Creating Safety: Welcoming Approaches for LGBTQ Clients

Seeking Safety[1]

For LGBTQ clients, "safety" is more than freedom from physical harm. Often, a first visit serves as an opportunity for the LGBTQ client to establish whether they will feel safe enough with the organization and providers to return, engage, and get the help they are seeking.

People from a **dominant** cultural lens tend to assume that if they were in need, they would have an automatic right to help.

Persons conditioned to hold a **subdominant** cultural lens may not have experienced agencies as helpful in the past. They may not believe that help is available or may not seek it out1.

LGBTQ safety includes:

Feeling comfortable to be myself

Confidence my truth will be believed

Not having to fear homophobic responses and attitudes from service providers[1]

LGBTQ Community Concept: Service Providers[1,2]

Agency assurances that services are "for Everyone" may not mean much to a LGBTQ person.

- LGBTQ people tend to assume service providers will be unwelcoming or hostile until proven otherwise.
- LGBTQ people often believe services do not include their concerns unless explicitly targeted toward them.
- These wary attitudes are appropriate; they are developed and reinforced by poor care experiences many LGBTQ people have endured in the past and continue to encounter.
- LGBTQ people historically have been offered "help" to become "normal" and may automatically be suspicious of help from any institutional representative.
- LGBTQ People of Color, Elders, poor and working class individuals, immigrants, those with disabilities, and others living in more than one culturally marginalized identity may experience multiplied mistrust of institutions.

Service Providers May Be Regarded As Gatekeepers[2]

- LGBTQ clients are often very savvy about what resources they need
- Service providers are unevenly knowledgeable and helpful
- Official approval or referral may be needed to access some services, such as gender affirming surgery
- Service providers are authorities with the power to block requests, report illegal activity, out the client to their family, can cause devastating events
- LGBTQ clients often regard providers as a barrier to getting their needs met rather than a facilitator
- Clients may be perceived as "hostile", "manipulative", or "non-compliant" when they advocate strongly to get what they need

1 YWCA's Battered Women's Shelter and Rape Crisis & Abuse Center. (2021, August). Lgbt Intimate Partner Violence. Slideplayer

2 Wesley, C., VanManaoat , C., & Mossburg, S. (2023, February). *Patient safety concerns and the LGBTQ+ population*. Patient Safety Network.

3 Roper, D., Sanders, M., Weeldreyer, T., Mason, N., Fleming, D., & Bolton, K. (2021, May). Welcoming transgender and gender non-conforming clients into ... – NAADAC

4 Fenway Health. (2016, March). *Understanding the health needs of LGBT people*. NATIONAL LGBT HEALTH EDUCATION CENTER.

LGBTQ Culturally-Responsive Treatment Stategies [3,4]

- Foster a positive and affirming environment that acknowledges LGBTQ identities and realities
- Affirm and include "families of choice"
- Integrate sexual concerns into treatment with a sex-positive lens
- Mirror the client's language about their identities and relationships
- Allow multiple opportunities to self-identify on forms, intake interviews, groups, pronoun buttons
- Environmental welcome cues: posters and pamphlets featuring LGBTQ people, community newspapers, Pride flags
- Informed and mindful language about LGBTQ identities, sexual activities, and relationships
- Misgendering or outdated and inappropriate comments from other clients or staff are consistently corrected.
- Appropriate gender and demographic questions on forms

- Electronic Medical Record fields for chosen names and pronouns
- Gender-neutral or single stall bathrooms
- Visible anti-discrimination statement
- Staff models sharing pronouns
- Multiple opportunities to self-identify, without pressure to disclose
- Thoughtful, up-to-date, and vetted referrals lists
- Recognition of LGBTQ-focused awareness days and special observances (National Coming Out Day, PRIDE Month, World AIDS Day)
- Consistently correct outdated or inappropriate comments from staff
- Hire LGBTQ staff and peer counselors
- Conduct regular organizational and personal self-assessments
- Ongoing LGBTQ professional development training

Scanning For Safety[2]

LGBTQ people are continually assessing the safety of their environment. These could be signals that communicate danger and trigger the client to withdraw the agency or from treatment altogether.

Signage and patient education materials do not include LGBTQ images	No indication the organization has ever heard of LGBTQ people, etiquette, values, or needs	2-box gender question on forms ☐ M ☐ F ☐ ??
Awkward greeting, double take, stumbling over "LGBTQ	Using the wrong pronouns casually, no acknowledgement or apology	Outdated or triggering language
No visible LGBTQ staff, no way for non-LGBTQ staff to indicate allyship	Religious materials*, including at personal stations5	Indicators of political orientation

* A Word for People of Faith[5,6]:

Many faith traditions are LGBTQ-affirming, and there may be many LGBTQ clients who will welcome spiritual support. However, LGBTQ communities have experienced a long history of condemnation, shame, and pressure to change or repress their nature, and religious symbols may be read as a warning signal even among LGBTQ clients who are people of faith themselves. So many community members are living with the impacts of "church trauma"[5] that it is best not to confront them with religious symbols until you get to know their personal faith needs.