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Affirmative care of LGBTIQ+ clients

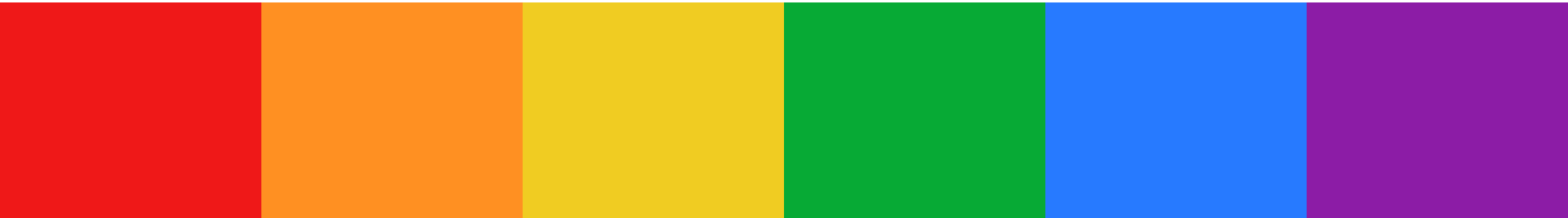
Emese Alter, training officer, Háttér Society

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Module	Duration
An overview of current statistics - Discrimination against and the mental health indicators of LGBTIQ+ people in the EU	15 mins
LGBTIQ+ terminology, sex, gender identity and sexual orientation	15 mins
Societal structures affecting LGBTIQ+ clients	10 mins
Principles of inclusive communication	10 mins
Minority stress, microaggressions, and the basic principles of affirmative care	20 mins
Questions and discussion	20 mins

