CHAPTER 6

That Is So Queer: Building a Foundation for Working With African American Lesbian, Gay, and Transgender Individuals in the Community[1,2,3]

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In "I Am Your Sister: Black Women Organizing Across Sexualities," Audre Lorde (2009) wrote, "When I weaned my daughter in 1963 to go to Washington in August to work in the coffee tents along with Lena Horne, making coffee for the marshals because that was what most Black women did in the 1963 March on Washington, I was a Black Lesbian.…When I picketed for welfare mothers' rights, and against the enforced sterilization of young Black girls, when I fought institutionalized racism in the New York City schools, I was a Black Lesbian. But you did not know it because we did not identify ourselves, so now you can say that Black Lesbians and Gay men have nothing to do with the struggles of the Black Nation. And I am not alone." Lorde ends the essay declaring that she does not want to be tolerated. She wants to be recognized. Black gay, lesbian, and transgender (BGLT) individuals have played an important role in United States and Black American history, though these histories are by no means separate, despite facing complex systems of inequality and discrimination. Bruce Nugent, a luminary of the Harlem Renaissance, wrote about same-gender desire as early as 1926 in the short story, *Smoke, Lilies, and Jade*. In the 1928 song *Prove It on Me Blues*, Ma Rainey sang about her same-sex relationships, crooning, "*Went out last night with a crowd of my friends. They must've been women, 'cause I don't like no men.*" Activist Bayard Rustin, an influential civil rights adviser, fought for racial equality despite the antigay criticisms of many of his contemporaries and his arrest for "homosexual acts." When the

1969 riot at the Stonewall Inn galvanized the modern gay liberation movement, several gay, lesbian, and transgender (GLT) people of color, including African American transgender activist Marsha P. Johnson, were on the front lines. It is no wonder, then, that in 1970, Black Panther cofounder Huey P. Newton highlighted the revolutionary potential of Black homosexual men and women and condemned the party's use of homophobic slurs. Indeed, many of the most influential voices for justice across racial, economic, sexual orientation, and gender lines have been those of BGLT artists, activists, and warriors, such as James Baldwin, Angela Davis, Alvin Ailey, Alice Walker, Lavern Cox, and Janet Mock.

Although attitudes are changing with support for same-sex relationships increasing from 43% to 64% between 1977 and 2014 (Gallop, 2014), legal recognition of same-sex unions in several states, and marginal improvements at the federal level, social workers must question the ingrained assumptions regarding "normal" and "pathological" identity that persist and inform their daily work. For example, although homosexuality and transgender identities are no longer psychiatric disorders, the diagnosis of gender dysphoria remains in the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (*DSM-5*; American Psychiatric Association, 2013). Although this diagnosis was developed to help ensure individuals would not be denied access to medical care, such a compromise nevertheless frames the individual as the "problem" and leaves unaddressed the structural, political, and economic factors that impact the experiences of BGLT people in ways that social workers and other providers have not readily trained to identify and intervene. For instance, the multiple jeopardy–advantage (MJA) hypothesis (Jeffries & Ransford, 1980; Ransford & Miller, 1983) posited that the intersection of various social status positions, such as class, sexual orientation, race, gender identity, and disability, may result in risk and resilience. For instance, the intersection of two high-status positions such as male and heterosexual may result in substantial advantages, whereas, two or more low-status positions (e.g., lesbian and disabled) may expose the individual to disadvantages as well as psychological distress associated with exposure to discrimination due to those statuses. Thus, we may encounter LGT youth who have been rejected by their families and who contemplate and attempt suicide at rates much higher than their heterosexual counterparts (Russell & Joyner, 2001). Hence, potential future gains in marriage benefits—such as tax incentives, pensions, social security and inheritances, the right to visit loved ones in hospitals, and to make decisions for partners who are incapacitated—are fragile and must be seen within the context of discriminatory efforts to contain civil rights advances.

Discrimination faced by BGLT individuals is complex and may be based on their sexual orientation, age, gender, gender presentation, or race—or all of these—so that the cumulative effects of multiple forms of discrimination impact levels of distress and the capacity to function (Huebner, Rebchook, & Kegeles, 2004; Williams, Neighbors, & Jackson, 2003). Racial discrimination within the larger GLT community, for example, may contribute to psychological distress among GLT people of color (Van Sluytman, 2015). Because racial discrimination occurs within society at large as well as within the GLT community (Boykin, 1996; Harper, 1992; Herek & Capitanio, 1995; Riggs,

1991) and because discrimination due to sexual orientation and gender identity occur both broadly and within Black communities (Pettiway, 1996; Poussaint, 1990; Roberts, 1986), BGLT individuals contend with compounded stress related to identity stigma.

To reduce the phenomenon of hiding in plain sight and to improve the capacity of social workers to create contexts that will reduce the stigma and discrimination BGLT individuals face, after a brief discussion of practice competencies, this chapter gives voice to their experiences and recognizes their contribution to and enrichment of the urban social landscape. In each section, our aim is to synthesize relevant information on population size, identity formation, key stressors, and resiliencies within the population. Adhering to a biopsychosocial or person-in-environment perspective, we give special attention to BGLT youth and elders, as the developmental stress associated with these periods increases their potential involvement in the formal systems in which social workers practice. Further, case studies are used to expose the reader to clinical, evaluation, advocacy, and research practices with BGLT populations.

RELEVANT CORE COMPETENCIES (EDUCATIONAL POLICY AND ACCREDITATION STANDARDS)

Although the Educational Policy and Accreditation Standards (EPAS) promulgated by the Committee for Social Work Education (CSWE, 2013) require the development of core competencies through awareness and practice, we recognize that not all students will serve the members of the BGLT population during their field experience. The chapter provides an overview of the challenges and strengths within these communities to raise awareness and promote a professional understanding of the responsibility to provide services in ways that support the dignity and worth all people, especially those who are marginalized (Competency 1—Ethical and Professional Behavior). The chapter encourages engagement in critical thinking and reflexive practice by using an intersectional lens to examine how combinations of age, class, culture, disability, ethnicity, gender, gender identity and expression, race, sex, and sexual orientation inform identity and shape experience (Competency 2—Diversity and Difference). To advance the profession's quest for human rights and social and economic justice, we discuss the communities' needs within the context of macro- and micro-forms of oppression and mechanisms of discrimination (Competency 3—Social Justice and Human Rights), including how policies are implemented (Competency 4—Policy Practice) and the need to translate research into practice (Competency 5). Case studies are used to highlight practice as ongoing dynamic processes of engagement, assessment, intervention, and evaluation (Competency 6, 7, 8, and 9, respectively) that considers changes in environments (macro- and meso-levels), populations (older members), and emerging societal contexts (histories of disease).

The authors of this chapter developed case studies designed to elucidate the core practice of social work, advocacy, and policy (*GLT Youth Case study*), evaluation (*Black Gay Male Case study*), and individual practice (*Transgender Population Case study*). They are designed to increase the students' exposure to a variety of experiences and to

increase capacity to adjust to practice with members of the lesbian, gay, bisexual, and transgender (LGBT) community. The case studies represent consumer and worker experiences that may occur within the work environment. They are intended for use by the instructor to increase students' skills in the following areas:

- Interpreting critically
- Identifying assumptions
- Assessing and decision making
- Communicating ideas and defending decisions.

