



**LGBTQ+**  
**& Gambling Disorder:**  
**A Cultural-Competency**  
**Humility Primer**  
**with**  
**Up to Date Research**

Dr. Michelle L. Malkin  
Director - Gambling Research & Policy Initiative (GRPI)  
Assistant Professor - Department of Criminal Justice & Criminology  
East Carolina University  
malkinm20@ecu.edu  
Pronouns: (she/they)



1

---

---

---


---

---

---

---

**Why I do this...**



© DR. MICHELLE L. MALKIN, 2024

2

---

---

---

---

---

---

---

**Presentation Roadmap**  
(with activities/discussions/breaks throughout)

- LGBTQ+ Cultural Humility
- LGBTQ+ & Healthcare Barriers
- LGBTQ+ & Mental Health/Addiction
- LGBTQ+ & Gambling Disorder
- Advice for Working with LGBTQ+ Clients

© DR. MICHELLE L. MALKIN, 2024



© Michelle L. Malkin, 2024

3

---

---

---

---

---

---

---

### Today's Audience

**I anticipate you come from four potential backgrounds:**

- 1) Have little knowledge of LGBTQ+ Issues and also are new to understanding Gambling Disorder
- 2) Work with LGBTQ+ clients and/or have knowledge of LGBTQ+ issues, but little understanding of Gambling Disorder
- 3) Work with clients with Gambling Disorder and/or have knowledge of problem gambling, but little understanding of LGBTQ+ identities/issues
- 4) Work with clients with Gambling Disorder and have a good understanding of LGBTQ+ issues/identities

Michelle L. Markin, 2024

My hope is that today's presentation will assist regardless of your background or understanding at this time...

4

---

---

---

---

---

---

---

---

### Some cultural humility goals:

- 1. To increase knowledge about LGBTQ+ addiction and mental-health needs**

By the end of the training, participants will be able to identify at least 3 risk factors that contribute to LGBTQ+ health disparities, especially around mental health and addiction
- 2. To increase LGBTQ+ affirming attitude**

By the end of the training, participants will be able to convey at least one bias or stereotype they had about LGBTQ+ individuals
- 3. To increase LGBTQ+ affirming behavior**

By the end of the training, participants will be able to employ specific practices in their work to create safe spaces for LGBTQ+ clients

© Michelle L. Markin, 2024

5

---

---

---

---

---

---

---

---

### Ground Rules for the Training

**Confidentiality.** We agree not to share personal information learned about any other individual or their learning process during the session. But encourage the sharing of other learned information with colleagues, friends and family.

During discussions, **value other participants' contributions.**

Keep an **open mind.**

Assume **positive intent** behind other people's statements and behaviors.

**Listen** respectfully.

Others?

Please silence your cell phone.

There will be breaks.

© Michelle L. Markin, 2024

6

---

---

---

---


---

---

---

---

### Rate your Knowledge



On a scale of 1-10 (10 being an expert):

1. Where would you rank your personal knowledge of gambling disorder?
2. Where would you rank your personal knowledge of LGBTQ+ individuals/community?

© Michelle L. Mullin, 2024

7

---

---

---

---

---

---

---

---

### Activity – First Breakout

Work as a group (3-4 individuals) to find **two** less obvious thing you all share in common – anything that is NOT OBVIOUS when first meeting you all.

(e.g., that you were all the first person in their family to go to college, that you all were adopted, that you all recently took up yoga, etc.)

© Michelle L. Mullin, 2024

8

---

---

---

---

---

---

---

---

### Activity Discussion

This exercise was relevant because it introduced the concept of **“hidden identities”**

It also set the stage for examining your own history, culture, privilege, and possible discrimination

© Michelle L. Mullin, 2024

9

---

---

---

---

---

---

---

---

### CULTURAL HUMILITY

Cultural humility is a "self-first" approach to sociocultural differences. It involves learning about one's own biases and thereby becoming more accepting of others.

#### OVERVIEW

Cultural humility is a practice of self-reflection combined with an openness to understanding other cultures. It also involves acknowledging the power imbalances that exist in society.

The concept of cultural humility was first developed in physical healthcare. It was later adapted to various fields, such as social work, occupational therapy, and education.

#### EXAMPLE

An example is a healthcare worker learning about their own powers, privileges, and prejudices. The professional will acknowledge that clients (not service providers) are the authority when it comes to lived experiences. So, they will listen in an attempt to try to understand their worldviews and support the client's decision-making (Moncho, 2013).

**Cultural humility involves learning about one's own biases and becoming more accepting of other cultures.**

It is a lifelong commitment to self-reflection, which would allow us to constantly examine whether we are fair in our treatment of others or not. Unlike cultural competence, cultural humility is not an "achievable" set of skills. Instead, it is an *orientation* toward the world.

HELPFULPROFESSOR.COM

© Michelle L. Mallin, 2024

10

---

---

---

---

---

---

---

---

### Moving Beyond "Cultural Competence"

**Critiques of cultural competence:**

- Can be seen as endpoint rather than a process (Kumagai & Lysson, 2009, Campinha-Bacote, 2002, Wesp et al, 2018, Tervalon & Murray-Garcia, 1998)
- Acknowledges group differences, but not systems of power and oppression (Schill & Caxaj, 2019, Kumagai & Lysson, 2009, Wesp et al, 2018)
- Does not acknowledge power imbalance of healthcare system (Schill & Caxaj, 2019, Kuzma, Pardee, & Darling-Fisher, 2019, Kumagai & Lysson, 2009, Wesp et al, 2018, Tervalon & Murray-Garcia, 1998)
- Focus is on knowledge, not on action and reflection (Schill & Caxaj, 2019, Kuzma, Pardee, & Darling-Fisher, 2019, Kumagai & Lysson, 2009, Wesp et al, 2018, Tervalon & Murray-Garcia, 1998, Schwarz et al, 2015 )

**What is required?**

- **Humility** (Learning from patients/community members)
- Continual **self-reflection**
- Put knowledge into **practice**

© Michelle L. Mallin, 2024

11

---

---

---

---

---

---

---

---



**Hartford PRIDE**  
COME OUT TO PLAY!  
[www.hartfordpride.org](http://www.hartfordpride.org)



12

---

---

---

---

---

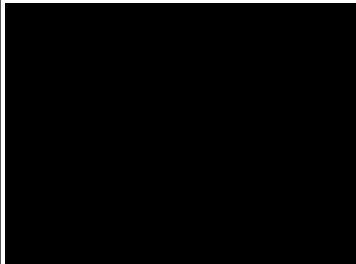
---

---


---



### Why this matters:



© Michelle L. Mallon, 2024



16

---

---

---

---

---

---

---

---

### LGBT and the DSM

**DSM-I (1952)**  
Homosexuality is listed as a sociopathic personality disturbance.

**DSM-II (1968)**  
Homosexuality continues to be listed as a mental disorder

**DSM-II (1974)**  
Homosexuality is no longer listed as a category of disorder. The diagnosis is replaced with the category of "sexual orientation disturbance".

**DSM-III (1980)**  
The diagnosis of ego-dystonic homosexuality replaces the DSM-II category of "sexual orientation disturbance."Introduces gender identity disorder.

**DSM-III-R (1987)**  
Ego-dystonic homosexuality is removed and replaced by "sexual disorder not otherwise specified," which can include "persistent and marked distress about one's sexual orientation."

**DSM-V**  
Includes a separate, non-mental disorder diagnoses of gender dysphoria to describe people who experience significant distress with the sex and gender they were assigned at birth.

