



ALAMEDA COUNTY BHCS
ROUND THREE
INNOVATION GRANT PROGRAM



**PACIFIC
CENTER**
FOR HUMAN GROWTH

Pacific Center for Human Growth (Pacific Center)

Improving LGBTQI2S Competency for Providers
Through Small Group Trainings and Follow Up Supports



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OUR STORY

Pacific Center is the oldest LGBTQI2S Community Center in Northern California and the third oldest in the nation. We have delivered provider training, clinical mental health services and supports programming for LGBTQI2S people since 1973.

Our mission statement reflects the role and importance of training in delivering culturally competent services for LGBTQI2S people. Pacific Center for Human Growth (Pacific Center) fosters and enhances the well-being and self-respect of Lesbian, Gay, Bisexual, Transgender, and Queer youth, seniors, and adults through the delivery of LGBTQI2S competent mental health and wellness services, and through the cultivation of a strong community of LGBTQI2S proficient mental health care professionals.

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PACIFIC CENTER

FOR HUMAN GROWTH

Innovations Grant # 268

PROJECT OUTCOME NARRATIVE

Date Submitted: 10 October 2015

Project Name: Improving LGBTQI2S competency for providers through small group trainings and follow up supports

LGBTQI2S LEARNING QUESTION #1

How would an effective program of co-training, collaboration and consultation with LGBTQI2S stakeholders, [i.e., Parents, Families of Lesbians and Gays (www.pflag.org) and the Gay-Straight Alliance Network (www.gsanetwork.org) measurably improve understanding of the issues related to LGBTQI2S clients/consumers' health, wellness and resiliency and enhance community support for LGBTQI2S clients/consumers?

Grantee Organization: Pacific Center for Human Growth

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Pacific Center's Executive Director, **Leslie Ewing, M.A.**, is a recognized leader in the LGBTQ civil rights movement. Her previous experience includes being the volunteer coordinator for the *NAMES Project* AIDS Quilt displays in Washington DC and serving on the national organizing committee for the 1993 *March on Washington*. After two terms as President of the Board of Directors at the AIDS Emergency Fund in the darkest days of the HIV epidemic, she and her late partner founded the *Breast Cancer Emergency Fund* in San Francisco. Immediately prior to joining *Pacific Center*, Leslie was the Associate Executive Director at *Lyon-Martin Women's Health Services* in San Francisco. She may be contacted at lewing@pacificcenter.org.

Louise Monsour, M.A., LMFT, is a licensed clinician and the Director of Clinical Training at the Pacific Center for Human Growth. She is responsible for the recruitment and training of the pre-licensed individuals who see clients at the Pacific Center, their individual and group supervisors, and all those who teach a weekly didactic throughout the training year. She herself is an experienced trainer and educator who believes that education is a primary tool for changing discrimination or injustice of any kind. She maintains a private practice in Berkeley, and may be contacted at lmonsour@pacificcenter.org or at louise@louisemonsour.com.

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Ayanna Larrimore is a clinician currently working with low and middle income children in Alameda County providing time limited behaviorally focused mental health support services. She is a professional clinical counseling intern who obtained her degree and counseling experience in the Bay Area. She is an invited trainer at the Pacific Center on LGBTQI2S identities and is particularly interested in continuing to work alongside the large populations of LGBTQI2S people who also identify as people of color in the Bay Area. She may be contacted at ayanna_larrimore@gmail.com.

Elizabeth (Liz) Cleves M.A., earned her certification in Substance Abuse Counseling from UC Berkeley and her Masters in Clinical Psychology at the American School of Professional Psychology. She is currently completing her doctoral degree in clinical psychology and provides life coaching in her private practice in Benicia, CA. Liz has extensive experience working with children and youth, and facilitates groups for adolescents dealing with divorce. She also works with adult children dealing with narcissistic parents. She may be contacted at lizcleves@yahoo.com.

Jeanne Courtney, MFT, is a Bay Area psychotherapist specializing in: LGBT issues, body image, codependency, depression, and anxiety. She also offers CEU courses and career development groups for therapists. She has worked in hospital, residential, and outpatient settings with dual diagnosis, HIV, and severe mental illness. At the Pacific Center for Human Growth, she has led professional development groups and provided supervision and training for interns. She may be contacted at JeanneCourtneyMFT@gmail.com.

Final Report on INN Grant # 268: Small Group Training

Project Name: Improving LGBTQI2S competency for providers through small group trainings and follow up supports

Introduction

Founded in 1973, Pacific Center for Human Growth (Pacific Center) is the oldest LGBTQI2S community center in the Bay Area and the third oldest in the nation. Today, Pacific Center is a respected, grass-roots non-profit organization that provides LGBTQI2S culturally competent mental health services and a wide range of support services for young people and adults of all ages. While we are located in Berkeley, we help people throughout the entire Bay Area.

We help about 2500 people each year: individuals, couples and families in low-cost therapy; HIV+ men in our HIV counseling and support program; young people in our after school program; and participants in our many different peer support groups. We respond to hundreds of calls annually for referrals to other agencies and services. Above all, Pacific Center strives to empower individuals in the community to take action toward building and sustaining health, wholeness and well-being.

Through competency trainings, mental health services and peer groups the Pacific Center works to improve support for all LGBTQI2S people, both within families and in the larger community.

The training guide is just one of the tools that may be employed to help providers achieve a higher level of comfort and better outcomes when working with any person from the LGBTQI2S population. Note that this guide and the accompanying Power Point presentation are meant to be dynamic tools, not something that is created once and used without change for years to come. Changes occur regularly in laws, and in the LGBTQI2S community itself. The rapid emergence of the transgender population and the improvement in civil rights for all LGBTQI2S individuals have meant many improvements in the lives of some while creating conflict and confusion for those serving the mental health needs of the population. That said, anyone using these materials must update relevant statistics and links to videos or websites mentioned in the presentation. It is our strong recommendation that the training will be conducted by members of the LGBTQI2S community, and where possible, by someone with extensive knowledge of the history of the LGBTQI2S community.

Program Design

The purpose of this project was to improve LGBTQI2S cultural competency for providers through small group trainings and follow up supports. We first gathered information about what kinds of training and what information was to be included by conducting focus groups with all collaborators. These groups were essential in determining the starting point for the trainings and how much could be achieved in a very short time frame.

It was clear from the beginning that coordinating schedules with multiple staff people in any one location is sometime a herculean task. Most mental health and community facilities are operating with minimal paid staff, sometimes volunteers, and it is rare to be able to pull them together as a group for training of any length. Many try to accommodate the need for trainings by incorporating them into regular staff meetings. This poses several problems:

- Not everyone can be available at the same time
- Business of the regular staff meeting (administrative or clinical issues) does not get done and leaves some people dissatisfied
- Most staff meetings are meant to follow a one-hour (or less) time frame, not enough time for even a minimal training with any substance

So it was decided to best address these issues by setting aside a defined 2-hour period specifically for a training. Of course, this meant that timing was difficult for some employees who could not attend at all or had to be there for only a limited time. Ideally, this type of training should be offered more than once where there are significant scheduling difficulties so that all employees will have a chance to become more competent.

It must be stressed here that a significant amount of time and energy went into the necessary outreach in order to set up the trainings. Several weeks of phone calls, email, and in-person meetings were required to make these events happen. The first step was finding the right person in each agency to authorize the training, then working with another person to coordinate the meeting time and the site requirements for the training to happen. This would not have happened at any place we trained without the firm belief by someone there in a position of authority to allow this to take place.

In most cases the 2-hour training worked well to begin to address some concerns regarding the LGBTQI2S population, but it was never enough time to do a satisfactory training on all the current issues brought to the fore by the emergence of the transgender micro-population. At least in the current year it is advisable for any group that provides services to the transgender population, and is not part of the LGBTQI2S community, to have extensive training to achieve competency. A full-day training is the recommended minimum.

Collaborators

There were three collaborators within Alameda County for this grant. We held focus groups with all three and provided trainings for small groups at all three locations. Pre-tests and post-tests were administered so we were able to judge the effectiveness of the proposed trainings. The work groups at each location were mixed, comprised of licensed mental health workers, unlicensed staff, and in some cases, managers. The three collaborators were:

- John George Psychiatric Pavilion at Alameda County Medical Center
- Asian Community Mental Health Services
- Horizon Services

A final note on what we learned is that continued flexibility in response to the training participants' various experiences is important. Because our presenters are skilled clinicians, we were able to address the feelings that arise for some participants as they sit with the adverse effects that trauma, judgment, and stigma have on some members of the LGBTQI2S community. Some of our training participants showed emotions through tears and through strong language and anger directed at a society that can disempower and disaffirm LGBTQI2S people. The licensed therapists who presented this material were able to respectfully hold and validate those emotions while also moving through the material.

Methodology

In order to increase our awareness of issues that need to be addressed at locations where a Small Group training for LGBTQI2S competency would be held, we conducted a content analysis of a focus group conducted at Horizon Services. Those in attendance were organizational and program managers that represented the range of management levels and programs within the Horizon Services network. We chose to use this focus group transcript for the content analysis because it represented the dynamics of culture, accessibility, and diversity that can be found across Alameda County Behavioral Health Care providers.

In order to perform a content analysis, we used an online program called, Dedoose. We uploaded the transcript into Dedoose, and used its organizational tools to code the document. After the document was coded, we analyzed the codes along several themes which were identified by Alameda County Innovation Grant and Behavioral Health staff as crucial to our investigation. The themes were as follows:

Themes
Current Situation (CS)
Changing Culture (CC)
Unmet needs (U)

Results and Analysis

The table below is a list of the codes and sub codes identified in the focus group transcript. They are organized by Theme, as listed above, and are followed by frequency coded in the transcript, a description of the code, and a specific example from the transcript.

Organizing Themes	Code	Frequ.	Description	Example
CS	Age and Generation Gap	1	Values differences in staff based on age and generation.	"The older you are, it is harder to talk about. Talking about sex, is generational. They have different ideas of talking about this."
U	Assessment	1	Programs knowing that they are heading in the right direction for LGBTQI-2S competency.	...there is a "fear" apprehension, discomfort ... to confront homophobia ... they do not know how to connect old message to new message. How to make sure that staff is trained right?"
CC, U	Biases	9	Exploring personal beliefs that get in the way of acceptance and validation of all clients' sexuality and gender identity.	"We have to continue a process of having the conversation ... make room for saying what is not acceptable."
CC, U	SUB CODE: Religion and Personal Values	4	Encountering religious beliefs and personal values that shun LGBTQI-2S people. For staff and clients.	"How to break through a belief system that they had for 50 years?"
CS	Challenges	8	Issues that get in the way of change.	"If 14 out of 15 clients are homophobic, the one gay client will feel more impacted."
U	Further Needs	4	What the programs still need, at times, beyond their control?	"How can programs adapt to fit the need of the LGBT community, especially with harsh regulations at state level?"
CS	Homophobia	3	Speaking about homophobia in staff and clients.	"At the all staff day training on LGBTQ issues, we showed that we are not as accepting – there was a difference of perception and reality. Some people are homophobic and masking it. Some are homophobic and not masking it."
CC	Hope for Growth	3	Vision of things getting better, or wanting the situation to improve.	"We do not need to prove we are good, we just have to be good and comfortable with this situation."
CS	Institutional Barriers	5	Systemic pressures that bar change.	"We need help on protocol, policies and procedures."

U	Practical Issues	4	Concrete problems that arise with LGBTQI-2S clients.	"...the big question is, 'What room do I put [transgender clients] in?'"
CC	Preparing Clients	2	Ongoing advocacy in client population for LGBTQI-2S inclusion and acceptance.	"How do we prepare the [cisgender] clients for transgender clients entering the community?"
CC	Relationship between Clients	8	Issue that arise within the client population itself.	"We need training on how to answer questions on scenarios such as clients are not comfortable with LGBT client coming in. How to move them from point A to B? How do we start to change the thinking?"
CC	Role Model	4	Staff serving as a role model for clients and other staff.	"As a program director it is my job to be a role model ... to be actively welcoming to LGBT clients."
CS, CC, U	Safety	6	Concern for overall wellbeing of marginalized clients.	"Safety is an issue all the time."
CS	Staff Differences	3	Staff having different opinions and beliefs about homosexuality and gender nonconformity.	"Staff is united around certain issues, but maybe not united around transgender issues."
U	Training Needs	15	What type of training elements the programs need.	"How to deal with other people's beliefs and values?"
CC, U	SUB CODE: Active Confrontation	3	Staff directly confronts clients about LGBTQ issues.	"There is a fear, apprehension, and discomfort for staff to confront homophobia."
U, CC	SUB CODE: Language	6	Focus on what words are used, communication procedures, around sexuality and gender identity.	"...what is the right thing to say all the time, how to deal with ever expanding acronym."
U, CC	Transgender	8	Specific comments about transgender identity and transgender clients.	"We have yet to see a transgender client do a [completion ritual of a specific program]."
CS	What is being done already	6	Elements already instituted or areas that already are focused on for LGBTQI-2S competence, inclusion, and acceptance.	"If client identifies as transgender they can be offered a room where they feel comfortable."

