TO IDENTIFY AND EXPRESS: LIVING FULLY AS A MODEL FOR OTHERS TO LIVE FULLY

KATHRYN LENBERG, MPH, PHD
OBJECTIVES

• Explore one’s own understanding of gender identity and gender expression.

• Discuss the recommended therapy approaches for SGM individuals.

• Practice strategies to explore and provide affirming care for all patients, especially sexual and gender minority patients.
HEALTHY PEOPLE 2020

• Goal: Improve the health, safety and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals.
  • Research suggests that LGBT individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights.
Additional Contributors to poor health and well-being

• Discrimination against LGBT persons has been associated with high rates of psychiatric disorders,\textsuperscript{1} substance abuse,\textsuperscript{2, 3} and suicide.\textsuperscript{4}

• Experiences of violence and victimization are frequent for LGBT individuals, and have long-lasting effects on the individual and the community.\textsuperscript{5}

• Personal, family, and social acceptance of sexual orientation and gender identity affects the mental health and personal safety of LGBT individuals.\textsuperscript{6}
BARRIERS TO ACCESSING CARE

• Stigma

• Discrimination

• Lack of knowledge and understanding on the part of the providers

• Hetero-dominant language and assumptions from medical and behavioral health providers
HEALTH DISPARITIES

Given barriers to care, it is clear why health disparities continue to differentially affect individuals who identify as LGBTQ*. 
CONSEQUENCE OF BARRIERS

• LGBT youth are 2 to 3 times more likely to attempt suicide.\textsuperscript{7}

• LGBT youth are more likely to be homeless.\textsuperscript{8, 9, 10}

• Lesbians are less likely to get preventive services for cancer.\textsuperscript{11, 12}

• Gay men are at higher risk of HIV and other STDs, especially among communities of color.\textsuperscript{13}
ADDITIONAL HEALTH CONSEQUENCES

• Lesbians and bisexual females are more likely to be overweight or obese.\textsuperscript{14}

• Transgender individuals have a high prevalence of HIV/STDs,\textsuperscript{15} victimization,\textsuperscript{16} mental health issues,\textsuperscript{17} and suicide\textsuperscript{18} and are less likely to have health insurance than heterosexual or LGB individuals.\textsuperscript{19}

• Elderly LGBT individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers.\textsuperscript{20}

• LGBT populations have the highest rates of tobacco,\textsuperscript{21, 22} alcohol,\textsuperscript{22, 23} and other drug use.\textsuperscript{22}
Mapping Out Gender

Overview
Explore one’s own gender location and what this looks like in their experience.

Learning Objective
Upon completion of the activity, participants will be able to identify and explain the aspects of gender and sexual orientation and how they may or may not be related for each individual.
The Gender Unicorn

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

Gender Expression
- Feminine
- Masculine
- Other

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

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

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

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

Design by Landyn Pan and Anna Moore
INNER VOICES EXERCISE (SKINTA AND CURTAIN)

**Instructions:** In this exercise, you’ll **identify** and **depict** (write about, illustrate) all the different aspects of your self as you move through the world as a gendered, sexual being. They may reflect role models who are current or past influences on you, and/or past and current versions of you and your gender. The voices may also include your future and hopeful selves—all or some of your current selves may feel transitional. These voices will most likely be contradictory.
There is no such thing as a single-issue struggle because we do not live single-issue lives.

Audre Lorde
INTERSECTIONALITY: KEY TENETS

Relationships and power dynamics between social locations and processes (e.g., racism, classism, heterosexism, ableism, ageism, sexism) are linked. They can also change over time and be different depending on geographic settings.

Knowing positions of both oppression and power; these can both exist simultaneously.

Acknowledging positions of power with the goal of moving toward social justice, coalition building, and transformation.
INTERSECTIONALITY EXERCISE

• Think about your own positions of power and positions of oppression
• Write down one or two of each
• Please share these intersecting identities with your neighbor
MAKING CHANGES IN PRACTICE TO BE AFFIRMATIVE FOR CLIENTS

• Take a look at your clinic space—what is the general experience in the space? Anything strike you as hetero/cis dominant?
• Take a look at paperwork—inclusive or exclusionary?
• Take a look at the magazines in your waiting room, art work, etc.
THERAPY RECOMMENDATIONS

• Limited research on therapies developed specifically for gender minority individuals

• Recommend any therapeutic practice where development of compassion for the self is possible

• It is also important to provide a space for the client to explore internalized transphobia
BOOKS AND RESOURCES

• The Gender Quest Workbook
  A Guide for Teens and Young Adults Exploring Gender Identity
  Rylan Testa, Deborah Coolhart, Jayme Peta

• Mindfulness and Acceptance for Gender and Sexual Minorities
  A Clinician's Guide to Fostering Compassion, Connection, and
  Equality Using Contextual Strategies
  Edited by Matthew D. Skinta & Aisling Curtin
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