© Michelle L. Mallon, 2024



17

---

---

---

---

---

---

---


---

### Why do health disparities exist?

- Barriers to care
- Minority stress
- Historical discrimination and trauma
- Social determinants of health

Health disparities are **NOT** caused by physiological or biological differences

© Michelle L. Mallon, 2024



18

---

---

---

---

---

---

---

---

### Barriers to Care for LGBTQ+ Adults

**Personal Barriers**

- Discrimination
- Internalized Stigma

**Structural Barriers**

- Provider Knowledge
- Lack of Providers
- Health Insurance
- Financial

Example: Dept of Veterans Affairs: few providers who specialize in LGBTQ+ health; no coverage for gender affirming surgery; large bureaucracy and slow to change; lingering fear of discrimination from Don't Ask, Don't Tell and bans on transgender service members

© Michelle L. Mallin, 2024

19

---

---

---

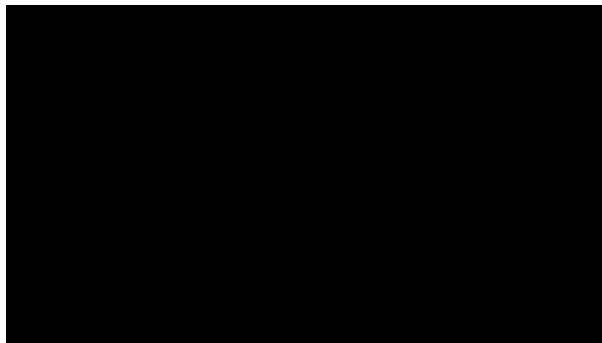
---

---

---

---

---



20

---

---

---

---

---

---

---

---

### Minority Stress

- Minority Stress = major discriminatory events and micro-aggressions
- The minority stress model suggests that chronic exposure to stigma that is both internalized and experienced from others, as well as experiences of discrimination and violence, create cumulative psychological distress (Meyer, 1995)
- Stressors are induced by a hostile, homophobic culture, which often results in a lifetime of harassment, maltreatment, discrimination and victimization and may ultimately impact access to care (Marshall et al., 2008; Meyer, 2003)

© Michelle L. Mallin, 2024

21

---

---

---

---

---

---

---

---

## More on Minority Stress

### 1. Minority stress is socially based

Minority stress goes beyond stress factors that every individual may experience. Instead, minority stress is triggered by the processes, institutions, structures and thought processes that currently shape the world we live in.

### 2. Minority stress is unique

People in the sexual minority have unique stressors that are not part of the heterosexual experience. For example, a gay man may worry that others will treat him poorly or that he'll get fired if he talks about his spouse at work. A person who is heterosexual may worry that others may not like their spouse, but they don't need to worry about discrimination or bias if they reveal their partner's gender.

### 3. Minority stress is chronic

People who are part of the sexual minority usually have a constant undercurrent of stress because they can't escape the subtle – and not so subtle – attitudes and behaviors of others. Like other minority groups, the LGBTQ+ community experiences ongoing discrimination and bias that affects nearly all aspects of their lives. They can also experience widespread homophobia, sexism and violence.

### Minority stress among people of color who identify as LGBTQ+

People of color who identify as LGBTQ+ experience higher levels of minority stress – likely because they can experience discrimination for their race, ethnicity, gender identity and/or sexual orientation.

© Michelle L. Mallin, 2024

22

---

---

---

---

---

---

---

---

## Brainstorm

What are some **CURRENT** events that may be leading to minority stress among LGBTQ+ individuals?

© Michelle L. Mallin, 2024

23

---

---

---

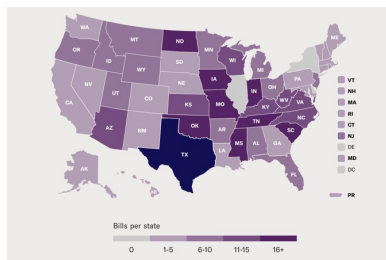
---

---

---

---

---



In 2023,  
the ACLU tracked  
**510** anti-LGBTQ bills

**527** already in 2024  
(as of yesterday)

© Michelle L. Mallin, 2024

<https://www.aclu.org/legislative-attacks-on-lgbtq-rights-2023>  
<https://www.aclu.org/legislative-attacks-on-lgbtq-rights-2024>

© ACLU, 2024

24

---

---

---

---

---

---

---

---



**Pride** is happening this weekend in San Diego

## So, what is the deal with PRIDE?

25

[REDACTED]

26

# YET...

## Worldwide Caution

<p><b>Security Alert</b> May 17, 2024</p>	<p><b>Worldwide Caution</b></p>
---	---------------------------------

**Location:** Worldwide

**Event:** Due to the potential for terrorist attacks, demonstrations, or violent actions against U.S. citizens and interests, the Department of State advises U.S. citizens overseas to exercise increased caution. The Department of State is aware of the increased potential for foreign terrorist organization-inspired violence against LGBTQ+ persons and events and advises U.S. citizens overseas to exercise increased caution. U.S. citizens should:

- Stay alert in locations frequented by tourists, including Pride celebrations and venues frequented by LGBTQ+ persons.
- Enroll in the [Smart Traveler Enrollment Program \(STEP\)](#) to receive information and alerts and make it easier to locate you in an emergency overseas.
- Follow the Department of State on [Facebook](#) and [Twitter](#).

© Michelle M. Melton, 2024

27

### Project 2025 Sweeping Anti-LGBTQ+ Policies

- Recommends DHHS reverse LGBTQ+ equity replacing those policies with a focus on the nuclear family
- Abolish Gender Policy Council within the Executive Office of the President to promote "life and strengthening the family"
- Limit application of Bostock decision which held Title VII's discrimination protections to LGBTQ+ people
  - Not allow holding to extend to "sexual orientation" or "gender identity"
- Dismantle the U.S. Agency for International Development's DEI apparatus, which includes "a directive to cease promotion of the DEI agenda, including the bullying LGBTQ+ agenda"

"Project 2025's anti-LGBTQ+ policy recommendations are sweeping – affecting agencies throughout the federal government and past Supreme Court rulings.

In no uncertain terms, Project 2025 and its allies intend to slash advancements toward LGBTQ+ equity in favor of what they claim is 'life and strengthening the family.'"

28

---

---

---

---

---

---

---

---

### Minority Stress

- **Leads to poor health outcomes through:**
  - Biological mechanisms (stress hormones, etc.)
  - Direct psychological effects
  - Unhealthy stress management techniques
  - (lack of) use of healthcare

**Multiple stressors: race, undocumented status, people experiencing homelessness, age (young or old)**

29

---

---

---


---

---

---

---

---



### Important Concept: The Gender Binary

The idea that there are only two genders – boy/male/man and girl/female/woman and that people must fit into one or the other

30

---

---

---

---

---

---

---

---

### LGBTQ+ Terminology

**Sex:** Genetic and anatomical characteristics with which people are born, typically labeled "male"/"female." (sex assigned at birth)

**Sexual orientation:** A person's emotional, sexual, and/or relational attraction to others. (individuals can have separate orientations for sexual attraction and romantic/emotional attraction)

**Gender identity:** Our internal sense of being male, female, or something else. Because gender identity is internal, it is not necessarily visible to others.

"Cisgender" refers to people whose gender identity/ expression does not differ from that typically associated with their assigned sex at birth. For example, a person who was born as male and identifies as a man may be considered cisgender.

"Transgender" describes people whose gender identity/expression is different from that typically associated with their assigned sex at birth.

"Genderqueer" or "Non-Binary" describes people whose gender falls outside of the traditional gender binary structure.

**Gender expression:** The manner in which people represent their gender to others.

Good resource: <https://www.hrc.org/resources/glossary-of-terms>

© Michelle L. Malkin, 2024

31

---

---

---

---

---

---

---

---

### THE GENDER UNICORN

**GENDER IDENTITY**

- FEMALE / WOMAN / GIRL
- MALE / BOY / GUY
- OTHER GENDER(S)

**GENDER EXPRESSION / PRESENTATION**

- FEMININE
- MASCULINE
- OTHER

**SEX ASSIGNED AT BIRTH**

- FEMALE
- MALE
- OTHER / INTERSEX

**SEXUALLY ATTRACTED TO**

- WOMEN
- MEN
- OTHER GENDER(S)

**ROMANTICALLY / EMOTIONALLY ATTRACTED TO**

- WOMEN
- MEN
- OTHER GENDER(S)

Image from the National Native American Boarding School Healing Coalition

© Michelle L. Malkin, 2024

32

---

---

---

---

---

---

---

---

### LGBTQ+ Terminology

**Bisexual:** A person who self-identifies as having an emotional, sexual, and/or relational attraction to men and women

**Pansexual:** A person who self-identifies as having an emotional, sexual, and/or relational attraction to all genders.

**Gay:** A man who self-identifies as having an emotional, sexual, and/or relational attraction to other men.

**MSM:** An acronym used to identify men who have sex with men. MSM is a term used to identify and describe a behavior among males and is not the same as a sexual identity or sexual orientation.

