




**SEXUAL &
GENDER
DIVERSE
WOMEN**

**Understanding the
wellbeing of lesbian,
bisexual, transgender, &
queer (LBTQ+) women**



This Project was Made Possible by a Grant from the



LOS ANGELES COUNTY
COMMISSION FOR WOMEN
ADVOCATING FOR THE LIVES AND WELL BEING OF WOMEN
Sexual and Gender Diverse Women
Committee



The Los Angeles County
Sexual & Gender Diverse
Women's Health Collaborative: LBQT+



Disclaimer

This presentation uplifts sensitive, enlightening, and potentially triggering discussion topics. Certain topics are empowering and others are challenging to speak about. All feelings are welcome in this space. It may be hard to discuss these topics, it is harder to experience the challenges presented in many of the topics, and that is why we are here.

TRAINING OVERVIEW



Introduction:
Terminology, History,
& Theories



Socioeconomic,
Legal, & Health
Status of LGBTQ+
Women



Allyship Strategies &
Action Steps for
Gender Equity

WORDS AND TERMS OF LGBTQ+ LANGUAGE – 1

- **Sexual Orientation:** An individual's emotional, romantic, and/or sexual attraction to other people
 - **Gay:** An individual who is attracted to those of their same gender; often used as an umbrella term
 - **Lesbian:** A woman who is attracted to other women; some women prefer to identify as gay women instead of lesbian
 - **Bisexual:** An individual who is attracted to those of their same gender as well as to those of different genders, though not necessarily in the same way or to the same degree; often used as an umbrella term for people who are attracted to more than one gender—closely related to pansexual
 - **Pansexual:** An individual who is attracted to all gender identities

WORDS AND TERMS OF LGBTQ+ LANGUAGE – 2

- **Gender Identity:** A person's deeply held internal sense of their gender; they can identify as being male, female, or somewhere else along the gender continuum; **this is not visible to others**
- **Gender Expression:** The **external representation** of gender expressed through such components as names, pronouns, clothing, haircuts, behavior, voice, and more
- **Sex:** At birth, infants are assigned a sex **based on the appearance of their external anatomy**; this is often confused with gender. A person's sex is actually a combination of bodily characteristics, as a result, sex is not just binary male/female (and neither is gender)
- **Pronouns:** Linguistic tools that are used to refer to people and **honor their gender identity**



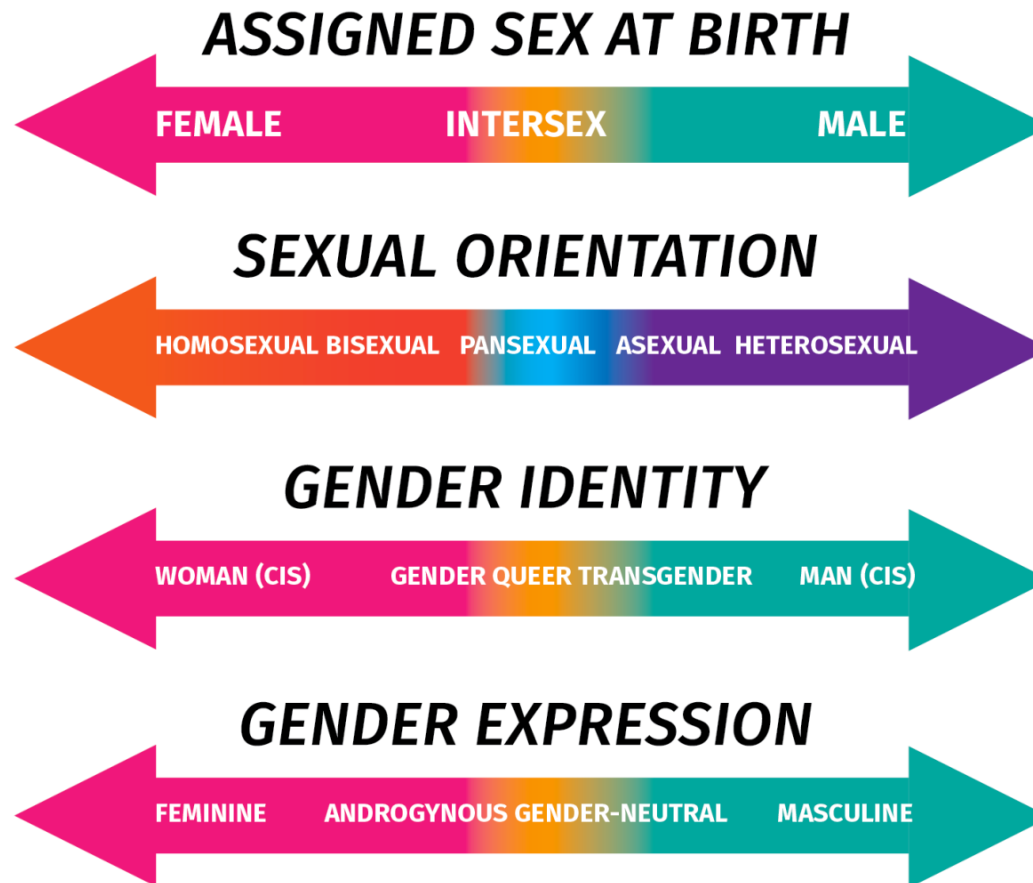
WORDS AND TERMS OF LGBTQ+ LANGUAGE – 3

- **Cisgender:** A term describing people whose gender identity and/or expression **aligns with the cultural expectations** based on the sex assigned to them at birth
- **Transgender:** A term describing people whose gender identity and/or expression is different from the sex they were assigned at birth
- **Nonbinary:** A term describing people whose gender identity and/or expression does not conform to the social/cultural expectations of male or female; it can be an umbrella term to describe identities that **do not fall within the binary system**, but rather on the gender spectrum
 - Genderqueer, genderfluid, gender nonconforming, bigender, agender, Two-Spirit
- **Queer:** An **umbrella term** used to describe fluid sexual orientations, gender identities, and/or gender expressions.



