

# Cultural Humility and LGBTQ Communities



Presenter:

**Kate Bishop** MSSA

Education Coordinator

The Center for LGBT Health Equity  
of Chase Brexton Health Care

MDWP-CD-011298-22 October 2022





# The Center for LGBTQ Health Equity

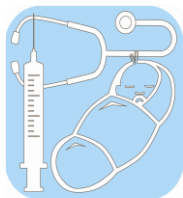
A Chase Brexton Health Care Center of Excellence 



Adult  
Medical Care



HIV  
Medical Care



Pediatrics



Ob/Gyn



Behavioral  
Health



Dentistry



Pharmacy



Case  
Management

## Center for LGBTQ Health Equity Services:

- LGBTQ Health Navigation
- LGBTQ-Informed Primary Care
- LGBTQ Behavioral Health
- Gender-Affirming Care
- Training and Education
- Advocacy



**Chase Brexton Health Care**

*Because everyone's health matters.*



# Presenter: Kate Bishop

- Education Coordinator  
The LGBT Health Resource Center of  
Chase Brexton Health Care, Baltimore MD
- Expertise in working with LGBTQ+ populations,  
HIV/AIDS, reproductive health, intimate partner  
violence, sexual trauma
- 25 years of training adult learners
- LGBTQ Educator training:
  - > GLSEN (Gay, Lesbian, and Straight Education Network)
  - > National LGBT Cancer Network
  - > Maryland Department of Health and Human Services
  - > SAGE (Services and Advocacy for GLBT Elders)
- BA: Gender Studies, Hiram College  
MA: Social Work, Case Western Reserve University



# Learning Outcomes

- Identify developmental, structural, family systems, and psychosocial challenges sexual and gender minority people may encounter.
- Explore intersectional identities, disparate risk factors within the LGBTQ community, and the impacts of minority stress; apply the principles of Cultural Humility and Structural Competence to LGBTQ healthcare.
- Recognize gender identity concepts and terms, including transgender and nonbinary identities, using appropriate pronouns, respectful language and etiquette.
- Increase tools and skills to be an ally to LGBTQ patients, colleagues, friends and family



# Quick Quiz

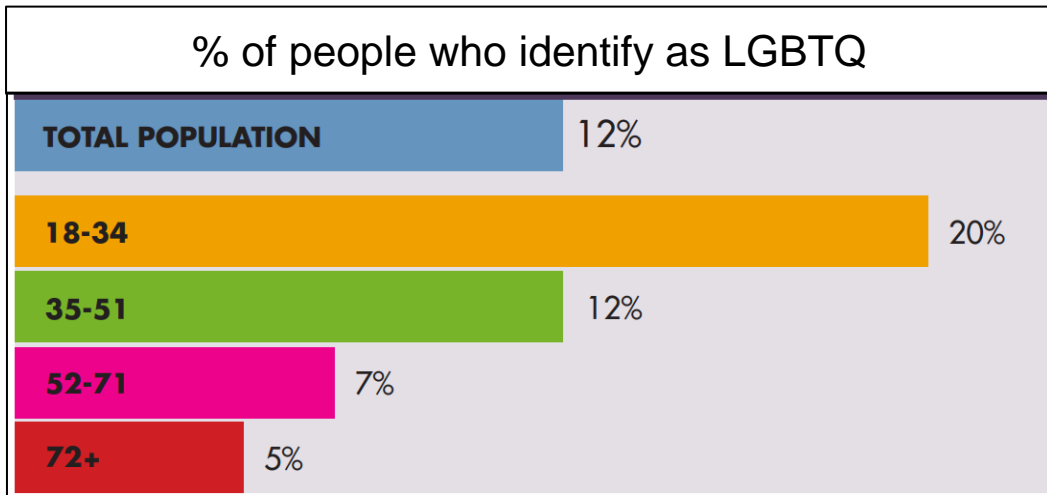
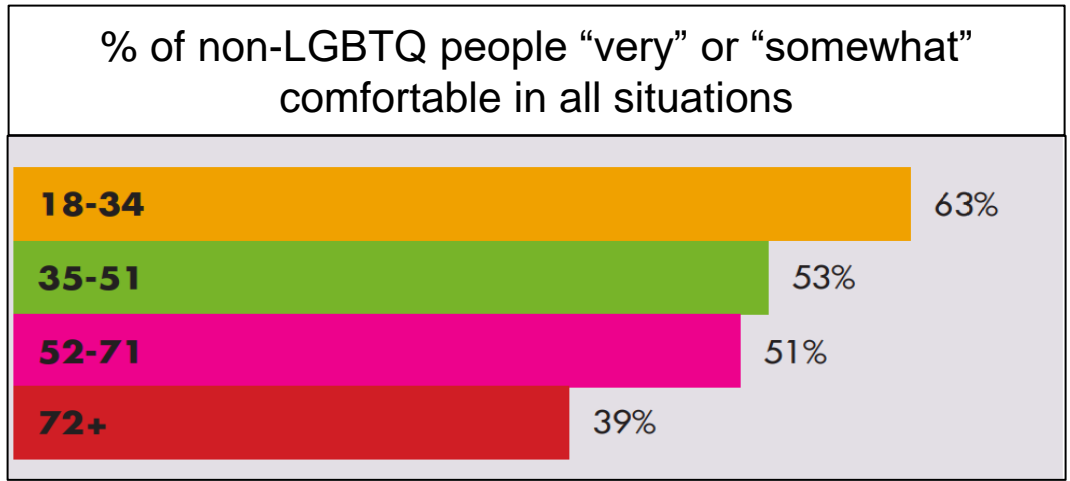
**Please Answer in Chat:**

What is your level of professional experience in serving LGBTQ communities?

- A. None at all
- B. Beginner
- C. Advanced
- D. Expert
- E. I am LGBTQ+ myself



**As social stigma decreases**



**LGBTQ-identified population increases**

November 2016 *Accelerating Acceptance* survey of 2,037 adults ages 18 and older, conducted online within the United States by Harris Poll on behalf of GLAAD.

*Accelerating acceptance 2016.* GLAAD. (2017, January 13).



# LGBTQ Health Disparities

## BE PROUD. BE HEALTHY.



### LESBIAN

1. BREAST CANCER
2. DEPRESSION/ANXIETY
3. HEART HEALTH
4. GYNECOLOGICAL CANCER
5. FITNESS/OBESITY
6. TOBACCO USE
7. ALCOHOL CONSUMPTION
8. SUBSTANCE USE
9. INTIMATE PARTNER VIOLENCE
10. SEXUAL HEALTH/STDs

### GAY

1. DISCLOSURE/COMING OUT
2. HIV/AIDS, SAFE SEX
3. HEPATITIS IMMUNIZATION AND SCREENING
4. FITNESS/EATING DISORDERS/OBESITY
5. SUBSTANCE USE/ALCOHOL
6. DEPRESSION/ANXIETY
7. STDs
8. PROSTATE, TESTICULAR, AND COLON CANCER
9. TOBACCO USE
10. HUMAN PAPILLOMA VIRUS (HPV)

### BISEXUAL

1. DISCLOSURE/COMING OUT
2. HIV/AIDS, SAFE SEX
3. HEPATITIS IMMUNIZATION AND SCREENING
4. FITNESS/EATING DISORDERS/OBESITY
5. SUBSTANCE USE/ALCOHOL
6. DEPRESSION/ANXIETY
7. STDs
8. CANCER (PROSTATE, TESTICULAR, BREAST, CERVICAL, AND COLON)
9. TOBACCO USE
10. HUMAN PAPILLOMA VIRUS (HPV)

### TRANSGENDER

1. ACCESS TO HEALTH CARE
2. DISCLOSURE OF HEALTH HISTORY
3. HORMONES
4. HEART HEALTH
5. CANCER
6. STDs/SAFE SEX
7. ALCOHOL CONSUMPTION/TOBACCO USE
8. DEPRESSION
9. INJECTABLE SILICONE
10. FITNESS/OBESITY

### QUEER

THERE ARE NO "TOP TEN" HEALTH CONCERNS FOR ALL THOSE WHO IDENTIFY AS QUEER. INSTEAD, HEALTH CONCERNS ARE INDIVIDUAL SPECIFIC. TALK WITH YOUR PROVIDER TO DETERMINE YOURS.



# 2016 US Transgender Survey: Health Care

Respondents faced serious barriers to accessing health care, including:

- **Refusal of care:** 19% reported being refused care due to their gender. Numbers among people of color are higher.
- **Harassment and violence in medical settings:**
  - 28% of respondents were subjected to harassment.
  - 2% were victims of violence in their doctor's office.
- **Lack of provider knowledge:** 50% of the sample reported having to teach their medical providers about transgender care.

Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.





# Quick Quiz

Please Answer in Chat:

True or False: LGBTQ individuals use more drugs and alcohol than other people.



# LGBTQ Health Disparities

Higher risk than general population for:

- Cancer
- STIs
- Heart disease
- High blood pressure
- Diabetes
- Mental health and addiction concerns

- Discrimination in health care
- Low income and/or uninsured
- Lower screening rates for all of these conditions

Medical mistrust is a cultural value



**COMPROMISED  
HEALTH  
OUTCOMES**



# SKILL BUILDER: Practicing SOGI Questions

“As part of getting to know you as our patient, I am going to ask you some questions about your gender and sexuality.

Your answers are as confidential as the rest of your private health information.”

- What is your sexual orientation?”
- “Do you consider yourself straight, gay, bisexual, queer, or something else?”
- “What was the sex listed on your birth certificate?”
- “What is your current gender identity?”
- “Who is significant in your life?”
- “How many sex partners have you had in the past year?”
- “What are the genders of your sexual partners?”



# RESOURCE: The PRIDE Center



[www.pridecentermd.org](http://www.pridecentermd.org)





**Cultural  
Humility**





Jann Murray-Garcia, MD, MPH



Melanie Tervalon, MD, MPH

# Cultural Humility Framework: Melanie Tervalon and Jann Murray-Garcia



Tervalon, M., & Murray-García, J. (1998). Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education. *Journal of Health Care for the Poor and Underserved* 9(2), 117-125.



# What is Cultural Humility?

- Other-centered interpersonal approach
- Ethical orientation of service delivery
- A commitment to understanding power dynamics
- Requires us to take responsibility for our interactions
- Acknowledges the limitations of our own cultural perspective
- “Borrow the patient’s glasses”



Tervalon, M., & Murray-García, J. (1998). Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education. *Journal of Health Care for the Poor and Underserved* 9(2), 117-125.



**HUMAN**



**UV**



**BUTTERFLY**



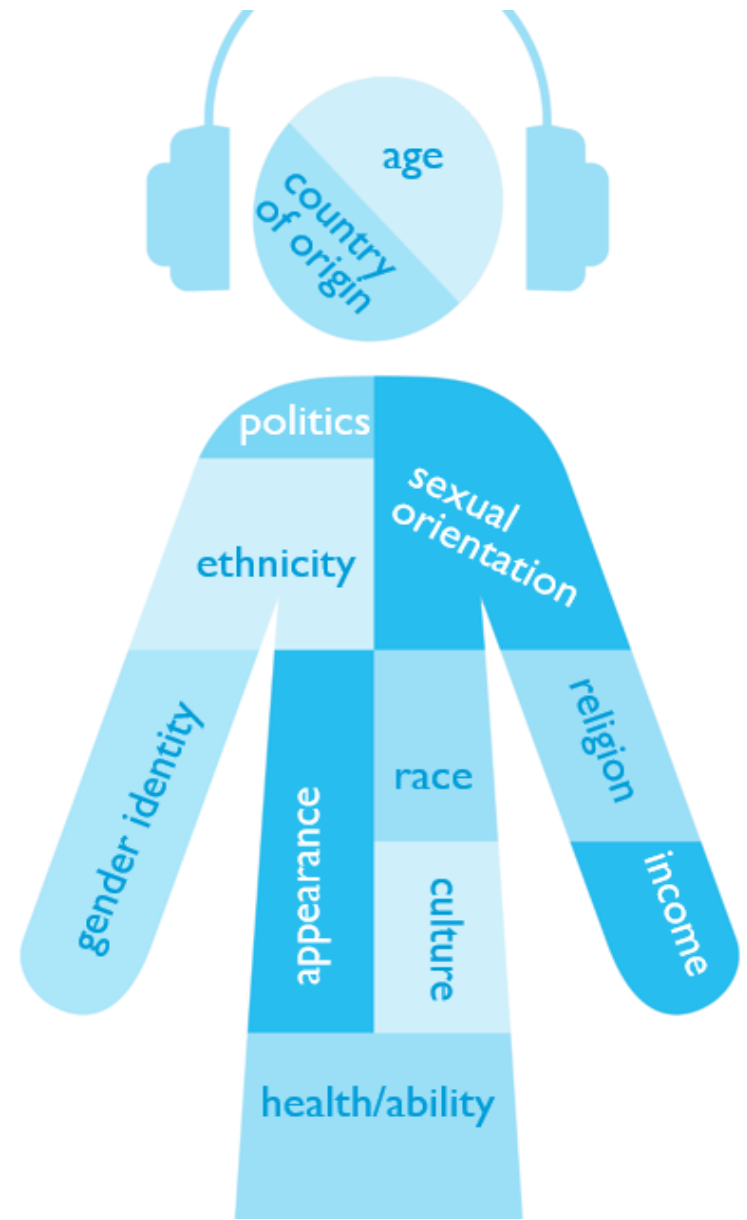
**BEE**





# Multiple Facets: One Identity

- People possess multiple, layered and compound elements of self
- How an individual's multiple identities interact and intersect affects their experiences and shapes their perspectives
- “Intersectionality” helps clarify the ways in which a person can simultaneously experience privilege and oppression.
- “Privilege” =  
More Power and Access

