

*Best Practices for Serving Lesbian, Gay, Bisexual, and Transgendered Individuals in Women's Treatment Settings*

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California's distinctive, diverse demographic fabric includes a myriad of personal experiences, values, and world views that have arisen from differences in culture and circumstance. At approximately 4% of the state's overall population—with much higher rates in urban locales<sup>1</sup>-- the lesbian, gay, bisexual, and transgender (LGBT) community is one such perspective that has contributed to the state's past, present, and future. As the LGBT community gives rise to many families with children, as well as transgendered and gender non-conforming individuals, there are unique challenges for substance abuse treatment providers, especially those who serve women. This article provides an overview of LGBT culture and health disparities, as well as concrete suggestions for providing effective, non-discriminatory services to LGBT populations in women's treatment settings.

**Terms and Identities**

The LGBT community represents many different identities, and uses various terms to describe them. People in this community resonate with different language, depending on their cultural background, geographic location, and generation. Though it's important to have familiarity with some of these terms, when working with this population, it is generally best to use commonly accepted, neutral terms such as lesbian, gay, bisexual, and transgender. If you are not part of the LGBT community, it is important to exercise caution around other terms until you have a clear understanding about each client's preferences. Best practices entail honoring the individuality of clients by listening to the words that they

use to describe themselves and mirroring them when appropriate.

Some terms that are used to describe LGBT identities have been reclaimed by the community so that they have evolved from negative and hateful contexts to positive, affirming contexts. For instance, the word "dyke" was historically used as a derogatory term for a masculine woman or lesbian (a woman who sexually or romantically desires women). Though this pejorative usage still persists, the term "dyke" is generally recognized within the LGBT community as an empowering, neutral term for lesbian, regardless of gender presentation. It is sometimes used in conjunction with descriptors, such as, for instance, the term "butch dyke," used to describe a masculine lesbian who may form romantic partnerships with feminine lesbians, or "femme dykes." Butch dykes are also known as "studs," a term that originated in the African American community.<sup>2</sup> It is important to note that while this term is viewed as neutral within the community, it is generally not appropriate for outsiders such as treatment providers to use it.

In 2003 the group "Dykes on Bikes," also known as the Women's Motorcycle Contingent, which opens the annual San Francisco LGBT Pride March with a roar, tried to patent their name. Over the next two years, the U.S. Patent and Trademark Office twice denied their request on the grounds that "dyke" was an offensive term used to disparage lesbians. In 2005, after a prolonged court battle that included hundreds of pages of documentation about the term's current positive and affirming use

in the lesbian community, the request was finally granted.<sup>3</sup>

Like dyke, the term “queer” has experienced a similar reclamation within the LGBT community. Though historically used as a put down for effeminate gay men and others who were gender non-conforming,<sup>4</sup> the term has been reclaimed as a source of pride to describe both “gay” (same sex orientation) or the larger LGBT spectrum, as an inclusive, unifying sociopolitical term. Though many “older” women (over age 50) identify with the term lesbian, many young women identify themselves as “queer women” rather than as lesbians, because the latter term is seen as expressing an older, more rigid identity. The term queer also recognizes that with the rise in numbers of people identifying as transgender, there is currently much more complexity within the larger LGBT community than simply same-sex orientation.

Many incarcerated women form romantic and sexual relationships with other women in prison but do not identify as lesbians. Known as “gay for the stay” in the prison system, these women experience social and emotional support, as well as protection, from a female partner while incarcerated, but upon release often go back to male partners for social acceptance and economic stability. When their female partner is released, they face challenges negotiating these relationships. In some cases, women develop romantic loyalties to women in prison but experience social and economic barriers to continuing their relationship outside of prison walls. Some women make relationship choices out of necessity, while some are authentically bisexual (attracted to both male and female individuals).

The term “transgender” refers to people who have a significant cross-gender identity 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). “Female-to-male transgendered individuals” were assigned female at birth and have a significant identification with masculine and/or male identities. Also known as “FTMs” and “transmen,” these individuals may medically transition to a full-time male identity, access *some* transgender-related medical care, or choose to express their identities without the aid of hormones and surgeries. Similarly, the term “male-to-female transgendered individual” describes someone who was assigned male at birth and has a significant identification with feminine and/or female identities. Also known as “MTFs” and “transwomen,” these individuals may or may not seek medical transition to a full-time female identity.