It Gets Better Project
(n.d.)

SPECTRUM OF SEXUAL & GENDER DIVERSITY



HISTORY OF ANTI-LGBTQ+ LEGISLATION



As early as the seventeenth century, the United States saw anti-LGBTQ+ legislation when many colonial laws ascribed the death penalty for charges of sodomy.

United States Capitol Historical Society, n.d.

QUEERNESS + THE DIAGNOSTIC & STATISTICAL MANUAL (DSM):

A HISTORY OF PATHOLOGIZATION



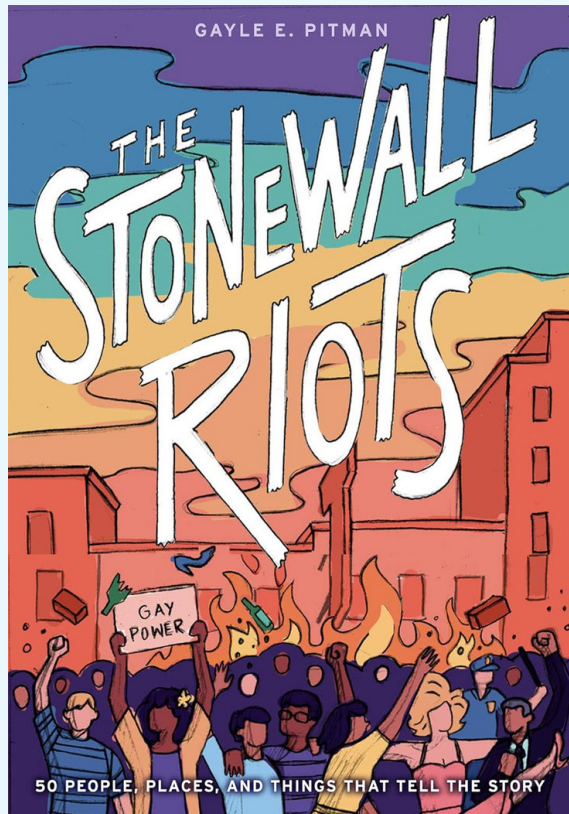
- **DSM-I (1952):** "Homosexuality" and "transvestism" classified as "sexual deviation" under larger category of "**sociopathic personality disturbance**"
- **DSM-II (1973):** "Homosexuality" removed as a diagnosis and replaced with "sexual orientation disturbance"
- **DSM-III (1980):** "Gender identity disorder" and "transsexualism" first introduced under category of "psychosexual disorder"
- **DSM-V (2013):** Diagnosis based on sexual orientation removed entirely; "gender identity disorder" eliminated and replaced with "gender dysphoria"

McHenry, S.E. (2022)

Reicherzer, S. (2008)

American Psychiatric Association (2013)

GAY LIBERATION MOVEMENT



The Stonewall Riots of 1969 marked the beginning of the Gay Liberation Movement.

The Stonewall Inn was a symbol of the queer community and provided a space for the most marginalized, such as transgender individuals, drag queens, and unhoused queer youth, with many of them being Black and Latinx.

In the early hours of June 28, 1969, police raided the Stonewall Inn and were met with resistance from queer patrons, sparking several days of anti-police rioting.

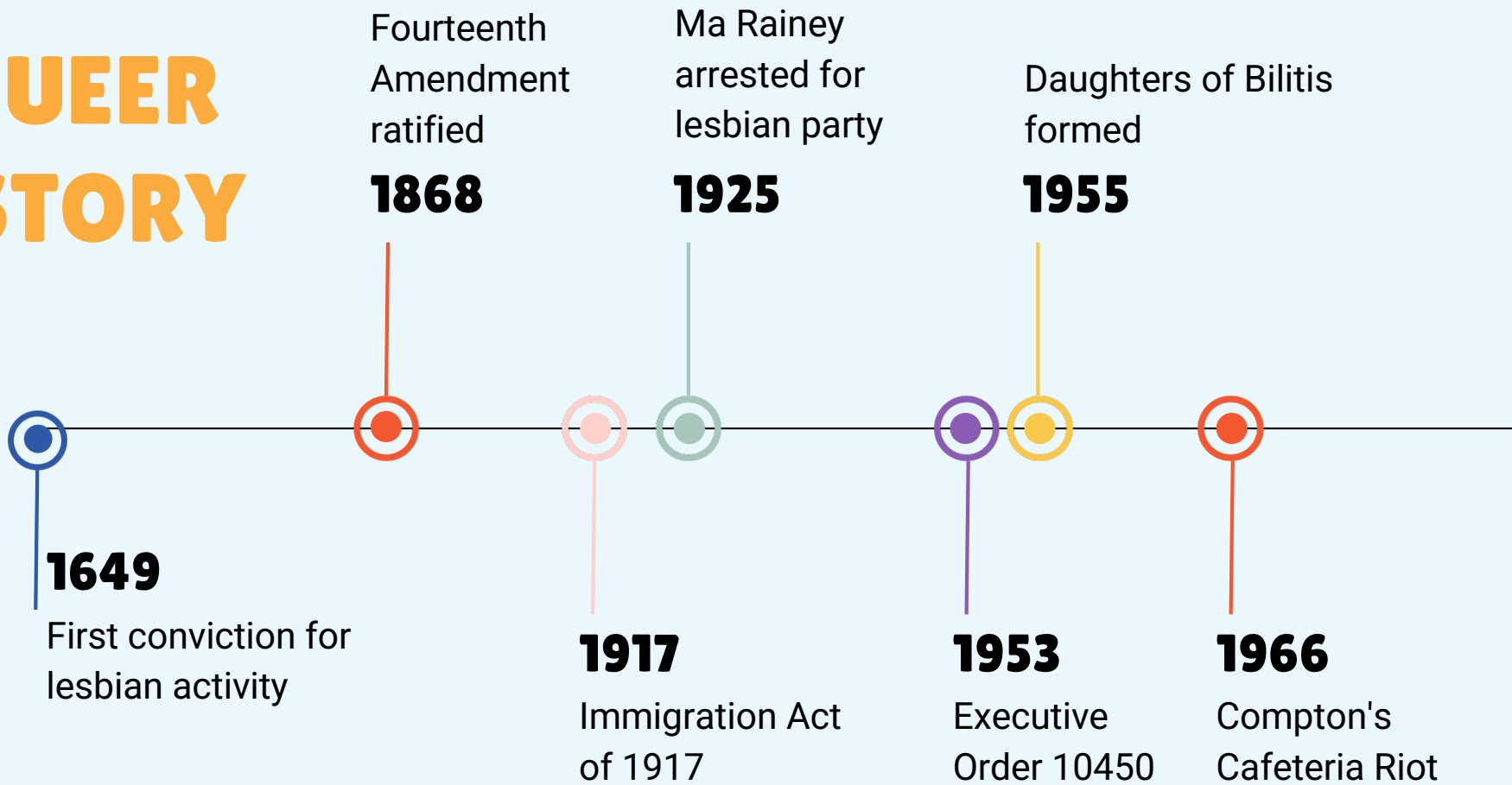
Prominent figures of the Stonewall Riots include gay and transgender rights activists **Sylvia Rivera** and **Marsha P. Johnson**.