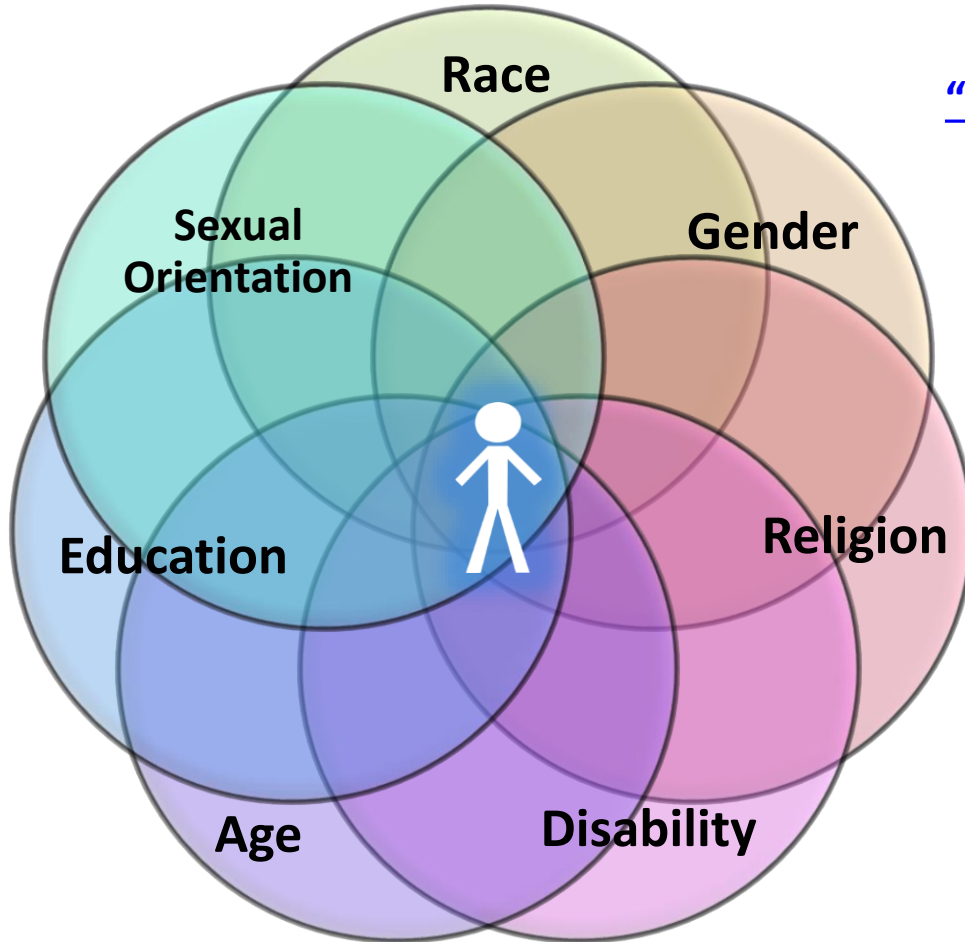


Slide credit: National LGBT Cancer Network

Sources: Crenshaw, Kimberle, 1989; Intergroup Resources, 2012



# Intersectional Lives, Intersectional Needs



## “Intersectionality”



Dr. Kimberle Crenshaw, 1989

- Helps us describe relative personal and structural power
- “We live at the crossroads of our identities.”
- Multiple marginalization = compound discrimination
- Cultural Humility approach can help bridge rapport across power dynamics

Crenshaw, Kimberle (1989) "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," *University of Chicago Legal Forum*: Vol. 1989 , Article 8.



# Targeted Population Stress

- Damaging physical and mental health effects for those who are targeted with prejudice and discrimination
- Impacts all marginalized groups
  - sometimes called “minority stress”
- Hostile environments, anticipated threats, and continual micro-aggressions cause or exacerbate:
  - Depression
  - Anxiety disorders
  - Substance abuse
  - Hypertension
  - Heart disease
  - Cancer



# Community Concept: Safety

- “Safety” to LGBTQ people means:
  - Safety to be authentic and open with identities
  - Safety to feel believed about discrimination and abuse
  - Safety to feel unafraid of homophobic/transphobic responses and attitudes of service providers
- People from a **dominant** (heterosexual, cisgender) culture tend to assume that if they are mistreated, they have an automatic right to help, and will be treated respectfully by any agency
- Those from a **subdominant** (LGBTQ) culture may not have experienced agencies as helpful in the past, may not believe that help is genuinely available, and may not seek out help

Adapted from the YWCA of Greater Cincinnati/Northern Kentucky



# Community Concept: Service Providers

Agency assurances that services are “for Everyone” may not mean much to a LGBTQ person.

- LGBTQ people tend to assume service providers will be unwelcoming or hostile until proven otherwise
- LGBTQ people often believe services do not include their concerns unless explicitly targeted toward them
- LGBTQ people historically have been offered “help” to become “normal”, may automatically be suspicious of help from any institutional representative

Adapted from the YWCA of Greater Cincinnati/Northern Kentucky



# RESOURCE: Hearts and Ears



[www.heartsandears.org](http://www.heartsandears.org)



# Systemic Barrier: Electronic Health Record

- EHR should have a field for Chosen Name and a way to indicate when to address patient with chosen name
- Separate spaces for Gender Identity and Sex Assigned at Birth
- Best Practices -- to allow Anatomic Inventory so that practitioners can choose how to document the exam that was performed and the chart does not only offer information for registered sex.
- Best practices -- to indicate appropriate pronouns for respectful address of every patient



# Provider Barriers to Talking About Sexuality



- Lack of provider experience or discomfort with asking explicit questions
- Provider discomfort or inability to respond to issues that arise
- Provider's inability to normalize sexual behavior
- Providers uncertain how to make patients comfortable in discussing same-sex experiences or relationships
- Providers making false assumptions about sexual behavior and level of risk
- Patient's perception of stigma from provider





# Service Providers Are Gatekeepers

- LGBTQ clients are often very savvy about what resources they need
- Service providers are unevenly knowledgeable and helpful
- Official approval or referral may be needed to access services
- Service providers are authorities with the power to block requests, report illegal activity, out the client to their family, can cause devastating events
- LGBTQ clients often regard providers as a barrier to getting their needs met rather than a facilitator
- Clients may be perceived as “hostile”, “manipulative”, or “non-compliant” when they advocate strongly to get what they need



# Seeking Help in Community

- LGBTQ people are much more likely to see a provider who has been recommended by a friend. Formal and informal LGBTQ networks are frequently consulted when seeking a safe and competent place to receive services.
- When humiliating, dismissive, or abusive care experiences happen, the story quickly spreads as the community activates to protect others from harm. Positive reputation is a key element of confidence in a provider.
- Some LGBTQ people may be more comfortable seeing an unlicensed underground practitioner who is part of the community rather than a trained medical clinician.



# RESOURCE: Baltimore City LGBTQ Affairs



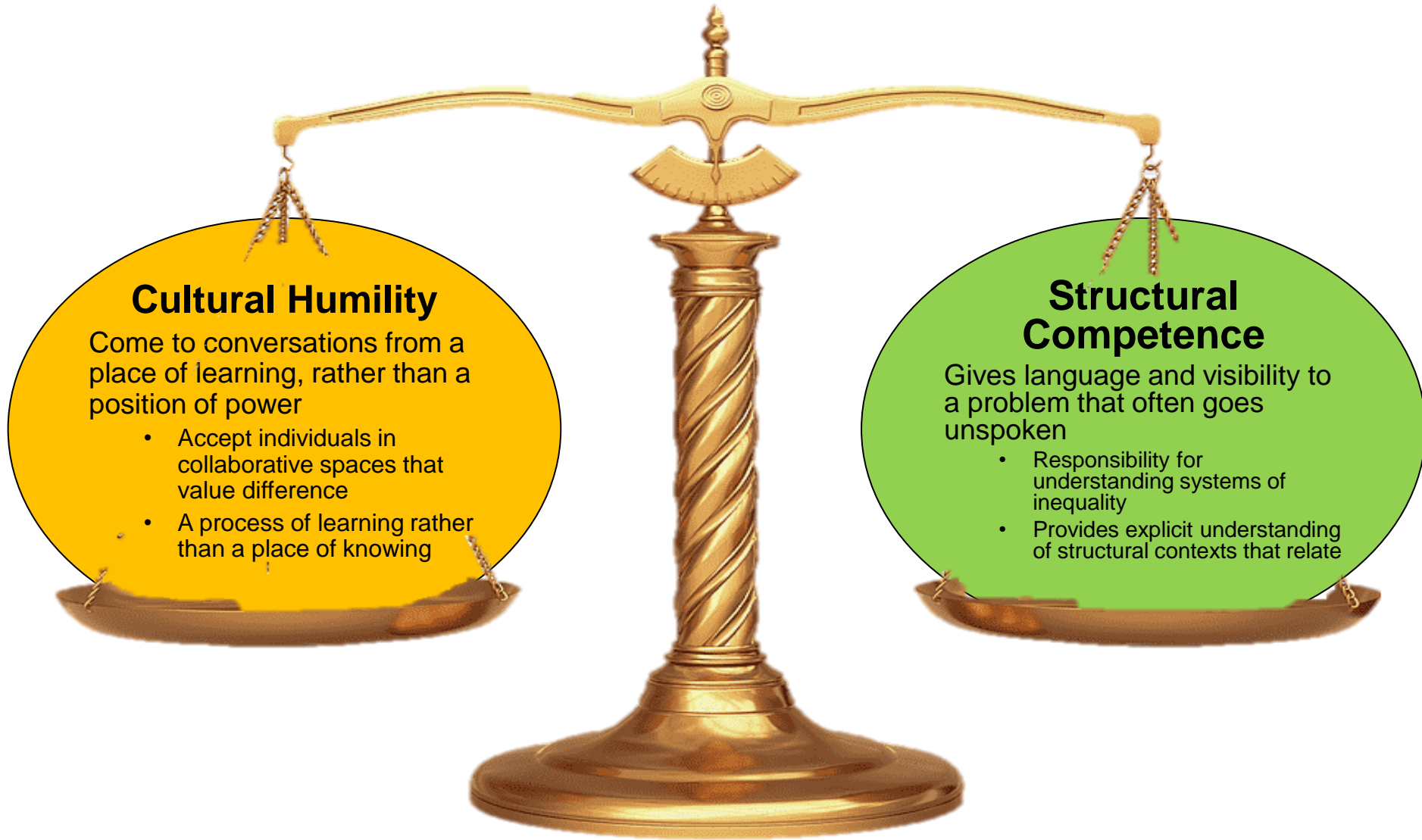
<http://linktr.ee/baltcitylgbtq>



# SKILL BUILDER: Building Rapport

- Ask the patient, “What name do you go by?”
- Use questions that focus on sexual behavior rather than sexual orientation.
- Use non-gender specific pronouns until partner gender/s are established for ALL patients.
- Use the same language as the patient uses to describe gender, relationships, behavior, anatomy, and identity.
- Do not make assumptions about past or future sexual behavior based on current sexual behavior.
- Non-judgmental, direct, and specific language
- Allow multiple opportunities to self-identify throughout the encounter on forms, intake interviews, and in groups





## **Cultural Humility**

Come to conversations from a place of learning, rather than a position of power

- Accept individuals in collaborative spaces that value difference
- A process of learning rather than a place of knowing

## **Structural Competence**

Gives language and visibility to a problem that often goes unspoken

- Responsibility for understanding systems of inequality
- Provides explicit understanding of structural contexts that relate

# Cultural Humility, Structural Competence



# Quick Quiz

**Please Answer in Chat:**

What causes the biggest disparity in LGBTQ deaths in the United States?

- A. Violence
- B. HIV/AIDS
- C. Mental Health/Suicide
- D. Smoking



# Discrimination Compromises Health

- LGB respondents in states without protective policies:
  - Five times more likely to have two or more mental health disorders than those in other states
- LGB people who experienced “prejudice-related major life events”:
  - Three times more likely to experience serious physical health problem over the following year
- LGB people living in communities with high levels of anti-gay prejudice, *whether personally targeted or not*:
  - Die 12 years earlier than their peers in other communities

Slide credit: National LGBT Cancer Network



# Evidence-Based LGBTQ Risk Amplifiers

Anti-LGBTQ Laws and Public Policies, Lack of Legal Protections

Persecution: Family Rejection, Hate Crime Violence, Harassment, Bullying

Prejudice, Discrimination, External and Internalized Stigma

Mental Health Conditions: Depression, Anxiety, Substance Abuse

LGBTQ Suicide: Deaths, Attempts, Ideation and Self-Harm Behaviors

Movement Advancement Project (MAP), *Talking about suicide and LGBT populations*, 2017





# Scanning for Safety

LGBTQ clients are continually assessing the safety of their environment. These signals may be clues that they are unsafe; they communicate danger.