Transition is the process whereby transgendered individuals socially and medically change their outward appearance to fit their internal sense of gender. Transition-related care can involve mental health therapy, hormones, and surgeries. Because there are economic and health care access barriers to full medical transition, as well as people who choose various options, gender identity for the purposes of service provision is based on one's identity, rather than their biological or surgical status.<sup>5</sup>

Finally, providers working in women's treatment settings would benefit from an understanding of the term “genderqueer,” used to describe people who feel that there are more than two options with regards to gender. Genderqueer people express their gender in different ways; some transition medically and others do not change their bodies. Some like to play with gender,

expressing themselves in different ways from day to day, while others have a consistent presentation. Many young genderqueer-identified people were assigned female at birth; some transition to a full-time male presentation, but feel that their gender identity is more complex than their appearance. Some genderqueer individuals require others to refer to them with both male and female pronouns, or a third gender-neutral pronoun such as “they” or “ze.”<sup>6</sup>

### **Health Disparities**

For many, the ability to maintain one's health and well-being is dictated by one's access to stable housing, employment, and health care. Many lesbians, bisexual women, and transgendered people experience significant economic strain, health concerns, health care access issues, and discrimination. A recent study conducted by the Williams Institute at UCLA indicated that 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.<sup>7</sup> Other factors such as race, ethnicity, health status, family of origin issues, English language capability, and immigration status affect socioeconomic status among LGBT populations. For many, the loss of support from their families of origin can create financial hardship as LGBT individuals, particularly youth, are cast into sex work, homelessness, unequal relationships with people who can meet economic needs, or choosing between rent and an education.

In terms of race, African American people in same-sex couples have poverty rates that are significantly higher than African American people in different-sex married couples, and are roughly three times higher than those of white people in same-sex couples. Similarly,

19.1% of Latinas in same-sex couples are living in poverty as compared to 5.7% of white lesbians in couples.<sup>8</sup>

Gender presentation also greatly impacts socioeconomic status. A recent study conducted by the Transgender Law Center found that transgendered people in California are twice as likely to be living below the poverty line as the general population. One in five of the participants had been homeless since they first identified as transgender.<sup>9</sup>

Most research indicates that LGBT people have higher rates of substance use and dependence than the general population. LGBT people are less likely to abstain from alcohol than the general population. Though LGBT people have similar rates of current *heavy* drinking as the general population, more report negative consequences of drinking and more are in recovery from drug and alcohol problems. In addition, LGBT people have less significant declines in drinking as they age; lesbians have higher drinking rates than heterosexual women throughout the course of their lifetime, with much higher rates as they age. Moreover, LGBT individuals are more likely to report current and lifetime use of most drugs, especially marijuana. Internalized shame, stigma, and negative societal attitudes contribute to mental health concerns as well; lesbians and bisexual women are more likely to report depressive disorders, and transgendered individuals report high rates of suicide ideation.<sup>10</sup>

Lesbians, bisexual women, and transgendered people face structural, financial, personal, and cultural barriers when attempting to access health care, which results in a lower quality of health care and diminished health outcomes. Many providers are not trained in LGBT issues,

and do not understand the specific health needs of this diverse population. Lack of education about medical issues is compounded by insensitivity on the part of health care providers and the individual's fears of discrimination. In a nationwide study of 2710 adults, nearly one in four gay or lesbian adults lacks health insurance, about twice the rate as their heterosexual counterparts.<sup>11</sup> Many transgendered people do not have health insurance, and those that do are often discriminated against because of their transgender status. Most health insurance companies do not cover transition-related care as well as other care unrelated to their transition. Thirty percent of transgendered people report postponing prevention and care services because of experience with discrimination at the hands of medical providers.<sup>12</sup> These barriers act as deterrents that prevent LGBT individuals from seeking prevention and care for acute and chronic conditions, with potentially life-threatening consequences.