**Lesbian:** A woman who self-identifies as having an emotional, sexual, and/or relational attraction to other women.

**WSW:** An acronym used to identify women who have sex with women. WSW is a term used to identify and describe a behavior among females and is not the same as a sexual identity or sexual orientation.

**Queer:** Umbrella terms for LGBTQ+, can be used for sexual orientation and/or gender identity.

**Questioning:** A term used to describe individuals who are unsure about their sexual orientation or gender identity.

Good resource: <https://www.hrc.org/resources/glossary-of-terms>

© Michelle L. Malkin, 2024

33

---

---

---

---

---

---

---

---

## The Age/Racial Divide for Terminology – always consider intersectionality

Some terms – such as “queer” are much more likely to be used by younger LGBTQ+ folks.

While older lesbian women may actually use the term “gay” to refer to themselves.

Some communities of color refuse to use labels and refer to themselves as MSM or WSW.



34

---

---

---

---

---

---

---

---

## LGBTQ+ Identities

### Why the “+”?

I = intersex

Q = queer/questioning

A = asexual/aromantic/agender or ally

P = pansexual

D = demisexual

AND More... such as...

- Androgynous
- Andromonosexual
- Bigender
- Bisexual
- Bi+
- Butch
- Demigirl / Demigay
- Dyke
- Femme
- Fluid
- FTM/2M, MTF, M2F
- Genderless
- Gender Variant
- Gynosexual
- Lipstick Lesbian
- Metrosexual
- Pangender
- Polyamorous
- Same Gender Loving
- Skoliosexual
- Slut
- 3rd Gender
- Transman / Transwoman
- Two-Spirit

Good resource: <https://www.hrc.org/resources/glossary-of-terms>

35




---

---

---

---

---

---

---

---

## LGBTQ+ Cultural Humility

**The terms are forever changing, adjusting and being added... being open and willing to google an unknown term is important**

Also, never be afraid to ask a client, “what do you mean by “\_\_\_\_\_” because I just want to make sure I understand... (without judgement)

Good resource: <https://www.hrc.org/resources/glossary-of-terms>

36

---

---

---

---

---


---

---

---

### Pronouns are Important

**Pronouns**  
Please ask ALL clients about preferred names and pronouns



**PREFERRED PRONOUNS:**

☐ ASSUME

☐ GUESS

☒ ASK

Good resource: National Center for Transgender Equality – [transequality.org](https://transequality.org)

© Michelle L. Mallin, 2024

37

---

---

---

---

---

---

---

---

### So how does all this apply to the collection of demographic information?

**SO/GI Data**  
Sexual Orientation and Gender Identity Information



© Michelle L. Mallin, 2024

38

---

---

---

---

---

---

---

---

### LGBTQ+ Cultural Humility – SOGI Data

While this video is specific to health care settings, the information is relevant no matter the type of work you do as it examines terminology and especially transgender identity issues in good detail.

<https://www.youtube.com/watch?v=xCMmZUu07IQ>

© Michelle L. Mallin, 2024

39

---

---

---

---

---

---

---

---

## Collecting Information

First and last name on government IDs: \_\_\_\_\_  
What name would you like our staff to use? \_\_\_\_\_

**Medical History Form**

Patient Legal Name: [REDACTED]

Chosen Name (how you would like us to address you): [REDACTED] Account Number: [REDACTED]

Sex (per birth certificate): ☐ Male ☐ Female Height: [REDACTED] in Weight: [REDACTED] (pounds)

Gender (optional): [REDACTED] Share your pronouns (optional): [REDACTED]

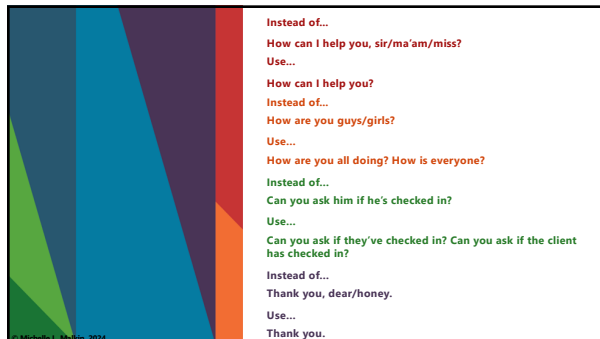
Date of injury: [REDACTED] Disclosure: We protect your privacy.

40

### Client Versus Provider Use of “Slang” Terms

- Members of the LGBTQ+ community, in describing their sexual orientation or partners, may use terms such as fag, dyke, gay, homo, or queer.
- **While clients may use these terms, they "may" be considered derogatory when describing a patient by a health care provider. The provider and staff should listen to the client and follow their lead, and when in doubt, ask the client how they or their partner should be described.**
- Once the terms are established, a note should be made in the record to follow the pattern of description for future visits.
- **Electronic medical records may require modification to provide appropriate terminology.**

41



Instead of...

How can I help you, sir/ma'am/missy?

Use...

How can I help you?

Instead of...

How are you guys/girls?

Use...

How are you all doing? How is everyone?

Instead of...

Can you ask him if he's checked in?

Use...

Can you ask if they've checked in? Can you ask if the client has checked in?

Instead of...

Thank you, dear/honey.

Use...

Thank you.

© Michelle L. Madsen 2024

42

### If you make a mistake with pronouns/name

Correct it, but don't make a big deal about it

Ex: "She had a great idea. I'm sorry, **he** had a great idea."

Apologize later, but don't linger on it

Ex: "I'm sorry I used the wrong name earlier, I know you are Chris and I used your deadname. I will be sure to get that right next time."

Practice and do better next time! ☺



© Michelle L. Mallon, 2024

43

---

---

---

---

---

---

---

---

### Questions specifically about terminology and/or gender identity?



© Michelle L. Mallon, 2024

44

---

---

---

---

---

---

---

---

### Brainstorm

What issues LGBTQ+ folks might face.

Consider at least some of the following areas of their lives:

- Employment
- School
- Healthcare
- Housing
- Family
- Faith Community

Similarities/differences among identities?

- lesbian women
- gay men
- bisexual/pansexual individuals
- Transgender/non-binary individuals

© Michelle L. Mallon, 2024

45

---

---

---


---

---

---

---

---



**More things to ponder...**

What about LGBTQ+ people of color?

What about LGBTQ+ people over the age of 65?

What about LGBTQ+ youth?

© Michelle L. Mullin, 2023

46

---

---

---

---

---

---

---

**Has any part of the session so far made you feel a little uncomfortable?**

**Reflection:**

- Notice when you have a biased belief or assumption
- Check your implicit biases by taking an implicit association test for free at <https://implicit.harvard.edu/>


**Ask yourself:**

“How do my beliefs serve me?”

“What are the costs of maintaining or changing my beliefs?”

“What could I gain from changing my beliefs?”

© Michelle L. Mullin, 2023



47

---

---

---

---

---

---

---



**LGBTQ+ & Mental Health/Addiction**



© Michelle L. Mullin, 2024

48

---

---

---

---

---

---

---



### Why minority stress creates mental health challenges

**When stress isn't appropriately managed**, it can lead to health problems and unhealthy behaviors—the characteristics of minority stress and the life experiences of marginalized populations increases the likelihood of mental health concerns in people who identify as LGBTQ+.

People who identify as LGBTQ+ may not have the support systems needed to help manage their stress and emotions. Plus, behaviors they use to protect themselves often have the opposite effect. When you're constantly under threat, a natural defense is to build up walls and be on the lookout for danger. If you're afraid someone won't like you, it's easiest to not give anyone the chance to reject you. If every situation seems scary, it can feel safer to just stay home alone.

The problem is that always being on the defensive can increase feelings of stress, depression, anxiety and fatigue. It also robs you of the chance to make connections that could help you live a happy, healthy life.

For people who identify as LGBTQ+, it can even stop them from getting the health care they need. The Rainbow Health survey found that 40% of Minnesota adults identifying as LGBTQ+ didn't go to the doctor when they needed to because they feared disrespect or discrimination.