By reviewing the codes and sub codes we were able to expand upon the themes listed above.

Current Situation - Though programs receive some kind of training on LGBTQI2S clients, a one-time training is not enough to significantly address the long held biases of staff. In fact, trainings tend to clarify problems, rather than offer solutions. With the initial layer removed, program staff understands that there needs to be more opportunity for staff and clients to work through their biases. With a growing level of comfort, programs can begin to confront institutional and systemic challenges that hinder equal treatment of LGBTQI2S clients. While organizational culture seems to be shifting towards acceptance of sexual orientation differences, attitudes towards gender identity differences are still of concern.

Changing Culture - From the focus groups, it was evident that the changes that need to happen are more systemic. Organizations are receiving the information they need to serve LGBTQI2S clients, but information is not enough. Also, it seems that while some professionals have received training before (social workers, occupational therapists, marriage and family therapists), other professionals have not (direct care providers, nurses, addictions counselors).

Organizations are composed of people, and if people are not given the opportunity to change, then the organizational culture will not change. Focus group participants voiced the need for ongoing space to be created for staff to talk about their own beliefs and values that might get in the way of serving LGBTQI-2S people. The spaces they seek are open and nonjudgmental. They need to be able to explore how to separate out their own feelings, values, and beliefs, from the institutional goal of well-being for all clients.

Staff generally understands that it is too late to wait for a transgender client to enter the client population before they address issues of nonconforming gender identities in their program. Programs are aware that real change happens through consistent messaging for clients, and for staff to serve as unwavering role models.

There was a need to identify ways of successfully challenging other people's beliefs - of staff and clients. The small group model provides the intimate setting for staff to be open and honest about their feelings, and to explore how their biases will impact their clients. Small groups is also a perfect setting to role play difficult situations that continue to arise in an organization, such as confronting homophobia, or gaining confidence to comfortably assess for sexual orientation and gender identity.

Unmet Needs - The focus group participants highlighted shortcomings that needed to be addressed in order to serve LGBTQI2S clients with confidence and competence. Some unmet needs resided in larger structural bodies, like state or county regulations around gender, physical space limitations to address the needs of all clients, and external social messaging that continues to privilege heteronormativity and gender binarism.

Other unmet needs connected to increased training. Participants felt concerned about the ever-expanding acronym, labels, and identifiers that are used in the LGBTQI2S community. Other staff expressed the need for more time and space that would support deeper explorations of biases, and

what it means to be a role model at work. This unmet need was held up against time constraints at work for trainings in general. Staff felt uncertainty about how to stand up to clients and other staff who might have biased views against LGBTQI2S people. A final unmet need is adequate ways of measuring if change is actually happening.

The small group model, used in conjunction with large group trainings, would meet some of these unmet needs. Breaking into smaller groups with a trained clinical facilitator, could carve the space needed to go deeper to explore biases and to brainstorm how to have challenging discussions at work. Additionally, in small group settings, it is harder to hide biased thinking, so an organization can better assess for the attitudes that staff bring to work each day.

Conclusion - Innovation of Small Group Model - The small group model provides for the following innovations in training behavioral health care providers:

- Led by licensed clinicians who have experience creating safe space for deeper exploration.
- Maximizes time for more honest work around challenging issues.
- Brings together staff members that have different training and responsibility in order to create a more accepting and affirming environment for LGBTQI2S individuals.
- Less intensive to plan than an all-organization training, so training can happen more frequently.
- Addresses the critique of one-off trainings that cannot create lasting systemic and cultural change.
- Highly adaptable to fit the unique mission, demographic, and certain unmet needs for a subgroup of any organization.

The results of our pre-and post- tests were generally positive in that participants learned key facts from the training. The results also pointed out some areas of concern that the training did not explicitly cover. For example, participants who did not know at the beginning that children of LGBTQI2S parents are not at added risk, remained uncertain about this at the end of training. We were also reminded that personal bias can be very deep and even unconscious for some. In spite of a specific section on trauma, some participants were still unsure at the end about whether LGBTQI2S people might suffer trauma.

This served as a reminder that important key points need to be brought into any training more than once, thereby increasing the odds that those points will be absorbed. One way of helping to address this is to supply the participants with good handouts they can use for future reference. We included a glossary, an explanation of differences between sex and gender and sexuality, and a list of resources as well as references. Those who leave the training wanting to further improve their competency, will be able to expand their knowledge and their comfort level by making use of these resources.

Successes

We were met with great appreciation and willingness at John George and Asian Community Mental Health Services (ACMHS). The training participants seemed very engaged in the material and discussions that we facilitated. We received very direct feedback about our training, and have integrated their suggestions as we prepared the final output training for Small Groups. The success is due largely to the fact that both presenters are trained facilitators through their own clinical training. They were aided by the whole Pacific Center Innovations Grant team, through discussions about the materials being presented and a sharing of resources.

It is necessary to emphasize that we were also successful because of the willingness of invested staff at each location to support the training – doing the legwork to get an engaged group of people together for the training, and showing their trust in us as facilitators. There has to be some commitment at the upper management level for the staff on the front line to engage and take seriously the need to improve their knowledge and their skills in working with LGBTQI2S community members.

It was confirmed that the trainings were successful through the feedback forms received after the training, and through direct inquiry of those who organized the trainings for their workplace. We also received emails from participants for some time after the trainings letting us know what worked and requesting that we return to do more.

Replication of Program Design

The basic design and factual information in this training is current and relevant today and much of it will be relevant for many years. However, it is always best in any training of this kind to update resources, links to other materials, and the glossary (Appendix B) so that it reflects what is real in the world at the time of the training. It is expected that laws and resources for the transgender community will continue to evolve as more is known and understood about this cultural phenomenon.

This program is particularly suitable for training small groups within one organization. For example, a work unit in a larger organization (e.g., staff on the locked ward in a psychiatric facility, OR case managers at a community based organization, etc.). Though it was designed for a group of 6 – 10 participants, it could work with a slightly larger group.

It is strongly recommended that this workshop be taught by members of the LGBTQI2S community who are themselves trained professional providers and trainers. If there are 2 presenters, they should represent different gender expressions, i.e., female and male or gender non-conforming with a gender conforming, a transgender person and a cisgender person, etc. It is important that we not stereotype gay men to being limp-wristed, and embrace all the other varieties of personal identities that make up the rainbow of people in the LGBTQI2S community.

Budget Requirements

Most of what is required is compensation for the time and expertise of those providing the training. As previously stated, emphasis is placed on having trained facilitators or teachers who are familiar with the current issues in the LGBTQI2S community as well as the history of this population. Any marginalized group will continue to suffer discrimination until those in the dominant culture are educated and understand the cultural differences as well as the history of struggle by the marginalized group.

Though time was required for us to gain permission to enter workplaces and train staff, this would not be necessary if agencies would willingly seek out those who could provide the education necessary to improve their competency, or had some incentive to do so.

The basic materials are part of this report, along with a Power Point presentation that can be utilized with minimal updating.

Based on the average hourly rate⁺ of psychotherapists in the Bay area, with 2-4 hours preparation time to update materials and prepare handouts, a single 2-hour training with 2 facilitators will cost approximately \$1200. Additional costs would be incurred if travel and per diem expenses were involved.

⁺ Note that the average hourly rate of \$165 is the current rate for a private practice psychotherapist in the East Bay, and is not the average paid by Alameda County to its providers.

Appendix A

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Appendix B

Glossary

Ally

Someone who is a friend, advocate, and/or activist for LGBTQ people. A heterosexual ally is also someone who confronts heterosexism in themselves and others. The term ally is generally used for any member of a dominant group who is a friend, advocate or activist for people in an oppressed group (i.e. White Ally for People of Color).

Androgynous

Term used to describe an individual whose gender expression and/or identity may be neither distinctly "female" nor "male," usually based on appearance.

Aphrodite

Greek Goddess of love, Sappho's god, in some lore, said to be the goddess special to homosexuals.

Asexual

A sexual orientation generally characterized by not feeling sexual attraction or desire for partnered sexuality. Asexuality is distinct from celibacy, which is the deliberate abstention from sexual activity. Some asexual people do have sex. There are many diverse ways of being asexual.

Biphobia

The fear, hatred, or intolerance of bisexual people.

Bear

In male gay culture, a bear is often a larger, hairier man who projects an image of rugged masculinity. Bears are one of many LGBT communities with events, codes, and a culture-specific identity. Some bears place importance on presenting a clear masculine image and may show disliking towards men who exhibit effeminacy. The bear concept can function as an identity, an affiliation, and there is ongoing debate in bear communities about what constitutes a bear.

Beard

A "beard" is a person of the opposite sex who marries or dates a closeted lesbian or gay person to cover up their homosexuality. In the past, often lesbians married gay men so that both could "pass" as straight, either for work or for their families.

Berdache

In Native American cultures, men and women who did not fit the gender stereotypes were often revered and seen as healers or shamans. Gender bending women were often teachers and warriors. Men were healers and nurturers. French explorers who came upon the Native peoples called these two-spirit individuals "Berdache," which was a derogatory word meaning "slave boy." Today, many Native tribes find this term offensive and prefer the term "two-spirit."

Biphobia

Fear of bisexuals, often based on inaccurate stereotypes, including associations with infidelity, promiscuity and transmission of sexually transmitted diseases.

Bisexual

An individual who is physically, romantically, emotionally and/or spiritually attracted to men and women. Bisexuals need not have had equal sexual experience with both men and women; in fact, they need not have had any sexual experience at all to identify as bisexual.

Boi

For lesbians, a boi is a woman who is biologically female, but has a boyish appearance or presentation. A boi may be lesbian identified or s/he may be trans identified. For gay men a boi is a gay man who is boyish or young in appearance or identity

Boston Marriage

In the late nineteenth century, it was common for two unmarried women to share a home. Many women, particularly those who were college educated, lived in long-term unions with other women. These relationships became known as "Boston Marriages." These relationships offered women of a certain class a socially acceptable alternative to a traditional marriage. Certainly some of these relationships had a sexual component, but it cannot be known how many. Today these women would have been called Lesbians, but the term was not coined until 1890.

Bottom Surgery

Typically refers to when a person is having their genitalia reconstructed to fit the sex they seek to identify with.

- *Penectomy* – Removal of the penis, where the shaft of the penis is used to create the neo vagina.
- *Phalloplasty* – Construction of a penis typically using skin from ones forearm
- *Vaginectomy* – the closing of the vaginal opening from the bottom and opening from the top internally
- *Metoidioplasty* – Releasing of an enlarged clitoris so that it resembles a penis
- *Labiaplasty* – Typically done for MTFs when they use the scrotum to construct a new labia
- *Hysterectomy* – removal of uterus (some states require people to have this procedure in order to legally transition)
- *Ophorectomy* – removal of the ovaries
- *Scrotoplasty* – construction of the scrotum using labia

Buggery

Gay male anal sex act

Bulldyke or Bulldike

In slang, a strong, warrior-like Lesbian, assertive looking gay woman; from the name of a warrior Queen of the Celtic Hicca people (Boudica, "boo-dike-a") who rose up against Roman colonization in A.D. 61. Variations of the slang word are *bulldagger*, *bulldag*, and *diesel dyke*.

Butch

Cross gender mannerisms in a woman, usually considered very attractive, especially by one's lover. Among gay men, the term loosely refers to assertive, "masculine" characteristics but may also be a term of endearing fun. It probably derived from the French for goat, *bouch*, reference to the ceremonial cross-dressing of gay pagan priests/shamans taking the part of the horned god or goat-god (done by both women and men).

Chest surgery

Typically refers to when a person is having their chest reconstructed to fit the sex they seek to identify with – this may mean having fuller breast implants or having breasts removed.

Cisgender

Term used to describe people who, for the most part, identify as the gender they were assigned at birth.

Closeted

Describes a person who is not open about his or her sexual orientation out of fear or insecurity.

Coming Out

A lifelong process of self-acceptance. People forge a lesbian, gay, bisexual or transgender identity first to themselves and then may reveal it to others. Publicly identifying one's sexual orientation may or may not be part of coming out.

Crone

The word "crone" was (and in some circles still is) a derogatory term for an old woman. In the 1970s, during the feminist movement, lesbians began to adopt the word crone to mean a wise older woman. Today, in lesbian and feminist circles, a crone is a wise older woman whose life experience demands that she be treated with respect.

Cross-dresser

A person who sometimes wears the clothing and aesthetics of a gender other than the one they typically wear in their daily lives.

Cross-Hormonal Therapy

The use of testosterone (FTM) or estrogen (MTF) to biologically produce secondary physical characteristics.

Cunninlingus

Lesbian act of oral sex, from Latin *cunne*, "female pudenda," and *lingus*, "tongue"; punned as "cunning linguist."

