

LGBT-faQ: Marginalized and Magical

Presented by: Kimber Brighthouse, MSW

Developed by: Kimber Brighthouse, MSW and Leigh Hellman

Training Objectives

- Overview of Terminology
- Identifying Barriers to Care
- Creating Safer and More Inclusive Spaces
- Safer Spaces as Harm Reduction
- Resilience in LGBTQ Communities

LGBTQQAIP2S+

- Lesbian
- Gay
- Bisexual
- Transgender
- Queer
- Questioning
- Asexual
- Intersex
- Pansexual
- Two Spirit
- +

What other identities might someone on the LGBTQAI+ Spectrum hold?

Gender Identities

Gender Non-Conforming: An individual who does not follow other people's ideas and/or stereotypes about how they should look or act based on their assigned-at-birth sex

Non-binary: A gender that is not binary (neither man nor woman); this is sometimes used interchangeably with genderqueer (depending on an individual's gender experiences)

Genderqueer: A gender that is queer (non-normative); this is sometimes used interchangeably with non-binary (depending on an individual's gender experiences)

Agender: Genderless, genderfree, non-gendered, or ungendered

Transmasculine: A descriptor for an individual who was assigned female at birth but identifies with masculinity more than femininity

Transfeminine: A descriptor for an individual who was assigned male at birth but identifies with femininity more than masculinity

Intersex: An individual with variations and/or ambiguities in their sex characteristics (e.g. chromosomes, genitalia, etc.) that do not fit binary notions of male/female bodies

Gender

Sex: The scientific/medical/genetic classification of an individual as male or female based on an interpretation of their genome and genitalia

Gender/Gender Identity: An individual's personal experience of their gender

Gender Expression/Presentation: An individual's public/outwardly physical manifestation of their gender identity (which can—and often does—vary from day to day)

Assigned-at-Birth/Assigned Sex: The determination of an infant's sex at birth—usually determined by a relative, midwife, nurse, or physician without the allowance for ambiguity

Transgender/Trans man/Trans woman/Trans: The experience of an individual's assigned-at-birth sex not aligning with their gender identity

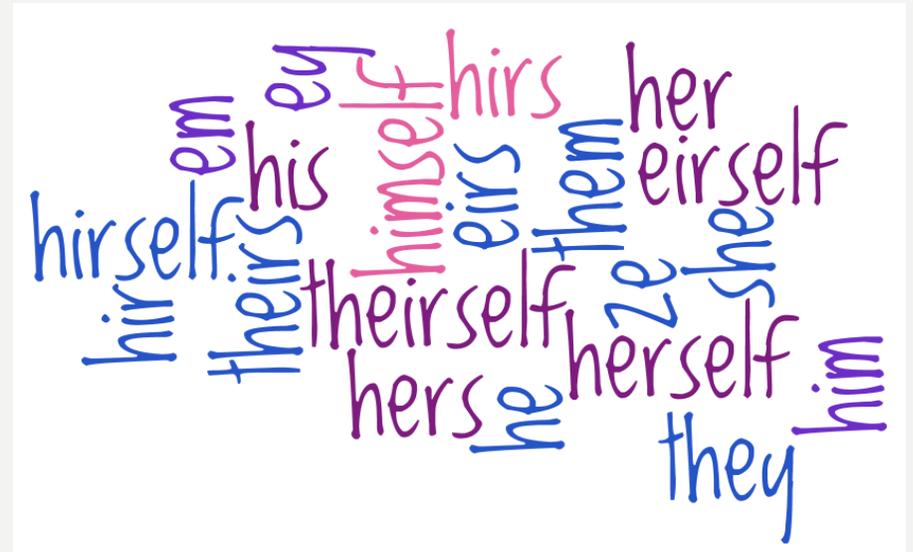
Cisgender/Cis man/Cis woman/Cis: The experience of an individual's assigned-at-birth sex aligning with their gender identity

Binaries

- Gender Binary/Sexuality Binary/Binarism:** The classification of any category into two distinct, opposite, and disconnected forms
- *Sexuality Binary:* Heterosexual (straight) vs. Homosexual (gay/lesbian)
 - *Gender Binary:* Male/Man/Masculine vs. Female/Woman/Feminine
 - *Fluidity/Fluid:* The variance of sexuality and/or gender over time
 - *Questioning:* The process of self-exploration of an individual's sexuality and/or gender identity; questioning is a valid experience and one that many people go through (to diverse ends or non-ends)

Pronouns

Pronouns are a substantial—and often taken for granted—part of our gender experiences. The socially normalized pronouns of she/her/hers and he/him/his can be restrictive to trans individuals. Examples of more diverse pronouns include (but are not limited to): they/them/their or ze/zir/zem.



