010 Don’t Ask, Don’t Tell repealed

[The Modern Gay Rights Movement](#) | [LGBT FaQ](#) (wordpress.com)

CE2



Slide 13

- CE0** Au: please confirm size of text and image are sufficient to ensure legibility (global request for all slides)
CE, 2023-08-01T13:28:19.666
- CJW(0 0** I don't think it is large enough - it's just an overview of a timeline, which I think is sufficient. I will not be reviewing line by line
Culligan, Julia W. (she/her/her, 2023-08-09T16:20:29.666
- CE1** Au: in 1st bullet point, clarify what APA refers to?
CE, 2023-08-01T13:28:40.364
- CJW(1 0** done
Culligan, Julia W. (she/her/her, 2023-08-09T16:19:17.877
- CE2** Au: in 1973 bullet, also spell out DSM?
CE, 2023-08-01T13:29:29.912
- CJW(2 0** Done
Culligan, Julia W. (she/her/her, 2023-08-09T16:20:00.787

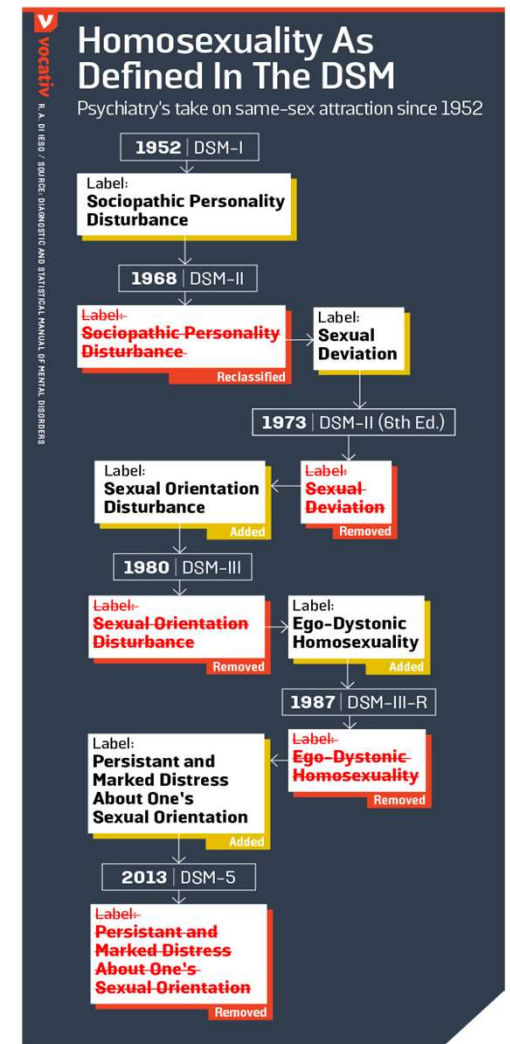
Nonheterosexual Sexual Orientations, Nonbinary Gender Identities are NOT Mental Disorders

(Council on Minority Health and Health Disparities, 2020; Clark-Flory, 2016; "Homosexuality in the DSM," 2022)

HISTORY

- PRIOR TO 1973 DSM: It was a psychiatric disorder (sexual deviation, a type of **Sociopathic Personality Disturbance** within personality disorders)
- 1973 DSM-II: American Psychiatric Association replaced Homosexuality with **Sexual Orientation Disturbance** (conflict)
- 1980 DSM-III: changed to **Ego-Dystonic Homosexuality**; Gender Identity Disorders (e.g., **transsexualism**)
- **1987** DSM-III-R: **Homosexuality removed** and replaced with Persistent and Marked Distress About One's Sexual Orientation, Sexual Disorder NOS; Gender Identity Disorders moved to disorders first evident in infancy/childhood/adolescence
- 1994 DSM-IV: **Sexual and Gender Identity Disorders**
- 2013 DSM-V: **Completely omitted/declassified**; internal conflict declassified

CE0



[Shouting, Voting and Not Much Science: How Sexuality Becomes Mental Illness - Vocativ](#)

Slide 14

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Culligan, Julia W. (she/her/her, 2023-08-09T16:20:36.650

SO NOT NORM? (Cochrane, 2021)



○ Male

1&mediaurl=https%3a%2f%2fstack.imgur.com%2fZD8Tm.jpg&cndurl=https%
a%2f%2f2fbt.bing.com%2fh%2f%2fRBe3708963855df4c268555b71bd52d7f
frk%3d1CdP08N1fWqC%26id%3dlmgRawZ%2r%3d%26res%3d%26v%3d126resct
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male+female=6080058454227267&AJAX=IPRST&ck=8721AD39012790F989
44107FB088733&sselected=11&ajaxhist=0&ajaxresp=0



of, relating to, or based on the attitude that heterosexuality is the only normal and natural expression of sexuality

(Cochrane, 2021)

HETERONORMATIVITY LIKE A RED TIDE

(Matthews, 2020)

1. GENDER BINARY: Necessary for patriarchal gender constructs that support hierarchy
 2. GENDER ROLES: Adhere or deviate from male/female; must have M/F dynamic
 3. SEXUAL PROCREATION: Outside M/F for procreation is viewed as “bad” and should be banned
- Straight perspective
 - Constructs imposed even on same-gendered couples
 - Femme/butch
 - Top/bottom (bottom being more “like a girl” with negative connotations)



[red tide dead fish - Bing images](#)

QUEER: THE BEAUTY IS IN ITS AMBIGUITY

- Rejection of straight traditions
- Allows freedom to explore
- Not an “oddball parody of heterosexuality” (Matthews, 2020)
- Their own set of gender and sexual identities—impossible to “straighten out”
 - They are not in relation to heterosexual
 - Not trying to emulate heterosexuality
 - Freedom to not follow prescribed gender roles

Why is it difficult for some to wrap their head around concepts?

“ALL THE RULES ARE SOCIALLY CONSTRUCTED.” They’re all made up.

BEM SEX-ROLE INVENTORY (Bem, 1974)

Self-sufficient is masculine?

Compassionate is feminine?

Androgynous versus flexible or balanced

***Queerness is about not getting stuffed
into a cisgender, heterosexual box***

***May be about disrupting oppressive
systems that marginalize populations***

Items for evaluating masculinity

- 1.- Self-reliant.
- 4.- Defends own beliefs.
- 7.- Independent.
- 10.- Athletic.
- 13.- Assertive.
- 16.- Strong personality.
- 19.- Forceful.
- 22.- Analytical.
- 25.- Leadership ability.
- 28.- Willing to take risks.
- 31.- Makes decisions easily.
- 34.- Self-sufficient.
- 37.- Dominant.
- 40.- Masculine.
- 43.- Willing to take a stand.
- 46.- Aggressive.
- 49.- Acts as a leader.
- 52.- Individualistic.
- 55.- Competitive.
- 58.- Ambitious.

Items for evaluating femininity

- 2.- Yielding.
- 5.- Cheerful.
- 8.- Shy.
- 11.- Affectionate.
- 14.- Not susceptible to flattery.
- 17.- Loyal.
- 20.- Feminine.
- 23.- Sympathetic.
- 26.- Sensitive to others' needs.
- 29.- Understanding.
- 32.- Compassionate.
- 35.- Eager to soothe hurt feelings.
- 38.- Soft-spoken.
- 41.- Warm.
- 44.- Tender.
- 47.- Gullible.
- 50.- Childlike.
- 53.- Does not use harsh language.
- 56.- Loves children.
- 59.- Gentle.

Non-typed items

- 3.- Helpful.
- 6.- Moody.
- 9.- Conscientious.
- 12.- Theatrical.
- 15.- Happy.
- 18.- Unpredictable.
- 21.- Reliable.
- 24.- Jealous.
- 27.- Truthful.
- 30.- Secretive.
- 33.- Sincere.
- 36.- Conceited.
- 39.- Likeable.
- 42.- Solemn.
- 45.- Friendly.
- 48.- Inefficient.
- 51.- Adaptable.
- 54.- Unsystematic.
- 57.- Tactful.
- 60.- Conventional.

Source: Hyde (1995, p. 134).

[bem scale - Bing images](#)

“Sure was a long way to get to a heterosexual relationship ...”

**Lesbian → trans
male dating a
woman**

**All in relation to
heterosexuality**



[holy grail - Bing images](#)

CULTURAL HUMILITY

“‘Cultural Humility’ is an approach to cultural competency trainings that proposes change through a lifelong process of learning, including self-examination and refinement of one’s own awareness, knowledge, behavior and attitudes on the interplay of power, privilege and social contexts.” (Margolies et al., 2014)

CASE EXAMPLE: Kim

- Kim is a 54-year-old women who identifies as lesbian after leaving a 27-year marriage to a man
- She started psychotherapy to work on guilt for “breaking up the family” and move forward in her life
- Kim disclosed during the sexual/relationship history that she had relationships with girls during high school and then chose to marry her husband
- In response, the therapist said, “Well, maybe this is also a phase”

BISEXUAL (Bi, Bi+, Bicurious)

(GLAAD Media Reference Guide: Bisexual People, 2022)

- “[A] person who has the potential to be physically, romantically, and/or emotionally attracted to people of more than one gender, not necessarily at the same time, in the same way, or to the same degree”
- Bi = same as own gender + different from own gender
- Bi does *not* mean attracted to men and women
- Bi erasure leads to feeling misunderstood and isolated
- Experience of attraction may differ
- No need to have had sexual experience
- Relationship with one gender does not negate bisexual orientation

Bisexual: Invisible Majority Report

(Movement Advancement Project, 2016)

- BIPOC more likely bisexual than white people
- More likely to have children than gay/lesbian people
- BIASES
 - Shame and lack social support: 28% report most/all important in life know they are bisexual (77% gay, 71% lesbian)
 - Exclusion of social networks: Cheat, confused, incapable of monogamy, indecisive, sexually promiscuous
 - Discrimination
- DISPARITIES all indicative of high minority stress
 - Unsafe/unsupportive educational environments
 - Discrimination in workplace
 - Immigration relief
 - Mental and physical health—stigma—higher risk of diseases and outcomes and lower rates of screening and treatment
 - More likely to binge drink, engage in self-harm, have suicidal thoughts than gay, lesbian, or straight people
 - Violence (e.g., rape)
 - 46% bisexual women
 - 17% heterosexual women
 - 13% lesbian women

BISEXUAL LANGUAGE (GLAAD Media Reference Guide: Bisexual People, 2022)

- Identify people accurately: If they identify as bisexual, they're bisexual, regardless of who they are dating; do not call gay, straight, and so on
- Identify couples accurately: Engaging in a same-sex relationship does not make a bisexual person gay or lesbian
- Avoid indicating that bisexuality is a “phase” or a stepping-stone to gay or lesbian
- Avoid inaccurate stereotypes regarding promiscuity
- Bisexual, not bi-sexual

Sexual Fluidity: Sexual Orientation Is “Fluid” and Not Unchangeable (Diamond, 2009)

- Myth: “Born that way”
- Fluid: Sexual orientation (attraction, behavior, self-identity) for adolescents and adults regardless of gender
- (Yikes! In regards to conversion therapy, morality, religion)
- Diamond followed a group of 79 women who reported some same-sex attraction
 - Every 2 years, 20% to 30% changed self-description: Gay, straight, bisexual
- Women can experience first-time same-sex attraction well into adulthood

Late-Life Lesbians Don't Just "BECOME GAY"

(NPR Staff, 2010)

Lisa Diamond, University of Utah

- No known "cause" but not just "repressed"
- Sexual desires linked to emotional feelings
 - Usually think: Attraction → fall in love
 - Also: Fall in love → attraction (stronger, deeper connection noted)
- Raised to look for prince (heteronormativity)
- Capacity increases? Or more opportunities to discover capacity?
 - Children conceived, raised
 - Career shift
 - Mid-life shift
 - More open-minded
 - Positive/negative/plateaued relationships with other genders
 - Sexual curiosities
 - Hormonal? Neuroendocrine?
- Glennon Doyle *Untamed* (Doyle & Melton, 2020), TV Show *Gentleman Jack*
- People experience same-sex attraction in different ways for different reasons

Bisexuality Is *Not* a “Phase” (Diamond, 2008)

- Diamond’s 10-year longitudinal study of 79 women who reported some same-sex attraction
- Three questions:
 - Bisexuality temporary (phase, transition, denial) (Results: Support no)
 - Bisexuality stable sexual orientation (third type) (Results: Support yes)
 - Bisexuality = enhanced capacity for sexual fluidity (Results: Support some)
- Every 2 years, 20% to 30% changed self-description: Gay, straight, bisexual
- Over 10 years, 2/3 changed identity label → more toward bisexual or unlabeled (few toward heterosexuality)
- RESULTS: Bisexuality is stable sexual orientation (third type)

INTERSEX PEOPLE (United Nations Human Rights Office of the High Commissioner, 2019)

- Born with one or more sex characteristics (genitals, gonads, chromosome patterns) outside typical binary (M/F) classification
- ~1.7% population (United Nations Human Rights Office of the High Commissioner, 2019)
 - About as common as red hair or green eyes (more common than identical twins) (GLAAD Media Reference Guide: Intersex People, 2022)
 - Identified at birth or later (puberty +)
- Intersex ≠ transgender (GLAAD Media Reference Guide: Intersex People, 2022)
 - Assigned M/F at birth; gender identity different? May identify as transgender
 - Intersex people can have any sexual orientation

INTERSEX VULNERABILITIES

- Beyond the binary, a spectrum: Assigned by anatomy, hormones, cells, or chromosomes? Conflict? (Ainsworth, 2015)
- Well-meaning healthcare providers and parents
- Concern: Atypical bodies need to rush to fix (*GLAAD Media Reference Guide: Intersex People*, 2022)
 - Surgeries (some): Extensive, involuntary, medically unnecessary (delayed until consent when possible)
 - Possible side effects of surgery: Pain, loss of genital sensitivity, scarring, sterilization, psychological consequences
 - Risk of “incorrect” assignment
 - Perhaps no need to rush to assign or fix
- “Human rights abuses against intersex people include, but are not limited to (United Nations Human Rights Office of the High Commissioner, 2019):
 - infanticide
 - forced and coercive medical interventions
 - discrimination in education, sport, employment and other services
 - lack of access to justice and remedies”

LANGUAGE: INTERSEX (GLAAD Media Reference Guide: Intersex People, 2022)

- USE: “Susan is an intersex person” or “Susan is intersex.”
- AVOID (unless individual preference expressed):
 - *Disorders* of sex development or DSD
 - Hermaphrodite (being reclaimed by some in-group)
 - Assumptions, generalizations—allow them to share
 - Curiosity with focus on genitals or bodies
- ASK Pronouns
- RESOURCES
 - [American Psychological Association’s “Answers to Your Questions About Individuals with Intersex Conditions”](#) (Answers to Your Questions About Individuals With Intersex Conditions, 2006)
 - [**Background Note on Human Rights Violations against Intersex People \(2019\)**](#)

CASE EXAMPLE: Samantha

- Samantha is a 28-year-old trans female undergoing hormone therapy and identifies as she/they
- She goes to a massage therapist for a stress-relieving massage
- The forms allow only for male/female, with binary language and heteronormative language
- She decides it's important to share with the massage therapist prior to the massage, since the forms didn't allow her to communicate the information
- The massage therapist responded, smiling broadly, "Wow. I would have never guessed. You can totally pass for a woman."

TRANSGENDER PEOPLE (Count Me In, n.d.; GLAAD Media Reference Guide: Transgender Terms, 2022)

- Sex assigned at birth (male, female, 1.7% intersex)
- Gender identity: Deeply held knowledge and experience of gender
- External gender expression match/doesn't match gender identity?
- Transgender: Gender identity differs from assigned sex (trans man, trans woman, nonbinary, gender nonconforming)
- Medical transition may include hormones, voice therapy, gender confirmation surgeries
- Terms to avoid: Born a man, biologically female, transsexual, cross-dresser, identifies as female, sex-change surgery, passing, transgender**ed**
- Avoid misgendering and deadnaming
- Sexual orientation: Unrelated

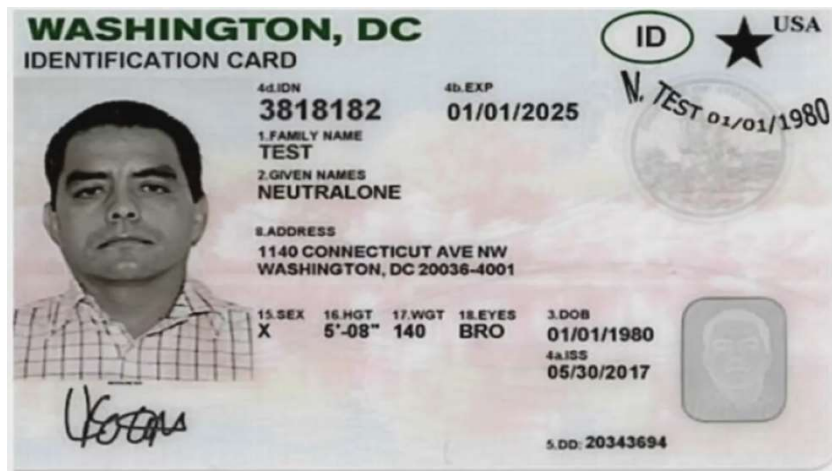
NONBINARY (11% of LGBTQ+ Adults) (GLAAD, 2022)

- Umbrella term used by people whose gender identity and/or expression falls outside dichotomous (*socially constructed*) gender categories of “man” and woman”
- Shortened to enby, not NB (non-Black)
- Some consider selves part of trans community, 42% (some not, 58%)
- Diverse, so always ask:
 - Agender, bigender, demigender, pangender
 - Genderqueer, genderfluid
- Used for different reasons:
 - Trans whose gender identity is nonbinary
 - Gender expression rather than identity
 - Opposition to binary gender roles (socially constructed)
- Nonbinary **does not restrict gender expression** (conventional masculine/feminine more androgynous)
- Nonbinary people can have any sexual orientation (and use whatever terms they choose, gendered—gay or lesbian, or not gendered—pansexual, queer, asexual, bisexual, etc.)