Defense of Marriage Act

The Federal Defense of Marriage Act (DOMA) did two things. First it said that no state shall be required to recognize the laws of another state in regard to same-sex marriage. Second, it defined the words "marriage" and "spouse" in Federal Law. The Defense of Marriage Act was signed into law by President Bill Clinton in 1996. Essentially it:

- Allowed each state to deny any marriage-like relationship between persons of the same sex which had been recognized in another state.
- Explicitly stated that for purposes of Federal Law marriage is "a legal union of one man and one woman as husband and wife" and defined spouse as "a person of the opposite sex who is a husband or a wife."

Between 1996 and 2015 many states passed their own "Defense of Marriage" Acts.

This Act was declared unconstitutional by a Supreme Court decision in 2015, allowing all Americans to marry the person of their choice regardless of sexual identity or orientation.

Diesel Dyke

A Diesel Dyke is a very butch or manly lesbian, especially one who is very aggressive.

In some lesbian circles Diesel Dyke refers to a very butch Big-Rig (or other heavy equipment) driving lesbian.

Drag

Cross-dressing, often seen as "being in drag," or "going in drag." From *drag*, *dray*, meaning "cart." Gay men and women cross dressed to imitate the gods and rode in carts or "drags" in processions honoring pagan gods during the festivals of New Year's, Halloween, and other holidays.

Drag King

A drag king is a woman who dresses to look like a man, usually for performance. Drag kings are often lesbian, but not always.

Drag Queen

A man who dresses to look like a woman, sometimes for performance, and who may or may not be gay.

Dyke or Dike

A Lesbian who participates in her gay culture in her dress, mannerisms, attitudes, and so forth. Short for *bulldike*. Dike ("natural justice") was a goddess of Greece whose female companion was Truth, Aletheia. In current times, is often used to mean an "out" Lesbian who is strong, and politically and socially aware/active.

Fag Hag

A straight woman who keeps company with gay men.

Faggot

A gay man who participates in his gay culture in his dress, mannerisms, attitudes, and so forth. From the sacred fire stick of ancient gay wizards, branch of the fagus (beech) tree. Related both to the Fairy wand divining rod and to the Roman *fascēs*, a bundle of sticks signifying collective masculine force. Faggots (i.e. sticks) were used during witch-burning times in Europe, when many independent women, herbalists, healers and heretics and sexual non-conformists were condemned as witches.

Fairy

In general slang, an effeminate man. The term has sometimes been used to include Lesbians.

Fellatio

Male oral sex act.

Femme

A feminine lesbian. French for "woman"; "who gives suck". A Lesbian who takes on a femme style or who modifies her butch characteristics as a way of participating in Lesbian culture.

Frig

Lesbian manual sex act, related to "friction," making fire by rubbing. Possibly related to Frig, Norse female god of the sun who is sometimes portrayed as a hermaphrodite.

FTM

A female to male transgender person at any point in life, i.e., pre to post transition.

Gay

The adjective used to describe people whose enduring physical, romantic, emotional and/or spiritual attractions are to people of the same sex (e.g., *gay man*, *gay people*). In contemporary contexts, *lesbian* (n.) is often a preferred term for women. Avoid identifying gay people as "homosexuals"

Gaydar

The ability to determine who is and isn't gay is called gaydar.

Gender Expression

Gender Expression is the physical manifestation of one's gender identity, usually expressed through clothing, mannerisms, and chosen names. Transgender people usually have a gender expression that matches their gender identity, rather than their birth sex.

Gender Identity

Gender Identity is a person's internal sense of being a man or woman or boy or girl. Since gender is a social construct, an individual may have a self-perception of their gender that is different or the same as their biological sex. Gender identity is an internalized realization of one's gender and may not be manifested in their outward appearance (gender expression) or their place in society (gender role). It is important to note that an individual's gender identity is completely separate from their sexual orientation or sexual preference.

Example: Although Max was born a female, now that he has come out as transsexual, his gender identity is male.

Gender Non-Conforming A person who is perceived to have gender characteristics that do not conform to traditional or societal expectations.

Gender/Sexual Reassignment Surgery – Refers to a surgical procedure to transition an individual from one biological sex to another. This is often paired with hormone treatment and psychological assistance. A "Transsexual" individual must go through several years of hormones and psychological evaluation and live as the "opposite" or "desired" gender prior to receiving the surgery (see intersex).

Gender Role A societal expectation of how an individual should act, think, and/or feel based upon an assigned gender in relation to society's binary biological sex system.

Gender Variance

Gender variance is behavior that is different from traditionally defined "masculine" in males and "feminine" in females

Genderqueer

A genderqueer is someone who transgresses boundaries of gender identity and sexual orientation. This term is growing in popularity because it is seen as more inclusive than transgender and transsexual.

Girl Crush

A Girl Crush is when two women have strong feelings for one another, but not in a sexual way. A Girl Crush is strong infatuation that one woman has for another woman who seems beautiful, sophisticated, charming or accomplished. It usually refers to heterosexual women.

Gold Star Lesbian

A gold star lesbian is a lesbian who has never slept with a man and has no intention of ever sleeping with a man.

Hasbian

A hasbian is a woman who used to identify as a lesbian and date women, but is now dating men.

Heteroflexible

A heteroflexible is a person who is straight but has a queer sensibility. They usually have lots of gay friends, identify with gay and lesbian culture and work for gay and lesbian rights. An alternate definition of heteroflexible is heterosexually-identified person who is not opposed to having a same-sex experience.

Heterosexism

The attitude that heterosexuality is the only valid sexual orientation. Often takes the form of ignoring lesbians, gay men and bisexuals. For example: a feature on numerous Valentine's Day couples that omit same-sex couples. Heterosexism refers to culturally and institutionally entrenched attitudes and practices which serve to oppress and marginalize LGBT/I persons.

Homophobe

One who fears homosexuals and homosexuality (this is a literal definition). This term is generally applied to anyone: who dislikes LGBT/I people; who uses any derogatory sexuality or gender based terms; who feels that LGBTQI2s people want "special rights" and not "equal rights".

Homophobia

Fear of lesbians and gay men. *Prejudice* is usually a more accurate description of hatred or antipathy toward LGBT people.

Hwame

Pima Indian name for a Lesbian medicine woman.

In the Life

Often used by communities of color to denote inclusion in the LGBTQ communities.

Internalized Oppression

The way in which a member of an oppressed group may accept the negative social and moral judgments of others and may live in hiding and shame. People suffering from internalized oppression may often be suicidal or depressed and anxious. They may also seek social acceptance by vilifying visible members of the oppressed group.

Intersex

A term used to describe the phenomenon where one is born with both male and female anatomical/physiological characteristics (in various combinations) or is considered (by the medical establishment and heterosexual society) to be biologically "ambiguous".

Sexual development begins at conception with the chromosomes that are present in the newly formed cell. Of the 23 pairs of chromosomes normally present in human cells, one pair (the sex chromosomes) determines the individual's sex.

The typical female chromosome pattern is denoted XX; the typical male XY. BUT, not everyone has the XX or XY chromosome patterns. Some have a single X, some XXY and some XYY.

There are many other variations possible and in fact, it is possible for an individual to have different chromosomes in different cells: for example having some cells with the XX pattern and some with the XY pattern (mosaicism and chimerism).

Even in people with the typical XX or XY chromosome patterns, outward sexual appearance at birth can be ambiguous and this is usually due to non-typical exposure to male or female hormones in the womb.

Joya

Spanish for "jewel," a title once given to gay magical men by American Indians of a coastal tribe near Santa Barbara, California.

Kiki

Kiki is a term that was used in the lesbian bar culture of the 1950s and 1960s to describe someone who was neither butch nor femme. At that time, the bar culture was very much into roles and most women were pressured to choose either butch or femme

Kinsey Scale Alfred Kinsey, a renowned sociologist, described a spectrum on a scale of 0-6 to describe the type of sexual desire within an individual. 0 signified completely heterosexual ; 6 meant completely homosexual in his 1948 work *Sexual Behavior in the Human Male*. The Kinsey Scale is sometimes used to dissect the bisexual community and describe the differences between sexual orientation and sexual preference.

Koskalaka

Lakota (Sioux) Indian name for Lesbian medicine women whose formal initiation as a pair included "making a rope baby" in a public ceremony.

Lambda

The Lambda is the eleventh letter of Greek alphabet. It is also the symbol of kinetic energy. The lambda has been used as a symbol of gay pride and identification since the 1970s. The Gay Activists Alliance first used the lambda as a symbol of the energy of the gay/lesbian movement

Labrys

A Labrys is a double-sided axe that the Amazons were said to use as their main weapon. Lesbians have adopted the labrys as symbol of power and independence. Many lesbians wear necklaces or earrings with a labrys symbol as a way to identify themselves to other lesbians

Lesbian

A woman whose enduring physical, romantic, emotional and/or spiritual attraction is to other women. Avoid identifying lesbians as "homosexuals," a derogatory term.

LGBT / GLBT / LGBTQI2S

Acronyms for "lesbian, gay, bisexual and transgender." LGBT and/or GLBT are often used because they are inclusive of the diversity of the community. Often Intersex and Questioning (or Queer) are added, LGBTQI, and some now include the 2S designation to honor the 2-spirit tradition of first nations.

LGBTQIA2S

An acronym used to refer to all sexual minorities: "Lesbian, Gay/Gender Neutral/Gender Queer, Bisexual/Bigender, Transgender/Transvestite/Transsexual, Questioning/Queer, Intersex, Allies/Androgynous/Asexual, and 2-Spirit

Lifestyle

Inaccurate term often used by anti-gay extremists to denigrate lesbian, gay, bisexual and transgender lives. Avoid using. As there is no one heterosexual or straight lifestyle, there is no one lesbian, gay, bisexual or transgender lifestyle.

Lipstick Lesbian

A lipstick lesbian is a woman who loves other women, but also loves her clothes and makeup and shoes. She tends to dress on the femme side.

Lone Star Lesbian

A Lone Star Lesbian is not a lesbian from Texas. A Lone Star Lesbian is someone who has only had sex with one person in their life. Straight and bisexual people can be Lone Stars too.

LUG

LUG stands for "Lesbian until Graduation." A LUG is a woman who experiments with women during her college years, but eventually decides she is straight and marries a man.

MSM: Men Who Have Sex with Men

The term "men who have sex with men" is used primarily in the health care field to classify men who identify as heterosexual, but engage in sexual activity with other men. The Center for Disease Control primarily uses this term when reporting the number of individuals with HIV/AIDS. Men described to be on the "Down Low" would be an example of this population.

MTF

A male to female transgender person at any point in life, i.e., pre to post transition.

Outing

The act of publicly declaring or revealing another person's sexual orientation without his or her consent. Considered inappropriate by a large portion of the LGBT community.

Pansexual

A pansexual is someone who is attracted people of many genders.

Parthenogenesis

Parthenogenesis, from the Greek word for "virgin birth" is defined as reproduction without fertilization. In other words, it is the ability to reproduce without sperm or any male input. Some plants and insects are able to naturally reproduce this way, but no mammals can yet reproduce this way without the interference of scientists.

Pillow Queen

A Pillow Queen is someone who likes to be on the receiving end of sex. She likes to be pleased and not reciprocate.

Power Dyke

A Power Dyke is a lesbian who has gained a position of power, either within the LGBT community, or in the world at large. She could be the head of a non-profit agency, a politician or successful in business.

Pre-op

Term used within some transgender circles to describe individuals who have not undergone any surgical changes to their bodies.

Post-op

Term used to describe individuals who have had a surgical procedure to change an aspect of their appearance.

Pride

This is a common name for celebrations commemorating the Stonewall riots (which ushered in the Gay Liberation Movement) and the LGBTQI2S community in general.

Pride Flag (or Rainbow Flag)

The colors red, orange, yellow, green, blue, and purple are used to symbolize equality and diversity among all people. Sometimes a black stripe along the bottom is added in honor and memoriam of those who have died of HIV/AIDS.

Queer

Traditionally a pejorative term, *queer* has been appropriated by some LGBT people to describe themselves. Some value the term for its defiance and because it can be inclusive of the entire LGBTQI2S community. Nevertheless, it is not universally accepted even within the LGBT community and should be avoided unless quoting someone who self-identifies that way. Some people previously identified as straight claim this term to indicate their rejection of compulsory heterosexuality.

Questioning

The process of considering or exploring one's sexual orientation and/or gender identity.

Reparative Therapy

Reparative therapy attempts to change a person's sexual orientation from gay, lesbian or bisexual to straight. The ex-gay movement is faith-based and believes people can willfully change their sexual orientation through counseling and prayer. It is unethical and, in some places, illegal. (See *Sexual Orientation Change Efforts, SOCE*)

Second Parent Adoption

Second parent adoption is a legal procedure that allows same-sex couples (gay and lesbian parents) to adopt their partner's biological or adopted children without terminating the first parent's right as a parent. Second parent adoptions give the child two legal guardians. It protects both parents by giving both of them legally recognized parental status. Not all states recognize second parent adoptions

Separatist

One who advocates for a state of cultural, ethnic, tribal, religious, racial, governmental or gender separation from the larger group. While it often refers to full political secession, separatist groups may seek nothing more than greater autonomy from the dominant or oppressive culture.

