

LGBTQ+ Safe Spaces & Community Advocacy

Illinois Association of Park Districts (IAPD) and
Illinois Park & Recreation Association (IPRA)

June 29, 2022

The land on which we gather, inhabit, work, and live is the original homelands and traditional territory of the Kiikaapoi (Kickapoo), Peoria, Bodéwadmíkiwen (Potawatomi), Miami, and Oceti Šakówin (Sioux) people. These lands were the home of these Native Nations prior to their forced removal and relocation. These lands continue to be embedded with the rich histories and struggles for survival of each nation.

We acknowledge the varied histories and sociopolitical forces which have brought us all to this land, voluntarily and involuntarily. These may include enslavement, indentured servitude, and political and economic asylum, as well as those seeking educational opportunities and other freedoms denied or limited in one's context of origin. We invite you to consider your own relationship to this land and the institution which occupies it, both in your understanding of past history as well as your commitment to future action in your lived present and future. Learn more about the land upon which you work and live here:

<https://native-land.ca/>



We acknowledge that topics covered in this training may be triggering.

We ask for your presence in whatever capacity you may have.

We invite you to practice self-care throughout the training and can be privately messaged for additional support.

5-4-3-2-1 GROUNDING EXERCISE



Name 5 things you can see



Name 4 things you can touch



Name 3 things you can hear



Name 2 things you can smell



Name 1 thing you can taste

Presenters:

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Pronouns: she/her/ella

Director of Education

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Pronouns: she/her

Training Specialist I

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Pronouns: he/him/his

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Presenter Disclosures:

- There are no financial disclosures to report
 - There are no commercial disclosures to report
 - There is no conflict of interest
 - The information in this presentation will be given fairly and without bias
-
- Continuing Education Credits (CEUs) are available following this training and are provided by the Illinois Association of Park Districts (IAPD) and the Illinois Park & Recreation Association (IPRA)

Introduction to Howard Brown Health

- The largest LGBTQ+ health center in the Midwest- A federally qualified health center
- 11 Primary Care Sites across Chicago
- Services include primary care, HIV treatment and prevention, gender affirming medical care, behavioral health, dental, and social services



Howard Brown Health Mission & Vision

- **Rooted in LGBTQ+ liberation**, Howard Brown Health provides affirming healthcare and mobilizes for social justice. We are agents of change for individual wellbeing and community empowerment.
- Howard Brown Health envisions a future where healthcare and transformative social policies **actualize human rights and equity for all**.

The Center for Education, Research, and Advocacy

The Center for Education, Research, and Advocacy (ERA) seeks to transform the world beyond our clinics, making exceptional and affirming LGBTQ+ healthcare accessible everywhere. Through Howard Brown, ERA develops and disseminates **community-driven**, high quality best practices in LGBTQ+ health



Center for
Education, Research
& Advocacy

A DIVISION OF HOWARD BROWN HEALTH

Session Goals

LGBTQ+ Safe Spaces & Community Advocacy is focused on organizational and policy transformations that encourage an inclusive environment for LGBTQ+ community members and employees as well as how to initiate an inclusive culture shift within an organization or association.

Session Objectives

Upon completion of this session learners will be able to:

1. Demonstrate an understanding of LGBTQ+ community within a power / oppression framework
2. Identify ways to create a safe space for LGBTQ+ community members in parks and recreation centers and other organizational spaces
3. Apply knowledge of power and self-reflection to leverage one's own privilege with the goal of advocating for LGBTQ+ community members at the workplace and beyond



LGBTQ+ Foundational Terminology

Terminology

TERM	DEFINITION
Sex	Physical, hormonal, and genetic markers that identify someone as male, female, or intersex.
Sex Assigned at Birth	Determination by a witness to the birth of a child as male, female, or intersex, based on external genitalia.
Gender	Social construct that classifies an individual as male, female, a mixture of both, or neither.
Gender Identity	A person's internal sense of being a man/male, woman/female, both, neither, or another gender.
Gender Expression	The way an individual displays their gender externally through clothing, mannerisms, appearance, etc.

Terminology

TERM	DEFINITION
Sexual Orientation	How a person characterizes their emotional, spiritual, romantic, and sexual attraction to others.
Lesbian	A sexual orientation that describes a woman who is emotionally, spiritually, romantically, and sexually attracted to other women.
Gay	A sexual orientation that describes a person who is emotionally, spiritually, romantically, and sexually attracted to people of their own gender, most commonly used to describe men.
Bisexual	A sexual orientation that describes a person who is emotionally, spiritually, romantically, and sexually attracted to people of their own gender and people of other genders.
Queer	Originally derogatory – now reclaimed as self-affirming umbrella term for people who think of their sexual orientation or gender identity outside of societal norms. Can also be used as a political descriptor.

Terminology

Term	Working Definition
Transgender	A person whose gender identity and sex assigned at birth do not correspond
Cisgender	A person whose gender identity corresponds with their sex assigned at birth.
Transsexual	Outdated term - Sometimes used in medical literature and by some trans people to describe people who have transitioned/want to transition through medical interventions
Gender non-conforming	A gender expression that differs from a given society's norms for male and female
Genderqueer, non-binary, Gender diverse	A person whose gender identity falls outside of the traditional gender binary structure

Terminology

TERM	DEFINITION
Trans man, transgender man	A person assigned female at birth and whose gender identity is male. Some will just use the term man/male.
Trans woman, transgender woman	A person assigned male at birth and whose gender identity is female. Some will just use the term woman/female.
Cross-dresser	A person who wears clothing of a different gender – often heterosexual men who dress in women's clothing. Cross-dressers may or may not be trans identified.
Drag, drag king, drag queen	The performance of one or more genders theatrically. Performers are called drag kings and drag queens

(National LGBT Health Education Center, 2017; Ferguson, 2014)

THE GENDER BINARY

The idea that there are only two genders – boy/male/man and girl/female/woman and that people must fit into one or the other



THE GENDER GALAXY

Gender is not a binary; it is not even a spectrum from male to female. It is more of **an ever-expanding galaxy**: people can have a gender identity that is both masculine and feminine, neither, or something in between, and can change over time....



Gender Neutral Language

Language that does not make assumptions about people's gender or exhibit a bias towards a particular gender

Examples:

- Instead of saying something like, “the *woman* in the red shirt,” say, “the *person* in the red shirt”
- Instead of saying “Ladies and Gentlemen” or “Sir/Ma’am,” say “Everyone,” “Friends,” or “Y’all”
- When referring to someone you don’t know, use “they/them” pronouns until you are able to ask what pronouns they use

Pronouns:

a word that we use to talk about a person, place, or thing when we are not using its name. Many languages have gendered pronouns, so transgender people may change the pronoun(s) they use.

