Equity and Inclusion of the LGBTQIA+ Community: 
How to Support LGBTQIA+ Clients and Handle Adverse Attitudes 

Presented by
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Your Presenters

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• Define and provide a better understanding of LGBTQIA+ Terminology.
• Provide teams with a better understanding of the Transgender community and what it means to be Transgender.
• Assist teams in providing gender affirming and effective communication with participants and team members.
• Help remove negative social stigma, discrimination, and bias from Treatment Court Programs.
• Learn why and how substance abuse, substance use disorders, and mental health struggles are more prevalent in the LGBTQIA+ Community.
• Provide teams with information on individualized treatment that specializes in the LGBTQIA+ Community and their needs.
• Provide teams with positive solutions and boundaries for situations that may arise with anti-LGBTQIA+ team members or participants.
Who are LGBTQIA+?

- L - Lesbian
- G - Gay
- B - Bisexual
- T - Transgender
- Q - Queer or Genderqueer, Questioning
- I - Intersex
- A - Asexual
- + - All gender identities and sexual orientations that letters or words cannot yet fully describe
Current Populations (US)

- 7.1% of Americans identify as LGBTQ+ as of 2022
- 21% of Gen Z (DOB between 1997-2003)
- 10.5% of Millennials (DOB from 1981-1996)
- 4.2% of Gen X (DOB from 1965-1980)
- 2.6% of Baby Boomers (DOB from 1946-1964)
- .08% of Traditionalists (DOB before 1946)

https://www.theguardian.com/world/2022/feb/17/lgbtq-americans-gallup-poll-survey
Current Populations (US)

- 4% are Bisexual
- 21% are Gay
- 14% are Lesbian
- 10% are Transgender
- 4% are Queer, Questioning, Intersex, Asexual, +

https://www.theguardian.com/world/2022/feb/17/lgbtq-americans-gallup-poll-survey
Basic LGBTQIA+ Terminology

- Gender Identity- How a person experiences gender in their heart, mind, soul
- Sex- Sex assigned at birth
- Sexual Orientation- Who someone is physically, sexually, and/or romantically attracted to
- Gender Expression- How someone communicates their gender to the world
- Non-Binary- Someone who doesn't identifies as neither male nor female.
- Genderqueer- Umbrella term for those who have non-binary, gender-fluid, or gender non-conforming identities
- Intersex- Someone who has one or more innate sex characteristics
- Asexual- experiencing little or no sexual attraction to others and/or lack of interest in sexual relationship
Basic LGBTQIA+ Terminology

- **Transgender** - Umbrella term for those whose gender identity and/or gender expression differs from their sex assigned at birth.
- **Pansexual** - Someone who feels attraction to anyone
- **Cis-Gender** - Someone whose gender identity and sex assigned at birth are the same.
Terms To Avoid

Do Not Use
Homosexual
Homosexual Relationship, Homosexual Couple
Sexual Preference

Instead Use
Gay, Gay Man, Lesbian, Lesbian Woman, Bisexual Man/Woman
Relationship, Gay Couple, Lesbian Couple
Sexual Orientation

Terms to Avoid

Do NOT Use:
Transsexual
Transvestite
Gender Identity Disorder
Transgenders, a transgender, transgendered
"Identifies As"
Sex Change, Pre-Op, Post-Op

Instead Use:
Transgender
Cross-Dresser
Gender Dysphoria
Transgender man, transgender woman, trans man, trans woman
Is
Transition

https://www.glaad.org/reference/trans-terms
Current Sex-Ed Instruction

• Humans are either XX or XY
• Female or Male
• Identified by Sight at Birth
• Based on External Genitalia
• Social Myths: Left handedness, Herbal Medicine, Falling Uterus, Hysteria Cures, Male Blindness, We Can’t get pregnant if:, Laptop Infertility
But The Basic Truth Is

\[\text{X Y}\]

- Are basic Human DNA Building blocks
- Are part of the 46 Chromosomes that make up our differences
- Are the Human Sex Identity Determination
Compare to Computer Code

• Human DNA (Code) can be Corrupted
• DNA can have Structural Variations – deletions, duplications, inversions, insertions, translocations and copy-number variants, rings and Isochromosome (Mirror)
• Can be a single or multiple gene mutation
• These variations result in Genetic Disorders or Chromosomal Disorders
  • **Single Gene Disorders** – Sickle Cell Anemia, Dwarfism (Achondroplasia)
  • **Chromosomal Disorders** – Downs syndrome, Turner Syndrome, Klinefelter Syndrome
  • **Multifactorial Genetic Disorders** – Cancers, Diabetes, Heart disease
Human DNA Code Can Be Imperfect

