

A decorative vertical bar on the left side of the slide, consisting of several thin, parallel vertical lines in shades of gray. To the right of these lines are several dark blue circles of varying sizes, arranged in a descending staircase pattern from top to bottom.

PROVIDING CARE FOR LGBTQ VETERANS

Presented by: Jessica Homan, MSW, LISW

This presenter has no actual or potential conflict of interest in relation to this program or presentation



OBJECTIVES

- To know the difference between gender identity, gender expression, biological sex, and sexual orientation.
- To become more familiar with LGBT health disparities
- To gain a better understanding of the LGBT veteran experience, including policies that may have impacted their service.
- To increase tools for assessment regarding LGBT individuals, veterans, and LGBT veterans.



WHO AM I?

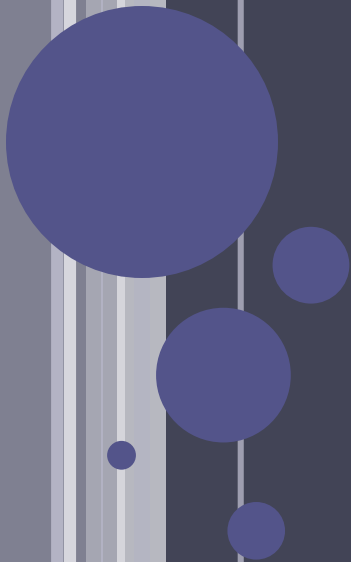


LGBT CARE COORDINATOR

- What does the LGBT Care Coordinator do?
 - Outreach
 - Patient and Staff education
 - Receives LGBT consult
 - Cognitive Processing Therapy
 - Case management and supportive therapy
 - Assists with discharge status upgrades
 - Addresses any LGBT specific patient issues
 - Healthcare Equality Index
 - Pride and LGBT VA events
 - Transgender SCAN-ECHO Program
 - The role is evolving!



LANGUAGE AND CONCEPTS



WHAT IS THE RIGHT THING TO SAY?

- Many providers avoid LGBT issues because they are afraid to offend the patient or are unsure of what to say.
- Becoming familiar with common LGBT terminology can help providers be more comfortable with having conversations with clients about their LGBT identity.



LGBT

○ Lesbian

- A female who is attracted to other females

○ Gay

- A male who is attracted to other males. This can also describe the general sexual minority community as an umbrella term (For example, a lesbian may describe herself as gay).

○ Bisexual

- An individual who is attracted to both males and females

○ Transgender

- An individual whose gender identity differs from that associated with their sex assigned at birth



MORE LETTERS, MORE IDENTITIES!

- LGBTQQIAP2: Lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, pansexual, 2-spirit.
- Language and identities are changing frequently. The best way to know how someone identifies is to ask!
- Always reflect the language the patient uses



GENDER IDENTITY VS SEXUAL ORIENTATION

○ Gender Identity

- This refers to someone's internal sense of gender. This does not necessarily match someone's sex.