(Sakurai, 2017)

Subject Pronoun	She	He	They	Ze	Name	She laughs.
Object Pronoun	Her	Him	Them	Hir	Name	Give the book to him .
Possessive Adjective	Her	His	Their	Hir	Name	Their dog is cute.
Possessive Pronoun	Hers	His	Theirs	Hirs	Name	That jacket is hirs .
Reflexive Pronoun	Herself	Himself	Themselves/ themselves	Hirself	Name	JD made the cake from scratch

Misgendering:

- To refer to (someone, especially a transgender person) using a word, especially a pronoun or form of address, that does not correctly reflect the gender with which they identify.

When you misgender a person:

- Restate your sentence using the correct name and pronoun.
- A quick sorry, but not an extensive apology. Continue to practice.

When you notice someone else misgendering a person:

- Say their name, correct pronouns, and introduce the person by giving some detail about the person that is not related to their attire or gender.

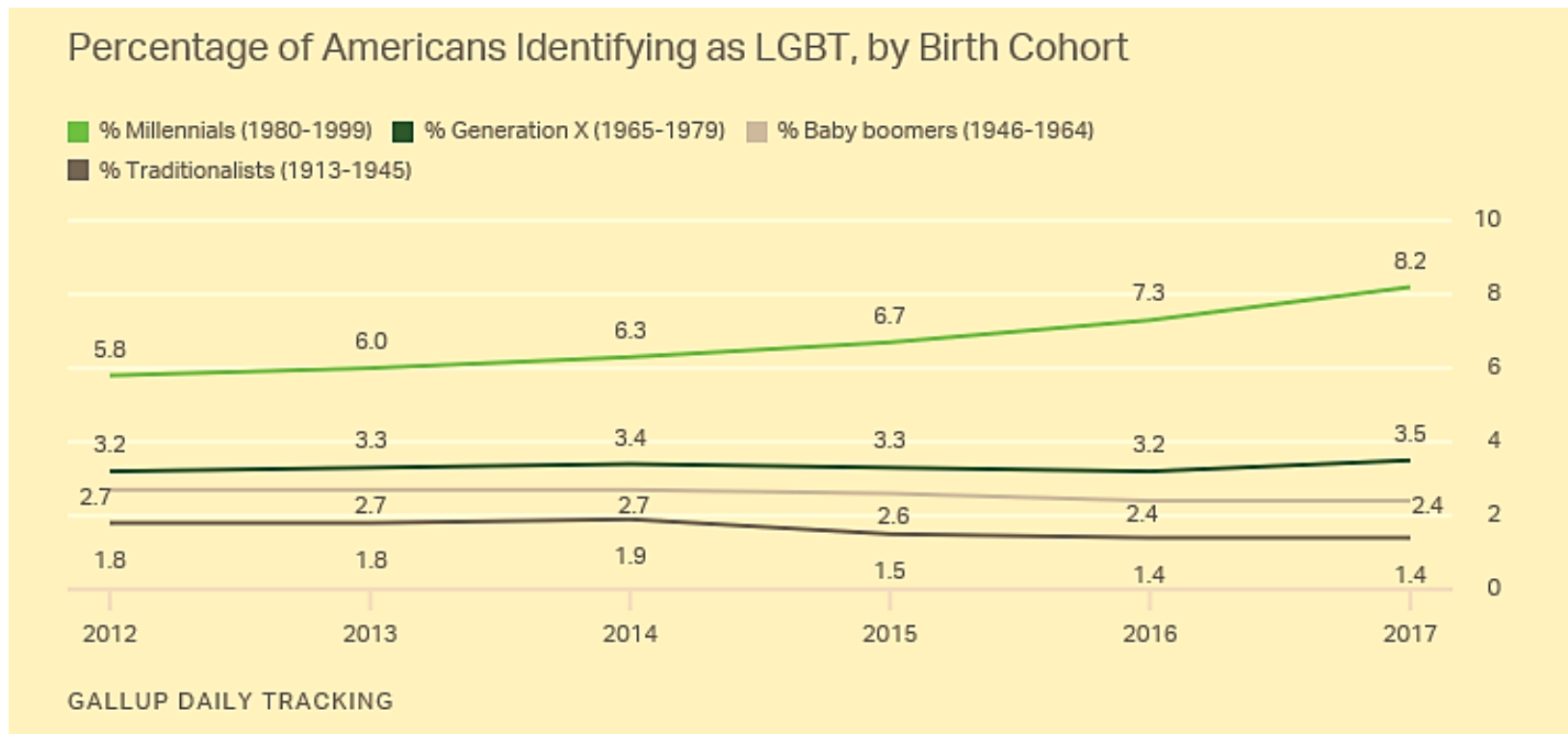
Respecting a person's pronouns is suicide prevention!