• Inability or reduced ability to produce fertile eggs (Women)
• Inability or reduced ability to produce viable sperm (Men)
• Limb and Organ deformation or elimination
• Chimera – existing with two sets of DNA
• Intersex -- existing with different degrees of both sex organs
• Guevedoces – Born with female genitalia, but at puberty grow male genitalia
Possible DNA Combinations

- X 45 Chromosome (Turner syndrome)
- XX and XY 46 Chromosomes
- XXY 47 (Klinefelter syndrome)
- XXX 47 (Trisomy X)
- XYY
- XXYY 48 Chromosomes
- XXXY 48
- XXXX 48
- XXXXY 49 Chromosomes
- XXXXX 49
- 46,XY/47,XXY and 45X/47XXX (Mosaicism)
Human Variation - Two in One

- **Causes of Normally Dimorphic Hermaphrodites**

- In sexually dimorphic organisms, a hermaphrodite may arise because of variations in the genetic code. In humans, hermaphrodites are caused by a variety of genetic conditions.

- In one form, a hermaphrodite or *intersex* person is created when two fertilized eggs fuse together, giving the zygote two X chromosomes and one Y chromosome.

- Other cases of hermaphrodites are caused by the *SRY* gene, the gene responsible for testosterone and male genitals, being transferred to the X chromosome during meiosis, resulting in both male and female genitals.
The human genital tubercle differentiates into a penis under the influence of androgens forming a tubular urethra that develops by canalization of the urethral plate to form a wide diamond shaped urethral groove (opening zipper) whose edges (urethral folds) fuse in the midline (closing zipper). In contrast, in females, without the influence of androgens, the vestibular plate (homologue of the urethral plate) undergoes canalization to form a wide vestibular groove whose edges (vestibular folds) remain unfused, ultimately forming the labia minora defining the vaginal vestibule. The neurovascular anatomy is similar in both the developing human penis and clitoris and is the key to successful surgical reconstructions.
Medical Terminology Can Be Tricky

Scientific Language:
Genetic Link Between Gender Dysphoria and Sex Hormone Signaling
Madeleine Foreman pub: 2/1/2019 NIH; Endocrine Society

- **Results:** A significant association was identified between gender dysphoria and ERα, SRD5A2, and STS alleles, as well as ERα and SULT2A1 genotypes. Several allele combinations were also overrepresented in transgender women, most involving AR (namely, AR-ERβ, AR-PGR, AR-COMT, CYP17-SRD5A2). Overrepresented alleles and genotypes are proposed to undermasculinize/feminize on the basis of their reported effects in other disease contexts.

- **Conclusion:** Gender dysphoria may have an oligogenic component, with several genes involved in sex hormone-signaling contributing.

In other words:

• For six weeks, the embryo unfurls two sets of “indifferent” gonads, with two sets of plumbing. At week 6, a gene on the Y called SRY, for “sex determining region of the Y,” turns on and the fledgling female parts shrivel away. Without SRY, and under guidance of other genes, the male structures vanish instead. So anatomically we all start out with a bit of both.

• Mess with the genes and chromosomes behind our sexuality, and mismatches arise. A mutation in a gene called Wnt4, for example, disables the switch to femaleness, and an XX embryo drowns in testosterone. Vagina, cervix, and uterus never develop. In fact, SRY was discovered in people who looked female but were XYS missing SRY, and people who looked male but were XXs with an SRY gene plunked onto one of the X’s. Another type of female with XY chromosomes has androgen insensitivity syndrome, lacking receptors on cells that bind testosterone, cutting off the hormonal signals necessary for maleness.
A Simpler Explanation

https://lozierinstitute.org/dive-deeper/male-vs-female-development/
Common Statements

- “I feel like I am trapped in the wrong body”
- “I am more comfortable as a ________”
- “These are not my parts”
Research

• Research has shown a Transperson’s brain is closer structurally to the sex the individual feels comfortable presenting.

• Researchers at the NIH Human Genome Research Institute are focusing on gene and protein combinations that contribute to the Gender Dysphoria Condition.

• Research is also focusing on introduction or withholding of testosterone and/or estrogen to the fetus during development of genitalia as causing the incongruency.