- Signage and materials do not include LGBTQ images.
- 2-box gender question on forms
- Awkward greeting, double take, stumbling over “LGBTQ”
- Using the wrong pronouns casually
- Outdated or triggering language
- Religious materials, including private pieces at personal stations
- Indicators of political orientation



# SKILL BUILDER: Trigger Words

---

“Sexual preference”

---

“Lifestyle”

---

“Bisexuals are confused”

---

“Homosexual”

---

“He’s just ‘special’”

---

“...used to be a wo/man”

---

“Bring your Friend” or “Roommate”

---

“He’s a gay” or “She’s a transgender”

---

“I support them as long as they don't...” (hit on me/flaunt it/shove it down your throat)

---

“Only God can judge”



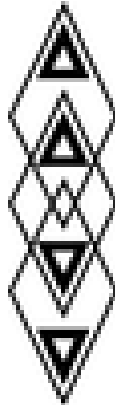
# Remember...

Groups who frequently experience discrimination are **reasonably** suspicious of service providers.

- Some helpers are prejudiced.
- Some care providers do alienate, stigmatize, or mistreat LGBTQ people.
- Some clinicians are racist or racially insensitive.
- It's especially hard to brave when navigating an intimidating care system if you are sick or worried about your health.
- Anticipate and accommodate extra sensitivity to slights even perceived slights.



# RESOURCE: Blaq Equity Baltimore



BLAQ  
EQUITY  
BALTIMORE

<https://cbebalTIMORE.org/blackpride.html>



# SKILL BUILDER:

## “Minority Stress” Treatment Principles

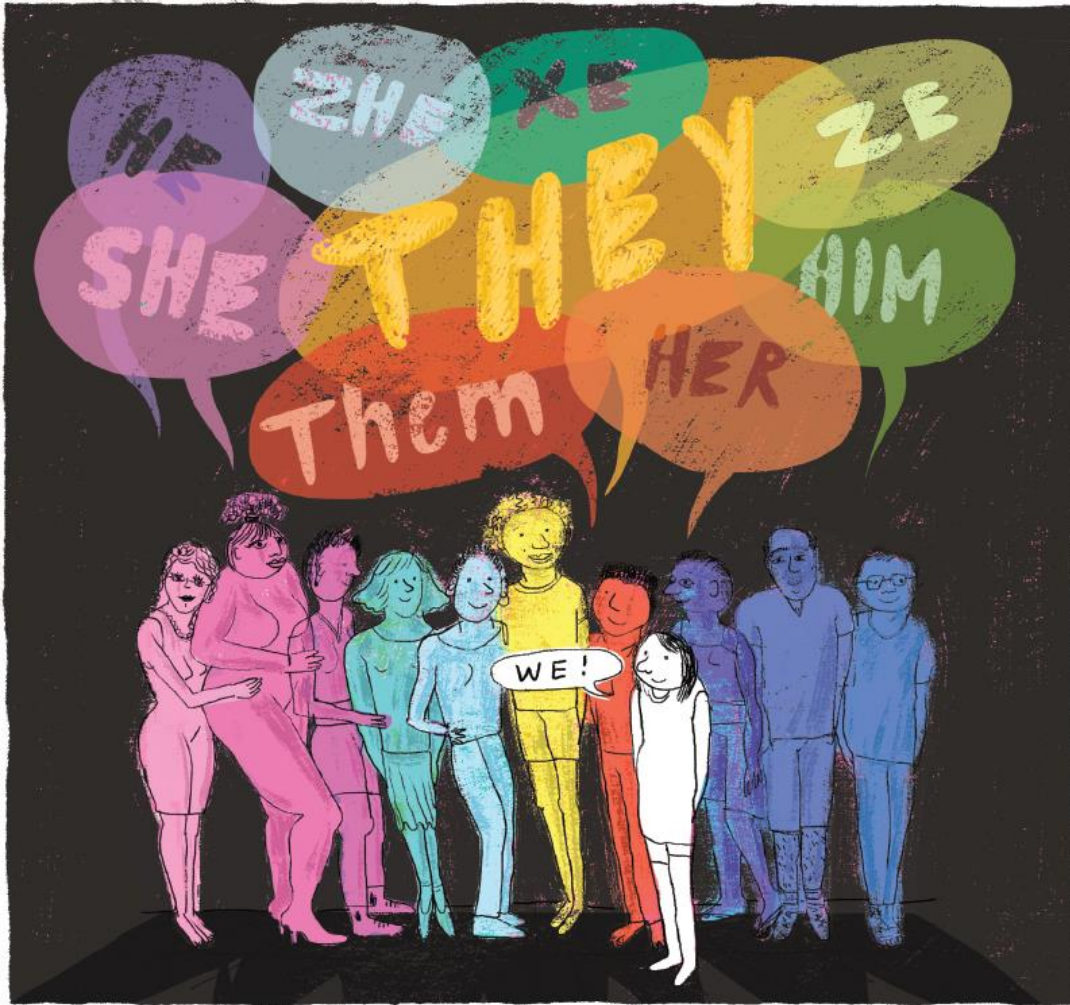
- Normalize adverse impact of targeted population (“minority”) stress
- Facilitate emotional awareness, regulation, and acceptance
- Empower assertive communication
- Foster supportive relationships and community
- Affirm healthy, rewarding expressions of sexuality and gender

Validate unique strengths of LGBTQ people:

- Creativity
- Courage
- Resilience
- Humor
- Community/Chosen Family
- The Legacy of Elders & Ancestors
- Fabulousness

Alex Keuroghlian, 2018 Suicide *Risk and Prevention for LGBTQ People*, Webinar for The Fenway Institute

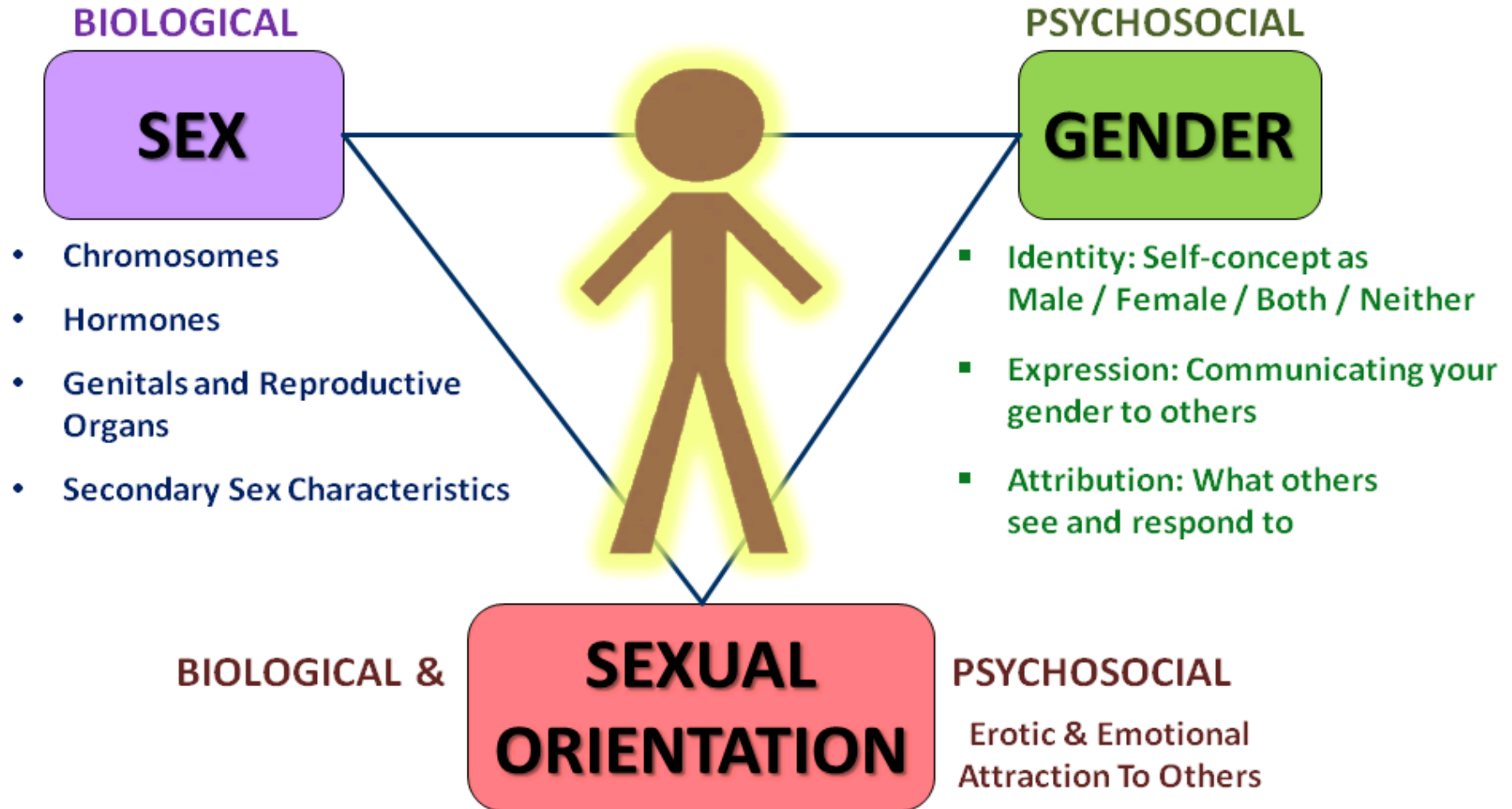




# Gender Identities



# Everyone Has (at least) One Of Each:



Slide credit: Jean Michel Brevelle, MD DHMH



**sex**

male

female

**gender expression**

masculine

feminine

**gender identity**

man

woman

**sexual orientation**

women

men

Slide credit: Jean Michel Brevelle, MD DHMH





**sex**

male

intersex

female

**gender expression**

masculine

androgynous

feminine

**gender identity**

unique

**sexual orientation**

women

neither

all

other

men

Slide credit: Jean Michel Brevelle, MD DHMH



# Quick Quiz

Please Answer in Chat:

What is a term used to describe a gender identity that doesn't entirely fit into either “man” nor “woman”?

- A. Androgynous
- B. Nonbinary
- C. Agender
- D. Butch





People whose **gender identity** remains the same as their **sex assigned at birth** are **cisgender**.

(“CIS” = “on the same side”)



People whose **gender identity** differs from their **sex assigned at birth** are **transgender**.

(“TRANS” = “across or beyond”)



# Impact of Gender Binary View

- Assumes, reinforces, and privileges cisgender, heterosexual “norm”
- Proscribes gender-exclusive roles, mannerisms, clothing, relationships, and other social capital
- Invalidates:
  - Bodies that do not conform to “typical” male or female design
  - Expressions that do not conform to societal sex/gender expectations
  - Equality of transgender and gender non-conforming individuals
- Makes difference and nonconformity **unsafe**. Gives license to stigmatize or discriminate against “the Other”

Slide credit: Jean Michel Brevelle, MD DHMH

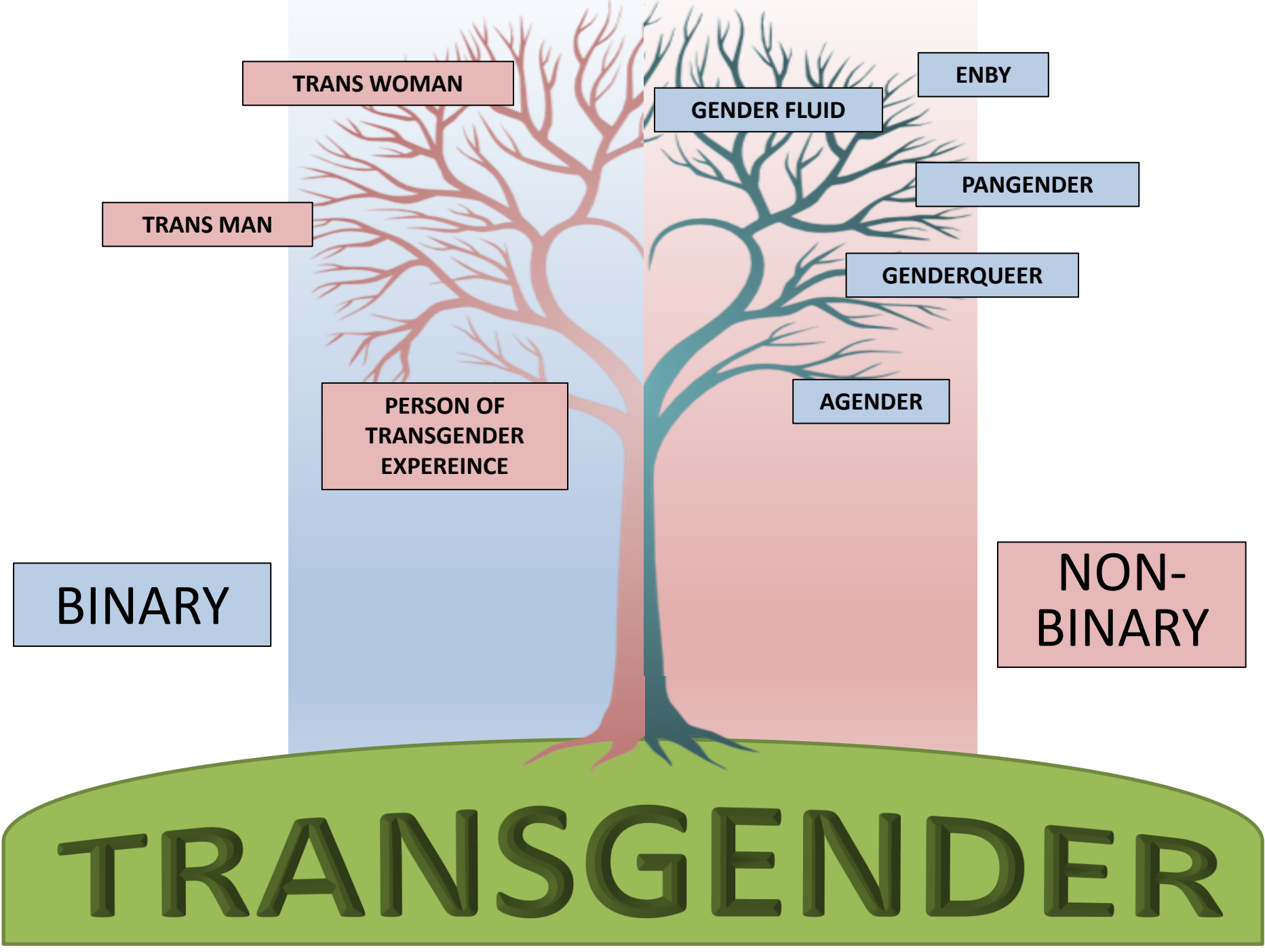


# RESOURCE: Baltimore Safe Haven



[www.baltimoresafehaven.org](http://www.baltimoresafehaven.org)