49

### Issues LGBTQ+ Individuals MAY face:

**Hate crime:** 'Hate crimes' are crimes committed against people because of their race, sexuality, religion, gender identity or disability. Members of the LGBTQ+ community are at a greater risk of experiencing hate crimes compared to heterosexual people. Certain LGBTQ+ groups are at particular risk, including gay men, young people and those who are from Black, Asian and ethnic minority groups.

**Accessing Healthcare:** Around one in eight LGBTQ+ people have experienced unequal treatment from healthcare staff because they are LGBTQ+. One in seven have avoided treatment for fear of discrimination. Healthcare providers have a legal duty under the Equality Act 2010 to treat LGBTQ+ people fairly.

50

### Health Disparity: Mental Health

Mental Health Characteristics  
MA Behavioral Risk Factor Surveillance Survey, 2001-2008

Characteristic	Straight Men	Straight Women	Gay Men	Lesbians	Bisexual Men	Bisexual Women
Frequent Worry	~18%	~22%	~25%	~28%	~35%	~38%
Frequent Depression	~15%	~18%	~20%	~22%	~28%	~32%
Serious Suicide Thoughts	~5%	~8%	~10%	~12%	~25%	~30%


Higher rates of depression, anxiety and suicidal thoughts, especially among bisexuals (Conron et al., 2010)

51

### LGBTQ+ & Mental Health Outcomes

LGBTQ+ people may experience mental health challenges, including higher rates of mental disorders, substance use disorders, and other mental health issues:

- According to a study in Australia, 74.5% of LGB+ people have experienced a mental disorder at some point in their lives, compared to 41.7% of heterosexual people.
- According to SAMHSA, about one third of bisexual females, bisexual males, and gay males had a substance use disorder (SUD) in the past year, and about one fourth of lesbian females had an SUD.
- LGBTQ+ people may also be at a higher risk for developing eating disorders due to stressors.



© Michelle L. Mallon, 2024

52

---

---

---

---

---

---

---



### LGBTQ+ Youth

LGBTQ+ youth may also experience mental health challenges, including:

- Anxiety:** According to the Trevor Project, 73% of LGBTQ+ youth reported symptoms of anxiety in 2022, up from 68% in 2020.
- Depression:** According to the Trevor Project, 58% of LGBTQ+ youth reported symptoms of depression in 2022, down from 62% in 2021.



© Michelle L. Mallon, 2024

53

---

---

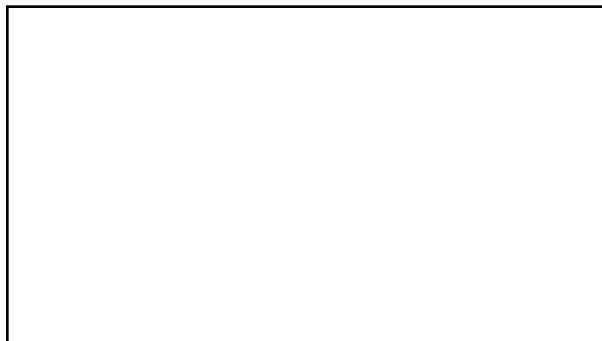
---

---

---

---

---



54

---

---

---

---

---

---


---

### Suicide Risk

- Nearly half of LGBTQ+ youth considered suicide within the past year
- 18% made a suicide attempt – 2x the rate of all US teens
- Suicide: According to the Trevor Project, 45% of LGBTQ+ youth considered suicide in 2022, up from 40% in 2020.

**LGBTQ+ Adults are 3-6x more likely than heterosexual adults to report suicidal thoughts, plans and attempts**

© Michelle L. Mallon, 2024



55

---

---

---

---

---

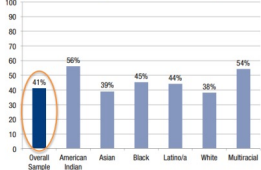
---

---

---

### Attempted Suicide among Transgender People

Suicide Attempt by Race  
National Transgender Discrimination Survey, 2011



Race	Percentage
Overall Sample	41%
American Indian	56%
Asian	39%
Black	45%
Latino/a	44%
White	38%
Multiracial	54%

41% of transgender people have attempted suicide, compared to 1.6% in the general population (Grant et al, 2011)

© Michelle L. Mallon, 2024

56

---

---

---

---


---

---

---

---

### Another Potential Outcome:



© Michelle L. Mallon, 2024

57

---

---

---

---

---

---

---

---

## LGBTQ+ & Addiction

Statistics show that LGBTQ+ folks are more than 2x as likely than heterosexual/cisgender folks to use illicit drugs and almost twice as likely to suffer from a substance abuse disorder

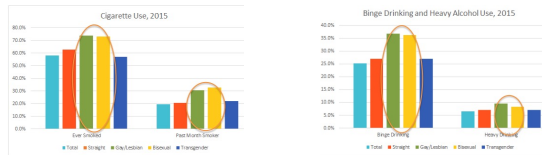
- An estimated 20-30% of LGBTQ+ individuals have an addiction, as compared to about 9% of the general population



© Michelle L. Mallon, 2024

58

## LGBTQ+ & Addiction – Disparities in Alcohol and Tobacco Use



Sources: Substance Abuse and Mental Health Data Archives, National Survey on Drug Use and Health, 2015; James et al., 2016

© Michelle L. Mallon, 2024

59

- About 9% of the U.S. population will have an **eating disorder** in their lifetime, according to the National Association of Anorexia Nervosa and Associated Disorders. **LGBTQ+ individuals are much more likely to have eating disorders than the general population** – this is especially true for **boys, men and people who identify as transgender or gender nonconforming**.
  - **Boys** who identify as gay or bisexual are more likely to engage in food restrictive behaviors, self-induced vomiting, laxative abuse and diet pill use in order to control their weight, compared to heterosexual peers.
  - **Gay adult men** are **7x more likely** to report bingeing and **12x more likely** to report purging than heterosexual adult men.
  - **Transgender college students** are about **4x more likely** to have an eating disorder than their peers. People who are **genderqueer and/or gender nonconforming** are most likely to be affected.
- There is a singular reason for eating disorders within the LGBTQ+ community – they can be linked to poor body image, gender dysphoria, stress and other factors.

© Michelle L. Mallon, 2024

## Eating Disorders

60

## LGBTQ+ & Addiction



### Early Emotional Trauma

- Emotional and physical abuse, being kicked out of the house, and even attempts at conversion therapy
- A report regarding LGBTQ+ trauma by the Addiction Technology Transfer Center Network states that "...many individuals are unaware of the traumatic experience faced by some, but not all, within the LGBT population. This trauma may occur in the forms of family, community, or religious ostracism, possible physical beatings, as well as minimal legal protection for housing, employment, and custody concerns."

© Michelle L. Mallin, 2024

61

---

---

---

---

---

---

---

---

## LGBTQ+ & Addiction



### Increased Prevalence of Depression

- Up to 3x more likely to experience depression compared to general adult population
- Between 30-60% of LGBTQ+ deal with anxiety and depression at some point in their lives
- "Among individuals with a mood disorder, 32 percent had a co-occurring [substance use disorder]. Of individuals with lifetime major depression, 16.5 percent had an alcohol use disorder and 18 percent had a drug use disorder." – AJMH report



LGBTQ teens are **six** times more likely to experience symptoms of **depression** than their heterosexual counterparts.

© Michelle L. Mallin, 2024

62

---

---

---

---

---

---

---

---

## LGBTQ+ & Addiction



### Discrimination and Social Stigma

- Despite growing acceptance in the United States, **almost all LGBTQ individuals face some level of homophobia and discrimination**
- **More than 2/3 report experiencing discrimination in their lifetime**
  - This may come from strangers, acquaintances, friends or family
- They also face the constant threat of workplace harassment, bullying, and hate crimes



© Michelle L. Mallin, 2024

63

---

---

---

---

---

---

---

---

## LGBTQ+ & Addiction

### Lack of Support for LGBTQ+ People

- Many members of the LGBTQ community choose to remain "in the closet," keeping their sexual identity a secret to avoid discrimination. Living this type of double life can create feelings of loneliness and anxiety.
- Those who do choose to come out often face rejection from family and friends, and as a result often turn to substance abuse to help dull the pain.