LGBTQ+ Demographics & Trends in the United States

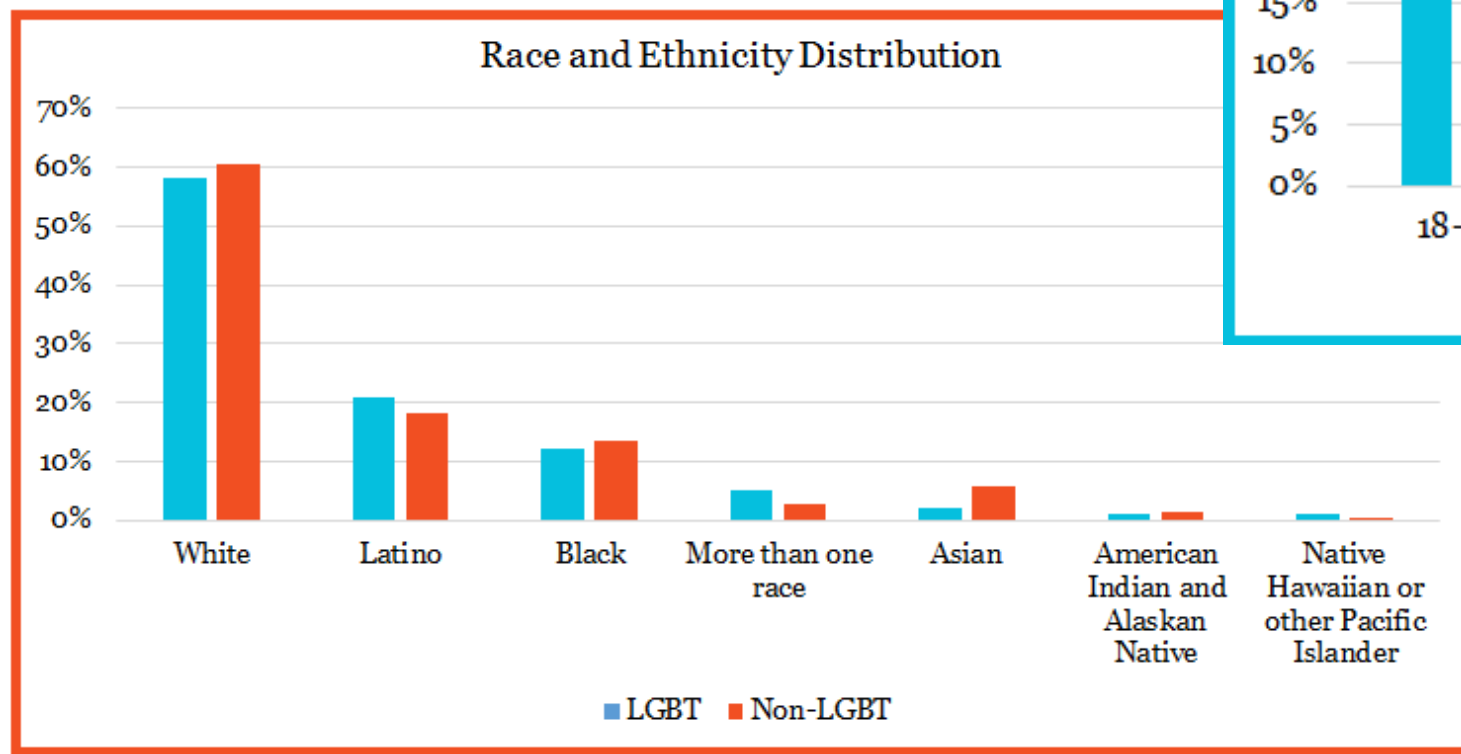
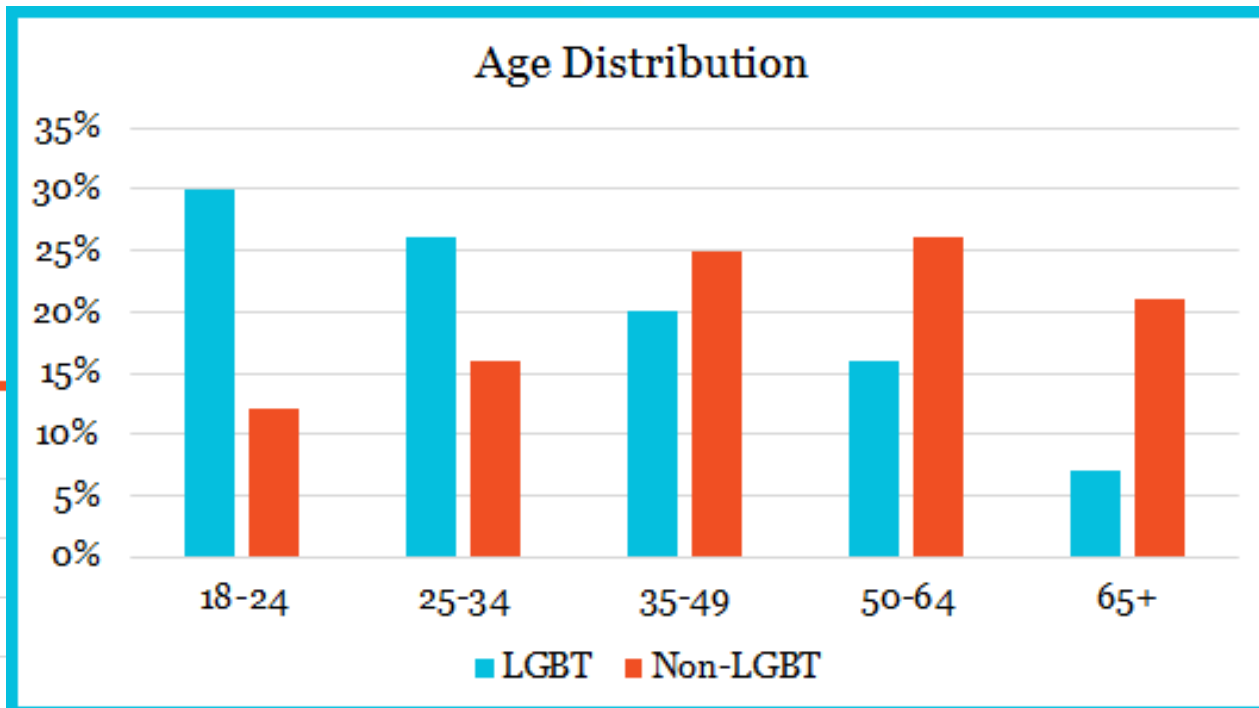
How many people identify as LGBTQ+?