Sex Reassignment Surgery

Sex reassignment surgery is the genital alteration surgery that transsexuals sometimes undergo to change their physical body to match their gender identity. This is sometimes referred to as a "sex-change operation." Sex reassignment surgery is the preferred term.

Sexual Minority An all-inclusive, politically oriented term referring to individuals who identify with a minority sexual orientation, sex identity, or gender expression/gender identity.

Sexual Orientation

The scientifically accurate term for an individual's enduring physical, romantic, emotional and/or spiritual attraction to members of the same and/or opposite sex, including lesbian, gay, bisexual and heterosexual orientations. Avoid the offensive term "sexual preference," which is used to suggest that being gay or lesbian is a choice and therefore "curable."

Sexual Orientation Change Efforts (SOCE)

A term often seen in current material to describe different types of treatments that are designed to change one's sexual orientation from homosexual to heterosexual. These various types of "therapy" are often harmful to clients, are not evidence-based, and have been discredited by every major psychotherapists' professional organization. (See *Reparative Therapy*).

Sexual Prejudice

A more comprehensive term than "homophobia", "transphobia" or "heterosexism". A term which covers all of these.

Sodomy Laws

Historically used to selectively persecute gay men, lesbians and bisexuals, the state laws often referred to as "sodomy laws" were ruled unconstitutional by the U.S. Supreme Court in *Lawrence v. Texas* (2003). "Sodomy" should never be used to describe gay, lesbian or bisexual relationships, sex or sexuality.

SOGIE

Acronym meaning **S**exual **O**rientation or **G**ender **I**dentify/**E**xpression, a term meant to encompass all sexual orientation and/or gender identities outside the dominant or usual binary of male-female.

Stem

A stem is a lesbian who identifies somewhere between "stud" and "femme."

Stone Butch Lesbian

A stone butch is a lesbian who gets her pleasure from pleasing her partner. She does not like to be touched sexually.

Straight

Pop culture term used to refer to individuals who identify as a heterosexual, meaning having a sexual, emotional, physical and relational attraction to individuals of the "opposite" gender/sex. The term "straight" often has a negative connotation within the LGBTQ population, because it suggests that non heterosexual individuals are "crooked" or "unnatural".

Straight-Acting

Someone who goes to great lengths to hide their same-sex attraction and who will usually be very invested in appearing traditionally "masculine" or "feminine". They may even go so far as to vilify "feminine" men or "masculine" women. This latter behavior is an example of internalized oppression which is then expressed as sexual prejudice.

Stud

A term commonly used to self-identify by lesbians who are more masculine identified. Currently, this term is more often used in lesbian communities of color.

Trannydyke or Tranny Dyke

A trannydyke is a transgender person who is attracted to women or people with a feminine gender presentation. This term, plus others that incorporate the root "tranny" are now considered demeaning. Though you may still hear this term it is politically incorrect and may be offensive to some.

Transgender

This term may be used differently by those who identify with the label. It may mean, one who mentally and emotionally identifies as a different gender to the one they have been assigned by society, often living their lives as that gender, and who may or may not choose to undergo sex reassignment surgery . Some people use the term to mean a transcendence of binary gender systems altogether so that they identify as neither of a pair of opposites.

Transman

A genetic female who has transitioned to male and is living and passing as a male.

Transsexual

One who mentally and emotionally identifies as a different sex than the one they have been assigned by society according to their anatomy. Transsexual people will often undergo hormone therapy and sex reassignment surgery (as finances and opportunity allow). While the medical establishment claims that transsexual people are suffering from "gender dysphoria", many transsexuals reply that the problem is not with their "gender" but with their "sex" (i.e. their bodies) and that "anatomical dysphoria" is a much more accurate description. Some therapists and sex researchers now use this term and some research suggests that transsexualism is caused by a brain which is differently "sexed" to the person's body.

Transvestite

One who adopts the dress - and sometimes behavior - typical of the "opposite" gender, generally for purposes of emotional or sexual satisfaction. Transvestism can be classified as a "fetish" for some people, but for others it may be a type of sex or gender identification and may signify transgenderism or transsexualism, rather than being primarily an erotic phenomenon. This is not to be confused with Drag, which is a cross-dressing parody performance popular in the queer community. There are various types of Drag; the most sophisticated and political variety is associated with Queer Theory.

Transwoman

A genetic male who has transitioned to female to the point of living and passing as a female.

Triangle

The upside down triangle is a symbol used by LGBT people as one of pride, despite its use by Hitler during the holocaust. Women accused of being "antisocial" (not specifically lesbian) were forced to wear an inverted black triangle, while gay men were forced to wear an inverted pink triangle.

WSW (Women Who Have Sex With Women)

Designation for women who claim to be heterosexual but also enjoy having sex with women while their primary relationships are with men.

Zie & Hir

The most common spelling for gender neutral pronouns. Zie is subjective (replaces he or she) and Hir is possessive and objective (replaces his or her).

Sources:

- gay and lesbian alliance against defamation (GLAAD)
- Another Mother Tongue by Judy Grahn
- personal communications with a variety of friends and associates
- Website *We Are Family* <http://www.wearefamilycharleston.org/lgbt-a-z-glossary/>

Note: This list is in no way meant to be complete or an exhaustive study of all regional and national slang used in the LGBTQIQ community. The evolution of language is an ongoing process and words are created in each generation to express our human experiences.

Appendix C

Handouts

LGBTQI2S-- What Does the Acronym Mean?

Lesbian – Term used to describe women-identified people attracted romantically, erotically, and/or emotionally to other women-identified people.

Gay - Term used in some cultural settings to represent men-identified people who are attracted to men-identified people in a romantic, erotic and/or emotional sense.

Bisexual – A person emotionally, physically, and/or sexually attracted to men and women identified people. This attraction does not have to be equally split between genders and there may be a preference for one gender over others.

Transgender – A term for people whose gender identity, expression or behavior is different from those typically associated with their assigned sex at birth.

Asexual -- someone who does not experience sexual attraction.

Queer -- 1. An umbrella term to refer to all LGBTQI-2S people. 2. A term used as an alternative to “gay” in an effort to be more inclusive. Depending on the user, the term has either a derogatory or an affirming connotation, as many have sought to reclaim the term that was once widely used in a negative way.

Intersexed Person -- Someone whose sex a doctor has a difficult time categorizing as either male or female. The existence of intersexuals shows that there are not just two sexes and that our ways of thinking about sex (trying to force everyone to fit into either the male box or the female box) is socially constructed.

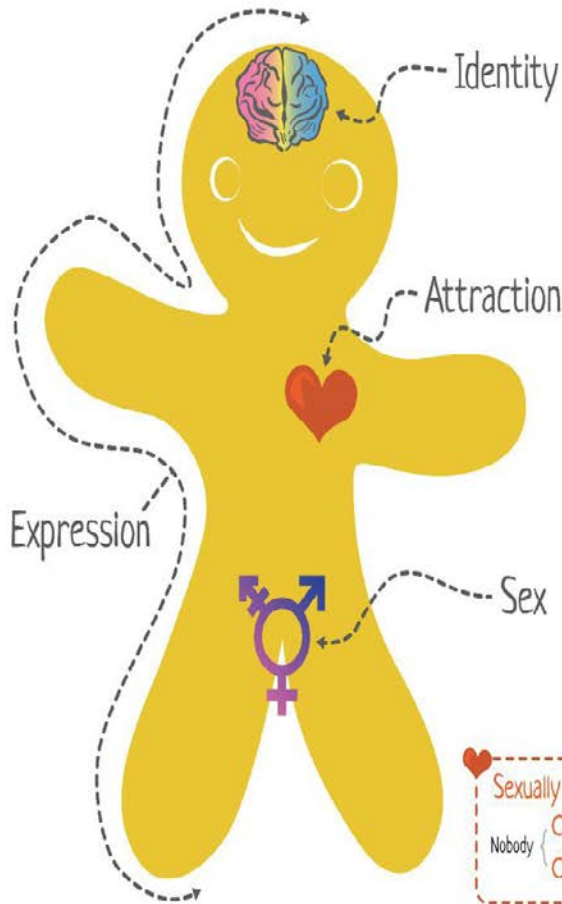
Two-Spirit -- Refers to the commonly shared notion among many Native American tribes that some individuals naturally possessed and manifested both a masculine and feminine spiritual qualities. American society commonly identifies Two-Spirit People as Gay, Lesbian, Bisexual or Transgender.

Heterosexism -- Prejudice against individuals and groups who display non-heterosexual behaviors or identities, combined with the majority power to impose such prejudice, and usually used to the advantage of the group in power.

The Genderbread Person v3.3

by its pronounced **METROsexual**.com

Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.



Gender Identity

Plot a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread

4 (of infinite) possible plot and label combos

Indicates a lack of wants on the right.

Woman-ness

Man-ness

How you, in your head, define your gender, based on how much you align (or don't align) with what you understand to be the options for gender.

Labels: "woman", "man", "two-spirit", "genderqueer"

Gender Expression

Feminine

Masculine

The ways you present gender, through your actions, dress, and demeanor, and how those presentations are interpreted based on gender norms.

Labels: "butch", "femme", "androgynous", "gender neutral"

Biological Sex

Female-ness

Male-ness

The physical sex characteristics you're born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc.

Labels: "male", "female", "intersex", "M/F Female"

Sexually Attracted to

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

Romantically Attracted to

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

For a bigger bite, read more at <http://bit.ly/genderbread>

Note to Presenter:

Insert appropriate quote to review with participants.

See Slides 4 & 5, and corresponding notes in Training Guide for examples used.

Values and Qualities that Promote a Safe Environment

1. Awareness of one's own comfort level, values, biases & prejudices about sex, gender, and sexual orientation, and how these can affect interactions with clients and colleagues.
2. Being open-minded and open to diversity.
3. Interest in the life of the client or colleague, and willingness to educate one's self about issues and social conditions for LGBTQIQ2-S community.
4. Adopt an accepting, inclusive, and nonjudgmental position.
5. Comfortable with LGBTQIQ2-S people and their families.
6. Holds one's self accountable for values, biases, and prejudices.
7. Willingness to be held accountable by LGBTQIQ2-S colleagues and allies.
8. Awareness of one's own construction of gender and sexual identity, and the origins of related beliefs.
9. Demonstrate acceptance of a person's preferred, self-identified gender.
10. Use names & pronouns accordingly (it's OK to make mistakes, self correct and move on).
11. Don't expect everyone to conform to your gender stereotypes.
12. Challenge stereotypes when stated by others.

Resources for Further Learning:

Hunt, J. (2012). Why the Gay and Transgender Population Experiences Higher Rates of Substance Use: Many Use to Cope with Discrimination and Prejudice, *Center for American Progress*. Retrieved from, <https://www.americanprogress.org/issues/lgbt/report/2012/03/09/11228/why-the-gay-and-transgender-population-experiences-higher-rates-of-substance-use/>

The World Professional Association for Transgender Health (2001). *Standards of Care* for the Health of Transsexual, Transgender, and Gender Nonconforming People: 7th Edition. Retrieved from, http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=3926

National Center for Transgender Equality (2014). Transgender Terminology. Retrieved from, http://transequality.org/Resources/TransTerminology_2014.pdf

Substance Abuse and Mental Health Services Administration (2001). A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals. Retrieved from, <https://www.nalgap.org/PDF/Resources/ProvidersGuide-SAMSHA.pdf>

UC Berkeley Gender Equity Resource Center (2014). Definition of Terms. Retrieved from http://geneq.berkeley.edu/lgbt_resources_definition_of_terms

Appendix D

Culturally Relevant Resources

Prepared For
Asian Communities Mental Health

(Just a few) Resources for Asian and Pacific Islander LGBTQI Individuals

List compiled from <http://www.apiqwtc.org/resources/api-lgbt-groups/>

API Equality is working at the intersections of the Asian and Pacific Islander and LGBTQ communities to transform people, practices, and policies to make the world an equitable and safe place for everyone.

<http://norcal.apiequality.org/>

The Network on Religion and Justice for Asian and Pacific Islander Lesbian, Gay, Bisexual, Transgender, and Queer People (NRJ) is a network of API-LGBTQ organizations and individuals, their faith communities, family and friends working to nurture and support efforts toward a fully LGBTQ inclusive Asian Pacific Islander faith community.