64

---

---

---

---

---

---

---

---

## LGBTQ+ & Addiction

### Internalized Homophobia/Transphobia

- Whether or not their families and friends provide acceptance, many members of the LGBTQ community suffer from internalized homophobia.
- This happens when they self-identify with anti-gay/trans stigmas. The result is often self-loathing and an inability to feel comfortable in one's own skin.
- For those suffering from internalized homophobia, substances can serve as an effective mechanism for silencing negative thoughts. When drunk or high, LGBTQ individuals can temporarily enjoy living as their true selves.



65

---

---

---

---

---

---

---

---

## LGBTQ+ & Addiction

### Co-Occurring Disorders

- Clinical **depression, stress, and anxiety disorders** are very common among members of the LGBTQ community
- These individuals are also prone to **mood disorders, eating disorders, and other types of psychiatric problems**
- In addition, some may suffer from **serious health issues** such as hepatitis, HIV/AIDS, and other sexually transmitted diseases
- Dealing with these medical issues can **interfere with the ability and desire to seek substance abuse treatment**
- **Over 50% of LGBTQ+ people with one addiction, struggle with at least one other addiction**



66

---

---

---

---

---

---

---

---

## LGBTQ+ & Addiction

**The Need for Specialized Treatment**

- There is a **fear** of seeking treatment
- Many sexual minorities facing addiction problems are **hesitant** to seek help from a traditional treatment facility
  - Group therapy participants, and even some counselors, may display **homophobic** behaviors or make inappropriate remarks.
- In addition, most **traditional treatments** do not address the specific needs of LGBTQ+ individuals
  - This includes **learning successful coping methods** for dealing with social isolation, family problems, homophobia, and violence
  - Support groups are not always **safe places** to talk about LGBTQ+ issues

© Michelle L. Mulkin, 2024



67

---

---

---

---

---

---

---

---



68

---

---

---

---

---

---

---

---





Gambling Disorder Overview  
LGBTQ+ & Gambling  
Advice for Working with LGBTQ+ Clients

© Michelle L. Mulkin, 2024

69

---

---

---


---

---

---

---

---



**How might the research on addiction apply to Gambling Disorder?**

**What does research tell us about the similarities between substance addictions and Gambling Disorder?**

© Michelle L. Mallon, 2024

70

---

---

---

---

---

---

---

---

<p><b>Addiction</b></p> <p>Addiction can be described as a complex disease. It is defined as "a state of periodic or chronic intoxication detrimental to the individual and society, which is characterized by an overwhelming desire to continue taking the drug and obtain it by any means. Accordingly, addiction is characterized as <b>compulsive, at times, uncontrollable</b>, drug craving, seeking, and use that persistence even in the face of <b>extremely negative consequences</b>. (Drugs &amp; Society; Hanson et al., 12<sup>th</sup> ed.)</p>	<p><b>Gambling Disorder</b></p> <p>"An <b>addictive illness</b>... in which the subject is driven by an overwhelming, <b>uncontrollable impulse</b> to gamble. The impulse progresses in intensity and urgency, consuming more and more of the individual's time, energy and emotional and material resources. Ultimately, it invades, undermines and often <b>destroys everything that is meaningful in his life</b>." (Custer &amp; Millt, 1985)</p>
---	--

© Michelle L. Mallon, 2024

71

---

---

---

---

---

---

---

---

**Prevalence**

Approximately 90% of the U.S. population will gamble in their lifetime

"Problem gambling is when individuals have problems associated with their gambling, is defined as Gambling Disorder as a **persistent and maladaptive behavior which cause clinically significant impairment or distress**" (Greco & Curci, 2016, p.2)

**Approximately 5% of adult population (1-8%):**

- Forensic populations – 14-30%
- College students – 6-9%
- Adolescents – 7-9%
- Veterans – ~10%

• **LGBTQ+?? TBD**

© Michelle L. Mallon, 2024

72

---

---

---

---

---

---

---

---



## Gambling Disorder

### Diagnostic and Statistical Manual of Mental Disorders (DSM) Change

What was previously understood as an impulse control disorder under the DSM-IV is now a 'behavioral addiction' under the "substance abuse and addictive disorders" section of the Manual due to **strong empirical evidence that links problem gambling and brain activity to drug and alcohol addiction**



© Michelle L. Mallon, 2024

73

---

---

---

---

---

---

---

---

## Gambling, Gambling-Related Harms, and Gambling Disorder

- Continuum from at-risk to severe addiction
- Many personal, familial, and societal gambling-related harms
- ~20% of problem gamblers attempt suicide (SI much higher)
- Comorbidity



© Michelle L. Mallon, 2024

74

---

---

---

---

---

---

---

---

## Risk Factors for Gambling Disorder

- History of an early big win (leading to false expectation of future wins)
- Cognitive distortions about the odds of winning (i.e., luck)
- Recent loss or change (e.g., divorce, job loss, retirement, bereavement)
- Self-esteem is tied to gambling wins or losses
- History of risk taking or impulsivity
- Family history of gambling
- **History of financial problems**
- **Depression**
- **Trauma history (Post traumatic stress disorder)**
- **Substance use**

© Michelle L. Mallon, 2024

75

---

---

---

---

---

---

---

---

## Gambling Disorder

- Experiencing **negative life events and/or stress** may increase gambling behavior
- **Childhood maltreatment and abuse** has been linked with gambling disorder
- Anger has been connected to severity of gambling behavior
- Recent **stressful life events** could help predict gambling disorder
- There is a relationship between **“strain”** and both gambling and substance use
- Strain caused by mental health, suicidal ideation, and unhappy childhood were found to have a significant relationship with gambling disorder
- High levels of stress, physical health problems and low levels of happiness were not found to have a relationship with gambling disorder
- **There is a relationship between higher composite scores of strain and gambling disorder**

© Michelle L. Mullin, 2024

76

---

---

---

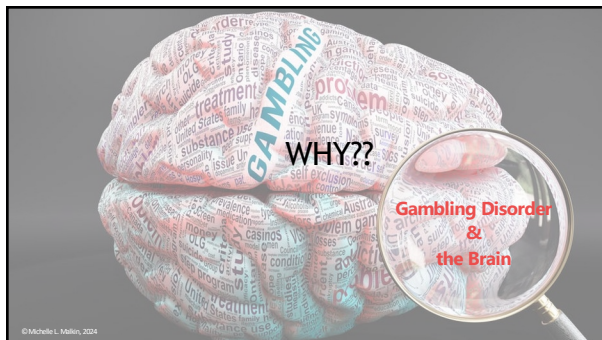
---

---

---

---

---



© Michelle L. Mullin, 2024

77

---

---

---

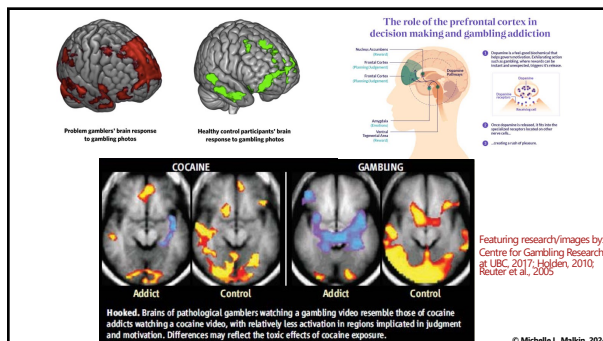
---

---

---

---

---



78

---

---

---

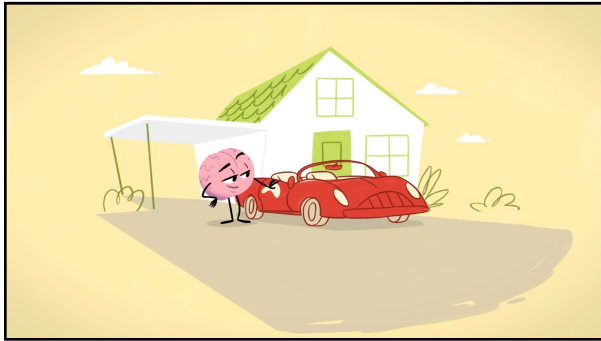
---

---

---

---

---



79

---

---

---

---

---

---

---

---



### Gambling Disorder and Gender

- Larger percentage of women becoming problem gamblers**
- Increasing at higher rates than men

**Some differences between men and women gamblers according to past research**

- Men start gambling earlier, women cross into problem gamblers quicker
- Demographic differences
- Types of gambling
- "Why" they gamble

80

---

---

---

---

---

---


---

---

### Gambling Disorder & Comorbidity

**Connection with Other Addictions**

- Problem gambling is often accompanied by substance use
- In many states, casinos are the only indoor places people can use tobacco
- People who gamble can often experience intense excitement, power and hopeful anticipation as a result of gambling similar to the use of other substances
- For some, a dependency on the "action" of gambling occurs in a similar way to dependency on the effects of alcohol or other drugs



81

---

---

---

---

---

---

---

---

**Discuss among peers:**

What issues may be **unique** with Gambling Disorder from substance addictions?

