Creating an LGBT Affirming Organization

A Provider’s Introduction to Substance Abuse for YMSM and LGBT Individuals

Second Edition
YMSM+LGBT Center of Excellence (CoE)

Center of Excellence (CoE) for Racial/ethnic Minority Young Men Who Have Sex with Men (YMSM) and other Lesbian, Gay, Bisexual, and Transgender (LGBT) Populations.

www.ymsmlgbt.org

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LGBT Training Curriculum

• The curriculum is designed to develop provider skills in delivering culturally responsive prevention and treatment services for LGBT populations.
• Content focus areas include: physical health, substance abuse treatment, mental health, and other health related concerns for LGBT populations.
• The curriculum also provides treatment strategies and considerations for clinical work that have been effective with LGBT populations.
Together we can make an Impact
Our Center provides critical resources supporting the YMSM + LGBT communities. Check back often for new materials and resources!

Our Mission

The Center of Excellence on Racial and Ethnic Minority Young Men Who Have Sex with Men and Other Lesbian, Gay, Bisexual, and Transgender Populations (YMSM + LGBT CoE) was established to help providers develop skills to deliver culturally responsive and evidence-based prevention and treatment services for lesbian, gay, bisexual, and transgender populations dealing with co-occurring substance use and mental health disorders. Additionally, the CoE will provide a variety of innovative training and technical assistance resources, including training curricula, webinars, and a website clearinghouse to help providers working with LGBT populations and racial/ethnic minority young men who have sex with men (ages 18-25).

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Group Agreements for Today:

- Be respectful when others are speaking
- Speak from your own experience (use "I" statements)
- Respect confidentiality
- Take risks (open to learning or asking questions)
- Have fun
Learning Objectives:

By the end of this workshop, participants will be able to:

– Identify the need for LGBT-affirmative policies and procedures in an organization’s structure.

– Outline ways in which an organization can plan and implement effective training program targeted towards engaging LGBT clients and improving services delivered to them.
Activity

• Follow the trainer’s instructions
Key Concepts and Terms
“Cultural Humility” Perspective

“Lifelong process of learning, self-examination & refinement of one’s own awareness, knowledge, behavior and attitudes on the interplay of power, privilege and social contexts”

Cultural Humility:

Cultural humility invites providers to:


– Bring into check the power imbalances, by using patient-focused interviewing and care.

– Assess the cultural dimensions of the experience of each patient.

Unconscious Bias

– “I have no problem with gay people when they don’t wear it on their sleeve.”
– “She’s really pretty, I couldn’t tell she was transgender.”
– “How do you know you’re gay if you’ve never been with [a person of the opposite sex]?”

(McClousky, 2014)
Key Terms

- Sex
- Gender
- Sexual Orientation
- Sexual Identity
- Gender Identity
- Coming Out
- Gender Expression
- Lesbian Woman
- Gay Male
- Bisexual
- Transgender
- Transsexual
- Heterosexism
- MSM
- WSW
- Ally
- Queer
- Intersex
Health Disparities
Stigma toward LGBT Individuals

• While improving in some places, LGBTQ individuals continue to experience **stigma** and **discriminatory attitudes**

• It is critical that service providers understand the **complexity and context** of high-risk behaviors for HIV, STDs, HCV, etc.
LGBT Stigma and Stress:

In 2014, the Centers for Disease Control and Prevention listed the in the Healthy People 2020 Report:

– LGBT youth are 2 to 3 times more likely to attempt suicide.  
  \(\text{(Garofalo et al., 1999)}\)

– LGBT youth are more likely to be homeless.  
  \(\text{(Conron, Mimiago, & Landers, 2010; Kruks, 2010; Van Leeuwan et al., 2006)}\)
Substance Use among LGBT Individuals

• Substances are used to:
  – self-medicate due to family and other social conflicts
  – deal with social alienation and isolation
  – decrease anxiety in social and sexual situations
  – reduce sexual inhibitions and enhance experiences.
Substance Use Among LGB Individuals

• Significantly **higher rates of alcohol** and higher rates of **at least one drug** or drug class compared to heterosexual women.

• A landmark study of GB men in four U.S. cities, reported high rates of alcohol use, marijuana, poppers, cocaine, ecstasy/MDMA, “downers” methamphetamine, in the prior 6 months

• Other studies showed high rates of binge use in gay men and lesbians, but no difference in **alcohol use disorders** compared to heterosexuals.
Substance Use Among Trans Individuals

• Among transwomen, studies have shown high rates of illicit drug use, alcohol use, and marijuana use.