Three Types of Attraction

Sexual, Romantic, Aesthetic

- These can exist in alignment (e.g. all types of attraction can be directed towards the same types of people) or they can exist variantly (e.g. the type(s) of attraction are experienced with different types of people). Likewise, any/all of these types of attraction can be present or absent (e.g. an asexual person can experience romantic and/or aesthetic attraction).
- The suffix –romantic is used in the same way as –sexual (e.g. biromantic).

Ways the LGBTQ Community Experiences Trauma

Microaggressions: Everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages.

Macroaggressions: Large scale or overt demonstrations of aggression from individuals, or barriers put in place on a systemic level.



Surviving Marginalization

In addition to experiencing traumatic experiences through their lives, our clients are often also experiencing persistent trauma from holding marginalized identities.



Safe(r) Spaces As Harm Reduction

When you create a space that feels safe(r) and more inclusive of various identities, you are reducing the harms clients have associated with nonprofits, doctors offices, psychiatrists, and other places clients have been told they would receive help but were instead harmed.



Creating Safer Spaces: Language

- Use the language your client uses for themselves. It is important to note that some words can—particularly when used by people outside of the communities and without appropriate context—be phrases of violence. Please be mindful of this and always be open to communication with others in terms of what words they are and are not comfortable with you using in reference to/in conversation with them.
- There is a current trend of asking for “preferred” pronouns. Despite the good intentions, this phrasing implies that an individual’s pronouns can be less authentic and legitimate than the pronouns others assign to them. A better way to phrase this is by asking for correct pronouns, or simply asking for pronouns.

Creating Safer Spaces: Policy and Procedure

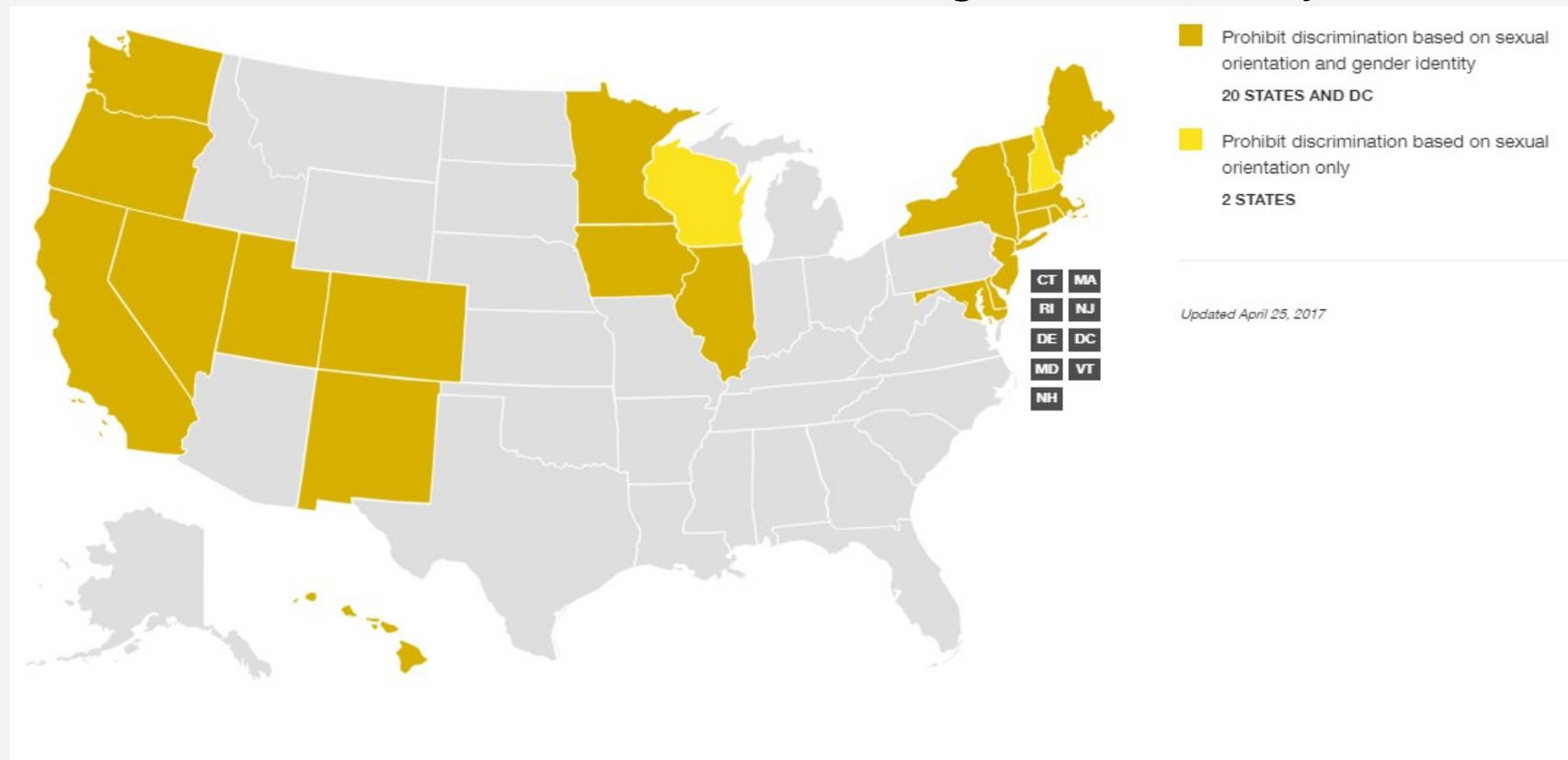
- If your program asks for gender as part of the intake process, provide multiple options or have that section be “fill in the blank.” Discuss internally how this will impact your reporting requirements and your program documentation.
- The same can be said of asking someone's sexual history, or making assumptions about their sexual identity based on their sexual history.
- Implement gender neutral restrooms.