Most significantly they are intended to encourage analysis, discussion, and recommendations, as a class, in small groups, or as individual projects.

IN THE LIFE: BLACK GAY AND LESBIAN LIVES

Discussing Black gay and lesbian sexual orientation is complicated by the history of stereotyping of Black sexualities in the United States. Black men's masculinity has been characterized paradoxically: On the one hand, they are described as less than manly, dependent, and incapable of protecting their families, and on the other, as hypermasculine, sexually insatiable, and predatory (Cooper, 2005). Similarly, scholars have argued that Black women's femininity has been measured by their capacity to appropriately perform the roles of family and sexuality, even though many of these family functions have been denied to Black women because of historic race-based state sanctions (Collins, 2000). For "failing" to perform these tropes of femininity, Black women have stereotypically been viewed as promiscuous and aggressive (Freydberg, 1995; Hancock, 2004; Roberts, 1997). Hence, Black women and men, regardless of sexual orientation, gender identity, or gender expression, are caught in a Catch-22, with limited and polarizing demands on their sexuality. Understanding stereotypes of Black sexuality may therefore be paramount in understanding views on same-sex desire, relationships, and unions in Black communities. Indeed, research has found that members of Black communities were the least tolerant of the GLT community (Ohlander, Batalova, & Treas, 2005) and were more likely to voice homophobic viewpoints than non-Black Americans (Newman, Dannenfelser, & Benishek, 2002), in part due to religious conservatism within the Black Church (Staples, 1990; Ward, 2005). These findings may speak to the overall tensions surrounding sexuality and gender in Black communities that give rise to greater expressions of homophobia. That is, historic White supremacy and patriarchy likely have a lot to do with the contemporary homophobia that Black gays and lesbians face in their racial–ethnic communities.

Many Black gays and lesbians often live within communities that share their racial–ethnic identities, but coming or being "out" is not necessarily the norm. Although revealing one's sexual orientation may result in greater intimacy within some families, enhancing the development of social networks and access to resources (Van Sluytman,

Braine, Acker, Friedman, & Des Jarlais, 2013), this same act of self-disclosure may be seen as an act of racial betrayal by assigning greater salience to one's gender identity and/or sexual orientation than one's racial identity (Blackman & Perry, 1990). In such cases, disclosure may result in alienation or expulsion from places of residence and employment. Fear of such rejection can result in concealment of sexual orientation from family and kinship networks, thereby depriving the individual of validation and protection from abuse, victimization, and poverty. Similarly, silence, secrecy, and early experiences of discrimination contribute to avoidance of seeking health care (Hiestand, Horne, & Levitt, 2007; Levitt & Horne, 2002; O'Hanlan, Cabaj, Schatz, Lock, & Nemrow, 1997; Szymanski, 2006; Tracy, Lydecker, & Ireland, 2010) as well as engaging in high-risk behaviors that can result in psychological distress and aid the spread of sexually transmitted infections (Van Sluytman et al., 2014).

Stigma and Risk Health/Mental Health

The minority stress model (Meyer, 2003) asserts that stress resulting in morbidity is associated with repeated experiences of oppression by dominant factions of the society. Further, discrimination and stigma associated with sexual orientation from both their communities of origin and the society at large may result in victimization; microaggressions in education, employment, and housing; and verbal and physical abuse for Black gays and lesbians. Although intimate partner violence has begun to receive some attention (Balsam & Szymanski, 2005; Balsam, Rothblum, & Beauchaine, 2005; Duke & Davidson, 2009; Hassouneh & Glass, 2008), very little research examines its occurrence within Black same-sex relationships. Those who experience violence due to their sexual orientation or by intimate partners may resist reporting the incidence as they fear a lack of sensitivity by police authorities, which reinforces shame and underreporting (Anderson, 2005).

Traditional health literature has grouped LGBT people, ignoring the differing health needs of each group, whereas the health disparities literature has only recently begun to examine gender-based differences beyond inequalities that are so extreme as to be endemic. Such is the case with HIV/AIDS, which continues to represent a significant source of distress for Black communities. Well into the fourth decade of the fight against HIV/AIDS, Black gay men disproportionately comprise newly diagnosed cases of HIV infections (Centers for Disease Control and Prevention [CDC], 2015). Although the reasons for this are part of a vigorous debate, HIV/AIDS, as with other disparities, must be viewed environmentally and as a product of multiple social forces—poverty, discrimination, and stigma among others—that may lead Black gay men to engage in high-risk behavior or avoid testing (The World Health Organization [WHO], 2011).

Black lesbians are underrepresented populations in current research on health disparities. For example, smoking, obesity, and poverty are more prevalent among Black lesbians than in non-Black populations, placing these women at risk for various health

concerns such as cancer and sepsis (Cawthorn, 2008; Lantz, Weigers, & House, 1997). For all Black women, education and discrimination can act as barriers to routine health screening (Mouton et al., 2010) supporting contemporary researchers' contention that cancers (cervical and uterine corpus cancer) are an overlooked health disparity impacting Black lesbians (Brown & Tracy, 2008). Lesbians also report greater anxiety, anger, depressive symptoms, self-injury, and suicidal ideation and attempts (Hughes, McCabe, Wilsnack, West, & Boyd, 2010) and social and behavioral risk factors for a number of diseases than heterosexual women.

Resilience

Despite risk factors, all humans have the capacity for resilience, a pattern of behaviors, competencies, and cultural capacities that can be deployed during times of adversity (Fredriksen-Goldsen, 2007). Lorde (1984), hooks (1984, 1992), and Hall and Fine (2005) each asserted the concept of positive marginality—wisdom is garnered through observing the margins. Such observations inaugurate the capacity to contextualize the marginality, power, status, and resistance. Resilience is dynamic: A resilience approach emphasizes the life experiences of Black lesbians and gay men and places their mental and physical health behaviors and outcomes within the context of adversity and competency (Yates & Masten, 2004). Examples include the positive effects of education and the experience of fewer incidences of discrimination on Black women's likelihood to obtain Pap tests and colonoscopies (Mays, Yancey, Cochran, Weber, & Fielding, 2002). In addition, extensive social supports and networks may help individuals to better cope with adverse conditions (Ajrouch, Reisine, Lim, Sohn, & Ismail, 2010).

Furthermore, one's presentation of self may differ at times under various conditions to achieve desired outcomes or avoid undesired consequences. Employing a strategy known as double consciousness (Du Bois, 1897; Gravely, 1982) or code switching (Cross & Strauss, 1998; Greene & Walker, 2004; Guiffrida, 2003), many Black lesbians and gays can create a sense of safety by managing who they disclose to and under which conditions. For both Black lesbian and gay men, gender presentation serves multiple purposes—presenting as prescribed by societal norms accrues middle-class respectability and suitable morality that has often been denied of Black people in general and their sexuality, specifically. At other times for Black lesbians, gender presentation shapes relationships with both intimate and larger social environment—signifying boundaries and expectations in social settings, while asserting control of one's sexuality (Moore, 2006). Furthermore, with increased visibility, legislation scaling back sexual orientation discrimination, and curricula and interventions designed to reduce stigma and improve access to resources, many younger Black lesbians and gay men present themselves openly, rejecting stereotypes and confronting both macro- and micro-aggressions, by contesting their invisibility, rejecting their erasure, and reclaiming terms previously used to disparage them, such as queer, dyke, butch, and fem queen.

