Understanding the Rainbow
An Introduction to Culturally Competent LGBTQ+ Mental Healthcare

Katie Garner, MSW, LCSW
Southwestern Behavioral Healthcare
she/her/hers
Training Objectives

1. Increase participant knowledge of terminology and issues specific to LGBTQ+ clients
2. Strengthen participant capacity for empathy and understanding when interacting with & providing services to LGBTQ+ individuals
3. Reinforce client-focused care with regard for sexual and gender identity
What We’ll Cover

01  Statistics & Terminology
    Common labels, terms, & concepts; outdated & offensive terminology

02  Identity Development
    Internal processes when discovering sexual orientation & gender identity

03  Impact & Interventions
    Internal & external stressors that exacerbate mental health needs

04  From the Community
    What this population wants you to know
Why Does This Matter to Me?

- 8% (20 million) of American adults identify as LGBTQ+
- More than 1% (2 million) are GNC
- Increased likelihood for mental illness, suicide attempts & substance abuse
- Cultural stress: ongoing exposure to structural stigma, social discrimination, & institutional oppression

“Social workers have a responsibility to promote policies, laws, and programs that affirm, support, and value LGBTQ individuals, families, and communities.”

- National Association of Social Workers, 2022
Take A Second

What gender are you?

What is your sexual orientation?

How do you know what gender you are? How do you know who you’re attracted to?

What makes these clear to you?
Just To Keep It Straight

**Sex**: determined by biological markers (genitals, chromosomes, etc.)

**Gender**: who you are, as internally experienced & determined by you

**Sexual orientation**: who you are sexually attracted to

**Gender binary**: idea that humans are only male or only female; factually inaccurate, harmful social construct
<table>
<thead>
<tr>
<th>Terminology 101: Sexuality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LESBIAN</strong></td>
</tr>
<tr>
<td>A woman who is attracted to other women</td>
</tr>
<tr>
<td><strong>GAY</strong></td>
</tr>
<tr>
<td>A man who is attracted to other men; this can also be used as an “umbrella” term</td>
</tr>
<tr>
<td><strong>BISEXUAL</strong></td>
</tr>
<tr>
<td>Attraction to those of one’s own gender, as well as those of other genders</td>
</tr>
<tr>
<td><strong>PANSEXUAL</strong></td>
</tr>
<tr>
<td>Attraction to others regardless of their sex or gender identity</td>
</tr>
<tr>
<td><strong>QUEER/QUESTIONING</strong></td>
</tr>
<tr>
<td>Self-applied umbrella terms LGBTQ+ individuals may or may not use to define their gender and/or sexuality; a person who is still trying to figure it out</td>
</tr>
<tr>
<td><strong>ASEXUAL</strong></td>
</tr>
<tr>
<td>Having little to no sexual attraction to others</td>
</tr>
</tbody>
</table>
Terminology 101: Gender

**CISGENDER**
Gender identity matches sex assigned at birth

**TRANSGENDER**
Internal experience of gender does not match sex assigned at birth

**NON-BINARY**
Internal experience of gender is neither male nor female; not “both” or “in between”

**GENDERFLUID**
Internal experience of gender is variable and changes

**INTERSEX**
Born with a variation of sex characteristics that do not fit traditional physical definitions of male & female bodies

**GENDERQUEER**
Internal experience of gender is not solely male/masculine or solely female/feminine

**INTERSEX**
Born with a variation of sex characteristics that do not fit traditional physical definitions of male & female bodies
Roux, what is your gender?