4.5% of U.S. adults – over 11 million people – identify as LGBTQ

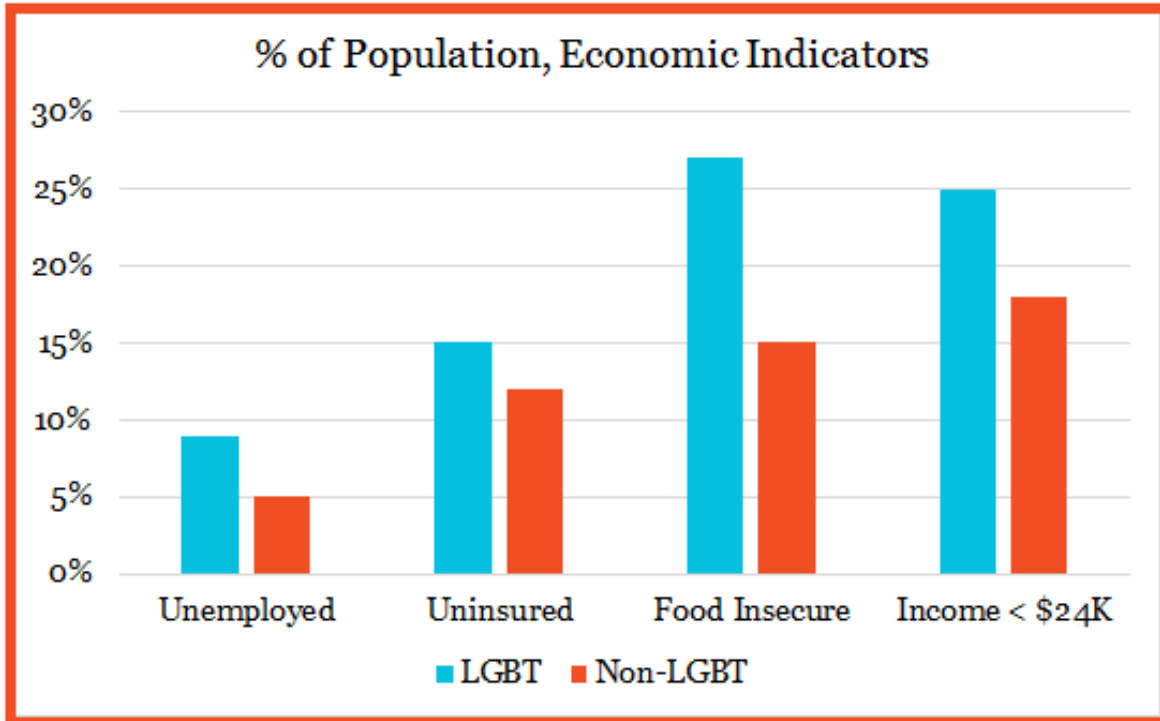
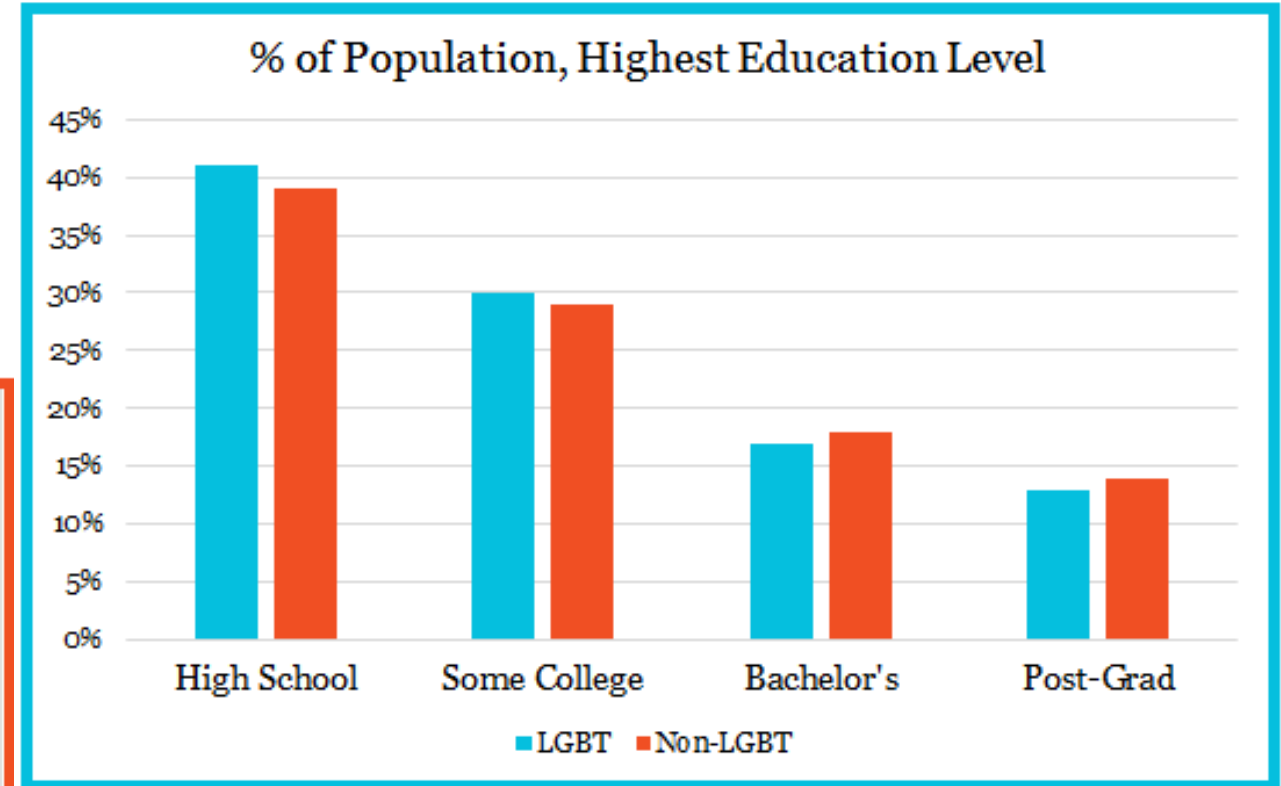


- Most recent US demographics indicate a range 2.7% in ND to District of Columbia 9.8%. Research remains under-representative of true numbers (The Williams Institute, 2020)

LGBTQ+ Demographics

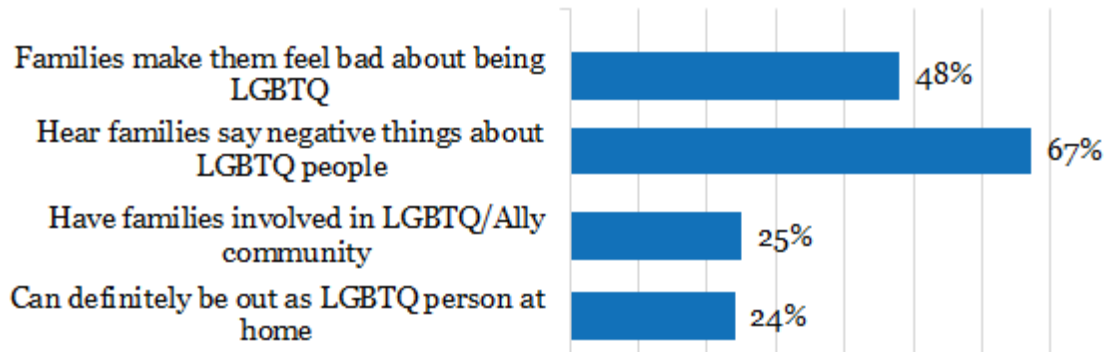


Socioeconomic Data

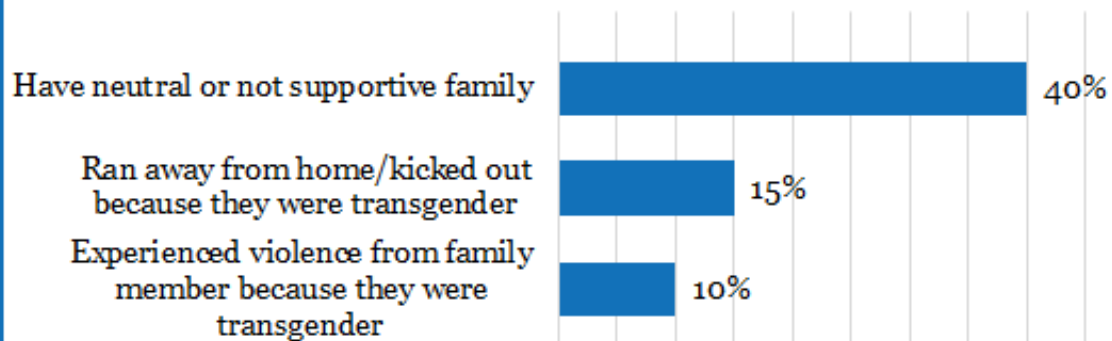


LGBTQ+ Families

% of Respondents to HRC 2017 LGBT Youth Survey



% of USTS Respondents out to ≥ 1 Family Member



2 million
children are
being raised by
same sex
couples, in 96%
of U.S. counties
(The Williams Institute, 2018)