Interventions and Evaluation

Numerous interventions to reduce the rates of HIV transmission that provide culturally, gender, age, and urban-specific content have been designed and demonstrated to be effective when they address the concerns and social realities of the population and are created in collaboration with the target community (Jones et al., 2008). The CDC has compiled a list of evidence-based interventions comprising biomedical (medication adherence); structural (condom distribution); behavioral (Diffusion of Effective Behavioral Interventions [DEBI]); public health (counseling, testing, and referral); and social marketing interventions. Recently, an effort to create a media-based social marketing campaign to address the need for cancer screening among lesbians generated so much public outcry at use of the word lesbian that it almost failed (Phillips-Angeles et al., 2004), demonstrating the barriers for Black lesbians. Yet, a recent meta-analysis of campaigns targeted to women of color demonstrates that access-enhancing and cultural strategies significantly increase testing although few Pap interventions engage community members in this process (Han et al., 2011). Finally, while the minority stress model that suggests BGLT individuals experience greater psychological distress because of prejudice and discrimination has empirical support, practitioners must continue to build the capacity of clients to act as resilient agents while working against larger social forces (Meyer, 2003 in Meyer & Northridge, 2007).

BLACK GAY MALE CASE STUDY—EVALUATION RESEARCH

Reticence among African Americans concerning research and medical treatment has been informed by multiple abuses. The "founder of gynecology," James Marion Sims, refined his methods by performing painful surgeries on Black women without sedation during the 19th century. The Tuskegee Syphilis Experiments conducted between 1932 and 1972, by the U.S. Public Health Service (PHS) exposed Black men to tertiary syphilis, resulting in blindness, insanity, and death. And upon her death from cancer in October 1951, neither Mrs. Lacks nor her family knew that the cells found in a sample of her tumors, taken without permission, would contribute to the research and development of medications to treat multiple diseases and generate millions in profits. Despite reticence and distrust, the disproportionate negative health outcomes for all Black men and elevated rates of HIV infection among Black men who have sex with men, require examining factors contributing to disparities, developing effective evidence-based practice models, and implementing research-informed services that involve the population under study throughout the process. Research *with* communities rather than *on* them, promotes opportunities for interaction and planning within the community and expands the involved members and their constituencies' knowledge and capacity to acquire information that can prove valuable to enhancing and developing effective interventions.

"We Are Part of You.org" is part of a larger campaign entitled The Campaign for Black Men's Lives, initiated by The New York State Black Gay Network. The campaign responded to persistent elevated rates of HIV infection among African American/Black men who have sex with men (MSM) and several incidents of violence against Black gay men in New York. The campaign sought to mobilize African American gay men and their community allies against homophobia and the continued struggle against HIV/AIDS in the community. During initial meetings with community stakeholders and affected individuals, attendees developed strategies to increase involvement of those affected and their representatives and gained access to and knowledge of key organizational and local–national change agents. As the size of the group increased, stakeholders began the process of identifying common interests, including those outside the scope of the organization's capacity, while establishing clarity by developing ground rules of engagement, goals, and identifying methods of goals attainment. Providing equal access to information about the size of the population and ethical research methods of data collection and dissemination, members gained an equal footing in the dialogue, especially in discussions related to potential outcomes, and established sufficient trust to negotiate and build common understandings.

Negative representations are associated with negative self-evaluations (McDermott & Greenberg, 1984) and inaccurate public perceptions (Mahtani, 2001). Accordingly, members of the group decided to employ a social marketing campaign that would feature several images prominently displaying, on billboards, the message that Black gay men are present in divergent aspects of Black community life (e.g., religious, recreational, and familial).

The billboard campaign directed observers to the "We Are Part of You.org" website, which provides additional information concerning homophobia, health, HIV transmission, and resources. Evaluation of the campaign demonstrates the community's desire for greater information, the diversity of the community, and the importance of enlisting community partners in issues concerning African American or Black gay men. Many reported that the campaign made them want to get involved, others wanted to talk about it: wishing to spread the word or seeking further guidance to resources. Respondents indicated that they knew gay men either as friends, coworkers, and/or family members. However, many reported that they had witnessed instances of physical and verbal abuse against Black gay men.

There are few social work interventions designed specifically for women with same gender desire creating conflict over how best to help (Throckmorton & Yarhouse, 2006). Increasingly, interventions have begun to draw on intersectionality: sexual identity therapy was developed in the early 2000s resulting from a call for mental health professionals to provide more culturally sensitive interventions for lesbian, gay, bisexual, transgender, and queer (LGBTQ) clients. Clients experiencing conflict may face a number of problems as the result of being unable to resolve what are seen as irreconcilable differences between their values, attitudes, and sexuality (Schuck & Liddle, 2001). Intersectionality is also found in the fusion of public health with traditional social work practice. Issues such as violence and health behaviors are viewed through an ecological lens, focusing on the roles that societal oppression plays in the interpersonal and individual levels

(Messinger, 2012). An example of the intersection of public health and social work is the Spirit Health Education Program (SHE), a psychoeducation program integrating arts and Yoruba principles. SHE, and programs like it, are designed to address the intersecting identities of urban and lesbian and bisexual women of color (SHE Circle, 2005).

YOUTH AND OLDER GLT LIVES

Studying human behavior in the social environment requires examining individuals over the course of time. Knowledge of the risks and protective factors across various points in human development is critical to developing effective and developmentally appropriate interventions. These must also be culturally appropriate for Black lesbian and gay youth and older adults and transgender individuals who face distinct challenges associated with age and gender identity.

Youth

Over a decade ago, Mallon (1999) noted that it is difficult to truly know the size of the LGBTQ youth population because they must hide their identity within rejecting and hostile environments. Although the actual number is not known, advocates estimate between 5% and 7% of American youth—or 2.25 and 2.7 million—identify themselves as LGBTQ[5] (Human Rights Watch, 2001), with a 2003 study suggesting that 2.7 million adolescents identify themselves as LGB (Harris et al., 2003).

Albeit researchers have found no significant differences between or among LGBTQ White youth and youth of color in urban centers in terms of when they come out to others (Grov, Bimbi, Nanin, & Parsons, 2006; Rosario, Scrimshaw, & Hunter, 2004), youth of color have been found to be more discrete than White youth so that Black youth engage in fewer queer identified activities, express less comfort with disclosure, and come out to others less often (Rosario et al., 2004). Although Rosario, Scrimshaw, and Hunter (2004) offered that cultural factors lengthened the process of identity development, they suggest Black youth had greater increases in and greater surety of their sexual identity across time than their White counterparts. Nevertheless, as a race comparative design, the time needed to consolidate identity was compared to a White male ideal, viewing gender and racial differences as deficit based (Akerlund & Cheung, 2000; Cooper, Jackson, Azmitia, & Lopez, 1998; Savin-Williams & Diamond, 2001).