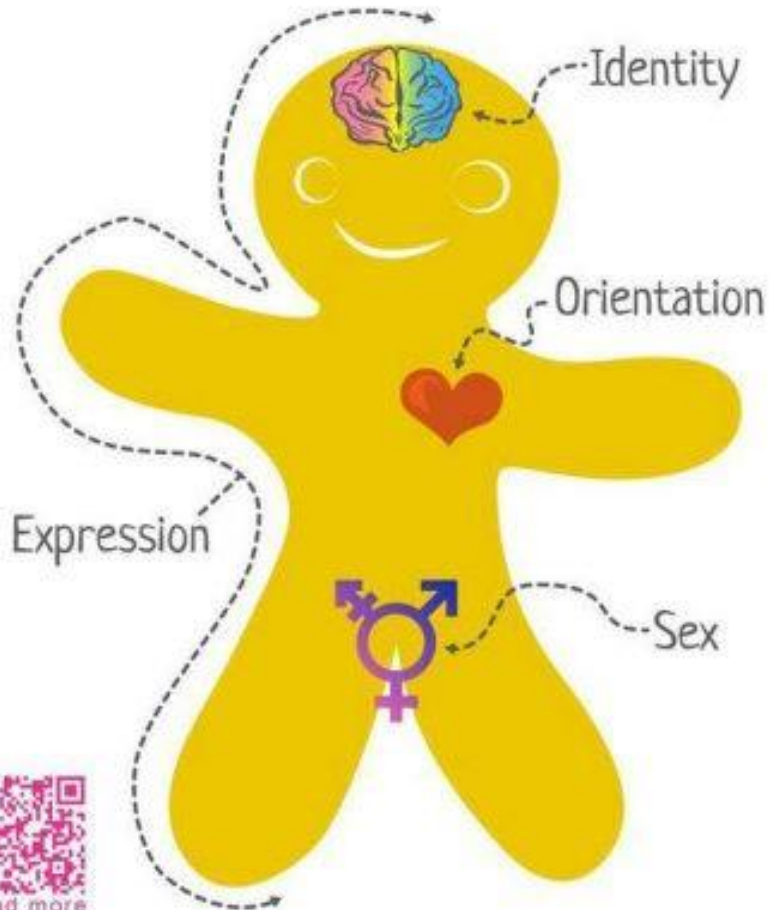
○ Sexual Orientation

- This is how someone identifies regarding who they are attracted to



The Genderbread Person

by www.ItsPronouncedMetrosexual.com



Gender Identity

Woman Genderqueer Man

Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.

Gender Expression

Feminine Androgynous Masculine

Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.

Biological Sex

Female Intersex Male

Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.

Sexual Orientation

Heterosexual Bisexual Homosexual

Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.



WE CAN'T TELL JUST BY LOOKING AT SOMEONE!



TERMS TO AVOID

- Here are some terms to avoid, unless otherwise indicated by the patient...
- Homosexual
 - This term has fallen out of favor by many because of its history pathologizing the community.
- Transvestite or Transsexual
 - The term transgender is best to fall back on
- Transgendered
 - Not all transgender folks are bothered by this, but it is best to avoid because it implies their experience is something happening to them, rather than their identity.
- Hermaphrodite
 - Outdated term – Now we use intersex
- Sexual Preference
 - This implies the person has a choice regarding who they are attracted to. Sexual orientation is most appropriate.



The left side of the slide features a series of vertical stripes in various shades of blue and grey. To the right of these stripes are several overlapping circles of different sizes, also in shades of blue, creating a decorative graphic element.

LGBTQ HEALTH DISPARITIES

HEALTH DISPARITIES

- Bisexual and lesbian women are less likely to get preventative services for cancer
- The LGBT population has the highest rates of tobacco, alcohol, and drug use (think minority stress!)
- Elderly LGBT individuals face additional barriers. They may have health problems that reflect many years of inadequate care, preventative screenings, and other needed services.
- Men who have sex with men still account for more than 60% of new HIV infections



MENTAL HEALTH, TRAUMA, AND SUICIDE

- Transgender individuals have high prevalence of victimization and suicide
- LGB people have 2x high rates of depression and higher rates of anxiety than straight counterparts
- Public health surveys have linked discrimination and hostile treatment based on sexual orientation to increased risk of substance abuse and mental disorders



- LGBT individuals and veterans are both at higher risk for suicide than the general population, which puts LGBT veterans at an even greater risk
 - Part of the explanation for elevated rates of suicide attempts and mental disorders found in LGB people is the social stigma, prejudice, and discrimination associated with minority sexual orientation
- VHA reports transgender patients have a risk for suicide events 20x the general VA veteran population
- Intersectionality
 - Higher rates of attempts among MSM with lower SES
 - LGB Black, Latino, and Asian-American have higher suicide rates



SUICIDE RISK FACTORS

Chronic

- Depression
- Alcohol and Drug Abuse
- Psychosis
- Instability
- Corrosive Self Image
- Isolation
 - Lacks social support, alienated from family
- Financial Problems
 - Lacks an income/job, debt
- Insufficient coping skills
- Chronic medical problems

Acute

- Interpersonal loss
- Critical life events
- Hostile interpersonal environment
 - At odds with others, feels misunderstood
- Increased agitation/tension
 - Panicky, intense guilt/shame, highly stressed
- Pervasive feelings of hopelessness/helplessness
- Apathy
 - Sees no meaning of life, given up



The left side of the slide features a series of vertical stripes in various shades of gray and blue, ranging from light to dark. Below these stripes, there are several overlapping circles in a dark blue color, of varying sizes, creating a modern, abstract design.

