

PFLAG PITTSBURGH SAFE ZONE TRAINING:

LGBTQIA+ 101

Welcome

- Introductions
- Ground Rules:
  - The Vegas Rule
  - ASK QUESTIONS!
  - Share the Airtime: Step Up or Step Back
  - RELAX!

Training & Group Agreements

- We are here to help you, as professionals, to understand the needs of individuals as they relate to their sexual orientation or gender identity and expression so that you can provide them with a safe, comfortable, and inviting environment.
- Today's training may make you feel uncomfortable at times and that's okay!
- What will help you feel safe?

Training Outline

- Introduction (10 min)
- Module #1: Knowledge: Terminology (50 min)

BREAK (10 min)

- Module #2: Knowledge: Oppression & Health Disparities (40 min)
- Module #3: Action: Preparing (20 min)

BREAK (10 min)

- Module #4: Action: Implementation (20min)
- Conclusion: Resources & Questions (20 min)

Training Objectives

- At the conclusion of the training, participants will be able to:
  - Identify terminology related to the LGBTQIA+ community
    - Distinguish between sexual orientation and sexual behavior
    - Distinguish between sexual orientation and gender identity
  - Describe the needs of the LGBTQIA+ community that may be different from other members of the community
    - Be able to identify health disparities experienced by the LGBTQIA+ community
  - Identify appropriate resources and referrals for persons who identify as LGBTQIA+
    - Learn strategies to be able to support LGBTQIA+ person

Module #1

Knowledge: Terminology

Terminology

- Avoid homosexual - use gay, lesbian, bisexual
- Avoid sexual preference it is *sexual identity*
- Use generic terms for partner, romantic interest
- Use language the person gives you
- Consider person's developmental stage in choosing language

Activity

Utilizing the handout provided, match the terms to their definitions

1. **Sexual Orientation**
2. **Lesbian**
3. **Gender Identity**
4. **Gender Expression**
5. **Transgender**
6. **Gay**
7. **Gender Non-Conforming**
8. **Androgynous**
9. **Bisexual**
10. **Transphobia**
11. **Homophobia**
12. **Heterosexism**
13. **Queer**

What does it mean?

L: Lesbian

G: Gay

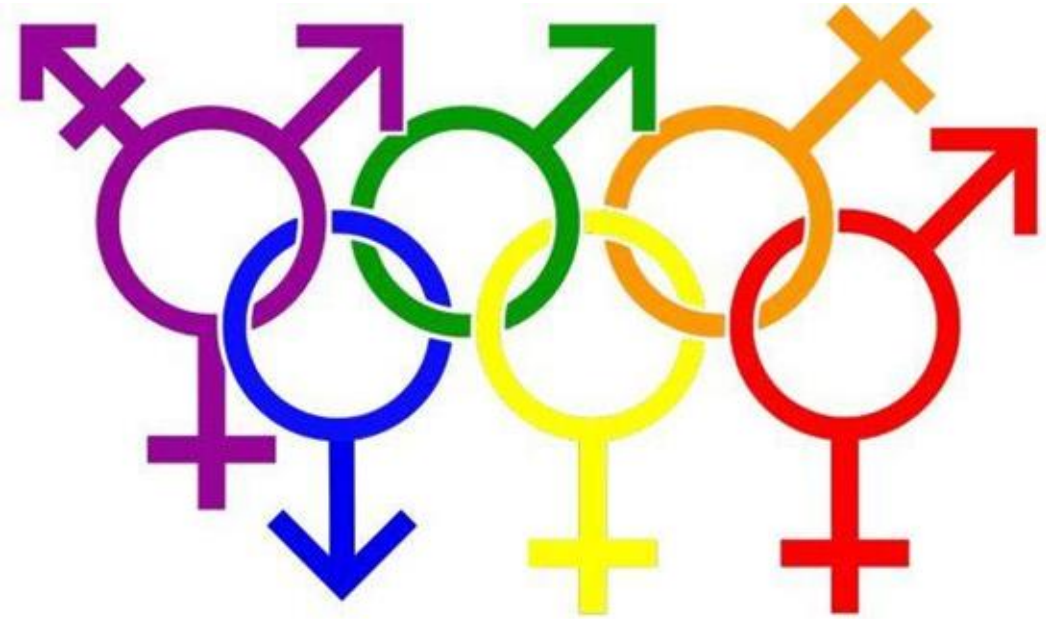
B: Bisexual

T: Transgender

Q: Queer

I: Intersex

A: Asexual/Ally



Sexual Orientation Spectrums

Sexual Orientation

(Who I am attracted to romantically, emotionally and or sexually)