<http://www.netrj.org/>

Asian Pacific Islander Family Pride API Family Pride is a supportive environment for families of Asian/Pacific bisexual, gay, lesbian, and transgender people, dedicated to ending the isolation of API families with LGBT members through support, education, and dialogue. We provide one-on-one sessions with parents; connect parents with others who speak their

language; conduct workshops at schools and gatherings, and have developed resources that have found their way into over 10,000 home and schools. We have produced a video, **Coming Out – Coming Home**, which contains interviews with families of API LGBT people. Our annual banquet honors supportive parents and families who have been nominated by API LGBT individuals. Contact us at APIFamilyPride@aol.com or visit www.apifamilypride.org
510-818-0887

GAPA Gay Asian Pacific Alliance is an organization dedicated to furthering the interests of gay & bisexual Asian/Pacific Islander men by creating awareness, by developing a positive collective identity and by establishing a supportive community. GAPA was formed from the need for an organization to address, through a democratic process, social, cultural and political issues affecting the gay & bisexual Asian/Pacific Islander community. www.gapa.org

Trikone is a registered 501(c)(3) non-profit organization for lesbian, gay, bisexual, and transgender (LGBT) people of South Asian descent, founded in 1986 in the San Francisco Bay Area. South Asians affiliated with TriKone trace their ethnicities to one of the following places: Afghanistan, Bangladesh, Bhutan, India, Maldives, Myanmar (Burma), Nepal, Pakistan, Sri Lanka, and Tibet. Monthly events are held. TriKone also hosts Women of TriKone events. www.trikone.org
trikone@trikone.org

South Bay Queer and Asian (SBQA) is a support and social group that provides gay, bisexual,

and lesbian Asians and Pacific Islanders in the South Bay with a safe place to “come out of the closet” and be comfortable with their sexual identity and race. Our meetings serve as a forum where individuals can freely discuss issues relevant to being gay/bisexual/lesbian and Asian in a relaxed and friendly environment. SBQA’s social events afford members opportunities to meet others of similar backgrounds and interests and to build new, lasting friendships. Our group also supports the development of its members’ organizational leadership skills. www.sbqa.com

O-Musubi is a group for Lesbian, Bisexual, Transgender, Queer or Questioning Women of Japanese Ancestry. We have an email list and occasional activities in the Bay Area. All participants are encouraged to contribute ideas and energy into creating what it is they want for the group, whether it will be social, political and/or cultural in scope.

Contact Kris Mizutani at kris@apiqwtc.org for more info or to be added to the e-list.

Seoul Sisters is a social group for lesbian, bisexual, queer, transgender women of Korean heritage in San Francisco Bay Area.

All official notices are posted on this email list <http://groups.yahoo.com/group/seoulsistersinsf/> We also have a Facebook page <https://www.facebook.com/groups/325334064155376/>

MAPLBN (Mandarin-speaking Asian and Pacific- Islander Lesbian and Bisexual women Network) is a support group for Mandarin-speaking queer women. For more info or to get onto MAPLBN’s email list-server, please just send us an email at maplbn-owner@yahoogroups.com. The 4th edition of MAPLN’s “Beloved Daughter” booklet contains 14 stories by parents and siblings of Chinese lesbians about their coming-out in both Chinese and English. Please email us at maplbn-owner@yahoogroups.com for a free copy!

OASIS (Older Asian Sisters in Solidarity) is a group for Asian lesbians 35+ with regular and occasional events.

For info contact Koko Lin – kokolin@yahoo.com or 510-761-5585

SAMBAL (Singaporean and Malaysian Bisexual and Lesbians) is a support/rap group that holds monthly potlucks. To be added onto SAMBAL email list, email us at sambal-owner@yahoogroups.com.

<http://www.sappho.net/lesbian-lists/sambal.html>

Towards LGBTQI2S Inclusivity



Training for Small Groups

Introduction

This guide was prepared by the Pacific Center for Human Growth in Berkeley, California over a period of 18 months, and while working with a number of collaborators in the Bay Area who provide services to the LGBTQI2S community.

LGBTQI2S people experience the same kinds of challenges as everyone else. However, the stigma, discrimination, and internal conflict that many LGBTQI2S people experience may place them at increased risk for mental health problems throughout their lives. Discrimination, lack of support, and inadequate access to care can exacerbate mental health problems in LGBTQI2S people.

The LGBTQI2S community also has a history of being discriminated against and victimized: In one study “21 percent said they were fired from a job because of their perceived sexual orientation or gender identity, 13 percent said their sexual orientation resulted in inferior health care or being turned away for services, and four out of 10 had considered suicide.”¹

“LGBTQI2S individuals experiencing homelessness are often at a heightened risk of violence, abuse, and exploitation compared with their heterosexual peers. Transgender people are particularly at physical risk due to a lack of acceptance and are often turned away from shelters and in some cases signs have been posted barring their entrance.”²

Through competency trainings, mental health services and peer groups the Pacific Center works to improve support for all LGBTQI2S people, both within families and in the larger community.

Founded in 1973, Pacific Center for Human Growth (Pacific Center) is the oldest LGBTQI2S community center in the Bay Area and the third oldest in the nation. Today, Pacific Center is a respected, grass-roots LGBTQI2S non-profit organization that provides culturally competent mental health services and a wide range of support services for young people and adults of all ages. While we are located in Berkeley, we help people throughout the entire East Bay.

We help about 2500 people each year: individuals, couples and families in low-cost therapy; HIV+ men in our HIV counseling and support program; young people in our after school program; and participants in our many different peer support groups. We respond to hundreds of calls annually for referrals to other agencies and services. Above all, Pacific Center strives to empower individuals in the community to take action toward building and sustaining health, wholeness and well-being.

^[1] AARP Foundation. <http://www.aarp.org/aarp-foundation/our-work/isolation/info-2012/7-facts-about-social-isolation.2.html>

^[2] National Coalition For the Homeless <http://nationalhomeless.org/issues/LGBTQI2S/>

Training Title: Towards LGBTQI2S Inclusivity

Duration: 2-hour training module

Participants: 6-10 service providers in mental health county agencies. Invite a mix of professionals and paraprofessionals, from licensed staff, administrative team members, and direct care providers.

Facilitators: Licensed mental health professionals, or other professionals who have experience convening intimate groups that invite vulnerability and safety. Since this is a training geared towards more intimate sharing, the facilitators should attend to the group's need to spend more or less time discussing different issues that arise through the training.

Materials:

1. Flip chart or whiteboard with markers.
2. Handout (see Appendix A), 1 per participant
3. Optional: handout with culturally specific resources if training takes place at a site that serves one specific cultural group (see Appendix B for sample).

Using this Guide:

This training guide is accompanied by 17 slides prepared in a Power Point format. The title of each slide is shown below, followed by facilitation notes that correspond to that slide. You will find suggested times which allows for a 2-hour training. The slides only serve as a guide for the facilitators; they do not have to be viewed by the participants. Instead, the handout (see Appendix A) has all the necessary information that participants need.

SLIDE #1: TITLE SLIDE**Total Time:** 10 minutes**Goal:** Introduce training.

The facilitators can choose which pieces of the introductory information below to present to participants. The overall aim of creating intimacy and safety should guide the facilitators' decision making.

Purpose of this training:

Findings from the Alameda County report entitled, "Making the Invisible Visible: LGBTQI2S Mental Health Consumers of Alameda County," published in 2012, concluded that, "there is a lack of demographic and anecdotal data to capture the realities of LGBTQI2S populations" (p. ii). There is a conflict between San Francisco as a refuge for LGBTQI2S individuals, while becoming increasingly unaffordable for low income and at-risk people. Thus the amount of LGBTQI2S people seeking mental health services in Alameda County is on the rise. "Consistent in these interviews was the need for more culturally responsive training for staff at every level to better serve the county's diverse LGBTQI2S constituencies. Providers and consumers alike expressed a desire for more clinicians and services providers to have training for that addresses the specific realities of low-income LGBTQI2S people and includes specific tools for understanding and addressing heterosexism, homophobia and transphobia within the racial and ethnic diversity of Alameda County" (p.iii).

This training, provided in a small group format, aims to expediently raise the level of competency of mental health providers to work with their LGBTQI2S consumers.

Intended training outcomes:

At the end of this training, community agency providers will be able to:

1. Define key terminology related to LGBTQI2S identity and diversity.
2. Identify and counter personal biases, intersectionality, and privilege working in predominantly heterosexist models, and recognize the impact of social oppressions.
3. Understand the dynamics of sexuality and gender expression.
4. Relate to the unique experiences and impact of consumers who identify as LGBTQI2S, with a specific emphasis on the transgender community.
5. Develop clinically supportive values, attitudes, and practices for addressing the unique needs of LGBTQI2S consumers.
6. Advocate within their work place, and their lives in general, for and with LGBTQI2S people when encountering injustices.

General Introductions

1. Facilitators introduce themselves.
2. Participants briefly introduce themselves and share about their job position.

SLIDE #2: Group Warming, Why are you Here

Total Time: 10 minutes

Goal: Create safe container for deeper sharing.

Group Warming Activity:

Conduct a simple icebreaker, where participants share questions they have about the topic. You can integrate a more lively and fun question, like, “What was the last movie you saw?” if participants do not know each other already. As participants share their questions, the facilitator can write down the questions on a whiteboard or flip chart.

SLIDE #3: Ground Rules

Total Time: 5 minutes

Goal: Establish ground rules for the training.

Expectations for Trainees:

The facilitators can decide between eliciting the items below from the participants, or simply to list them and discuss each one as needed. In order to get the most out of this training, the following expectations can be reviewed with trainees:

1. Be open to examine your work and institution with an attitude of constructive criticism, rather than judgment.
2. Take responsibility in your own sharing, balancing vulnerability with your own comfort. Manage your own risk taking.
3. Keep confidentiality with information shared by your peers in this training. But do share the informational content of what you learned with peers not at this training.
4. Say, “I don’t know,” and ask any questions that are relevant to the training content.
5. Address others respectfully, and talk from your own experience (Use I statements).
6. Stay in the room with present attention, and take care to notice when your attention has lapsed.
7. Ask trainees if they have any other guidelines they would like the training to follow, “What else would make this a safe space?”

Note on Vulnerability:

Some topics that will be discussed could be unexpectedly uncomfortable or surprising for some. Facing one's own privilege and unintended participation in social oppression can be challenging to focus on. As these insights arise trainees are invited to bring them to the group for the benefit of everyone's learning.

We appreciate the potential conflict to discuss personal issues in a professional setting. Thus, again we stress the importance of confidentiality, and trainees managing their own comfort around what they share - taking measured risks.

SLIDES #4 & 5: John Bradshaw, *Healing the Shame that Binds You* / Ken Steele and Claire Berman, *The day the voices stopped: A memoir of madness and hope*.

Total Time: 10 minutes

Goal: Introduce binarism and heteronormativity through discussion of quotation that is relevant to participants' work.

The facilitators should choose a quote that connects directly with the type of clients seen at the site where the training is held. For example, the Bradshaw quote on slide # 4 above was used at a substance abuse facility, while the quote on slide # 5 was more applicable to mental illness.

The facilitator can ask the participants to read the quote, then asks what this quote means to them. Facilitator generates a discussion around the shame and stigma of drug and alcohol addiction / mental illness, and links are made to the shame and stigma that many LGBTQI2S individuals encounter throughout their lives.

The discussion is concluded with the introduction of the following key terms:

1. **Binarism** (classification of sex and gender into two distinct and opposite categories, such as male and female, which creates social boundaries and discourages people from crossing or mixing gender roles).
2. **Heteronormativity** (privileges that heterosexual people receive for being assumed as normal and natural. We are all swimming in the sea of assumption related to gender, sex, and orientation. These assumptions can be very difficult for LGBTQI2S people whose identities do not fit neatly into the assumptions society makes about gender, sex, and orientation).

SLIDE # 6: It is rare to grow up queer and to never suffer a traumatic event.

Total Time: 15 minutes

Goal: For participants to be able to articulate the connection between LGBTQI2S identity and trauma.

Facilitators read the phrase on the slide to the group. They emphasize that the training participants are working with those who are the most traumatized, most marginalized, and most lacking in resources. A large part of the clients' work on the road to recovery and/or stabilization necessarily involves re-connecting them with a larger support system. This is difficult for any provider with this population, but when you know little or nothing about the appropriate resources for an individual, your chances of helping them make lasting connections is pretty minimal. Facilitator concludes by emphasizing that if trainees do not have knowledge of appropriate resources, they can miss opportunities to help.

LGBTQI2S individuals and families experience unique life stressors, including the following:

- Coming out in a heterosexist and homo/transphobic society.
- Legal rights, such as marriage and protection in places of employment, are still uneven around the country.
- Lack of social legitimacy that marriage can bring to a relationship.
- Difficulties in adoption and child-rearing.
- Problems with safe and non-discriminatory housing.
- Lack of familial and religious support for a relationship.

