# Stigma & Discrimination Reduction For LGBTQ Communities

Why the
Acronym?
Click here
What is queer?
Click here for the
definition?



This infographic fact sheet includes excerpts from the LGBTQ Reducing Disparities Project report, *First, Do No Harm,* and focuses on information important to reducing LGBTQ stigma & discrimination.

# Mental Health Stigma as a Barrier to Seeking Services

What is mental health stigma? Click here for the definition

"There is a large taboo in the African American community around seeking mental health services." Black/African American Advisory Group member

"API individuals may delay seeking treatment due to a want and need to 'save the family'— creating further damage." AA & NHPI Advisory Group member

"LGBT elders grew up in a climate wherein seeking psychotherapy was seen as something for 'crazy' people." Older Adult Advisory Group member

"In rural areas, especially for those who have been in the same place for generations, there is this mentality of doing without, and dealing with issues through denial and drugs because this is better than dealing with mental illness." Rural Advisory Group member

# From the LGBTQ Reducing Disparities Project Community Survey\*

Participants were asked to identify what barriers they've faced when seeking mental health services.

"I feel ashamed to seek out mental health services" and "My culture (e.g. racial, ethnic, religious) does not support mental health services" were among the most frequently reported barriers.

People of Color participants were 3 times more likely than white participants to report, "My culture (e.g. racial, ethnic, religious) does not support mental health services" as barrier to seeking mental health services.

\* The LGBTQ Reducing Disparities Community Survey was the primary research tool used to gather quantitative information about LGBTQ-identified Californians. Over 3,000 California residents who identify somewhere on the LGBTQ spectrum responded to the Community Survey. For the purposes of this survey, all individuals whose birth sex did not match their gender identity are included in the Trans Spectrum group.











### Stigma & Discrimination Reduction For LGBTQ Communities

# Provider Stigma and Discrimination as a Barrier to Seeking Services

Don't assume you know.... Click here to learn more

"It's not enough to be compassionate. Most folks who say they are compassionate end up being patronizing." Long Beach Community Dialogue participant

### More from the LGBTQ Reducing Disparities Project Community Survey

Trans Spectrum, Bisexual, youth, AA & NHPI, African American/Black, Latino, Native American and rural participants reported mental health providers and/or psychiatrists as two of the TOP rejecting providers.

Two of the top barriers to seeking mental health services:

"I had a harmful or traumatic experience in the past with mental health services."

&

"I am concerned the mental health provider will mistreat me due to my race or ethnicity."

People of Color participants were 7 times more likely
than white participants to have as a barrier:
"I am concerned my mental health provider will mistreat me due to my race or ethnicity."

#### Click here for more Community Survey results

#### Click on a link below to learn more about the intersection of identities:

African American LGBTQ Latino LGBTQ Bisexual Individuals Lesbians Asian American, Native Hawaiian & Pacific Islander LGBTQ Native American LGBTQ Transgender Individuals Gay Men

"My daughter was turned away from the Mental Health Department because no one could help her with an issue related to her Queer identity. There was no one there trained to help her."

Long Beach Community Dialogue participant

Heterosexism in clinical practice can have negative affects on "every aspect of the practice process including referral, history taking and assessment, and the intervention process."

Therefore, LGBTQ persons seeking therapy or other mental health services often do so with fear and trepidation.

"When you have a diagnosis and they find you are LGBTQ it becomes part of your diagnosis."

Consumers/Clients Advisory Group member

#### Stigma & Discrimination Reduction For LGBTQ Populations

# Provider Stigma and Discrimination as a Barrier to Seeking Treatment

Providers say they accept LGB persons. Thinking that they have to accept them, however, implies that these clients have a "problem."<sup>2</sup>

"When I went to the therapist, I was terrified to come out to her as a bisexual. When I did I felt like she saw my sexuality as a joke." Bisexual Advisory Group member

**Mental Health providers** have not received adequate, if any, training or education regarding **transgender experience** and are **not competently prepared** to work with clients on issues related to gender identity.<sup>3</sup>

"Supervisors are asking staff a 'yes or no' question about their LGBT competence, but there is no definition of what LGBT competence is. Many who say 'yes' often do so simply because they know 'gay' people exist." County Staff Advisory Group member

Click here to learn more about lack of LGBTQ training for providers

# Stigma and Discrimination in Specific LGBTQ Populations



Bisexual individuals are at greater risk for psychological distress and mental health challenges than gay men, lesbians or heterosexual individuals.<sup>4</sup> They face stigmatization in both the heterosexual and lesbian/gay communities, as well as from the mental health profession.<sup>5</sup>

Click here to learn more about Bisexual individuals

**Transgender individuals** face stigmatization and discrimination from both the mental health and medical professions. Because of this, many transgender individuals avoid accessing mental health or medical care out of fear or experience of ridicule and mistreatment.