Creating Safer Spaces: Client Centered Care

- Someone's marginalized identities, while not their only identities, inform every part of their experience.
- Trust your client to tell you about their identities when they are ready, and don't make assumptions about a client's identity until they share with you.
- Be honest with yourself and your clients if you don't share their experience. If you are not part of the LGBTQ community, you haven't faced the same levels of marginalization and it's dismissive to clients to take a “we are all the same inside” mentality.

Barriers in Housing with the LGBTQAI+ Community

The federal Fair Housing Act prohibits housing discrimination based on race, color, national origin, religion, sex, disability, and familial status, but does not include sexual orientation or gender identity.



Barriers in Housing with the LGBTQAI+ Community

- 20-40% of youth experiencing homelessness identify as part of the LGBTQAI+ community, having either been kicked out of their family home because of their identity or having left their family home out of concern for their safety because of their identity.
- Members of the LGBTQAI+ community face higher levels of violence in shelter environments, and some shelter organizations refuse to serve the LGBTQAI+ community.

Building Resilience with Housing with the LGBTQAI+ Community

- The LGBTQAI+ community has begun building their own housing networks to help prevent other community members from experiencing homelessness.



Barriers to Health Care with the LGBTQAI+ Community

- Potential for invasive lines of questioning that the client may not feel comfortable answering.
- Fear of stigma or judgment surrounding identity.
- The LGBTQAI+ community is at high risk of surviving abusive situations, resulting in fear of disclosing or seeking treatment.
- Lack of understanding the specific needs LGBTQAI+ individuals.
- Concern about providers not understanding survival strategies.

Barriers in Mental Health with the LGBTQAI+ Community

- Shame about sharing identity, fear that mental health providers may be dismissive or judgmental.
- Gender Dysphoria is classified in the DSM-V as a mental illness, and while an improvement from “Gender Identity Disorder” in the DSM-IV, could result in shame for transgender clients.

Building Resilience with Physical and Mental Health with the LGBTQAI+ Community

- Recognizing the rate of suicide among transgender individuals, the Trans Lifeline was started as a suicide hotline exclusively for the transgender community and is entirely volunteer staffed by transgender people.
- Utilizing community based resources.



HIV Medications and Using Substances

- Synthetics sold as heroin can be deadly when combined with HIV medications.
- It's highly likely that methadone will have a reaction with HIV medications, but the reaction varies depending on what medication. Some reactions include nausea, vomiting, headaches, and low blood platelet levels.
- Some HIV medications can increase the risk of pancreatitis when the person taking them drinks alcohol. Participants that are positive and taking antiretroviral medications should be encouraged to work with their doctor to find a medication that will not have this kind of reaction.
- While there have been no human trials on the impact of cocaine use on the effectiveness of HIV medications, test tube trials indicate that cocaine doubles the speed at which HIV reproduces.