Psychological Impact of Prejudice and Discrimination - Mental Health providers need to assess for the following conditions:

- Depression
- Anxiety
- Low Self-Esteem
- Trauma
- Hypervigilance
- Loneliness
- Stress
- Anhedonia

There is an inherent contradiction for those who have not come out to others. They may feel isolated in being hidden, and they maintain that coming out will leave them further isolated from those with whom they feel some connection (family, church, co-workers). In reality, once out, most LGBTQI2Speople find that their isolation is diminished and those with whom they build community accept them as they are. They end up feeling more connected than when hidden. Coming out as LGBTQI2S can be complicated by, or facilitated by other characteristics such as race, ethnicity, religion, age, or disability.

For a training that is culture specific, we recommend preparing a second handout that lists many resources for that particular culture. (See Appendix B for handout created for Asian Community Mental Health Services). Facilitators should encourage training participants to contact the resources themselves before referring a client to ensure it is appropriate for them and meets their needs.

In this training, we first address impact before defining LGBTQI2Sin depth. This method, ensures that the participants have cultivated empathy and greater interest to learn more deeply about the LGBTQI2Scommunity.

SLIDES # 7, 8, 9, 10: Statistics Relevant to Intersection of Mental Illness/Substance Abuse, Cultural Context and LGBTQI2S Identity

Total Time: 5 minutes

Goal: Increase knowledge of specific issues that occur with greater frequency in the LGBTQI2S community.

Facilitators should gather and present statistics that highlight the severity of increased trauma and stress among the LGBTQI2Scommunity. For example, slides # 7 & 8 were used for substance abuse treatment, while slides # 9 & 10 were used in facilities that focused on mental illness. Added to the slides provided, facilitators may consider culture specific data, and/or statistics that speak to a more specific identity within the LGBTQI2Sacronym.

Facilitators should read through the statistics they have gathered, pausing for feedback and reactions from participants. Facilitators present a connection between increased stress and trauma in the lives of LGBTQI2Speople and the increased rates of substance abuse/mental illness. For example, if facilitators are presenting the training at a facility that treats substance abuse, they will share that the trainees will probably work with many LGBTQI2Speople since they have increased rates of substance abuse issues. In this example, facilitators must be sure to stress that this increase comes from the trauma of the difficulty living in a society that disaffirms LGBTQI2Speople. Facilitators should also stress to participants that it's important not to replicate some of this trauma by creating a safe and affirming place for people of all identities.

SLIDE # 11: The Genderbread Person**Total Time:** 15 minutes**Goal:** Participants will learn about the complexity and dynamic relationship between sexual orientation and gender identity.

Ask participants to get into pairs and look over the GenderBread person image (See Appendix A). Come back to the group and ask participants what stands out to them, what the image means to them, what questions they have. If all aspects of the image are not covered during this discussion, facilitators can then go over the categories in more detail.

It is important to stress the need to get clear about terminology. Sex is NOT gender, and for many, their sexuality AND/OR their gender can be fluid over their lifetime.

Note on Sexual Orientation (Sexuality): Sexuality is a broad term which refers to a cluster of behaviors, practices and identities in the social world, largely linked to who an individual desires or has romantic and/or erotic connections with. This image was also used to express the importance of using the correct preferred gender pronoun and preferred name for clients, because these clients have usually encountered lots of oppression and stigma in their lives for having gender identities or gender expressions that fall outside of heteronormative and binary ideas of identity.

Note: *Facilitators might find the following information useful to review before facilitating the training. The following paragraphs are reproductions from various resources (see websites listed below).*

Sex, Gender, and Transgender

A person's sex is different than their gender. Sex refers to a person's biological status and is typically categorized as male, female, or intersex (i.e., atypical combinations of features that usually distinguish male from female). There are a number of indicators of biological sex, including sex chromosomes, gonads, internal reproductive organs, and external genitalia. A person's gender refers to the attitudes, feelings, and behaviors that a given culture associates with their biological sex. Behavior that is compatible with cultural expectations is referred to as gender-normative; behaviors that are viewed as incompatible with these expectations constitute gender non-conformity. It is helpful to think of biological sex, gender identity, gender expression, and sexual orientation occurring along a continuum. Each of these four factors is explained in further detail below. (<http://www.apa.org/pi/lgbt/resources/sexuality-definitions.pdf>)

Biological sex, includes external genitalia, internal reproductive structures, chromosomes, hormone levels, and secondary sex characteristics such as breasts, facial and body hair, and fat distribution. These characteristics are objective in that they can be seen and measured (with appropriate technology). The scale consists not just of two categories (male and female) but is actually a continuum, with most people existing somewhere near one end or the other. The space more in the middle is occupied by intersex people (formerly, hermaphrodites), who have combinations of characteristics typical of males and those typical of females, such as both a testis and an ovary, or XY chromosomes (the usual male pattern) and a vagina, or they may have features that are not completely male or completely female, such as an organ that could be thought of as a small penis or a large clitoris, or an XXY chromosomal pattern.

Gender identity is how people think of themselves and identify in terms of sex (man, woman, boy, girl). Gender identity is a psychological quality; unlike biological sex, it can't be observed or measured (at least by current means), only reported by the individual. Like biological sex, it consists of more than two categories, and there's space in the middle for those who identify as a third gender, both (two-spirit), or neither. We lack language for this intermediate position because everyone in our culture is supposed to identify unequivocally with one of the two extreme categories. In fact, many people feel that they have masculine and feminine aspects of their psyches, and some people, fearing that they do, seek to purge themselves of one or the other by acting in exaggerated sex-stereotyped ways.

Gender expression is everything we do that communicates our sex/gender to others: clothing, hair styles, mannerisms, way of speaking, roles we take in interactions, etc. This communication may be purposeful or accidental. It could also be called social gender because it relates to interactions between people. Trappings of one gender or the other may be forced on us as children or by dress codes at school or work. Gender expression is a continuum, with feminine at one end and masculine at the other. In between are gender expressions that are androgynous (neither masculine nor feminine) and those that combine elements of the two (sometimes called gender bending). Gender expression can vary for an individual from day to day or in different situations, but most people can identify a range on the scale where they feel the most comfortable. Some people are comfortable with a wider range of gender expression than others.

Sexual orientation indicates who we are erotically attracted to. The ends of this scale are labeled "attracted to women" and "attracted to men," rather than "homosexual" and "heterosexual," to avoid confusion as we discuss the concepts of sex and gender. In the mid-range is bisexuality; there are also people who are asexual (attracted to neither men nor women). We tend to think of most people as falling into one of the two extreme categories (attracted to women or attracted to men), whether they are straight or gay, with only a small minority clustering around the bisexual middle. However, Kinsey's studies showed that most people are in fact not at one extreme of this continuum or the other, but occupy some position between.

For each of these four factors, the popular notion that there are two distinct categories, with everyone falling neatly into one or the other, is a social construction. The real world (Nature, if you will) does not observe these boundaries. If we look at what actually exists, we see that there is middle ground. To be sure, most people fall near one end of the scale or the other, but very few people are actually at the extreme ends, and there are people at every point along the continuum.

Gender identity and sexual orientation are resistant to change. Although we don't yet have definitive answers to whether these are the result of biological influences, psychological ones, or both, we do know that they are established very early in life, possibly prenatally, and there are no methods that have been proven effective for changing either of these. Some factors that make up biological sex can be changed, with more or less difficulty. These changes are not limited to people who change their sex: many women undergo breast enlargement, which moves them toward the extreme female end of the scale, and men have penile enlargements to enhance their maleness, for example. Gender expression is quite flexible for some people and more rigid for others. Most people feel strongly about expressing themselves in a way that's consistent with their inner gender identity and experience discomfort when they're not allowed to do so.

The four factors are independent. Our cultural expectation is that men occupy the extreme left ends of all four scales (male, man, masculine, attracted to women) and women occupy the right ends. But a person with male anatomy could be attracted to men (gay man), or could have a gender identity of "woman" (transsexual), or could have a feminine gender expression on occasion (crossdresser). A person with female anatomy could identify as a woman, have a somewhat masculine gender expression, and be attracted to women (butch lesbian). It's a mix-and-match world, and there are as many combinations as there are people who think about their gender.

This schema is not necessarily "reality," but it's probably closer than the two-box system. Reality is undoubtedly more complex. Each of the four scales could be broken out into several scales. For instance, the sex scale could be expanded into separate scales for external genitalia, internal reproductive organs, hormone levels, chromosome patterns, and so forth. An individual would probably not fall on the same place on each of these. "Biological sex" is a summary of scores for several variables.

There are conditions that exist that don't fit anywhere on a continuum: some people have neither the XX (typical female) chromosomal pattern nor the XY pattern typical of males, but it is not clear that other patterns, such as just X, belong anywhere on the scale between XX and XY. Furthermore, the scales may not be entirely separate: if gender identity and sexual orientation are found to have a biological component, they may overlap with the biological sex scale.

Using the model presented here is something like using a spectrum of colors to view the world, instead of only black and white. It doesn't fully account for all the complex shadings that exist, but it gives us a richer, more interesting picture. Why look at the world in black and white (marred by a few troublesome shades of gray) when there's a whole rainbow out there? (<http://www.gendersanity.com/diagram.html>)

Transgender – or trans – is an umbrella term for people whose gender identity or expression is different from those typically associated with the sex assigned to them at birth (e.g., the sex listed on their birth certificate).

Conversely, cisgender – or cis – is the term used to describe people whose gender identity or expression aligns with those typically associated with the sex assigned to them at birth.

Being transgender is about an individual's gender identity, while being gay is about an individual's sexual orientation, which is our attraction to people of the same gender, different genders or both. Gender identity and sexual orientation are two different things.

(<http://www.hrc.org/resources/entry/transgender-faq#1>)

SLIDE 12 & 13: LGBTQI2S- What does the acronym mean? Total Time: 10 minutes

Goal: Go over all of the terms that the acronym encompasses and introduce Personal Gender Pronoun (PGP).

- Review the LGBTQI2S acronym, and what each letter stands for. Refer to the handout (Appendix A). We found that allowing participants to read each one, in turn, works well. Allow for discussion and questions as needed. Facilitators can stress that this acronym is always changing, and may introduce other terms not included in the acronym, such as Questioning, Ally, and Asexual. Refer to Slide # 13 for other terms to introduce.
- Introduce PGP - Facilitators model how they self-identify in terms of gender, sexual orientation, and PGP (ex. he/him, she/her, they/their, etc.). Participants are given an opportunity to share how they identify. Include a discussion on why using chosen identifiers, including PGP, is important for LGBTQI2S health and recovery.

SLIDE # 14: Personal Bias Impacting my Profession

Total Time: 20 minutes

Goal: Participants will learn about the natural pervasiveness of bias in their attitudes, and the dangers of unchecked bias for the LGBTQI2S community.

Facilitators Introduce personal bias in a fun and non-threatening way, by asking participants if they like kittens or puppies more. This will generally generate lots of discussion and strong opinions from trainees. Facilitators then use this discussion to explain that biases are not inherently wrong. A person's biases towards puppies vs. kittens will probably not impact their life or the lives of people around them very much. However, when people who work in the mental health field in any capacity hold biases towards LGBTQI2Speople, this can become problematic if this leads staff to not refer clients to appropriate resources, or if there is a lack of knowledge of resources/referrals for people in these communities. These biases might also affect staff's hesitancy to ask questions or, the tendency to ask questions that might be inappropriate or offensive to LGBTQI2Speople. Facilitators will also stress that this might also lead to misdiagnosis and/or maltreatment.

Facilitators will also make the link between bias and the oppression that people in the LGBTQI2S community experience because society as a whole tends to be biased towards LGBTQI2S individuals. Facilitators can discuss that a person who is heterosexual, or perceived as heterosexual, might benefit from privileges derived automatically that are denied to gays, lesbians, bisexuals, queers and all other non-heterosexual sexual orientations. This is known as *heterosexual privilege*. Some examples of heterosexual privilege include:

- Expressing affection in most social situations and not expecting hostile or violent reactions from others.
- Learning about romance and relationships from fiction movies and television and having positive and accurate media images of people with whom you can identify.
- Having role models of your gender and sexual orientation.
- Expecting to be around others of your sexuality most of the time. Not worrying about being the only one of your sexuality in a class, on a job, or in a social situation.
- Working in traditionally male or female dominated job and not feeling as though you are a representative of your sexuality.
- Not being asked “how does sex work for you?” or other too-personal questions by strangers.
- Acting, dressing, or talking as you choose without it being a reflection on people of your sexuality.
- Not worrying about being mistreated by the police or victimized by the criminal justice system because of your sexuality.
- Belonging to the religious denomination of your choice and knowing that your sexuality will not be denounced by its religious leaders.

This privilege has led to heterosexuality being seen as the norm, leaving members of the LGBTQI2S community to be viewed as not normal and therefore unhealthy. Some LGBTQI2S people might encounter discrimination as a result of heterosexual privilege. This is why it is important for anyone working with LGBTQI2S individuals to reflect upon and address their own personal biases towards people in this community. Some of these biases might lead to some of these issues:

1. Difficulty understanding what is “the norm” for certain LGBTQI2S individuals,
2. Lack of knowledge about appropriate resources or referrals,
3. Internalized homophobia and lack of awareness as to how to address this,
4. When to support and when to challenge a client,
5. What questions should or shouldn’t be asked,
6. And how to talk about topics in an inclusive way.