Stigma and Victimization

The experience of stigma, discrimination, and victimization among Black LGBTQ is unique even as compared with other racial and sexual minority youth. As young persons with multiple minority statuses—age, ethnic, racial, and sexual orientation and/or gender identity—the complexity of the oppression and stigma they face is multiplicative and causal factors are difficult to parse. Few intersectional analyses of their needs and

experiences are available, even as there is greater awareness regarding the need for studies that elucidate the processes underlying and contributing to the inequities and barriers they face (Hatzenbuehler, 2009).

Managing family relations can be difficult for any teen and may be especially tense for LGBTQ youth who must grapple with years of family gender role socialization and sexual orientation expectations (Mallon, 1999). For Black LGBTQ youth, race comparative research suggests that rather than race or ethnicity, the level of adherence to traditional values (defined as religiosity, heterosexual marriage, offspring, and a language other than English spoken at home) may have a greater impact on disclosure and response (Newman & Muzzonigro in Merighi & Grimes, 2000). Given the role of the "Black Church" in the Black community, the issue of religious and moral attitudes toward nonconforming identities may contribute to familial strain and rejection (Herek, Chopp, & Strohl, 2007; Ward, 2005) and the diminished likelihood of Black youth to come out to their parents as compared to their Latino or White counterparts (60% vs. 71% and 80%, respectively; Grov et al., 2006).

Because the "experiences and needs of gay, lesbian and transgender students of color remain largely unexplored in existing research" (Diaz & Kosciw, 2009, p. 2) in 2007, Gay Lesbian & Straight Education Network (GLSEN, 2009) specifically examined the intersections of race–ethnicity, sexual orientation, and gender identity and found that almost half of the lesbian and gay youth of color experienced verbal harassment and over a fifth experienced physical violence due to their combined orientation and racial–ethnic identity. Diaz and Kosciw (2009) also reported that when LGBTQ Black youth were a racial minority, they are three times more likely to feel unsafe and almost twice as likely to experience verbal harassment. LGBTQ Black youth are also vulnerable to sexual abuse and victimization (Higa et al., 2012).

System Involvement—Child Welfare, Juvenile Justice, and Homelessness

Although pathways are complex, hostile interpersonal environments coupled with equally insensitive providers and few queer and trans affirming systems of care substantially contribute to homelessness, and involvement in the juvenile justice and foster care systems, sectors that Black youth are already disproportionately represented in given poverty and racial–ethnic policy legacies (Green, 2002; Mastin, Metzger, & Golden, 2013). For example, because Blacks are overrepresented among individuals experiencing homelessness, it is not surprising that Black LGBTQ youth are disproportionately homeless in New York City (Ferguson-Colvin & Maccio, 2012), NY State, Detroit, Ann Arbor, Denver, and Waltham, Massachusetts (cf. Ray, 2006). LGBTQ youth have greater vulnerability to a range of behavioral health conditions, such as depression, anxiety, eating disorders, and suicide, with parental and social rejection significant in negative outcomes (Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Hershberger & D'Augelli, 1995; Higa et al., 2012). Even as rates of suicide are lower in the Black population as compared to the general population, among Black respondents of the National Transgender Discrimination Survey (NTDS), 49% reported having attempted suicide (Grant, Mottet, et al., 2011). And, once homeless, LGBTQ youth are more likely to

experience mental distress and suicidality (Cochran, Stewart, Ginzler, & Cauce, 2002; Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004), to use substances and engage in HIV risk behaviors (Cochran et al., 2002); to be victimized (Aratani, 2009; Cochran et al., 2002); and face discrimination, assault, and harassment (Grant et al., 2011).

Interventions

In practice with Black lesbian and gay youth, the need to create supportive safe spaces where youth can be actors and agents in their learning and development is vital. Second, for LGBTQ Black youth—especially those in institutional settings—oppression informs multiple areas of their lives. Moreover, when we shift our role from one of expert on "the problem" to that of partners in discovery and social change, social workers create opportunities for "intravention," whereby the organic processes within communities themselves become interventions that help move cultures of risk to cultures of support (Friedman et al., 2004). Given that research indicates that sexual identity consolidation is very much tied to and dependent on successful racial–ethnic identity consolidation, with life satisfaction, self-esteem, and greater surety significantly related to the latter rather than the former (Crawford, Allison, Zamboni, & Soto, 2002; Della, Wilson, & Miller, 2002; Rosario et al., 2004), and given Black youth's greater reticence around coming out, a focus on general antibias training may be more culturally syntonic. A crucial support for many Black families is the Black Church, a vital transmitter of cultural history that offers networks and connectedness crucial to developing a sense of racial–ethnic identity (Swanson, Spencer, Harpalani, & Spencer, 2002; Ward, 2005) and personal self-esteem (Sullivan & Wodarski, 2002). Although the Black Church has begun to "intravene" by launching affirming churches (Ward, 2005), houses of worship of all types can provide invaluable support because spirituality–faith practice acts as a buffer for Black youth exposed to high levels of community violence or substance use (Fowler et al., 2006 in Toro, Dworsky, & Fowler, 2007) and against heterosexism (Della et al., 2002). As social workers working with Black LGBTQ youth and their families, it is important that we do not assume these lifelines are rejecting or unavailable.

GLT YOUTH CASE STUDY—ADVOCACY AND POLICY

As a service-learning field instruction assignment, a master of social work (MSW) student was asked to develop a group with a marginalized or underserved population that had been a focus of research during her first year. The student chose LGBTQ youth in residential care, given her research on bullying and interest in effecting policy change in the child welfare system related to these issues. Based on her research, foundation year course work, and her position within child welfare, the student framed the problem as a need for knowledge and skills around bullying and an educationally focused group curriculum was developed. During group facilitation, however, the student learned that the youth were quite knowledgeable about bullying and appropriate responses and engaged in significant self-advocacy. In time, the student understood that what the

youth needed most was a safe space to share and process their feelings and thoughts about these experiences with an ally. In response, the group was transitioned from an educational group to a mutual-aid or support group that addressed a fuller range of discrimination, oppression, power, and voice. With such support, the LGBTQ youth were able to make larger social and institutional links, to identify needed changes within their school and residential settings, and to problem solve around initiating these changes. Thus, the need to reconfigure the group was a profound lesson for the student in paternalism and pathologization: rather than passive recipients to a service, the youth became cocreators of the group and instead of an expert, the student was a partner and ally.

BGLT OLDER LIVES

Approximately 13.7% or about 41 million of the more than 300 million Americans are people 65 years and older (U.S. Census Bureau, 2014). Black elders represent approximately 9% of the population or roughly 3 million. If estimates stating that GLT seniors represent between 3.8% and 7.6% of the population (Grant, 2010) are true, then between 135,000 and 270, 000 of the total elder GLT population are African American. Although not a large population, special attention should be given to the intersection of race, poverty, and age: U.S. Census Bureau (2013) poverty rates among Blacks were 25.8% as compared to 14.3% in the general population and the finding from the Williams Institute at the University of California Los Angeles, School of Law found that when compared to White same-sex couples, African Americans were three times more likely to live in poverty (Sears & Badgett, 2012).