Attracted to Males — None / Both / All — Attracted to Females

Sexual Behavior

(who you do)

Opposite Gender — None / Both / All — Same Gender

Sexual Identity

(how you identify)

Heterosexual — Asexual / Bisexual-Pansexual — Gay / Lesbian / Same Gender Loving





Coming Out

- COMING OUT" is the process by which someone...
  - Accepts and identifies with their gender identity and/or sexual orientation; and
  - Shares their identity willingly with others.
- Sometimes We talk about coming out as if it were a one time thing.
  - BUT for most folks coming out is a series of decisions
  - Sometimes daily – that LGBTQ people navigate in every new setting they enter
- People may be 'out' in some places, but not in others
  - A decision to come out to a person or group is one of safety, comfort, trust, & readiness.
  - Family to Friends to Classmates/Coworkers to Religious Community

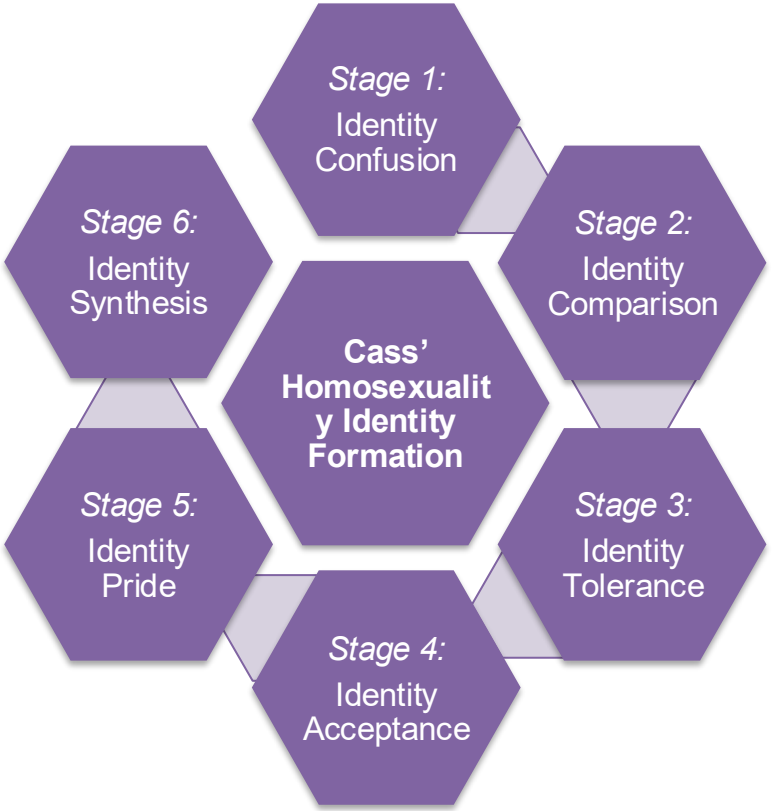
Clinical Concerns

- Internalized homophobia
- Low self-esteem
- Loneliness
- Anxiety and depression
- Suicide ideation

Developmental Models

- Progression not necessarily linear
- Person may skip or revisit stages
- Pace varies among individuals
- Person may foreclose development at any point

Cass' Homosexual Identity Development Model



Cass' Identity Development Model

1. Identity Confusion
   - Sees self as member of mainstream group. Denial of inner feelings.
   - Who am I? Am I different?
   - Depression/Anxiety
2. Identity Comparison
   - Feels different from society, but has no link to LGBTQIA+ Culture
   - What are gay people like?
   - Self-alientation becomes isolation
3. Identity Tolerance
   - Increased commitment to possibily being LGBTQIA+
   - Where are other gay people?
   - Quality of early contacts is critical

Cass' Identity Development Model

4. Identity Acceptance
   - Accepts rather than tolerates identity
   - Attempts to 'fit in' to LGBTQIA+ Culture
   - Begins selective disclosures of identity
   - **#1 predictor/indicator of positive coming out= PARENT ACCEPTANCE**
5. Identity Pride
   - Immerse self in LGBTQIA+ Culture and identifies it as sole source of support
   - May become political
   - Increases number of disclosures of identity
6. Identity Synthesis
   - Acceptance and integration of new identity; Being LGBTQIA+ is a part of their identity
   - Typically is "out" (with friends, family, at work). More at peace with self.
   - I am an okay person who happens to be gay
   - Moves on developmentally- other issues become a focus.