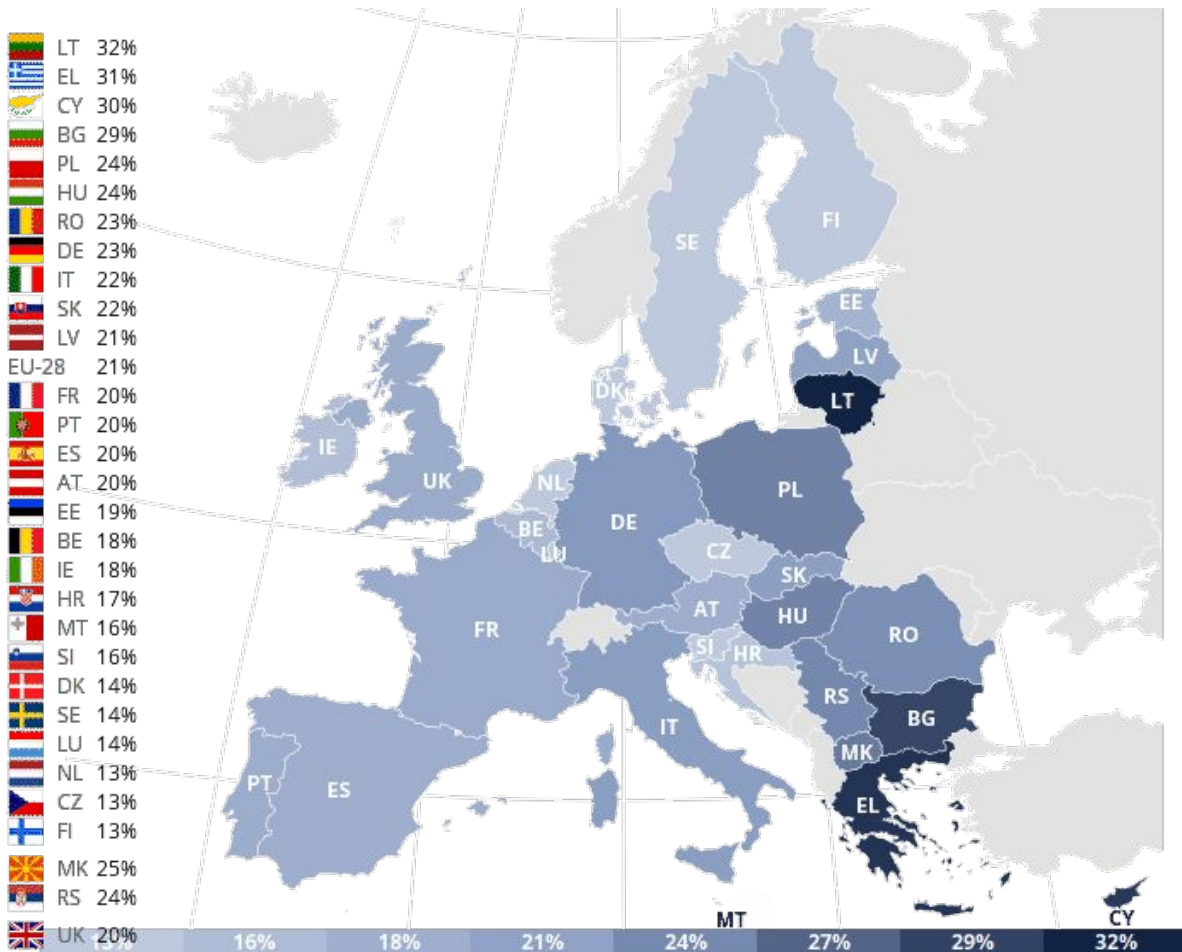


AN OVERVIEW OF THE CURRENT SITUATION AND MENTAL HEALTH OF LGBTIQ+ PEOPLE



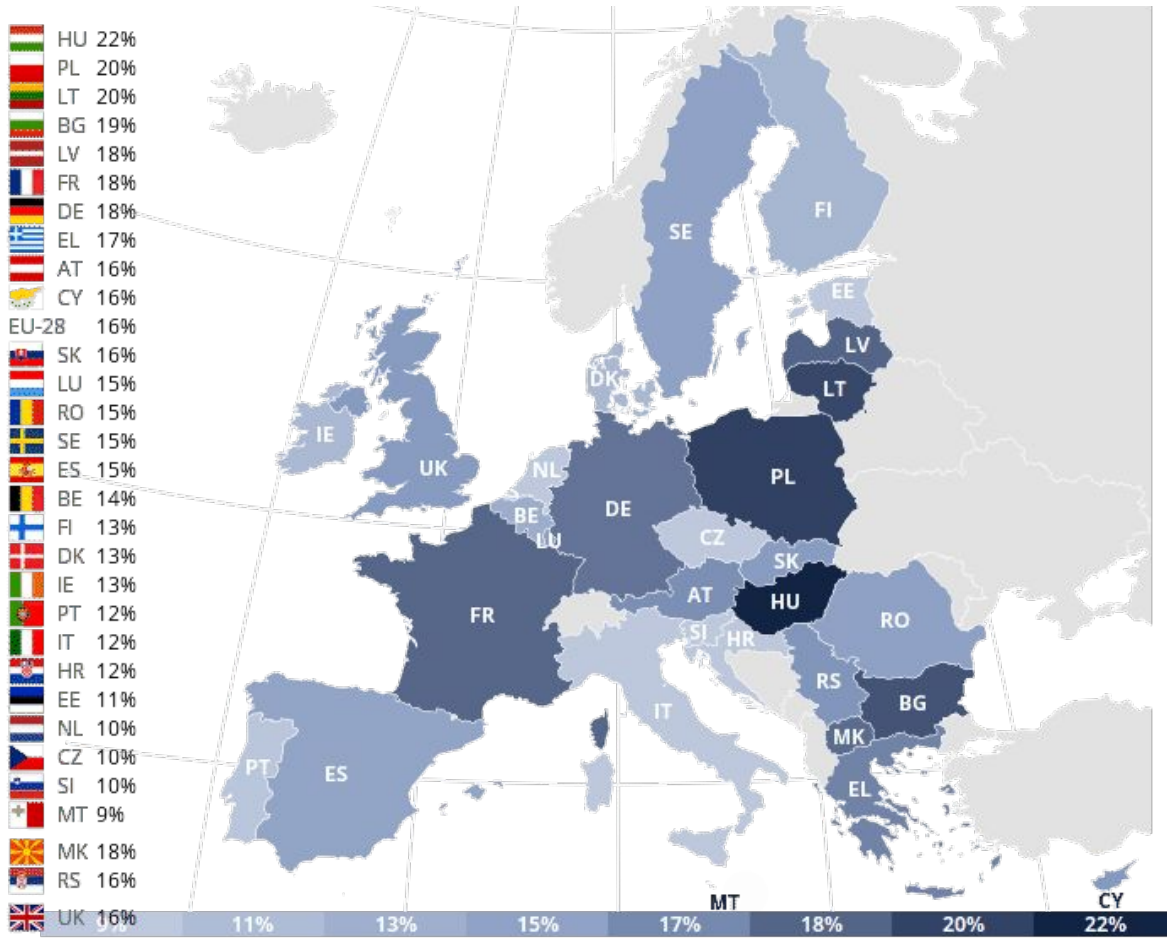
MAIN FINDINGS

- Members of the LGBTIQ+ community have to face **challenges in all areas of life**
- **SCHOOL and WORKPLACE:** harassment, stereotypes, discrimination, microaggression, coming-out
- **FAMILY:** coming-out, partnerships, having children
- **HEALTHCARE:** inappropriate questions, being blamed for an illness, stigma, discrimination
- **MENTAL HEALTH:** minority stress and mental health problems
- **PUBLIC SPACES:** hate crimes, harassment