Facilitators will emphasize that unfamiliarity with the LGBTQI2S community both comes from and feeds internalized and externalized anti-LGBTQI2S prejudices among service providers. This can lead to belief in harmful and hurtful stereotypes being reinforced. Not knowing otherwise and therefore accepting such stereotypes can lead otherwise competent staff to make serious mistakes. First, it can cause them to ignore important topics in clients' lives that do not fit with the staff person's assumptions; to only address those that fit their stereotypes. Second, it can lead staff to overlook the considerable psychological and emotional impact of certain events and situations, including the impact of their own actions.

SLIDE #15: Takeaway Values and Wrap Up

Total Time: 20 minutes

Goals: Address how to change the culture of the participants' organization and how to share what they have learned with co-workers.

- **Review values.** Get the temperature of the room before moving into reading over take away values. How are people feeling right now? Go around the room and ask people to describe how they feel or what they are thinking in one word.

Understand that there was a lot of information to digest today– what can you do to continue to explore these topics and to increase cultural awareness where you work and in your lives? Also ask participants to say one thing that they will take away from today or what they will want to keep learning about.

Go over take away values on the handout. Participants can read one at a time.

Supporting your LGBTQI2S consumers comes down to the continuous cultivation of humanistic- and clinically oriented values. Begin with an awareness of your own comfort level, personal values, biases, and prejudices about sex, gender, and sexual orientation, and how these can affect interactions with clients and colleagues. Hold yourself and your colleagues to a standard of open-mindedness to diversity. Get curious and interested in the lives of your clients, and be willing to be educated about issues and social conditions for the LGBTQI2S community. Allow this openness to be part of your way to provide greater empathy to those that you serve.

Beyond awareness is embracing an affirming, inclusive, and nonjudgmental position towards LGBTQI2S people. Once this standard is set, hold yourself and your colleagues accountable for values, biases, and prejudices. Seek a way to be held accountable by LGBTQI2S colleagues and service providers.

Being an ally means bringing awareness to your own construction of gender and sexual identity, and the origins of related beliefs about your gender expression and sexual identity. Embrace the strength of both the privileged and marginalized parts of yourself.

Practically, demonstrate acceptance of a person's preferred, self-identified gender. Start off groups by asking for names preferred gender pronouns, and then use the names and pronouns accordingly. Explain to the group why using preferred titles is important. Auto-correct and correct others as needed.

Closing Discussion

Decide as a group on one or two of the most important or urgent concerns in any place in which clients are seen or treated at your agency. This may be a policy issue, interview process, physical structure, etc.

- Discuss and list the issues that arise because of this situation or process.
- Brainstorm ways to address the issue(s).
- Begin to craft the solution.
- Identify any parts of the issue(s) that cannot be resolved without upper management involvement.

Closing with Gratitude

Conclude the training with a simple ritual. For example, ask participants to focus on their breath for a moment and to invite in a sense of gratitude for sharing together. Next, invite each participant, one at a time, to say the phrase, "Thank you," out loud. Go around the circle, beginning and ending with the facilitators, each person speaking the phrase, "Thank you."

APPENDIX A

Handouts

LGBTQI2S-- What Does the Acronym Mean?

Lesbian – Term used to describe women-identified people attracted romantically, erotically, and/or emotionally to other women-identified people.

Gay - Term used in some cultural settings to represent men-identified people who are attracted to men-identified people in a romantic, erotic and/or emotional sense.

Bisexual – A person emotionally, physically, and/or sexually attracted to men and women identified people. This attraction does not have to be equally split between genders and there may be a preference for one gender over others.

Transgender – A term for people whose gender identity, expression or behavior is different from those typically associated with their assigned sex at birth.

Asexual -- someone who does not experience sexual attraction.

Queer -- 1. An umbrella term to refer to all LGBTQI-2S people. 2. A term used as an alternative to “gay” in an effort to be more inclusive. Depending on the user, the term has either a derogatory or an affirming connotation, as many have sought to reclaim the term that was once widely used in a negative way.

Intersexed Person -- Someone whose sex a doctor has a difficult time categorizing as either male or female. The existence of intersexuals shows that there are not just two sexes and that our ways of thinking about sex (trying to force everyone to fit into either the male box or the female box) is socially constructed.

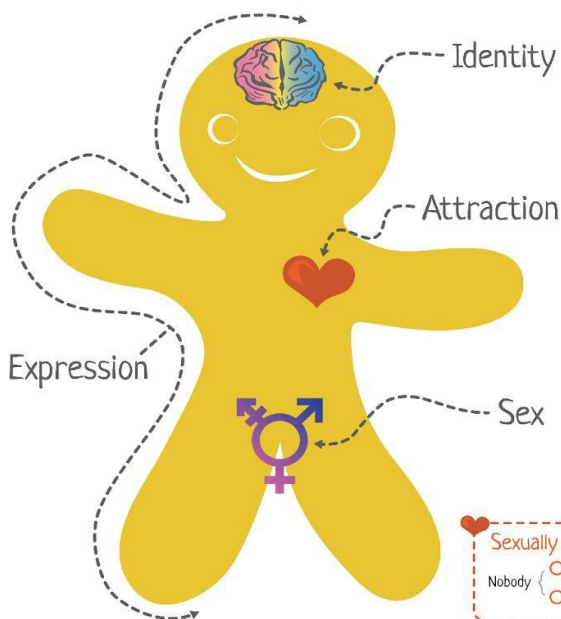
Two-Spirit -- Refers to the commonly shared notion among many Native American tribes that some individuals naturally possessed and manifested both a masculine and feminine spiritual qualities. American society commonly identifies Two-Spirit People as Gay, Lesbian, Bisexual or Transgender.

Heterosexism -- Prejudice against individuals and groups who display non-heterosexual behaviors or identities, combined with the majority power to impose such prejudice, and usually used to the advantage of the group in power.

The Genderbread Person v3.3

by its pronounced **METROsexual**.com

Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.



Plot a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread

4 (of infinite) possible plot and label combos

Gender Identity

How you, in your head, define your gender; based on how much you align (or don't align) with what you understand to be the options for gender.

Woman-ness

Man-ness

Labels: "woman", "man", "two-spirit", "genderqueer"

Gender Expression

The ways you present gender; through your actions, dress, and demeanor; and how those presentations are interpreted based on gender norms.

Feminine

Masculine

Labels: "butch", "femme", "androgynous", "gender neutral"

Biological Sex

The physical sex characteristics you're born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc.

Female-ness

Male-ness

Labels: "male", "female", "intersex", "MtF Female"

Sexually Attracted to

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

Romantically Attracted to

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

For a bigger bite, read more at <http://bit.ly/genderbread>

INSERT APPROPRIATE QUOTATION TO REVIEW WITH PARTICIPANTS. SEE SLIDES # 4 and 5 and

**corresponding notes in training guide for
examples used.**

Values and Qualities that Promote a Safe Environment

1. Awareness of one's own comfort level, values, biases & prejudices about sex, gender, and sexual orientation, and how these can affect interactions with clients and colleagues.
2. Being open-minded and open to diversity.
3. Interest in the life of the client or colleague, and willingness to educate one's self about issues and social conditions for LGBTQIQ2-S community.
4. Adopt an accepting, inclusive, and nonjudgmental position.
5. Comfortable with LGBTQIQ2-S people and their families.
6. Holds one's self accountable for values, biases, and prejudices.
7. Willingness to be held accountable by LGBTQIQ2-S colleagues and allies.
8. Awareness of one's own construction of gender and sexual identity, and the origins of related beliefs.
9. Demonstrate acceptance of a person's preferred, self-identified gender.
10. Use names & pronouns accordingly (it's OK to make mistakes, self correct and move on).
11. Don't expect everyone to conform to your gender stereotypes.
12. Challenge stereotypes when stated by others.

Resources for Further Learning:

Hunt, J. (2012). Why the Gay and Transgender Population Experiences Higher Rates of Substance Use: Many Use to Cope with Discrimination and Prejudice, *Center for American Progress*. Retrieved from, <https://www.americanprogress.org/issues/lgbt/report/2012/03/09/11228/why-the-gay-and-transgender-population-experiences-higher-rates-of-substance-use/>

The World Professional Association for Transgender Health (2001). *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*: 7th Edition. Retrieved from, http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=3926

National Center for Transgender Equality (2014). Transgender Terminology. Retrieved from, http://transequality.org/Resources/TransTerminology_2014.pdf

Substance Abuse and Mental Health Services Administration (2001). A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals. Retrieved from, <https://www.nalgap.org/PDF/Resources/ProvidersGuide-SAMSHA.pdf>

UC Berkeley Gender Equity Resource Center (2014). Definition of Terms. Retrieved from http://geneg.berkeley.edu/lgbt_resources_definition_of_terms

APPENDIX B:

Culturally Relevant Resources

Handout Prepared for Asian Communities Mental Health Services

(Just a few) Resources for Asian and Pacific Islander LGBTQI Individuals

List compiled from <http://www.apiqwtc.org/resources/api-lgbt-groups/>

API Equality is working at the intersections of the Asian and Pacific Islander and LGBTQ communities to transform people, practices, and policies to make the world an equitable and safe place for everyone.

<http://norcal.apiequality.org/>

The Network on Religion and Justice for Asian and Pacific Islander Lesbian, Gay, Bisexual, Transgender, and Queer People (NRJ) is a network of API-LGBTQ organizations and individuals, their faith communities, family and friends working to nurture and support efforts toward a fully LGBTQ inclusive Asian Pacific Islander faith community.

<http://www.netrj.org/>

Asian Pacific Islander Family Pride API Family Pride is a supportive environment for families of Asian/Pacific bisexual, gay, lesbian, and transgender people, dedicated to ending the isolation of API families with LGBT members through support, education, and dialogue. We provide one-on-one sessions with parents; connect parents with others who speak their language; conduct workshops at schools and gatherings, and have developed resources that have found their way into over 10,000 home and schools. We have produced a video, ***Coming Out – Coming Home***, which contains interviews with families of API LGBT people. Our annual banquet honors supportive parents and families who have been nominated by API LGBT individuals. Contact us at APIFamilyPride@aol.com or visit www.apifamilypride.org 510-818-0887

GAPA Gay Asian Pacific Alliance is an organization dedicated to furthering the interests of gay & bisexual Asian/Pacific Islander men by creating awareness, by developing a positive collective identity and by establishing a supportive community. GAPA was formed from the need for an organization to address, through a democratic process, social, cultural and political issues affecting the gay & bisexual Asian/Pacific Islander community.

Trikone is a registered 501(c)(3) non-profit organization for lesbian, gay, bisexual, and transgender (LGBT) people of South Asian descent, founded in 1986 in the San Francisco Bay Area. South Asians affiliated with TriKone trace their ethnicities to one of the following places: Afghanistan, Bangladesh, Bhutan, India, Maldives, Myanmar (Burma), Nepal, Pakistan, Sri Lanka, and Tibet. Monthly events are held. TriKone also hosts Women of TriKone events. www.trikone.org
trikone@trikone.org

South Bay Queer and Asian (SBQA) is a support and social group that provides gay, bisexual, and lesbian Asians and Pacific Islanders in the South Bay with a safe place to “come out of the closet” and be comfortable with their sexual identity and race. Our meetings serve as a forum where individuals can freely discuss issues relevant to being gay/bisexual/lesbian and Asian in a relaxed and friendly environment. SBQA’s social events afford members opportunities to meet others of similar backgrounds and interests and to build new, lasting friendships. Our group also supports the development of its members’ organizational leadership skills. www.sbqa.com

O-Musubi is a group for Lesbian, Bisexual, Transgender, Queer or Questioning Women of Japanese Ancestry. We have an email list and occasional activities in the Bay Area. All participants are encouraged to contribute ideas and energy into creating what it is they want for the group, whether it will be social, political and/or cultural in scope. Contact Kris Mizutani at kris@apiqwtc.org for more info or to be added to the e-list.

Seoul Sisters is a social group for lesbian, bisexual, queer, transgender women of Korean heritage in San Francisco Bay Area. All official notices are posted on this email list
<http://groups.yahoo.com/group/seoulsistersinsf/> We also have a Facebook page
<https://www.facebook.com/groups/325334064155376/>

MAPLBN (Mandarin-speaking Asian and Pacific- Islander Lesbian and Bisexual women Network) is a support group for Mandarin-speaking queer women. For more info or to get onto MAPLBN’s email list-server, please just send us an email at maplbn-owner@yahoogroups.com. The 4th edition of MAPLBN’s “Beloved Daughter” booklet contains 14 stories by parents and siblings of Chinese lesbians about their coming-out in both Chinese and English. Please email us at maplbn-owner@yahoogroups.com for a free copy!