• Transwomen also reported high rates of drug injection. Most commonly hormones (27.0%), and silicone (24.7%), and street drugs (12.0%),

• Relatively few transwomen reported needle sharing

• Fewer studies were available for transmen, but it was estimated that 13.7% reported problems with alcohol and other substances (compared to 9.2% of the general population).
Related Health Issues for Trans Individuals:

Assault:

– A 2011 national survey titled, “Injustice at Every Turn” surveyed 6450 transgender and non-gender conforming people:
  
  • 71% of multiracial respondents reported having experienced bullying, physical abuse, sexual assault, harassment, and even expulsion from school.
  
  • When comparing these types of abuses in different geographical areas, 58-65% of transgender and non-gender conforming people had experienced assault.

(Grant, Mottet, & Tanis, 2011)
CDC Report - 2016

• If current HIV diagnoses rates persist in the U.S.:
  – 1 in 2 Black MSM will be diagnosed with HIV during their lifetime
  – 1 in 4 Latino MSM will be diagnosed with HIV during their lifetime
  – 1 in 11 White MSM will be diagnosed with HIV during their lifetime

SOURCE: CDC, 2016
HIV Incidence among YMSM

- In 2014, YMSM accounted for 80% of new HIV infections among 13-24 year olds in the U.S.

- Between 2005 and 2015, HIV diagnoses among African American and Hispanic/Latino YMSM increased 87%.

- 55% of HIV-positive YMSM in 2014 were African American.

Sources: CDC, 2016; CDC, 2013; Prejean et al., 2011.
Related Health Issues for Lesbian Women:

Gynecological cancers:

- Lesbian women have higher risks for certain types of gynecological (GYN) cancers compared to heterosexual women. Having regular pelvic exams and pap test can find cancers early and offer the best chance of cure.

  (National LGBT Cancer Network, 2015)

- Many lesbian women do not seek screening for cervical and ovarian cancers at recommended rates.

  (Dibble & Robertson, 2010)

- Lesbian women are more likely to access healthcare in later stages of disease progression and less likely to get regular medical/gynecological care than heterosexual women.

  (National LGBT Cancer Network, 2015)
Related Health Issues for Bisexuals:

- Bisexual people experience greater health disparities than the broader population, including a greater likelihood of suffering from depression and other mood or anxiety disorders.

Santurri & Peters, 2013; Bostwick & Hequembourg, 2013)
Related Health Issues for Bisexuals:

• When bisexuals do not disclose their sexual orientation, this can result in receiving incomplete health information.
  – Example: safer sex practices with both male and female partners.

• Unfortunately, most HIV and STI prevention programs don’t adequately address the health needs of bisexuals.
  – Examples: Bisexual men are often lumped together with gay men.
Defining Care

- **LGBT-tolerant**
  Aware that LGBT people exist and use their services

- **LGBT-sensitive**
  Aware of, knowledgeable about, and accepting of LGBT people

- **LGBT-affirmative**
  Actively promote self-acceptance of an LGBT identity as a key part of recovery
Provider Considerations:

In treatment programs, LGBT clients report:

– Experiencing more stigma from treatment program staff than from other clients.

– Programs do not address trans and/or sexual orientation issues.

– Being required to use sleeping and shower facilities inconsistent with their current gender identity.
**Provider Considerations:**

It is important to highlight protective factors against negative health outcomes associated with stigma toward the LGBT community:

<table>
<thead>
<tr>
<th>Policy</th>
<th>• Non discrimination policies (employment, schools, public accommodations, etc.)</th>
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</table>
| Community | • Community involvement  
• Community acceptance |
| Institutional | • Competent health care providers  
• Education of police |
| Interpersonal | • Social support  
• Family acceptance |
| Intrapersonal | • Self esteem  
• Gender affirmation |
United States Non-discrimination Laws:

- **Purple:** States banning discrimination based on sexual orientation and gender identity (18 states and District of Columbia).

- **Orange:** Laws banning discrimination based on sexual orientation (3 states).
Creating an LGBT Affirming Organization
Creating an LGBT Affirming Organization:

Why Create an LGBT Affirming Organization

- Creating an inclusive environment for this vulnerable population will help alleviate the health disparity and health inequity issues faced by these individuals.

- Studies have shown that LGBT-affirming organizations or known LGBT allies within larger organizations were the preferred providers of choice for LGBT clients seeking healthcare and other needs.