Stigma and Risk

In working with elder gays and lesbians, it is important to acknowledge that many members of this community have lived lives in secrecy, fearing recrimination from both the larger society and Black communities (Van Sluytman et al., 2013). Living in silence often results in isolation and avoidance of seeking needed services. Discrimination related to gender presentation may result in lack of access to universal housing and entitlements just as discrimination in employment experienced over lifetimes may result in ineligibility for income-based benefits or rights-afforded spouses. Some have found that many health disparities among older adult transgender, lesbian, and bisexual women are related to perceived abuse or neglect by health care providers (for discussion, see Kishore, 2013; Rice, 2013). For example, a transgender man may still be at risk for breast cancer, but his health care provider may not be knowledgeable enough to appropriately assess risk. Similarly, ageism reduces the likelihood that providers will inquire about an older person's sexuality, including histories and current activities, whereas heterosexism and relying on a history of heterosexual activity reduce the likelihood of

cancer screening for older lesbians (Rice, 2013). For many older African Americans, engaging with adult children involves changing roles concerning dependence and interdependence within an extended family network (Ajrouch et al., 2010; Cohen & Wills, 1985; Kawachi & Berkman, 2001). This is also the case with many older GLT persons (Averett, Yoon, & Jenkins, 2011; Brotman et al., 2007; Goldberg, Sickler, & Dibble, 2005; Hash, 2006; Jones & Nystrom, 2002) who may lose valuable resources as well as the opportunity to perform valued family roles should the family reject the older adult due to sexual orientation. Deprived of engagement, such as meaningful relationships with both biological and fictive kin, social capital is lost and the elder is unable to perform roles critical to well-being and healthy aging. Given that these elders face discrimination based on race (Beam, 1983, 1986; Bonilla & Porter, 1990; Boykin, 1996; Harper, 1992; Herek & Capitanio, 1995; Riggs, 1991; Simmons, 1991) and age (Barker, Herdt, & de Vries, 2006; deVries, 2008; Gay, lesbian, and transgender MAP & SAGE, 2010; Hostetler, 2004; Schope, 2005) in GLT social networks, and reduced social networks and consequent isolation are an important factor in mental health and well-being, social work practice that is reflective, culturally humble, well informed, and attentive to issues of stigma and social inclusion is necessary to improve aging outcomes for BGLT older adults.

Interventions

As GLT individuals of color age, they contend with agism, racism, and heterosexism. However, understanding that aging is an ongoing process, the authors of this chapter suggest that all models of interventions targeting the BGLT community must be designed to engage milestones associated with individual and group development that are particular to the demands of Black communities. Interventions must access critical information resulting in increased engagement. Further, ongoing training allows for deeper understanding of the lives of African American LGBT people. Such training engages participants in increasing their awareness while questioning their biases, privilege (e.g., race, class, gender, sexual orientation, immigration status, and other identities), histories of oppression, and the manner by which they may act as deterrent to engagement among GLT consumers. Such awareness encourages building alliances that are safe and accepting through accountable change-oriented risk taking with African America GLT youth, adults, and elder. Kishore (2013, emphasis added) offered "A basic understanding of terminology can help practitioners feel more competent . . . but this must be coupled with a willingness to ask relevant questions. It may be helpful to ask Who do you consider family? rather than Are you married/do you have children? because the former question leaves room for a variety of family and support structures" (National Association of Social Workers [NASW], 2000, p. 145). Van Sluytman and Torres (2014) state that meeting the needs of older BGLT adults requires a transformative antiracist stance that joins this population in questioning the context-rich factors that render them invisible. Situating the person in the environment, social workers must

adopt an intersectional lens to promote and restore wellness among those who face multiple oppressions.

GLT ELDER CASE STUDY—PROGRAM DEVELOPMENT

Research indicates that the quality and stability of social support influence mental health functioning (Horowitz, Reinhardt, Boerner, & Travis, 2003). Organizations such as GRIOT Circle have developed a creative intervention program called Buddy-2-Buddy, which offers strategic engagement among and between elders. Buddy-2-Buddy is also a component of social work–case management service as it counters isolation and restricted mobility among members, thereby promoting independence and self-reliance among elders.

One participant provides a vivid portrait of the challenges faced by elders. Lillie, an 89-year-old African American, recalls the death of her partner of 47 years. She revealed that she had no GLT friends because she and her partner lived together as cousins and were not out about their sexuality or their relationship. Lilly discovered GRIOT's Buddy-2-Buddy program and now proudly claims a vibrant circle of friends—14 to be exact. They visit regularly bringing her news and conversation while affirming to Lillie and the staff of the nursing home that she is truly not alone.

Buddy-2-Buddy provides an array of services, including hospital and home visits, escort services, telephone calls, and assistance with cleaning and shopping. The intervention emphasizes the importance of supportive relationships established among members of GRIOT. Buddy-2-Buddy distinguishes itself in work with elders of color who are often reticent about discussing personal problems with "strangers." Employing cultural humility, buddies are often able to meet each other where they address fears and needs without damaging their sense of dignity or independence. The intervention is volunteer based. Buddies are recruited through mailings, phone calls, gatherings at GRIOT, and word of mouth. When an individual expresses an interest in being a Buddy, he or she details their needs and reviews expectations of the program. The applicant is entered into the Buddy database, containing Buddies' personal information, contact information, interests, skills, and other relevant information. When an appropriate match is found, the Buddies are then paired, and services can commence. Should a pairing become unsatisfactory, Buddies can inform the Volunteer Coordinator, and a new match can be made.

GRIOT attempts to remove financial strain from its Buddies, many of whom are low income, in several different ways; providing transportation at no cost, community potluck meals, and assistance with acquiring free cell phone services to ensure a means of connection. Many of the participants who are homebound or have limited mobility, use the telephone as their primary means of communication. However, others also pay home visits or accompany one another on social outings and errands. The participants are free to decide for themselves the style and frequency of their interactions.

Among other innovations, the program makes use of social gatherings with Buddy-2-Buddy "Parties," where Buddies and other GRIOT members come together to eat and

socialize, as well as to assess participants' experiences and opinions about the program. Buddy-2-Buddy has reached nearly 150 individuals and fostered 89 partnerships each week to enhance socialization and support.

TRANSGENDER LIVES

Transgender is an umbrella term that is used to describe individuals whose gender identities and/or expressions differ from the sex they were assigned at birth (Kirk & Kulkarni, 2006). Although this term is often used interchangeably with *transsexual*, a term that describes a specific subset of transgender individuals who undergo surgery, hormone treatment, or other procedures to better align the physical body and gender identity (Haas et al., 2010), transgender encompasses a wide range of gender identities and expressions that may or may not be accompanied by medical procedures. More recently, younger people have used the terms *gender queer* and *gender nonconforming* to describe gender identities and expressions that are neither male nor female, but between or outside of this dichotomy. By contrast, the term *cisgender* has been used to identify those members of society for whom gender identity and gender expression generally align with society's expectations of gender based on assigned sex at birth.