In addition to discrimination in health care settings, LGBT individuals experience discrimination in housing, employment, prisons, and public accommodations. Individuals who are transgender or gender non-conforming are especially at risk. In the California transgender study, seventy percent of participants reported experiencing workplace harassment or discrimination directly related to their gender identity.<sup>13</sup> Recently it became known that the largest women's prison in Virginia segregated, humiliated, and degraded women who had baggy clothes, short hair, or an otherwise masculine appearance. While prison authorities denied the practice, or justified their actions as a means of controlling same-sex relationships, civil rights advocates called the moves unconstitutional punishment for "looking gay."<sup>14</sup>

### **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, more and more LGBT people, especially lesbians, have children. Across the U.S., just under half of married heterosexual couples are raising children under the age of 18, while 27.3% of lesbian couples have children under the age of 18. Child poverty rates are twice as high for those raised by same-sex couples than heterosexual couples. Nationwide, one out of every five children 18 years or younger in same-sex coupled families is poor compared to one out of every ten in different-sex married couple families.<sup>15</sup> As previously stated, many factors, including loss of family support, contribute to this disparity.

Of the over 70,000 children being raised by same-sex couples in California, 31,000 are Latino, 4400 are Asian American, 3600 are African American, 4500 are mixed race, and 17,600 are "other race." Same-sex parents are more likely to be of color, Latino, Spanish-speaking, non-citizens, disabled, and low income than heterosexual parents.<sup>16</sup> These factors make it more likely that these parents will experience discrimination in employment, housing, and health service environments. Nationwide, 31.6% of children raised by African American lesbian couples are impoverished, compared to 13.1% of children raised by heterosexual African American couples.<sup>17</sup>

Many LGBT seniors, particularly gay men and transgendered individuals, do not have children who can care for them as they age. While some LGBT seniors have chosen families who can support and care for them, many struggle with isolation and poverty because they lose their connection to the LGBT community as they age. Lesbians 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>18</sup>

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

There are many tools that substance abuse organizations can use to create a non-discriminatory service environment so that all clients can participate fully. Substance abuse providers in women's treatment settings can create LGBT-affirming environments by handling social interactions appropriately, employing LGBT-affirming treatment strategies and service approaches, and developing and implementing LGBT-inclusive policies and procedures. Service challenges that arise in women's treatment settings often involve questions about housing and treating male-to-female transgendered individuals. Difficulties providing non-discriminatory services to lesbians, bisexual women, and female-to-male transgendered individuals also occur. The following are suggestions on how to create a non-discriminatory service environment for LGBT individuals in women's treatment settings, while ensuring full participation of non-LGBT clients.

Since many individuals in LGBT communities, particularly those who are transgendered, gender non-conforming, and/or of color, 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. The Department of Alcohol and Drug Programs contracts with agencies that provide training and technical assistance on a number of topics, including LGBT issues. This individualized TA can be tailored to the

specific needs of your organization, and can assist you in developing and implementing an LGBT-friendly environment.

Organizations need to develop and implement written 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. Implementation and consequences for violation of this policy also need to be clearly stated.

The key to creating a non-discriminatory service environment is in maintaining consistency in interactions by asking everyone the same questions. For example, intake questions should not assume heterosexuality or non-transgender status. Intake forms can include "partnered" in the list of possible relationship status options, as a way of being LGBT-inclusive. 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" or "wife." If the relationship is long-term, it is usually inappropriate to refer to their partner as their "friend." In addition, the gender category can be worded as "male, female, transgender." While many transgendered individuals identify simply as male or female, this acknowledgement of transgender status signals to the individual that there is a possibility that they are not the first transgendered client to walk through the door.

It is important to recognize that marginalized people assess the safety of a

new environment before disclosing potentially risky information about themselves. Many women in same-sex relationships may be afraid to come out to service providers because they do not know if they will be discriminated against, humiliated, invalidated, or otherwise singled out. Substance abuse providers in rural areas of California have reported that they have worked with female clients who could describe their relationships in detail, including dynamics, finances, and other issues over the course of months. Only once the client felt safe did they disclose that it was a same-sex relationship. Within this population, stress about the risk of coming out and not being able to be authentic can be a barrier to clients fully recovering. Yet the recovery field emphasizes nonjudgmental approaches to client's life circumstances including crimes committed and relationship destroyed in order to get high. Substance abuse counselors can be successful with LGBT populations by communicating an open-minded, non-judgmental point of view that welcomes diversity in all its forms.