18% of
respondents to
the 2015 US
Transgender
Survey had
children
(James et al, 2016)



LGBTQ+ Community Concerns

Increased Risk of Compounded Trauma

- LGBTQ individuals experienced more trauma, discrimination, and abuse throughout their lifespans than cisgender and/or heterosexual persons
- Can include “micro-aggressions”
- Prevalence of hate crimes- especially for transfeminine folks of color
- Have myriad, long-lasting negative implications for both their mental and physical health

Increased Risk of Substance Use

- Higher rates among LGBTQ people
- Multiple factors that may contribute to problematic substance use by LGBTQ individuals: isolation, stigma and discrimination, minority stress, regret, physical health, lack of affirmative care and chronic pain, and violence
- Treatment modalities
 - 12-step programs (AA, Smart Recovery)
 - Harm Reduction
 - Group therapy
 - Resilience and strength contribute to successful recovery

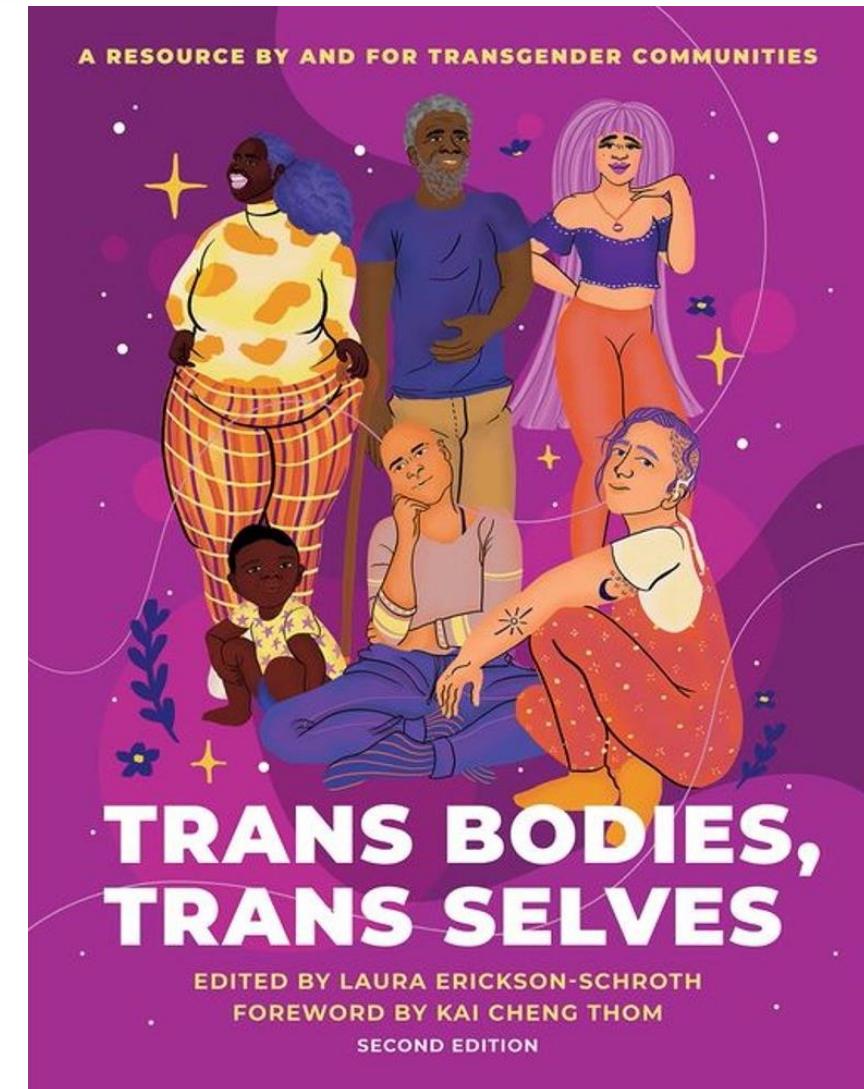
Increased Risk of Sexual Harm

The CDC's [National Intimate Partner and Sexual Violence Survey](#) found for LGBTQ people:

- 44 percent of lesbians and 61 percent of bisexual women experience rape, physical violence, or stalking by an intimate partner, compared to 35 percent of straight women
- 26 percent of gay men and 37 percent of bisexual men experience rape, physical violence, or stalking by an intimate partner, compared to 29 percent of straight men
- 46 percent of bisexual women have been raped, compared to 17 percent of straight women and 13 percent of lesbians
- 22 percent of bisexual women have been raped by an intimate partner, compared to 9 percent of straight women
- 40 percent of gay men and 47 percent of bisexual men have experienced sexual violence other than rape, compared to 21 percent of straight men

Harm in Social Service & Recreational Settings

- Being misgendered
- Violence, discrimination, disrespect, identity invalidation, chosen family invalidation
- Microaggressions and interpersonal traumatizing interactions
- Increase in gender dysphoria and acute trauma response due to lack of safety and inclusivity
- *Shame & stigma*



LGBTQ+ Barriers to Services

- Social Service Provider/ Organization Uninformed / Under resourced ⁽¹⁾
- Lack of LGBTQ+ Inclusive Providers and Community Spaces ⁽²⁾
- Geographical Barriers
- Financial Barriers ⁽³⁾

1. (Griffin, M., Krause, K. D., Kapadia, F., & Halkitis, P. N., 2018, Graham et al, 2011)

2. (Presley, 2017, Molinari & McSweeney-Feld, 2017)

3. (Graham et al, 2011, Grant et al, 2011, Griffin et al, 2018, Gonzalez & Henning-Smith, 2017)

Image Source: https://doi.org/10.1007/978-3-030-24025-7_2



Minority Stress & Poor Health Outcomes

minority stress = *major discriminatory events and micro-aggressions*

Poor Health Outcomes through

- Biological mechanisms (ex: stress hormones)
- Direct psychological effects
- Unhealthy stress management techniques
- (Lack of) use of healthcare

(Balsam et al, 2011, Balsam et al, 2013, Frost et al, 2015, Meyer, 2003)

Minority stress is...



