

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

Presented by

Amanda Parlow and James Parlow

Your Presenters



Professor James W. Parlow

- Professor Emeritus, Winona State University, Sociology-Criminal Justice
- La Crosse Police Officer, Retired
- Bachelors LE and Corrections
- Masters Degree in Criminal Justice
- Trainer for Transgender Sensitivity-Law Enforcement

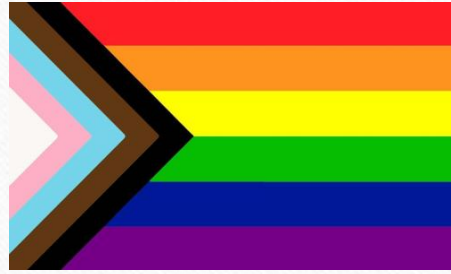


Amanda L. Parlow

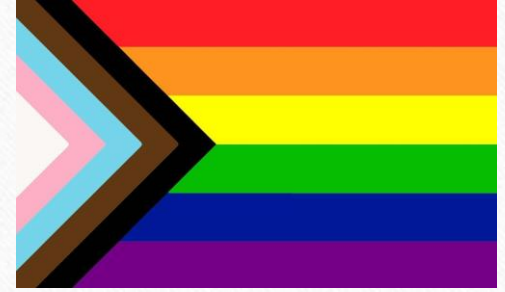
- Case Manager – Monroe County OWI Treatment Court
- WATCP Board of Directors
- Former Jailer- Jackson County
- Trainer for Transgender Sensitivity for Justice Sanctions and Correctional Officers

OBJECTIVES

-
- 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)

Current Populations (US)

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

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 identify 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

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

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

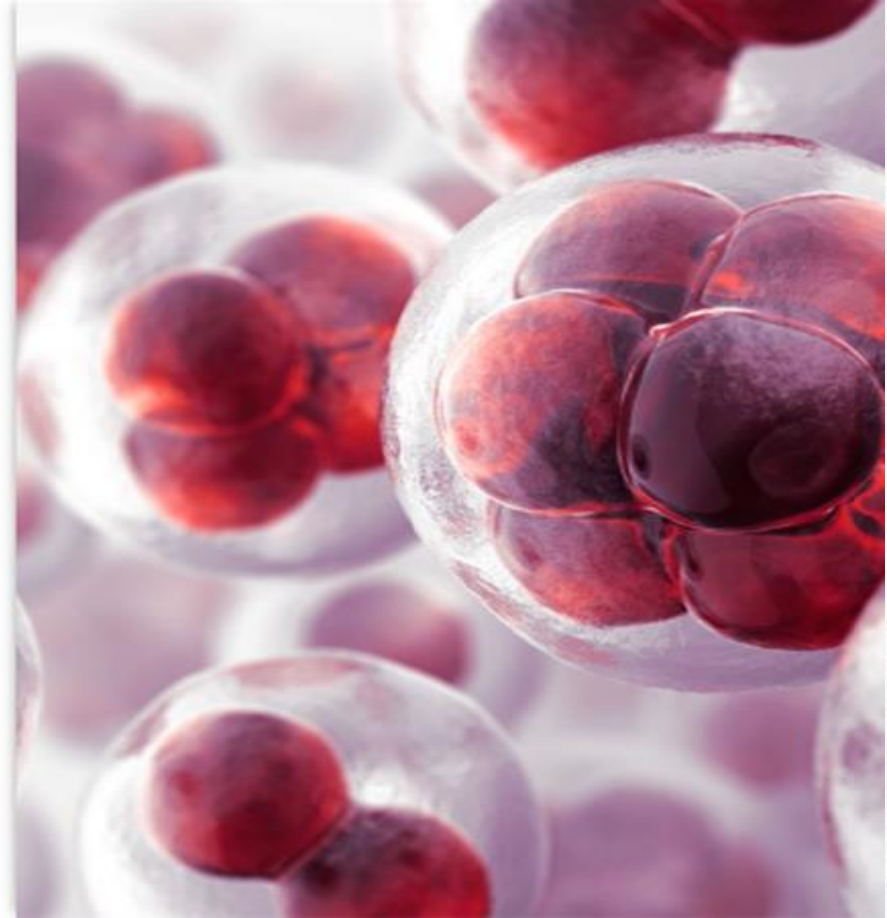
- Inability or reduced ability to produce fertile eggs (Women)
- Inability or reduced ability to produce viable sperm (Men)
- Limb and Organ deformation or elimination
- Chimera – existing with two sets of DNA
- Intersex -- existing with different degrees of both sex organs
- Guevedoces – Born with female 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)

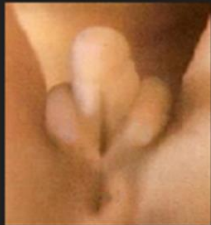
Human Variation - Two in One

- **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.