NONBINARY LANGUAGE (GLAAD, 2022)

- Ask and use pronoun that best reflects their true gender
- Pronouns are “sweet,” like a person’s name
- Unsure?
 - Offer your pronouns and then ask, “What pronouns do you use?”
 - Use *they*
- Some use *they* plus a gendered pronoun, for example, *he/they*
- Neopronouns: ze/zim and xe/xir
- Gender-neutral honorific (Mx.) rather than honorifics (Mr., Mrs., Ms.); or may request no honorific to be used

Gender Neutral “X Marker”: Legal Recognition of Nonbinary People



(“DC Makes Gender-Neutral Driver’s Licenses Available,” 2017)



(Blinken, 2022)

NONBINARY: CULTURALLY SPECIFIC TERMS

(GLAAD, 2022)

- South Asia: Hijra community
- Samoa: Fa'afafine
- Native Hawaiian: Being māhū
- Oaxaca in southern Mexico: Being muxe
- Native communities, Indigenous, First Nations People: Wínte, nádleeh, ininiikaazo, two-spirit
- Judaism: Androgynos, tumtum, ay'lonit, saris

“COMING OUT”



[national coming out day - Bing images](#)

Happy pride month to those who are scared

Happy pride month to those who are proud

Happy pride month to those who are out

Happy pride month to those who are closeted

Happy pride month if you're trying to figure yourself out

Happy pride month if you've known for years

Happy pride month to those who it's their first

Happy pride month to those who have celebrated for years

Happy pride month to those who are afraid to celebrate

Happy pride month to those who will scream it from the rooftops

Happy pride month to you.

ifunny.co

[happy pride month to those who are scared - Bing images](#)

HOW TO/NOT TO RESPOND

- “I’m gay ...”
 - Well-meaning response: “I love you even though you’re gay”
 - Communicating deviation from norm
- What TO say?
 - What would you say if your child/friend told you they were in a heterosexual relationship?
 - Say that?
 - Is he a good guy? Are you happy? Do they treat you well? Can I meet her?
 - Thanks for trusting me to share

CONSIDERATIONS for “COMING OUT” (*Coming Out*, n.d.)

- The LGBTQ+ individual owns the decision on when/how/to whom to come out
- Coming out happens over and over
- Gender identity and sexual orientation are not set in stone
- Coming out for gender identity and sexual orientation may be separate processes
- People may first probe or test about LGBTQ issues, rights, and relationships
- People can choose who to come out to (e.g., tell mother but not father, school friend but not neighborhood friend)
- Being in the closet is hard
- Coming out is hard AND, even in 2023+, it IS a big deal

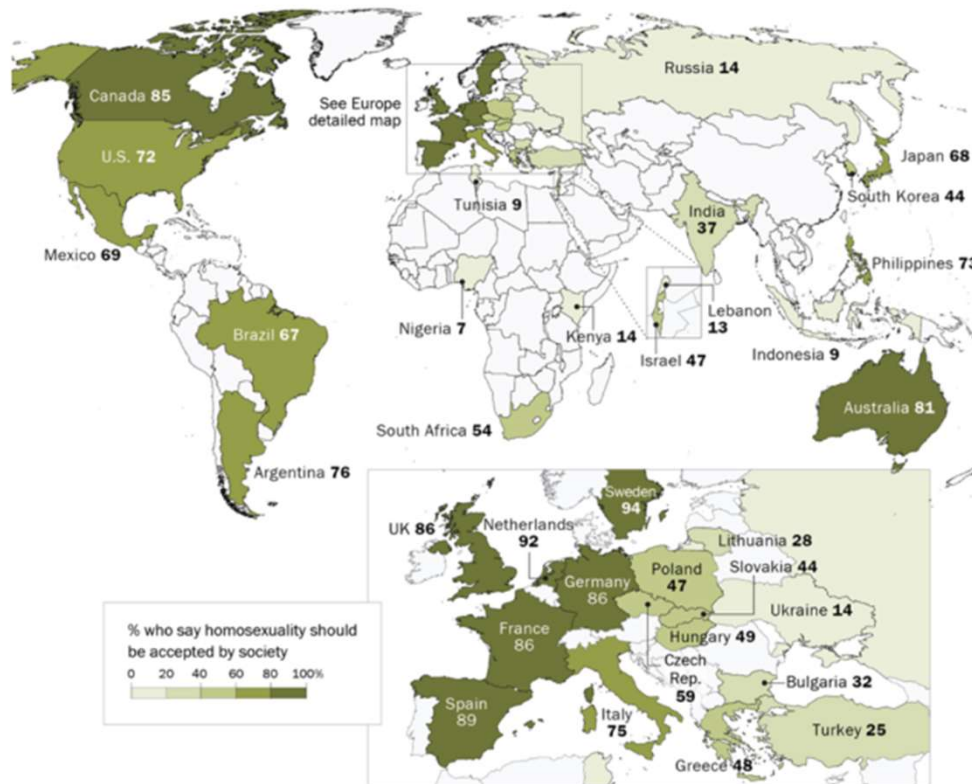
“REAL” number of LGBTQ+?: US Census Bureau’s Household Pulse Survey, 2022 (Madison, 2021; Powell, 2021)

- Real shifts?
- Sampling bias?
- New data collection procedures during COVID?
- Decreased stigma?
- Inclusion of identities/orientations “more expansive” such as pansexual, asexual
- Millennials, gen Z replacing older generations
- Late bloomers

Global: LGBTQ+ “Acceptance” (Poushter & Kent, 2020)

The global divide on acceptance of homosexuality

% who say homosexuality should be accepted by society

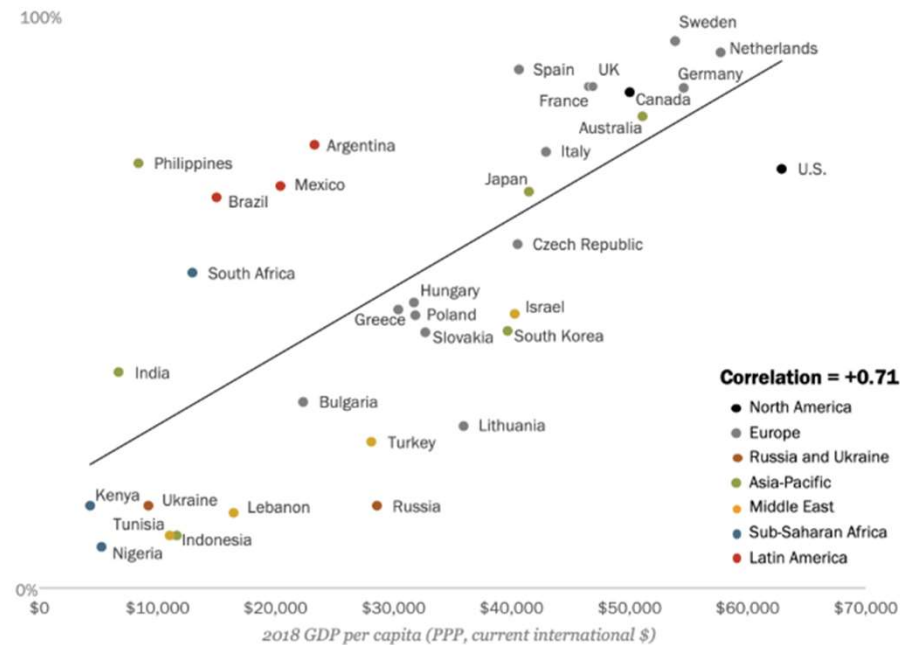


Source: Spring 2019 Global Attitudes Survey, Q31.

PEW RESEARCH CENTER

Wealthier countries tend to be more accepting of homosexuality

% who say homosexuality should be accepted by society



Note: Figures for gross domestic product per capita from the World Development Indicators database, World Bank. Data accessed June 11, 2020.

Source: Spring 2019 Global Attitudes Survey, Q31.

PEW RESEARCH CENTER

Global: LGBTQ+ “Acceptance” (Poushter & Kent, 2020)

More accepting

- Younger generations
- Women > men (some countries)
- More education
- Ideological left
- See religion as less important in daily life

Less accepting

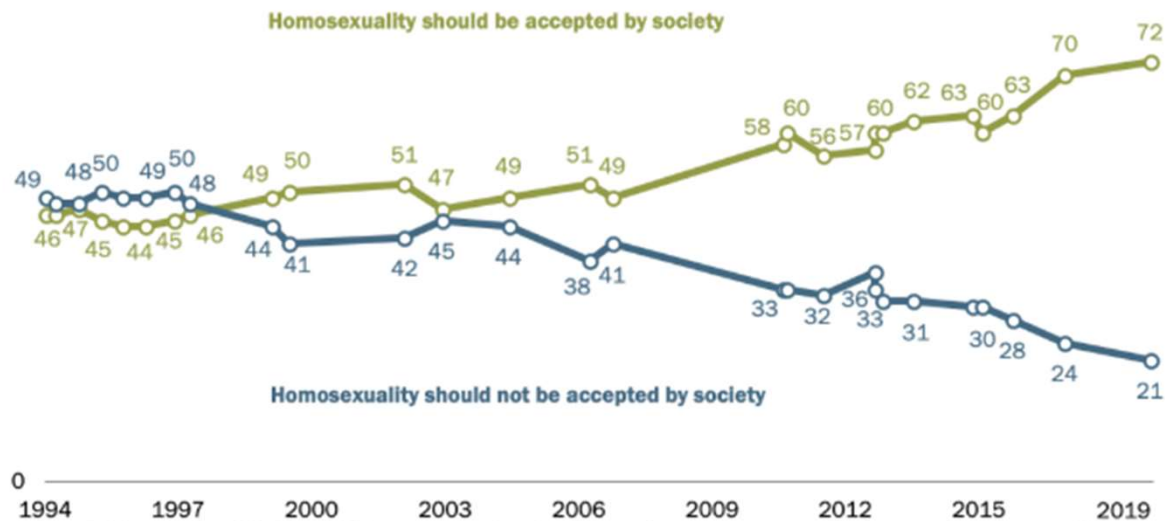
- Favorable views of right-wing parties in Europe

US: LGBTQ+ “Acceptance” (Poushter & Kent, 2020)

Americans are increasingly accepting of homosexuality in society

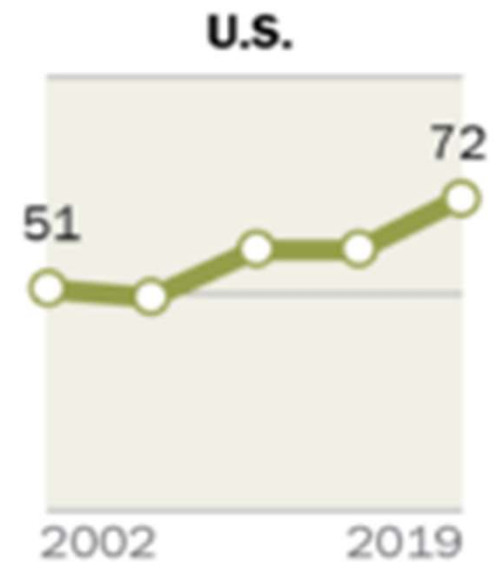
% of Americans who say ...

100%



Note: From 1994 to 2000 and 2003 to 2006, response options for this question were "homosexuality is a way of life that should be accepted by society," and "homosexuality is a way of life that should be discouraged by society." Those who did not answer are not shown.
Source: Spring 2019 Global Attitudes Survey, Q31. Additional data from a Pew Research Center survey conducted June 8-18 and June 27-July 9, 2017.

PEW RESEARCH CENTER

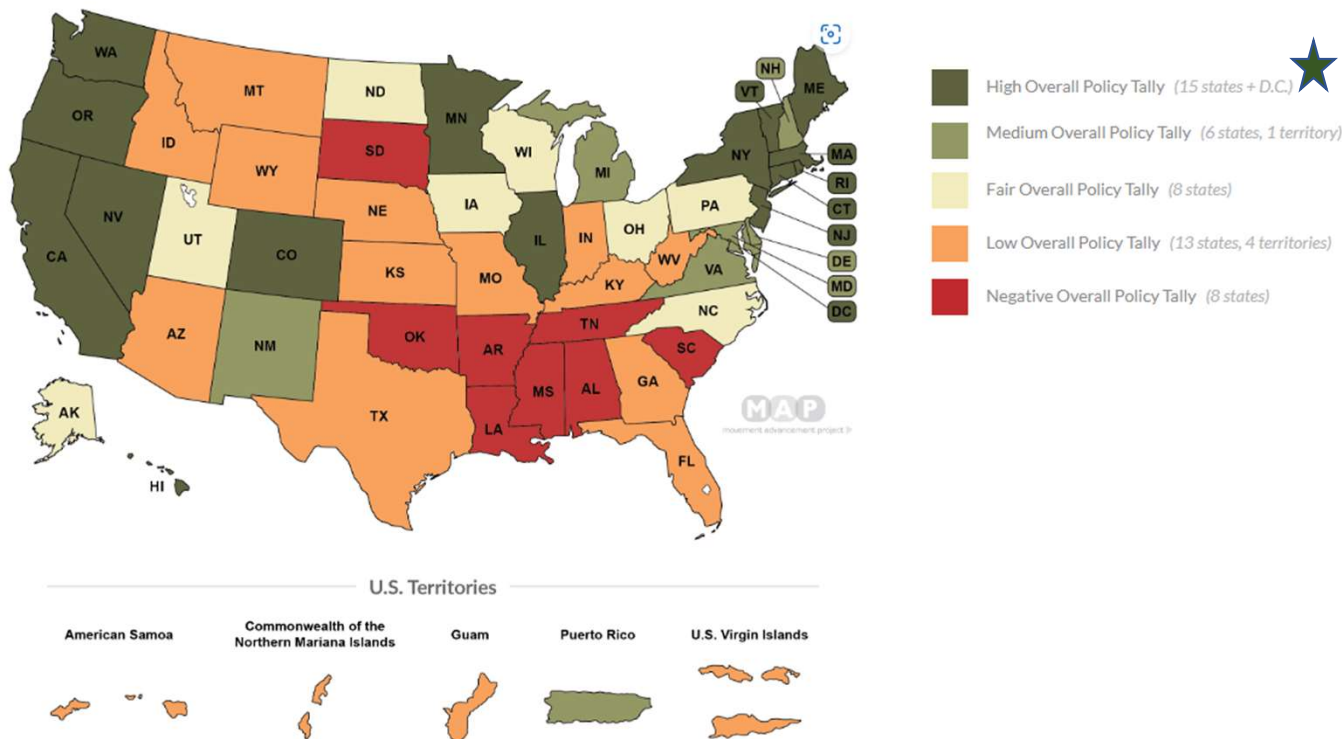


LGBTQ+ Legal Protections by State

(Movement Advancement Project and CenterLink. November 2022. 2022 LGBTQ Community Center Survey Report.)

The Movement Advancement Project (MAP) tracks over 50 different LGBTQ-related laws and policies. This map shows the overall policy tallies (as distinct from sexual orientation or gender identity tallies) for each state, the District of Columbia, and the five populated U.S. territories. A state's policy tally scores the laws and policies within each state that shape LGBTQ people's lives, experiences, and equality. The major categories of laws covered by the policy tally include: Relationship & Parental Recognition, Nondiscrimination, Religious Exemptions, LGBTQ Youth, Health Care, Criminal Justice, and Identity Documents.

Click on any state to view its detailed policy tally and state profile, or click "Choose an Issue" above to view maps on over 50 different LGBTQ-related laws and policies.



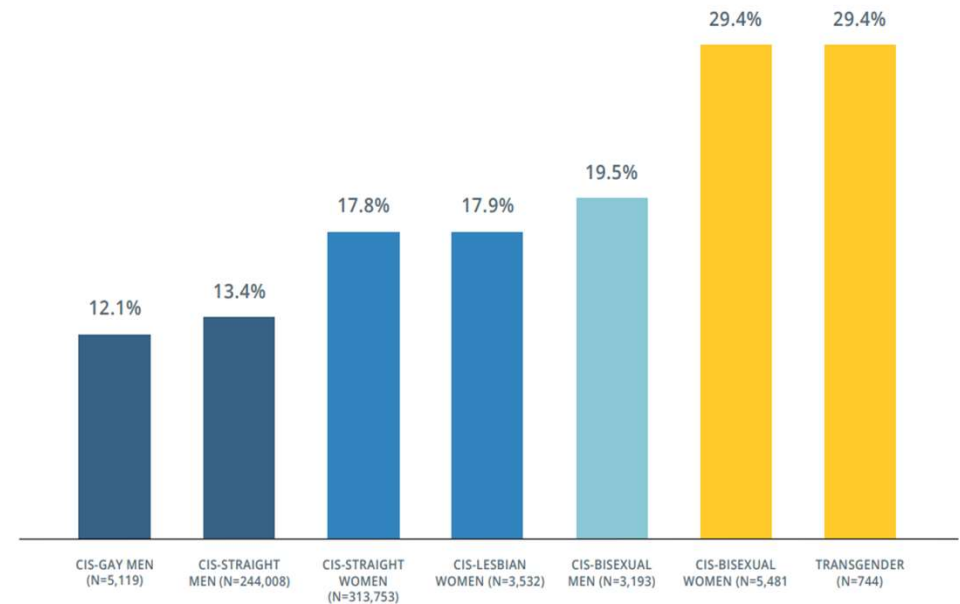
Overall policy tally of laws and policies that “shape LGBTQ people’s lives, experiences, and equality”

- Relationship and parental recognition
- Nondiscrimination
- Religious exemptions, LGBTQ youth
- Healthcare
- Criminal justice
- Identity documents

LGBTQ+ POVERTY IN U.S.

(Lee Badgett, M. V., Waaldijk, K., & van der Meulen Rogers, Y. (2019). The relationship between LGBT inclusion and economic development: Macro-level evidence. ScienceDirect, 120, pp. 1-14.)

- LGBTQ+ poverty rate 21.6% (cis, straight = 15.7%)
- Poverty higher at intersection of racial status (e.g., 30.8% Black LGBT people live in poverty; similar patterns to total population)
- LGBTQ+ rural (26.1%) versus urban (21.05%)
- Characteristics related to poverty more common in LGBTQ+ people: BIPOC, young, experiencing a disability
- Subgroup of LGBTQ+ (gay cisgender men) have protective factors of higher levels of education, urban, fewer children
- **Factor out race, age, location, education, disability, language, marital status, employment, health, children: LGBTQ+ still greater poverty than cisgender straight population**



SOCIAL DETERMINANTS OF HEALTH (SDOH)

(Social Determinants of Health: Healthy People 2030 | Health.Gov, n.d.)