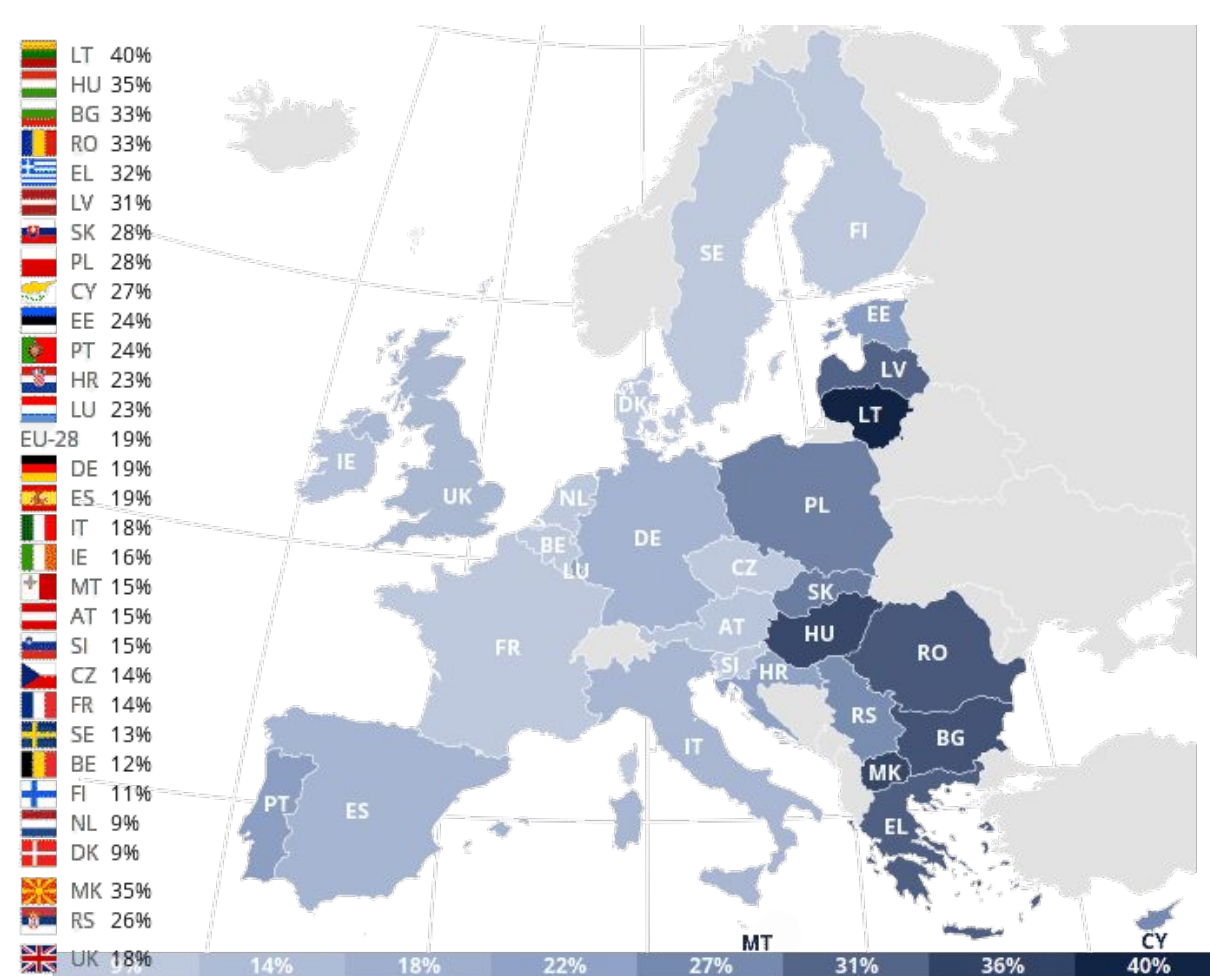
Discrimination at workplaces in the last 12 months