The Danger of Coming Out

- **It's dangerous, unhealthy, and unhelpful to force someone to come out, or to "out"someone else** (i.e., disclosing someone's gender identity or sexual orientation to others without the person's consent), **regardless of your intentions** (sometimes people think they're being helpful, or acting on the person's behalf to conquer their fears)

Sexual Orientation

- Overall levels of psychological adjustment
- Ability to form and maintain ongoing intimate relationships
- Ability to be good parents
- Ability to function competently in the workplace
- *Sexual orientation is not a choice*
- *Research suggests that it is probably in place very early in the life cycle, probably before birth*

Changing Sexual Orientation

- ***The research on homosexuality is very clear. Homosexuality is neither a mental illness nor moral depravity.***
- American Psychological Association, Statement on Sexual Orientation (1994)
  - *Research findings suggest that efforts to change a LGB sexual orientation are nothing more than prejudice hidden in psychological accouterments.*

Misconceptions about Sexual Orientation

- Gay men and lesbian women share the same amount of interest in sexual activity as heterosexual persons, neither more or less.
- Fears of “catching” homosexuality or of being “recruited” . . . are utterly without scientific foundation.
- Over 90% of child molesters are heterosexual men
- The lives of gay men and lesbian women are just as varied as the lives of heterosexuals

Gender Spectrums



Biological Sex

(Body at birth- combination of chromosomes, genitals, and hormonal make-up**)**

Male — **Intersex** — **Female**

Gender Identity

(Internal sense of my gender**)**

Male — **Trans, genderqueer, label free** — **Female**



Gender Role/Expression

(What I do- how I present: clothes, hair, make-up**)**

Masculine — **Androgynous Femme, butch, drag king/queen** — **Feminine**

Challenges of Being Transgender

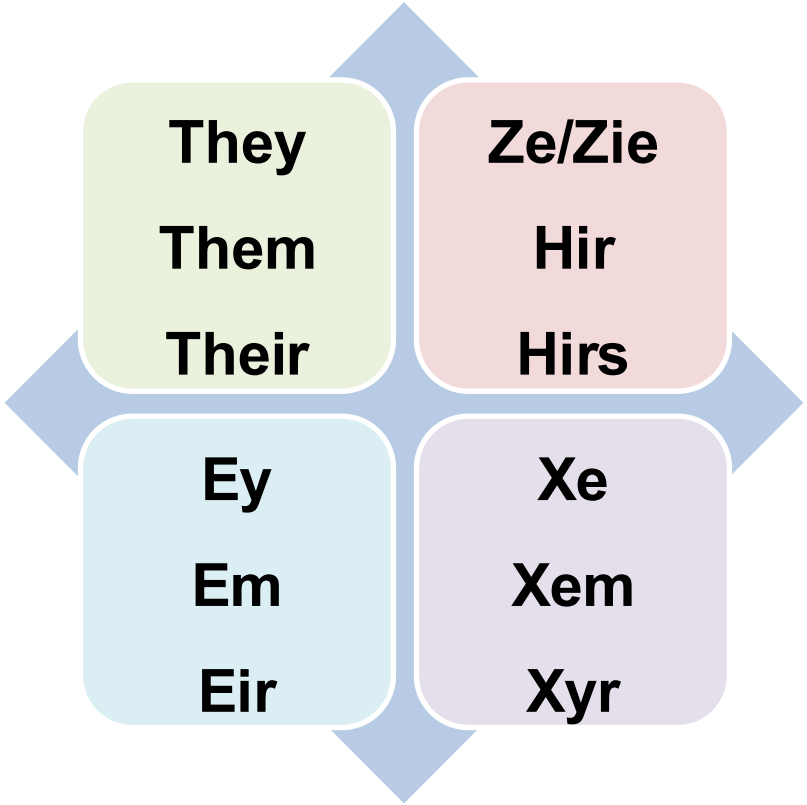
- Transphobia (lack of understanding/education)
- Societal rigidity of gender roles
- Lack of support from family/medical field
- High prevalence of victimization
- High level of homelessness
- Lack of access to facilities
  (ie. Bathroom, residence hall room)
- Lack of role models

Transgender Youth
(Beemyn & Rankin, 2008)

- More likely to identify as genderqueer or pansexual avoiding the binary gender identity
- Less likely to be on Hormone Replacement Therapy (HRT) due to accessibly & affordability
- Less interested in gender confirmation surgeries
- More likely to meet people and develop support groups online

Using Gender Neutral Pronouns

Most people are familiar with using she/her/hers and he/him/his as singular pronouns, but check out these gender neutral options!