Population-based estimates of the transgender population in the United States are scarce, but various estimates suggest that between 0.1% and 2% of the population is transgender, depending on methods of estimation and the definition of transgender that is used (Gates, 2011). Smaller estimates refer to the number of people who identify as a transgender man or woman, while larger estimates refer to people who may identify with a wide variety of cross-gender behaviors and identities.

Gender Identity Formation

A few process (Mason-Schrock, 1996) and stage models (Devor, 2004; Lev, 2004; Nuttbrock, Rosenblum, & Blumenstein, 2002) have been proposed for understanding transgender and transsexual identity. These models range from 4 to 14 stages or processes, with some degree of overlap. The shortest model, proposed by Nuttbrock, Rosenblum, and Blumenstein (2002), suggests that transgender individuals move through four stages of transgender identity development, including identity awareness, identity performance, identity congruence, and identity support. At the other extreme, Devor's (2004) model suggests that transgender people navigate 14 stages of identity development through processes of *witnessing,* or being seen as oneself by others, and *mirroring*, or feeling seen as oneself by others like oneself. Unfortunately, because empirical research on transgender identity formation is still nascent, frameworks for understanding transgender identity development in the context of racial, ethnic, and sexual identity development do not currently exist. Rather, clinicians and researchers who work with transgender people of color must create opportunities to understand these experiences.

Psychosocial Experiences

The extant literature on the psychosocial experiences of transgender populations in the United States is sparse at best, perhaps in part due to the difficulties in defining and accessing this population. Rather, attempts to capture potential exposure to trauma, psychosocial stress, and health issues among transgender people are largely limited to nonrandom samples of convenience with little information on differences based on race or ethnicity, socioeconomic status, or location (i.e., data on specific racial or ethnic groups, broken down by urban, suburban, rural contexts; Shipherd, Maguen, Skidmore, & Abramovitz, 2011; Williams & Freeman, 2007). Nevertheless, it is evident that transgender people—and transgender people of color in particular—live in the context of pervasive discrimination at the interpersonal and structural levels, putting them at risk for poor health outcomes and a diminished sense of well-being. In fact, the recently conducted NTDS demonstrated that while the transgender population as a whole faces high levels of discrimination relative to the general population, Black transgender people and other transgender people of color experienced the especially devastating impact of racism and anti-transgender discrimination in society (Grant et al., 2011).

Stigma, Abuse, and Victimization

Transgender and gender nonconforming people are often targets of fatal hate and violence, and a large proportion of hate crime fatalities are transgender people of color (Stotzer, 2008). In addition, Black transgender people face nonfatal forms of harassment and abuse in many arenas of everyday life (Grant et al., 2011). Whether in school, the workplace, or in encounters with the police and prison systems, Black transgender individuals reported frequent experiences of harassment, physical assault, and sexual assault, with a clear impact on psychosocial well-being. These traumas occurred at the hands of peers and authority figures alike, with teachers, employers, and police officers failing to protect against or even perpetrating violence against Black transgender respondents. Not surprisingly, these frequent reports of violence in schools and in the workplace are accompanied by the over-policing of Black transgender people. More than one third of the Black respondents to the NTDS reported being arrested or held in a cell due to bias.

High levels of harassment, abuse, and assault across multiple domains of society make Black transgender people especially vulnerable to unemployment, homelessness, and poverty. Indeed, results from the NTDS indicate that Black transgender respondents experienced an unemployment rate that was twice that of transgender respondents of other races and quadruple that of the general population (Grant et al., 2011). In addition to employment discrimination, extreme poverty, and homelessness, they also face the additional burdens of being denied access to shelters due to gender

identity or expression, as well as harassment, physical assault, and sexual assault within shelters.

Health and Mental Health

While no comprehensive study exists on transgender health risks by ethnicity, it is likely that Black transgender people are vulnerable to many of the chronic and life-threatening illnesses that are elevated in the Black population, metabolic health problems and certain types of cancers being among these (e.g., Keppel, 2007). Disproportionate rates of substance use in this population may compound risk of illness, while fear of discrimination and refusal of care due to bias may delay treatment of serious medical conditions, ultimately worsening prognoses (Clements-Nolle, Marx, Guzman, & Katz, 2001; Grant et al., 2011). According to the NTDS, Black transgender individuals endorsed extremely high rates of HIV, with 20% endorsing positive status compared to 2.64% of transgender people of other races, 2.4% of the general Black population, and only 0.6% of the general U.S. population. Nearly half of all Black transgender respondents to the NTDS also endorsed a suicide attempt, compared with only 1.6% of the general U.S. population.

Activism as Intervention

Despite the substantial impact of pervasive racism and gender-based discrimination on health and well-being, Black transgender individuals also share powerful stories of resilience and are at the forefront of many liberation efforts across the nation. Few, if any, services are known to specifically address the needs of Black transgender and gender nonconforming individuals, but agencies in some major U.S. cities do provide significant resources to this population. For example, the Minority AIDS Project (www.minorityaidsproject.org) in Los Angeles, CA, and the Positive Health Project (http://harmreduction.org/connect-locally/new-york/positive-health-project/) in New York, NY, aim to address HIV and AIDS within Black and Latino communities in those cities. As an extension of their work to provide housing, treatment, counseling, information, and vocational training for individuals with HIV and AIDS, these organizations serve a large proportion of Black transgender and gender nonconforming individuals. The Sylvia Rivera Law Project (SRLP, srlp.org) is another important resource for Black transgender people, as it provides legal resources and advocacy around issues that most directly impact low-income transgender people of color. SRLP also provides guides for community organizing and self-advocacy on their websites to help empower transgender people. In this same vein, smaller grassroots organizations in a few U.S. cities use leadership development and community mobilization to address racial- and gender-based inequalities. Examples of these include Gender Justice LA in Los Angeles, CA; the Audre Lorde Project's TransJustice project in New York, NY; and the Brown Boi Project in Oakland,

CA. Although relatively few, organizations like those mentioned here aim to empower low-income transgender people of color to fight for the right to self-determination and freedom from gender-, economic-, and race-based oppression.

TRANSGENDER POPULATION CASE STUDY—INDIVIDUAL PRACTICE

Respondent 1

Early Life

It started when I was at least 4 or 5 years old. I was aware of the fact that my physical body did not match my identity spiritually or mentally. I would tell everyone who would listen that I would grow up into this androgynous figure who blurred gender lines, was beautiful, feminine, glamorous, and was loved, adored, and desired by both men and women. I hated labels, only because I liked to be able to exist in a fluid manner.

Naming Trans Identity

When I was 20, I met a woman named K who became my first trans friend. She showed me that it was okay to identify as trans and as a woman, and it was okay to explore my femininity. Up until meeting her, I knew vaguely of "trans" identity, but I could not connect my journey with that of being trans. Once I made the connection, the fear I faced as a trans individual seemed to lessen. From that moment, I decided I would transition on my comfort level, and define womanhood and what it meant to be trans on my terms. It has been hard. It is hard. So many people have their own ideas and their own misconceptions about me, my path, my journey. A lot of people whom I love and whose opinions I cherish deeply have, in one way or another, tried to steer me down the path they saw fit.