Thistlethwaite, 2007

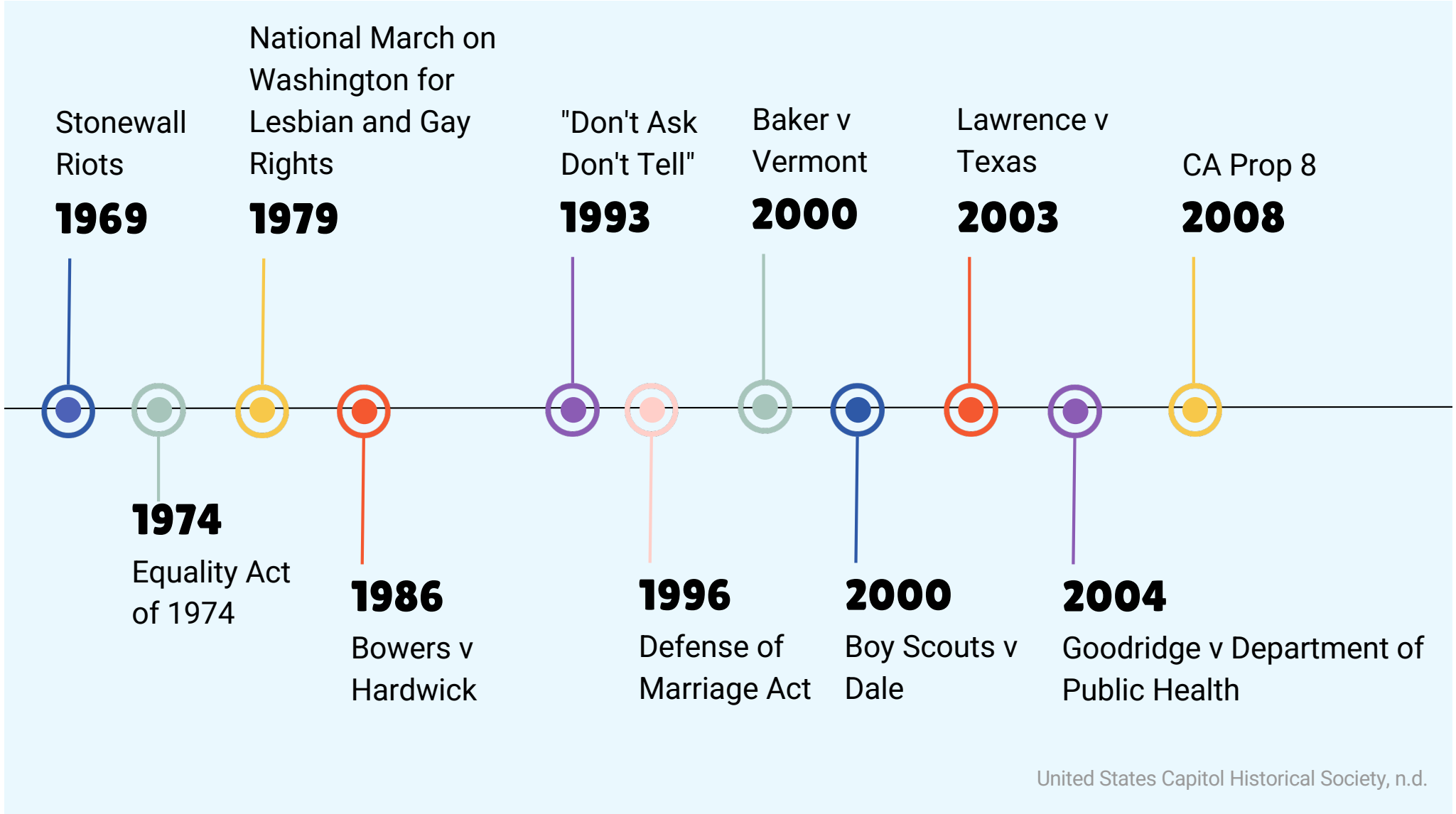
Pitman, 2019

Smithsonian Sparks 2021

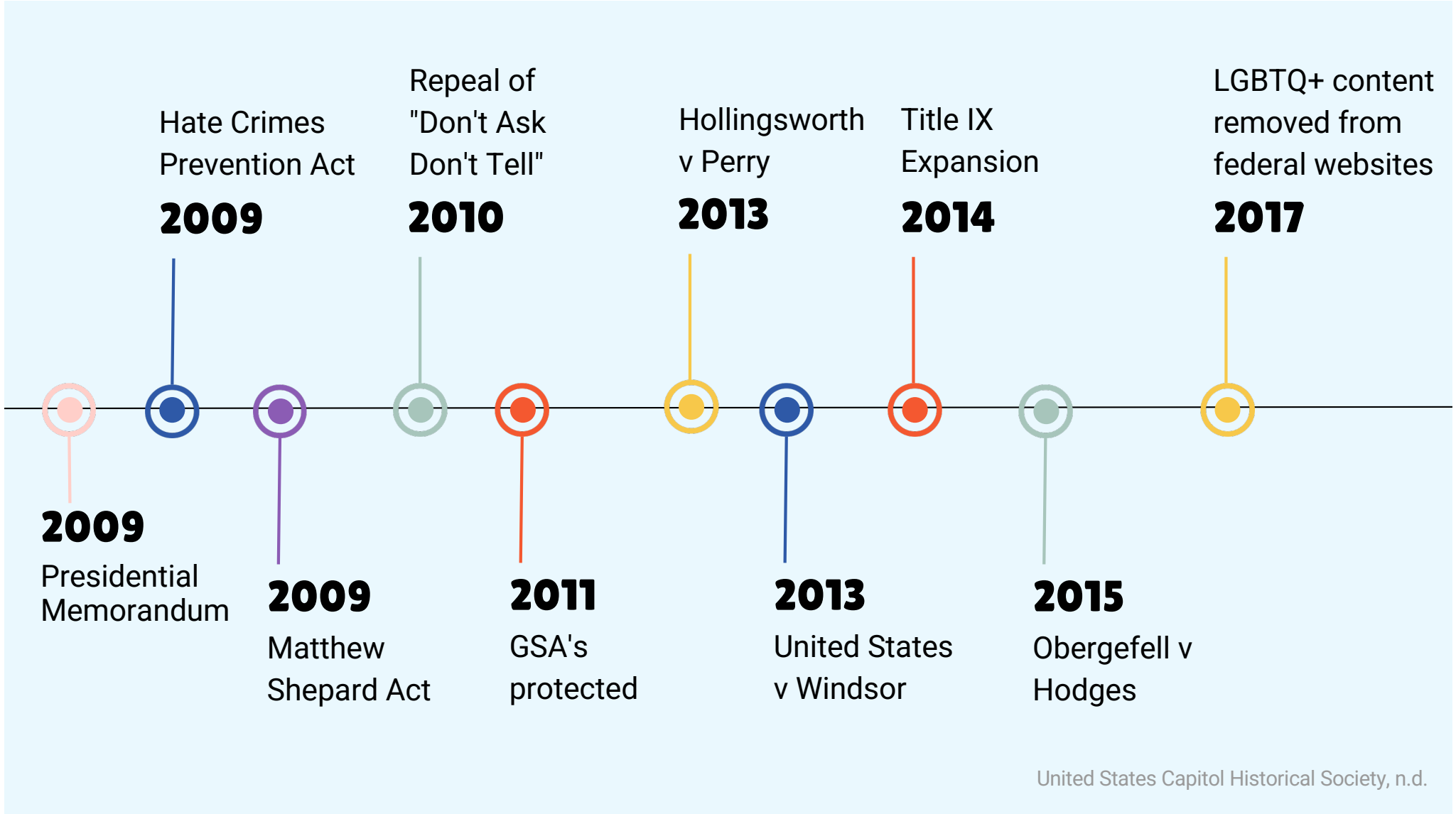
A QUEER HISTORY

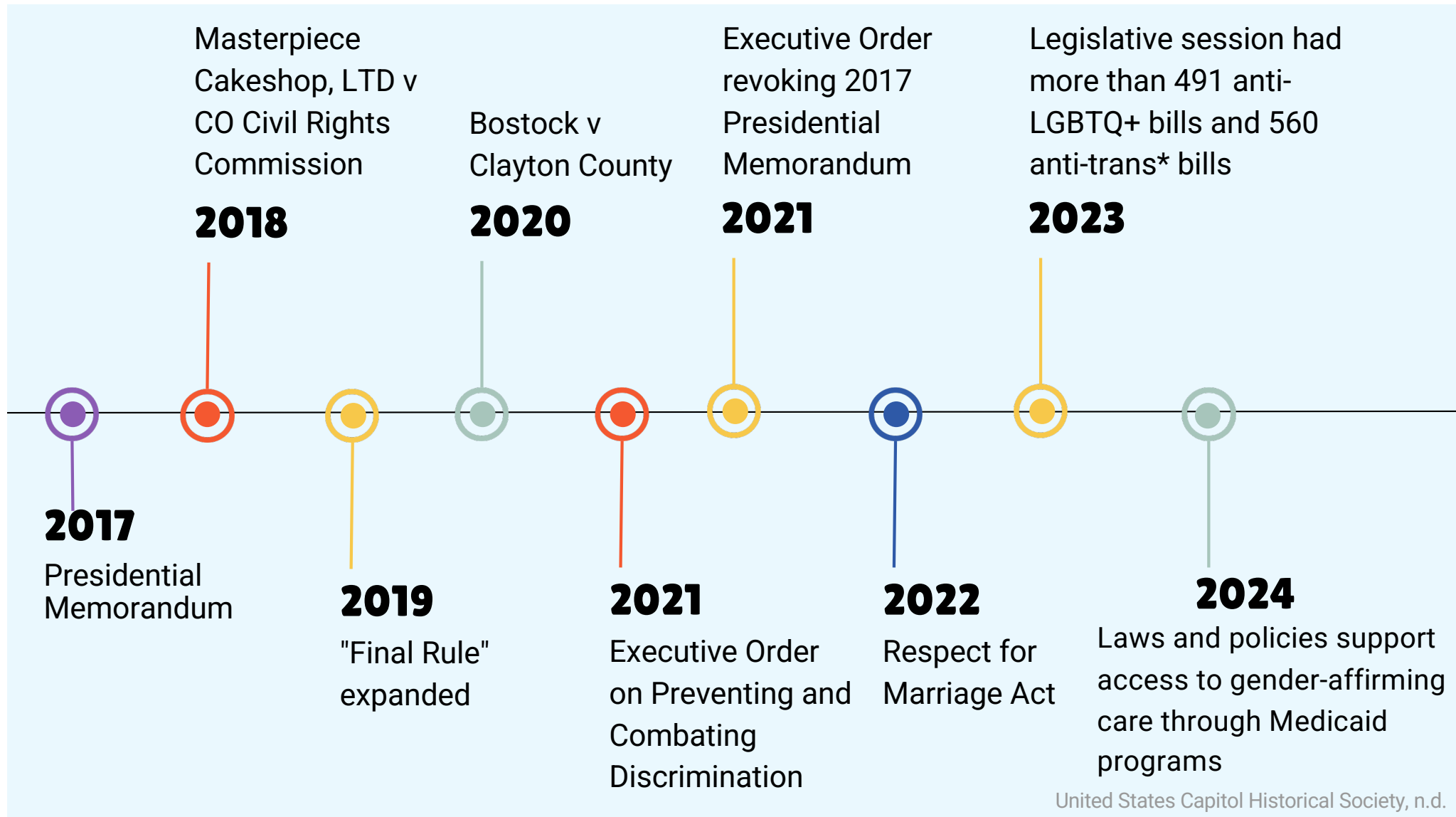


United States Capitol Historical Society, n.d.



United States Capitol Historical Society, n.d.





TRANSGENDER HEALTHCARE



Healthcare
Fertility + Hormone
Treatment



Affirmative Care
Surgical Care,
Acceptance + Support



Health Risks
Transition + Treatment

TRANSGENDER HEALTHCARE

- ◆ **Gender-affirming care is life-saving healthcare** for transgender, non-binary, and gender diverse individuals. Gender-affirming care is medically necessary for the well-being of many transgender and gender diverse people who experience gender incongruence.
- ◆ Research shows that 86% of transgender youth have considered suicide and 56% have attempted suicide. **Access to gender-affirming care reduces lifetime suicidal ideation by 70%.**