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. You can demonstrate an LGBT-welcoming environment by comfortably inquiring about a partner or other family members, and by welcoming the families of LGBT clients in the same manner as you would heterosexual and non-transgender families.

In social interactions and counseling sessions, it is important to demonstrate comfort with the terms and identities lesbian, gay, bisexual, transgender, partner, and any other terms that clients use to describe themselves. When working with

transgendered people, it is essential to consistently refer to them with the name and pronoun that corresponds with their stated gender identity, even if you are not in their presence. Organizations should 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. You can say, "How would you like to be addressed?" "How would you like me to refer to you?" or "What name/pronoun is appropriate?"

In women's substance abuse treatment settings, problems may arise because staff and/or clients are uncomfortable with the gender presentation and/or sexual orientation of a fellow program participant. For instance, there have been incidences in which program staff were concerned about the impact of the presence of a lesbian in a women's group, so the group facilitator asked the other participants for permission to include this individual. Clearly, this approach was discriminatory because it 1) violated the confidentiality of the individual, and 2) gave other program participants the power to approve another client's right to receive treatment.

Similarly, 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. Lesbian and bisexual women have the right to be housed with other women; one's sexual orientation is irrelevant with regards to bed placement. Keep in mind that organizational policies, such as not engaging in sexual activity,

apply to everyone. Address any fears or conflicts by reminding staff and clients about the larger policy issues, rather than singling out or blaming LGBT people for the discomfort of others.

Many providers are confused about where to place transgendered individuals, especially with regards to gender-specific environments, such as women's groups and residential settings. 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. That means that the determination of a client's gender is based on a respectful conversation with the individual about their identity, rather than invasive questions about genital status, a physical exam, or indulging in questions out of curiosity. Though clearly certain challenges are presented, a transwoman (male-to-female individual) has the right to participate in women's treatment settings such as women's support groups and housing.

Program staff are often concerned that non-transgendered women would be uncomfortable with the presence of a transwoman in women's groups and dorms. Indeed, it is sometimes the case that a few biological females express concerns and even hostility. Handle each situation on a case-by-case basis. Sometimes transgendered people are housed in a separate room if the space is available, not as a special privilege but as an effort to increase participants' comfort levels and feelings of privacy and safety. Staff members should be careful not to violate the confidentiality of the transgendered individual while addressing any concerns or conflicts from non-transgendered clients. Many programs have had success by

facilitating a conversation between the clients in question so that ultimately the transgender issue is demystified and non-transgendered clients understand that trans clients are there for the same reasons as they are. Group client education sessions can also be helpful in raising awareness and addressing conflict.<sup>19</sup>

Female-to-male individuals may also present service challenges with regards to residential placement. FTMs who are newly in transition may prefer to wait until they have achieved a certain degree of "passability" as men before being housed with men. Some FTMs fully pass as men and room with men undetected. Potential conflicts and concerns about safety occur particularly when the individual's transgender status is known. Transmen are at risk for physical and sexual violence and may be best housed in a separate room, if available.

Gender-specific treatment environments, such as women's support groups, can also present service challenges. If the individual identifies as female as a long-term identity, she has the right to attend a group designated for women. If program participants make harassing or otherwise disparaging remarks, it is the facilitator's responsibility to immediately and firmly address conflict and harassment, just as they would if a disparaging comment were made with regards to race, ethnicity, class, disability, or any other protected class.

As substance abuse providers in women's treatment settings augment their LGBT cultural competency, and develop and implement LGBT-affirming policies and procedures, they are on the road to creating a non-discriminatory service environment where all clients can participate fully and receive the vital services they need.

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<sup>1</sup> Gary J. Gates and Christopher Ramos, The Williams Institute, University of California, Los Angeles, School of Law, "Census Snapshot: California Lesbian, Gay, and Bisexual Population," 2008, <http://repositories.cdlib.org/cgi/viewcontent.cgi?article=1001&context=uclalaw/williams>  
According to recent Census data, lesbian, gay, and bisexual people are approximately 3.2% of California's population; estimates of the percentage of transgendered people in California vary.

<sup>2</sup> For more information about studs, see Willy Wilkinson, "Best Practices for Serving African American LGBTQ Populations in California," 2009 (to be published on the ADP website).