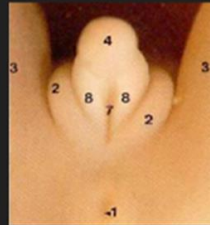


Medical Terminology Can Be Tricky

Fetus' at 8 weeks - which one is a . . .



Fetus is ½ inch in size, arms, legs formed, eyelids and ears forming, fingers and toes are becoming more distinct. Tissue that will develop into genitalia is indistinguishable as far as gender.



http://www.baby2see.com/gender/external_genitals.html

https://embryology.med.unsw.edu.au/embryology/index.php/BGDB_Sexual_Differentiation_-_Fetal#Male_External_Genitalia

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.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6234061/>

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

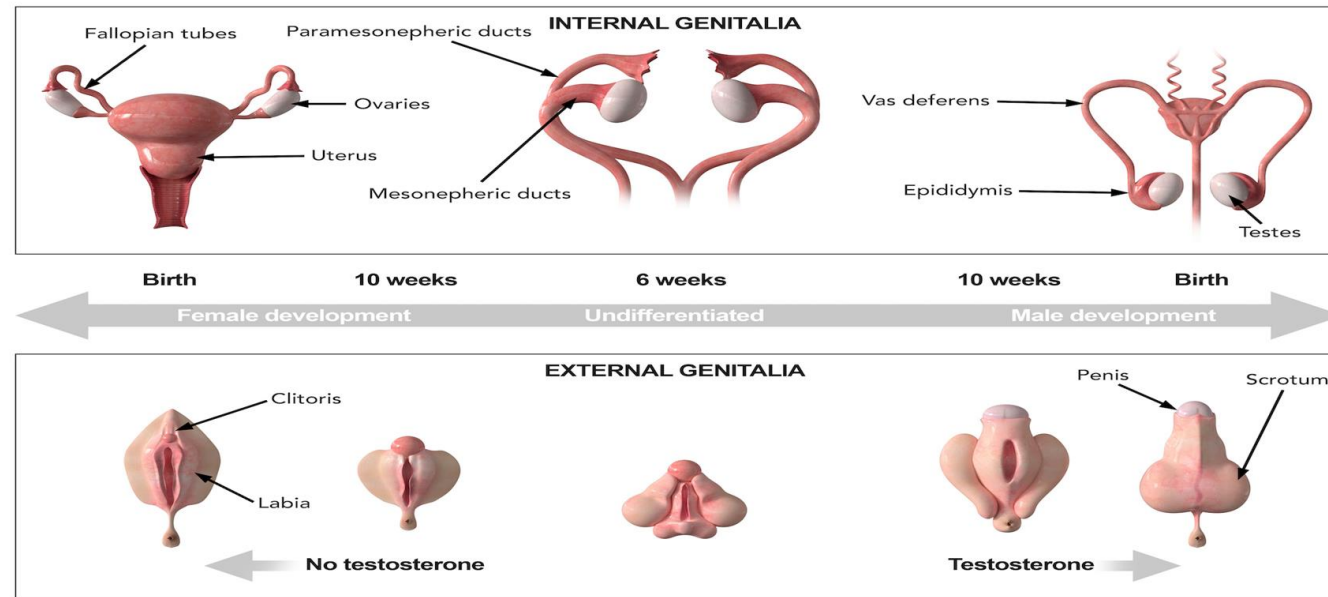
- **Results:** A significant association was identified between gender dysphoria and ER α , SRD5A2, and STS alleles, as well as ER α and SULT2A1 genotypes. Several allele combinations were also overrepresented in transgender women, most involving AR (namely, AR-ER β , AR-PGR, AR-COMT, CYP17-SRD5A2). 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.

Foreman M, Hare L, York K, Balakrishnan K, Sánchez FJ, Harte F, Erasmus J, Vilain E, Harley VR. Genetic Link Between Gender Dysphoria and Sex Hormone Signaling. J Clin Endocrinol Metab. 2019 Feb 1;104(2):390-396. doi: 10.1210/jc.2018-01105. Erratum in: J Clin Endocrinol Metab. 2020 Jan 1;105(1): PMID: 30247609. <https://pubmed.ncbi.nlm.nih.gov/30247609/>

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 of the **hormonal signals necessary for maleness**.