Intersectionality and Lived Experience

Being a Black trans person, I am constantly facing the stereotypes that come with being both trans *and* Black. I have a job where I have authority and stability. I have my own apartment, benefits, steady income. I have been able to bypass much of the struggle, but not the stigma and the stereotypes. I still experience so many prejudices that exist against both trans people as well as Black people and people who live at the intersection of both. I am solicited for sex and accosted. I have been sexually assaulted on more than one occasion, and am constantly harassed. I try to not let it affect me personally when men attempt to victimize me, degrade me, sexually assault me. I have grown, because it has made me stronger, but it is more of a struggle than anything.

Resilience

As a Black trans woman, I live to break every stereotype. I do that by living my life, and not stopping because of prejudice or discrimination. I continue to break down any wall put up in front of me because of people's ignorance. I continue to shine through my identity and my gender and sex expression, even as I bend and play with the fluidity of that expression.

Respondent 2

Early Life

Growing up in a poor, Black community in the south, I was just open. I liked to catch worms, play with my cousin, Darren—we would roughhouse, play ninja turtles, and sometimes Barbie dolls. When I was 10, all the girls decided to get training bras, and I thought that was the dumbest idea. I would parade around the locker room with my shirt off saying "I feel free." I would take my shirt off at home, too, until my mother told me it was inappropriate. She would try to dress me up in girly stuff, but I would say "I just want to be comfortable. I'm not a *girl*, I'm *comfortable*." My childhood was so open and then a closing happened through socialization.

Naming Trans Identity

I went to a women's college, which also brought up issues around race and class, but I met a few masculine-of-center folks there. One night we were hanging out and one of them asked if we ever felt like maybe we were guys. I was scandalized to be having that conversation out loud with somebody else, but it was such an affirming moment for me. When I talk about my gender now, that sentiment I expressed to my mom about wanting to be comfortable still sticks. I think of gender as a language. To understand me best is to understand me through masculinity, but that does not really fully capture me. I have to communicate something to you, but there are things unexpressed through binaries.

Intersectionality and Lived Experience

I am Black, queer, and trans—it all shows up in the world at the exact same time. In a way, my life has felt like a series of unsafe places. Early on, I became very attuned to other people in order to survive. I learned to notice people's movements, breathing, everything, and I felt closed off from others. I have experienced community violence. I have been attacked randomly in the streets. I have been attacked by White people who layer on racial epithets in the midst of gender-based violence. I have been attacked by people within the Black community who layer on transphobia, homophobia, and misogyny. I feel the weight of it every day, in everything I do. When I wake up each day, I think about how I will gather the strength to navigate through the world. There have been times in my life when I thought I would not survive my experience, that my mind, soul, and spirit could not bear it.

Resilience

I have found relationships in which I can be loved and accepted. The secure, loving relationship with my psychotherapist allowed me to break through some of the trauma and feel things I had not felt before, while generative somatics reintroduced me to the wisdom of my body. These experiences told me for the first time that everything about me gets to be here in the world at once—I get to be Black, and queer, and trans, and my story matters. My trauma—with healing and wisdom—becomes my gift. As a therapist myself, I have some anxiety about being Black, queer, trans, and a healer because I know

each new client is going to project a lot on me. I have to get my shame in check before I go into the room and remember why I am there. At the same time, clients are forced to read my gender in a way they have seldom had to before. It brings us very quickly to what is core about being human.

Of course, it is dynamic. The trauma is ongoing, simply because I wake up every day. It hurts every day, and it breaks my heart every day. In the long term, I need community—people who also know what it is like to live in a world that tells you you are not real, and who can reach out and say, "you matter." Trans and queer people of color activism creates this because so many of us carry a story of being expelled from our communities; yet, we are committed to them and to each other—we know we need to change the systems and conditions that create the need for people to divide and conquer one another. Ultimately, I think we have a lot to tell the world about forgiveness.

IMPLICATIONS

Through the political action of many GLT activists, representations of gay men and lesbians and to a lesser extent transgender individuals, have become more visible in multiple social environments. Further, the Internet has increased access to resources among sexual minorities. However, multiple factors including gender and gender representation, race, class, and social and geographic locations, among others, continue to uniquely impact the lives and well-being of BLGT individuals. First, as with other Black men, women and children, many struggle with the challenges of income insecurity and disproportionate rates of incarceration. Second, the feminization of poverty and women's longer life spans means lesbians are at greater risk of living in poverty than their male counterparts, (Cawthorn, 2008) and because the risk of living in poverty increases greatly as women age, elder Black lesbians are at substantial risk. Third, a paucity of resources in urban communities (Fullilove & Fullilove, 1999) across the United States has resulted in losses of jobs, opportunities, resources, and social capital that previously sustained marginalized communities (Wilson, 1978). Fourth, in many urban communities, the transformation of larger economic forces such as deindustrialization has led to concentrated poverty, diminished social capital, and heightened surveillance by the criminal justice system. Finally, members of the African American community who are LGBT live in a society that marginalizes Black skin and age and stigmatizes gender nonconformity and nonheterosexual orientations. Given these issues, the particular needs and concerns of BGLT individuals and their families may go largely unaddressed if social workers focus solely on racial or sexual orientation issues without recognition of how subjugated identities intersect and are given salience. The profession's ethical code demands an understanding of the impact of race, ethnicity, national origin, age, marital status, and physical ability—among others—on oppression and diversity (NASW, 2000, p. 151). Furthermore, it is incumbent on social workers to strengthen the relationships that enhance individual, family, and social group well-being (NASW, 2000, p. 145). Ignoring or minimizing the complexity of these ethics renders GLT members of the community invisible.

To redress the historical and systemic erasure of oppressed communities, social workers must assess policies and procedures that reinforce silences and act as barriers to full disclosure by clients. Though disclosure must always be voluntary, assumption of a heterosexual orientation or gender presentations based on dichotomies (e.g., male and female) must be interrogated. The scope of psychosocial assessment must increase to examine social forces (e.g., stigma) that make disclosure hazardous and presentation management a necessary strategy for GLT individuals. Similarly, advocacy and outreach efforts should actively confront heteronormativity, sexism, agism, and racism. The lives of BGLT individuals involve negotiating interactions based on race and gender identity and expression grounded in essentialist beliefs concerning what is Black and what is masculine and feminine (Malebranche, Peterson, Fullilove, & Stackhouse, 2004). Fear of discrimination related to sexual orientation and gender identities may impact health-seeking behaviors, thereby exacerbating existing disparities.

However, there are recognized resiliencies among BGLT people. Shippy (2007) reported that GLT individuals may not be estranged from their biological families even as many may also have "families of choice" including members of social networks beyond biological families. Accordingly, engaging family calls for a reframing of traditional notions of family (Fredriksen-Goldsen & Hooyman, 2007) and examination of the roles of both formal and informal members of the biological and choice families. This is particularly relevant to African American communities where reliance on family of origin networks may mitigate the impact of discrimination (Ajrouch et al., 2010; Cohen & Wills, 1985; Kawachi & Berkman, 2001).