They/them/their is one of the most common, and in addition to these, some people prefer not to be referred to by pronouns at all.

Using Gender Neutral Pronouns

- Preferred Gender Pronouns
- Gender Binary Pronouns  Inclusivity
- Gender Assumptions  Pain

Using Gender Neutral Pronouns

- **Apologize**, **Correct It**, and then **Move On**.
- Avoid continually talking about how bad you feel for making the mistake.
- Don’t make it about you and your mistake.

Module #1 Conclusion:

- Sexual Orientation and Gender Identity/Expression are two specific parts to a person's own identity
- How people describe themselves is important
- Vocabulary is important for showing respect and gaining trust
- Rigid binary constructs common in our culture lead to discrimination
- We have all been taught to think in the binary so we need to practice being more flexible in our understanding of sexual orientation (SO) and gender identity and expression (GIE)

Module #2

Knowledge:

Oppression and Health Disparities

Factors Related to Oppression

- **Homophobia & Heterosexism**
- **Misconceptions about lesbians & gay men**
  - -one chooses to be gay
  - -promiscuous
  - -unnatural – “it” is a sin
  - -They’ll turn their kids “gay”
- **Anti-Gay Groups**
  - -Religious conservative groups
  - -Family Research Council – Terry Perkins
  - -American Family Association – Bryan Fischer
  - -Focus on Family
  - -Fred Phelps (www.godhatesfags.com)
  - -Ex-gay Movement

Health Disparities: An Overview

- According to the *National Institute on Minority Health and Health Disparities,* Health disparities refer to “differences in the health status of different groups of people. Some groups of people have higher rates of certain diseases, and more deaths and suffering from them, compared to others.” These groups may include, but are not limited to the following:
  - Race
  - Ethnicity
  - Immigrant status
  - Disability
  - Gender identity/experssion
  - Sexual orientation
  - Geography
  - Income

Context of Discrimination: The Ecological Model



Context of Discrimination

Societal Constructs/Norms	• Gendered Roles • Gendered Clothing/Toys
Responses from Others	• Emotional/Physical Abuse • Institutional Discrimination
Internalization	• Rejection of Self • Self-Harm

Greatest Health Disparities & Oppression for LGBTQIA+ Persons

- Family Rejection
- Suicide
- Alcohol and Substance Abuse Issues
- Sexual Health
- Bullying / Victimization
- Homelessness / Exploitation



Activity

- Review the handouts provided that detail the health disparities that the LGBTQIA+ community experiences
- Select a disparity that ‘jumped’ out to you.
- In small groups, discuss which one you selected in why
- Determine a group leader who will report out the findings of your smaller group to the larger group

Health Disparities & Oppression: Family Rejection

- Higher rates of family rejection during adolescence were significantly associated with poorer health outcomes for LGB young adults.
- LGB young adults who reported higher levels of family rejection during adolescence were:
  - 8.4 times more likely to report having attempted suicide
  - 5.9 times more likely to report high levels of depression
  - 3.4 times more likely to use illegal drugs
  - 3.4 times more likely to report having engaged in unprotected sexual intercourse, compared with peers from families that reported no or low levels of family rejection.
- Latino males reported the highest number of negative family reactions to their sexual orientation in adolescence.

Health Disparities & Oppression: Suicide

- LGBT youth have higher rates of suicidal ideation and suicide attempts.2,4
- While more research is needed, rates of depression in later adulthood appear to be high for LGB individuals and may be even higher for transgendered individuals.2
- In a national study, 40% of transgender adults reported having made a suicide attempt. 92% of these individuals reported having attempted suicide before the age of 25. [3]
- Each episode of LGBT victimization, such as physical or verbal harassment or abuse, increases the likelihood of self-harming behavior by 2.5 times on average. [6]

Health Disparities & Oppression: D/A Abuse Issues

- Youth who experienced a moderate level of family rejection were 1.5 times more likely to use illegal substances than those who experienced little to no rejection
- Youth experiencing high levels of family rejection were 3.5 times more likely to use these substances.[14]
- Youth who have run away from home have higher rates of alcohol and illicit drug use.[15]
- Transgender persons have high rates of tobacco use (45-74%)

