

## *Best Practices for Serving African American LGBT Populations in California*

*By: Willy Wilkinson, MPH*

California has the distinction of being the most demographically diverse state in the country, including a very large and diverse lesbian, gay, bisexual, and transgender (LGBT) community. According to U.S. Census data, 6% of Californians who self-identified in recent Census data collection activities as lesbian, gay, or bisexual are African American,<sup>i</sup> which correlates to the overall population of African Americans in California. This article provides clinicians and other service providers with an overview of African American LGBT individuals and the myriad of issues they face, as well as concrete strategies for effectively serving this population in substance abuse treatment settings.

### **Terms and Identities**

Whether neutral, descriptive, or pejorative, there are many terms used to describe members of LGBT communities. Terminology can change from block to block, community to community, and generation to generation. Like other communities with a history of persecution, members of the group relate to terms based on their history with them, which can be impacted by their age, the year they *came out* (came into an understanding about their sexual orientation and/or gender identity), where they grew up, and what words have been used disrespectfully against them. When working with the LGBT population, it is generally best to use commonly accepted, descriptive terms such as *lesbian*, *gay*, *bisexual*, and *transgender*, and to exercise caution around other terms, especially if the provider is not part of the LGBT community. Indeed, best practices entail listening to the words that clients use to describe themselves and mirroring them when appropriate.

Many terms that originated in African American communities to describe LGBT

identities and cultural representations have evolved to be used by other cultural and racial groups as well. The term *stud* describes lesbians who are masculine or androgynous in the way they dress and behave, also referred to as *butch*, often forming romantic partnerships with more feminine lesbians, or *femmes*. Studs have been visible in African American communities for decades, with many such partnerships celebrating their weddings in 1920s Harlem.<sup>ii</sup> *Aggressive* or *A G* describes an urban, sexually dominant lesbian, usually a stud. Studs and aggressives experience discrimination both as gender non-conforming individuals and as individuals in same-sex relationships.

*Same gender loving*, or *SGL*, is a term that originated in the early 1990s to describe lesbian, gay, and bisexual individuals, particularly African Americans, who reject terms and identities that have largely been defined and expressed in white-dominated communities. Used in the spirit of self-determination, and ethnic and sexual pride, this term honors the unique experiences of people of color, while rejecting the racism in the larger LGBT community, and the isolation and oppression that many LGB people have endured in African American communities and in the African American church.<sup>iii</sup> In two recent studies, 10-12% of African American gay men identified with this term as opposed to gay or bisexual.<sup>iv</sup>

The *down low* or *DL*, defined as “keeping something private,”<sup>v</sup> refers to individuals who have undisclosed sex and relationships with members of the same sex. Though this term originated in the African American community to describe men who have sex with men and women, and do not identify as gay or bisexual, these behaviors are not new, and are present in every ethnic and racial group.

Men on the down low often feel pressure to maintain a widely accepted masculine ideal: a good job, a wife, and a home, and for various reasons do not feel that they can come out as gay or bisexual. Counseling, treatment, and HIV prevention is most effective when tailored to the specific needs of men on the down low and their partners.

The term *down low* is also used to describe women who have undisclosed sex and relationships with other women. For instance, many women develop romantic loyalties to other women while in prison, but upon release often go back to male partners to have their housing, parenting, employment and other survival needs met. When their female partners are released, they face particular challenges with maintaining both relationships, while feeling emotional loyalty to their female partner. Like their male counterparts, women on the down low are best served in nonjudgmental, LGBT-affirming treatment environments that encourage self-acceptance and self-care, and do not pressure clients to come out.

The term *queer* is a word that was reclaimed by the LGBT community in the late 1980s and early 1990s as a term of pride and self empowerment. Though historically this word was a “fighting word”, (a derogatory word for effeminate gay males and others exhibiting non-traditional gender behavior),<sup>vi</sup> there are many LGBT people who now identify with this term more so than *lesbian* and *gay*. The word *queer* can mean both gay (same sex orientation), or the larger LGBT spectrum, as an inclusive, unifying sociopolitical umbrella term.