(Davis, et al., 2010; Erdley, et al., 2014)
Creating an LGBT Affirming Organization:

Practical Suggestions:

• LGBT-specific administrative policies and procedures can help ensure that an organization is culturally sensitive to and inclusive of all clients irrespective of their sexual orientation, gender identity and expression.

• These administrative policies and procedures are critical to prevent discrimination, harassment, as well as how grievances and complaints are handled.

• Delivery of fair and equitable healthcare services to everyone including LGBT clients should be built into the fabric of an organization.

(Wilkerson, et al., 2011; Meservie, 2013; Legal, 2013, SAMHSA, 2001; )
Creating an LGBT Affirming Organization:

- Initial Contact
  - Phone Inquiry
  - Intake
  - Enrollment
- Program Participation
- Referrals
  - Termination/Discharge
  - Aftercare/Relapse Prevention

(Ferguson-Colvin, 2012)
Creating an LGBT Affirming Organization:

Organizational Mission Statement:

- One of the ways to achieve this is by adding affirming statements to the mission statement, organizational values and/or goals, philosophy and service literature:
  - *Example:* “At every level of the program - we are affirming and supportive of LGBT members of the community.”
- Action must be at every step of the process.

(Wilkerson, et al., 2011; USAID, 2014; Legal, 2013; Winfeld, 2014; SAMHSA, 2001)
Creating an LGBT Affirming Organization:

Organizational Mission Statement Cont.:

• All organization affiliates are regularly trained on anti-discriminatory policies and operational procedure updates.

• This includes, but is not limited to:
  – All employees (such as; front desk, security, lab techs, administrative staff, maintenance, board members etc.)
  – All volunteers and interns.

(Wilkerson, et al., 2011; USAID, 2014; Legal, 2013; Winfeld, 2014; SAMHSA, 2001)
Community Engagement:
Community Engagement:

- Organizations must ensure the adoption of an inclusive and participatory approach to programming and interventions targeted towards LGBT individuals

- This helps address the complex set of social and environmental determinants associated with the health and well-being of LGBT clients

(Minkler & Wallerstein, 2011; Israel, et al., 2013)
Community Engagement:

• Recognize community as a unit of identity
• Build on strengths and resources within the community
• Facilitate a collaborative and equitable partnership in all phases of community engagement

(Minkler & Wallerstein, 2011; Israel, et al., 2013; Rhodes, et al., 2013)
Community Engagement:

• Foster co-learning and capacity building among LGBT community
• Focus on local relevance of health program or area of interest to LGBT communities
• Ensure commitment to sustainability

(Minkler & Wallerstein, 2011; Israel, et al., 2013; Rhodes, et al., 2013)
Community Engagement:

Outreach and Promotional Materials:

• Must involve and engage LGBT clients in the development of all LGBT-related materials.
• Ensure that LGBT clients of color, varying body types and ages are represented in proportions that reflect the community demographics.
• Use language that specifically identifies LGBT individuals as people the program is attempting to reach.
• Include pieces written by and about recovering LGBT individuals

(SAMHSA, 2001; Morales, 2009; Drumheller & McQuay; 2010; Ciszek, 2014)
Community Engagement:

Advertising and Public Relations Policies and Procedures:

• Organize and provide a LGBT speakers board.
• Make an effort to get to know the LGBT organizations in your community.
• Identify qualified agency members to speak on LGBT issues from the agency as well as LGBT recovery in public forms.
• An agency’s community engagement program should benefit and include LGBT people in the communities the agency serves.

(Wilson & Yoshikawa, 2007; McKay, 2011; SAMHSA, 2001)
Community Engagement:

Community Engagement Policies and Procedures:

- Support LGBT-related events in the community through sponsorship, staff support, advertising and distribution of announcements and by co-sponsoring their events.
- Provide an information booth at LGBT-related events
- Provide educational forum and programs that support the unique needs of LGBT community.
  - Example: forum on transgender care

(Graham, 2011; Joint Commission, 2011)
Administrative Role in Creating Safe and Affirming Organization
Administrative Role in Creating Safe and Affirming Organization:

• Administrators have a responsibility to:
  – Create an institution that is safe and affirming for all LGBT clients.
  – Have LGBT-affirmative policies and procedures
  – Ensure that all staff, not only clinicians or primary care providers, are aware of the agency’s policies and are committed to eliminating discrimination, both overt and covert.