TRANS WOMAN

ENBY

GENDER FLUID

PANGENDER

TRANS MAN

GENDERQUEER

PERSON OF  
TRANSGENDER  
EXPERIENCE

AGENDER

BINARY

NON-  
BINARY

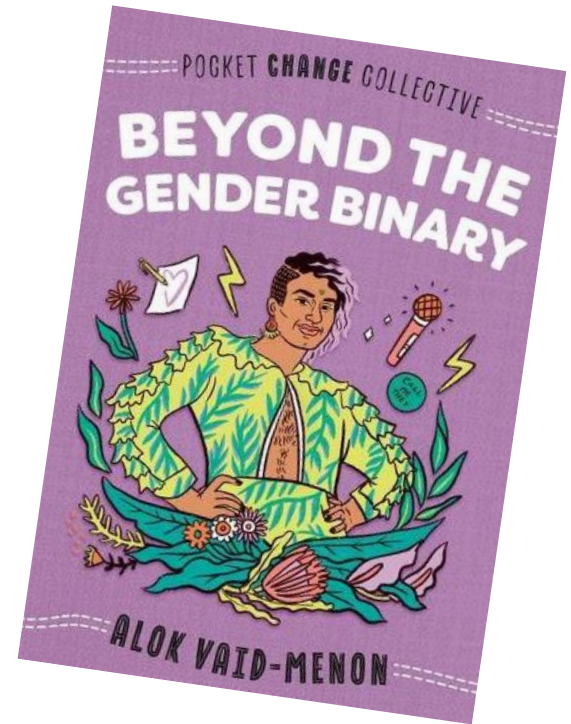
TRANSGENDER

# Non-Binary Identities



Writer, Performance Artist, Media Creator  
Alok Vaid-Menon

- Generational culture shift away from fixed identity labels toward embracing ambiguity and fluidity
- As language becomes more sophisticated, individuals are better able to describe their lived experiences



Vaid-Menon, A. (2020). *Beyond the gender binary*. Penguin Young Readers Group.



# Gender Dysphoria

*Clinically significant distress* associated with conflict between a person's sex assigned at birth and their authentic gender.

**Simply being transgender or gender expansive is not a psychiatric concern**

- Extreme discomfort or distress with sex assigned at birth
- May include disgust for sex characteristics of their own body
- Often emerges at age 3-4
- Puberty is a crisis point
- Many children are aware of dysphoria years before telling anyone



American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.





# STROBE and Be the Conversation studies: Maryland/DC Transgender Needs Assessment (2016)



## Trans Discrimination in Maryland (n=132)

- **Workplace Discrimination**
  - 71% harassed on the job
  - 42% fired, not hired, or denied a promotion
- **Discrimination at school**
  - 81% harassed, 38% assaulted, 16% sexual violence
- **Mistreatment in public spaces**
  - 54% were verbally harassed or disrespected in a place of public accommodation or service, including hotels, restaurants, buses, airports and government agencies.
- **Suicidality**
  - 43% reported attempting suicide at some point in their life
    - More than 26 times the rate of the general population of 1.6%

- Cooney E,\* Malik M, Brevelle J-M, Wirtz AL, Poteat T. Be the Conversation Study: Access to Gender Affirming Care as a Determinant of Mental Health Outcomes in Transgender Individuals. American Public Health Association Conference. Atlanta, Georgia: November 7, 2017.
- Malik M,\* Poteat T, Cooney E, Wirtz AL, Yamanis T. The STROBE study: Health Impacts of Resilience and Gender Identity Pride among Transgender Women of Color. 35th GLMA Annual Conference on LGBT Health. Philadelphia, Pennsylvania: September 14, 2017.



# RESOURCE: Trans Lifeline



## Our Principles



Peer Support



Community, Not Cops



Harm Reduction



Confidentiality and Anonymity



Structural Not Pathological



Informed Consent



Dismantling White Supremacy



Financial Redistribution



Equity Not Equality



Autonomy & Self Determination

[www.translifeline.org](http://www.translifeline.org)

- Peer support by and for transgender people founded in 2014
- Does not call 911 or involve police
- Offers Community Microgrants
- 1-877-565-8860



# Suicidality Among Transgender Communities

Among total respondents to the U.S. Transgender Survey (2016)

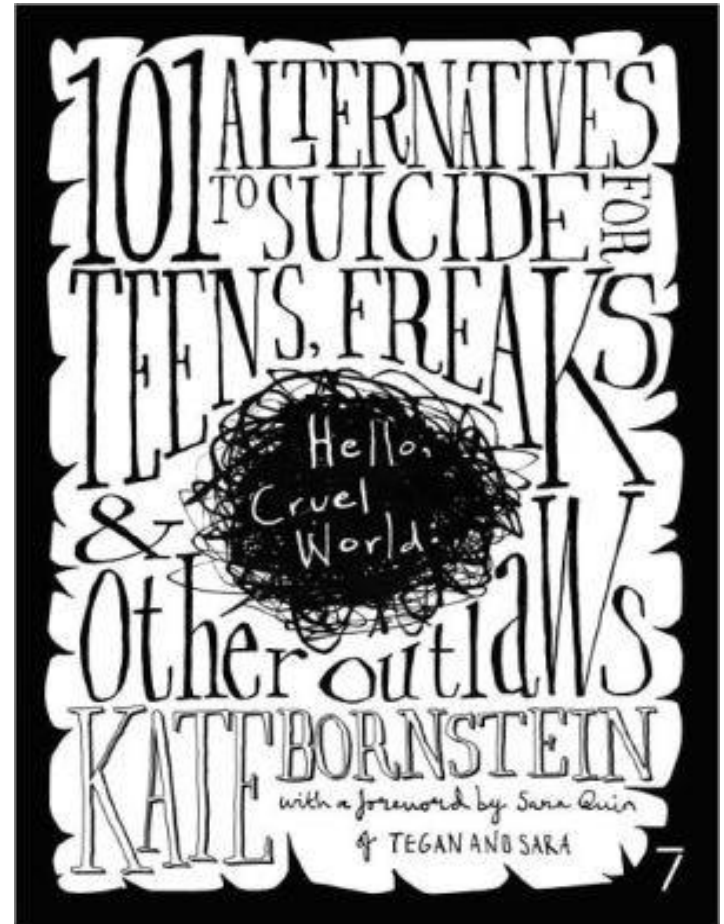
- In the preceding 12 months:
  - 48% had seriously thought about suicide
  - 24% made a plan to die by suicide
  - 7% had attempted suicide
- 49% had attempted suicide at one point in their lives:
  - 34% had first attempt by age 13
  - 92% had first attempt by age 25
- Several additional studies over the past decade found similar risks
  - Results ranged from 40% to 49%

General US  
population:  
1.6%

Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. (2016) *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force.



# RESOURCE: *Hello, Cruel World!* by Kate Bornstein



# Gender Euphoria



Baltimore Poet and Performer  
Charlie Kilborn

- *Deep comfort, satisfaction, or joy at finding congruence between one's gender presentation and their authentic gender.*

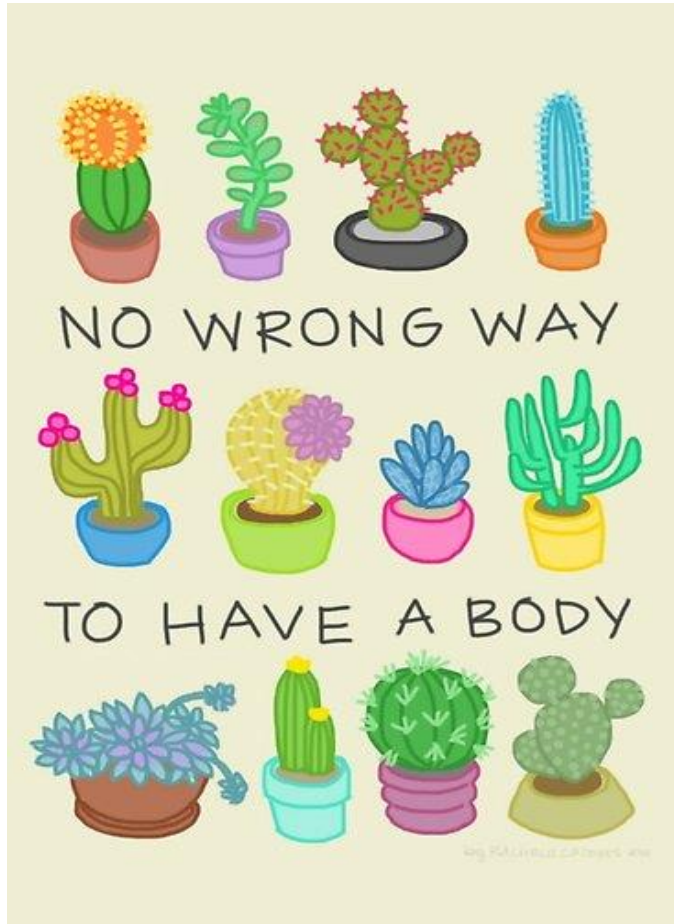
“I wasn't ‘born in the wrong body.’ If anything, I was born with a testosterone deficiency that my primary care physician was happy to prescribe me something for LOL.

Death to the ‘born in the wrong body’ narrative. My body is not wrong. How could it be? I mean, it does exactly what bodies are supposed to do... A shell shielding a pretty amazing soul... What could possibly be wrong about that?”



# Transition:

the process of changing external gender presentation to align with one's internal sense of authentic self



- Transition can be social, legal, medical (HRT) and/or surgical
- Clinician's role is to eliminate dysphoria, following the patient's lead about their needs
- Nonbinary individuals may seek some physical changes but avoid others
- May be a goal that is achieved and complete, or a lifelong process of living authentically day to day

Image credit: Rachele Cateyes



# Janet Mock Flips the Script



<https://www.youtube.com/watch?v=ISsdSvJhniQ>



# At Chase Brexton We Affirm

**Your Gender is**

**VALID**

**Your Transition is**

**HONORABLE**





# Bathroom Access is Public Health

2015 National Center for  
Transgender Equality study:

59% of gender diverse  
reported sometimes or  
always avoiding use of  
bathrooms.

32% reported restricting  
eating or drinking.