© Michelle L. Mallon, 2024

82

---

---

---

---

---

---

---

**Gambling Disorder**

© Michelle L. Mallon, 2024

83

---

---

---

---

---

---

---

**Gambling Disorder**

© Michelle L. Mallon, 2024

84

---

---

---

---

---

---

---

## Barriers for Help Seeking

Public funding for substance abuse treatment is 281 times greater than for problem gambling services (\$17 billion vs. \$60.6 million) (Marotta, 2013).

~ 11% of U.S. adults with gambling disorder seek professional help in their lifetime (Lister et al., 2015). [Partially due to the definitions of help-seeking studied...]

High levels of stigma and shame among helping seeking clients.

© Michelle L. Malkin, 2024

85

---

---

---

---

---

---

---

---

Any Questions about  
Gambling  
and/or  
Gambling Disorder?

© Michelle L. Malkin, 2024

86

---

---

---

---

---

---

---

---

## LGBTQ+ & Gambling

### Why LGBTQ+ Gamble

- Fun/Excitement
- Action-Seeking
- Escape
- Financial Reasons
  - Expendable funds (if no children)
  - Chasing funds for transgender healthcare
  - Homeless youth seeking funds for housing/healthcare
- Use of drugs/alcohol/tobacco - co-occurring disorders
- "Invisible" in gambling establishments



© Michelle L. Malkin, 2024

87

---

---

---

---

---

---

---

---

## LGBTQ+ & Gambling Quotes

"The first time I gambled was going to a casino with a group of friends after I had been in a gay bar for the first time ... it was 4am and all the clubs and bars had closed. It was what we all did ... then it became a habit and it just took hold."

"Being intoxicated, alcohol and drugs are rife in the gay scene, then you just lose all inhibition when you gamble, and that comes on the back of those feelings of trying to fit in, isolation, depression, anxiety, rejection, so it's almost a comfort thing."

"There are people who are so worried about coming out, they want the escapism of gambling."

"If parents don't approve and they get kicked out, gambling adverts make it seem like easy money."

© Michelle L. Malkin, 2024

(Riley, 2022)

88

---

---

---

---

---

---

---

---

## LGBTQ+ & Gambling Disorder

### Massively understudied – 11 studies (3 in past year)

Problem gambling "may" be more prevalent in the LGBTQ+ community

- One prior study of problem gamblers found that 20%+ identified as LGBTQ+

#### RECENT STUDIES INCLUDE:

Malkin, M. L. & Stacey, M. (2023). Gambling Behavior among LGBTQ+ Individuals: The Role of Gender and Gender Identity. *Journal of Gambling Studies*. (forthcoming)

Stanmyre, J. F., Nower, L., & Malkin, M. L. (2023). Problem Gambling and Sexual Minority Individuals: Evaluating Influence of Age and Comorbid Mental Health and Substance Use Problems. *Journal of Gambling Studies*, 1-13.

© Michelle L. Malkin, 2024

89

---

---

---

---

---

---

---

---

## LGBTQ+ & Gambling Disorder (past research)

There is **disagreement** among the currently published studies on **Gay or Bisexual men** have a higher, equal, or lower prevalence of Gambling Disorder than heterosexual men.

- Co-occurring issues of drug use and alcohol within the same population.

© Michelle L. Malkin, 2024

90

---

---

---

---

---

---

---

---

### LGBQ+ & Gambling Disorder (*past research*)

Overall adult **LBQ Women consistently** score at higher prevalence rates for both participating in gambling and having Gambling Disorder than heterosexual women

- LBQ Women may have the highest risk for problem gambling among all sexual minority individuals

© Michelle L. Malkin, 2024

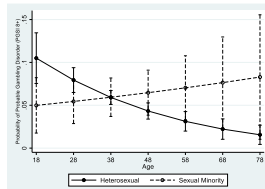
91

### LGBQ+ & Gambling Disorder (*new research*)

There is also some evidence that **older LGBQ+ individuals** are at a disproportionate rate for problem gambling than their heterosexual counterparts.

**Older individuals** identifying as sexual minorities are at increasing risk, particularly when compared to heterosexual counterparts

Meanwhile, **younger** sexual minorities are at *less* risk than heterosexual peers



**Logistic regression for full sample: Predicting PGSI 8+**

Controls: Age, Gender, Race, Ethnicity, Marital Status, Depression, Anxiety, Alcohol Problem, Drug Problem, Any Problem Behavior

Stanmyre, J. F., Nower, L., & Malkin, M. L. (2023). Problem Gambling and Sexual Minority Individuals: Evaluating Influence of Age and Comorbid Mental Health and Substance Use Problems. *Journal of Gambling Studies*, 1-13.

© Michelle L. Malkin, 2024

92

### Transgender & Gambling Disorder (*past research*)

- One study assessed gambling behavior among transgender individuals focused specifically on transgender adolescents
- Transgender adolescents assigned male at birth were most at risk for gambling involvement and problem gambling. While not as highly at risk as trans individuals assigned male at birth, those assigned female at birth were also at a higher risk for problem gambling than cisgender males and females.
- Overall, over **11% of transgender adolescents met the criteria** to be further assessed, while only 4.1% of those identified as cisgender.

A Rhode Island study found that trans participants were ~3.6 times higher risk for disordered gambling than the general population

© Michelle L. Malkin, 2024

93

Prevalence of Gambling by Gender and Gender Identity (Malkin & Stacey, 2023) – <i>New Research</i>				
	Gambling Prevalence Level			
	No Gambling	Gambled Less than Monthly	Gambled Monthly+	Any Gambling
Total Sample	36.61	40.44	22.95	61.7
Gender Identity				
Transgender	43.3	39.18	17.53	56.12
Cisgender	34.2	40.89	24.91	64.84
Gender Assigned at Birth				
Assigned Male at Birth	24.79	41.32	33.88	75.21
Assigned Female at Birth	41.91	40.25	17.84	58.09
Gender Assigned at Birth by Gender Identity				
Assigned Male at Birth				
Transgender	32.26	35.48	32.26	67.74
Cisgender	22.22	43.33	34.44	77.78
Assigned Female at Birth				
Transgender	47.69	41.54	10.77	52.31
Cisgender	39.77	39.77	20.45	60.23

There is a significant relationship between the frequency of gambling and gender assigned at birth ( $p=15.478$ ,  $p=0.000$ ). Likewise, there is a significant relationship between gender assigned at birth and gambling at least monthly ( $\chi^2=11.633$ ,  $p=0.001$ ).