- 1 **Unique** - not faced by non-marginalized groups.
- 2 **Societal** - it is based on prejudice and discrimination that is a systemic issue in society.
- 3 **Chronic** - no let up or “clock-out”. The amount of minority stress tends to be stable over the person’s lifetime if they remain in the same societal framework.

Minority stress is **directly related to** higher levels of chronic stress, adverse mental and physical health outcomes



individuals who lack a support system (friends, family) have greater adverse outcomes. This is esp. common in sexual & gender minorities.



Creating an LGBTQ+ Inclusive Organization

Policies and Procedures

- Non-discrimination, bullying, harassment, and employment policies that explicitly protect people based on gender identity, gender expression, and sexual orientation & clear complaint process with options for reporting
- Explicit recognition of same-sex partners and chosen families
- Check assumptions about families and sexual health history
- Collect SOGI data, with expansive options
- Introduce yourself with name and pronouns and ask for name and pronouns
- Use gender neutral or gender inclusive affirming language
- LGBTQ+ educational trainings for staff



Physical Environment

- Gender neutral/inclusive facilities (like bathrooms)
- Clearly posted non-discrimination policies
- Photos of LGBTQ+ people in waiting area, educational materials, and marketing materials
- Names and pronouns on all employee badges
- Pronouns in email signatures, next to name on video calls, on nametags
- Be intentional with images, scenarios, examples



Photo Credit: *The Gender Spectrum Collection*

Interactions

- Maintain a professional and respectful environment
- Ask permission – patient choice and consent are critical
- Educate yourself – do not ask your patient to educate you
- Familiarize yourself with topics for discussion and information needed for assessment
- Explain why you need certain information and explain what you are doing/will be doing
- Practice active listening – Acknowledge that your patients are the experts in their own experiences
- Ask for and use correct name and pronouns for all patients AND correct yourself and co-workers when mistakes happen

Training and Education

- An LGBTQ+ health readiness assessment found that while a majority of clinicians were familiar with the needs of LGBTQ+ people, only 25% discussed sexual orientation and only 9% discussed gender identity with their patients often
(Cahill & Makadon, 2014)
- How to learn?
 - Read books, blogs, etc., written by LGBTQ+ people
 - Attend trainings like this!
 - Practice gender appropriate language in your daily life



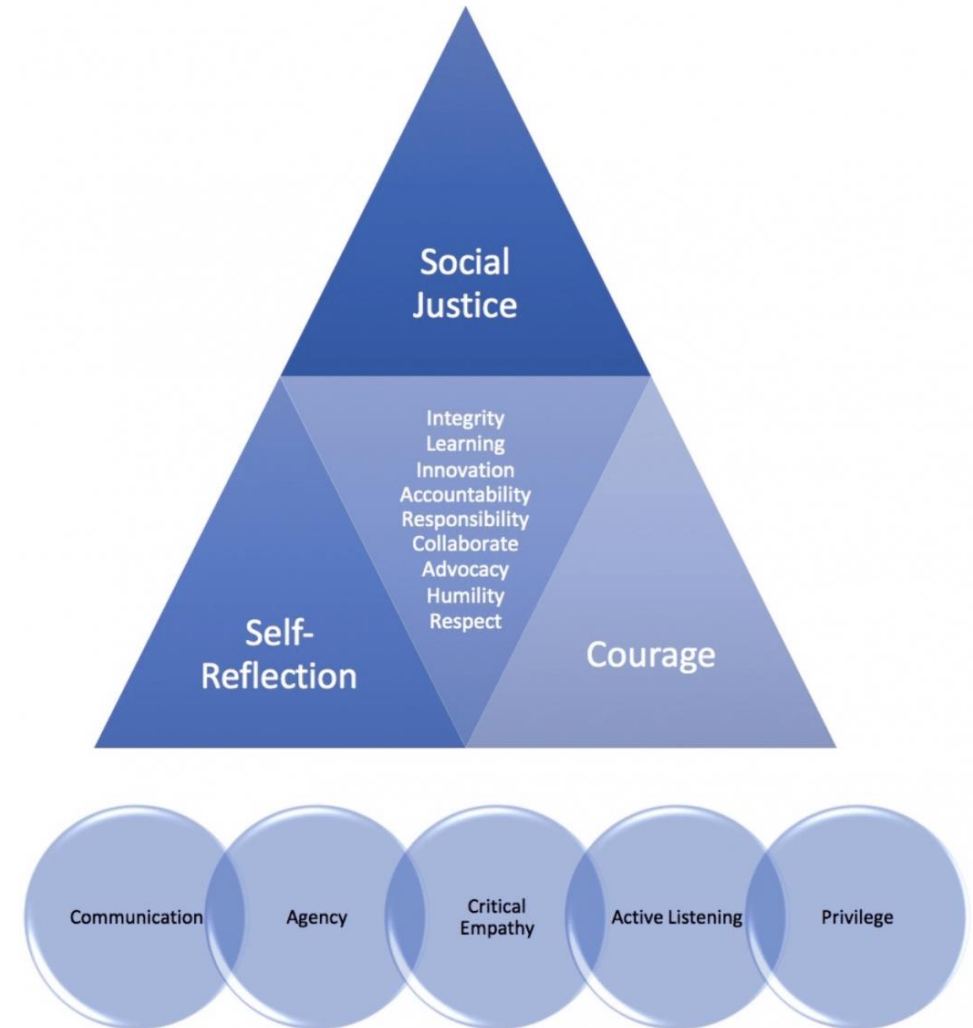
LGBTQ+ Community Care & Advocacy

Self-Reflection Exercise

Take a moment to reflect...

- In what ways do you hold power?
- Do you *not* hold power?
- In your personal life?
- In your professional role?
- In the public sphere?

Image Source: Middlebury Institute of International Studies



Oppression

4 I's – levels of Oppression

- Interpersonal – between people
- Institutional – among systems or work environments
- Ideological – based on what people believe “othering”
- Internalized – prejudice turned inward

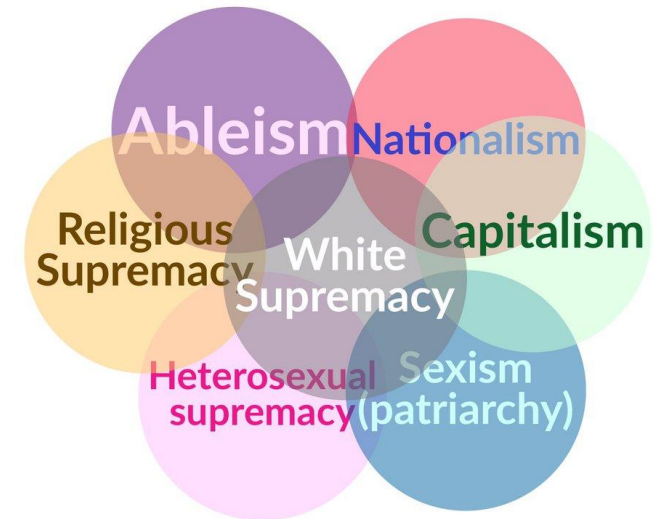
(Bell, 2013)

Prejudice + Power = Oppression

Question: Does cisphobia or heterophobia exist?