Leading to:

- Dehydration
- Urinary tract  
infections
- Kidney stones

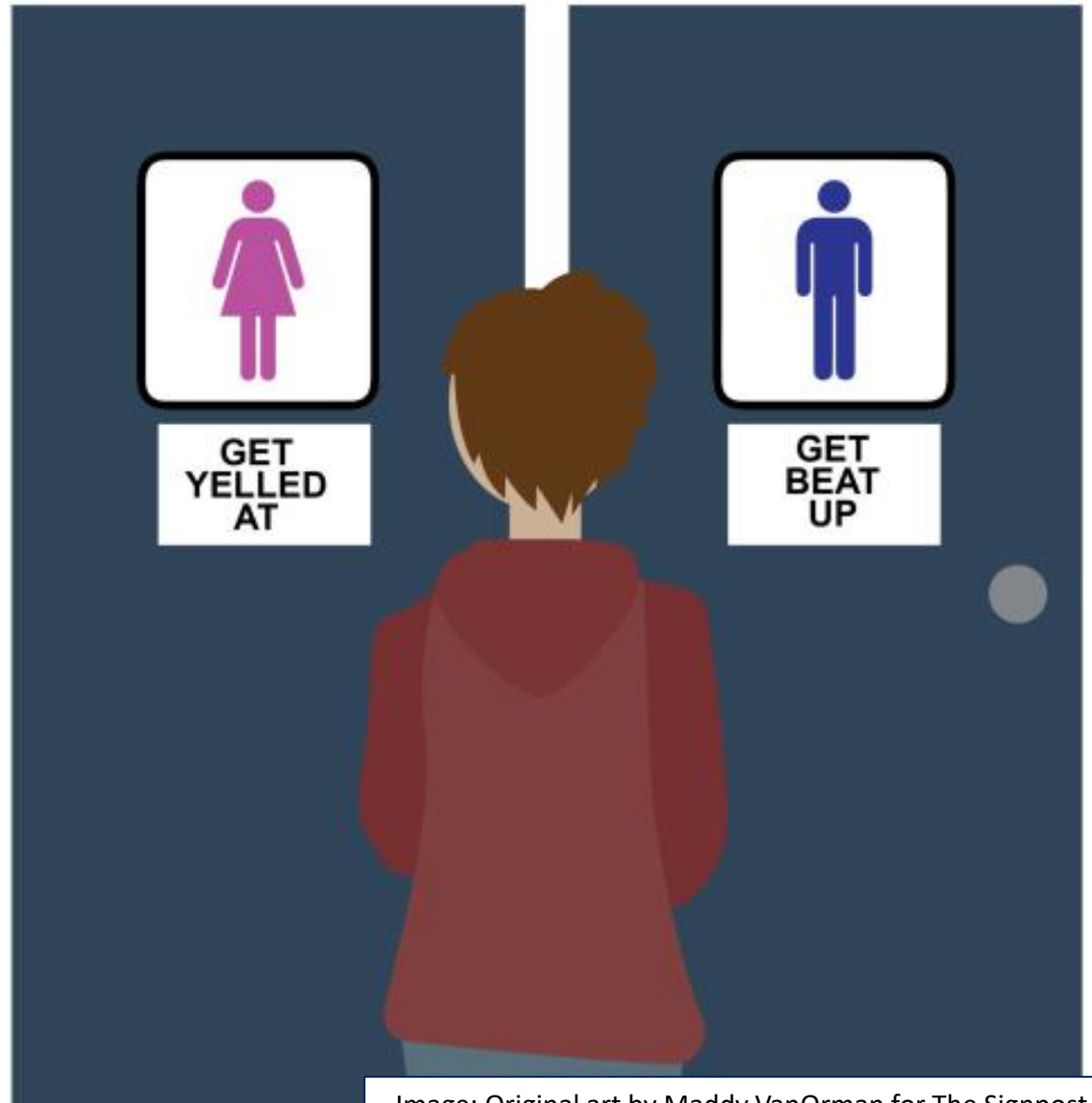


Image: Original art by Maddy VanOrman for The Signpost

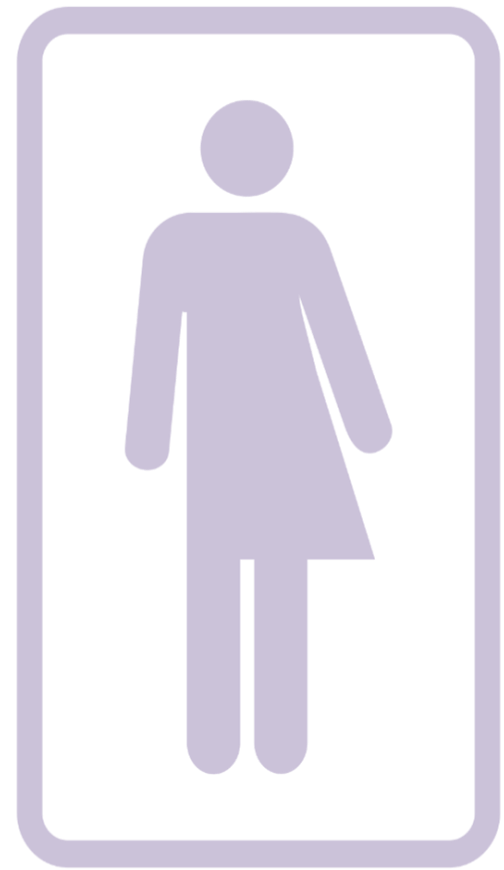


**if you feel like the  
gender of a person  
using these facilities  
doesn't match the  
sign on the door:**

Don't worry about it. They know  
better than you.

By using this bathroom, you made  
a public statement about your  
identity.

Please allow others to do the same  
in peace.



**GENDER NEUTRAL  
BATHROOMS**



# RESOURCE: Free State Justice



#FreeStateStandsForJustice

[www.freestate-justice.org](http://www.freestate-justice.org)



# SKILL BUILDER: Pronouns Matter

## Gender-binary pronouns:

- **She, Her, Hers**
  - (Alex ate **her** food because **she** was hungry.)
- **He, Him, His**
  - (Alex ate **his** food because **he** was hungry.)



Image credit: Original Art by Alice Che

## Gender-neutral pronouns:

- **They, Them, Theirs**
  - (Alex ate **their** food because **they** were hungry.)
- **Ze, Hir**
  - (Alex ate **hir** food because **ze** was hungry.)
- Just use **my name!**
  - (Alex ate **Alex's** food because **Alex** was hungry.)

Currently most common



# Misgendering and Deadnaming



- Can “out” someone and make them emotionally or physically unsafe
- Makes the person wonder if you are clueless or cruel
- Feels humiliating and disrespectful
- Damages your rapport
- If you are a helping professional, these mistakes can contribute to someone being so uncomfortable they do not get the care they need.

Image: Original art by Sam Moss



# RESOURCE: Trans Maryland



[www.transhealthcaremd.org](http://www.transhealthcaremd.org)



# SKILL BUILDER:

## Gender Neutral Customer Service Tips

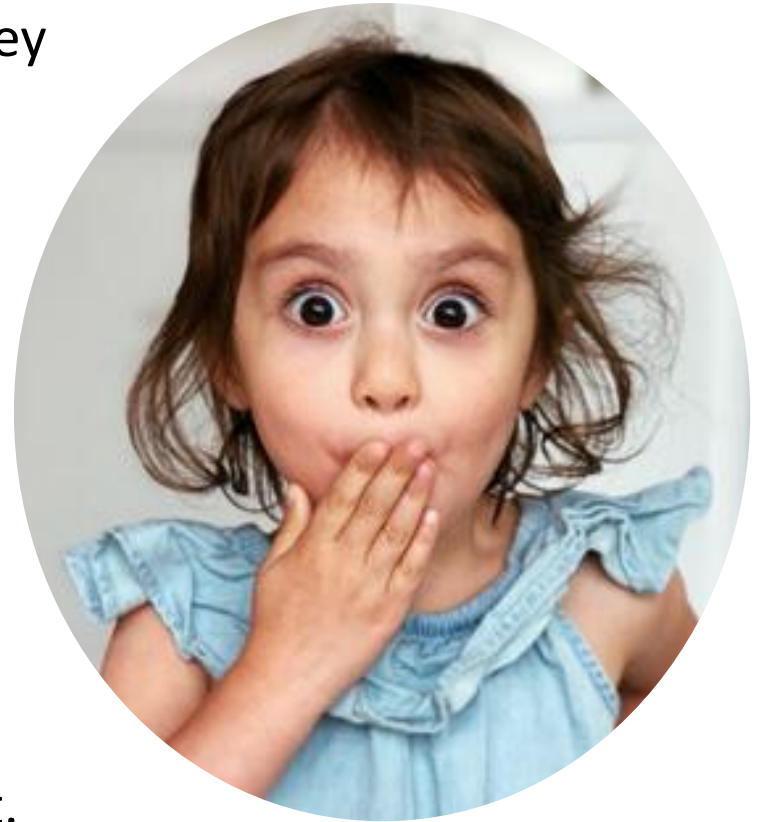
| BEST PRACTICE  | AVOID THIS  | SAY THIS INSTEAD  |
|--|---|---|
| Avoid specific gender markers  | "How may I help you, sir or ma'am?"   | "How may I help you today?"   |
| Politely ask if you are unsure about a patient's gender pronoun or name                | "What's your real name?"  | "Could your chart be under another name? Or what name and pronoun would you like me to use?"  |
| Did you make a mistake? Politely apologize   | "It's she? Oh, since your ID says David, I thought he..."   | "I apologize for using the wrong pronoun."  |
| Gender neutral language  | Using gendered specific names for body parts (ex. penis or vagina)  | Instead, use "genital" to discuss groin area or use the language your patient uses.   |
| ONLY ask information that is required or pertinent to your ability to provide service. | Asking personally curious questions about being trans (ex. asking about surgeries when it has nothing to do with the services you're providing) | Ask yourself: What do I need to know that is relevant in providing the best care for my patient/client? How can I ask in a sensitive way? |

Slide credit: National LGBT Cancer Network



# SKILL BUILDER: What If I Mess Up?

- Apologize – warm, sincere, brief. Move on.
- Most people will give you grace, but they do not owe it to you.
- Stay focused. It's not essential to use perfect language, it is essential to listen to the client's concerns and care about them.
- All Allies mess up. How well you recover is the key.
- Find your bias before the client does.
- If you're not sure what the mistake was, consult with others to figure it out.
- Feedback from marginalized people is a gift.







***We cannot  
eliminate bias  
by pretending  
not to have any.***

Find your  
“Yucks” and  
fix your face!



# Intention VS Impact



# How to react when you misgender a trans person



Image credit: original art by Sophie Labelle

Don't make the person you hurt have to comfort YOU about your mistake.



# SKILL BUILDER: The High Quality Apology

- **I am sorry** this happened to you.
- That was disrespectful; **I can see why you are upset.**
- *(OPTIONAL)* We are working on fixing this issue by...
- **Thank you for bringing this to my attention,** I know it takes a lot of courage to stand up for yourself.



IT TAKES  
COURAGE  
TO GROW UP  
AND BECOME  
WHO YOU  
REALLY ARE  
- e.e.cummings -

Coming  
Out  
Support



# LGBTQ Disclosure: Coming Out



Image: BeLonG To

- Queer rite of passage
- An ongoing, lifelong process
- A family experience
- Average age of coming out dropping rapidly
- Those who are uncomfortable with their same sex attractions may avoid seeking help to avoid feeling exposed



# Living in the Closet

- Some LGBTQ people stay silent due to an ego-dystonic sexual orientation:
  - Same sex attraction or authentic gender does not fit with idealized self image and is rejected
- Many people would prefer to be open about their identity but face REAL social, economic, familial, and personal costs
- Most people choose to be out in some situations and not in others
- Cloaking identity keeps one safer but reinforces shame



# Quick Quiz

When someone comes out to you as LGBTQ, what's the best choice of these responses?

- A. I'm sure your parents are proud of you, no matter what.
- B. I knew it!
- C. Thank you for letting me know.
- D. It doesn't matter to me.





# SKILL BUILDER: How Should I Respond When Someone Comes Out to Me?

**I have a  
thousand  
things to  
say to you,  
and a  
thousand  
reasons  
not to.**

AUTHOR  
RACHEL WOLCHIN  
THEGOODVIBE.CO

- Acknowledge disclosure, assure confidentiality
- Respond to person's level of vulnerability
- Ask respectful open-ended questions, but let them lead the conversation
- Provide accurate information that avoids myths and stereotypes
- Provide support for positive family dynamics
- Connect to resources as needed



# RESOURCE: GLSEN



# GLSEN<sup>®</sup>

GAY, LESBIAN & STRAIGHT  
EDUCATION NETWORK

[www.glsen.org/chapters/baltimore](http://www.glsen.org/chapters/baltimore)



# SKILL BUILDER:

## Affirming Responses to Disclosure

- “Thank you for trusting me.”
- “I respect you.”
- “Your confidence is safe with me.”
- “Do you need help of any kind?”
- “It takes a lot of courage to tell your truth.”
- “Have you been able to tell anyone else?”
- “Do you feel supported by the adults in your life?”
- “Now that you told me, how do you feel?”



*When a student comes out to you...Today or any day! GLSEN. (2013, October 11).*





Image Credit: Pollyana Ventura

# LGBTQ Youth



# Quick Quiz

**Please Answer in Chat:**

What factor has the most impact on an LGBTQ individual's lifelong health?