SDOH: “[T]he conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks”



- **Five domains**

1. **Economic stability:** Employment, food and housing insecurity, poverty
2. **Education access and quality:** Early childhood education, enrollment in higher education, high school graduation, language and literacy
3. **Healthcare access and quality:** Access to primary care and healthcare, health literacy
4. **Neighborhood and built environment:** Access to nutritious food, crime and violence, environmental conditions, quality of housing
5. **Social and community context:** Civil participation, discrimination, incarceration, social cohesion

- For many LGBTQ people, SDOH contribute to:

- Marginalization
- Health disparities
- Health risk factors

LGBTQ+ HEALTH DISPARITIES (Tschurtz & Burke, 2011)

- Marginalized group increased health risks
- Less access to insurance and healthcare services, including preventive care (such as cancer screenings)
- Lower overall health status
- Higher rates of smoking, alcohol, and substance abuse
- Higher risk for mental health illnesses, such as anxiety and depression
- Higher rates of sexually transmitted infections, including HIV
- Increased incidence of some cancers

Slide 47

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HEALTH DISPARITIES (Miller, 2022)

- Increased rates of:
 - Cardiovascular disease
 - Obesity
 - Some cancers
 - Sexually transmitted infections, including:
 - HIV
 - Human papillomavirus
 - Syphilis
 - Hepatitis C

BIASES: We All Have Them

- **BIAS:** “[A]ttitudes, behaviors, and actions that are prejudiced in favor of or against one person or group compared to another” (National Institute of Health, n.d.)
 - **IMPLICIT BIAS:** “[A] form of bias that occurs automatically and unintentionally, that nevertheless affects judgments, decisions, and behaviors” (National Institute of Health, n.d.)
 - Unconscious bias, unquestioned, automatic, reinforces stereotyping
 - **EXPLICIT BIAS:** Attitudes or beliefs on a conscious level
- Biases occur at many levels (Margolies et al., 2014)
 - Personal
 - Interpersonal
 - Institutional
- Bias contributes to healthcare barriers, including refusal of care, delayed and/or substandard care, and lack of health outreach/education on risks that affect LGBTQ people (Margolies et al., 2014)

Phobia?

Disgust, Not Fear, Drives Homophobia, Say UA Psychologists

June 07, 2002



NEW ORLEANS — Homophobia is not an actual phobia, according to three University of Arkansas psychologists. In a recent study, these researchers showed that homophobia originates not out of fear or anxiety — as true phobias do — but from feelings of disgust.

(University of Arkansas, n.d.)

homophobia **noun**

ho·mo·pho·bia (hō-mə-'fō-bē-ə)

: irrational fear of, aversion to, or discrimination against [homosexuality](#) or gay people

→ compare [TRANSPHOBIA](#)

homophobic (hō-mə-'fō-bik) **adjective**

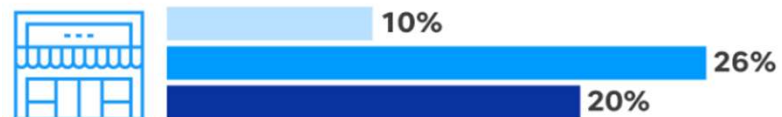
(Merriam-Webster Dictionary, n.d.)

(Singh & Durso, 2017)

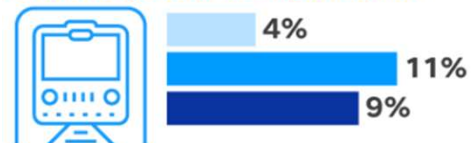
Percentage of people who have avoided these places because they fear discrimination:

● LGBT ● Transgender ● LGBT with disabilities

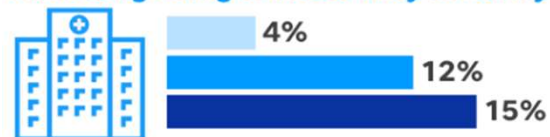
Avoided places such as stores and restaurants



Avoided public transportation



Avoided getting services they or family needed



SOURCE Sejal Singh and Laura E. Durso, "Widespread Discrimination Continues to Shape LGBT People's Lives in Both Subtle and Significant Ways," Center for American Progress, May 2, 2017.

Alejandro Gonzalez/USA TODAY

BIAS MARGINALIZES NEEDS AND IMPACTS HEALTHCARE ACCESS (Singh & Durso, 2017)

- % of respondents who avoided doctors' offices in the past year
 - 23.5% of transgender versus 4.4% of cisgender LGB
 - 13.7% of disabled LGBT versus 4.2% percent of nondisabled LGBT
 - 10.3% of LGBT people of color versus 4.2% of white LGBT respondents
- 1/3 of transgender people (2015 sample) who received healthcare reported "at least one negative experience related to being transgender"
- Results in people postponing screenings/preventative care and needed medical care

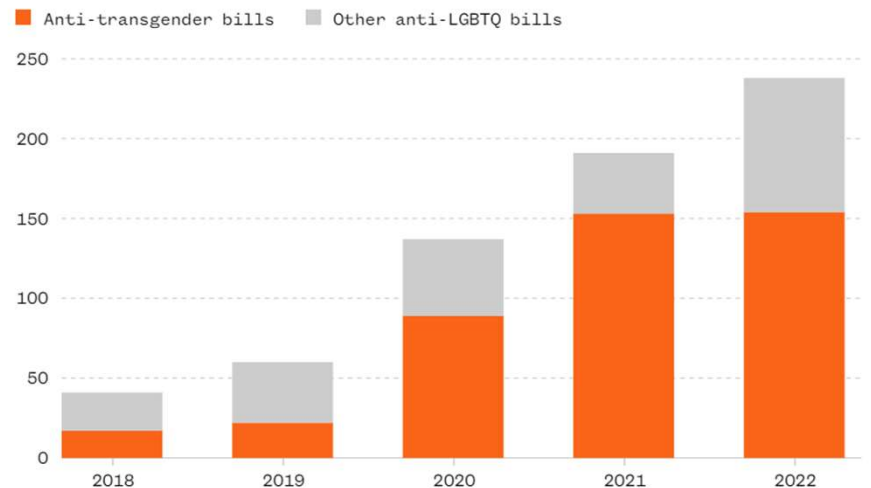
RECENT BIAS: Anti-LGBTQ State Bills Filed Skyrocketing

(school curriculum, religious exemptions to discriminate, limit trans people's ability to play sports, use gender-corresponding bathrooms, receive gender-affirming healthcare) (Lavietes & Ramos, 2022)

- 2018: 41 bills filed
- 2021: 191 bills filed
- **2022: 238 bills proposed in first 3 months of 2022**
- **2022 Q4 session: 344 bills proposed, 25 passed** (Human Rights Campaign, 2022)
- Since 2018, 670 filed
- ***REGARDLESS OF POLITICS, this hurts LGBTQ human beings***

Anti-LGBTQ state bills on the rise

Bills specifically targeting transgender Americans have skyrocketed since 2018, with all but three states weighing at least one since 2020.



Notes

2022 totals are as of March 15

Sources: American Civil Liberties Union, Freedom for All Americans

Graphic: Elliott Ramos and Nigel Chiwaya / NBC News

CASE EXAMPLE: Joe

- Several years ago, Joe, a 50-year-old gay male, saw his primary care provider (PCP) to request a new treatment, preexposure prophylaxis (PrEP). Joe says that the PCP didn't appear to know what PrEP was and looked it up on his phone. The PCP then shook his head and said, "I don't think you need that."
- Joe had been anxious asking for PrEP and acknowledged that his internalized homophobia led him to leave the appointment without advocating for himself.
- Instead, he went to the community HIV clinic, where he easily obtained ongoing prescriptions for PrEP.
- He has not, however, gone back to his PCP. He gets very limited integrative medical services with screening, prevention, early identification, and intervention.
- He says it's "Good enough ... not worth the hassle ..."

CASE EXAMPLE: Traci

- Traci is a 36-year-old bisexual woman with a history of teenage sexual trauma.
- Although she identifies as bisexual, she has been in relationships with women exclusively for 10 years.
- She's relieved that she does not need to see an OB/GYN or use birth control, since she's "not sleeping with men." She had a pelvic exam following a sexual assault at age 17 and never returned to the OB/GYN. She's glad to "never have to do that again."
- Her culturally sensitive PCP provided education regarding the higher risk of cervical cancer in LGBT+ women than "straight" women, resulting not from risky sexual behavior but from lack of screening and early intervention. Together, they worked toward an alliance that allowed a pelvic exam.

STRATEGIES TO REDUCE IMPLICIT AND EXPLICIT BIAS

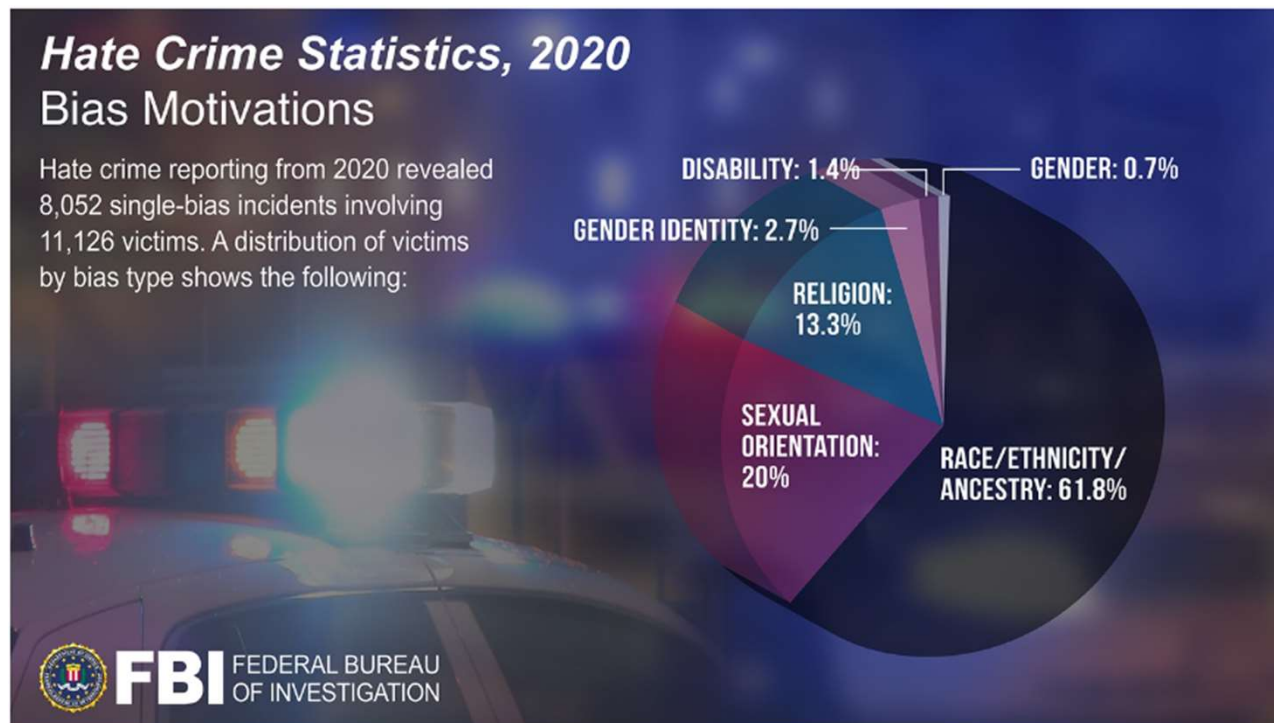
(National Institute of Health, n.d.)

- By definition, implicit bias is unconscious, automatic
 - Reflect honestly; challenge yourself; make a plan to pause
1. Think of counterstereotypic examples
 - For example: Implicit bias is thinking of gay men as very feminine, like a caricature in a TV show; counter by recalling more androgynous or masculine gay men you know/know of (think Anderson Cooper, firefighter, your neighbor)
 2. Perspective-taking
 - For example: Imagine what it's like to be a gay man who is continually screened for HIV without having his personal risk assessed or an adolescent asking a provider for hormone therapy
 3. Interrupt automatic biased thoughts; identify implicit bias and develop a plan for pause/action
 - For example: Interrupt mindset of heteronormativity by introducing self with pronouns to every patient/client to anchor yourself and the interaction without binary gender constructs
 4. Education
 - Today's training; or research LGBTQ social and cultural opportunities where you live/work

FBI: HATE CRIMES 2020

(Hate Crime Statistics, 2020, FBI. Community Relations Service. U.S. Department of Justice. (Updated 2023.)

Almost one in five hate crimes → LGBTQ bias



HATE CRIMES (Human Rights Campaign, 2022)

- **The Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act of 2009** added sexual orientation, gender, gender identity, and disability to the categories (GLAAD, 2022)
 - Federal hate crimes law: Violent crimes based on a victim's race, color, religion, national origin, gender, disability, sexual orientation, and/or gender identity
- Club Q shooting in Colorado Springs (11/22): Shot 22, killing 5 (Human Rights Campaign, 2022)
- Pulse Nightclub during Pride Month (6/16): 49 humans fatally shot + 58 wounded → LGBTQ and Latino groups
- HRC recorded 300 violent deaths in 10 years (numbers underreported?)
- 2021: 57 trans and nonconforming people were violently killed
 - Trans/nonconforming deaths increased likelihood
 - Black
 - Under age 35
 - Killed with firearm

FROM MAY 15 –
JULY 15, 2019
THERE WERE:

14

**HOMICIDES,
7 OF THE VICTIMS
WERE BLACK
TRANS WOMEN**

2

**FATALITIES
IN DETENTION,
BOTH VICTIMS WERE
TRANS WOMEN
OF COLOR**

6

**DATING, HOOKUP, AND
INTIMATE PARTNER
VIOLENCE INCIDENTS**

22

**ANTI-LGBTQ
PROTESTS**

BIAS VIOLENCE: A snippet 5/15/2019 to 7/15/2019

(National Coalition of Anti-Violence
Programs, 2019)

ANTI-LGBTQ HATE AND VIOLENCE FROM MAY 15–JULY 15, 2019

KEY: **HATE VIOLENCE FATALITY**
INTIMATE PARTNER VIOLENCE

HATE GROUP THREAT/PROTEST/ATTACK
DETENTION-RELATED FATALITY

HATE VIOLENCE INCIDENT
♦ FATALITY

MAY 15

HATE GROUP THREAT/PROTEST/ATTACK

📍 **LOUISVILLE, KY**

Louisville's first-ever Drag Queen Story Hour drew protesters, including members of the American Family Association of Kentucky, a known anti-LGBTQ hate group.

MAY 18 ♦

HATE VIOLENCE FATALITY

📍 **DALLAS, TX**

Mulaysia Booker, a 23-year-old Black trans woman, was killed just a month after a video of her being beaten went viral. The beating and the murder do not appear to have been committed by the same person.

MAY 19 ♦

HATE VIOLENCE FATALITY

📍 **PHILADELPHIA, PA**

Michelle Washington, a 40-year-old Black trans woman, was shot and killed in North Philadelphia.

MAY 31

HATE VIOLENCE INCIDENT

📍 **NEW YORK, NY**

Alibi Lounge, New York City's only Black-owned gay lounge, experienced two incidents of hate violence when the LGBTQ rainbow flag was set on fire. The same person is suspected to be responsible for both incidents.

MAY 27 ♦

FATALITY

📍 **PORTLAND, OR**

Titi Guiley, a 31-year-old Black genderqueer person, was found dead in Rocky Butte Park.*

MAY 25 ♦

HATE VIOLENCE FATALITY

📍 **DETROIT, MI**

Akinte Davis, a 21-year-old Black gay man, Paris Cameron, a 20-year-old Black trans woman, and Timothy Blancher, a 20-year-old Black gay man, were all targeted for their perceived sexuality and killed, while at home.

JUNE 1 ♦

INTIMATE PARTNER VIOLENCE FATALITY

📍 **MERRICK, NY**

Evan Grabelsky, a 32-year-old white gay man, was found dead in his home after sustaining more than 100 stab wounds at the hands of his boyfriend.

JUNE 1 ♦

DETENTION-RELATED FATALITY

📍 **EL PASO, TX**

Johana 'Joa' Medina, a 25-year-old Salvadoran trans woman who was being detained at the border by ICE, died shortly after being released from custody. She had several health conditions, including HIV, that were untreated during her detention.

JUNE 2 ♦

INTIMATE PARTNER VIOLENCE FATALITY

📍 **MILWAUKEE, WI**

Cassandra Steward, a 54-year-old Black woman, was murdered in her apartment by her ex-girlfriend.

JUNE 5

HATE VIOLENCE INCIDENT

📍 **COMPTON, CA**

Luna Lovebad, a 28-year-old trans latina woman, was assaulted after meeting up with someone from the popular hookup app Grindr. Lovebad detailed in her report that she was set up for her assault by someone whom she thought was a potential date, highlighting the increasing incidences of homophobic and transphobic individuals using hookup and dating apps as a way to find potential victims of assault.

JUNE 5 ♦

HATE VIOLENCE FATALITY

📍 **LUMBERTON, NC**

Chanel Scurlock, a 23-year-old Black transgender woman, was robbed and killed by a man she met via an online dating site.

JUNE 4 ♦

HATE VIOLENCE FATALITY

📍 **DALLAS, TX**

Chynal Lindsey, a 26-year-old Black trans woman, was killed and found in White Rock Lake. Chynal's death occurred only a few days after the funeral was held for Mulaysia Booker.

*Because the police have ruled Guiley's death a suicide, we have not included this incident in the homicide statistics; however, we list her death here because Guiley's family and community suspect that Guiley was murdered. We will update the data if new information becomes available about her death.

Homophobic Bias: “Gay Panic” Defense

- “The LGBTQ+ ‘panic’ defense strategy is a legal strategy that asks a jury to find that a victim’s sexual orientation or gender identity/expression is to blame for a defendant’s violent reaction, including murder” (The National LGBTQ+ Bar Association, n.d.)
- Impacted jury decisions and sentences; led to deadlocks and hung juries (can’t “unhear”)
- In August 2013, the American Bar Association recommended government agencies take legislative action to end the use of the “gay panic” and “trans panic” defenses (GLAAD, 2022)
- As of December 2022, 16 states plus Washington, DC, have banned the "LGBTQ panic" defense, and 12 more have introduced legislation that would ban it (The National LGBTQ+ Bar Association, n.d.)

MINORITY STRESSORS INCREASE RISK OF TRAUMA

(Valentine et al., n.d.)

- Minority stressors
 - Distal/external experiences
 - Interpersonal discrimination
 - 48% of trans people report
 - For example: Verbally harassed
 - + Structural discrimination
 - “15-33% LGBTQ+ people report mistreatment in health care” (Valentine et al., n.d.)
 - For example: Education, employment, laws, housing, healthcare
 - Proximal/internal stressors
 - Ability to conceal, effort to manage concealment
 - Internalized stigma (internalized homophobia)
 - Fear of rejection challenging relationships

Slide 61

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RISK OF TRAUMA: LGBTQ+ VERSUS CISGENDER, HETEROSEXUAL POPULATION (Valentine et al., n.d.)