- ◆ **Less than 1% of individuals that seek gender- affirming care regret their decision.** This is less than the 14.4% of the general population that regrets general surgical procedures.
- ◆ **Every major medical organization supports gender-affirming care as evidence-based, best medical practice .** This includes the American Academy of Pediatrics, American Medical Association, Endocrine Society, and American Psychiatric Association.
- ◆ Youth with access to puberty blockers report **lower depression and suicidality.**



HRC Foundation, 2023
Williams Institute, 2023
Austin et al., 2022

[Bustos et al., 2021](#)

[Wilson, Ronnekleiv-Kelly, and Pawlik,](#)

TRANSGENDER HEALTHCARE

- **24 states** ban best practice medication and surgical care for transgender youth
 - 6 states have bans that make it a felony crime to provide best practice medical care for transgender youth
- **2 states (AR, MS)** explicitly permit insurers to refuse to cover gender-affirming care
 - AR law allows refusal of coverage for everyone, regardless of age
 - MS law allows refusal for minors
- **14 states** explicitly exclude gender-affirming care from their state-employee health benefits
- **2 states (AR, MS)** Medicaid policies explicitly exclude transgender-related health care for minors
 - **10 states**' Medicaid policies explicitly exclude transgender-related health care for all ages



GENDER MINORITY OR GENDER DIVERSE

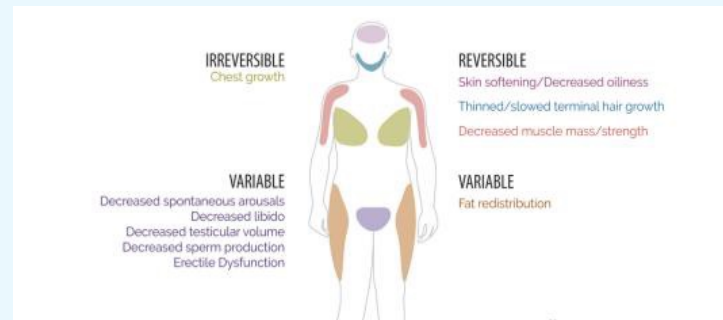
Feminizing Hormones

- Counteract effects of endogenous testosterone
- Typically take both an antiandrogen and estrogen
- May also take a cyclical regimen of progesterone
- Desired effects
 - Softening of the skin (**reversible**)
 - Thinning and slowed growth of body hair (**reversible**)
 - Loss of muscle tone (**reversible**)
 - Breast growth (**irreversible**)
 - **Potential side effects**
 - Decrease in libido
 - Risk for heart disease and breast cancer