(Wilkerson, 2011; Atkins, 2014; Klotzbaugh, 2013)
Administrative Role in Creating Safe and Affirming Organization:

Administrative Policies and Procedures:

• Job listings should explicitly state that LGBT individuals are encouraged to apply.
  – Prospective employees should be made aware that the organization is LGBT affirming.
  – Assess prospective employee’s convenience with these policies before making hiring decisions.

(Schmidt, et al., 2012; Atkins, 2014; Wilkerson, 2011; Vohra, et al., 2015)
Administrative Role in Creating Safe and Affirming Organization:

Administrative Policies and Procedures:

• Create or confirm the existence of agency policies regarding freedom from discrimination and harassment based on sexual orientation, gender, and cultural background.

• Review all operational procedures, from initial phone contact through the intake process, to ensure that heterosexual bias has been eradicated and inclusive terms are available as options.

(Atkins, 2014; Schmidt, et al., 2012; Vohra, et al., 2015)
Administrative Role in Creating Safe and Affirming Organization:

Administrative Policies and Procedures:

• Establish policies that describe an organization’s response if a client/staff member or volunteer is being abusive or discriminated against or if allegations of abuse or discrimination are brought to the attention of the agency.

• Enact policies addressing how clients/staff should be supported when they report discriminative experiences

(Klotzbaugh, 2013; Wilkerson, 2011; Schmidt, et al., 2012)
Administrative Role in Creating Safe and Affirming Organization:

Administrative Policies and Procedures:
• Consider your organization’s intake process. Under gender, are there only two options (male or female) to identify one’s gender?
  – *Example: You can include F-to-M, M-to-F, Intersex, Gender non-Conforming, or “please write your gender in the space provided________.”*
Administrative Role in Creating Safe and Affirming Organization:

Administrative Policies and Procedures:

• Ask the gender of one’s marital partner, rather than make assumptions:
  – Example: “Married: _______ (write identified gender)”
  “Partner: _______ (write identified gender)”

(National LGBT Health Education Center, 2015; Thompson, 2015; Legal, 2013)
Administrative Role in Creating Safe and Affirming Organization:

Personnel Policies and Procedures:

• Include “sexual orientation” and “gender identity” in non-discriminatory employment policy.
• Enlist openly LGBT members to serve on the board of directors and in other leadership positions.
• Employ open LGBT individuals as staff and consultants.

(Thompson, 2015; Schmidt, et al., 2012)
Administrative Role in Creating Safe and Affirming Organization:

Personnel Policies and Procedures:

• Include partners in the definition of family when writing bereavement policies or sick leave policies on caring for family members.

• Include partners in employee benefits, including health insurance

(Schmidt, et al., 2012, Alexandra, et al., 2009)
Program Design and Implementation
Program Design and Implementation:

• Program design and implementation involves planning, enacting, enforcing and evaluating LGBT-affirming policies and procedures.
• Implementing policies and procedures will help ensure that the delivery of culturally-appropriate and equitable healthcare services does not depend only on staff members, but rather on the organization as a whole.

(Lamoreux & Joseph, 2014; National Collaborating Centre for Methods and Tools, 2010)
Program Design and Implementation Process

1. Strategic Program Planning
2. Program Implementation
3. Program Monitoring and Evaluation
4. Revise and Interpret findings
5. Identify programmatic changes

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Program Design and Implementation:

Strategic Program Planning:

• Strategic program planning is a disciplined effort that is used to set priorities, focus resources and energy, fortify procedures, and ensure stakeholders are working toward achieving a common goal.

  — Stakeholders include board members, staff, LGBT clients, LGBT community organizations, providers, nurses and existing partners.

(Barron & Hebl, 2010; Waters, et al., 2011; National Collaborating Centre for Methods and Tools, 2010; Bainbridge, 2011)
Program Design and Implementation:

Strategic Program Planning cont.:

– Strategic planning captures an organization’s vision and mission, the population it serves, what it does, why it does it, with a focus on the future.

– Effective strategic planning articulates where an organization is going, the actions needed to make progress, and describes indicators for successful execution.

(Barron & Hebl, 2010; Waters, et al., 2011; National Collaborating Centre for Methods and Tools, 2010; Bainbridge, 2011)
Program Design and Implementation:

Strategic Program Planning:

– Establish short and long-term goals and objectives.
– Conduct analysis to identify the strengths, weaknesses, opportunities and threats of an organization (SWOT).
– Assess current LGBT and prospective clients’ needs.
– Define overall strategies for implementation of LGBT-affirming programs.