Harm Reduction Strategies for Sex Workers

- Howard Brown offers free/low cost PrEP prescriptions to sex workers.
- Use lube!! Lube reduces the possibility of anal/vaginal tears, and the risk of condom breakage. Encourage using water based or silicone based lube as opposed to oil based lube (baby oil, vaseline, coconut oil) which could damage condoms.
- Early to Bed has an industry discount card for sex workers that offers 20% off of an entire purchase (this is especially helpful for purchasing lube.)
- Encourage clients to get tested regularly.

Harm Reduction Strategies for Sex Workers

- If you have potentially been exposed to HIV, PEP (Post-Exposure Prophylaxis) can help to prevent HIV infection if taken within 3 days.
- If a client has a phone, encourage downloading the ap “Mr. Number” to screen their clients and make sure the client they are going to see.
- For sex workers that are street based or do outcalls, encourage downloading the ap “bSafe” on their phone, making sure a safety person knows where they are going and who they are meeting, and checking in with their safety person by a specific time.
- Work with clients around boundary setting and being aware of what they are and are not willing to do with clients without putting themselves at risk of trauma, retraumatization, or STI's.

What other barriers to care does the LGBTQAI+ Community experience?

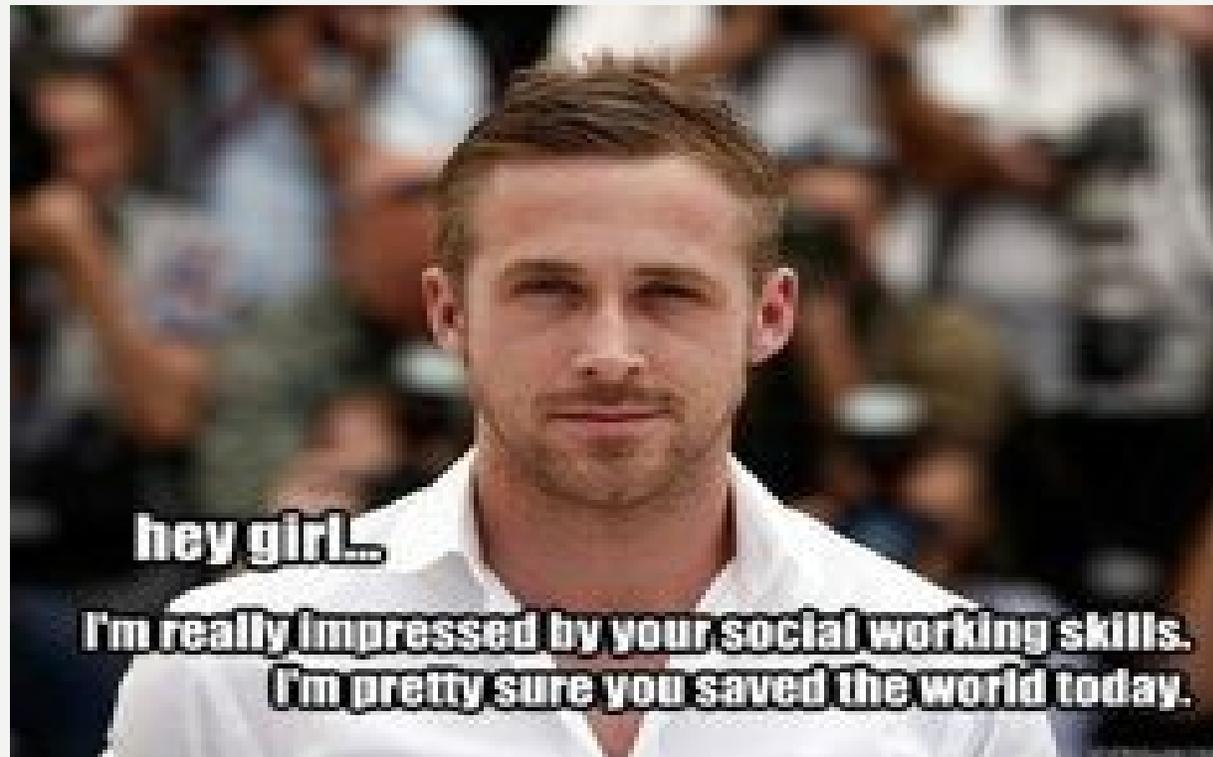


Resiliency in the LGBTQAI+ Community

- Resiliency through community care: The LGBTQ community tends to look out for one another, share resources, and stick together.
- The LGBTQ Community fosters resilience among itself by building found family systems. Many individuals in the LGBTQ community do not have their family of origin to depend upon, but create solid support systems among each other.
- Building resources in the absence of mainstream social systems.

Self Care

What you're doing is hard work and what you are doing is important work. Take this opportunity to set a self care intention for yourself moving forward.



Thank you and Questions



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