Though controversial, *queer* is a word that one can now read in the newspaper or see in various TV show titles (“Queer Eye for the Straight Guy,” “Queer as Folk.”) Many African American individuals strongly identify with

this word because of its sociopolitical connotation and celebration of diversity and pride. However, there are also many in the African American community, especially individuals over age 50, who view this term as offensive and derisive because they remember the sting of its historically derogatory use.

The term *transgender* is an umbrella term that describes individuals who have a significant cross-gender identification from the sex they were assigned at birth. Gender identity is one’s internal sense of being male, female, or something in between, which is distinct and separate from one’s sexual orientation (who one desires, has sex with, and creates family with). Transgendered people comprise transsexuals (people who transition to a fulltime cross gender identification) as well as people who transgress gender norms in various ways, including *crossdressers*, *genderqueers*, and people who identify as *third gender*.<sup>vii</sup>

### **Health Disparities**

LGBT people in African American communities experience significantly higher rates of discrimination, hate violence, health concerns, and socioeconomic challenges than Caucasian LGBT people. A recent study conducted by the Williams Institute at UCLA indicated that African American people in same-sex relationships have poverty rates that are roughly three times higher than those of their white counterparts in same-sex couples, and are significantly higher than African Americans in different-sex married couples. In general, lesbian couples have much higher poverty rates than either different-sex couples or gay male couples; lesbians 65 or older are twice as likely to be poor as heterosexual married couples. Though non-African American gay men have lower poverty levels than heterosexual married couples in general, African American gay male couples do not.<sup>viii</sup>

Many LGBT people struggle to secure stable employment, housing, and health care, the essential triad that affects one's ability to maintain health and well-being. In some instances, African American LGBT people have been kicked out of their homes because of their LGBT status, and have experienced harassment and violence at the hands of family members, school environments, and their communities, including the church.

When young LGBT people are unable to complete their education, they have difficulty securing employment and struggle with many other life challenges. These multiple barriers contribute to high rates of incarceration among African American LGBT populations. The fast tracking of African American boys and young men, in particular, into the criminal justice system has created considerable social inequities and health disparities. Providers who work with formerly incarcerated LGBT people need to understand that these individuals may have experienced multiple traumas, including family rejection, dire financial straits, harassment and ridicule, physical and sexual violence, and social isolation. AOD counselors may want to employ psychiatrist Judith Herman's three stage process of healing from trauma: safety, remembrance and mourning, and reconnection.<sup>ix</sup>

When seeking substance abuse treatment or other health-related services, many African American LGBT individuals fear that disclosing their sexual orientation or gender identity will result in discriminatory treatment in the form of ignorance, insensitivity, and outright bigotry. Many African American LGBT people have had multiple negative experiences in health care and public health settings; discrimination in the provision of services causes African American LGBT individuals to delay or avoid necessary health-related treatment, which can lead to serious health consequences.

For instance, breast cancer is the most common form of cancer occurring in African American women. Yet a study of African American lesbian and bisexual women who were connected to community resources found that only one in three conducted monthly breast self-exams, only 60% had had a clinical breast exam during the previous year, and only half of women over 40 had had a mammogram in the past year. Overall, only 25.8% of participants who identified as *femme*, 20% of those who identified as *butch*, and 13.7% of those who identified as "androgynous" met all the cancer screening guidelines. Whether or not the participant was *out*, had health insurance, or had serious health conditions played a role in adherence.<sup>x</sup> This study highlights the need for programs that serve African American lesbian and bisexual women to take into consideration the diversity in gender expression within this population, as these differences can affect their ability to access services. Programs for this population are most effective when they recognize the multiple health challenges, economic pressures, and family responsibilities that can take priority over self-care.