(Waters, et al., 2011; National Collaborating Centre for Methods and Tools, 2010; Bainbridge, 2011)
Program Design and Implementation:

Strategic Program Planning cont.:

– Select key programmatic changes to ensure effective allocation of resources and attention.
– Set attainable timelines, budget, and operational activities.
– Establish strategies for effective monitoring and evaluation.
– Revise strategic plan based on performance and changes in the organization and its environment.

(Bainbridge, 2011; Blair, et al., 1998; Horowitz, et al., 2000; Ginter, et al., 2013)
Program Design and Implementation:

Program Implementation:

• The selection of strategies and interventions that make up a program can focus on different levels within the organization.
  – Individual e.g. Behavior and language appropriateness of employees
  – Interpersonal e.g. Relationship of employees with LGBT clients
  – Organizational e.g. Workplace structures, culture, practices and policies.
  – Environmental e.g. LGBT-affirmative symbols, flags and art in workplace

(CDC, 2016)
Program Design and Implementation:

Program Implementation;

• Policy enactment and enforcement
  – Establish and enforce guidelines regarding client behavior to ensure safety of all clients, including those who are LGBT.
  – Make all family services available for the domestic partners and significant others of LGBT clients in your program. These may include conjoin therapy, family therapy, or groups.

(Barron & Hebl, 2010; Badgett, et al., 2013)
Program Design and Implementation:

Staff Development, Training and Education:

• Staff are an integral part of every organization and they often embody what an organization stands for.

• Administrators have a responsibility to ensure that all staff receive training and education to improve their sensitivity toward all LGBT individuals.

• Trainers must respect trainee’s religious and moral views, while remaining committed to increasing and enhancing accurate knowledge about LGBT individuals and in increasing provider sensitivity to LGBT clients’ needs.

(National LGBT Health Education Center, 2015; Gendron, et al., 2013)
Program Design and Implementation:

Staff Development, Training and Education:

• Training should provide staff with tools and strategies to address situations that could arise around issues of oppression and discrimination within the organization.

• Training should encourage and teach staff on using LGBT-appropriate and sensitive language.

• Training should involve skills-oriented knowledge

(Fredriksen-Goldsen, 2014; Boroughs, et al., 2015)
Program Design and Implementation:

Program Quality Improvement:

• Quality improvement involves systematically evaluating programs, practices, and policies tailored towards LGBT individuals and addressing areas that need to be improved in order to optimize physical and mental health outcomes for all LGBT clients.

• The essence of quality improvement is to enhance practices, improve health outcomes and ensure that health agencies consistently meet the needs of LGBT clients and communities.

(Goetsch & Davis, 2014; Nadeem, et al., 2013)
Program Design and Implementation:

Program Quality Improvement:

- Adopt and build a culture for quality improvement as a standard practice.
- Collect qualitative and quantitative information regarding client’s perceptions of key environmental and internal constituencies.
- Collect qualitative and quantitative information regarding staff’s perception of the organization’s procedures and operations.

(Preskill & Mack, 2013)
Program Design and Implementation:

Program Quality Improvement cont.:

• Ensure confidentiality to clients and disclose how collected information will be used.

• Develop comprehensive and easily accessible procedures for clients to file and resolve complaints alleging violations of existing policies.

• Conduct confidential patient satisfaction surveys that include questions regarding sexual orientation and gender identity

(Cahill, et al., 2014)
Program Design and Implementation:

Program Quality Improvement cont.:

• Examine healthcare delivery services to ensure they are inclusive for all LGBT clients.

• Interact with stakeholders such as other LGBT organizations within the area to help inform and support the implementation of program initiatives.

• Examine health outcomes of LGBT clients over a given period of time.
Tools for Measurement of Quality:

- Quality improvement efforts can be informed by staff and clients’ experience with healthcare delivery and operation procedures.
  
  - Examples of instrument/tools that can be used for collecting and measuring clients experience, perception and satisfaction include; phone-calls interviews, focus groups discussion, questionnaires, follow-up visits, site-visits etc.
Program Design and Implementation:

Indicators for Successful Program Implementation:

• Key performance metrics
  – Financial growth of the organization
  – Staff development and competencies

• Increase in client satisfaction report

• Reduction in the burden of alcohol-related disease and injury over time
Program Design and Implementation:

Indicators for Successful Program Implementation cont.:

• Improvement in culturally-appropriate services administered
• Assurance of an LGBT-competent workforce
• Improvement in LGBT community health profiles
• Increased access to mental health services
Program Design and Implementation:

Barriers to Successful Program Implementation:

• Staff insecurity and self-efficacy
• Staff and clients’ religious and cultural beliefs related to LGBT individuals.
• Impact on other parts of organization operations and procedures.
• Lack of systematic outcome assessment.
• Lack of documentation about how major illnesses are treated in most health care systems.
Recommendations
Recommendations:

• What Quality Assurance is in place to ensure personnel and programs are responsive to the needs and challenges of LGBT clients?
  – *If none at this time, what are the next steps to developing them?*

• Are their Assessments or Evaluation Tools being used to evaluate employees? In what ways is cultural sensitivity towards LGBT community members being measured?
Recommendations:

• Some accrediting bodies offers framework to help agencies develop these standards for quality improvement.