- LGBTQ+ higher lifetime victimization: Child abuse and sexual assault
- Violent assault four times more likely (rape or sexual assault, robbery, simple or aggravated assault)
- **Meet criteria for PTSD**
 - **LGB: 48%**
 - **Transgender and gender diverse: 42%**
 - **General population: 4.7%**

MINORITY STRESS EXPERIENCE:

INTERNALIZED STIGMA OR HOMOPHOBIA MAY CONTRIBUTE TO HEALTH DISPARITIES

(DeAngelis, 2018)

- Specifically about gay men, but theoretically applicable to all
 - “[I]nternalized stigma and homophobia may cause sexual minority men to think, act and feel in ways that undermine their physical and mental health. If a gay man is experiencing significant levels of stigma-related unconscious shame, for example, he might be tempted to mask the pain by having compulsive sex, drinking too much or overworking.”
 - Recommended treatment involves identifying stress experiences (e.g., being rejected based on gender orientation) and tracking/challenging cognitive, affective, behavioral responses
 - In-group related stigma and stress (e.g., value placed on appearance, desirability, financial status, etc.)

INTERSECTIONALITY in the LGBTQ+ Community

(icma.org)

“The interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage; a theoretical approach based on such a premise.” —Dr. Kimberle Crenshaw (Olsen, 2021)

- A BIPOC transgender individual may have a very different experience than a white, cisgender gay man
- Identify: Marginalized - - - privileged
- Elevate people with less privilege (Olsen, 2021)
- Sexuality is only one piece of a complex identity (Giblin, 2021)



Source: Misty McPhetridge, BSSW

LGBTQ+ INTIMATE PARTNER VIOLENCE (IPV)

(Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.)

Table I. Prevalence of Lifetime Intimate Partner Violence and Intimate Partner Sexual Violence in the 2010 National Intimate Partner and Sexual Violence Survey (NISVS), by Sexual Orientation and Gender

	Lifetime Intimate Partner Violence		Lifetime Intimate Partner Sexual Violence	
	Men	Women	Men	Women
General Population	28.1%	32.9%	8.0%	15.9%
Heterosexual	28.7%	32.3%	*	15.3%
Bisexual	37.3%	56.9%^	*	40.0%^
Gay/Lesbian	25.2%	40.4%	*	**

* Estimate not reported ** Estimate not reported; sample size too small ^ Statistically significant difference in prevalence of IPV between bisexual and heterosexual women ($p < .05$)

INTIMATE PARTNER VIOLENCE (IPV) (DomesticViolence.org, 2022)

- Disempowerment theory: Individual factors contribute to IPV; people “reassert their dominance once they feel out of control”
- Higher risk due to social disparities, discrimination, systemic stressors
- Masculine ≠ perpetrator
- Barriers to seeking help due to sexual orientation and gender identity
 - IPV laws that exclude same-sex couples
 - Danger of “outing” self
 - No known LGBTQ-friendly resources
 - Fear of lack of information or discrimination in legal, medical, housing/shelter system

HOUSING (Langowski et al., 2017)

- LGBT people, and especially transgender people, experience housing discrimination
- 2016 study comparing discriminatory behaviors toward transgender and gender-nonconforming individuals matched with nontransgendered, gender-conforming people
 - Suffolk University Law School study (Boston)
 - Transgender and gender-nonconforming individuals experienced discriminatory (differential) treatment 61% of the time
 - 27% less likely to be shown additional areas of apartment complex
 - 21% less likely to be offered financial incentive to rent
 - 12% more likely to be told negative things about apartment, area
 - 9% more likely to be quoted higher rental price

BIPOC LGBTQ+ (GLAAD Media Reference Guide: Communities of Color, 2022)

- Systemic racism, white supremacy, and patriarchy
- LGBTQ+ people of color higher discrimination: Intersectionality
 - 56% low-income households
 - 51.4% U.S. South (fewer legal protections)
- African American terms (gay and lesbian Euro- or white-centric): Same-gender loving (SGL), stud, house
- Latinx (gender expansive or nonbinary, uncommon); Latine is gender neutral
- Asian: Common erasure, underrepresentation
 - Younger, increased financial insecurity, unemployment and psychological distress
 - 71% everyday discrimination, 56% physically assaulted, 63% verbally assaulted
 - One in five feel unsafe in their communities
- Indigenous: Population statistics low (centuries of oppression, marginalization)

Slide 68

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- CE1** Au: please confirm reference to journalists should be retained in notes (under Latinx heading), i.e., that this content is being addressed to journalists
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- CJW(1 0** DO NOT PUBLISH NOTES. FOR AUTHOR'S CONTEXT AND PREPARATION ONLY.
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- CE2** Au: in the notes final section (Organizations), please provide content related to "the below organizations"; that is, please provide the organizations
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- CJW(2 0** DO NOT PUBLISH NOTES. FOR AUTHOR'S CONTEXT AND PREPARATION ONLY.
Culligan, Julia W. (she/her/her, 2023-08-09T16:22:35.326

OLDER LGBTQ+ ADULTS (Choi & Meyer, 2016)

~Estimated >5 million LGBT over age 60 by 2030

- Compared to heterosexual and cisgender older adults, greater:
 - Social disparities
 - Barriers to healthcare
 - Reliance on “families of choice” (live alone, fewer children)
 - Financial instability
 - Lifetime discrimination rates, partner violence
 - Health disparities
 - Mental and physical health
 - Disability rates
 - Physical limitations
 - Health behaviors (smoking, alcohol, risky sexual behaviors)

YOUTH: Family Support as a Protective Factor

- Family support is a protective factor that (*Protective Factors for LGBTQ Youth / Protective Factors / Adolescent and School Health / CDC, 2021*):
 - Protects against depression, suicidal behavior, and substance use
 - Promotes self-esteem, social support, overall health outcomes (*Protective Factors for LGBTQ Youth / Protective Factors / Adolescent and School Health / CDC, 2021*)
- Higher levels of family rejection more likely (Ryan et al., 2009)
 - 8.4 times higher attempted suicide
 - 5.9 times higher levels of depression
 - 3.4 times higher use of illegal drugs

2019 Youth Risk Behavior Survey (YRBS)

(Underwood, J.M., Brener, N., Thornton, J., et al.. Overview and Methods for the Youth Risk Behavior Surveillance System – United States, 2019. MMWR Suppl 2020; 69(Suppl-1):1-10.)

In Past 12 Months	LGB	Straight	“Not Sure” of Sexual Orientation	CE1
Bullied on School Property	32%	17.1%	26.9%	
Cyberbullied	26.6%	14.1%	19.4%	
Not going to school because of safety concerns	13.5%	7.5%	15.5%	

LGBTQ students report feeling unsafe at school:
59% due to sexual orientation
42% due to gender expression
37% due to gender
(Kosciw et al., 2022)

Slide 71

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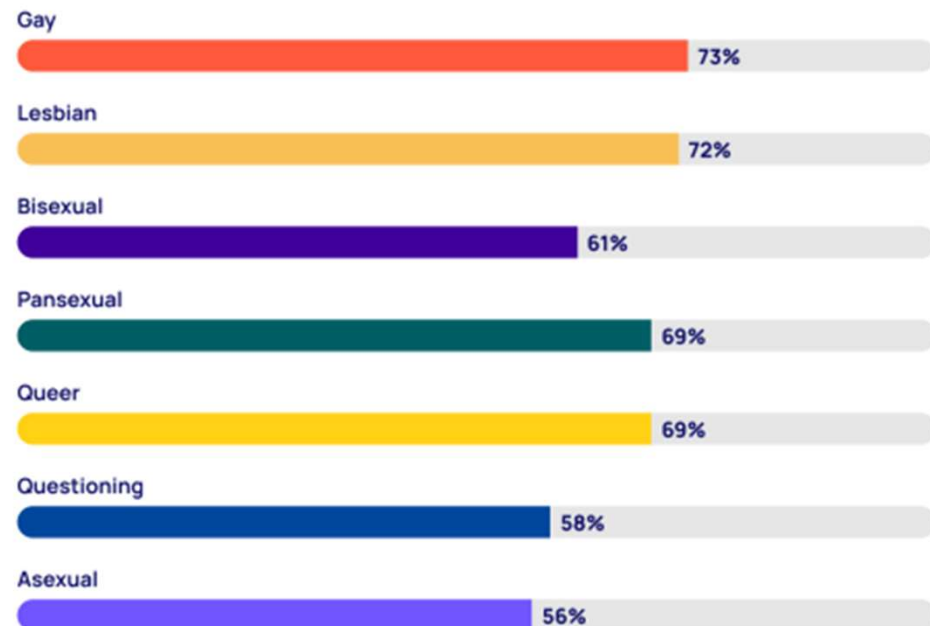
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YOUTH DISCRIMINATION

(The TREVOR Project, 2022)

71% of transgender and nonbinary youth reported that they have experienced discrimination based on their gender identity.

Rates of LGBTQ youth who have experienced discrimination due to their sexual orientation



YOUTH ANXIETY AND DEPRESSION

(The Trevor Project, 2022)

73% of LGBTQ youth reported experiencing symptoms of anxiety

including more than three-quarters of transgender and nonbinary youth (78%) and nearly two-thirds of cisgender youth (65%).

58% of LGBTQ youth reported experiencing symptoms of depression

including nearly two-thirds of transgender and nonbinary youth (65%) and nearly half of cisgender youth (47%).

Anxiety & depression symptoms reported among LGBTQ youth by age

Experienced symptoms of anxiety



Ages 13-17



Ages 18-24

Experienced symptoms of depression



Slide 73

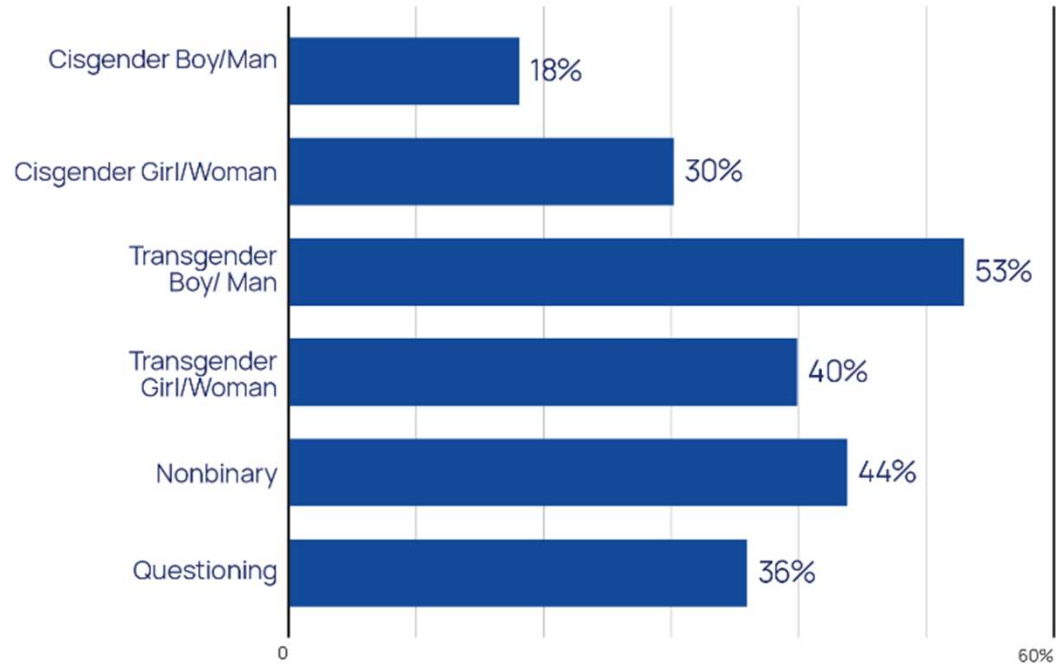
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YOUTH: TRAUMA

(The Trevor Project, 2022)

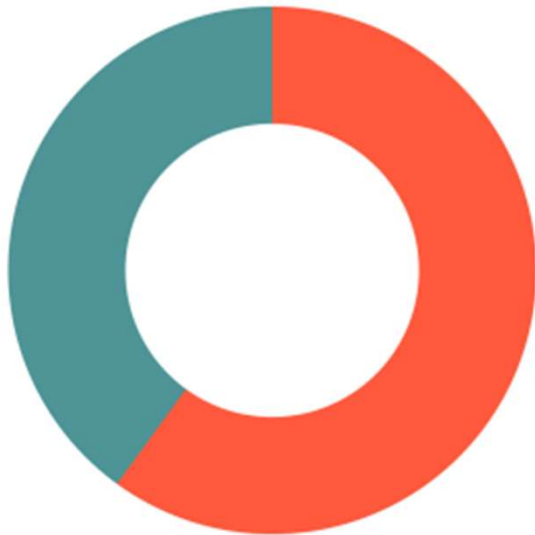
Percentage of LGBTQ Youth Who Reported High Levels of Trauma Symptoms By Gender Identity



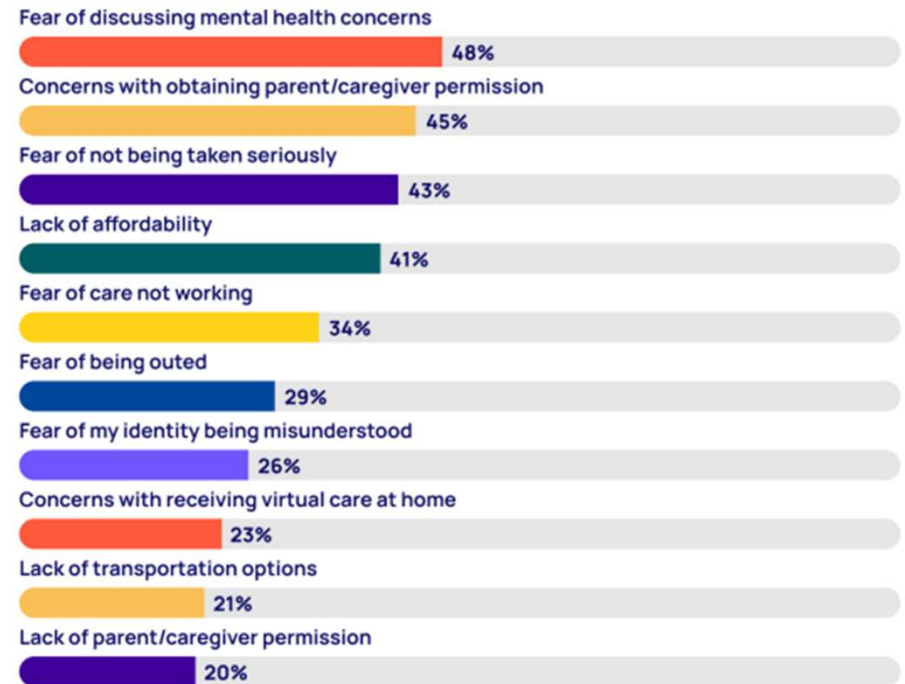
ACCESS TO MENTAL HEALTH CARE

(The Trevor Project, 2022)

60% Wanted but did not receive care
40% Wanted and received care



LGBTQ youth who wanted mental health care but were unable to get it cited the following top ten reasons



YOUTH SUICIDE RISK

(The Trevor Project, 2022)

45% of LGBTQ youth seriously considered attempting suicide in the past year.



Nearly 1 in 5 transgender and nonbinary youth attempted suicide and LGBTQ youth of color reported higher rates than their white peers.

LGBTQ youth who felt high social support from their family reported attempting suicide at **less than half the rate** of those who felt low or moderate social support.

Fewer than 1 in 3 transgender and nonbinary youth found their home to be gender-affirming.

LGBTQ youth who found their school to be LGBTQ-affirming reported **lower rates of attempting suicide**.

60% of LGBTQ youth who wanted mental health care in the past year were not able to get it.



LGBTQ youth who live in a community that is accepting of LGBTQ people reported **significantly lower rates of attempting suicide** than those who do not.

YOUTH SUICIDE RISK

(The Trevor Project, 2022)

45% of LGBTQ youth seriously considered suicide in the past year

Including more than half of transgender and nonbinary youth (53%) and 1 in 3 cisgender youth (33%).

14% of LGBTQ youth attempted suicide in the past year

Including nearly 1 in 5 transgender and nonbinary youth (19%) and nearly 1 in 10 cisgender youth (9%).

Rates of considered and attempted suicide among LGBTQ youth by age

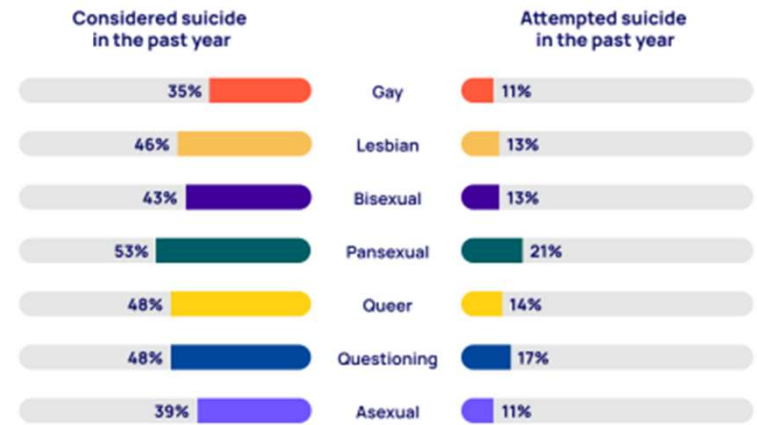


12% of white youth attempted suicide in the past year

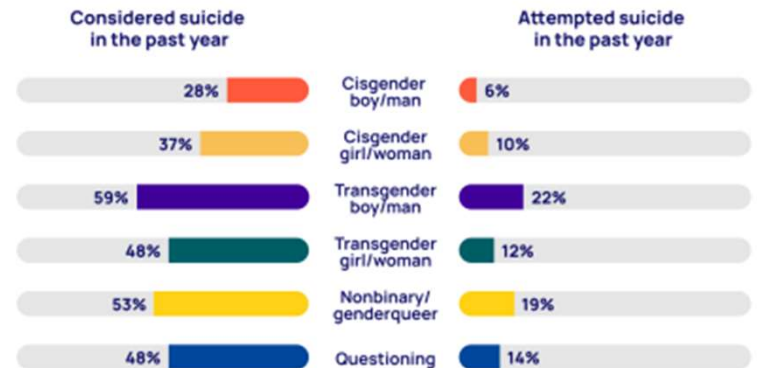
compared to...