All people for whom their gender identity or gender expression varies from the binary sex they were assigned at birth

Terminology evolution

Transvestite -> transsexual -> transgender
Nonbinary, genderqueer, and gender fluid



Hormone and Surgical Risks

- Most of the risks involve moving from a “male” risk level to a “female” risk level
- Risks associated with estrogen treatment
 - Deep vein thrombosis, gallstones, weight gain, elevated liver enzymes, and hypertriglyceridemia
- Few studies have been completed that explore the long-term health risks of hormone treatment
- Feminizing surgical risks
 - Risks associated with a vaginoplasty
 - Fistula, granulation tissue, urinary tract infections, and issues with sensation and orgasm

GENDER MINORITY ADOLESCENT HEALTH

Puberty Blocking

Pubertal suppression

- Peri-adolescents
- Gonadotropin-releasing hormone agonist
- Completely reversible

Hormone treatment

- Puberty congruent with affirmed gender identity
 - **Documented benefits of pubertal suppression followed by hormone treatment**

Fertility

• Fertility preservation options

- Pre- or peripubertal
- Ovarian or testicular tissue cryopreservation

• Postpubertal

- Cryopreservation of oocyte or embryo
- Sperm banking

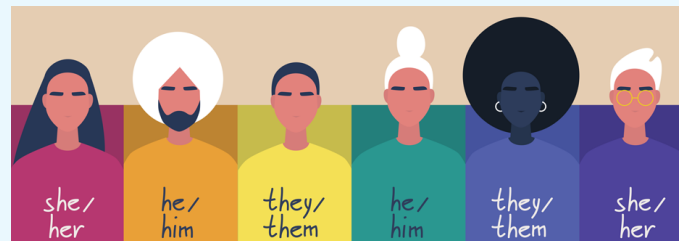
Identity Development

Identity development processes

- Gender identity development
 - Early onset gender dysphoria
 - Pubertal-onset gender dysphoria

Sexual orientation identity development

- Between childhood and adolescence, typically after gender identity
- Youth who discover their gender minority identity at the onset of puberty are more likely to identify as sexual minorities.



It Gets Better Project
(n.d.)

GENDER MINORITY ADOLESCENT HEALTH

Options

- **Transgender girls**
 - Antiandrogen medication
 - Blocks further masculinization from endogenous testosterone
- However, **treatment option** provides the feminization that many gender minority adolescents desire

Barriers

- Barriers to puberty-blocking medication. Parental support and consent is necessary.
- Medical providers lack training
- Youth and families are not aware of options
- Cost is rarely covered by health insurance
- Up to \$20,000 annually



Support

- **Parental acceptance and support**
 - Predictors of positive mental health outcomes
- **Role of mental health and medical providers**
 - Educate parents about the negative health outcomes associated with rejection
 - Normalize gender minority identities and gender identity and expression exploration
 - Provide resources in their local communities



THEORETICAL OVERVIEW

- Social Constructionism
- Intersectionality
- Critical Race Theory
- Queer Theory
- Minority Stress Model

SOCIAL CONSTRUCTIONISM – 1

- **John Money (1950s)**: Conducted research on intersex individuals and introduced the distinction between sex and gender
 - Used "**sex**" to refer to individuals' **physical characteristics** (E.g., chromosomal sex, gonadal sex, hormonal sex)
 - Used "**gender**" to refer to **psychological and behavioral characteristics** (E.g., gender identity, gender role)
- **Gayle Rubin (1975)**: Anthropologist who described the sex/gender system in which "**sex**" is the **biological body** one is born into and "**gender**" is the **social role** division upon the sexes
- **Rhoda Unger (1979)**: Feminist psychologist who argued for more distinction between sex and gender
 - "**Sex**" pertains to what is **biological** or natural
 - "**Gender**" pertains to what is **learned** or cultural

SOCIAL CONSTRUCTIONISM – 2

Our reality arises through a process of social interchange and negotiation. Concepts/categories are not universal or fixed reflections of reality—they are specific to a time and place, and **change with circumstances.**

Social Construction of Gender

- Gender is a social process through which we are continually producing "male" & "female" people
 - It is **performed** & achieved through interactions & displays in a context-related manner.

Social Construction of Sex

- Sex is a label assigned at birth based on socially agreed upon biological criteria (primarily genitalia at birth)
- Placement in a sex category is **determined** based on displays (ie. apparel, names, hairstyle)

INTERSECTIONALITY

"Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects." - Kimberlé Crenshaw

- An analytic framework used to describe the **"double-bind"** of overlapping social identities that can create compounding experiences of discrimination.
- There is no universal collective experience as a "woman"—we must consider the overlapping and mutually reinforcing oppressions that many women face in addition to their gender.



CRITICAL RACE THEORY

- Calls attention to race politics and challenges the concept of "racial moralism"
- Proposes that systemic racism is inherent within American society and that racism is more than the result of individual bias and prejudice
 - Education
 - Housing
 - Employment
 - Healthcare
- Racism is embedded in laws, policies, and institutions which uphold, reinforce, and reproduce racial inequalities



QUEER THEORY

- Advocates that there is no "normal," **only changing social norms** that individuals may or may not fit into.
- Coined the term "heteronormativity" which is the idea that heterosexuality is the "normal" or "preferred" sexual orientation.
- Heteronormativity exerts power and control by pressuring cis-het and LGBTQ+ people to abide by institutional arrangements and accepted social norms.
- Expresses that through heteronormativity, some sexual expressions are valued more than others, allowing those outside the valued group to be oppressed.
 - Disrupts the assumption that sexual relationships have a binary division of gender.