Health Disparities & Oppression: Physical Health

- Compared to heterosexual women, lesbians and bisexual women are at greater risk for becoming obese. This, coupled with other risk factors such as increased alcohol use and smoking, may contribute to higher rates of breast cancer in these groups.2 APA Public Interest Government Relations Office LGBT Health Disparities 2
- Often decline health care or don't seek regular appointments
  - Lack of respect, fear of discrimination
  - Transgender patients face unique challenges

Health Disparities & Oppression: Sexual Health

- Men who have sex with men and are under the age of 25, especially those from a racial or ethnic minority group, account for a disproportion number of HIV diagnoses which continues into adulthood
- Services designed to prevent future illness, such as annual well woman exams and mammograms, may be utilized less frequently by lesbians and bisexual women compared to heterosexual women, though more work needs to be done in this area.
- Across adulthood and later adulthood, rates of human papillomavirus (HPV), which has been linked to anal cancer, is higher among men who have sex with men than men who have sex with women.2

Health Disparities & Oppression: Bullying & Victimization

- Risk factors, such as harassment, victimization, and violence, for mental health problems and substance use are higher for LGBT youth compared to their heterosexual peers.2
- Compared to heterosexual women, bisexual women are more likely to experience rape, physical violence, and stalking in their lifetime. Additionally, both lesbian and bisexual women are more likely to experience psychological aggression than heterosexual women.5
- 65% of teens reported being verbally or physically harassed b/c of their perceived or actual appearance
- 90% of LGBT students report being verbally or physically harassed b/c of their perceived or actual appearance
- LGBT students are three times as likely as non-LGBT students to feel not safe at school (22% vs. 7%)
- 53% of teachers report that bullying and harassment of students is a serious problem at their school

Health Disparities & Oppression: Homelessness/Exploitation

- 40% of Youth Experiencing Homelessness Identify as Lesbian, Gay, Bisexual, or Transgender (LGBT).
- A study completed by the Williams Institute reported that among both homeless and non-homeless clients, 30% identified as gay or lesbian and 9% identified as bisexual
- 46% of homeless LGBT youths ran away because of family rejection of their sexual orientation or gender identity;
  - 43% were forced out by parents
  - 32% faced physical, emotional or sexual abuse at home.

Health Disparities & Oppression: Societal Homophobia

- LGBTQ victims face situations that aren't experienced by heterosexuals.
  - Coercive tactics
    - Outing
    - Reveal health status
    - Custody
    - Gay culture
  - Reluctance to seek services
  - Limited support

Health Disparities & Oppression: Prevalence of DV / SA

- Transgender
  - 16-60% victims of physical assault/abuse
  - 13-66% victims of sexual assault
- Reports of intimate partner violence
  - Lesbian/Gay 56.4%
  - Straight 17.5%
  - Bisexual 47.4%

20-25% of LG experience hate violence w/in their lifetime

Domestic Violence & Sexual Assault

How Gay Men Cope

- "I can handle it" attitude
- "Men don't tell"
- Hiding from it

How Lesbians Cope

- "I can handle it" attitude
- "Women don't do this…it must be me"
- Hiding from it

Why Gay Men Stay

- Fear of Failure
  -Need to "Be a Man"
- Protecting Others
- Fear of Outing
- Few Resources

Why Lesbians Stay

- Fear of Economic & Material Loss
- Protecting Others
- Fear of Outing
- Fewer Resources

Module #3

Action: Preparing

Perception

- The perception of how welcoming and affirming an environment is may vary widely depending on whether or not an individual identifies as LGBTQ.

Assessing Readiness

- Recognizing your own biases is an important first step in becoming an ally.
- Based on your responses to these questions, do you think you have internalized some of the anti-LGBT messages pervasive in our world?
- How might your beliefs influence your actions as an educator of LGBT students?
- The more aware we are of our own biases and their impact on our behavior, the easier it is to ensure that our personal beliefs don’t undermine our efforts to support LGBT students.

