

LGBTQ-Affirming Prevention Messaging: Safety, Engagement, and Retention Strategies

SEEKING SAFETY

For lesbian, gay, bisexual, transgender, and queer (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 get the help they are seeking.

Safety includes:

- Feeling comfortable to be myself
- Knowing my truth will be believed
- Not having to fear homophobic responses and attitudes from service providers¹

ORGANIZATIONAL CLIMATE MAY IMPACT LGBTQ CLIENT OUTCOMES²:

Where is your organization on this chart?
What about the agencies you refer to?



AGENCY ATTITUDES ABOUT LGBTQ CARE

WHAT MAKES IT HARD FOR LGBTQ PEOPLE TO TRUST HEALTHCARE PROVIDERS³?

- LGBTQ people tend to assume service providers will be unwelcoming or hostile until proven otherwise.
- Service providers are unevenly knowledgeable and helpful. Some providers are homophobic.
- LGBTQ people may not believe that affirming care is available and may not seek help when needed.
- Providers may be regarded as gatekeepers; a special approval or referral may be needed to access gender affirming care. LGBTQ clients often regard providers as a barrier to getting their needs met rather than a facilitator.
- Even when friendly, culturally competent services are available, many LGBTQ people strongly avoid visiting the office. Some may need several months to set up an appointment, then may reschedule or no show repeatedly.
- LGBTQ people historically have been offered “help” to become “normal”, so they may automatically be suspicious of “help” from any institutional representative.
- Many LGBTQ people have been involuntarily hospitalized due to mental health disturbances or expressing suicidal thoughts, which instills a hostile relationship with helping institutions⁴.
- “Homosexuality” was an official mental illness diagnoses until 1973. Under that label [many LGBTQ people were tortured](#) with shock treatments, surgically castrated, or permanently disabled through “ice pick” lobotomies⁵.
- Clients may be perceived as “hostile”, “manipulative”, or “non-compliant” when they advocate strongly to get what they need.

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Central East (HHS Region 3)

PTTC

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

2 Meyer I. H. (2016). [Does an improved social environment for sexual and gender minorities have implications for a new minority stress research agenda?](#) *Psychology of sexualities review*, 7(1), 81–90.

3 Durso, L., & Singh, S. (2023, March 22). [Widespread discrimination continues to shape LGBT people's lives in both subtle and significant ways](#). Center for American Progress.

4 The Elysian Collective. (2019, August 13). [Why involuntary hospitalization cannot be the solution to violence](#). Medium.

5 Kaye, H. (2023, April 25). [The dark history of gay men, Lobotomies and Walter Jackson Freeman II](#). Attitude.

WHAT IF I MESS UP⁶?

The terms LGBTQ people and communities use to describe their identities are wonderfully creative – and the most appropriate and welcoming language can evolve very quickly. Some service providers are so concerned they will say the wrong thing that they avoid serving LGBTQ clients altogether. Everyone makes mistakes! How can a misstep be repaired?

- Apologize – warm, sincere, brief. Move on.
- Most people will give you grace for an honest mistake, but they do not owe it to you.
- Stay focused. It's not as essential to use perfect language as it is to listen to the client's concerns and care about them.
- **All Allies mess up. How well you recover is the key.**
- Find your bias before the client does.
- If you're not sure what the mistake was, consult with others to figure it out.
- Authentic feedback from marginalized people is a gift.

Clients from all marginalized communities who frequently face discrimination may engage cautiously with a new agency or provider. It is common for sexual and gender minority individuals to scan the environment for safety cues at an initial encounter. What are they looking for?

SAFETY INDICATORS⁷ :

- Environmental welcome cues present in waiting areas, exam rooms, and websites: 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 Health Record (EHR) 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
- Including Families of Choice in treatment
- 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)
- Openly LGBTQ and gender-diverse staff members who seem valued and comfortable with colleagues

SEEKING HELP IN COMMUNITY

- LGBTQ people are much more likely to see a provider who has been recommended by a friend.
- Formal and informal LGBTQ networks are frequently consulted when seeking a safe and competent place to receive services.
- When humiliating, dismissive, or abusive care experiences happen, the story quickly spreads as the community activates to protect others from harm.
- Cultivating and maintaining a positive reputation is a key element of building client confidence in a provider.
- Some LGBTQ people may be more comfortable seeing an unlicensed underground practitioner who is part of the community rather than a trained medical clinician⁸.



6 Lambert, C. (2020, March 24). [Making mistakes when serving gender diverse patients and recovering \[webinar\]](#).

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

8 Hubbard, T. (2022, September 19). [What is a transgender pumping party](#). Trans News.