OASIS (Older Asian Sisters in Solidarity) is a group for Asian lesbians 35+ with regular and occasional events.

For info contact Koko Lin – kokolin@yahoo.com or 510-761-5585

SAMBAL (Singaporean and Malaysian Bisexual and Lesbians) is a support/rap group that holds monthly potlucks. To be added onto SAMBAL email list, email us at sambal-owner@yahogroups.com.

<http://www.sappho.net/lesbian-lists/sambal.html>

APPENDIX C:

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TOWARDS LGBTQI2S INCLUSIVITY

TRAINING FOR SMALL GROUPS

PACIFIC CENTER FOR HUMAN GROWTH
2015

Group Warming – Why Are YOU Here?

Participants share reasons and questions that they would like to cover.

Ground Rules and Introduction

Stressing vulnerability
as a way to grow
as a health care provider at any level.



John Bradshaw, *Healing the Shame that Binds You*

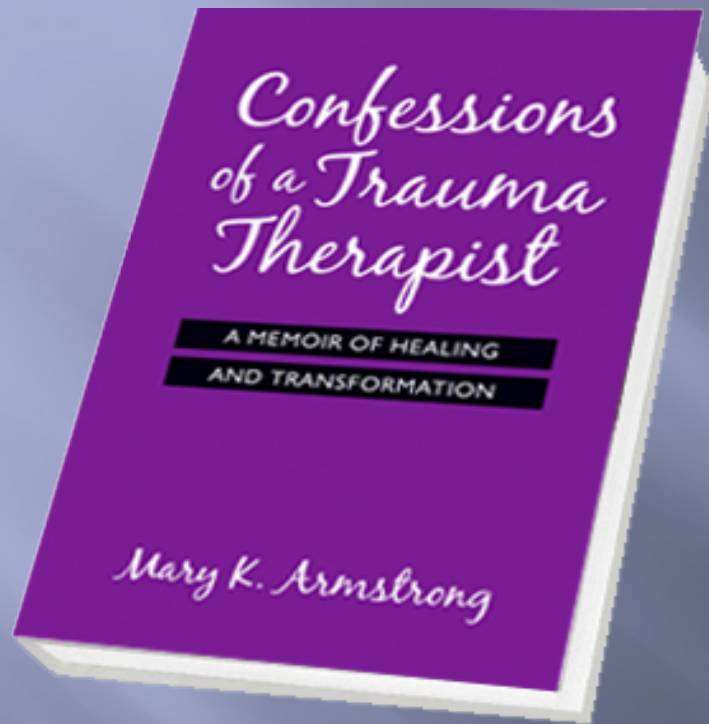
The drivenness in any addiction is about the ruptured self, the belief that one is flawed as a person. The content of the addiction, whether it is alcoholism or work, is an attempt at an intimate relationship. The workaholic with her work or the alcoholic with his booze are having a love affair. Each alters mood to avoid the feeling of loneliness and hurt in the underbelly of shame.



Ken Steele and Claire Berman, *The day the voices stopped: A memoir of madness and hope.*

“A bold but necessary move, self-disclosure is a first step toward successfully addressing the stigma associated with being mentally ill. Before we can reveal ourselves to others, we have to come out of our own dark closets.”





**It is rare to grow up
queer
and
never suffer a
traumatic event.**

Data from *Substance Abuse and Mental Health Services Administration, 2012*

“adverse, punitive, and traumatic reactions from parents and caregivers in response to their children’s sexual orientation were closely correlated with poor mental health and an increase in substance use.” (p. C-2)

“Studies have shown that suicidal ideation is widely reported among **transgender people** and can range from 38 to 65 percent. More alarmingly, studies have also found that suicide attempts among transgender people can range from 16 to 32 percent.” (p. E-1)

“...bisexual adults were twice as likely (37.2 percent) to report depression-related symptoms than heterosexual adults (17.2 percent).” (p. E-3)

“...depression and anxiety affect gay men at a higher rate than the general population, and are often more severe for men who remain ‘in the closet.’” (p. D-1)

“... lesbian and bisexual women who were “out” experienced more emotional stress as teenagers and were 2 to 2.5 times more likely to experience suicidal ideation in the past 12 months than heterosexual women. Meanwhile, lesbian and bisexual women who were not “out” were more likely to have attempted suicide than heterosexual women.” (p. C-2)

Center for American Progress, March 9, 2012

“...It is estimated that between 20 percent to 30 percent of gay and transgender people abuse substances, compared to about 9 percent of the general population.”

Why the Gay and Transgender Population Experiences Higher Rates of Substance Use: Many Use to Cope with Discrimination and Prejudice By Jerome Hunt | March 9, 2012

Rates of substance use and abuse in the gay and transgender population

There is little national data on LGBTQI2S people overall, so statistics here are best estimates of these rates.

Tobacco

Gay and transgender people smoke tobacco up to 200% more than their heterosexual and non-transgender peers.

Alcohol

25% of gay and transgender people abuse alcohol, compared to 5-10% of the general population.

Drugs

- Men who have sex with men are 3.5 times more likely to use marijuana than men who do not have sex with men.
- These men also are 12.2 times more likely to use amphetamines than men who do not have sex with men.
- They are also 9.5 times more likely to use heroin than men who do not have sex with men.

Statistics for discussion on impact - Homelessness

“LGBTQI2S individuals experiencing homelessness are often at a heightened risk of violence, abuse, and exploitation compared with their heterosexual peers. Transgender people are particularly at physical risk due to a lack of acceptance and are often turned away from shelters and in some cases signs have been posted barring their entrance.

40% of the homeless youth served by agencies identify as LGBTQI2S [Williams Institute, 2012]

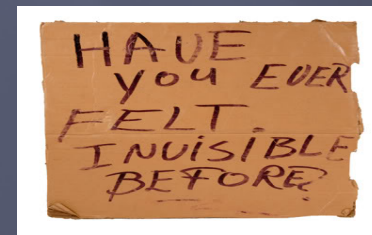
43% of clients served by drop-in centers identified as LGBTQI2S

30% of street outreach clients identified as LGBTQI2S

30% of clients utilizing housing programs identified as LGBTQI2S”

Source: National Coalition For the Homeless

<http://nationalhomeless.org/issues/LGBTQI2S/>



Statistics for discussion on impact - Social Isolation

“ Among people ages 50 to 95, LGBTQI2S adults are at greater risk for social isolation. They are more likely to live alone than heterosexuals, which may lead to less social support and financial security. This is a problem particularly for 60-plus gay men, who lost many of their friends to the AIDs epidemic. The LGBTQI2S community also has a history of being discriminated against and victimized:

21 percent said they were fired from a job because of their perceived sexual orientation or gender identity;

13 percent said their sexual orientation resulted in inferior health care or being turned away for services; and four out of 10 had considered suicide.”

Source: AARP Foundation

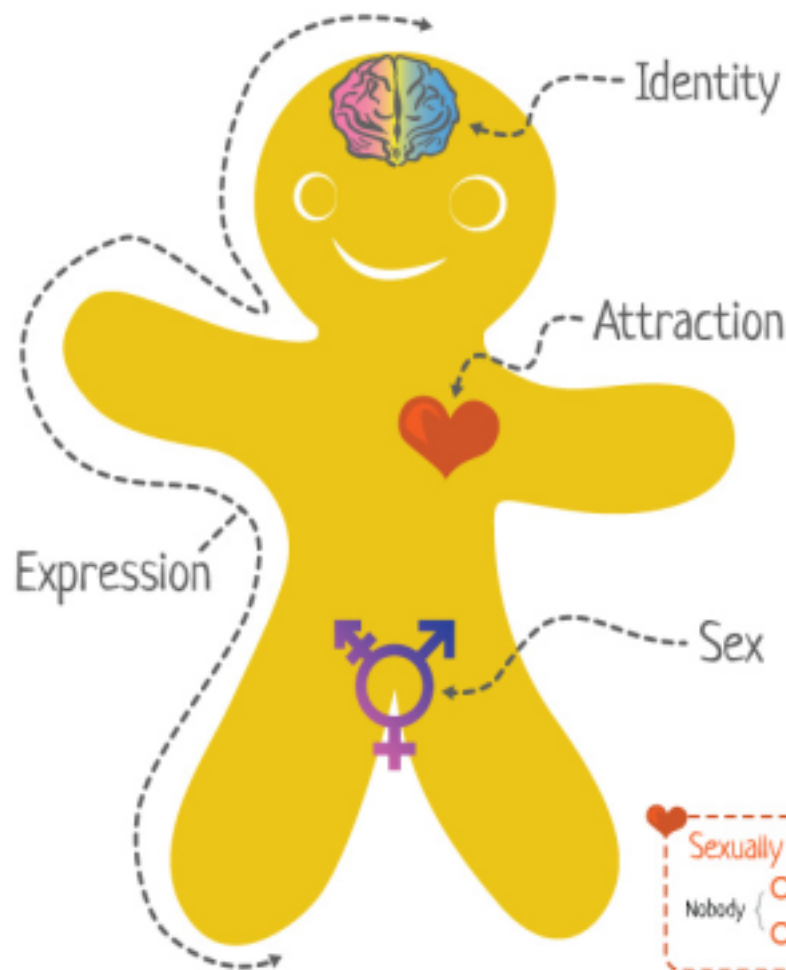
<http://www.aarp.org/aarp-foundation/our-work/isolation/info-2012/7-facts-about-social-isolation.2.html>



The Genderbread Person v3.3

by its pronounced **METROsexual**.com

Gender is one of those things everyone thinks they understand, but most people don't. Like Inception. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.



Gender Identity

Plot a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread. 4 (of infinite) possible plot and label combos

⊘ Indicates a lack of what's on the right.

Woman-ness

Man-ness

How you, in your head, define your gender; based on how much you align (or don't align) with what you understand to be the options for gender.

Labels: "woman", "man", "two-spirit", "genderqueer"

Gender Expression

Feminine

Masculine

The ways you present gender; through your actions, dress, and demeanor; and how those presentations are interpreted based on gender norms.

Labels: "butch", "trans", "androgynous", "gender neutral"

Biological Sex

Female-ness

Male-ness

The physical sex characteristics you're born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc.

Labels: "her", "him", "intersex", "not female"

Sexually Attracted to

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

Romantically Attracted to

Nobody

(Women/Females/Femininity)

(Men/Males/Masculinity)

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

For a bigger bite, read more at <http://bit.ly/genderbread>

What Does LGBTQI2S Mean?

- ❑ Lesbian
- ❑ Gay
- ❑ Bisexual
- ❑ Transgender
- ❑ Queer
- ❑ Intersex
- ❑ Questioning
- ❑ 2 Spirit



LGBTQI2S Individuals experience their sexual orientation and gender identity as a natural and inborn trait; in other words, *it is not a choice, and cannot be changed.*

Gender

- ▶ Cis-gendered Female
- ▶ Cis-gendered Male
- ▶ Intersex
- ▶ FTM: pre-op or post-op
- ▶ MTF: pre-op or post-op
- ▶ Gender queer or queer
- ▶ Masculine female
- ▶ Femme male
- ▶ Other _____
- ▶ DTS (decline to state)

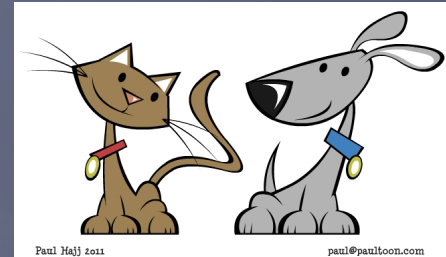
Sexual Orientation

Homosexual
Bisexual
Heterosexual
Fluid
Polysexual
Pansexual
Asexual
Lesbian
Gay
Queer
DTS

ADD MORE “FUN” ONES! How we talk!

WHAT HAVE WE MISSED?

Personal Bias Impacting my Profession



- ❑ Explore personal bias - Are you a puppy or a kitten person?
- ❑ Where do your affinities/judgments come from?
- ❑ When are they beneficial or harmful?
- ❑ What are your personal biases about LGBTQI2S clients? What shaped these biases and beliefs?
- ❑ When have your biases about LGBTQI2S people shown up in your work?
- ❑ How have you been impacted by gender and sexuality stereotyping?

Takeaway Values and Wrap Up

Discussion Points:



- What are questions you may have now that were uncomfortable asking before?
- How might you handle situations that have come across before differently?
- What values and attitudes can you bring to your site that can shift the culture towards LGBTQI2S awareness and acceptance?

Resources

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Give Yourself A Hand



.... For Your Hard
Work Here Today



MISSION: Our mission is to maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing serious mental health, alcohol or drug concerns.

VISION: We envision communities where all individuals and their families can successfully realize their potential and pursue their dreams, and where stigma and discrimination against those with mental health and/or alcohol and drug issues are remnants of the past.

VALUES: Access, Consumer & Family Empowerment, Best Practices, Health & Wellness, Culturally Responsive, Socially Inclusive.

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