- Not really, consider who has privilege

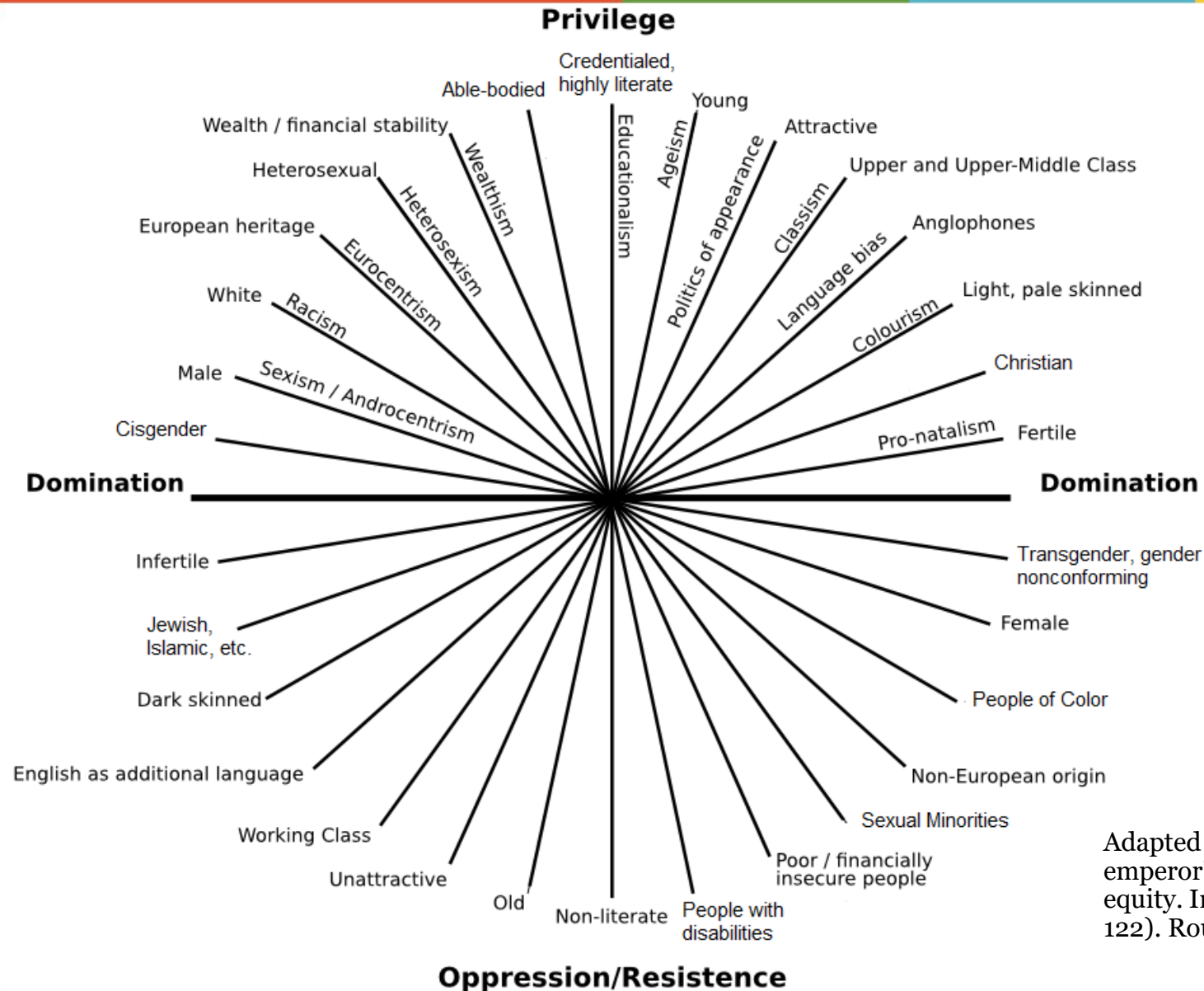
INTERSECTIONAL OPPRESSION



Graphic by @shreec

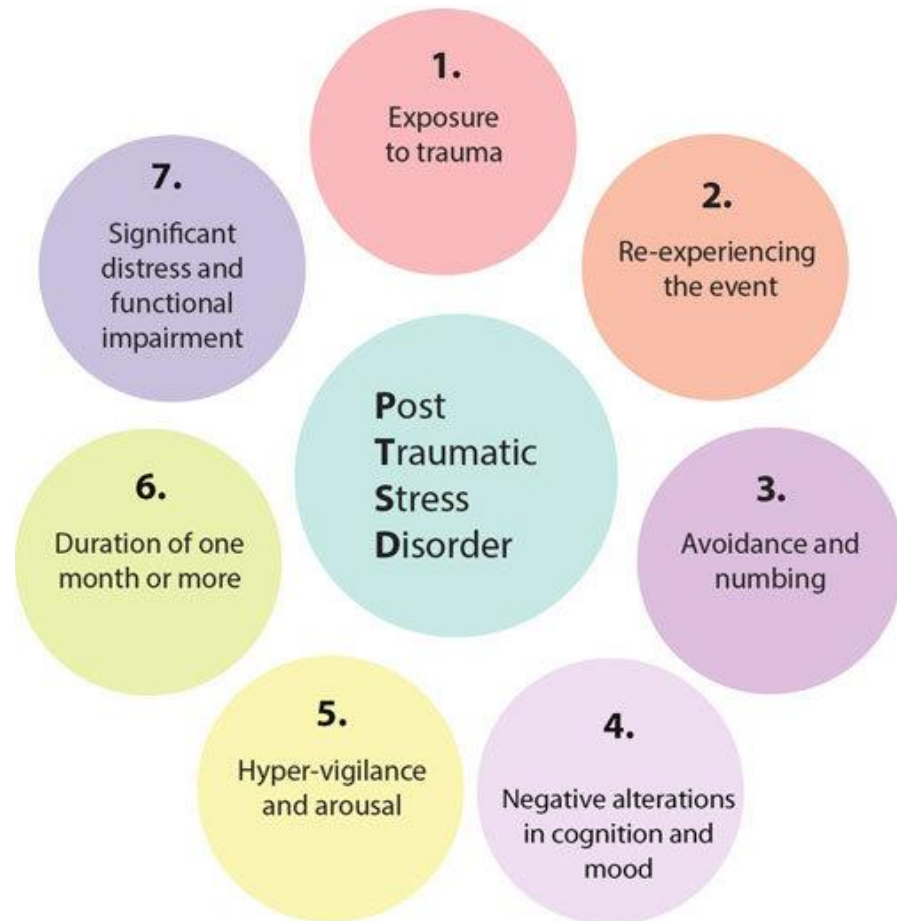


Anti-Oppression & Advocacy



Adapted from Morgan, K. P. (2018). Describing the emperor's new clothes: Three myths of educational (in-) equity. In *The Gender Question In Education* (pp. 105-122). Routledge.