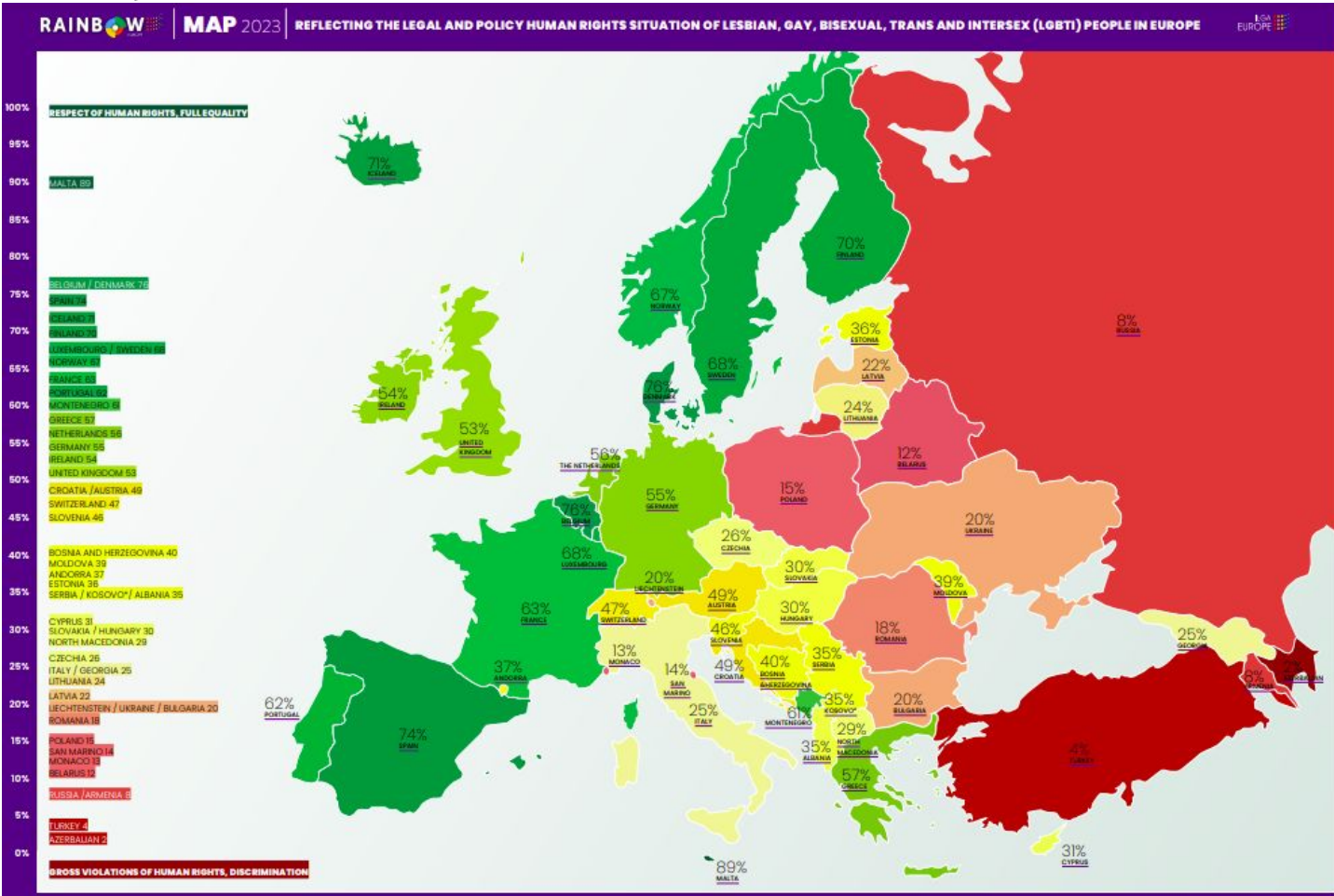
Discrimination when using social/healthcare services in the last 12 months





