

Working with the Gay, Lesbian, Bisexual and Transgender Drug Court Participant

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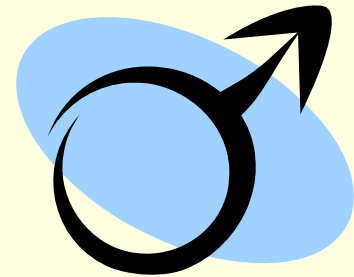
What We'll Cover

- **Definitions**
- **Values**
- **LGTBs and Drug Treatment**

What We've Been Taught?

Opening Exercise: Dyads

- **Identify one thing you were taught about your sexuality.**
- **Identify one thing you were taught about what being male or female is.**
- **Who taught you these things and how old were you?**



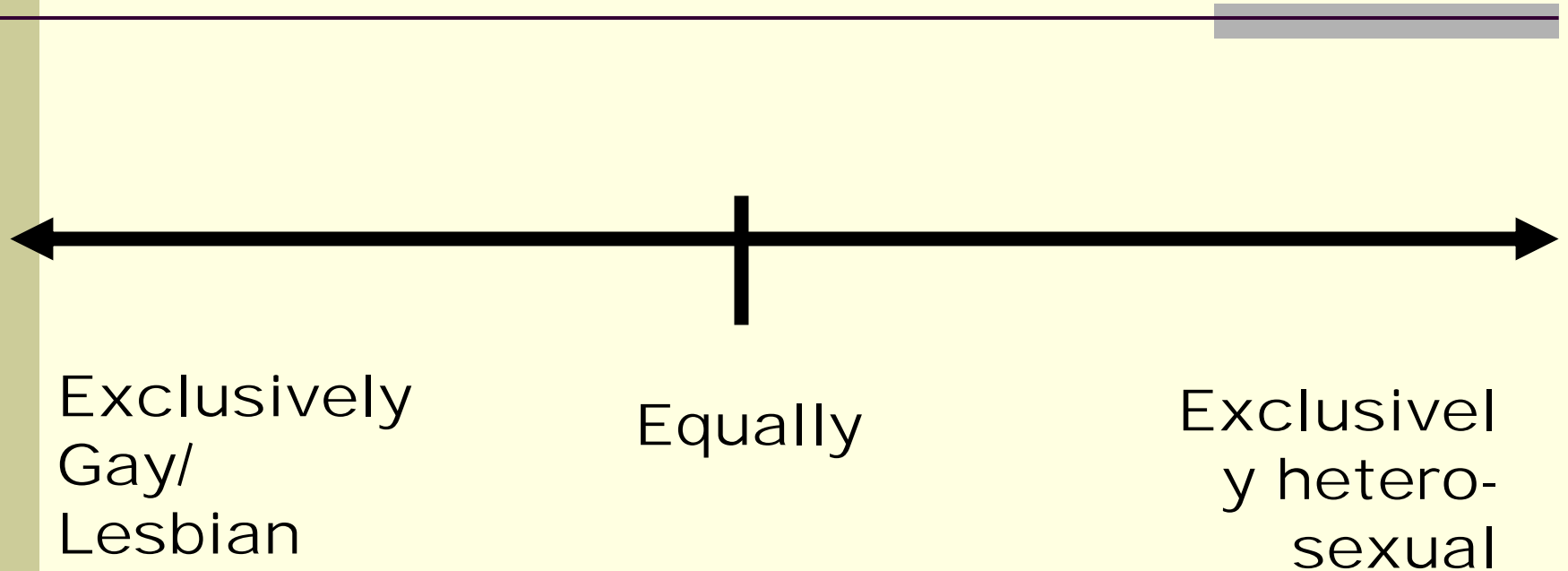
Sexual Orientation & Sexual Identity

- **Orientation**: the erotic and affectional (or loving) attraction to another person
- **Identity**: the personal and unique way that a person perceives his or her own sexual desires and sexual expressions

Orientation & Identity

- **Heterosexual (straight) - attraction to persons of the opposite sex**
- **Homosexual (Gay/Lesbian) - attraction to persons of the same sex**
- **Bisexuality - attraction to persons of either sex.**

Spectrum of Sexual Orientation



Sexual Attraction, Behavior, Fantasies;
Emotional Preference; Social Preference

Sex & Gender

- **Sex - biological primary sexual characteristics (genitalia & reproductive) & secondary (hormones, hair, body fat distribution)- male, female or intersex**
- **Gender - culturally derived female (ness) and male (ness)**

Gender & Gender Identity

- **Gender Role** - cultural roles assigned to men and women
- **Gender Attribution** - how you view someone based on their Gender Expression
- **Gender Expression** - how you express your sense of maleness/femaleness to others (dress, mannerisms, etc...)
- **Gender Identity** - Sense of ones self as male or female

Transgender

- **Umbrella terms describing people who challenge, defy, play with, or consider themselves different from the culture's sex & gender categories, which limit acceptable gender expression to masculine behavior by biological males & feminine behavior by biological females.**