Trauma-Informed Care



- **Recognize** that anyone may have experienced trauma (themselves, their community, historically)
- **Create** safety and reduce re-traumatizing people
- **Be aware** of power imbalances and prioritizes client as the expert in their own life
- **Collaborate** with community members
- **Establish** trust, transparency

Image: Abbreviated DSM-5 diagnostic criteria for posttraumatic stress disorder

Harm Reduction in Any Action

- Recognizes an individual as expert in what their needs and priorities are
- Respect and dignity towards all people, with no moral judgements
- Individualism & autonomy: self-determination
- Accountability by calling IN not calling OUT
(Hawk et al, 2017)



- Life-long learning community members
- Continual self-reflection
- Awareness of biases and assumptions
- Awareness of dominant (western, white, cisgender, heterosexual) culture, and its impacts on marginalized communities
- Focus on *others* and conditions of *injustice*
- Put knowledge into practice



Adapted from Foronda, C., Baptiste, D.-L., Reinholdt, M. M., & Ousman, K. (2016). Cultural humility: A concept analysis. *Journal of Transcultural Nursing*, 27(3), 210–217.

An Intersectional Approach

- **Intersectionality** references not only the multiple and intersecting social identities that people may have, but also the systems of interlocking and overlapping oppressions that affect marginalized groups – including LGBTQ+ individuals
- Uses a privilege and oppression framework in tandem with the theory of intersectionality; explore all related identities
- Examples: ability, gender identity, immigration status, race/ethnicity, social class, religion, education, language, economic status and age

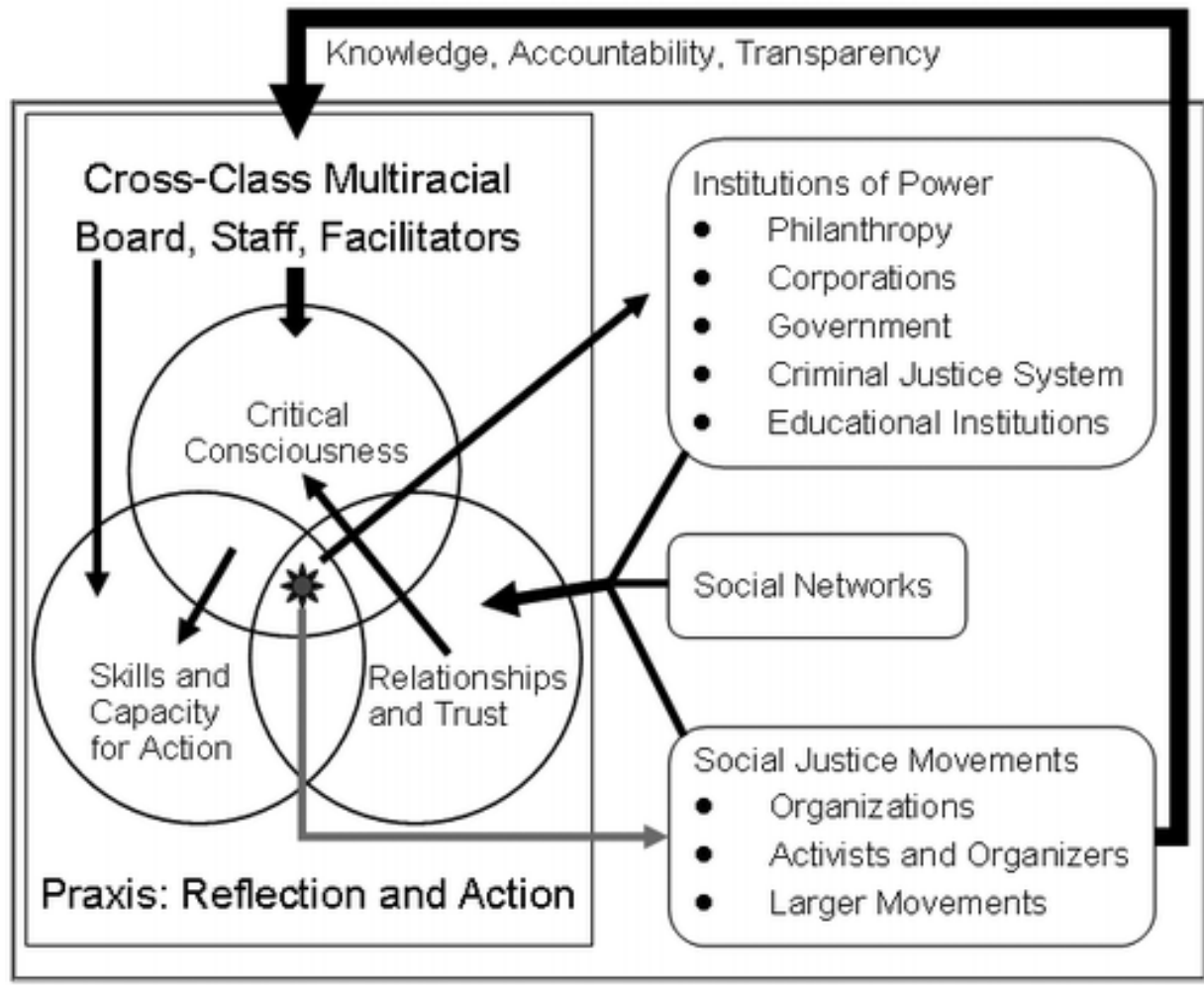
Leveraging Your Privilege : Brainstorm

WHAT IS AN ALLY?

An **ally** is an individual who is not a member of an underrepresented group but takes action to support that group



Individuals who hold positions of privilege have the ability & power to be active allies to those with less access, & take responsibility for making changes that will help others be successful. Active allies use their credibility to **create a more inclusive workplace** & find ways to use their privilege to work & supplement others who do not possess the same luxury.



Wernick, L. J. (2012). Leveraging privilege: Organizing young people with wealth to support social justice. *Social Service Review*, 86(2), 323-345.

Questions? Future Trainings?

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