Click <u>here</u> to learn more about Transgender individuals



Although most **LGBTQ older adults** are in good mental health, the subset of those with depression, anxiety, and substance abuse is higher than the general population.<sup>8</sup>

Click here to learn more about LGBTQ Older Adults



# Stigma of LGBTQ Domestic Violence

Unlike heterosexual battering, LGBTQ domestic violence always occurs within the context of societal anti-LGBTQ bias (homophobia, biphobia, transphobia)—all very powerful and effective weapons of control.<sup>9</sup>

Because domestic violence is almost always defined and discussed as a heterosexual occurrence, members of LGBTQ communities don't always recognize that what they are experiencing is violent and abusive—even when the battering is severe.<sup>10</sup>

Anti-LGBTQ bias and societal ignorance fuel the many myths and misconceptions about intimate partner violence (men aren't victims, women don't batter, LGBTQ domestic violence is mutual, etc.).<sup>11</sup>

It is common for battered LGBTQ victims to see their sexual orientation or gender identity as the problem rather than the violence itself.<sup>12</sup>

Click here for more information on domestic violence in LGBTQ communities



# Recommendations from *First, Do No Harm* for Reducing Stigma and Discrimination for LGBTQ Communities

#### Recommendation 1.1:

Demographic information should be collected for LGBTQ people across the lifespan and across all demographic variations (race, ethnicity, age, geography) at the State and County levels. Standardization of sexual orientation and gender identity measures should be developed for demographic data collection and reporting at the State and County levels. Race, ethnicity, culture and age should be considered and the measures differentiated accordingly.

#### Recommendation 2.2:

There are California state laws and regulations already in place which have a direct impact on the mental and physical wellness of LGBTQ populations and individuals. These laws and regulations should be supported, promoted and enforced.



# Stigma & Discrimination Reduction For LGBTQ Populations

#### Recommendations continued

#### Recommendation 2.3:

Development and implementation of *effective* anti-bullying *and* anti-harassment programs should be mandated for all California public schools at all age and grade levels and should include language addressing sexual orientation, perceived sexual orientation, gender, gender identity and gender expression issues. In addition, implementation of evidence-based, evaluated interventions that specifically address physical bullying and social bullying should be mandated for all California public schools at all age and grade levels.

#### Recommendation 2.9:

Creating safe spaces for LGBTQ youth is critical to addressing harmful school behavior. Gay-Straight Alliances (GSA) and other such LGBTQ affirming clubs should be supported by school administration and staff, including the reducing of barriers to forming and maintaining such clubs at middle and high school campuses.

#### Recommendation 3.1

Statewide workforce training and technical assistance should be required in order to increase culturally competent mental, behavioral and physical health services, including outreach and engagement, for all LGBTQ populations across the lifespan, racial and ethnic diversity, and geographic locations.

Training of service providers in public mental/behavioral and physical health systems should focus on the distinctiveness of each sector of LGBTQ communities—lesbians, gay men, bisexual, transgender, queer and questioning—within an overarching approach to mental health throughout the lifespan for the racial, ethnic and cultural diversity of LGBTQ communities. Cultural competency training, therefore, cannot only be a general training on LGBTQ as a whole, but also needs to include separate, subgroup-specific training sessions (e.g. older adult, youth, bisexual, transgender, Black, Latino, etc.).

Agencies and individuals providing LGBTQ trainings—whether general or subgroup-specific—should meet CEU standards and have community-based endorsement(s).

#### Recommendation 4.8

Funding should be allocated to develop a statewide resource guide listing agencies, programs and services which have been determined to be LGBTQ-sensitive, affirming and culturally competent.

Click <u>here</u> for expanded recommendations to help reduce stigma and discrimination for LGBTQ Communities.

Click <u>here</u> for all recommendations from the LGBTQ Reducing Disparities Project.