- A. Family acceptance
- B. Peer/Social Support
- C. Finding a Romantic Partner
- D. Socioeconomic Status



# Trevor Project 2021 Survey

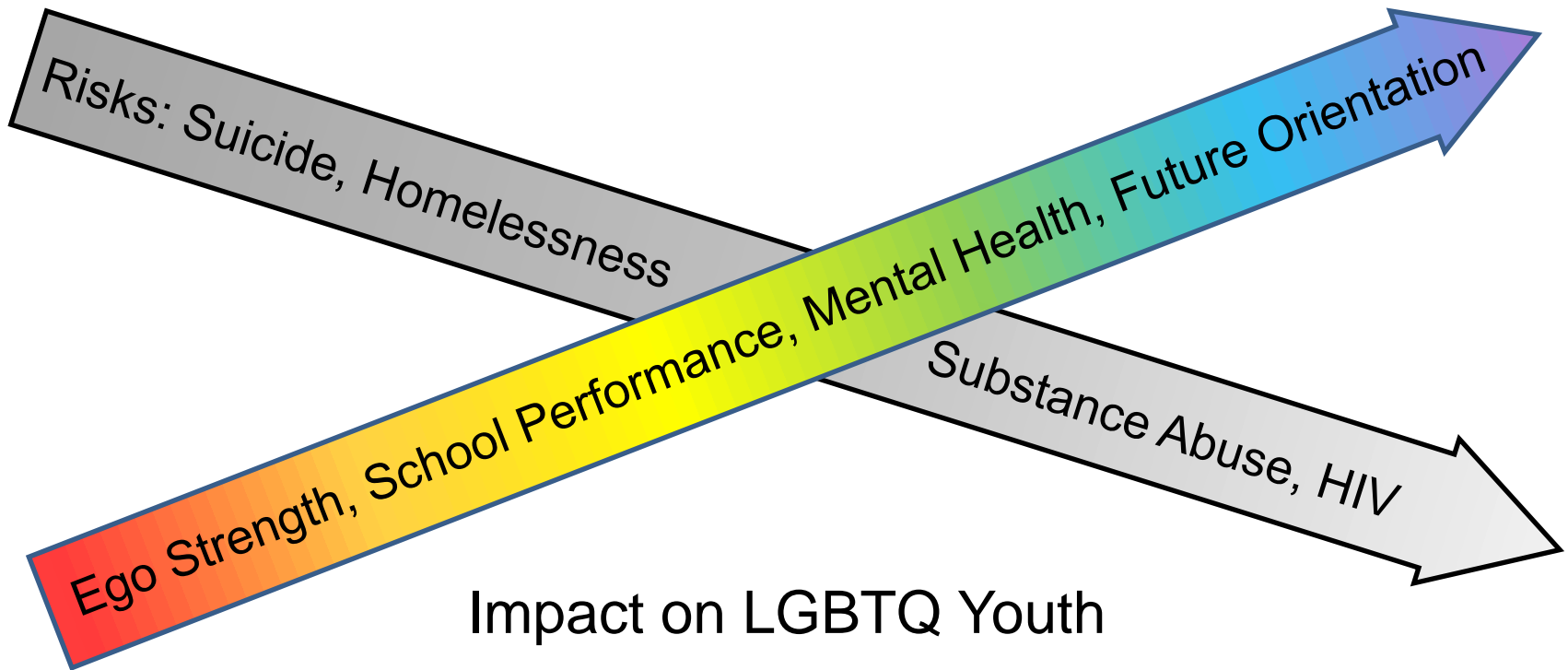
- More than 80% of LGBTQ youth stated that COVID-19 made their living situation more stressful — and only **1 in 3 LGBTQ youth found their home to be LGBTQ-affirming.**
- 70% of LGBTQ youth stated that their **mental health was "poor"** most of the time or always during COVID-19.
- 48% of LGBTQ youth reported they wanted counseling from a mental health professional but were **unable to receive it** in the past year.
- 75% of LGBTQ youth reported that they had experienced discrimination based on their sexual orientation or gender identity at least once in their lifetime.
- Half of all LGBTQ youth of color reported discrimination based on their race/ethnicity in the past year, including **67% of Black LGBTQ youth and 60% of Asian/Pacific Islander LGBTQ youth.**

The Trevor Project. (2021). 2021 National Survey on LGBTQ Youth Mental Health. West Hollywood, California: The Trevor Project.



# Range of Family Reactions

**Rejection    Ambivalence    Acceptance    Celebration**



# LGBTQ Youth in Hostile Homes

## HRC Youth Survey Report (2018)



**95% of LGBTQ youth**

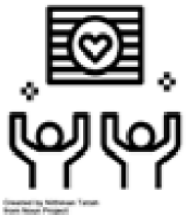
Report trouble sleeping at night

**67% of LGBTQ youth**

Hear parents make negative comments about LGBTQ people

**Trans youth are 2x**

More likely to be mocked by their family for their gender



**78% of LGBTQ youth**

Who are NOT out to their parents hear negative comments about LGBTQ people

**48% of LGBTQ youth**

Who ARE out to their parents say their family makes them feel bad for being LGBTQ

**24% of LGBTQ youth**

Can "definitely" be themselves as an LGBTQ person at home

Image Source: National Association of School Psychologists. (2020). Coping During COVID-19: How to Support LGBTQ+ Youth [handout]. Author.

Data: Human Rights Campaign Foundation. (2018). 2018 LGBTQ Youth Report. Human Rights Campaign. <https://www.hrc.org/resources/2018-lgbtq-youth-report>.





# Family Matters

- Families of LGBTQ children may experience loss, grief, shame.
- Parents may struggle between acceptance for the well-being of their child vs. worries about their child's safety and stigma
- When a child is struggling, the family may experience additional stress while watching their child struggle
- Families may struggle with the balance of guiding children towards gender norms vs. celebrating uniqueness
- Families may be worried about facing social judgement of parenting decisions
- Stress may be worsened by uninformed professionals

Dierckx M, Motmans J, Mortelmans D, T'sjoen G. (2015) *Families in transition: A literature review*. *Int Rev Psychiatry*. 2016;28(1):36-43. Epub 2015 Nov 30.



# RESOURCE: PFLAG



[www.pflaghoco.org](http://www.pflaghoco.org)



# QUICK QUIZ:

When a transgender child's chosen name is used appropriately, across multiple contexts, their risk for suicidal behavior is reduced by:

- A. 4%
- B. 28%
- C. 56%
- D. 78%



# Chosen Name Use and Mental Health



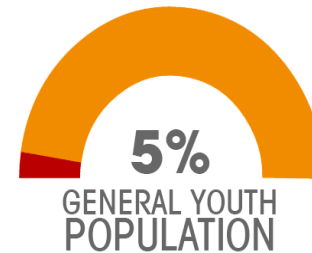
- This study asked in which contexts youth were being called by their chosen name- home, school, work, and with friends.
- Baseline characteristics were similar (mental health, SI, suicidal behavior by age, sexual identity, gender identity, race/ethnicity, access to free lunch, geographic location)
- Those who were using their chosen name in multiple contexts:
  - 29% decrease in suicidal ideation
  - 56% decrease in suicidal behavior
- Using a chosen name is life-saving!



**40%**  
of  
homeless youth  
are **LGBT**

**The #1 reason they're on  
the streets is  
family rejection**

**THINK  
PROGRESS**



■ GAY, LESBIAN, BISEXUAL, TRANSGENDER  
■ STRAIGHT

**NONE**  
project  
[www.FortyNone.org](http://www.FortyNone.org)



# RESOURCE: STAR TRACK

Adolescent Health Program (University of Maryland)



STAR TRACK

adolescent health program



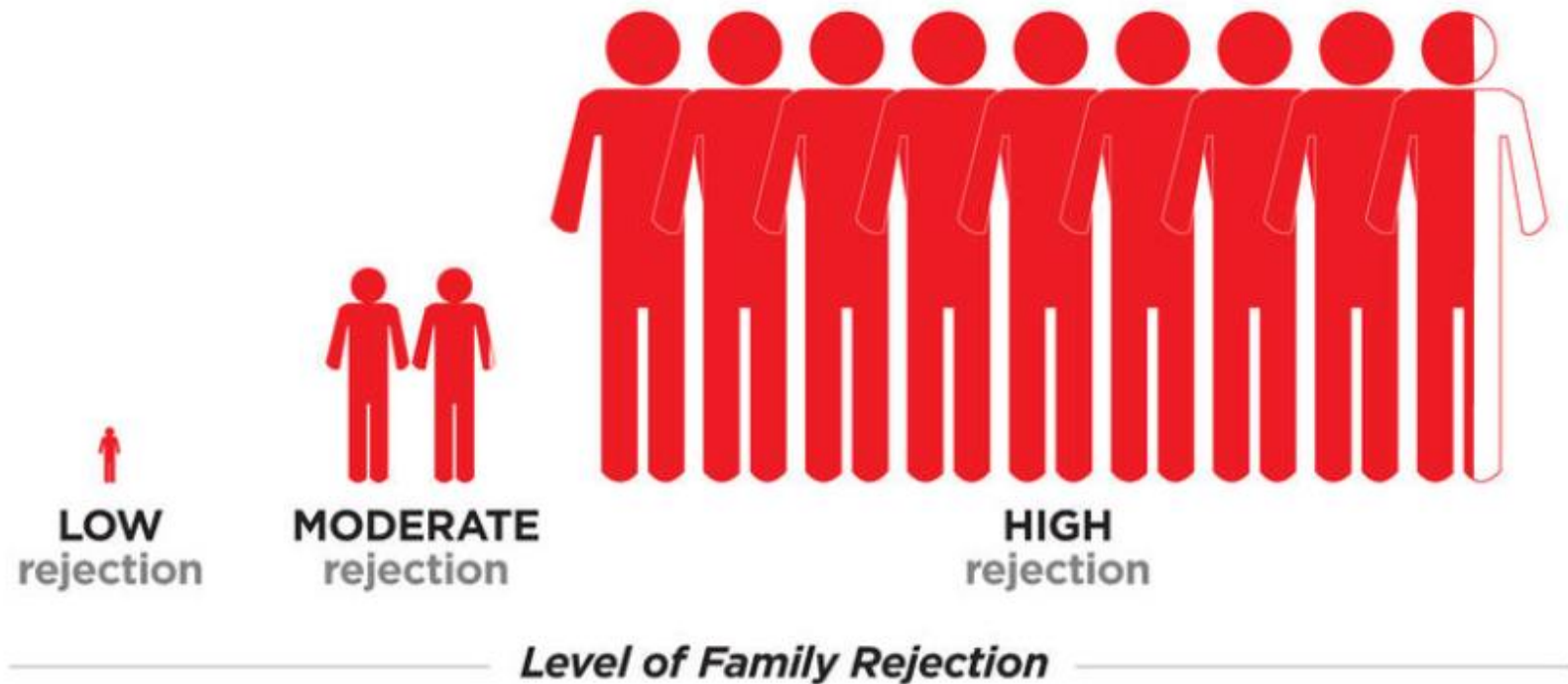
UNIVERSITY of MARYLAND  
SCHOOL OF MEDICINE

[www.startrackhealth.org](http://www.startrackhealth.org)



# Lifetime Suicide Attempts for Highly Rejected LGBT Young People

*(One or more times)*



*Based on hundreds of interviews with LGBTQ youth and families, the Family Acceptance Project codified a whole spectrum of rejecting and accepting behavior.*

Ryan, Caitlin & Russell, Stephen & Huebner, David & Diaz, Rafael & Sánchez, Jorge. (2010). *Family Acceptance in Adolescence and the Health of LGBT Young Adults*. *Journal of child and adolescent psychiatric nursing : official publication of the Association of Child and Adolescent Psychiatric Nurses, Inc.* 23. 205-13.



# Trevor Project 2021 Survey

- 42% of LGBTQ youth seriously considered attempting suicide in the past year, including **more than half** of transgender and nonbinary youth.
- 12% of white youth attempted suicide compared to **31% of Native/Indigenous youth**, 21% of Black youth, 21% of multiracial youth, 18% of Latinx youth, and 12% of Asian/Pacific Islander youth.
- 94% of LGBTQ youth reported that **recent politics** negatively impacted their mental health.
- 13% of LGBTQ youth reported being subjected to **conversion therapy**, with 83% reporting it occurred when they were under age 18.
- Transgender and nonbinary youth who reported having pronouns respected by all of the people they lived with attempted suicide at **half** the rate of those who did not have their pronouns respected by anyone with whom they lived.

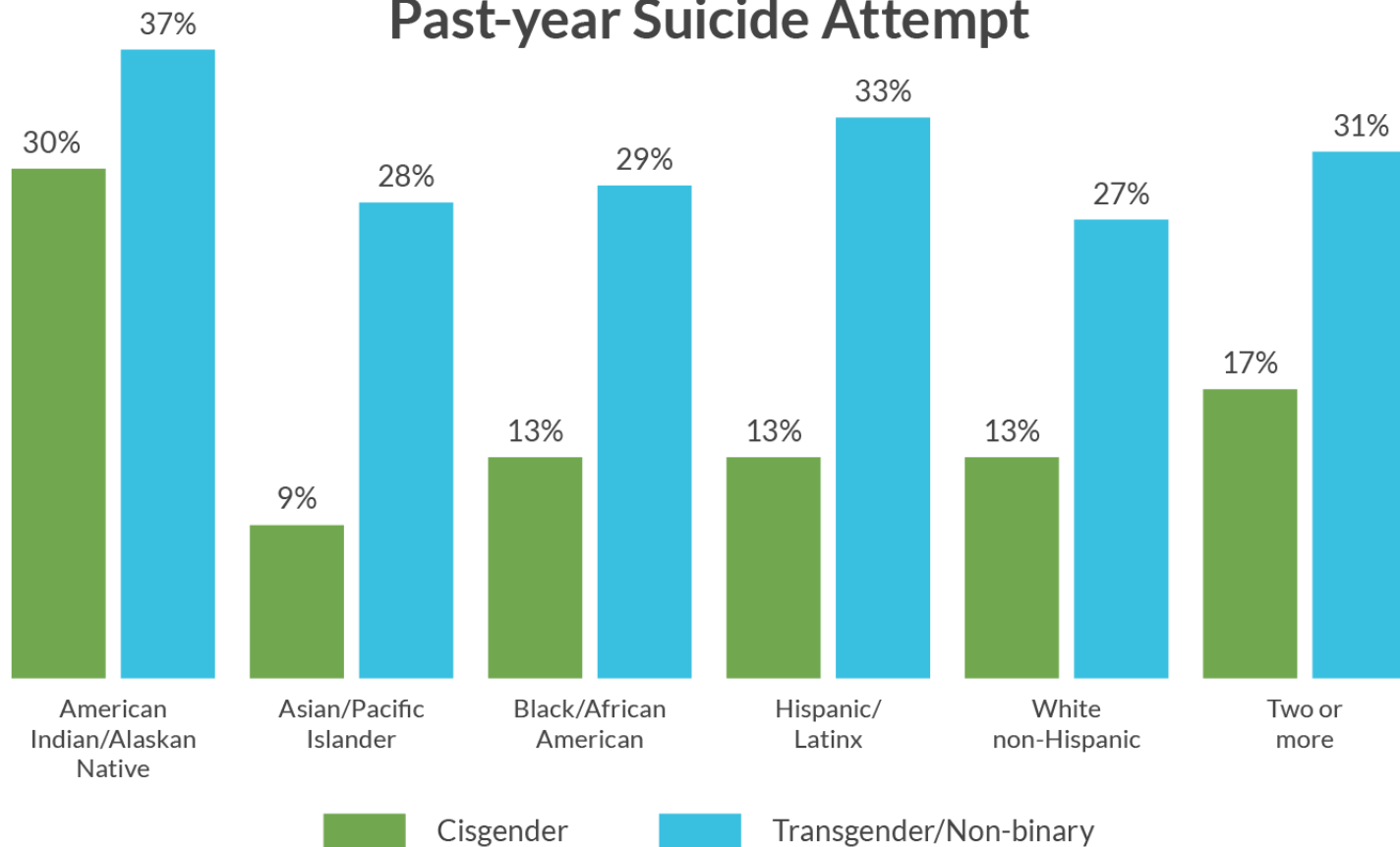
The Trevor Project. (2021). 2021 National Survey on LGBTQ Youth Mental Health. West Hollywood, California: The Trevor Project.