The complexity of African American GLT individuals' lives and identity construction requires social work to prepare all clinicians to serve clients in culturally appropriate ways. Tools must include GLT affirming competencies across the life course and self-reflective practice. Competency concerning sexual orientation and gender identity and expression should be measured as with other forms of competency. Improving competency includes raising awareness of issues unique to any population as well as examining the literature.

Van Sluytman and Torres (2014) argue that transformations in society, including increase in the number of people of color in general as well as changes in public policy, require "invit[ing] persons of color into difficult dialogues" that employ an intersectional lens to give voice to the experience of GLT individuals, to challenge prevailing forms of structural discrimination, and increase their visibility and participation.

FOR FURTHER STUDY

Suggested Assignments

1. Identify and describe an employment, health, or housing issue affecting members of the community who are LGBT:
   a. Describe how widespread the issue is (prevalence, incidence);

b. Suggest *evidence-based interventions social workers can use in organizations* that work with LGBT youth to address the issue; and

c. Identify *appropriate technological resources* that can inform social work strategies–interventions.

2. Give an informal but prepared 10-minute talk about their past, present, and future in relation to social work with members of the community who are LGBT.

3. Write an agency plan on adapting organizational policies, procedures, and resources to facilitate the provision of services to members of the community who are LGBT older adults and their family caregivers.

Suggested Reading

Gay and Lesbian

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Moore, M. R. (2006). Lipstick or Timberlands? Meanings of gender presentation in Black lesbian communities. *Signs: Journal of Women in Culture and Society, 32*(1): 113–139.

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LGBT Youth

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Davidson, M. (2008). Rethinking the movement: Trans youth activism in New York City and beyond. In S. Driver (Ed.), *Queer Youth Cultures* (pp. 243–260). Albany, NY: SUNY Press.

Goodenow, C., Szalacha, L., & Westheimer, K. (2006). School support groups, other school factors, and the safety of sexual minority adolescents. *Psychology in the Schools*, *43*(5), 573–589.

Grossman, A. H., & D'Augelli, A. R. (2007). Transgender youth and life-threatening behaviors. *Suicide and Life-Threatening Behavior*, *37*(5), 527–537.

Heck, N. C., Flentje, A., & Cochran, B. N. (2011). Offsetting risks: High school gay-straight alliances and lesbian, gay, bisexual, and transgender (LGBT) youth. *School Psychology Quarterly*, *26*(2), 161.

Kosciw, J. G., Greytak, E. A., & Diaz, E. M. (2009). Who, what, where, when, and why: Demographic and ecological factors contributing to hostile school climate for lesbian, gay, bisexual, and transgender youth. *Journal of Youth and Adolescence, 38*(7), 976–988.

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Transgender

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Suggested Websites

Gay and Lesbian

Blacklight: A Site for African American Lesbians and Gay Men, http://www.blacklightonline.com
Nia Collective, http://www.niacollective.org
National Black Justice Coalition, http://nbjc.org
The Audre Lorde Project, http://alp.org
United Lesbians of African Heritage
ZAMI for Lesbians of African Descent, http://www.zami.org
Zuna Institute, http://www.zunainstitute.org

LGBT Youth

Resources for LGBT Youth and Their Friends

Gay, Lesbian, and Bisexual Teens: Facts for Teens and Their Parents, https://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/Gay-Lesbian-and-Bisexual-Teens-Facts-for-Teens-and-Their-Parents.aspx

StopBullying.gov: Information for LGBT Youth, http://www.stopbullying.gov/at-risk/groups/lgbt/

The Trevor Project: Crisis Intervention and Suicide Prevention, http://www.thetrevorproject.org/

Resources for Parents and Family Members

Advocates for Youth (AFY): GLBTQ Issues Info for Parents, http://www.advocatesforyouth.org/lgbtq-issues-info-for-parents

Gay, Lesbian, and Bisexual Teens: Facts for Teens and Their Parents

Helping Families to Support Their LGBT Children,http://store.samhsa.gov/product/A-Practitioner-s-Resource-Guide-Helping-Families-to-Support-Their-LGBT-Children/PEP14-LGBTKIDS

KidsHealth.org: Sexual Attraction and Orientation, http://kidshealth.org/teen/sexual_health/guys/sexual_orientation.html

Parents, Families, Friends, and Allies of Lesbians and Gays (PFLAG), https://community.pflag.org

Parents' Influence on the Health of Lesbian, Gay, and Bisexual Teens: What Parents and Families Should Know, http://www.cdc.gov/healthyyouth/protective/pdf/parents_influence_lgb.pdf

Sexual Orientation: Families Are Talking, http://www.siecus.org/index.cfm?fuseaction=page.viewPage&pageID=632&nodeID=1

StopBullying.gov: Information for Parents, http://www.stopbullying.gov/what-you-can-do/parents

Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual, and Transgender Children, https://sait.usc.edu/lgbt/files/Supportive%20Families%20Healthy%20Children.pdf

Technology and Youth Violence: Electronic Aggression, http://www.cdc.gov/violenceprevention/youthviolence/electronicaggression

The Trevor Project: Education and Resources for Adults

Understanding Sexual Orientation and Gender Identity, http://www.plannedparenthood.org/learn/sexual-orientation-gender

Transgender

Transgender Visibility Guide, http://www.hrc.org/resources/entry/transgender-visibility-guide

A National Crisis: Anti-Transgender Violence, http://www.hrc.org/resources/entry/a-national-crisis-anti-transgender-violence

Equality Rising, http://www.hrc.org/resources/entry/equality-rising

NOTES

1. The chapter makes use of same-gender desire interchangeably with gay and homosexual. Many Black men and women with same-gender desire do not refer to themselves as gay or homosexual or bisexual. Use of the term same gender refers to those whose self-perception of their gender matches their assigned sex at birth or cisgender and cissexual.

2. We recognize that bisexual individuals face multiple stigmas, assumptions of duplicity, and promiscuity. Discussions and portrayals of bisexuality tend to eroticize bisexuality among women. Bisexuality among White men is often viewed as an outcome of the society's constraints (Pitt, 2006) such as the star-crossed lovers in "Brokeback Mountain." This latter view is not similarly extended to Black men. Instead, for them, bisexuality is often viewed as a threat to masculinity, uncontrolled lust, and a disease transmission vector. This chapter is grounded in the belief that sexual desire occurs along a continuum ranging from exclusive homosexual to exclusive heterosexual sexual desire. Those who identify as bisexual face these dichotic sexual orientations and frequently lack institutional supports (Conerly, 1996). Consequently, they socialize in environments (exclusively homosexual, heterosexual, and mixed environments) that endorse their presentation or the assumption–appearance of their sexual orientation, sharing both the challenges and opportunities in these communities.
3. We thank Dr. Tiffany Rice for her contribution to this chapter.
4. Q is included here to represent both queer and questioning, given a continuum of experience, as recognition that identity during this period undergoes dynamic shifts, and generational nomenclature differs.

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