MEET YOUR PRESENTERS:

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Project NEON
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Founded in 1969, Seattle Counseling Service is proud to be the oldest LGBTQ-focused community behavioral health agency in the world.

Our services include mental health counseling; substance use disorder services; support groups; harm reduction programs; HIV prevention programs; peer-led outreach; and, immigrant, refugee, and undocumented outreach.

**Mission Statement:**

Seattle Counseling Service is a community resource that advocates, educates, and serves to advance the social well being and mental health of the Gay, Lesbian, Bisexual and Transgender communities.
When did you first know your sexual orientation and when did you come out to your family about it?

When did you first know your gender and when did you come out to your family about it?

*If these questions are confusing, talk about that confusion.*
DISCRIMINATION
Lesbian, Gay, Bisexual, and other Queer Orientations

- DSM – Homosexuality (removed 1973)
- DSM II – Sexual Orientation Disturbance
- DSM III – Ego-Dystonic Homosexuality (Removed completely in 1997)

Transgender Identity

- DSM – Gender Identity Disorder
- DSM-5 – Gender Dysphoria
- Gender Incongruence – re-categorized by World Health Organization in 2019 from mental health to sexual health (https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/344733949)
IMPACT OF PATHOLOGIZING LGBTQ+ SEXUAL ORIENTATION

- Marriage Equality
- Adoption

Medical and Research Impacts
- Ability of AMAB people to donate blood and participate in medical research
- Inadvertently excluding LGBTQ+ people through control groups
- Federal funding and research attention
IMPACT ON TRANS & GENDER NONCONFORMING PEOPLE

Medical Care & Gatekeeping
- Historically limited options for gender expression & identity
  - Only binary female and males allowed to transition
- Continuing Impacts
  - Insurance denials for surgery
  - Providers' fears of lawsuits

Cultural Impacts
- Trans-Exclusionary Radical Feminism
- Legal Implications – Aimee Stephens
- Culturally-accepted oppression (e.g. Silence of the Lambs, Ace Ventura, etc.)
HIGHER INCIDENT RATES IN THE LGBTQ COMMUNITY
LGB adults are more than twice as likely as heterosexual adults to experience a mental health condition.

LGBTQ people are at a higher risk than the general population for suicidal thoughts and suicide attempts.

High school students who identify as lesbian, gay, or bisexual are almost five times as likely to attempt suicide compared to their heterosexual peers.

48% of all transgender adults report that they have considered suicide in the past 12 months, compared to 4% of the overall US population.

STATISTICS

What do you think are the reasons?
WHY?

Socioeconomic Status

Discrimination
- Employment & Housing

Marginalization of LGBT Youth

Lesbian, Gay, Bisexual and Transgender Persons & Socioeconomic Status (2019)
Retrieved from https://www.apa.org/pi/ses/resources/publications/lgbt
PROJECT NEON

Needle and Sex Education Outreach Network is a harm reduction program.

Mission

Helping individuals to make life enhancing decisions through non-judgmental sharing of information about the relationship between sexual behavior, substance use, and diseases.
PROJECT NEON’S HISTORY

Public Health Seattle & King County created Project NEON in 1993.


2008 brought a collaboration between NEON and Gay City Health to create Speed, Sex and Sanity.

2017 brought a change in funding and focus. Project NEON is currently funded by The Washington State Department of Health.

Today Project NEON is focused on drug user health and help the most marginalized of our neighbors; trans, gender non-conforming and sex workers.
WHAT WE DO

- Raise awareness about the links between substance use and HIV, hepatitis, sexually transmitted infections and other health concerns.
- Provide accurate and truthful information without judgment.
- Provide information on safer sex and injection practices.
- Distribute condoms.
- Provide clean injection equipment including on average 132,000 syringes per year.
WHO DOES THE WORK
WHO DOES THE WORK

Peer Educators

- Are dedicated volunteers that have a connection with the drug using community.
- They may be in active use, recovery or have never used at all.
- Their unique lived experience and passion for harm reduction contributes to NEON’s success.
WHERE IS THE WORK DONE

- Bathhouses
- Private sex parties
- Private homes
- Dealers homes
- Tents
- On the streets
PERKS FOR THE VOLUNTEERS

- Offers suggestions to better manage drug use.
- Creates a safe place for support and sharing.
- SCS offers free individual counseling and case management.
- Weekly cash incentive.
- Group meal weekly.