Johnson, 2014
Grinnell College,

MINORITY STRESS MODEL



- Chronic stress faced by members of stigmatized minority groups, such as sexual and gender diverse people
- The internalization of negative messages and discriminatory treatment *even without* having been personally marginalized
- Minority stress is compounded when a person holds multiple identities that are marginalized by society

STIGMA

Definition:

Stigma results **when society regards a particular group negatively and assigns them an inferior status.**

Stigma is **rooted in the fear and judgment** of what is different, leading to blame, distancing, and discrimination.

- Both LGBTQ+ youth and adults report elevated rates of stigma and victimization compared to their heterosexual counterparts
- From the perspective of the Minority Stress Model, the more frequently stigma is experienced, the greater likelihood of proximal stressors (Ex. internalized homophobia), leading to poor mental health outcomes
- Overall, experiences of stigma and victimization, rooted in homophobia and transphobia, severely impact the well-being of LGBTQ+ people

MICROAGGRESSIONS: LBQ CIS WOMEN

- Undersexualization by family members and friends who assume their sexual orientation is "just a phase" until a partner is brought home or they enter into a serious relationship
- Exoticization by heterosexual men and inappropriate sexual propositioning
- Told to dress in a more feminine manner that is consistent with societal expectations of their gender
- Bisexual women are frequently assumed to be either gay/lesbian or straight, presuming they are confused or experimenting, thus invalidating their identity and denying the existence of bisexuality
 - Bisexual women report feeling sexually objectified by heterosexual males who assumed they would be more open than straight women to engage in a three-some

MICROAGGRESSIONS: TRANS WOMEN

- **Trans-misogyny:** A unique, intersectional form of sexism experienced by trans women, stemming from the interaction between oppositional and traditional sexism
 - **Oppositional sexism:** The belief that female and male are rigid, mutually exclusive categories
 - **Traditional sexism:** The belief that maleness/masculinity is superior to femaleness/femininity
- Challenge of "passing" as cisgender women in society
- Presumption of gender binary
- Intentional misgendering and deadnaming



DISCRIMINATION

- Significantly higher rates of discrimination in health care, employment, housing, and public spaces
- Discrimination has adverse effects on economic, physical, and mental well-being, leading many individuals to alter their behavior to avoid experiencing discrimination
- Transgender individuals, LGBTQ+ POC, and LGBTQ+ individuals with disabilities, generally report the highest rates of discrimination
- Presence of discrimination, stigma, and prejudice create a hostile social climate that taxes individuals' coping resources and contributes to minority stress

CONVERSION THERAPY

- Refers to a range of discredited and dangerous aversive and non-aversive practices that falsely claim to change an individual's sexual orientation, gender identity, or gender expression
- "Conversion" or "reparative" therapy is practiced by licensed professionals in the context of providing healthcare as well as religious and spiritual advisors in the context of religious counseling

Aversive techniques:

- Induced nausea and vomiting
- Electroshock therapy
- Waterboarding

Non-aversive techniques:

- Reframing desires
- Redirecting thoughts
- Hypnosis

This unethical form of therapy is illegal in California

MENTAL HEALTH & LGBTQ+ YOUTH



- **Reported depression and anxiety up to three times more than heterosexual youth**
 - 54% of LGBTQ youth report experiencing depression and 60% of transgender youth
 - 67% of LGBTQ youth report experiencing anxiety and 75% of transgender youth
- **Three times as likely to die by suicide compared to heterosexual youth**
 - 41% of LGBTQ youth seriously considered attempting suicide in the past year, including more than half of transgender and nonbinary youth
- **Those with access to spaces that affirmed their sexual orientation and gender identity reported lower rates of attempted suicide than those who did not**



HEALTH INEQUALITIES-1

Heart Disease

- Smoking
- Obesity
- Decreased access to care
- Estrogen hormone therapy

Breast Cancer

- Later childbearing
- Smoking
- Nulliparity
- Heavy alcohol use
- Lower screening rates

Intimate Partner Violence

- LBQ women are at an increased risk of experiencing intimate partner violence (IPV)
 - Lesbian: 44%
 - Bisexual: 61%
 - Transgender: 54%
 - Heterosexual: 35%

Institute of Medicine, 2011
Kaiser Permanente, 2018
Center for American Progress, 2021

HEALTH INEQUALITIES-2

Tobacco Use

- LBQT+ women have higher rates of current tobacco use compared to heterosexual women
 - **Lesbian: 34.8%**
 - Bisexual: 31.1%
 - Transgender: 33.2%
 - Heterosexual: 22.2%
- LBQ girls aged 13-17 have higher rates of e-cigarette use than heterosexual girls
 - Lesbian: 30.7%
 - Bisexual: 31.7%
 - **Transgender: 39.7%**
 - Heterosexual: 21.0%

Substance Use

- LBQT+ women are more likely to use or have used alcohol and drugs
 - Heavy alcohol use
 - Lesbian: 8.9%
 - Bisexual: 11.7%
 - **Transgender: 17%**
 - Heterosexual: 4.8%
 - Lifetime Substance Use Disorder
 - Lesbian: 60.8%
 - **Bisexual: 61.9%**
 - Heterosexual: 24.3%

HEALTH INEQUALITIES-3

Sexually Transmitted Infections

- LBQT+ women are **at risk for the same STIs** as heterosexuals
- Besides penis-in-vagina sex, STIs can be transmitted through
 - Skin-to-skin contact
 - Mucosal contact
 - Vaginal fluids
 - Menstrual fluids
 - Menstrual blood
 - Sharing sex toys
 - Anal sex
- The most common STI's for LBQT women
 - Bacterial Vaginosis (BV)
 - Human Papillomavirus (HPV)
 - Trichomoniasis
 - Herpes
 - Chlamydia
- Transgender women are nearly four times as likely to contract HIV