Discrimination in educational institutions in the last 12 months

Legal environment in Europe

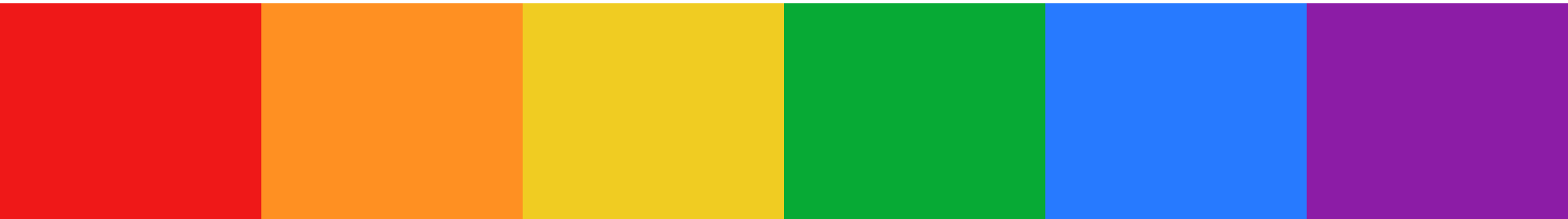


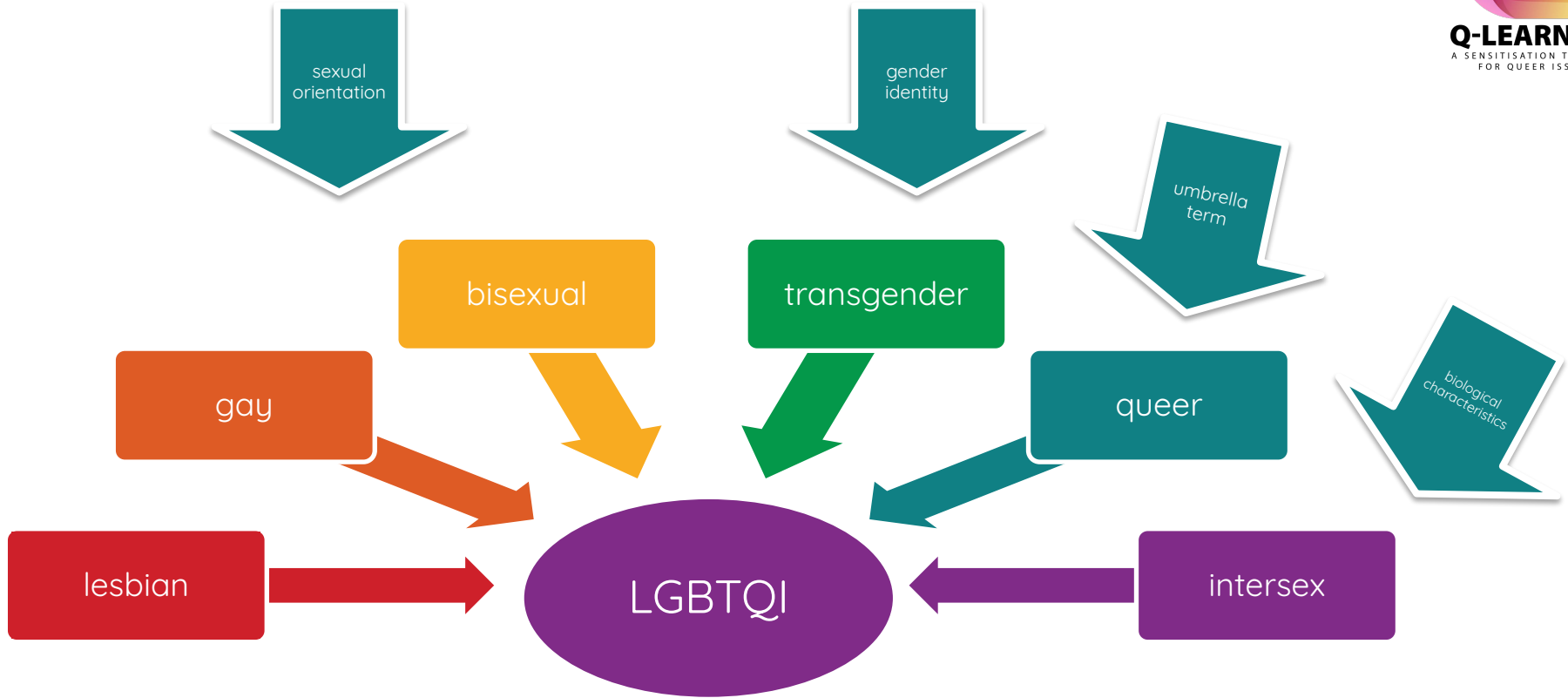
THE MENTAL HEALTH OF LGBTIQ+ PEOPLE

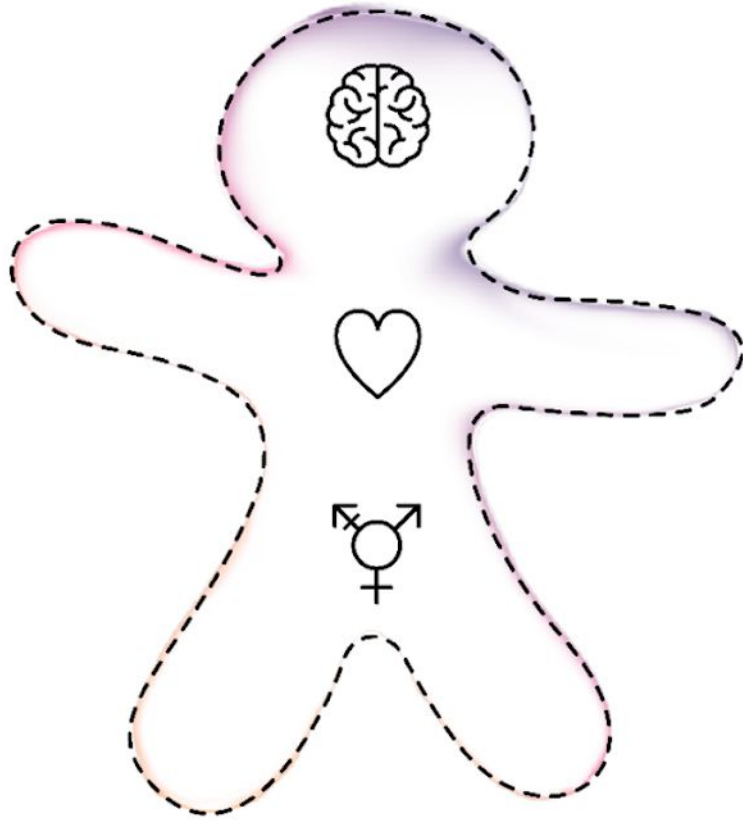
- Internalised homophobia, biphobia and transphobia are significantly associated with **suicidal thoughts and behaviours, substance use and risk behaviours**, as well as with **lack of and difficulties in social relationships and intimacy problems**.
- According to Stonewall's report:
- **13% of LGBT** people aged 18-24 **attempted to take their own life in the last year. 46% of trans and 31% of LGB respondents have thought about taking their own life in the last year - 5% in the general population.**
- **40 % of non-binary people harmed themselves** in the last year, compared to 20 % of LGBT women and 12 % of GBT men - 6% in the general population.
- **16% of LGBT respondents said they drank alcohol almost every day** over the last year, and **13 % of them took drugs at least once a month.**
- **19% of LGBT people aren't out to any healthcare professional about their sexual orientation** when seeking general medical care. This number rises to 40 % of bi men and 29 % of bi women.