• Once the agency has made a decision to move forward with strengthening LGBT services, a workgroup can be formed, inclusive of the targeted population.

• This is an excellent opportunity to learn, grow and refine your organization as a valued resource in the community.
Recommendations:

• Avoid labeling your clients.
• Meet clients where they are in the coming out process and respect their need to feel safe.
• Be guided by your LGBT clients, listen to what they say is comfortable for them.
Recommendations:

• Receive training to help you become less heterosexist and increase your knowledge and understanding.
• Create an atmosphere that is supportive.
• Acknowledge clients’ significant others and encourage their support and participation in prevention and treatment programs.
Recommendations:

• Advocate and create safety for LGBT clients.
• Support and encourage positive images of persons of color, YMSMs, LGBT, gender variant, non conforming, elderly, other abled individuals.
• Read and learn about LGBT community and culture.
Clinical Supervision

• Clinical supervision needs to be institutionalized in all agencies treating behavioral health disorders in LGBT populations to:
  – Address transference and counter-transference issues.
  – Ensure staff uses ethical and evidence-based practices.
Activity - Assessing Our Organization

- This activity provides an opportunity for participants to assess where their organizations are in consideration to incorporating LGBT issues into their work.
- Break up into small groups to answer three questions in each of the areas outlined in the Assessing Our Organizations worksheet:
  - Red light: organization has not gone there; yellow light: organization has taken first steps towards this; green light: organization is fully on board.
- Report back to the larger group.

http://www.westernstatescenter.org/tools-and-resources/Tools/assessing-our-organizations
GLOSSARY OF KEY TERMS
Lesbian: a female who is emotionally, romantically, sexually, affectionately or relationally attracted to other females

Gay Male: a male who is emotionally, romantically, sexually, affectionately or relationally attracted to other males

Bisexual: an individual who is emotionally, romantically, sexually, affectionately or relationally attracted to both men and women (or to people of any gender identity)

Transgender: refers to a person whose gender identity does not correspond to their sex assigned at birth. May be used to refer to an individual person’s gender identity and is sometimes used as an umbrella term for all people who do not conform to traditional gender norms

(Johns Hopkins, 2015; Keatley et al., 2015)
Trans Man: A person who was assigned a female sex at birth and who now identifies as male. Some clients may use the term FTM (female to male).

Trans Female: A person who was assigned a male sex at birth and who now identifies as female. Some clients may use the term MTF (male to female).

Cisgender: Birth-assigned sex, “body parts,” and gender identity (your internal sense of who you are in terms of gender) are congruent.
MSM: an abbreviation for “Men who have Sex with Men”. This term focuses on behaviors. The term does not indicate sexual orientation.

WSW: an abbreviation for “Women who have Sex with Women”. This term focuses on behaviors. The term does not indicate sexual orientation.

(Johns Hopkins, 2015; Keatley et al., 2015)
Heterosexism: the assumption all people are or should be heterosexual. Assumption that heterosexuality is inherently normal and superior to LGBTQ people’s lives and relationships.

Ally: those who support and respect sexual diversity and challenges homophobic, biphobic, transphobic and heterosexist remarks and behaviors. Those who are willing to explore and understand these forms of bias within themselves.

(Johns Hopkins, 2015; Keatley et al., 2015)
Sexual Orientation: a consistent pattern of sexual desire for individuals of the same sex, other sex, or both sexes, regardless of whether this pattern is manifested in sexual behavior. Indicators of sexual orientation can include sexual and romantic desire, attraction, arousal and fantasy.

Sexual Identity: a culturally organized concept of the self. Labels can include lesbian, gay, bisexual, or heterosexual.

(Diamond, 2008; Savin-Williams & Vrangalove, 2013)


Ferguson-Colvin, K., & Maccio, E. M. (2012). Toolkit for practitioners/researchers working with lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) runaway and homeless youth (RHY).


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