<sup>3</sup> National Center for Lesbian Rights Case Docket: Dykes on Bikes, [http://www.nclrights.org/site/PageServer?pagename=issue\\_caseDocket\\_dykesonbikes](http://www.nclrights.org/site/PageServer?pagename=issue_caseDocket_dykesonbikes)  
"Trademark office OKs 'Dykes on Bikes'; Motorcycle group's name on its way to becoming registered," Julian Guthrie, San Francisco Chronicle, December 9, 2005, <http://www.sfgate.com/cgi-bin/article.cgi?file=/c/a/2005/12/09/MNGQOG5D7P1.DTL>

<sup>4</sup> Wikipedia, "Queer," updated 6/2/09, <http://en.wikipedia.org/wiki/Queer>

<sup>5</sup> For more information about transgender identities, see Willy Wilkinson, "Culturally Competent Approaches for Serving Transgender Populations," 2009 (to be published on the ADP website)

<sup>6</sup> For more information about genderqueer identity, see [www.genderqueerreolution.com](http://www.genderqueerreolution.com) and [www.unitedgenders.org](http://www.unitedgenders.org).

<sup>7</sup> Randy Albelda, M.V. Lee Badgett, Alyssa Schneebaum, Gary J. Gates. "Poverty In The Lesbian, Gay, And Bisexual Community," The Williams Institute, UCLA, March 2009  
<http://www.law.ucla.edu/williamsinstitute/pdf/LGBPovertyReport.pdf>

<sup>8</sup> Ibid.

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<sup>9</sup> State of Transgender California, Transgender Law Center, March 2009,  
<http://www.transgenderlawcenter.org/pdf/StateofTransCAFINAL.pdf>

<sup>10</sup> Cochran BN and Cauce AM.(2006). Characteristics of lesbian, gay, bisexual, and transgender individuals entering substance abuse treatment, *Journal of Substance Abuse Treatment*, 30(2), 135-146; Drabble L. and Trocki K. (2005) Alcohol consumption, alcohol-related problems, and other substance use among lesbians and bisexual women, *Journal of Lesbian Studies*, 9(3), 19-30; Cochran SD, Mays VM, Alegria M, Ortega AN, and Takeuchi D. (2007). Mental health and substance use disorders among Latino and Asian American lesbian, gay, and bisexual adults. *Journal of Consulting and Clinical Psychology*, 75(5), 785-94; and Clements-Nolle K, Marx R, Guzman R, and Katz M. (2001). HIV prevalence, risk behaviors, health care use, and mental health status of transgendered persons in San Francisco: Implications for public health intervention. *American Journal of Public Health*, 91(6), 915-921.

<sup>11</sup> "Nearly One in Four Gay and Lesbian Adults Lacks Health Insurance," Harris Interactive, May 19, 2008,  
<http://www.harrisinteractive.com/NEWS/allnewsbydate.asp?NewsID=1307>

<sup>12</sup> State of Transgender California, Transgender Law Center, March 2009

<sup>13</sup> Ibid.

<sup>14</sup> Dena Potter, *Associated Press*, "Va. women's prison segregated lesbians, others" June 10, 2009,  
[http://news.yahoo.com/s/ap/20090610/ap\\_on\\_re\\_us/us\\_lesbian\\_cell\\_block\\_7](http://news.yahoo.com/s/ap/20090610/ap_on_re_us/us_lesbian_cell_block_7)

<sup>15</sup> Randy Albelda et al, ""Poverty In The Lesbian, Gay, And Bisexual Community."

<sup>16</sup> Brad Sears and M.V. Lee Badgett, The Williams Institute, University of California, Los Angeles, School of Law, "Same Sex Couples and Same Sex Couples Raising Children in California, Data from Census 2000," 2004.  
<http://repositories.cdlib.org/cgi/viewcontent.cgi?article=1100&context=uclalaw/williams>

<sup>17</sup> Randy Albelda et al, ""Poverty In The Lesbian, Gay, And Bisexual Community."

<sup>18</sup> Ibid.

<sup>19</sup> For more information about transgender identities, see Willy Wilkinson, "Culturally Competent Approaches for Serving Transgender Populations," 2009 (to be published on the ADP website)