A person does not need to be sober or even have the desire to quit using to use the services.
MINORITY STRESS MODEL

The Minority Stress Model explains that "stigma, prejudice, and discrimination create a hostile and stressful social environment that causes mental health problems. The experience of prejudice events, expectations of rejection, hiding and concealing, and internalized homophobia" are all factors.

What are some examples of Minority Stress?

- Trans identity and bathrooms
- Paperwork - Using legal names, pronouns, gender options
- Blood donation - MSM and Trans individuals on HRT
- Coming out – at work, school, with family
- Internalized homophobia and transphobia

What else can you think of?
INTERNALIZED HOMOPHOBIA

Definition:

“the self-hatred that occurs as a result of being a socially stigmatized person.” (Locke, 1998)

“the gay person’s direction of negative social attitudes toward the self, leading to a devaluation of the self and resultant internal conflicts and poor self-regard.” (Meyer and Dean, 1998)

INTERNALIZED HOMOPHOBIA

What are some examples you can think of?
EXAMPLES

- Lying to yourself about attraction and sexuality.
- The inability to “come out” if you want to, and if you can safely.
- Being selectively “out”
- Secret relationships;
- Forcing others to keep secrets or remain in the closet;
- Feeling disgust towards other LGBTQ people who don’t express themselves in a heteronormative way
- Anger and resentment toward other LGBQ people for being out, or proud of their identity
- Transphobia, gender policing, shaming or harming LGBTQ individuals who do not fit into the gender binary
- Anger or embarrassment that other LGBTQ people “represent” you
- Perpetual lack of satisfaction from emotional and/or physical intimacy
- Deep shame about sexual experiences
- Ambivalence, loneliness, isolation
- Inability to have emotionally intimate sexual encounters
- Preventing yourself from having sex even if you desire it
HOW TO COMBAT INTERNALIZED HOMOPHOBIA

• Work with a LGBTQ positive therapist!
HOW TO COMBAT INTERNALIZED HOMOPHOBIA

• Build a strong support network of LGBTQ individuals and allies that affirm your identities.

• Learn about the history of the LGBTQ rights movement.

• If you can do it safely, come out of the closet.
HOW TO COMBAT INTERNALIZED HOMOPHOBIA

• Get away from toxic influences.
• If your religion is not accepting, consider leaving the church even for a time, or find a new church.
• Practice being aware of your negative reactions, critical self-talk and judgment of others. Each time you do it, examine the source.
HOW TO COMBAT INTERNALIZED HOMOPHOBIA

Reminder:

• Internalized homophobia is forced upon you by a homophobic society. Don’t feel guilty or shameful, just take the steps, one by one, to free yourself of this weight that keeps us all down.

Thanks to Revel & Riot for the examples!
www.revelandriot.com
You can (and should!) be writing letters of support when appropriate.

If you are currently uncomfortable writing letters, what are some concerns?
Using the WPATH Standards of Care:

You are attesting that:

- the client has **PERSISTENT, WELL DOCUMENTED GENDER DYSPHORIA**
- the client has the **CAPACITY TO MAKE A FULLY INFORMED DECISION AND CONSENT FOR TREATMENT**
- that they are the **AGE OF MAJORITY IN THE UNITED STATES**
- and their **MENTAL HEALTH CONCERNS ARE WELL CONTROLLED**
- often will want to know that the client is a **GOOD CANDIDATE FOR GENDER AFFIRMING SURGERY**
WHAT’S IN A SUPPORT LETTER?

- Some insurances/Doctors might ask for additional information.
- The letter writing process is constantly changing!
- Don’t be surprised if one letter is accepted and the next isn’t!
What can your agency/practice do to counter cultural stigma and transform mental health and substance use treatment accessibility for marginalized communities?
STEPS YOU CAN TAKE

• Ask for pronouns, state your pronouns and use them on email signatures
• All gender restroom options in your office or clinic spaces
• Stay informed about legal issues around sexual orientation, gender expression, civil rights, and immigration policy
• Support legislation that supports access to mental health services for underrepresented groups
• Have a referral list to groups and organizations connected to the community
• Engage in discussions around how your office plans to destigmatize mental health & substance use through your platforms
• Reevaluate your office or clinic, be intentional about creating an affirming environment for clients.