• Research has changed the function of Ovaries/Testes with one gene edit.
For Consideration

- At conception, an initial base sex is determined by contributions from mother and father.
- If perfect, fetus starts as either XX or XY and the Neural Tube (Brain and spinal cord) at 16 days.
- Other internal organs develop except genitalia (sex organs).
- Starting at week 6 the developing fetus is either bathed in Testosterone or Estrogen according to DNA Code.
- If Code is imperfect, the developing neurological F may get testosterone and develop Male external genitalia.
- If Code is imperfect, a developing M may not get testosterone but estrogen and stay Female.
My Kids

2006
Potential All-State Linebacker

2008

2023
Quality Control Software Engineer, BA Political Science, Denver Bad Apples WFTRD, MMA Participant
Inspiration
Additional Reading

https://pjpaulson.com/about/
Cheers to all the people who can change their minds when presented with information that contradicts their beliefs.
Transgender History 18th and 19th Centuries

- Loreta Janeta Velazquez (Lt. Harry J Buford) US Civil War Soldier
- Anne Lister (Gentleman Jack)
- Frances Clalin Clayton (Jack Williams) US Civil War Soldier
- Stella and Fanny (Thomas Ernest Boulton and Frederick William Park)
Transgender History 20th Century

- Christine Jorgensen WWII Vet
- Renee Richards - Pro Tennis Player
- Brandon Teena - American Transman - Boys Don’t Cry
Transgender History - Not Something New

- Modern Terms of "Transgender", "Gender Identity" and "Gender Role" only emerged in 1950's and 1960's
- Sumerian and Akkadian texts- 4500 years ago "gala"
- Ancient Greece, Phrygia and Roman histories- galli priests were believed to be trans women
- Roman Emperor Elagabalus (Death: 222 AD) preferred to be called a lady rather than a lord
- Arabia- Khanith- Third gender role since AD 600's
- Kalonymus ben Kalonymus- Middle Ages Europe- early account of gender dysphoria
- North American Indigenous cultures- Navajo (nadleehi), Zuni (Ihamana), Two Spirit

Transgender History - Cultural Terminology

- Nadleehi (Navajo)
- Mahu (Hawaiian)
- Two Spirit (Indigenous)
- Mashoga (Swahili)
- Quariwarmi (Inca)
- Travesti (Brazil)
- Burrnesha (Albanian)
- Fa'afafine (Samoan)
- Sistergirl/Brotherboy (Aboriginal)
- Hijra (Hindi)
- Bakla (Tagalog)
- Mak Nyah (Malaysia)

https://www.digitaltransgenderarchive.net/learn/terms
Best Practices

• **Avoid:** "Marisol was born a man but identifies as a woman."
  **Best Practice:** "Marisol is a transgender woman."

• **Avoid:** "John’s coworkers didn’t know that he used to be a woman."
  **Best Practice:** "John’s coworkers didn’t know that he is a trans man."

• **Avoid:** "The clinic offers gynecological services for female-to-male patients."
  **Best Practice:** "The clinic offers gynecological services for trans men."

https://www.glaad.org/reference/trans-terms
Best Practices

- **Avoid:** "The story is about a teenager who transitions from male to female in high school."
  **Best Practice:** "The story is about a teenage trans girl who transitions in high school."

- **Avoid:** "Beth grew up male and became a woman at age 25."
  **Best Practice:** "When Beth was younger, she was perceived to be male by others. At age 25, she disclosed that she is a trans woman and began her transition."

- **Avoid:** "The school board dismissed the parents’ complaint that Imani, a transgender girl, was participating in school athletics with biological females."
  **Best Practice:** "The school board dismissed the parents’ complaint that Imani, a transgender girl, was participating in school athletics with cisgender girls."
Mental Health Concerns

- Depression/Anxiety
- Gender Dysphoria
- Bipolar Disorder
- PTSD
- Suicidal Ideation
- Mood Disorders
- OCD
- Self-Harm

Self-harm
LGB Adults are more than 2x as likely to experience a mental health condition.

40% of Trans Adults have attempted suicide in their lifetime.

More than 1 in 4 Trans people face bias-driven assault.

LGBT Adults are 2x as likely, or more, for suicidality.