African American men who have sex with men experience high rates of HIV infection, substance abuse, and mental health issues. In one San Francisco study of impoverished African American men who have sex with men, 36% reported a history of injection drug use, with 19% reporting injecting drugs and 2% reporting sharing needles within the previous 90 days. Though most of the participants understood the risk of sharing needles, half of the participants did not understand how sexual risk-taking could lead to HIV transmission.<sup>xi</sup> Indeed, young black gay men are twice as likely to become newly infected with HIV as young white or Latino men.<sup>xii</sup> Black gay and bisexual men face many challenges, including lack of social and family acceptance, discrimination in public accommodations and church environments, economic pressures, and

police harassment. Substance abuse treatment programs need to take into consideration the pressures on African American men who have sex with men, including HIV risk, and whether or not they are *out*, along with their overall socioeconomic needs.

African American transgendered people are also experiencing many health and socioeconomic challenges, including HIV infection, substance abuse, reliance on commercial sex work for survival, and difficulty obtaining housing and employment. In a large scale San Francisco transgender study, 35% of male-to-female participants were HIV-infected, and an alarming **63%** of the African American male-to-female participants were HIV-infected! One-third of both the male-to-female and the female-to-male participants had experienced suicide ideation.<sup>xiii</sup> A Los Angeles study of male-to-female transgendered women found that 80% of the total participants had experienced verbal abuse and 58% reported a history of incarceration.<sup>xiv</sup> Substance abuse programs serving African American transgendered people need to address the myriad of challenging life circumstances of this medically underserved population, and provide services that do not create additional barriers based on race and/or gender identity.

### **Family Issues**

Because many LGBT people do not have the support of their biological families, many create *chosen families*, non-biological families who care for and support them. In addition, the myth that LGBT people do not have children has long been dispelled. Of the over 70,000 children being raised by same sex couples in California, 3,600 are African American children and 4,500 are mixed race children.<sup>xv</sup> Nationwide 31.6% of children raised by African American lesbian couples and 27.9% of children raised by African American gay male couples are impoverished, compared to

13.1% of children raised by heterosexual African American couples.<sup>xvi</sup>

Many LGBT seniors, especially gay men, do not have children who can care for them as they age. While some have chosen families who can support and care for them, many lose their connection to the LGBT community as they age and struggle with isolation and poverty. Lesbians and gay men are twice as likely as heterosexuals to grow old un-partnered, and nearly ten times more likely not to have someone (a spouse, child, or other family member) to care for them in old age.<sup>xvii</sup> Substance abuse programs can create LGBT-affirming environments by acknowledging that their LGBT clients may not have family support, or that they may have non-blood related family structures, including partners and children.

### **Creating a Non-Discriminatory Environment**

There are a number of action steps that substance abuse providers can do to create a non-discriminatory service environment that ensures full participation from all clients. They include: handling social interactions appropriately; adopting and utilizing LGBT-affirming treatment strategies and service approaches, and developing and implementing LGBT-inclusive policies and procedures. Since many individuals in the African American LGBT communities have had multiple negative and discriminatory experiences in health-related services, this marginalized population is best served by organizations that have proactively and systemically created non-discriminatory measures.

In order to show respect to members of LGBT communities, it is helpful to choose one's language appropriately. Treatment staff should demonstrate comfort with the terms and identities lesbian, gay, bisexual, and transgender, and be attentive to the terms that

clients use to describe themselves. During intake procedures and counseling sessions, demonstrate comfort with the term “partner”; though not used exclusively by LGBT people, this term is generally accepted as an appropriate way of referencing a same-sex relationship. Clients may use other terms, including *girlfriend*, *boyfriend*, *wife*, or *husband*. If the relationship is long-term, it is usually inappropriate to refer to their partner as their “friend.”

When working with transgendered people, it is extremely important to consistently refer to them with the name and pronoun that corresponds with their *stated* gender identity, even if you do not think you are within earshot of the person. Develop systems for identifying and documenting the appropriate name and gender, which may be different from the name and gender on their ID. Though it may seem polite, avoid addressing the individual with titles such as “ma’am” or “sir” until you are certain about what is appropriate. If you are unsure about how to address the individual, including the appropriate pronoun, ask politely for clarification: “How would you like to be addressed?”