# Click a link to read more from First, Do No Harm

# First, Do No Harm:

Reducing Disparities for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Populations in California



The California LGBTQ
Reducing Mental Health Disparities Population Report

# **Full Report**

**Executive Summary** 

Recommendations

Background information on LGBTQ Populations

Findings from the Community and Provider Surveys

**Glossary of Terms** 

**Community Defined Practices** 

**Additional Resources** 









# LGBTQ REDUCING DISPARTIES PROJECT

#### Stigma & Discrimination Reduction For LGBTQ Populations

### References

- 1. National Resource Center on Domestic Violence. [2007]. Lesbian, gay, bisexual & transgender (LGBT) communities and domestic violence: Information & resources. Harrisburg, PA: Pennsylvania Coalition Against Domestic Violence.
- 2. Hunter, S., & Hickerson, J.C. (2003). Affirmative practice: Understanding and working with lesbian, gay, bisexual, and transgender persons. Washington, DC: NASW Press.
- 3. Carroll, L., Gilroy, P.J., & Ryan, J. (2002). Counseling transgendered, transsexual, and gender-variant clients. *Journal of Counseling & Development, 80*(2), 131-139.
  - Lev, A.I. (2004). Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families. New York: The Haworth Clinical Practice Press.
- 4. Miller, M., André, A., Ebin, J., & Bessonova, L. (2007). *Bisexual health: An introduction and model practices for HIV/STI prevention programming.* New York: National Gay and Lesbian Task Force Policy Institute, the Fenway Institute at Fenway Community Health, and BiNet USA. Retrieved from http://www.thetaskforce.org/downloads/reports/reports/bi\_health\_5\_07.pdf
  - Page, E.H. (2004). Mental health services experiences of bisexual women and bisexual men: An empirical study. In R.C. Fox (Ed.), *Current research on bisexuality*, (pp.137-160). New York: Harrington Park Press.
- 5. Bradford, M. (2004). Bisexual issues in same-sex couple therapy. In J.J. Bigner & J.L. Wetchler (Eds.), Relationship therapy with same-sex couples, (pp.43-52). New York: Haworth Press.
  - Dworkin, S.H. (2006). The aging bisexual: The invisible of the invisible minority. In K. Kimmel, T. Rose & S. David (Eds.), *Lesbian, gay, bisexual, and transgender aging* (pp. 36-52). New York: Oxford University Press.
- 6. Cook-Daniels, L. (2006). Trans aging. In K. Kimmel, T. Rose & S. David (Eds.), *Lesbian, gay, bisexual, and transgender aging* (pp. 21-35). New York: Oxford University Press.
  - Green, J. (2000). Introduction to transgender issues. In P. Currah & S. Minter (Authors), *Transgender equality: A handbook for activists and policymakers* (pp.1-12). New York: The National Gay and Lesbian Task Force Policy Institute.
  - Lev, A.I. (2004). Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families. New York: The Haworth Clinical Practice Press.
  - Logie, C., Bridge, T.J., & Bridge, P.D. (2007). Evaluating the phobias, attitudes, and cultural competence of Master of Social Work students toward the LGBT populations. *Journal of Homosexuality*, *53*(4), 201-221.
  - Winters, K. [2005]. Gender dissonance: Diagnostic reform of Gender Identity Disorder for adults. In D. Karasic & J. Drescher [Eds.], *Sexual and gender diagnoses of the Diagnostic and Statistical Manual (DSM): A reevaluation*, (pp.71-89). New York: The Haworth Press.
  - Witten, T.M. (2003). Life course analysis—the courage to search for something more: Middle adulthood issues in the transgender and intersex community. In M.K. Sullivan (Ed.), *Sexual minorities: Discrimination, challenges, and development in America,* (pp.189-224). New York: The Haworth Social Work Practice Press.
- 7. Cook-Daniels, L. (2006). Trans aging. In K. Kimmel, T. Rose & S. David (Eds.), *Lesbian, gay, bisexual, and transgender aging* (pp. 21-35). New York: Oxford University Press.
  - Witten, T.M. (2003). Life course analysis—the courage to search for something more: Middle adulthood issues in the transgender and intersex community. In M.K. Sullivan (Ed.), *Sexual minorities: Discrimination, challenges, and development in America,* (pp.189-224). New York: The Haworth Social Work Practice Press.
- 8. King, M., Semlyen, J., Tai, S.S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay, and bisexual people. *BMC Psychiatry*, 18(8), 70.
- 9. National Resource Center on Domestic Violence. (2007). *Lesbian, gay, bisexual & transgender (LGBT) communities and domestic violence: Information & resources.* Harrisburg, PA: Pennsylvania Coalition Against Domestic Violence.



#### Stigma & Discrimination Reduction For LGBTQ Populations

# References

- 10. Holt. S. [2011]. Lesbian, gay, bisexual, and transgender intimate partner violence: The California report. Los Angeles, CA: L.A. Gay & Lesbian Center.
- 11. Holt. S. (2011). *Lesbian, gay, bisexual, and transgender intimate partner violence: The California report.* Los Angeles, CA: L.A. Gay & Lesbian Center.
- 12. Holt. S. [2011]. Lesbian, gay, bisexual, and transgender intimate partner violence: The California report. Los Angeles, CA: L.A. Gay & Lesbian Center.