Rates of considered and attempted suicide among LGBTQ youth by sexual orientation



Rates of considered and attempted suicide among LGBTQ youth by gender identity



PRONOUNS AND YOUTH (The TREVOR Project, 2020)

Of LGBTQ+ youth:

CE0

- 75% use he/him or she/her
- 25% use something else (exclusively or in combination): she/them, he/them, they/them, she/her, he/him, or neopronouns (ze/zir, fae/faer: 4%)
 - 2/3 use some combo of he/him, she/her and they/them: for example, she and they

Slide 78

CEO Au: in 1st bullet point, please confirm she/him, rather than she/her
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CJW(0 0 Good catch!
Culligan, Julia W. (she/her/her, 2023-08-09T16:23:18.683

TRANS YOUTH (Delphin-Rittmon, 2022)

“Affirming a transgender child’s identity is one of the best things a parent, teacher, or doctor can do to help keep children from harm ...” —President Biden

KEY MENTAL HEALTH CONCERNS: LGBTQ+ Survey Stony Brook Medicine

(LGBTQ+ Survey Summary | Stony Brook Medicine, 2021)

Key Findings **Respondents reported profound mental health concerns**

43.6%

of respondents report
**"fair/poor"
mental health.**



61.5%

of respondents have
had two or more years in their
lives when they
**felt depressed or
sad on most days,**
although they may have felt
okay sometimes (symptoms of
chronic depression).



In the past 3 years,

33.5% of respondents have
**had thoughts of
self-harm,** and

23.9% have
**seriously considered
suicide**

(3.7% attempted suicide in the
past 3 years).



37.5%

of respondents were
**found to have
moderate to
severe anxiety or
depression.**

35.2%

of respondents were
**being treated
for mental health
issues,**
either taking medication
or receiving counseling or
therapy.

**"A lot of us need
serious mental
health services as
soon as possible."**

– Survey Respondent

MENTAL HEALTH DISPARITIES

- LGBTQ+ people are at greater risk of (Wilson & Cariola, 2020):
 - Mood disorders and anxiety
 - Eating disorders
 - Suicide and suicidal thoughts
 - Alcohol and substance abuse
 - Tobacco use (CDCTobaccoFree, 2022)
 - 16.1% LGBTQ+
 - 12.3% heterosexual/straight
 - 35.5% trans adults

Being LGBTQ+
is *not* a mental
disorder

(Council on Minority Health and Health Disparities, 2020)

Suicide Risk in LGBTQ+ in Past 12 Months

(Ramchand et al., 2022)

- Risk of three suicide-related behaviors: Thoughts, plans, attempts (past 12 months) three to six times higher than heterosexual

	Thoughts	Plans	Attempts
Gay and Bisexual Men	12-17%	5%	2%
Lesbian or Gay and Bisexual Women	11-20%	7%	3%

- Risk varies depending on intersection with variables and risk factors
 - Gay and bisexual men: No difference related to race/ethnicity
 - Lesbian or gay and bisexual women: Black women have lower risk of thoughts and plans than white women
 - White and Black women who identify as bisexual have higher risk of thoughts
 - Bisexual women have higher risk of thoughts than lesbian or gay women ages 35 to 64

MENTAL HEALTH: SOCIAL VULNERABILITIES

(Ahmed et al., n.d.)

- Harassment and discrimination in education: Intimidation, bias, and violence
 - K-12: 35% physically assaulted, 12% victims of sexual violence at school
- Institutional discrimination: Workplace, worship
- Health disparities: Lack of insurance and access to healthcare, lack of cultural competence, delays/denials of medically necessary care, socioeconomic barriers (income, transportation, housing)
- Family rejection: Stress and strain; homelessness
- History of trauma
- Microtraumas/microaggressions: Cumulative toll from internalized phobia, rejection sensitivity, marginalization

MENTAL HEALTH

- The Proud & Thriving Project (Carrasco, 2021)
 - Over past 6 months, LGBTQ+ college students (versus non-LGBTQ+ students):
 - 83% stress (71%)
 - 67% lonely or isolated (49%)
 - 55% hopeless (35%)
 - COVID exacerbated discrepancies; “biggest concern” presented to college counselors:
 - 86% anxiety
 - 84% depression
 - 75% “family concerns,” including issues related to coming out and identity (moved back home?)

MENTAL HEALTH: TREATMENT RECOMMENDATIONS

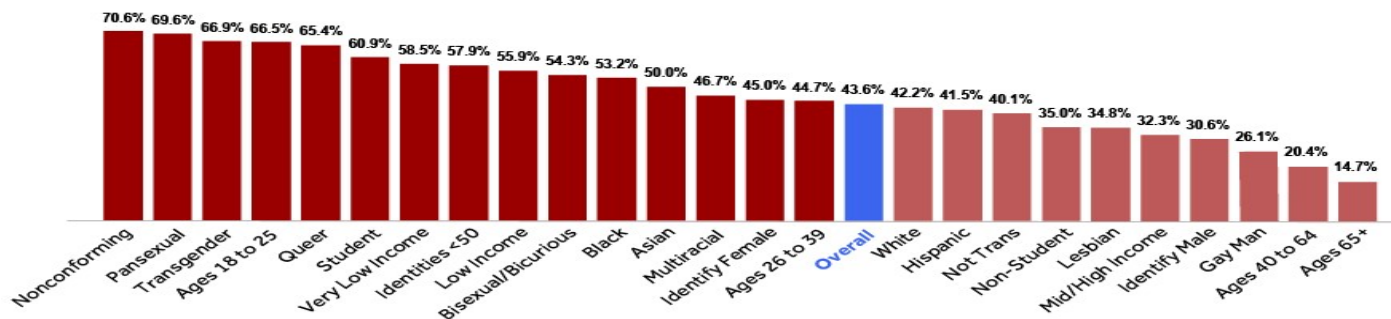
(Ahmed et al., n.d.)

- Provide trauma-informed care
 - “Understand impact of identity-based trauma on cognition, emotion, behavior, and perception”
 - Provide safety (emotional and physical)
- Create inclusive environment to minimize retraumatization (policies, forms, etc.)
- Screen for trauma
- Plan for interdisciplinary/continuity of care (multiple, complex needs)
- Understand and promote understanding; be culturally sensitive and competent
- Highlight and cultivate resilience

LGBTQ+ Survey Summary

(Stony Brook Medicine, 2021)

Experience "Fair" or "Poor" Mental Health (Unadjusted Data)



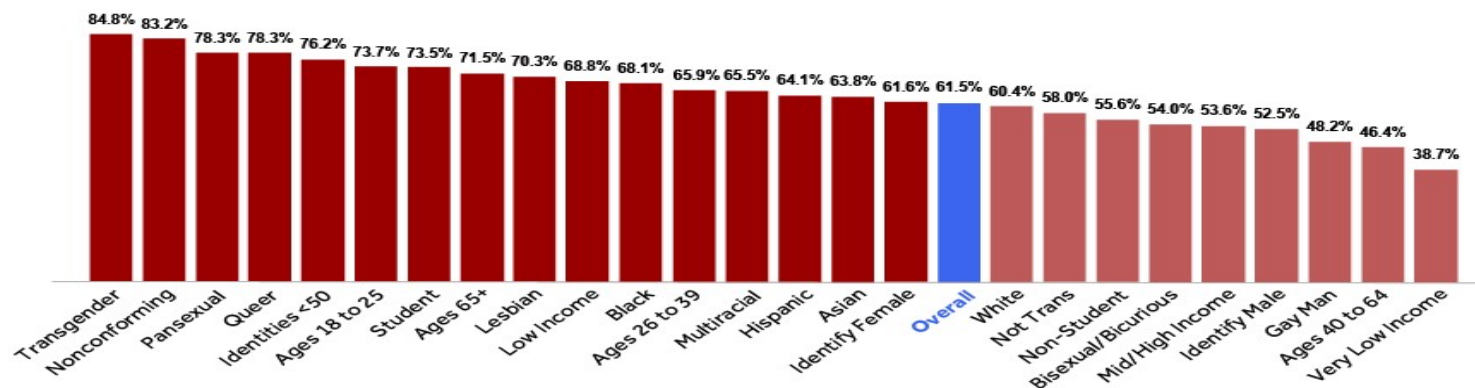
High: Nonconforming, pansexual, transgender, ages 18 to 25, queer

Low: Mid-high income, identify male, gay man, ages 40 to 64, very low income

Sources: • 2021 Long Island LGBTQ+ Community Health Needs Survey, PRC, Inc.
Notes: • Asked of all respondents.
• *Identities <50* includes respondents identifying with various sexual orientation terms mentioned by fewer than 50 respondents each.

Stony Brook Medicine

Have Experienced Symptoms of Chronic Depression (Unadjusted Data)



Sources: • 2021 Long Island LGBTQ+ Community Health Needs Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
• *Identities <50* includes respondents identifying with various sexual orientation terms mentioned by fewer than 50 respondents each.

Stony Brook Medicine

Long Island LGBTQ+ Health Needs Survey, 2021

Slide 86

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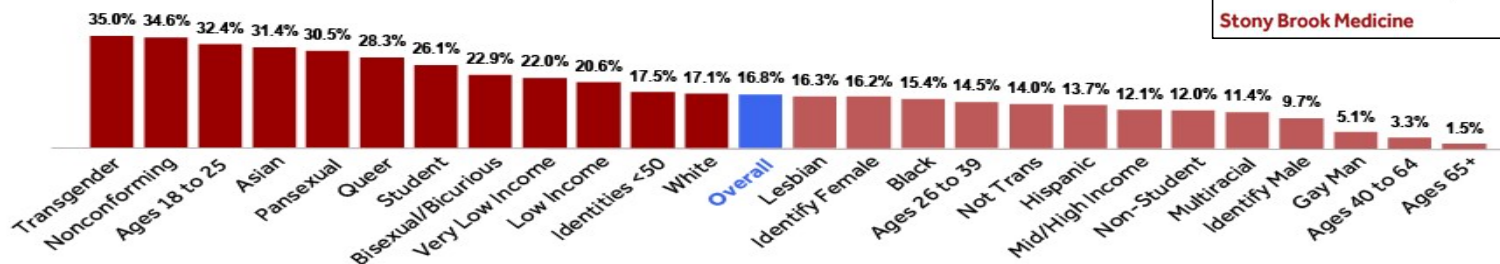
LGBTQ+ Survey Summary

(Stony Brook Medicine, 2021)

High: Nonconforming, pansexual, transgender, ages 18 to 25, **queer**, **Asian**

Low: ~~Mid-high income~~, identify male, gay man, ages 40 to 64, very low income, **ages 65+**, **multiracial**

Intentionally Injured Self Within the Past Three Years



Sources: • 2021 Long Island LGBTQ+ Community Health Needs Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • "Identities <50" includes respondents identifying with various sexual orientation terms mentioned by fewer than 50 respondents each.

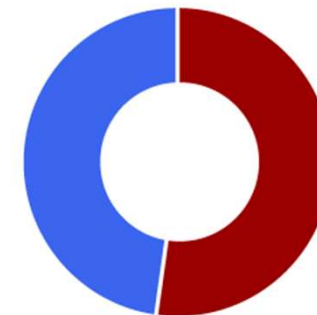
Stony Brook Medicine

Long Island LGBTQ+ Health Needs Survey, 2021

Received Follow-Up Care/Support After Attempting Suicide

Respondents With Past Suicide Attempts

■ Yes **52.3%**
 ■ No **47.7%**



Among those who did not get follow-up care, reasons primarily related to:

- Too depressed
- Worried about confidentiality
- Didn't know where to go
- Lack of insurance

Sources: • 2021 Long Island LGBTQ+ Community Health Needs Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Stony Brook Medicine

Long Island LGBTQ+ Health Needs Survey, 2021

LGBTQ+ Survey Summary

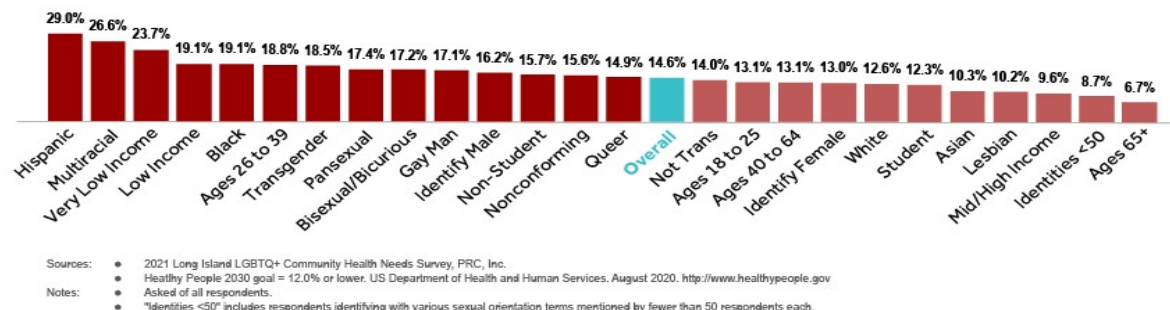
(Stony Brook Medicine, 2021)

FLIP!

High: Nonconforming, pansexual, transgender, ages 18 to 25, **queer**, **Asian**

Low: ~~Mid-high income~~, identify male, gay man, ages 40 to 64, very low income, **ages 65+**, **multiracial**

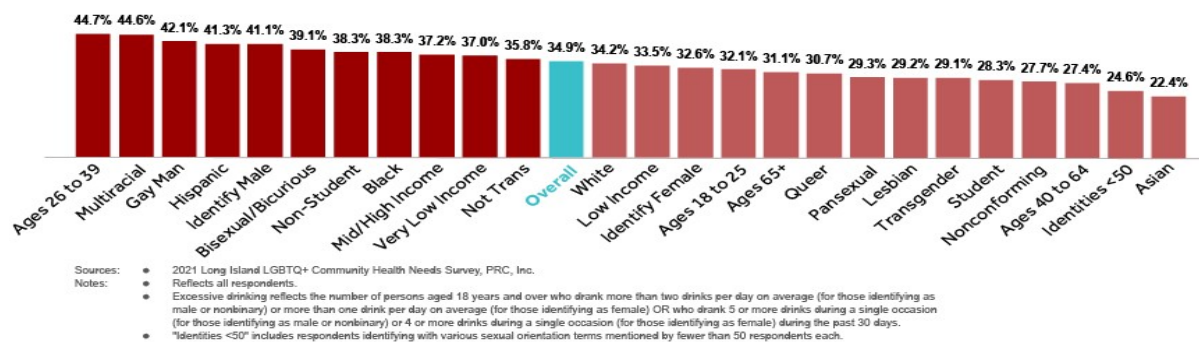
Illicit Drug Use in the Past Month (Unadjusted Data)



Stony Brook Medicine

Long Island LGBTQ+ Health Needs Survey, 2021

Excessive Drinkers (Unadjusted Data)



Stony Brook Medicine

Long Island LGBTQ+ Health Needs Survey, 2021

Slide 88

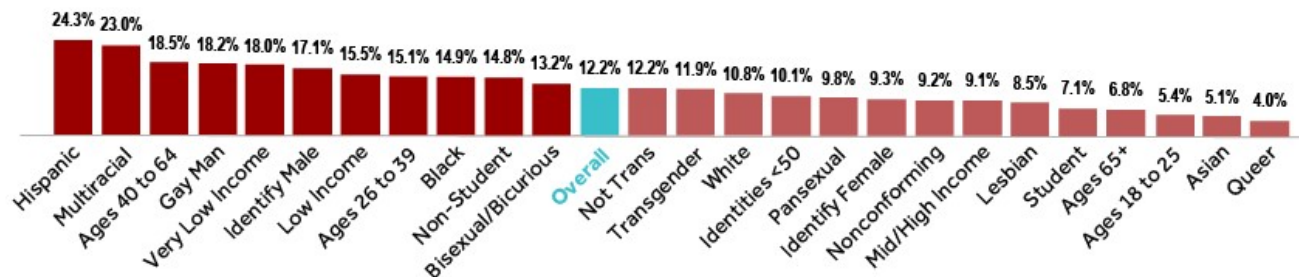
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Culligan, Julia W. (she/her/her, 2023-08-09T11:44:14.607

LGBTQ+ Survey Summary

(Stony Brook Medicine, 2021)

Current Smokers



- Sources:
- 2021 Long Island LGBTQ+ Community Health Needs Survey, PRC, Inc.
 - Healthy People 2030 goal = 5.0% or lower. US Department of Health and Human Services. August 2020. <http://www.healthypeople.gov>
- Notes:
- Reflects all respondents.
 - Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).
 - "Identities <50" includes respondents identifying with various sexual orientation terms mentioned by fewer than 50 respondents each.

Stony Brook Medicine

Long Island LGBTQ+ Health Needs Survey, 2021

Slide 89

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INACCURATE STEREOTYPES ABOUT LGBTQ+ RELATIONSHIPS

(American Psychological Association, 2008)

1. Relationships are **dysfunctional and unhappy**
False: Equivalent to same-sex couples
2. Relationships are **unstable**
False: Many form long-standing, stable relationships; for example, 18% to 28% gay and 8% to 21% lesbian couples cohabitated >10 years (prior to marriage rights)
3. Goals and values are different
False: Values of commitment and stability are similar to same-sex couples

LGBTQ+: RELIGION & FAITH in the U.S.