# Suicide Attempts Among LGBTQ Youth of Color

## Portion of LGBTQ Youth Who Reported a Past-year Suicide Attempt



Research brief: Suicide attempts among lgbtq youth of color. (2019, November 26). Retrieved February 17, 2021, from <https://www.thetrevorproject.org/2019/11/26/research-brief-suicide-attempts-among-lgbtq-youth-of-color/>



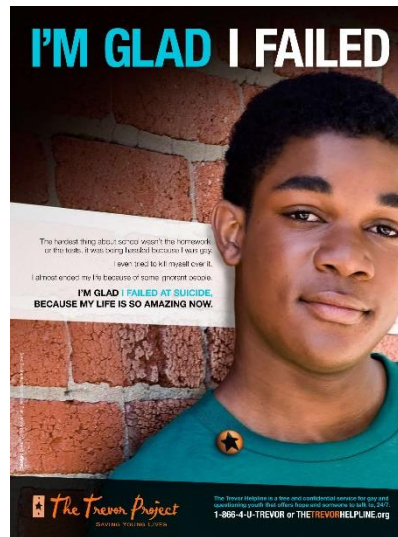
# Working with Families of LGBTQ Youth

- Meet families “where they are”
- Approach each family as an ally to their child’s well-being
- Give families respectful language to discuss issues of gender identity and sexuality
- Educate families about the negative health risks associated with parental rejection
- Encourage families to practice supportive behavior and decrease rejecting behavior *without challenging their values/core beliefs*
- **Key Message:** Even a small change toward acceptance can greatly improve your child’s future

Ryan, Caitlin & Russell, Stephen & Huebner, David & Diaz, Rafael & Sánchez, Jorge. (2010). *Family Acceptance in Adolescence and the Health of LGBT Young Adults*. Journal of child and adolescent psychiatric nursing : official publication of the Association of Child and Adolescent Psychiatric Nurses, Inc. 23. 205-13.



# RESOURCE: The Trevor Project



- Suicide prevention for LGBTQ people <25 years old
- Crisis intervention via phone, text, IM, virtual hang outs
- Research, education and training, media prevention campaigns

## Crisis Intervention & Suicide Prevention Services



**TREVOR LIFELINE**  
24/7/365 | 866.488.7386



**TREVOR CHAT**  
Everyday | 12pm-7pm PT  
3pm-10pm ET



**TREVOR TEXT**  
M-F 12-7pm PT, 3-10pm ET  
text "Trevor" to  
1.202.304.1200

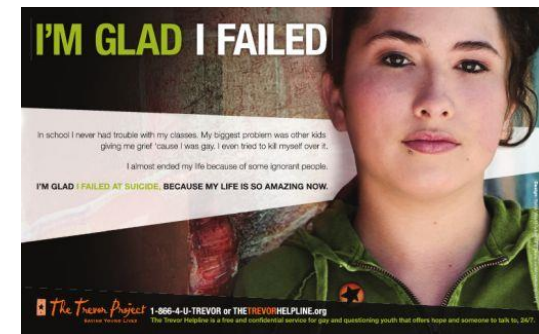


**TREVORSPACE**  
24/7/365 | [trevorspace.org](http://trevorspace.org)  
a social networking site for  
LGBTQ youth & allies.

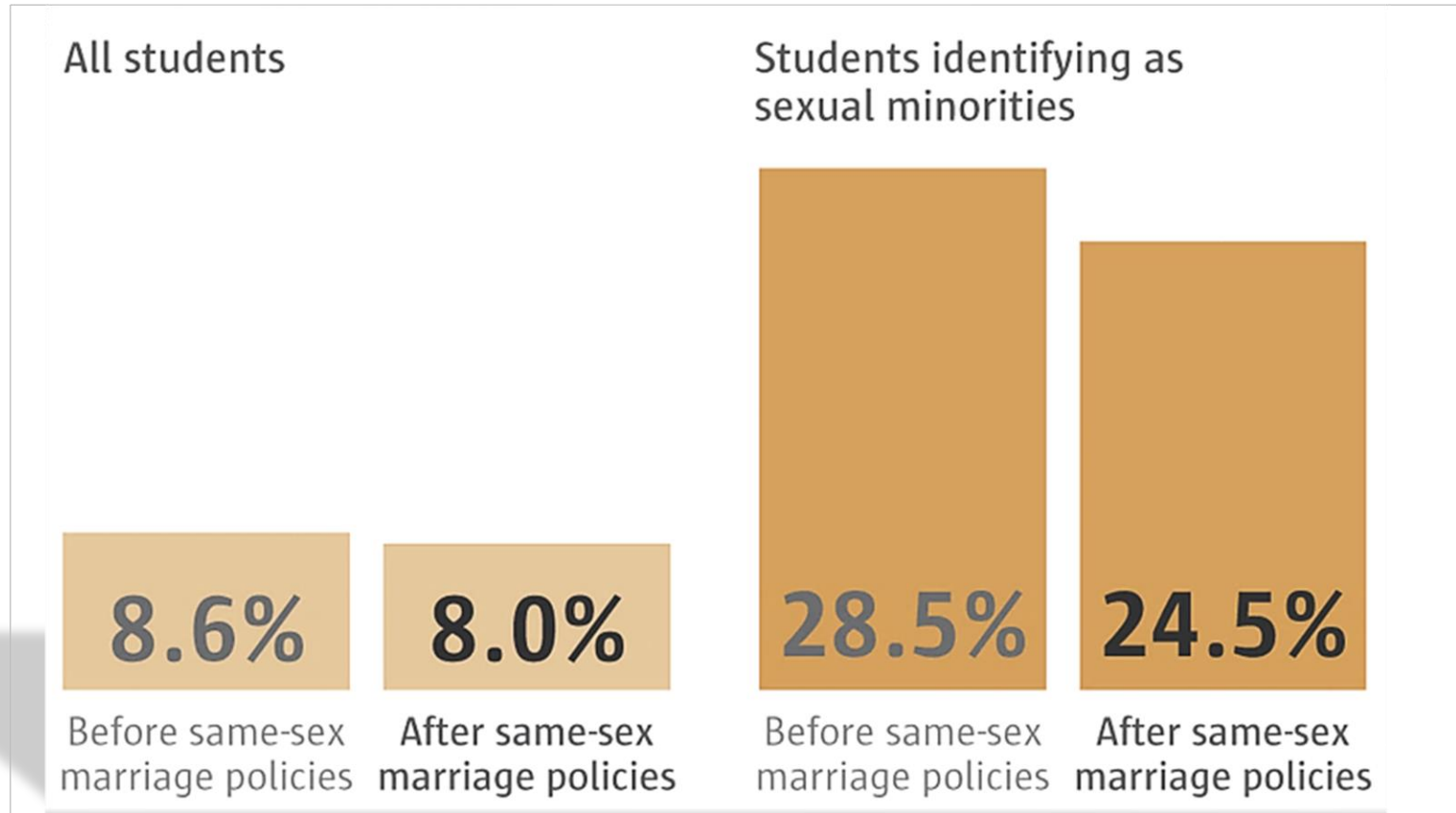


**THE TREVOR  
RESOURCE CENTER**  
[thetrevorproject.org/resources](http://thetrevorproject.org/resources)  
General info & FAQ.

[www.thetrevorproject.org](http://www.thetrevorproject.org)



# Policy Impacts LGBTQ Youth Suicide



Raifman J, Moscoe E, Austin SB, McConnell M. Difference-in-Differences Analysis of the Association Between State Same-Sex Marriage Policies and Adolescent Suicide Attempts. *JAMA Pediatr.* 2017

Graphic credit: Emily M Eng, The Seattle Times





# LGBT Elders

Image Credit: SAGE



# LGBT Older Adults

- Came of age at a time when extreme prejudice, discrimination, and violence against LGBT people was typical and normalized
- Lived through very real, devastating social and functional consequences for being openly LGBT *in their lifetime*
- Medical label of “mental disorder” validated prejudice
- Lifetime of keeping quiet to survive may make elders less willing to be open about their identity
- Persistent stress of discrimination and hiding contributes to health disparities



SAGE. (2018, September 25). [full report] *out & visible: The experiences and attitudes of lesbian, gay, bisexual and transgender older adults, ages 45-75*. SAGE.



# RESOURCE:

## SAGE (Services and Advocacy for GLBT Elders)



[SAGE: National Resource Center on LGBT Aging](#)



# Isolation is Typical

LGBT Elders are:

- Twice as likely to live alone
- Twice as likely to be single
- 3 to 4 times less likely to have children
- Often estranged from biological families
- In small and shrinking social networks

## SAGE Hotline by the numbers

**53%**

OF LGBT OLDER PEOPLE  
FEEL ISOLATED

**2x**

AS LIKELY TO BE SINGLE  
AND LIVE ALONE

**15**

YEARS LONELINESS CAN  
SHORTEN A LIFE

SAGE. (2018, September 25). *[full report] out & visible: The experiences and attitudes of lesbian, gay, bisexual and transgender older adults, ages 45-75*. SAGE.





**¼ of LGBT  
Elders have  
no one to call  
in case of an  
emergency.**



Sarah Jen, Dan Stewart & Imani Woody (2020) Serving LGBTQ+/SGL Elders during the Novel Corona Virus (COVID-19) Pandemic: Striving for Justice, Recognizing Resilience, *Journal of Gerontological Social Work*, 63:6-7, 607-610



# Impact of US History on LGBT Elders

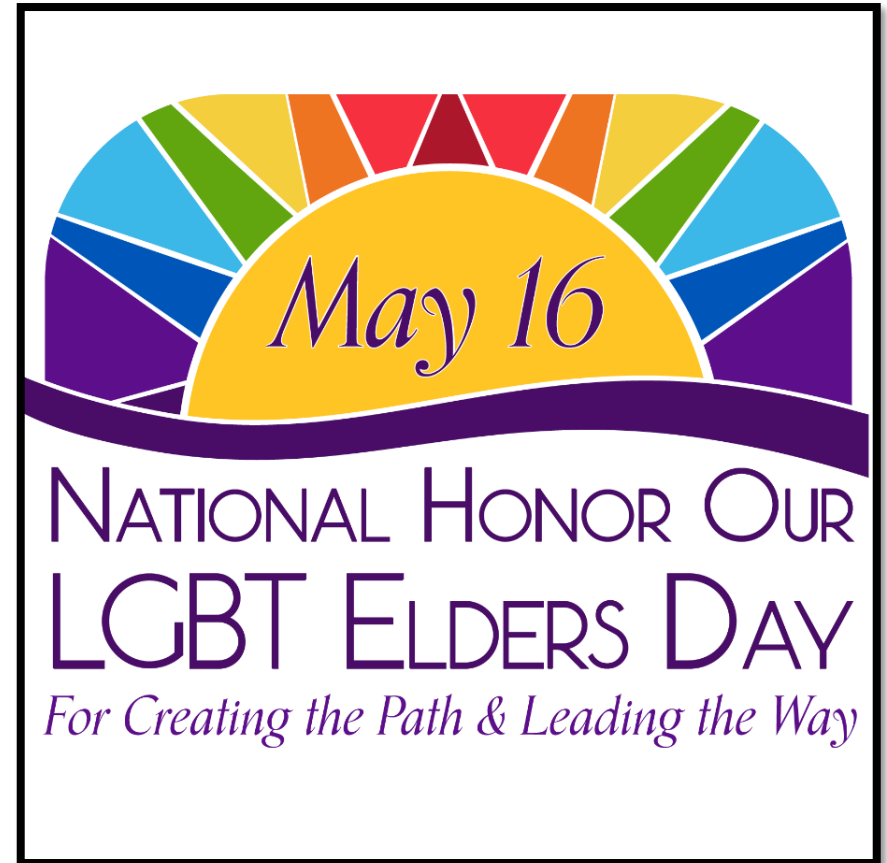
- Elders came of age at a time when there was great prejudice and violence against LGBT people
- Lived through very real, devastating social and functional consequences for being openly LGBT *in their lifetime*
- Medical label of “mental disorder” validated the prejudice
- Lifetime of fear of discovery, keeping quiet to survive may make elders less willing to be open about their identity
- Persistent stress of discrimination and hiding contributes to health disparities



SAGE. (2018, September 25). [full report] *out & visible: The experiences and attitudes of lesbian, gay, bisexual and transgender older adults, ages 45-75*. SAGE.