HEALTH INEQUALITIES-4

Advanced Health Directive

- Important protection for same-sex couples, regardless of marital status
- Healthcare facilities should provide:
 - Resources on advanced care planning
 - Training modules for staff
 - Explicitly address the concerns for LGBTQ individuals
- Federal regulations require hospitals participating in Medicare and Medicaid to:
 - Inform patients of their rights to receive visitors whom they designate, including a domestic partner
 - Do not restrict or limit visitation rights based on sexual orientation or gender identity



GENDER-NEUTRAL DIALOGUE: Pronouns

Pronouns + Gender Neutral Terms

- “Hi, my name is Dr. Stone and I use she/her/hers **pronouns**. How about you, what is your name and what pronouns do you use?”
- Repeat the terms your client uses to describe themselves.
 - If someone identifies themselves as “lesbian”, use that term rather than “queer”.
- Use **Gender Neutral Terms**
 - Person
 - Partner
 - Official Name (Sequoia)



GENDER-NEUTRAL DIALOGUE: C.O.R.E COMMUNICATION

- **Caring**: Feel & exhibit concern for others
- **Open**: Desire to listen & receive information; and understand another person without prejudice and judgment
- **Respectful**: Treat others with consideration, courtesy, and high regard
- **Empathetic**: Understand other's experiences and communicate your understanding



GENDER-NEUTRAL DIALOGUE: Pronouns

Why do pronouns matter?

Agency: Centers the person's agency to define themselves for themselves.

Autonomy: Allows a person to define themselves by their own standard, independent of societal expectations.

Acknowledgement: Allows others to acknowledge a person for how they exist.

Access: The practice of sharing pronouns empowers all humans to be respected when accessing healthcare services.



NAVIGATING IMPLICIT BIAS

Accountability

- **Abandon the right/wrong binary.**
 - Imagine: Yes...and!
- **Gender Equity is not a destination.**
 - It is a journey.
- **“Never a failure, always a lesson.”***
 - Loss vs. Lesson



Implicit Bias

- **We often prepare to:**
 - Be “right”.
 - Dominate or hold *others* accountable.
 - Have OUR perspectives affirmed.
- **We struggle with information about ourselves that we don’t feel fits our “moral” compass.**
 - Cognitive Dissonance.
 - Confirmation Bias.
- **We often do not prepare to:**
 - Be “wrong”.
 - Reflect and hold *ourselves* accountable.
 - Affirm different perspectives.
- **We avoid difficult conversations to limit our own discomfort.**
 - Conflict Avoidance.



What you can do as an Ally in Action!

- **Stand up, even if you are nervous.**
 - Don't let the fear of being wrong paralyze into inaction.
- **Be willing to challenge the status quo.**
 - Your voice matters. You are the only one with it.
- **Hold yourself and your circle accountable.**
 - Align your vision and values with your choices, and you will be equipped to invite other allies to do the same.
- **Share the benefits of your privilege.**
 - Simply remembering that we do not have to understand someone, to respect and support them, can have an exponential impact on your compassion.



Allyship

The State or Condition of BEING an Ally

- **Inquire rather than assume.**
 - Seek out the information you do not understand.
- **Align your intentions with your actions.**
 - Performing is to appease an audience.
 - Allyship is to align your intentions with your choices, principles, and behaviors.
- **Reflect, Research, and Return.**
 - Assuming is a human thing; we all do it.
 - We do not have to subscribe to our assumptions
- **Build a relationship with hearing “no”.**
 - Curiosity and intention do not obligate a “teachable moment.”
 - Cultivate dialogue practices to navigate discomfort.
- **Remember, danger and discomfort... are different.**
 - You may be in discomfort, while that person, has been in danger in spaces where you can safely exist without fear.
- **Own Intentions. Respect Impact:**
 - Taking accountability for behaviors is not an admittance of wrongness.
 - An apology and an acknowledgment can go a long way.

RESOURCES

Healthcare Resources

- **National LGBTQIA+ Health Education Center - The Fenway Institute**
 - LGBTQIA+ Health Education Center ([Website Homepage](#))
 - A Toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings (<http://doaskdotell.org>)
 - Learning Resources ([Link](#))
- **Institute of Medicine**
 - The Health of Lesbian, Gay, Bisexual, and Transgender People ([IOM Report](#))
 - Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records ([IOM Report](#))
- **Human Rights Campaign - Healthcare Equality Index (HEI)**
 - 2024 Healthcare Equality Index Report ([HEI Report](#))
 - Publicizing Patient Non-discrimination ([Nondiscrimination Policies](#))
 - Equal Visitation Policies ([HEI Equal Visitation](#))
 - Employment Non-discrimination ([HEI employment non-discrimination](#))
 - Training in LGBT Patient-Centered Care ([HEI Training](#))

Support Resources

- **The Trevor Project**
 - CALL 1-866-488-7386
 - TEXT START TO 678-678
- **Crisis Text Hotline**
 - TEXT HOME TO 741741
- **Black Emotional Mental Health (BEAM)**
 - <https://beam.community/>
- **National Alliance on Mental Illness (NAMI) Helpline**
 - 1-800-650-NAMI (6264)
- **Trans Lifeline***
 - 1-877-565-8860
- **R.A.I.N.N.**
 - (Rape, Abuse & Incest National Network)
 - <https://rainn.org/>
 - [800.656.HOPE \(4673\)](https://rainn.org/)

Additional Questions?

Contact

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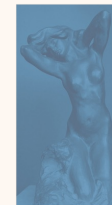


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