https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

LGBTIQ+ TERMINOLOGY







GENDER IDENTITY

- woman/girl
- man/boy
- other



SEXUAL ATTRACTION

- women
- men
- other



ROMANTIC ATTRACTION

- women
- men
- other



GENDER EXPRESSION

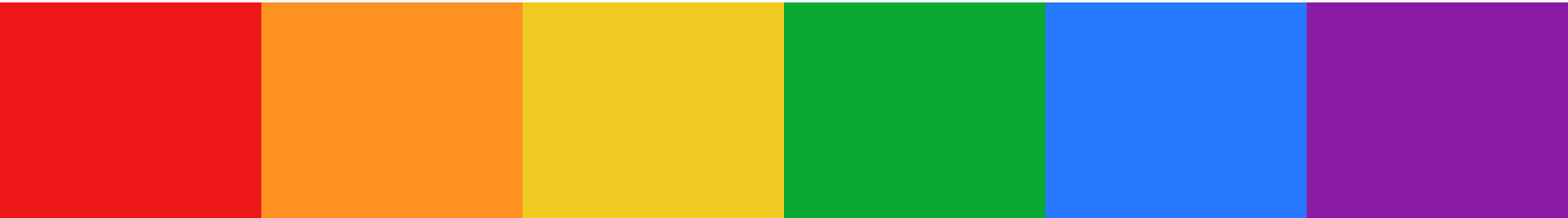
- feminine
- masculine
- other



SEX ASSIGNED AT BIRTH

- female
- male
- other

SOCIETAL STRUCTURES AFFECTING LGBTIQ+ CLIENTS



HETERO- AND CISNORMATIVITY

- Social constructs that refer to the **belief that heterosexuality and cisgender identities are the default, norm, and expected ways of being** in society.
- **Heteronormativity** assumes that heterosexuality is the only natural and acceptable sexual orientation. It often leads to the assumption that everyone is heterosexual until proven otherwise, reinforcing the idea that any deviation from heterosexuality is abnormal or deviant.
- **Cisnormativity** is the belief that cisgender identities are the standard and expected gender identities. It assumes that everyone's gender identity matches their assigned sex, disregarding the existence and validity of transgender and non-binary identities.

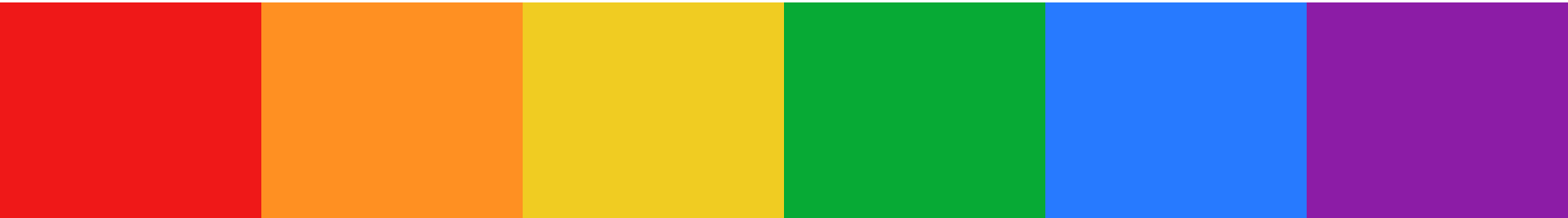
INTERSECTIONALITY

- A framework that **recognizes and examines the ways in which various forms of social inequality and oppression intersect and interact with each other.**
- According to intersectionality, individuals possess multiple identities and experience overlapping forms of privilege and disadvantage → **a person's experience of oppression is not determined by a single aspect of their identity but is shaped by the complex interplay of various social categories.**
- It's important to recognize and address the unique experiences and challenges faced by individuals who hold multiple marginalized identities.

PRIVILEGES

- The **unearned advantages, benefits, and power that individuals enjoy based on their membership in certain social groups**, such as race, gender, class, sexuality, religion, and ability.
- On an individual level, it manifests as the advantages and opportunities that come with belonging to a dominant group. On a systemic level, it manifests through the perpetuation of unequal power dynamics and institutional structures.
- Recognizing and acknowledging one's privilege is an important step toward promoting equality and social justice.
- **You can use your privilege to advocate for marginalized groups**, to amplify their voices, and to challenge the status quo.