NON-BUNNARY.
Terminology 101: Gender

**GENDER DYSPHORIA**
Clinically significant distress or impairment related to the incongruence between one’s sex assigned at birth and their gender identity

**PRONOUNS**
Can include she/her/hers, he/him/his, they/them/their, or neo-pronouns; drop the “preferred”!

**DEADNAME**
The name given to a gender non-conforming person at birth; can be used to intentionally invalidate or reject one’s gender identity

**GENDER EXPRESSION**
The way in which a person expresses their gender identity, typically through their appearance, dress, & behavior

**HORMONE REPLACEMENT THERAPY**
Supplemental estrogen or testosterone to increase preferred sex characteristics; blockers to decrease biological sex characteristics

**GENDER AFFIRMING SURGERY**
Procedures to remove/modify sex anatomy present at birth and replace with anatomy of identified gender
Why Are Name & Pronouns Such a Big Deal?

- Showing respect
- Validation of identity
- Decreased risk of suicide
- Follow your lead
- Opportunity for self-advocacy
The Gender Unicorn

Gender Identity
- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression
- Feminine
- Masculine
- Other

Sex Assigned at Birth
- Female
- Male
- Other/Intersex

Physically Attracted to
- Women
- Men
- Other Gender(s)

Emotionally Attracted to
- Women
- Men
- Other Gender(s)

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

Design by Landyn Pan and Anna Moore

Graphic by: TSER
Outdated & Offensive Terminology

- Gender Identity Disorder → Gender Dysphoria
- Sex reassignment surgery → Gender confirming/affirming surgery
- Preferred pronouns → Personal pronouns
- Biologically male/female → Assigned male/female at birth (AMAB/AFAB)
- Female-to-Male (FtM) → Trans man
- Male-to-Female (MtF) → Trans woman
- Transsexual*
- Transvestite
- Hermaphrodite
- Cross dresser*
- Tranny
- He-she
- Fag*

*some terminology that has been traditionally viewed as a slur or insult may be reclaimed by the community, these are self-identifiers, and you should not use these terms unprompted
Sexual and Gender Identity Development

Developmental Timeline (Aron Janssen, MD)

- Sexual Behavior
- Gender Identity
- Gender Stability
- Gender Constancy
- Sexual Orientation

Can begin as early as 4-5 but typically develops just prior to noticeable signs of puberty

Birth | Age 2-3 | Age 4-5 | Age 5-7 | →Puberty—Adolescence← | Adulthood
Challenges & Barriers

- Lack of family acceptance and informal supports
- Harassment, bullying & discrimination
- Hate crimes: murder, physical/sexual assault, robbery/burglary, vandalism, intimidation
- Mental health issues
- Substance abuse
- Access to culturally competent medical and mental healthcare
- ...all results in minority stress & trauma
Impact on Treatment Planning

• LGBTQ+ specific issues
  internalized homophobia/transphobia
  lack of support/acceptance by family & peers
  gender dysphoria
  low self-esteem
  bullying & discrimination

• Validation

• Education

• Informal Supports

• Healthy Methods of Coping

• Documentation
How can I promote culturally competent care in my agency?

**Education**
- Make LGBTQ+ trainings mandatory & accessible

**Acknowledgment**
- Inventory your own biases & seek out ways to correct them

**Technology**
- Take steps to reflect correct name/pronouns in EMR & use them

**Expectations**
- Correct insensitive, inaccurate statements made by staff
Do’s and Don’ts

**DO:**
- Ask for and use stated name and pronouns when it is safe to do so
- Apologize when you make a mistake, move on, and make a conscious effort to not do it again
- Let clients know where your knowledge gaps are; ask questions & do your own research
- Talk like the client is in the room
- Have physical items out & present that promote inclusivity and acceptance

**DON’T:**
- Do not out anyone, ever
- Make assumptions or generalizations
- Use self-applied or derogatory terms
What We Want You to Know

“My identity or orientation is not the most interesting thing about me.”

“I want [adults] to see things from the kids’ perspective. Even if they’re supportive of it, I feel like it’s always in the back of their heads that it’s a choice and it’s really not.”

“Don’t make assumptions. Don’t just assume you know everything about me and my identity just from looking at me. Ask me questions instead.”
Questions? Comments?
Requests for more cute rabbit pictures?

Katie Garner, MSW, LCSW
garnerk@southwestern.org
(812) 476-5437