HOW DOES THIS IMPACT VETERANS?

POPULATION

- While we don't know exactly how many LGBT Veterans there are, estimates suggest there are more than 1 million.
- There are high rates of Veterans amongst the LGBT population. A recent survey showed that transgender people are twice as likely to be veterans or active services members. Another study showed that lesbian or bisexual women were twice as likely to serve as heterosexual women.



DON'T ASK, DON'T TELL (DADT)

- DADT was instituted in 1994 and was repealed in 2011
- It stated that LGB individuals could serve in the military... as long as they didn't tell anyone they were LGB
- This was not the first policy regarding LGBT people in the military.
- Homosexual activity had been grounds for discharge from the military since the revolutionary war



TRANSGENDER BAN LIFTED

- DADT did not include policy for transgender individuals.
- Until 2016, transgender people could still be discharged from the military for being trans
- Military branches are still coming up with policies to address this and how to best serve our transgender military members

-But now????



One Veteran's Story



LGBT VETERAN EXPERIENCE

- DADT and previous rules and regulations
 - Hiding
 - Fear
 - Mistrust
 - Threats
 - Losing a career
 - Losing brothers and sisters
 - Discharge Status
 - Shame, loss of honor/respect, job opportunity, benefits, outing
- MST
- Higher rates of trauma outside of the military



SHAME

- Brené Brown defines shame as “as the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging – something we've experienced, done, or failed to do makes us unworthy of connection”
- Shame is something found in the LGBT community often, depending on upbringing, social support, religious beliefs, etc
- Hiding one's identity in the military has added additional layers to this



WHAT IS THE VA DOING?

○ Nationally

- Transgender Non-discrimination policy
- No Fear EEO Policy
- LGBT VCCs appointed at each main VA facility

○ Locally (Columbus)

- PrEP
- Education
- Outreach, Pride, Health Fair
- LGBT Champions
- Collaboration with other organizations (Stonewall, BRAVO, Equitas Health)



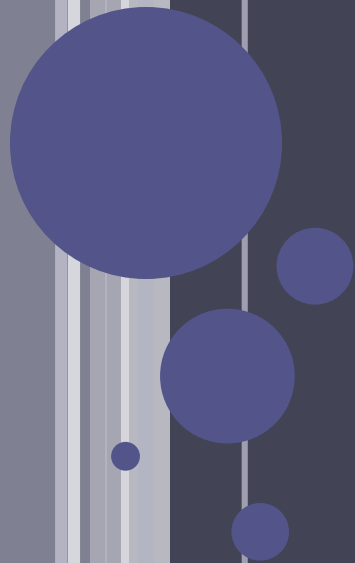
The left side of the slide features a series of vertical stripes in various shades of gray and blue, ranging from light to dark. Below these stripes, there are several overlapping circles of different sizes, all in a dark blue color, arranged in a roughly vertical line that tapers towards the bottom.

WHAT CAN YOU DO?

- Non-judgmental
- Assessment skills
 - open-ended questions
 - Reflect back language patient uses
 - Ask about sexual orientation and gender identity!
- Visuals in office space
- Help link folks with community resources/support
- Be an advocated for appropriate policies where you work
- Stay informed



WHAT TO TAKE AWAY



SOME RESOURCES

- Wpath: wpath.org
- Human Rights Campaign
 - HEI
- SAMSA



MY CONTACT INFORMATION

- Jessica Homan, MSW, LISW
 - Jessica.homan@va.gov
 - Office phone: 614-388-7238



QUESTIONS?