- 47% of LGBTQ+ (5.3 million) describe themselves as moderately or highly religious (Conron et al., 2020)
 - Most likely: Older age (>50), Black, living in the South
- Highly religious (Conron et al., 2020)
 - 8.9% married and 5.9% cohabitating with same-sex partner
 - 20.5% married to different-sex partner
 - 15.5% separated, divorced, widowed
 - 57.7% have children
- Religious trauma, shame, great variation in support, acceptance by religious institutions of members, clergy, marriage

LGBTQ+ RELIGIOUS T(t)RAUMA

(Schiffman, 2019)

- Some churches “weaponize scripture and religion to do very deep damage on the psyche” —Michael Walrond Jr., pastor at First Corinthian Baptist Church in Harlem, New York
- But for some, he says, “religion has been more bruising and damaging than healing and transformative”
- LGBTQ+ people are “told that God condemns them”
- “Religious trauma syndrome” coined in 2011 by Marlene Winell, a human development expert; anxiety, self-doubt, feelings of social inadequacy

Slide 92

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Culligan, Julia W. (she/her/her, 2023-08-09T16:25:15.357

CE1 Au: revise to clarify who Marlene Winell is?
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Culligan, Julia W. (she/her/her, 2023-08-09T16:26:08.400

At the Extreme: CONVERSION “THERAPY”

- Sexual orientation or gender identity “choice” that can be cured
- Viewed as mental illness
- Religious-based conversion therapy to change sexual orientation or gender identity results for many in religious trauma and moral injury, worsened by coercion and complicity (Jones et al., 2022)
- Because “curable,” no need for legal protections
- “Pray away the gay”
- Every major psychological, psychiatric, and medical organization in opposition (*GLAAD Media Reference Guide - “Conversion Therapy” Practices*, 2022)
- The American Psychiatric Association’s 2020 position statement reiterated that “[e]fforts to change an individual's sexual orientation or gender expression have been shown to be harmful and potentially deadly” (Council on Minority Health and Health Disparities, 2020)
- For many, **recovery from sexual orientation or gender identity “choice” requires attending to spiritual and cultural factors** (Jones et al., 2022)

Slide 93

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CJW(0 0 Confirmed. Yes. Keep quotation marks, please
Culligan, Julia W. (she/her/her, 2023-08-09T16:26:33.945

CJW(0 1 It's not actually a "therapy" - they just call it that
Culligan, Julia W. (she/her/her, 2023-08-09T16:27:03.946

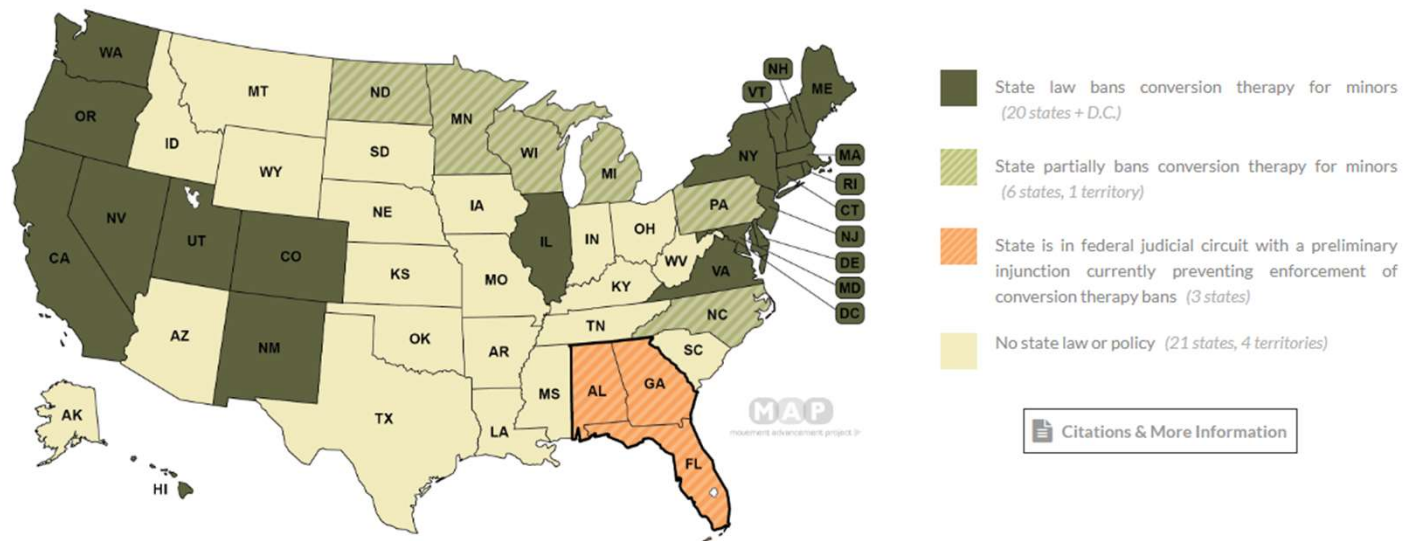
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CONVERSION “THERAPY” LAWS

(Movement Advancement Project and CenterLink. November 2022. 2022 LGBTQ Community Center Survey Report.)

Conversion “therapy” laws prohibit licensed mental health practitioners from subjecting LGBTQ minors to harmful conversion “therapy” practices that attempt to change their sexual orientation or gender identity. These laws do not restrict the practice among religious providers. For an in-depth analysis of these laws, please read our [LGBT Policy Spotlight Report: Conversion Therapy Bans](#). For additional information, please contact the [National Center for Lesbian Rights](#) or [The Trevor Project](#).



U.S. Territories



YOUTH: CURRENT CONVERSION THERAPY RISK

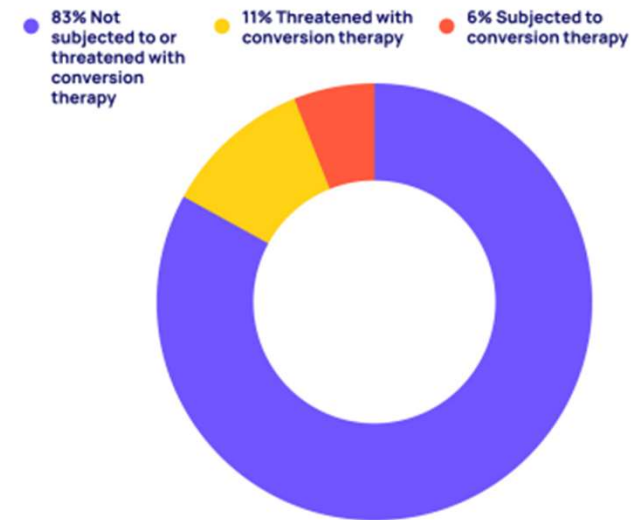
CONVERSION “THERAPY” LAWS (Movement Advancement Project, 2022)

Percent of Adult LGBTQ Population Covered by Laws

*Note: These percentages reflect estimates of the LGBTQ adult population living in the 50 states and the District of Columbia. Estimates of the LGBTQ adult population in the five inhabited U.S. territories are not available, and so cannot be reflected here.



LGBTQ youth who reported being threatened with or subjected to conversion therapy



LGBTQ youth who attempted suicide in the past year, comparison across those subjected to conversion therapy



(The TREVOR Project, 2022)

EXPANDED LGBTQ+ HEALTHCARE LAWS

(HRC Staff, 2017; Eliason & Chinn, 2017)

The Federal Affordable Care Act (ACA), 2015

- Prohibits discriminating against LGBTQ; cannot charge more or deny care for pre-existing conditions (e.g., HIV, cancer)
- Makes coverage available to LGBTQ individuals who previously did not have health insurance regardless of employment status (e.g., no domestic partner coverage, no employer, preexisting condition)
- Provides preventive care and addresses health disparities
- Makes it easier for people living with HIV/AIDS to receive and continue treatment and advance equality for quality care
- Expands gender confirmation transition treatments; protected when they would also be covered treating a nontransition health condition; cannot be excluded
- Requires plans to provide all medically appropriate sex-specific preventative services regardless of sex assignment at birth (e.g., mammogram for a trans man)

UPDATES: FEDERAL LAW

(Migdon, 2022)

- December 13, 2022, the “Respect for Marriage Act” was passed (federal law protecting same-sex and interracial marriage) (Migdon, 2022)
- Requires all states to recognize all legal same-sex and interracial unions
- Previously under state supreme court control, same-sex marriages were legalized first in 2004 (Massachusetts, Connecticut, and Iowa)
- “In 2015, the *Obergefell v. Hodges* Supreme Court ruling enshrined marriage equality as a federal right” (Migdon, 2022)
- Following overturning of *Roe v. Wade*, federal legislation sought to protect LGBTQ rights



[Openly LGBTQ members of Congress celebrate passage of Respect for Marriage Act, say there's more work to do \(yahoo.com\)](#)

Slide 97

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CJW(1 0 Added citation. Yes, keep quote, please.
Culligan, Julia W. (she/her/her, 2023-08-09T16:30:32.571

SELECT PROFESSIONAL ASSOCIATION POSITION STATEMENTS, POLICIES, REQUIREMENTS

- American Nursing Association (ANA) Position Statement (Stokes, 2018)

“ANA condemns discrimination based on sexual orientation, gender identity, and/or expression in healthcare and recognizes that it continues to be an issue despite the increasing recognition and acceptance of LGBTQ+ populations. Many LGBTQ+ individuals have reported experiencing some form of discrimination or bias when accessing healthcare services. Persistent societal stigma, ongoing discrimination, and denial of civil and human rights impede individuals’ self-determination and access to needed healthcare services, leading to negative health outcomes including increased morbidity and mortality. Nurses must deliver culturally congruent, safe care and advocate for LGBTQ+ populations.”

- American Chiropractic Association’s Diversity Commission Charter (Foshee, 2018)

“Diversity is an inclusive concept and encompasses, without limitation, race, color, ethnicity, gender, sexual orientation, gender identity and expression, religion, nationality, age, disability, socioeconomic, marital and parental status. With greater diversity, ACA can bring varied perspectives, experiences, backgrounds, talents and interests to its membership and the profession at large. ACA recognizes that achieving diversity is an evolutionary process that requires a continued renewal of its commitment to strategies of inclusion.”

- American Physical Therapy Association’s Policy on Nondiscrimination (American Physical Therapy Association, 2019)

The American Physical Therapy Association opposes discrimination on the basis of race, creed, color, sex, gender, gender identity, gender expression, age, national or ethnic origin, sexual orientation, disability, or health status

Challenges to Providing Healthcare (Bass & Nagy, 2022)

- Deficits in training
 - “Difficulty in openly discussing sexual health-related issues
 - Due to higher rates of sexually transmitted infections among MSM, the CDC recommends annual screening for chlamydia, gonorrhea, HIV, and syphilis, as well as immunization for hepatitis A and B
 - Failure to be familiar with gender modification surgeries
 - Failure to be sensitive in addressing sexual acts or complications unique to the LGBTQ community
 - Failure to remember to use gender-neutral terms such as significant other or partner
 - Higher rates of anxiety, depression, and stress
 - Higher rates of eating disorders
 - Higher rates of homelessness
 - Higher rates of sexually transmitted infections and HIV transmission
 - Higher rates of tobacco and substance abuse
 - Individuals may be reluctant to share sexual practices and hormone use
 - Individuals may have prior traumatic experiences with clinicians
 - Insensitivity towards individuals that may engage in relationships with multiple partners or individuals of the same sex
 - Lack of understanding of behavior or terms and being uncomfortable in questioning meanings
 - A tendency to make assumptions about behavior based on appearance
 - Use of alternative medications such as black market hormones
 - Using language or words that are derogatory or discriminate”

Slide 99

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Culligan, Julia W. (she/her/her, 2023-08-09T16:30:57.066

Health Risks: History and Physical (Bass & Nagy, 2022)

- Two parts
 - Sexual orientation
 - Gender identity (cis, trans, nonbinary)
- Make no assumptions
- Use nongendered words
- Listen to how they describe relationship; for example, “same-gender” rather than “straight” (trans) or “partner” (nonbinary)

GENDER-AFFIRMING TRANSITIONAL CARE FOR TRANSGENDER PEOPLE

(Bass & Nagy, 2022)

- Medical
 - Hormone therapy: Suppress or develop sex characteristics in line with gender identity
 - Estrogen, androgen blockers, testosterone
 - Side effects
- Surgical
 - Vaginoplasty, masculinizing phalloplasty, scrotoplasty, masculinizing chest surgery, facial feminization procedures, reduction thyrochondroplasty, orchiectomy
 - Officially cosmetic; help some with gender identity
- Nonmedical: Facial hair removal, speech modification, genital tucking, chest binding, prosthetics (genital “packer,” breast prosthetics, wigs)

GENDER-AFFIRMING TRANSITIONAL CARE FOR TRANSGENDER PEOPLE

(Bass & Nagy, 2022)

Medical care includes:

CE0

- Reproduction
 - Pregnancy challenges
 - Fertility support for couples who lack a sperm-carrying partner
 - Pregnant transgender men (present as male)
- GYN risks for lesbian and bisexual women, transgender men
 - ↓ Pap tests
 - Male and female partners (or partner has male and female partners): ↑ STI and HIV risk
 - Lesbians: Polycystic Ovary Syndrome (PCOS)
 - Transgender men with male sexual partner: ↑ HIV risk

Slide 102

CEO Au: also spell out PCOS?
CE, 2023-08-01T18:03:02.596

CJW(0 0 Done
Culligan, Julia W. (she/her/her, 2023-08-09T16:31:37.479

American Medical Association 2019 Policy

(American Medical Association, 2019)

AMA takes action to help prevent anti-transgender violence

Fatal attacks against transgender people have prompted the AMA to adopt a plan to help bring national attention to the epidemic of violence against the transgender community, especially the amplified physical dangers faced by transgender people of color.

"According to available tracking, fatal anti-transgender violence in the U.S. is on the rise and most victims were black transgender women," said AMA Board Member S. Bobby Mukkamala, M.D. "The number of victims could be even higher due to underreporting and better data collection by law enforcement is needed to create strategies that will prevent anti-transgender violence.

To highlight the discrimination and physical dangers faced by the LGBTQ community, and the disturbing pattern of violence toward black transgender women, the physicians and medical students gathered at the AMA Annual Meeting adopted policy directing the AMA to:

- Form partnerships with other medical organizations and stakeholders to educate members of the public, legislatures and law enforcement using verified data on hate crimes against transgender individuals and highlight the disproportionate number fatal attacks on black transgender women.
- Advocate for consistent collection and reporting of data on hate crimes across all levels of law enforcement that includes demographic information on a victim's birth sex and gender identity.
- Advocate for a central law enforcement database to collect data on reported hate crimes that correctly identifies a victim's birth sex and gender identity.
- Advocate for stronger law enforcement policies regarding interactions with transgender individuals in order to prevent bias and mistreatment and increase community trust.
- Advocate for local, state, and federal efforts that will increase access to mental health treatment and address the health disparities that LGBTQ individuals experience.

The Human Rights Campaign publishes information regarding the prevalence of physical dangers faced by members of the LGBTQ community. For details, see [A National Epidemic: Fatal Anti-Transgender Violence in America in 2018](#).

American Psychological Association's Resolution (Conger, 1975)



Discrimination Against Homosexuals

RESOLUTION

1. The American Psychological Association supports the action taken on December 15, 1973, by the American Psychiatric Association removing homosexuality from that association's official list of mental disorders. The American Psychological Association therefore adopts the following resolution:

Homosexuality per se implies no impairment in judgment, stability, reliability, or general social and vocational capabilities; further, the American Psychological Association urges all mental health professionals to take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations.

2. Regarding discrimination against homosexuals, the American Psychological Association adopts the following resolution concerning their civil and legal rights:

The American Psychological Association deplores all public and private discrimination in such areas as employment, housing, public accommodation, and licensing against those who engage in or have engaged in homosexual activities and declares that no burden of proof of such judgment, capacity, or reliability shall be placed upon these individuals greater than that imposed on any other persons. Further, the American Psychological Association supports and urges the enactment of civil rights legislation at the local, state, and federal levels that would offer citizens who engage in acts of homosexuality the same protections now guaranteed to others on the basis of race, creed, color, etc. Further, the American Psychological Association supports and urges the repeal of all discriminatory legislation singling out homosexual acts by consenting adults in private.

THE JOINT COMMISSION (TJC)

- Effective January 1, 2023, new and revised “Accreditation Standards to Reduce Healthcare Disparities,” including (The Joint Commission, 2022, The Joint Commission, 2022, p. 3):
 - The Record of Care, Treatment, and Services (RC) requirement to collect patient race and ethnicity information has been revised and will apply to the following TJC-accredited programs:
 - Ambulatory health care (Standard RC.02.01.01, EP 31)
 - Behavioral health care and human services (Standard RC.02.01.01, EP 26)
 - Critical access hospital (Standard RC.02.01.01, EP 25)
 - The Rights and Responsibilities of the Individual (RI) requirement prohibiting discrimination (Standard RI.01.01.01, EP 29) will apply to all TJC-accredited ambulatory healthcare organizations and behavioral healthcare and human services organizations.
 - [Ambulatory Health Care](#)
 - [Behavioral Health Care and Human Services](#)
 - [Critical Access Hospital](#)
 - [Hospital](#)

2023 New and Revised “Accreditation Standards to Reduce Healthcare Disparities” (The Joint Commission, 2022, p. 3)

Requirement

EP 1: The [organization] designates an individual(s) to lead activities to reduce health care disparities for the [organization's] [patients].

Note: Leading the [organization's] activities to reduce health care disparities may be an individual's primary role or part of a broader set of responsibilities.

Requirement

EP 2: The [organization] assesses the [patient's] health-related social needs and provides information about community resources and support services.

Note 1: [Organizations] determine which health-related social needs to include in the [patient] assessment.

Examples of a [patient's] health-related social needs may include the following:

- Access to transportation
- Difficulty paying for prescriptions or medical bills
- Education and literacy
- Food insecurity
- Housing insecurity

Note 2: Health-related social needs may be identified for a representative sample of the [organization's] [patients] or for all the [organization's] [patients].

Slide 105

CEO

Au: in notes below the slide, revise citation numbers to author, date citations?
(all note content seems to be directly picked up from someplace else -- revise to clarify?)
CE, 2023-08-01T18:04:58.661

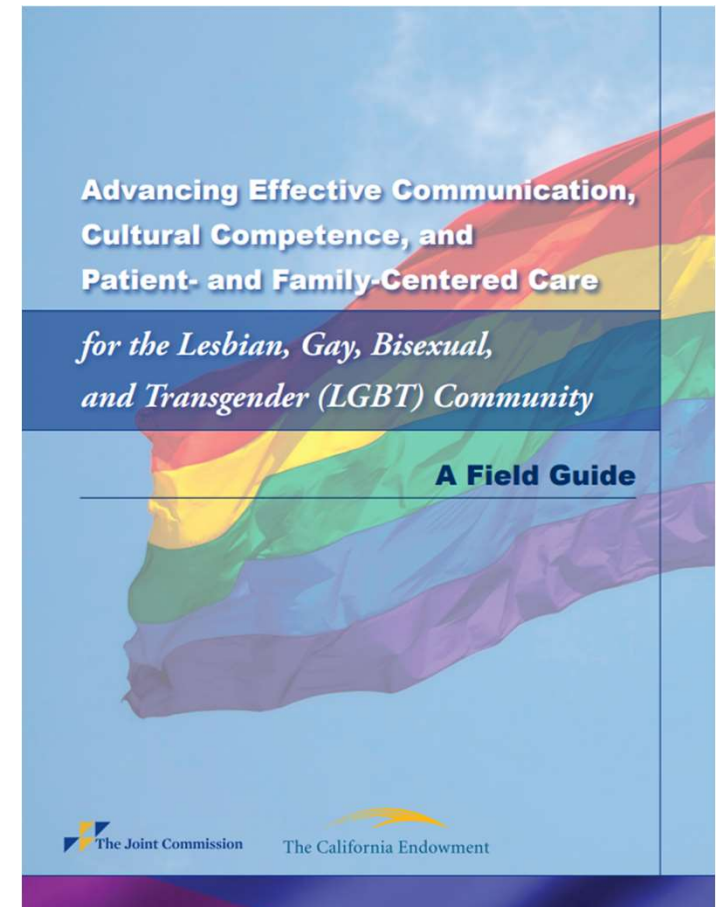
CJW(0 0

DO NOT PUBLISH NOTES. FOR AUTHOR CONTEXT/PREPARTION ONLY.
Culligan, Julia W. (she/her/her, 2023-08-09T16:32:21.075

TJC FIELD GUIDE: Barriers (Tschurtz & Burke, 2011)

Identified potential barriers

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



TJC Field Guide: Leadership Checklist

(The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide. Oak Brook, IL, Oct. 2011. LGBTQFieldGuide.pdf)

Leadership Checklist

- ☐ **Integrate unique LGBT patient needs into new policies or modify existing policies.**
 - Develop or adopt a nondiscrimination policy that protects patients from discrimination based on personal characteristics, including sexual orientation and gender identity or expression.
 - Develop or adopt a policy ensuring equal visitation.
 - Develop or adopt a policy identifying the patients' right to identify a support person of their choice.
 - Integrate and incorporate a broad definition of family into new and existing policies.
- ☐ **Demonstrate ongoing leadership commitment to inclusivity for LGBT patients and families.**
 - Monitor organizational efforts to provide more culturally competent and patient- and family-centered care to LGBT patients, families, and communities.
 - Develop clear mechanisms for reporting discrimination or disrespectful treatment.
 - Develop disciplinary processes that address intimidating, disrespectful, or discriminatory behavior toward LGBT patients or staff.
 - Identify an individual directly accountable to leadership for overseeing organizational efforts to provide more culturally competent and patient-centered care to LGBT patients and families.
 - Appoint a high-level advisory group to assess the climate for LGBT patients and make recommendations for improvement.
 - Identify and support staff or physician champions who have special expertise or experience with LGBT issues.