Trans Adults are 4x as likely to experience a mental health condition.

https://transequality.org/    https://www.nami.org/Home
Substance Use Disorders/Substance Abuse

- LGBTQ community is more than twice as likely to use illegal drugs (American Addiction Centers)
- Almost twice as likely to have a Substance Use Disorder (American Addiction Centers)
- 39.1% of LGBTQ individuals admitted to using illicit drugs in 2015.
- Opioids, stimulants, alcohol most commonly
Reasons for Substance Use

- Stress
- Coping Mechanism
- Stimulants
- Self-Confidence Booster
- Discrimination and Social Stigma (Homophobia)
- Lack of Support
- Internalized Homophobia
How do we put all this knowledge to use?
Treatment Court Teams

- Use gender affirming language: "How would you like to be addressed?" "What pronouns do you prefer?"
- Never make assumptions as to what a client’s gender identity or sexual orientation are.
- Use appropriate terminology
- Have discussions with participant in private about preferences
- Never "out" a participant in a group setting
- Avoid Microaggressions/Microassaults
- Advocate for team training annually
- Add policy/procedure for handling discrimination based on gender identity, sexual orientation
- Advise clients that discrimination or hate speech/comments towards people of the LGBTQIA+ community will not be tolerated.
- Make sure handbooks, policy and procedure manuals, etc. include LGBTQ inclusive language.
Case Managers/Coordinators

- **During intake or initial interview**
  - When meeting someone new, offer your name and personal pronouns: I am Amanda and I will be your Case Manager. My pronouns are she/her/hers. What are yours?
  - Have a question as what pronouns the client uses, what their gender identity is.
    
    **Suggested:** Do you currently describe yourself as male, female, transgender, or none of these?
  - Make sure this information is disseminated to the team so that proper pronouns and names can be used from the start.
  - If the participant does any self-report survey, allow for options for self-identification.

- **Case Management**
  - Make sure that clients are not put in situations that may cause conflict or discomfort for any participant (putting them in groups that correspond with sex assigned at birth, putting them in groups where people are avidly anti-LGBTQ, etc)
  - Ask the client what activities (i.e., hobbies, community service activities, etc) they are comfortable with.
  - Legal Documents (Violation Reports, Court Documents, etc) use legal name, otherwise use preferred name.
  - Make sure to have lists of LGBTQIA friendly support meetings, housing, churches, and other resources.
Treatment

- Have options for LGBTQIA+ friendly or specific inpatient and outpatient treatment
- Have options for LGBTQIA+ support groups
Dealing With Clients With Adverse Attitudes

- Explain that you understand they have strong feelings
- Set Boundaries.
- You don't have to understand someone's identity to respect it.
- Try to educate them, but don't force
- Discuss the discrimination policy with client group as a whole.
Dealing With Team Members With Adverse Attitudes

- **Don't** repeat or acknowledge anti-LGBT messages
- **Don't** use highly charged language (bigotry, prejudice, hatred)
- **Don't** inadvertently validate anti-LGBT attitudes
- **Don't** use language of conflict (war, battle, fight)
- **Do** use language that is measured and relatable to create empathy
- **Do** say "I understand how talking about these issues can be difficult".
- **Do** talk about injustices LGBT people experience and importance of ensuring equality for all

Dealing With Team Members With Adverse Attitudes

• Discuss the situation with the team member 1:1.
• Have the Judge address the situation with the team member.
• If the Judge is the one making the comments, go to your department supervisor.
• If it still doesn't stop, address the issue with Personnel/HR.
LGBTQIA+ Substance and Mental Health Treatment Resources

- Inspire Recovery LGBTQIA+ Program  561-621-3984
- SAFE Project  www.safeproject.us
- American Addiction Centers  313-209-9575
- The Trevor Project  866-488-7386
- LGBT National Help Center  888-843-4564
- Transgender and Intersex Specialty Care Clinic in MN 507-538-3270
- Pride Institute  888-492-2194 (Minneapolis, MN)
- Hazeldon Betty Ford Foundation (MN)  866-530-5157
- Serenity Lodge (WI)  877-593-7838
- Shorewood House (WI, Women Only)  414-977-5890
- Our Safe Place (WI, Men Only)  414-933-7689
Additional Training Resources

• SAMHSA: A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals, 2nd Edition (A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals, 2nd Edition | Addiction Technology Transfer Center (ATTC) Network (attcnetwork.org))

• National LGBTQIA+ Health Education Center (Webinar Archives » LGBTQIA+ Health Education Center)

• Whitman-Walker Institute (Request a Training - Whitman-Walker (whitmanwalkerimpact.org))

• Center of Excellence LGBTQ+ Behavioral Health Equity Webinars (Session Recordings (lgbtqequity.org))
If speaking kindly to plants can help them grow,
just imagine what speaking kindly to humans can do.
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The only choice I made was to be myself.