© Michelle L. Malkin, 2024

94

New Research ( <i>early analysis</i> ) – Race & Ethnicity		
Race (LGBTQ+)	% Gamb in Past Yr	Gamb Monthly
Caucasian	61.63	22.48
<b>Black/African-American</b>	<b>72.50</b>	<b>30.00</b>
Asian	62.50	18.75
Other	68.42	26.32
Ethnicity (LGBTQ+)		
Hispanic	63.79	24.14
Non-Hispanic	61.32	22.01

© Michelle L. Malkin, 2024

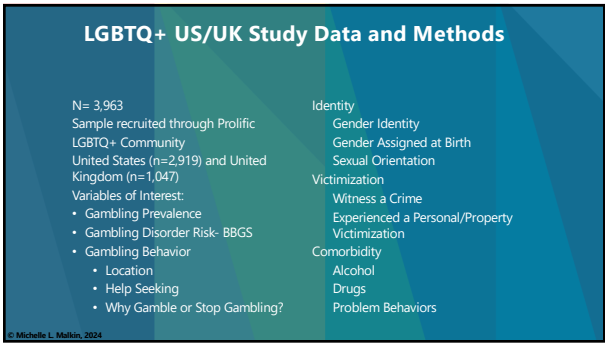
95

LGBTQ+ College Students ( <i>study ongoing</i> )
Study of undergraduate college students (N=2,333) within North Carolina ( <i>most forms of gambling are not legal</i> )
26% identified as LGBTQ+ (N=614)
• <b>30% LGBTQ+ gambled in past year</b>
• 17% gamble at least monthly
• 20% of those that gambled used the internet/mobile phone (even though not legal)
• 60% believe gambling is at least a minor problem in their college campus
• ~5% need further screening for gambling based on BSGS

© Michelle L. Malkin, 2024

96





97

---

---

---

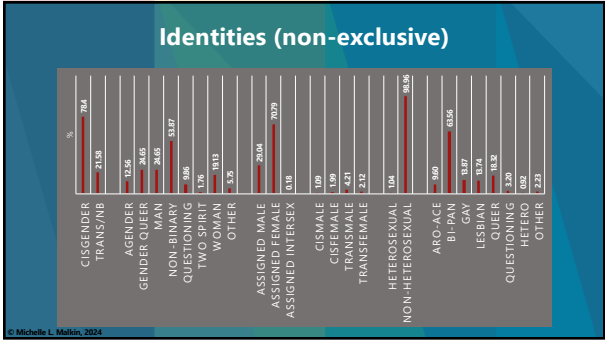
---

---

---

---

---



98

---

---

---

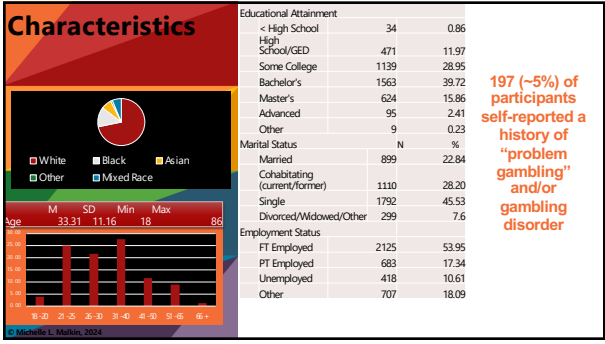
---

---

---

---

---



99

---

---

---

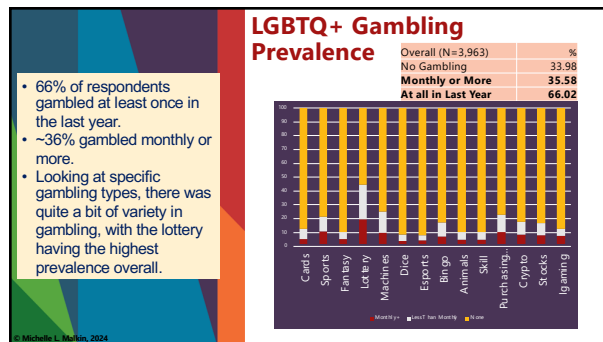
---

---

---

---

---



100

---

---

---

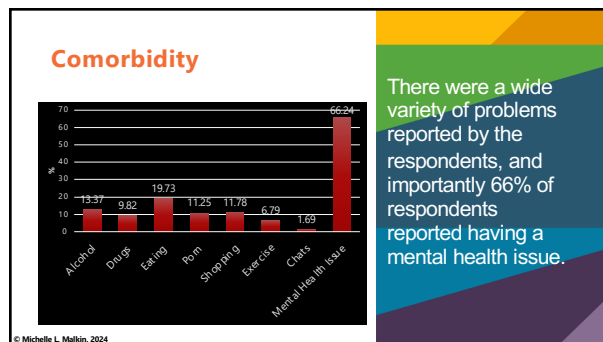
---

---

---

---

---



101

---

---

---

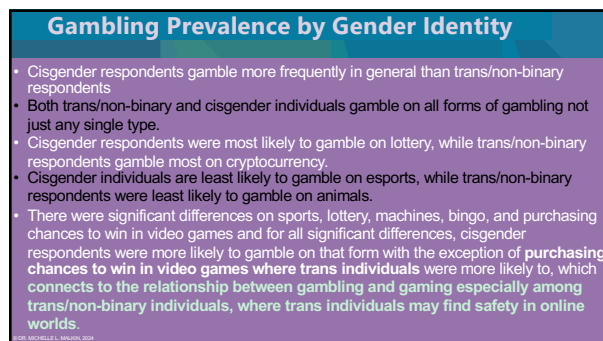
---

---

---

---

---



102

---

---

---

---

---

---

---

---

### Prevalence by Gender Assigned at Birth & SO

**Gender Assigned at Birth:**

- Those assigned male at birth are more likely to gamble in every form of gambling than those assigned female at birth.
- Although both those assigned female at birth and those assigned male at birth are most likely to engage in lottery play.

**Sexual Orientation-**

- The only comparison that was non-significant was for purchasing chances to win in video games.
- Looking across the different types, all of the groups were most likely to gamble on lottery

**Gambling Monthly:**

- 45% of gay individuals
- ~ 34-36 of bi-pan & lesbian individuals are gambling at least monthly

© Michelle L. Mallon, 2024

103

---

---

---

---

---

---

---

---

In understanding behavior beyond type, we see that most LGBTQ+ people are engaging in gambling at home, with the second most frequent location being casinos, and third at gas stations or convenience stores, most likely for lottery tickets.

- 31% of those self-reporting a history of "problem gambling" sought help.
  - Mostly from family and friends, with GA being second most common.

Also important, about a quarter of the sample feel that their identity impacts where and how they seek help regardless of whether they sought help in the past or not.

LGBT Identity and Help Seeking	Total	N=392
Definitely Not	2006	51.16
Probably Not	906	23.11
Might or Might Not	554	14.13
Probably Yes	366	9.33
Definitely Yes	89	2.27

© Michelle L. Mallon, 2024

104

---

---

---

---

---

---

---

---

**Brief Biosocial Gambling Screen**  
A 3-item screen for assessing the person's risk for developing a gambling problem.

- During the past 12 months, have you become restless, irritable or anxious when trying to stop/ cut down on gambling? YES NO
- During the past 12 months, have you tried to keep your family or friends from knowing how much you gamble? YES NO
- During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends or welfare? YES NO

ICRG www.icrg.org  
www.divisiononaddiction.org

- About 23% of individuals score as needing further assessment for gambling disorder on the BBGS.
- Almost 7.5% of respondents perceive themselves to have gambling disorder.
- For those who experienced a victimization, they were much more likely to have experienced a gambling related harm.
- There is no difference in bbgs scoring based on sexual orientation nor trans/non-binary identity, however, gender assigned at birth was significant, with those assigned male at birth having a higher score on the bbgs.
- Those who have reported issues with alcohol, drugs, eating, pornography/sex, shopping, chat rooms, as well as mental health issues are much more likely to also score as needing gambling risk assessment = comorbidities.