In the State of California, people have the right to receive services based on their gender identity and expression, which may be different from their biological status. Determine a client’s gender by having a conversation with them, without asking invasive questions about their genital status or indulging in questions out of curiosity. The key to creating a non-discriminatory service environment is maintaining consistency in interactions by asking everyone the same questions. In situations where transgendered individuals are placed in gender-specific groups, such as support groups or housing environments, care should be taken to address any concerns or conflicts from non-transgendered clients without violating the confidentiality of the

transgendered individual. Facilitated discussions and client education sessions can be helpful in raising awareness and addressing conflict.<sup>xviii</sup>

Similarly, lesbian, gay, and bisexual individuals have the right to receive services that are consistent with their gender. Some substance abuse program staff and clients have felt discomfort with the idea of housing people with a same-sex orientation in a room with other members of the same sex. Keep in mind that organizational policies, such as not engaging in sexual activity, apply to everyone. Address any fears or conflicts by reminding clients about the larger policy issues, rather than singling out or blaming LGBT people for the discomfort of others.

As program staff, it is your responsibility to model appropriate behavior and address conflicts as they arise. For instance, if a client makes a harassing comment to a support group member, it is the staff member’s responsibility to immediately interrupt such behavior by reiterating group agreements and organizational policies. This procedure would apply whether or not the nature of the comment was based on race, gender, LGBT status, appearance, etc.

In treatment sessions, keep in mind that sexual orientation and gender identity are not the only issues in the lives of LGBT individuals. Many are dealing with multiple oppressions, including race, class, disability, health status, immigration status, and other life circumstances. Be careful not to assume the sexual orientation or gender identity of clients, or that their LGBT status is the source of their addiction. It is important to let clients know that you are open-minded and welcome diverse identities and points of view. You can also communicate an LGBT-affirming environment by posting visual cues in your office, or throughout the facility, such as a rainbow flag, LGBT periodicals and resources, pictures of

LGBT people, or even a simple sign printed in rainbow colors saying, “This is a hate-free zone.”

Finally, develop and implement written organizational policies and procedures that specifically address LGBT issues, and ensure that staff members are educated about appropriate behavior and protocol. The organization’s non-discrimination policy should include language protecting against discrimination based on both sexual orientation and gender identity. The term “gender” in a non-discrimination policy does not sufficiently cover transgendered individuals. Guidelines for implementation need to be clearly stated, and consequences for violation of this policy need to be enforced .

With attention to the specific cultural representations and needs of this underserved population, and a commitment to non-discriminatory service provision, substance abuse providers can improve the health, well-being and successful treatment outcomes of LGBT populations. The Department of Alcohol and Drug Programs (ADP) is committed to ensuring that all persons seeking and receiving services in California are treated with respect and in accordance with the Cultural and Linguistic Competency Standards

(CLAS) set forth by the federal government. ADP contracts with several agencies that provide *cost-free* technical assistance and training on a number of topics, including cultural competency on LGBT issues. These services are customized to meet the specific needs of your organization, and will assist you in developing and implementing an LGBT-friendly environment.

*Willy Wilkinson, MPH has worked extensively with substance abuse, mental health, medical, and other public health providers throughout California, to develop culturally appropriate service approaches for LGBT consumers in urban and rural settings. Nationally known for expertise in transgender public health issues, Willy also has extensive experience with communities of color, substance users, sex workers, youth, and people with disabilities. Willy earned a Masters in Public Health in Community Health Education from UC Berkeley, and a BA in Women’s Studies from UC Santa Cruz. As a trainer, Willy employs a welcoming, interactive, non-punishing approach that honors participants’ expertise and welcomes all questions, at all knowledge levels. For more information, visit [www.willywilkinson.com](http://www.willywilkinson.com).*

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*The African American TA & Training Project is managed by ONTRACK Program Resources, Inc. ONTRACK offers cost-free consulting services and training on issues related to improving access, decreasing disparities and increasing successful treatment and recovery outcomes for African Americans. For more information on available services visit: [www.getontrack.org](http://www.getontrack.org)*

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