The Transgender Communities Include:

- **Drag Queen, Drag King**
- **Crossdresser**
- **Intersex**
- **Transsexual, MTF, FTM**
 - **Pre-operative**
 - **Hormone Therapy Pre-operative**
 - **Post-operative**
- **Transvestite**
- **Others?**

Gender Identity Disorder

- **(GID) - DSM-IV; listed as a mental illness; strong and conflicted cross-gender identification and persistent discomfort about one's assigned sex - Sexual identity does not match biological sex or gender role.**
 - **Diagnosis required for sexual reassignment surgery**
 - **Most clinicians do not consider GID a “Mental Illness”**

Values Questionnaire

Exercise: Small Groups

In Groups:

- Answer the questions yourself first
- Discuss with your partners
- Use I-statements
- Agree to disagree
- Try to listen and hear each person's perspective



Homophobia & Transphobia

- **H- Fear, hatred, contempt, & prejudice toward lesbians & gay men. Also, fear & hatred of any of one's own feelings that one identifies as homosexual, or of getting close to someone of one's own gender.**
- **T- Fear, hatred, aversion, contempt, & prejudice toward people who challenge accepted norms of gender expression.**

Ism's

- **Internalized**
- **Individualized**
- **Systemic**

Coming Out

(Bickart, 2003, LGTB Community Services Center)

- **Personal**
- **Interpersonal**
- **Social**
- **Public**

Violence

- **Gay youth are 2-3x more likely to attempt and are more likely to complete suicide than heterosexual youth**
- **45% of gay males and 20% of lesbians experience verbal or physical assault in school (28% forced to drop out)**
- **26% of gay youth forced to leave home because of conflicts with their families over sexual identities**
- **21% lesbians sexually abused as children, 15% as adults**

Substance Use & Abuse

SAMHSA studies - 16 studies ranging from 1970-2000

- **LGTB have greater substance abuse problems than non-LGTB**
- **MSM reportedly were more likely to use nitrite inhalants, hallucinogens, stimulants, sedatives and tranquilizers than heterosexual men**
- **Alcohol use greater for lesbians than for heterosexual women**
- **Methamphetamine increasing among gay men, lesbians and MTF transgenders**
- **“Party Drugs” such as MDMA or ecstasy, Special K**

Assessment

- **Determine comfort level with being an LGTB person**
- **Determine stage of coming out process**
- **What was their experience of coming out?**
- **Determine support and social network (relationships, family)**
- **Health factors including HIV**
- **Does drug use correlate with socializing?**
- **What does drug do/accomplish for client?**

Assessment (continued)

- **Are the legal problems related to sexual behavior or police harrassment?**
- **Has client been attacked or assaulted in bias crime?**
- **Has there been domestic violence?**
- **Was sexual orientation or sexuality discussed in previous treatment?**

Helping Client's Heal (SAMHSA CSAT guide)

- **Allow LGTB client to tell their story about being different in a heterosexist society**
- **Encourage discussion of the coming out process (the hiding of feelings)**
- **Discuss attempts to acculturate “fit in”**
- **Examine negative feelings of internalized homophobia “shame”**

Helping Client's Heal (SAMHSA CSAT guide)

- **Help client manage anger (not direct towards themselves)**
- **Help understand difference between personal defect and social victimization**
- **Recognize that victimization by society is a form of abuse**
- **Make the treatment environment safe for LGTB client**

Avoid Heterosexual Assumptions

- **Avoid applying gender-specific pronouns to client's partner until the client uses them.**
- **Say directly: 'I don't want to make assumptions about your partner's gender.'**
- **Say 'partner' until you know what word the individual uses, then use that term.**
- **Ask: 'How long have you been together?' not 'How long have you been *married*?'**
- **Ask about different relationship types.**

Do's

- **Create safety and support for LGTB clients (language, forms, visuals)**
- **Know the population**
- **Be guided by client**
- **Get further training and address personal heterosexism**

Don'ts

- **Label your clients**
- **Pressure to come out**
- **Ignore significant others and family members**
- **Interpret on behalf of client**

Transgender Don'ts

- **Don't call self-identified he as she or she as he**
- **Never make transgender client choose between hormones and treatment and recovery**
- **Don't assume client is gay**
- **Don't make living as female use male bathroom or male use female**
- **Don't use transphobic language**

Transgender Do's

- **Use the proper pronouns based on their gender identity**
- **Get clinical supervision about personal feelings**
- **Allow to continue hormone when prescribed and help to get prescribed meds if using street**
- **Ask about sexual orientation**
- **Allow client to use bathroom that is appropriate to gender identity**
- **If you're unsure of the client's gender or how you should refer to them, ask.**
- **If a client gives a name that doesn't fit their apparent gender, ask whether they go by or prefer any other name.**
- **If you mess up, apologize & move on.**