INCLUSIVE COMMUNICATION



THE POWER OF LANGUAGE

- Language plays a **significant role in shaping our perceptions, attitudes, and experiences.**
- The words we use can either **reinforce stereotypes and exclusion or promote inclusivity and respect.**
- When it comes to discussing LGBTQIA+ topics, using **inclusive language is crucial to create a welcoming environment.**

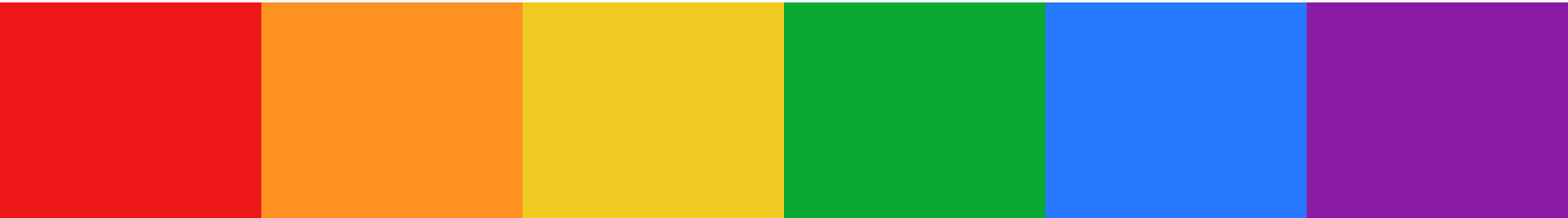
COMMUNICATION WITH LGBTQIA+ PEOPLE

- **Respect Pronouns/chosen name:** Gender identity is personal and diverse. Respect individuals' pronouns and chosen name by using the correct ones they identify with. Avoid making assumptions about someone's pronouns and gender, and be open to asking.
- **Avoid Assumptions and Stereotypes:** Avoid assuming someone's sexual orientation or gender identity based on appearance or assumptions. Treat each person as an individual with their unique experiences and identities. E.g. What can I call you? Could you tell me your pronouns?
- **Use Inclusive Terminology:** Familiarize yourself with inclusive language and terminology related to LGBTIQ+ identities.
- **Use gender-neutral language:** E.g. instead of girlfriend/boyfriend → partner

RESPECTFUL COMMUNICATION PRACTICES

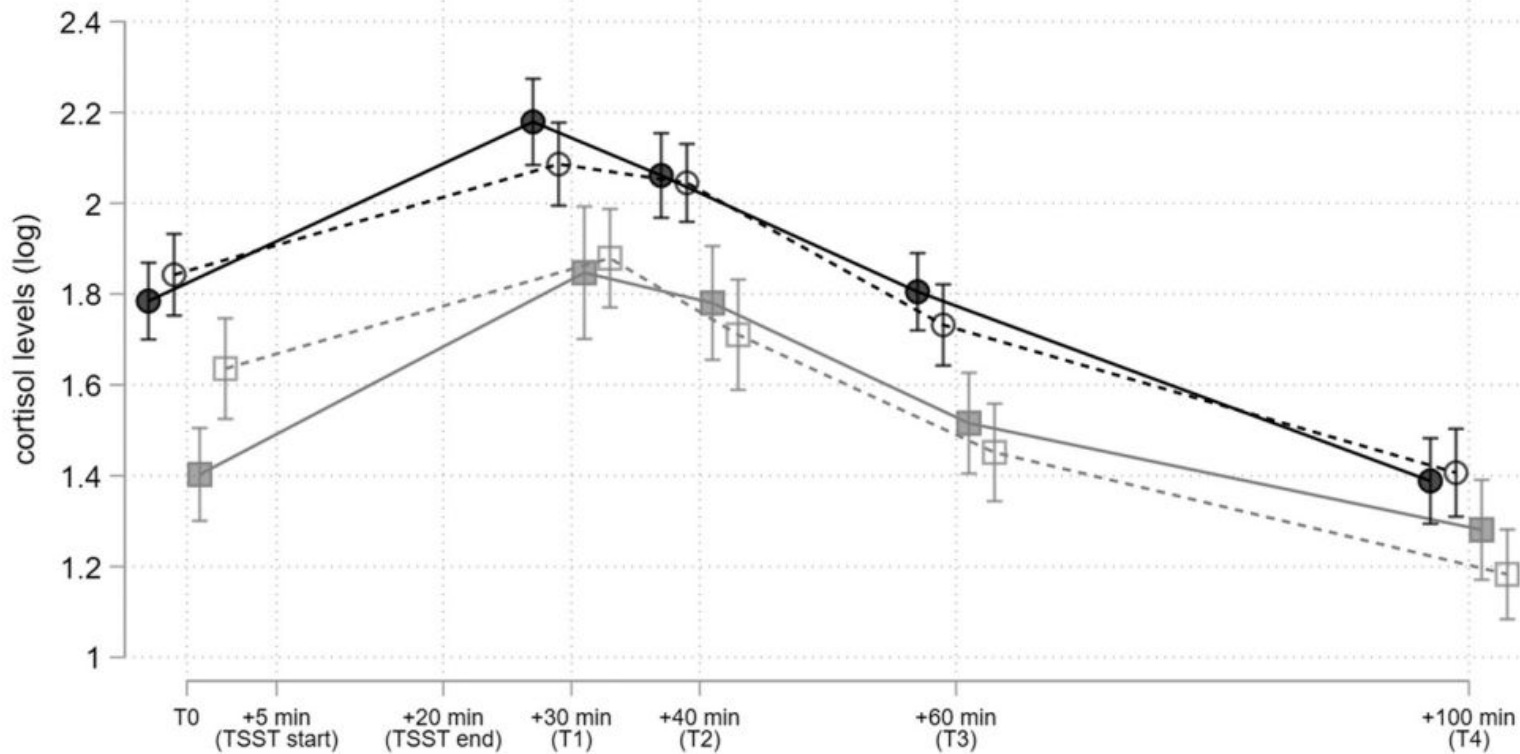
- **Avoid Invasive, Offensive Questions, or Unnecessary:** Hetero- and cisnormative assumptions and being unfamiliar with LGBTIQ+ people's identities and experiences often lead to unnecessary or invasive questions (e.g. questioning the „cause“ or validity of the person's identity or asking a trans person's dead name).
- **Apologize and Learn:** If you make a mistake or use inappropriate language, apologize sincerely and take it as an opportunity to learn and grow. Be open to feedback and use it to improve your understanding and communication skills. As a mental health service provider it is important to not burden clients with asking them to educate us - research the topic and let them know that you are doing your best to learn about it.