Assessing Readiness Questionnaire:

1. If someone were to come out to you as LGBT, what would your first thought be?
2. How would you feel if your child came out to you as LGBT? How would you feel if your mother, father or sibling came out to you as LGBT?
3. Would you go to a physician whom you thought was LGBT if they were of a different gender than you? What if they were the same gender as you?
4. Have you ever been to an LGBT social event, march or worship service? Why or why not?
5. Can you think of three historical figures who were lesbian, gay or bisexual?
6. Can you think of three historical figures who were transgender?
7. Have you ever laughed at or made a joke at the expense of LGBT people?
8. Have you ever stood up for an LGBT person being harassed? Why or why not?
9. If you do not identify as LGBT, how would you feel if people thought you were LGBT

Personal Perspectives Activity

- LGBTQ is wrong and we shouldn't be encouraging individuals to engage in these lifestyles
- I think this is a private matter and we shouldn't be talking about it at all
- I am uncomfortable with LGBTQ issues because I don't know what to think or do
- I embrace all kinds of diversity and treat everyone the same

Personal Perspectives Activity

- Given the four Personal Perspectives, discuss the following questions in a small group:
  1. How might these perspectives be harmful?
  2. What are some ways to combat these perspectives?
  3. Do I agree or disagree with any of them?

Four Pillars of Readiness

- Familiarity with issues that face LGBTQ individuals and communities
- Experience with and beliefs about LGBTQ individuals and families
- Knowledge of resources
- Skill in addressing issues with individuals, families, coworkers

Module #4 Conclusion

- Staff have different life experiences and belief systems that impact their work.
  - This includes childhood and familial experiences
- Competence can be developed through experience and skill building
- It may be necessary to separate personal beliefs with work behavior expectations

One Final Note…

- You do not have to understand or agree with someone's sexual orientation, gender identity or gender expression to respect and support their right to be and express themselves.

Module #4

Action: Implementation

Why Are We Uncomfortable?

- None of my business
- Don’t know what to do with information when I get it
- Don’t think it is relevant
- Don’t want to think about others having sex

What's Your Name?

- A common start to a relationship
- Introduce yourself and ask the youth what they like to be called
  - This is an individual's preferred name



What Could I Experience?

- Youth who have families that are rejecting
- Family members who are frustrated, angry, confused, concerned
- Students who are being bullied for the sexual orientation and gender identity
- Students who are experimenting with their sexual orientation
- Students who are discovering their gender identity
- You might not even know about their LGBTQ+ background

What Do I Do?

1. Know this is a sign of huge trust! (Yay!)
2. Check-in on how confidential this is (Do other people know? Is this a secret?)
3. Remember that their gender/sexuality is just one dimension (of many) of who they are.
4. Show interest and curiosity about this part of them that they are sharing with you.
5. Ask them how you can best support them.

What Do I NOT Do?

1. Say “I always knew,” or downplay the significance of their sharing with you.
2. Go tell everyone, bragging about your “new trans friend.”
3. Forget that they are still the person you knew, befriended, or loved before.
4. Ask probing questions, or cross personal barriers you wouldn’t have crossed earlier.
5. Assume you know why they came out to you.

What Do I Do Discussion:

1. How do you create a safe environment for students to talk about themselves?
2. What assumptions do we make?
3. Consider: Have you asked what kinds of support they have and what additional resources they might need?
4. Thoughts: Who might you disclose this information to?
   - How will you tell the student if you have to disclose the information to someone else?
5. How might other aspects of a student's identity impact your conversation?

Conclusion & Resources

How Can I Be Supportive?

- Educate yourself about transgender issues
- Be aware of your attitudes about atypical gender appearance or behavior
- Use pronouns congruent with gender expression, ask if unsure – Ze/Hir replace He/Her
- Don’t make assumptions about sexual orientation
- Seek support when dealing with your own feelings

How do LGBTQIA+ Students Connect with Other Systems?

- University System(s)
- Mental health and family counseling
- Physical health
- Faith communities
- Community and peer supports

Identifying Competent Services/Supports

- Marketing materials are inclusive of LGBTQ individuals and families
- Intake forms, etc. are inclusive
- Organization's staff have received training
- Previous positive experiences
- Demonstrate understanding of specific issues you are referring for

Resources

- Resource Guide
- PFLAG Pittsburgh Training(s)
- PFLAG Pittsburgh Contact:
  - Mitchell Hortert, President & Trainer
  - (412) 538-7267

Services Offered

- Monthly Support Meetings
  - Second Sunday of each month
- Advocacy
- Community Education
  - Trainings
  - Speaker's Bureaus

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Training Summary/Conclusion

- Terminology - Appropriate use of Language
- Difference between terms for SOGIE & LGBTQIA+
- The LGBTQIA+ community experiences health disparities
- SOGIE impacts how you work with students and families, and requires competent strategies to address
- Other aspects of identity matter and influence experiences related to SOGIE
- We can all improve our competence in addressing SOGIE



NEXT STEPS & QUESTIONS