TJC FIELD GUIDE: Workforce

(The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide. Oak Brook, IL, Oct. 2011. [LGBTQFieldGuide.pdf](#))

Workforce Checklist

- ☐ **Ensure equitable treatment and inclusion for LGBT employees.**
 - Protect staff from discrimination that is based on personal characteristics, including sexual orientation, gender identity, or gender expression.
 - Equalize health care coverage for same-sex-partnered and transgender employees.
 - Equalize all other hospital benefits.
- ☐ **Demonstrate commitment to LGBT equity and inclusion in recruitment and hiring.**
 - Add LGBT-inclusive language to job notices.
 - Attend LGBT job fairs, advertise in LGBT publications, and conduct outreach with LGBT groups.
 - Include the hospital's LGBT-inclusive benefits and policies in recruitment and hiring materials, both online and in print.
 - Train human resources employees on general LGBT workplace concerns, LGBT-inclusive nondiscrimination statement, benefits, and policies.
- ☐ **Educate staff on LGBT employee concerns.**
 - Provide information about LGBT workplace concerns in all appropriate training.
 - Offer LGBT training to key audiences.
 - Distribute to human resources staff online and print information about LGBT workplace concerns.
 - Develop a plan to address the unique needs of transgender employees.
- ☐ **Incorporate LGBT patient care information in new or existing employee staff training.**
 - Vary methods used to provide training.
 - Update training and educational material on a regular basis.
- ☐ **Support staff development initiatives to maximize equity and inclusion for LGBT employees.**
 - Support an LGBT employee resource group (ERG), which can assist LGBT employees, provide expertise to hospital staff, and raise awareness of LGBT concerns throughout the organization.
 - Support forums for employees to freely and openly discuss any LGBT-related questions or concerns in a group setting to encourage learning.

SIDEBAR 3-4. Suggested LGBT Topics to Cover in Training

- LGBT terminology and demographics
- LGBT history and background, particularly in the hospital's service area
- State and local laws affecting LGBT people in health care settings
- Stories of LGBT-related bias and substandard care
- Systemic barriers to care for LGBT patients
- LGBT health disparities and inequities
- LGBT subpopulations
- LGBT clinical concerns
- LGBT health promotion and disease prevention
- LGBT mental and behavioral health concerns
- Communication and other interactions with LGBT patients
- Resources for follow-up learning

TJC FIELD GUIDE: Inclusive Data Collection and Use

(The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide. Oak Brook, IL, Oct. 2011. [LGBTQFieldGuide.pdf](#))

Data Collection and Use Checklist

- ☐ Identify opportunities to collect LGBT-relevant data and information during the health care encounter.
 - Identify a process to collect data at registration/admitting.
 - Identify a process to document self-reported sexual orientation and gender identity information in the medical record.
 - Ensure that the disclosure of sexual orientation and gender identity information is voluntary.
 - Train staff to collect sexual orientation and gender identity data.
 - Ensure that strong privacy protections for all patient data are in place.
 - Add information about sexual orientation and gender identity to patient surveys.
 - Use aggregated patient-level sexual orientation and gender identity data to develop or modify services, programs, or initiatives to meet patient population needs.
- ☐ Use available population-level data to help determine the needs of the surrounding community.
 - Use national- and state-level data on sexual orientation and gender identity to develop initiatives that address the health concerns of LGBT patients.
 - Conduct focus groups or interview community leaders, including LGBT community members and leaders, to identify changes in the demographics and needs of the surrounding community.
 - Conduct community needs assessments that include LGBT demographics.

COLLECTING SEXUAL ORIENTATION and GENDER IDENTITY (SO/GI) INFORMATION

(Centers for Disease Control and Prevention [CDC], 2022)

- Essential to discuss and systematically collect sexual orientation or gender identity information from patients; recommended by both the National Academy of Medicine and The Joint Commission
- **“Without this information, lesbian, gay, bisexual, and transgender (LGBT) patients and their specific health care needs cannot be identified, the health disparities they experience cannot be addressed, and important health care services may not be delivered.”**
- Really necessary? Yes
 - Research
 - Preventive care
 - SO/GI may be fluid and need to be updated

COLLECTING SEXUAL ORIENTATION and GENDER IDENTITY (SO/GI) INFORMATION

(CDC, 2022)

Collecting and Using SO/GI Data



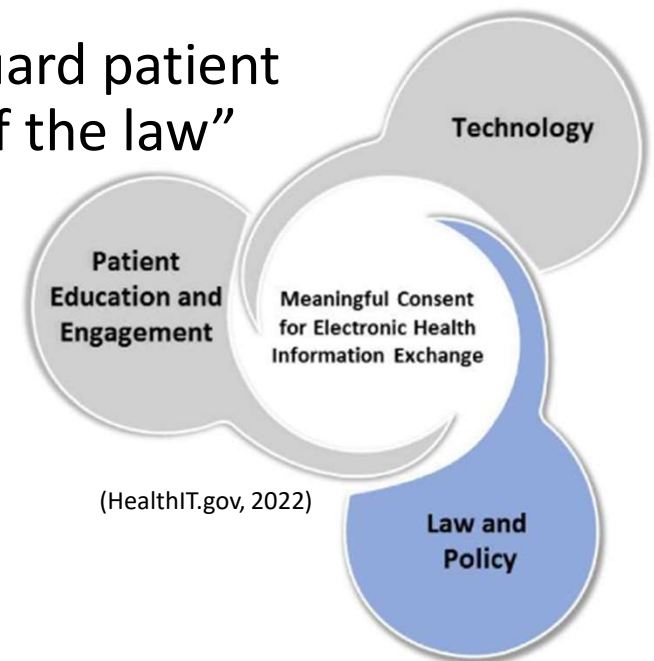
Collecting SO/GI data is essential to providing high-quality, patient-centered care for transgender people. SO/GI data can be collected in several ways:

1. Information can be obtained through patient portals and transmitted to an individual's EHR.
2. Questions can be included on registration forms for all patients as part of the demographic section along with information about race, ethnicity, and date of birth.
3. Providers and their care team can ask questions during the patient visit, for instance, as part of a social or sexual-history discussion.

PRIVACY AND CONFIDENTIALITY

(Patient Consent for Electronic Health Information Exchange. The Office of the National Coordinator for Health Information Technology (ONC).

- For people to share accurate and meaningful information with you, they will need to feel aware of how/why you will use the information and how it will be secured
- AMA Principle of Ethics: “A physician shall safeguard patient confidences and privacy within the constraints of the law”
 - Ethical duty
 - Do not disclose without patient authorization
- State, federal resources to support the development of privacy policies (HealthIT.gov, 2022)



TJC FIELD GUIDE: Provision of Care

(The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide. Oak Brook, IL, Oct. 2011. LGBTQFieldGuide.pdf)

Provision of Care, Treatment, and Services Checklist

- ☐ Create a welcoming environment that is inclusive of LGBT patients.
 - ☐ Prominently post the hospital's nondiscrimination policy or patient bill of rights.
 - ☐ Waiting rooms and other common areas should reflect and be inclusive of LGBT patients and families.
 - ☐ Create or designate unisex or single-stall restrooms.
 - ☐ Ensure that visitation policies are implemented in a fair and nondiscriminatory manner.
 - ☐ Foster an environment that supports and nurtures all patients and families.
- ☐ Avoid assumptions about sexual orientation and gender identity.
 - ☐ Refrain from making assumptions about a person's sexual orientation or gender identity based on appearance.
 - ☐ Be aware of misconceptions, bias, stereotypes, and other communication barriers.
 - ☐ Recognize that self-identification and behaviors do not always align.
- ☐ Facilitate disclosure of sexual orientation and gender identity, but be aware that disclosure or "coming out" is an individual process.
 - ☐ Honor and respect the individual's decision and pacing in providing information.
 - ☐ All forms should contain inclusive, gender-neutral language that allows for self-identification.
 - ☐ Use neutral and inclusive language in interviews and when talking with patients.
 - ☐ Listen to and reflect patients' choice of language when they describe their own sexual orientation and how they refer to their relationship or partner.
- ☐ Provide information and guidance for the specific health concerns facing lesbian and bisexual women, gay and bisexual men, and transgender people.
 - ☐ Become familiar with online and local resources available for LGBT people.
 - ☐ Seek information and stay up to date on LGBT health topics. Be prepared with appropriate information and referrals.

TJC FIELD GUIDE: Patient, Family, and Community Engagement

(The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide. Oak Brook, IL, Oct. 2011. [LGBTQFieldGuide.pdf](#))

Patient, Family, and Community Engagement Checklist

- ☐ Collect feedback from LGBT patients and families and the surrounding LGBT community.
 - ☐ Conduct confidential patient satisfaction surveys that include questions regarding sexual orientation and gender identity.
 - ☐ Ask LGBT patients and families about staff responsiveness to their needs during care planning and treatment and include whether and how these needs were accommodated.
 - ☐ Invite LGBT patients and family members to share their experiences through focus groups or advisory councils. Establish a point of contact for community members to supply complaints or feedback.
 - ☐ Encourage community input and collaboration by establishing a community advisory board.
 - ☐ Encourage LGBT organizations to provide feedback on internal and external written material and policies to ensure that they are LGBT-inclusive.
- ☐ Ensure that communications and community outreach activities reflect a commitment to the LGBT community.
 - ☐ External Communications
 - Utilize the hospital Web site to communicate information about available services, programs, and initiatives to meet LGBT patient and family needs.
 - Expand marketing efforts to include LGBT audiences by publishing in LGBT media.
 - ☐ Community Outreach
 - Designate an individual or create a committee to address LGBT community outreach activities and to establish or maintain ties to community partners.
 - Ensure that existing community outreach activities are LGBT-inclusive.
 - Establish partnerships with community health centers and other health care facilities in your community.
 - Engage state hospital associations and state departments of health to determine areas of potential collaboration with regard to LGBT health issues.
 - Consider participating in cultural competency programs for students in medical, nursing, and other allied health programs.
 - Consider sponsoring, participating, or providing educational resources to gay/straight alliances at local colleges or high schools.
- ☐ Offer educational opportunities that address LGBT health issues.
 - ☐ Provide educational programs and forums that support the unique needs of the LGBT community.
 - ☐ Engage external LGBT community organizations in the development and review of existing educational programming to ensure that it is LGBT-inclusive.

2023 New and Revised “Accreditation Standards to Reduce Healthcare Disparities,” TJC FIELD GUIDE

(The Joint Commission, 2022, p. 3)

Requirement

EP 3: The [organization] identifies health care disparities in its [patient] population by stratifying quality and safety data using the sociodemographic characteristics of the [organization's] [patients].

Requirement

EP 4: The [organization] develops a written action plan that describes how it will address at least one of the health care disparities identified in its [patient] population.

Requirement

EP 5: The [organization] acts when it does not achieve or sustain the goal(s) in its action plan to reduce health care disparities.

Requirement

EP 6: At least annually, the [organization] informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to reduce identified health care disparities.

Slide 115

CEO Au: with "cont." in slide title, revise to clarify where this is continued from?
CE, 2023-08-01T18:10:32.934

CJW(0 0 CLARIFIED; CONT FROM 2 PREVIOUS SLIDES
Culligan, Julia W. (she/her/her, 2023-08-09T16:33:57.236

HEALTH- AND FAMILY-RELATED LEGAL CONCERNS OF LGBTQ+ PEOPLE

Make wishes explicit for life-sustaining medical care, authorizations for partner/family members, finances, organ donation, funeral arrangements (JUSTIA, 2022)

- Living will (advance directive)
- Medical power of attorney for healthcare (JUSTIA, 2022)
- Hospital visitation authorization (JUSTIA, 2022)
- HIPAA release
- Cohabitation agreement
- Durable power of attorney for finances
- Will
- Trusts
- Authorization for consent to medical treatment of a minor
- Pet directive

Slide 116

CE0 Au: revise so that terminology used in notes section is the same as that used on the slide (to avoid confusion)?
CE, 2023-08-01T18:12:11.982

CJW(0 0 DO NOT PUBLISH NOTES. FOR AUTHOR CONTEXT/PREPARTION ONLY.
Culligan, Julia W. (she/her/her, 2023-08-09T16:34:09.112

CE1 Au: please confirm addressing the patient directly in the notes section (with use of "you")
CE, 2023-08-01T18:12:46.369

CJW(1 0 DO NOT PUBLISH NOTES. FOR AUTHOR CONTEXT/PREPARTION ONLY.
Culligan, Julia W. (she/her/her, 2023-08-09T16:34:15.842

CE2 Au: please confirm casual language "bigoted people suck" in notes section #2
Also "homophobic Uncle Jimmy" in #5
Also "Because sh*t happens" in #6
CE, 2023-08-01T18:14:02.022

CJW(2 0 DO NOT PUBLISH NOTES. FOR AUTHOR CONTEXT/PREPARTION ONLY.
Culligan, Julia W. (she/her/her, 2023-08-09T16:34:20.606

WHEN TRAINING SUPPORT STAFF OR OTHERS

- **CALLING IN:** “Approaching problematic behavior or language with sympathy; asking why the behavior occurred, explaining why it is oppressive, and devising a new course of action collaboratively” (Amory et al., 2022)
 - Privately, gently, educationally, make meaning, reflect
 - Helpful? You think person is unaware; imagine a different possibility or perspective; for example, *“I’m curious. What was your intention when you said I wouldn’t want to go to a party because it was primarily straight people attending?”* (Interrupting Bias, n.d.)
- **CALLING OUT:** “Approaching problematic behavior or language combatively; striving to shame a group or individual for their behavior to serve as a warning to others” (Amory et al., 2022)
 - Angry, combative, need to pause, stop, communicate behaviors not to be tolerated
 - Helpful? Person in power and you feel unsafe; need to halt to prevent additional harm; communicate words/actions unacceptable and intolerable; for example, *“I don’t find that funny. Tell me why that’s funny to you.”* (Interrupting Bias, n.d.)

Think you'd never do that? (Decker et al., 2022)

- ***“Microaggressions are subtle derogatory behaviors that unintentionally communicate hostility toward marginalized social groups”***
- Can lead to mistrust, disengagement, poor working alliance
- 85.3% of microaggressions in healthcare population were heteronormative/cisnormative language and assumptions
- ***Practicing noticing and “calling in” yourself and others***

Everyday Snubs: Microaggressions (Borresen, 2021)

A POWERFUL MECHANISM OF OPPRESSION

1. Butch–femme assumption: Assumes one partner is the “man” and the other is the “woman”
2. “Choice” or “lifestyle”: Negates lived experience and adversity that come from having had this identity
3. Focus on invasive questions about body parts
4. Invasive questions about sex (“How does that work?”)
5. “You don’t ‘look’ nonbinary”
6. Stereotyping; for example, interests, personality, shoes
7. Asking a trans person if/when they’re having “the surgery”
8. Assuming queer people can’t relate to (or socialize) straight
9. Refusing to use pronouns
10. Heteronomativity: Assumes a male–female paradigm
11. “Turning” a person straight
12. Excluding partner from activities, family
13. Speaking on behalf; need to hear their voice
14. Prematurely asking for coming out story or sexual history

Slide 119

- CE0** Au: please confirm hyperlinks should be maintained in notes
CE, 2023-08-01T18:31:39.388
- CJW(0 0** DO NOT PUBLISH NOTES. FOR AUTHOR CONTEXT/PREPARTION ONLY.
Culligan, Julia W. (she/her/her, 2023-08-09T16:34:30.661
- CE1** Au: provide citation(s) for notes section?
CE, 2023-08-01T18:36:41.602
- CJW(1 0** DO NOT PUBLISH NOTES. FOR AUTHOR CONTEXT/PREPARTION ONLY.
Culligan, Julia W. (she/her/her, 2023-08-09T16:34:36.023

Everyday Snubs: Microaggressions (12 Examples of Microaggressions That Target LGBTQ+ Individuals: Mind Remake Project, 2021)

CE0

15. Assuming a gay man has sexual partners
16. “I went through a bisexual phase ...”
17. “Were you born a boy or a girl?”
18. Assuming some trauma or adverse experience “made” them gay
19. Implying gay is a sin or willful act against God
20. “How do you know if you haven’t tried (man, woman)???”
21. “I never would have known you were transgender. You’re totally passable as a (man/woman)”
22. “Who’s the father? (two mothers)”
23. “Being gay is no longer a big deal”

Slide 120

CEO Au: provide corresponding note for items marked with asterisk (*)?
CE, 2023-08-01T18:37:50.856

CJW(0 0 REMOVED. CAN'T REMEMBER WHAT I MEANT BY THEM.
Culligan, Julia W. (she/her/her, 2023-08-09T16:35:02.858

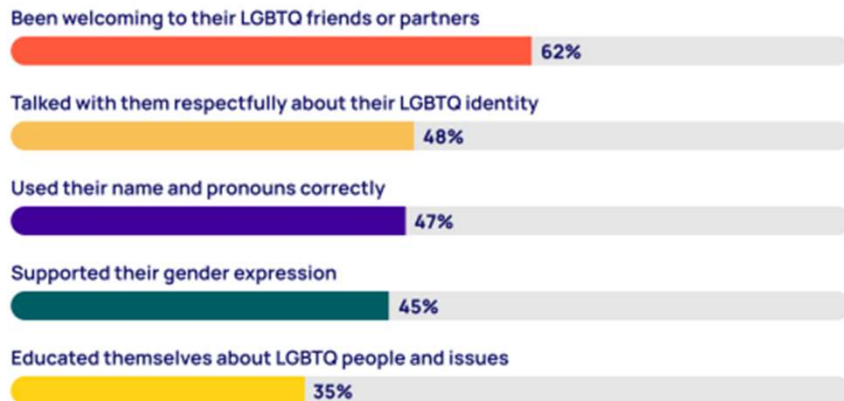
RECOMMENDATIONS (GLAAD, 2022)

AVOID	BETTER	CONSIDERATION
“homosexual relationship/couple/sex”	“relationship/couple” or, if necessary “gay/lesbian/same-sex couple”	Would you qualify for a “straight” activity/relationship? If you wouldn’t, say “heterosexual couple,” then perhaps no need to qualify
“sexual preference”	“sexual orientation” or “orientation”	Denotes choice that could be cured or changed; not a preference of choice; just how people are
“gay/LGBTQ/homosexual/transgender lifestyle”	“LGBTQ people and their lives”	There is no single “gay lifestyle”; indicates choice.
“gay rights” or “special rights”	“equality for LGBTQ people”	Advocating to be treated equally
Derogatory terms: “dyke,” “faggot,” “homo,” etc.	Pretty much anything	Derogatory; some in-group reclamation
“deviant,” associating with pedophilia, etc.	Accurate info	Inaccurate
“sex reassignment surgery”	“gender-affirming surgery”	Affirms identified gender

SUPPORTING LGBTQ+ YOUTH

(The Trevor Project, 2022)

Five most common ways that LGBTQ youth reported feeling supported by their parents or caregivers



Where did LGBTQ youth find moments of joy?