A Simpler Explanation





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



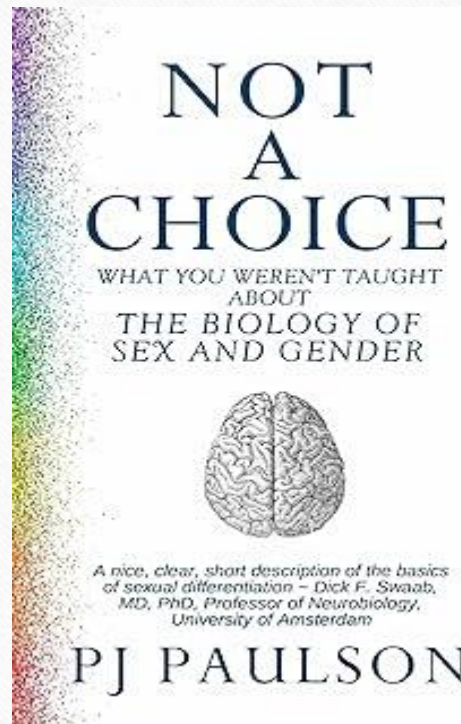
Inspiration



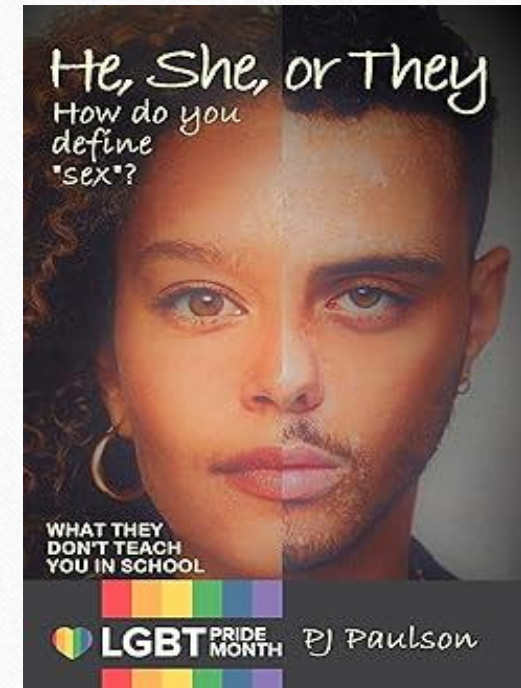
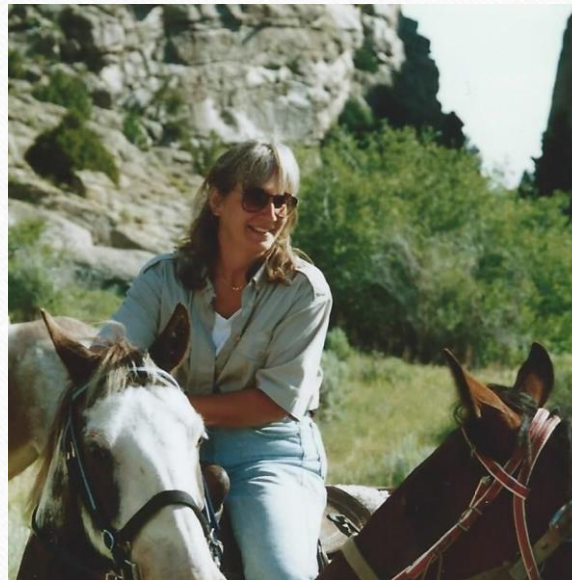
Live
your
best
life




Additional Reading



<https://pjpaulson.com/about/>



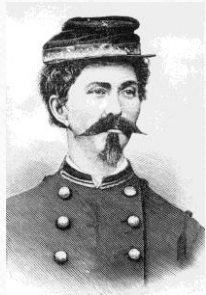


Jim Carrey 

@JimCarrey

Cheers to all the people who can change their minds when presented with information that contradicts their beliefs

Transgender History 18th and 19th Centuries



- Loretta 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)



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."

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

PTSD

Bipolar Disorder

Suicidal Ideation

OCD

Mood Disorders

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.

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 \(lgbtqequity.org\)](#))