# RESOURCE: National Honor Our LGBT Elders Day



[www.lgbteldersday.org](http://www.lgbteldersday.org)





## LGBTQ Family Values



# LGBTQ Values: PRIDE

- Social attitudes have insisted LGBTQ people should be ashamed of who they are; Pride is an active, deliberate rejection of those negative judgments
- Pride can be claimed as a community value and as a personal achievement of self-acceptance
- PRIDE, the core celebration of LGBTQ community, began as a political action to protest mistreatment and stigma. Pride continues in a multigenerational legacy of reclaiming dignity



# LGBTQ Values: Outlaw Culture

- Until very recently, Sexual and Gender Minority (SGM) people were regarded as “abnormal” – morally corrupt, predatory, or mentally ill.
- In fact, sexual contact between two people of the same sex was against the law in some states until 2003
- For many, being discreet about identity and relationships was the only safe choice. LGBTQ culture grew out of these conditions, where operating within the rules dominant culture was simply never an option.
- This profound exclusion from dominant cultural norms engendered outlaw sensibilities that remain in the character of LGBTQ communities today.



# Aspects of Outlaw Culture

- Reject boundaries and binaries
- Rules are flexible, regard as guidelines
- Mistrust of institutions
- Free self-expression through art and culture building
- Exploding norms to create disruption
- “Live and let live” attitude
- Freedom to explore sexuality in every direction
- Continual critique and reinvention of LGBTQ culture itself



Rapper, Singer and Songwriter  
Lil Nas X (Montero Lamar Hill)

Image source: Getty Images/Steve Granitz



# LGBTQ Values: Self-Determination

- There is no higher value in LGBTQ culture than living your truth.
- Personal identity labels gender and sexuality are thoughtfully self-chosen, explored, revised and updated as deeper authenticity emerges across the lifespan
- There are more than 500 terms for LGBTQ identities. Embracing so many ways to be, to love, and to make relationships is reinforced through identity flags, group networking, special events, and days of recognition encouraging one another to live out loud
- If there is no identity label that fits, create a new one





# Pride Flags

## A Few of the Many Pride Flags



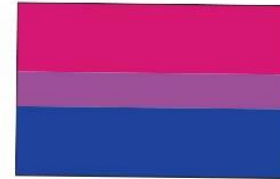
AGENDER



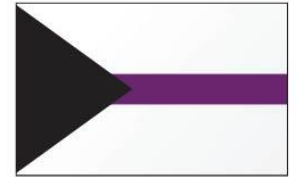
AROMANTIC



ASEXUAL



BISEXUAL



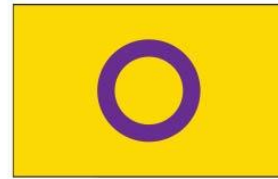
DEMISEXUAL



GENDERFLUID



GENDEROUEER



INTERSEX



LESBIAN



PANSEXUAL



POLYSEXUAL



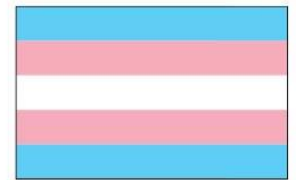
PROGRESS



NON-BINARY



TRADITIONAL



TRANSGENDER





# LGBTQ Values: Privacy



- LGBTQ communities survived for centuries through underground communication
- In order to find one another, they developed incredibly complex codes and signals. Examples:
  - Green pocket square
  - Polari
  - The Hanky Code
- Queer culture continues to promote symbols and colors to identify one another
- Some LGBTQ events still use a ribbon or button to indicate people who do not want to be photographed



# LGBTQ Values: Sex Positive Attitudes

“An attitude towards human sexuality that regards all **consensual sexual activities** as fundamentally **healthy** and pleasurable, and **encourages sexual pleasure** and **experimentation.**”

Allena Gabosch,  
Center for Sex Positive Culture



# RESOURCE: Planned Parenthood



---

Planned Parenthood of Maryland

[www.plannedparenthood.org](http://www.plannedparenthood.org)



# Sex Positive Care Is LGBTQ Healing

- LGBTQ individuals have been pathologized, even institutionalized, by medical and psychological consensus for their sexual desires
- Clients may be scanning for these attitudes, concerned their attractions and activities will be labeled sick and immoral
- Free sexual expression is a key value to communities who have had to fight for sexual dignity
- Frank conversation about sexuality, sexual concerns, and sexual pleasure is common and normal within LGBTQ communities
- Sexual connection can be a strongly positive route to healing for LGBTQ individuals




# LGBTQ Values: Families of Choice



Image source: Abby, L. L., Rude, M., & Ford, T. (2021, May 7). *This mother's day, i'm thankful for my little queer community. them.*



# Adopt-a-Queer



For anyone who will have to deal with unsupportive family this Pride month

Congratulations I'm your family now. Stay hydrated eat your veggies and support yourself. I'm proud of you.

Source: [darlingnbqueer](#)



[ifunny.co](#)





# LGBTQ Values: Community

- Community is a vital component of LGBTQ life. “Chosen family” of close friends and The Community as an extended family network takes on central importance for many
- There is no singular LGBTQ community, as much as a collection of distinct and sometimes conflicting subcultures who share common experiences of marginalization
- One aspect of coming out is to “find your people”, examine deeper aspects of your unique identity and seek out your subculture
- Community is a treasured resource for material and emotional support as well as a vital sense of belonging





# SKILL BUILDER: Ally Skills

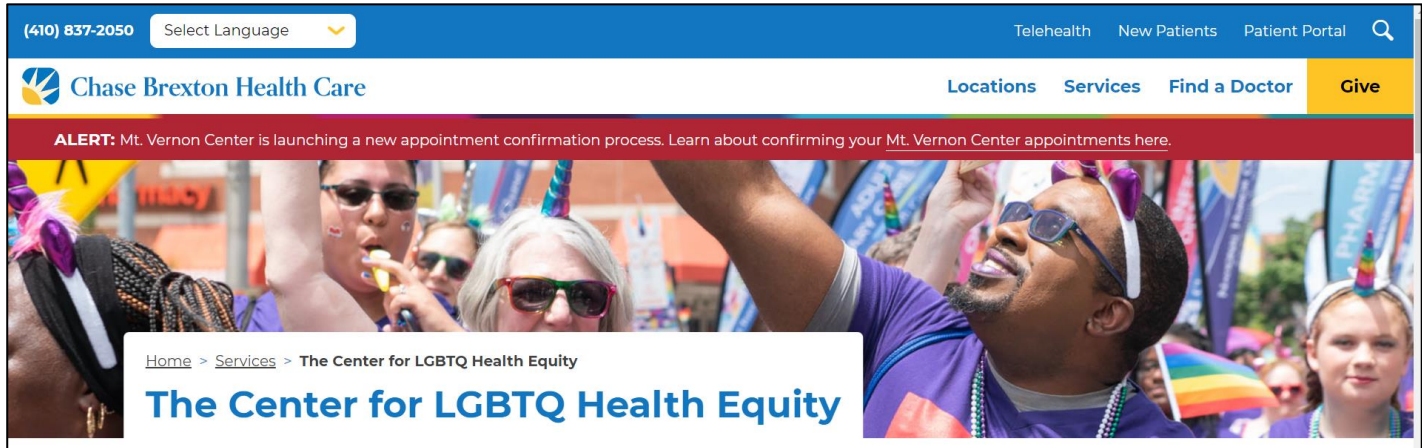
- Amplifying LGBTQ+ voices
- Deep listening, reading, observing
- Building authentic intimacy with LGBTQ people
- Embracing being “wrong”
- Noticing and removing barriers
- Educating other straight/cis people
- Interrupting homophobia
- Looking for “who is missing” in power structures
- Know when to get out of the way

**ANOTHER  
STRAIGHT  
PERSON  
FOR GAY  
RIGHTS**




# Stop By for a Virtual Visit!

[www.chasebrexton.org/services/center-lgbtq-health-equity](http://www.chasebrexton.org/services/center-lgbtq-health-equity)



The screenshot shows the Chase Brexton Health Care website. At the top, there is a blue navigation bar with the phone number (410) 837-2050, a language selection dropdown, and links for Telehealth, New Patients, Patient Portal, and a search icon. Below this is the Chase Brexton Health Care logo and a secondary navigation bar with links for Locations, Services, Find a Doctor, and a Give button. A red alert banner reads: "ALERT: Mt. Vernon Center is launching a new appointment confirmation process. Learn about confirming your Mt. Vernon Center appointments here." The main content area features a large image of a diverse group of people at a Pride event, wearing rainbow-themed accessories. Below the image is a breadcrumb trail: Home > Services > The Center for LGBTQ Health Equity, followed by the heading "The Center for LGBTQ Health Equity".

## Click on the images below to learn more about our Education and Training Services



**Workplace Training**

Customized training programs for organizations committed to supporting diversity in the workplace.

[More Info](#)



**Clinical Training**

Clinical rotations in LGBTQ-affirming care for medical and dental students and residents.


[More Info](#)



**Professional Development**

CME/CEU continuing education programs focused on best practices in caring for LGBTQ patient populations.

[More Info](#)



**Provider Consultations**

Individual case consultations for providers serving gender-diverse patients, in partnership with Transline.

[More Info](#)



# National LGBTQ Resources

- The Fenway Institute [www.lgbthealtheducation.org](http://www.lgbthealtheducation.org)
- GLMA – Gay & Lesbian Medical Association [www.glma.org](http://www.glma.org)
- WPATH – World Professional Association for Transgender Health [www.wpath.org](http://www.wpath.org)
- Gay Health [www.gayhealth.com](http://www.gayhealth.com)
- Lambda Legal [www.lambdalegal.org](http://www.lambdalegal.org)
- GLBT Health Access Project [www.glbthealth.org](http://www.glbthealth.org)
- Bisexual Health [www.biresource.org/health](http://www.biresource.org/health)
- Intersex Society of North America [www.isna.org](http://www.isna.org)
- Black Transmen Inc [www.blacktransmen.org](http://www.blacktransmen.org)
- Black Transwomen [www.blacktranswomen.org](http://www.blacktranswomen.org)
- PFLAG – Parents, Family & Friends of Lesbians and Gays [www.pflag.org](http://www.pflag.org)
- HRC - Human Rights Campaign [www.hrc.org](http://www.hrc.org)
- GLAAD - Gay and Lesbian Alliance Against Defamation [www.glaad.org](http://www.glaad.org)
- NGLTF - National Gay and Lesbian Task Force [www.nglftf.org](http://www.nglftf.org)
- National Center for Transgender Equality [www.transequality.org](http://www.transequality.org)
- National Black Justice Coalition [www.nbjc.org](http://www.nbjc.org)
- National Coalition of Anti-Violence Programs [www.ncavp.org](http://www.ncavp.org)
- Rad Remedy: National Transgender Health Care Database [www.radremedy.org](http://www.radremedy.org)
- National Resource Center on LGBT Aging [www.lgbtagingcenter.org](http://www.lgbtagingcenter.org)
- Trans Lifeline [www.translifeline.org](http://www.translifeline.org)



# Local LGBTQ Resources

- The Pride Center – LGBTQ Community Center [www.glccb.org](http://www.glccb.org)
- Youth Empowered Society YES Drop-In Center [www.yesdropincenter.org](http://www.yesdropincenter.org)
- Baltimore Transgender Alliance [www.bmoretransalliance.com](http://www.bmoretransalliance.com)
- Hearts and Ears [www.heartsandears.org](http://www.heartsandears.org)
- Baltimore Safe Haven [www.baltimoresafehaven.org](http://www.baltimoresafehaven.org)
- Trans Maryland [www.tranhealthcaremd.org](http://www.tranhealthcaremd.org)
- Project TEA Time -- HIV Prevention services [www.aidsactionbaltimore.org](http://www.aidsactionbaltimore.org)
- STAR TRACK Adolescent Health Program UMB [www.startrackhealth.org](http://www.startrackhealth.org)
- Chase Brexton Health Care [www.chasebrexton.org](http://www.chasebrexton.org)
- The Center for LGBTQ Health Equity [www.chasebrexton.org/services/center-lgbtq-health-equity](http://www.chasebrexton.org/services/center-lgbtq-health-equity)
- GLSEN Baltimore [www.glsen.org/chapters/baltimore](http://www.glsen.org/chapters/baltimore)
- Center for Black Equity Baltimore <https://cbealbaltimore.org/blackpride.html>
- Health Care for the Homeless [www.hchmd.org](http://www.hchmd.org)
- FreeState Justice [www.freestate-justice.org](http://www.freestate-justice.org)
- PFLAG – Parents, Friends, and Family of LGBTQ people [www.pflaghoco.org](http://www.pflaghoco.org)
- Homeless Persons' Representation Project [www.hprplaw.org](http://www.hprplaw.org)
- LIGHT Health and Wellness [www.lighthhealth.org](http://www.lighthhealth.org)
- Transgender Response Team [www.sites.google.com/site/tdorbaltimore/transgender-response-team](http://www.sites.google.com/site/tdorbaltimore/transgender-response-team)