Although LGBTQ youth reported many serious challenges, they also described hundreds of ways in which they find joy and strength in their lives. From their favorite content and activities to seeing representation and allyship, the wide range of responses emphasizes that we can all help create safe, supportive environments where LGBTQ youth can feel happy and express themselves.

moving to a new place that feels like home

wearing my first binder

going to drag shows



changing my name to something that fit me

seeing LGBTQ people of color in media

just knowing that there's people out there like me

All sources of joy for LGBTQ youth:

Therapy & medication	Learning I'm not alone and there are more people like me	LGBTQ clubs on campus
Gender affirming clothing	Protective laws/victories for LGBTQ rights	Athletics & exercise
Family & parental support	Supportive teachers	Going to college
The LGBTQ community	Having a safe space to express gender, gender identity, and sexuality	Drag shows
Accepting & affirming friends	All gender restrooms	Dance
Hope & excitement for the future	Queer role models	Living as their authentic self
Happy LGBTQ elders & married couples	Pets/Animals	Escapism/fantasy/fandom
Online communities & support	Taking care of younger siblings	Gender affirming hormones
Learning about LGBTQ history	Art, art expression, art therapy/ crafting/drawing	Financial stability
Faith & spirituality	Video games/gamer community	LGBTQ celebrities, influencers & representation in media
Music (BTS, Lil Nas X, etc)		Self-love & acceptance
Partners/falling in love		Cooking
Cishet allies		

Slide 122

CEO Au: provide title for slide?
Also, please confirm citation size/style
CE, 2023-08-01T18:39:33.697

CJW(0 0 DONE
Culligan, Julia W. (she/her/her, 2023-08-09T16:36:05.276

RECOMMENDATIONS

- Misgender? Deadname? Wrong pronouns? Practice. Keep trying. Quickly apologize and continue conversation. Check in with the person if you like.
- Respect privacy: Just because someone is out at work doesn't mean they're out on Facebook.
- If running group, ask group members to introduce themselves instead of calling roll (avoid wrong name, misgender).
- Raise awareness of issues and illnesses.
- Advocate: Legislation, systems, organizations.
- "It's critical for health care providers and policymakers to understand that simply acknowledging a person's right to be who they are, or to love who they love, can have profound direct and indirect consequences on health" (Miller, 2022).

SCAN OFFICE SPACES, PROGRAM AND MARKETING MATERIALS, FORMS, BATHROOMS (Bass & Nagy, 2022)

- Physical space
 - Bathrooms
 - Waiting rooms
 - Posters, symbols of diversity
 - LGBTQ community magazines
 - Highlight LGBTQ observances (National Transgender Day of Remembrance, PRIDE, World AIDS Day, Stonewall anniversary)
- Marketing or program materials
 - Reflect diverse population
 - “Advertise practices as accepting of the LGBTQ community” (Bass & Nagy, 2022)
 - Inclusive language
 - Nonbinary options
 - Nonheteronormative
 - Educational brochures: Safe sex practices, STIs, substance use, hormone therapy, DV resources
- Participate in referral programs (GLMA or GayHealth) or local/national marketing (e.g., lavender pages)

TRAIN YOURSELF AND STAFF; CHALLENGE ASSUMPTIONS AND BIASES

Ask (only if necessary on forms and in conversation): Name? Pronouns? Partnered? Relationship status? Gender? Sex assigned at birth? Add transgender? Check more than one box? Children? (Margolies et al., 2014)

CEO

Avoid:

- Trying to fit person into heterosexist transphobic umbrella
- Equating identity or orientation with illness or disorder (gay man = HIV, trans man = borderline personality features)
- Assuming name on insurance card is correct
- Forms: Male/female only
- Assuming heteronormativity
- Assuming universal LGBTQ experience
- Denial of homo-/transphobia, potential impact on health and well-being

Slide 125

CEO Au: also spell out HIB in 2nd bullet point?
CE, 2023-08-01T18:42:20.929

CJW(0 0 Good catch - meant for that to be HIV. I think HIV is known.
Culligan, Julia W. (she/her/her, 2023-08-09T16:37:00.309

SCREEN FOR VIOLENCE and within state reporting laws, maintain confidentiality

(Bass & Nagy, 2022)

- Strangers, domestic partners, family, coworkers, and so on
- Note increased risk of transgender people
- Example questions to ask all
 - “Are you now or have you ever been physically, mentally, or sexually abused by someone close to you?”
 - Are you currently abused in any way?
 - Have you ever been sexually assaulted?
 - Are you afraid of anyone?” (Bass & Nagy, 2022)

SPECIAL NEEDS OF LESBIAN AND BISEXUAL WOMEN

(Bass & Nagy, 2022)

- “In general, these patients have similar healthcare needs to heterosexual patients. If they have challenges, they usually stem from lifelong discrimination and harassment, resulting in anxiety, depression, and stress” (Bass & Nagy, 2022)
- Additional risks
 - “The belief that pap smears and regular screening are not necessary.
 - Desire for childbearing and need to discuss options for conception.
 - High-risk behaviors such as multiple sex partners resulting in higher rates of sexually transmitted infections and HIV.
 - Higher rates of alcohol, drug, and tobacco use secondary to chronic stress associated with discrimination and homophobia.
 - Higher rates of being overweight or obese with associated diseases such as diabetes, hypertension, and heart disease.
 - Higher rates of depression, often associated with a lack of acceptance by friends or family.
 - Higher rates of some cancers due to less childbearing.
 - Lower health insurance rates than heterosexual women, with fewer funds available for expensive prescriptions and follow-up visits.
 - Lower pregnancy rates, and when they do bare children, are more often at an older age.
 - Some states do not recognize same-sex domestic violence, and women’s shelters may discriminate.” (Bass & Nagy, 2022)

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Slide 127

CEO Au: provide cite for quoted bullet list?
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Culligan, Julia W. (she/her/her, 2023-08-09T16:38:33.732

SPECIAL NEEDS OF GAY AND BISEXUAL MEN (Bass

& Nagy, 2022)

- The healthcare needs of bisexual and gay men are similar to the general male population. However, they have higher rates of domestic violence, substance abuse, and depression. Due to a higher rate of homophobia in certain cultures, such as African Americans, Asians, Latinos, and Pacific Islanders, males may have even higher rates of mental health challenges. (Bass & Nagy, 2022)
- Additional risks:
 - Exclusion from community and family due to shame and embarrassment associated with some cultures
 - Higher rates of alcohol, substance, and tobacco use
 - Higher rates of anxiety, depression, and suicide
 - Higher rates of human papillomavirus; associated with anal cancer
 - Higher rates of poverty
 - Higher rates of weight problems and obesity
 - Higher risk of HIV and sexually transmitted infection transmission associated with anal sex
 - Less access to health insurance through a marriage
 - Staff sensitivity training

NAMES AND PRONOUNS (Roberts & McDowell, 2022)

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- Introduce yourself with your pronouns: “Hello, I’m Dr., your chiropractor, and my pronouns are he/him/his.”
- Ask pronouns: “What are your pronouns?”* “What terms do you use?”
 - *Not “preferred pronouns,” which indicates that they are a **preference** rather than a **fact**
- Ask and use (preferred) name (document for next visit)
- Name doesn’t match legal paperwork?
 - Other patient identifiers (date of birth, last four Social Security number)
 - Some facilities use wristband identifier
- Avoid “deadnaming” but do alert patient to discrepancies in names in legal/insurance paperwork

Slide 129

CEO Au: spell out DOB, SS, VA?
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Culligan, Julia W. (she/her/her, 2023-08-09T16:39:41.909

REFLECT: Where do you use binary language?

- “Ladies and gentlemen ...”
- “Pregnant women” or “mother and child”
 - Try “pregnant client”
 - Transgender men and nonbinary people can get pregnant

NOT SURE WHAT TO SAY?

[NLGJA Stylebook on LGBTQ Terminology](#) (NLGJA: The Association of LGBTQ Journalists, 2021)

Introduction

This stylebook seeks to be a guide on language and terminology to help journalists cover LGBTQ subjects and issues with sensitivity and fairness, without bias or judgment. Because language is always changing, this guide is not definitive or fully inclusive. When covering the LGBTQ community, we encourage you to use the language and terminology your subjects use. They are the best source for how they would like to be identified.

[acting, appearing](#)

[AIDS](#) (see HIV/AIDS)

[agender](#) (see transgender)

[ally](#) (see LGBT, LGBTQ)

[asexual](#) (see LGBT, LGBTQ)

[bathroom bill](#) (see transgender)

[biological](#) (see transgender)

[bisexual](#) (see LGBT, LGBTQ)

[breeder](#)

[cisgender](#) (see transgender)

[civil union](#) (see marriage and relationships)

[closeted, in the closet](#)

[coming out](#)

[commitment ceremony](#) (see marriage and relationships)

["conversion therapy"](#)

[cross-dresser](#)

[cruising](#)

[DL](#)

[domestic partner](#) (see marriage and relationships)

[Don't ask, don't tell](#)

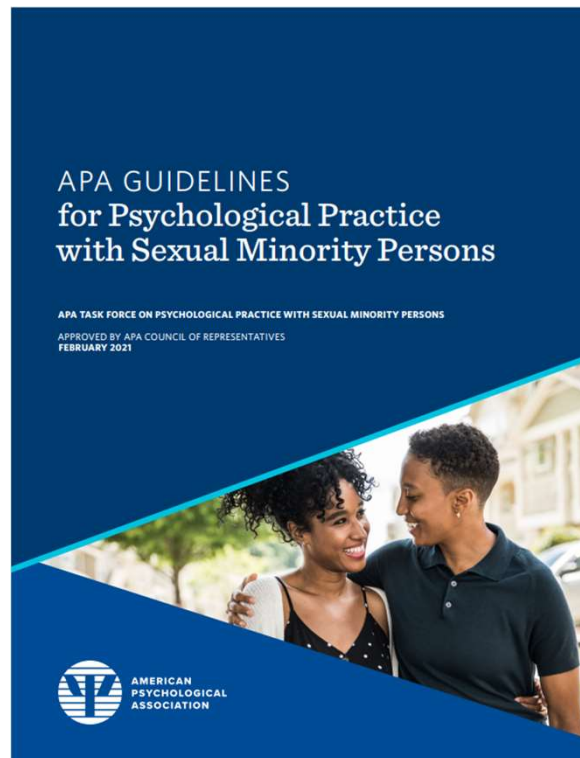
cross-dresser

terminology

Preferred term for people who wear clothing most often associated with a different gender, and who describe themselves as such. Do not use the obsolete term *transvestite*. Not synonymous with *transgender* or *drag performer*.

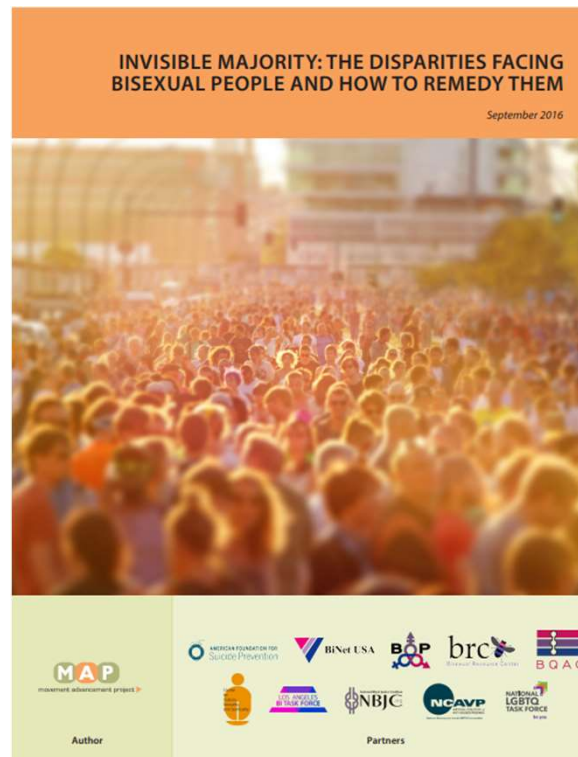
Updated December 2021

Guidelines for Psychological Practice with Sexual Minority Persons (apa.org) (APA Task Force, 2021)



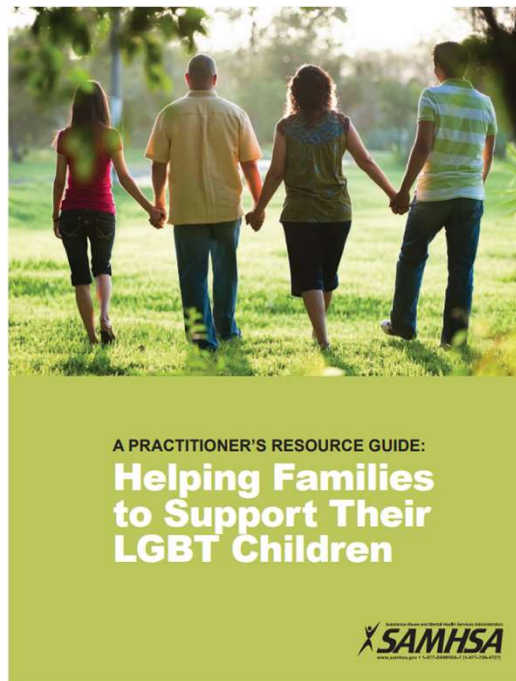
Bisexual Resources (Movement Advancement Project, 2016)

[invisible-majority.pdf \(lgbtmap.org\)](https://www.lgbtmap.org/invisible-majority.pdf)

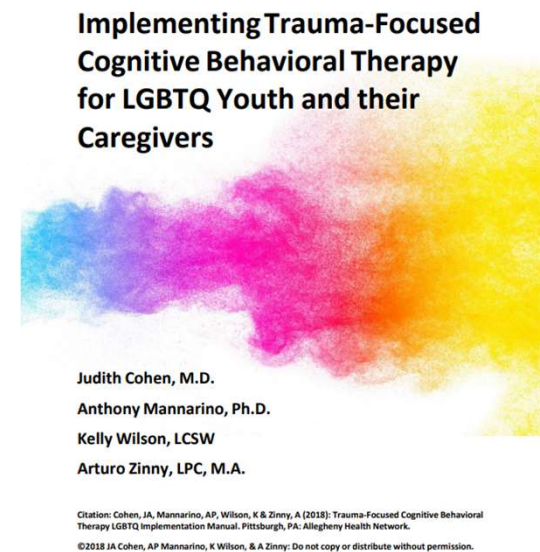


RESOURCES

(Substance Abuse and Mental Health Services Administration, 2014)



(Cohen et al., 2018)



Slide 134

CEO Au: provide title for slide?
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Culligan, Julia W. (she/her/her, 2023-08-09T12:36:50.665

RESOURCES (Ahmed et al., n.d.)

- The Family Acceptance Project is a research, intervention, education, and policy initiative that works to prevent health and mental health risks for lesbian, gay, bisexual, and transgender (LGBT) children and youth, including suicide, homelessness and HIV, in the context of their families, cultures, and faith communities. www.Familyproject.sfsu.edu
- Parents and Friends of Lesbians and Gays (PFLAG) is a national organization for education, advocacy, and support for families and friends of LGBTQ persons. More than 400 chapter networks provide confidential peer support, education, and advocacy in communities in nearly every state, the District of Columbia, and Puerto Rico. <https://www.pflag.org/>
- The LGBT National Help Center provides peer support, community connections, and information about resources for LGBT people. The Help Center operates three national hotlines: the LGBT National Hotline, the LGBT National Youth Talkline, and the SAGE LGBT Elder Hotline. They have 15,000 local resources for cities and towns across the country. <http://www.glnh.org/>
- The Gay and Lesbian Medical Association (GLMA) works to ensure equality in healthcare for lesbian, gay, bisexual, and transgender individuals and healthcare professionals. www.glma.org
- The National Coalition of Anti-Violence Programs (NCAVP) is a national network of service organizations working with LGBTQ people who have been victims of domestic violence. <http://www.avp.org>
- The National Immigrant Justice Center's LGBTQ Immigrant Rights Initiative provides legal services to low-income immigrants who identify as LGBT and those who are living with HIV. <http://www.immigrantjustice.org/index.php/services/lgbtq-immigrants>
- The Ryan White HIV/AIDS Program <https://hab.hrsa.gov/about-ryan-white-hiv-aids-program/about-ryan-white-hiv-aids-program>

Slide 135

CEO Au: also provide explanation in final bullet point?
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CJW(0 0 Unsure what you mean by that.
Culligan, Julia W. (she/her/her, 2023-08-09T16:40:41.819