MINORITY STRESS, MICROAGGRESSION, AND AFFIRMATIVE CARE



MINORITY STRESS

- Having to face stigma, prejudice, and discrimination on an everyday basis creates a chronic stressful environment.
- This is called **minority stress**, a **chronic level of stress caused by prejudice, discrimination, lack of social support, and other factors that minority individuals experience.**
- Minority stress is associated with **lower self-esteem, insecurity, negative mental (e.g. depression, anxiety), and physical health outcomes (e.g. high blood pressure)**



timing of saliva samples collection

- gay day 1
- gay day 2
- heterosexual day 1
- heterosexual day 2

Mijas et al., 2021



MICROAGGRESSION

- Microaggression is a verbal or behavioural act (intentional or unintentional) that **communicates resentment, malice, negative feelings towards members of marginalised, minority groups.**
- Types:
 - microassault: assault, name-calling, avoidance, discrimination towards minority members
 - microinsult: a hurtful, derogatory remark or stereotype reinforcing comment, often communicated as a compliment
 - microinvalidation: negative comments or derogatory remarks invalidating or trivialising the negative experiences of a minority group

AFFIRMATIVE APPROACH

- ... is not a psychotherapeutic method in itself, but rather **the therapist's frame of mind and specific knowledge that allows for the creation of a safe therapeutic space where the homophobia of the social milieu (and not homosexuality itself) is seen as harmful to mental health** (Malyon, 1985; Davies, 1998).
- By affirmative therapy, we mean **therapy that is culturally relevant and responsive to the diverse identities and communities of LGBTQ clients, addresses the impact of social inequalities on LGBTQ people, promotes autonomy, enhances resilience, coping and community building, and challenges systemic barriers to its achievement**, to promote mental, physical and sexual self-actualisation, building on the client' strengths (O'Shaughnessy & Speir, 2018).

AFFIRMATIVE COMMUNICATION WITH LGBTIQ+ CLIENTS

Active overriding of microaggressions is a prerequisite for appropriate rapport → microaffirmations (Anzani et al., 2019)

Lack of microaggressions

Override own cis- and heteronormative operations
(e.g. encouragement)

Recognition and awareness of the existence of cis and heteronormativity (e.g. name usage, acknowledgement of difficulties)

Identifying the client's authentic gender identity and orientation

PASSIVE

ACTIVE



AFFIRMATIVE COMMUNICATION

Messages that disturb good rapport

- expression of hetero- and cisnormative prejudice
- highlighting and warning about the dangers of LGBTQIA identity
- over-identification with LGBTQIA clients
- assuming that the client's LGBTQIA identity is behind their hardships
- avoidance, minimisation OR overemphasis of LGBTQIA issues
- assuming that there is some trauma behind the development of LGBTQIA identity

AFFIRMATIVE COMMUNICATION

Messages building a good rapport

- explicit acceptance (client's sensitivity to rejection, anticipated rejection)
- affirming phrases, positive framing of LGBTQIA identity, behaviour, fantasies
- emphasis on opportunities rather than threats
- recognition and acknowledgement of systemic oppression faced by LGBTQIA clients, empathy
- knowledge of LGBTQIA issues: no need to be an expert, but lack of knowledge of basic terms can suggest blindness to LGBTQI people and their experiences

Questions, discussing experiences, cases

**Thank you for your
attention!**