© Michelle L. Mallon, 2024

105

---

---

---


---

---

---

---

---



### Conclusions

- Among the LGBTQ+ population, there are wide variances in gambling behavior and risk based on identities
- GAB continues to be most relevant in understanding gambling behavior and risk than gender identity
- Unlike most prior studies, those who identify as gay as well as those AMAB are at the highest gambling prevalence
- LGBTQ+ individuals have higher comorbidity related to gambling with victimization experiences, alcohol, drugs, eating, porn/sex, shopping, chat rooms, and mental health issues
- Those seeking help for any of these types of behaviors should always also be assessed for gambling – note that about 25% would seek out providers who are safe (cultural humility)

© Michelle L. Mallon, 2024

106

---

---

---

---

---

---

---

---

### Next Steps

- Looking at types of minority stress and other pathways to gambling, such as specific types of victimizations
- Identifying the types of help-seeking behavior LGBTQ+ individuals seek for gambling-specific types of issues
- Intersectionality
- Comparing results to a national study of all identities including heterosexual/cisgender
- Collecting more diverse data at Pride events

© Michelle L. Mallon, 2024

107

---

---

---

---

---

---

---

---

### Why we should be paying attention to gamers...

Problematic "gaming" is also known to be more common in the LGBTQ+ population

- Studies have found at least 10% of gamers are LGBTQ+
- Potential issue as young gamers access online and other forms of gambling




© Michelle L. Mallon, 2024

108

---

---

---

---

---

---

---

---

The digital world has always been a space where opportunities to discuss sexuality and gender can exist

queer and transgender gamers sometimes self-identify as “gaymers”




© Michelle L. Malkin, 2024

109

---

---

---

---


---

---

---

---

**LGBTQ+ Representation in Gaming...**



© Michelle L. Malkin, 2024

110

---

---

---

---

---

---

---

---

In a study conducted by Entain (2021), one of the world's largest betting companies, which surveyed over 16,000 people found that those who said they play videos games weekly were 4.3 times more likely to say they bet than those who play less.

- younger adults were most likely to be involved in both betting and gaming (18-24 year olds were the most likely to participate in both, with figures decreasing as age increased)

**Good Research? But Potentially Important Findings!**

© Michelle L. Malkin, 2024

111

---

---

---

---

---

---

---

---

### LGBTQ+ “Friendly” Gambling Establishments

Some gambling industry providers specifically market to the LGBTQ+ community to gamble at their locations and on their products, claiming to be LGBTQ+ friendly destinations






© Michelle L. Mullin, 2024

112

---

---

---

---

---

---

---

---

### LGBTQ+ as Gambling Industry Marketing Targets

Las Vegas casinos tops for LGBT-friendliness

“Foxwoods opens rainbow-heavy LGBTQ+-themed hotel suite”

Harrah’s, Atlantic City hope to become ‘gay friendly’ destinations



Top 5 Gay-Friendly Casinos in the World

Casinos market to gays, lesbians

113

---

---

---

---

---

---

---

---

### Suicidal Ideation and Attempt

~20% of individuals with gambling disorder attempt suicide (with suicidal ideation even higher), the highest percentages of all addictions

Based on several studies, including: Armoon et al., 2023; Hakansson & Karlsson, 2020; Jolly et al., 2021; Karlsson & Hakansson, 2018; Kristensen et al., 2023; Lee et al., 2021; Metcalf et al., 2023

**New Study:**

- Nearly 38% of individuals reported lifetime suicidal ideation (SI).
- Individuals with past year gambling (19.28%) were over 7x as likely to report past year SI than individuals without past year gambling (2.7%;  $p < 0.001$ ).
- No significant difference in lifetime SI between individuals actively gambling (37.58%) and those in recovery (37.84%).
- Those who have considered suicide in their lifetime experience more gambling-related harms on average than those who haven't.

Let's couple all this with the suicidal ideation/attempt figures among LGBTQ+ individuals = we may be losing more LGBTQ+ (currently included in on-going research)

© Michelle L. Mullin, 2024

114

---

---

---

---

---

---

---

---



### APA Best Practices: (1 of 2)

1. With new patients, create an accepting and affirming environment by not assuming sexual orientation or gender identity.
  - Ask, "Do you have sex with men, women or both?" and "How do you identify yourself?"
  - Be sensitive to patients in transition and ask how they'd like to be addressed as well as use the appropriate pronoun.
2. Assess level of openness and self-acceptance.

© Michelle L. Mallon, 2024

118

---

---

---

---

---

---

---

---

### APA Best Practices: (2 of 2)

3. Be aware that there is NO basis for so-called "conversion or reparative" therapy which are unscientific attempts to change sexual orientation through shame-based efforts that result in depression, anxiety, and increased suicidality. All major health groups condemn such attempts. (Refer to the APA's position statement on therapies focused on attempts to change sexual orientation for more information.)
4. Be aware that families can be helped to accept their gay or lesbian children and that in turn leads to greatly reduced suicidality and anxiety in such youth given the risk of suicide, be comfortable to ask about risk and resilience factors

© Michelle L. Mallon, 2024

119

---

---

---

---

---

---

---

---

**Tips for talking to people about biased comments include using "I" statements instead of "you" statements, separating intent from impact, appealing to empathy, and/or focusing on kindness, respect, and obligation. Examples of potential responses to biased statements, jokes, or other microaggressions include:**

- ✦ I'm sure you didn't mean to be hurtful, but when you use that term . . .
- ✦ I know you were just trying to be funny, but I found that joke offensive because . . .
- ✦ I know you want to have a respectful and inclusive work environment; those kinds of statements just aren't consistent with that.
- ✦ I don't believe that's true. I have researched this topic and...
- ✦ My experience has been different. In my experience...
- ✦ I used to use those terms too, but then I heard they can be offensive because . . .
- ✦ Better language I've learned is . . .
- ✦ All of our patients deserve to be treated fairly and with respect.
- ✦ That behavior could be considered discriminatory against LGBTQ people and we have a policy against discriminating on the basis of sexual orientation and gender identity.
- ✦ It seems that you're describing all bisexual people as unstable or undecided. Am I hearing you correctly?
- ✦ I know you meant it as a joke, but how would you feel if someone said something like that about your child?

© Michelle L. Mallon, 2024

120

---

---

---

---

---

---

---

---



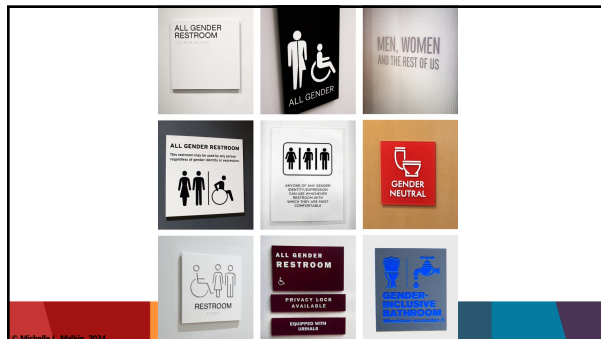
## Ideas on How to Create A Practice That Welcomes Members of the LGBTQ+ Community

- Advertise practices as accepting of members of the LGBTQ community
- Educate staff and providers to be comfortable in discussing sexual orientation and gender identity
- Include members of the LGBTQ+ community as part of your staff and train your staff to refer to patients by their name and chosen descriptive pronoun
- Maintain an open mind and avoid judgment regarding sexual orientation and practices
- On intake forms include the term partner in addition to the spouse; include transgender as an option/collect relevant SOGI data
- Post LGBTQ+ symbols and posters of ethnically and racially diverse transgender or same-sex couples

121



122



123

### ACTIVITY: Scenario

Maria is a 26 year old Latina male to female transgender who was pulled over for a DUI one month ago when she was driving home from a casino at 3am. She has been working at a restaurant for the past 6 months and lives with her parents. Maria seeks treatment for her alcoholism and comes to you for treatment.



What the special considerations with this situation?

What issues should you consider based on Maria's demographics?

How should gambling be brought into the first session (or should you wait)?

© Michelle L. Mallon, 2024

124

---

---

---

---

---

---

---

---

### ACTIVITY: Scenario

Rowan, a college student, is dreading her seeing a counselor but musters the courage to attend. Rowan identifies as pansexual, and her counselor has made comments about her sexuality in the past, like "Is that what the kids are calling it these days? It's impossible to keep up with all this diversity stuff, but I'm just an old fogey!"



What did the provider do wrong in this encounter?

What could the provider have said instead?

© Michelle L. Mallon, 2024

125

---

---

---

---

---

---

---

---

### Cultural Responsiveness

Culturally responsiveness is grounded in a cultural view in which multiple expressions of diversity (e.g., race, social class, gender, language, sexual orientation, nationality, religion, ability) are recognized and regarded as assets.

#### Strategies for Success

1. Be reflective
2. Incorporate diversity into practice, images, experiences
3. Be proactive in connecting with and learning about your clients
4. Utilize a variety of options to help people from different experiences (i.e. one mode of treatment does not work for everyone)
5. Create safe spaces for diverse individuals
6. Provide flexibility in how individuals reflect and share
7. Consider intersectionality
8. Ask for feedback and don't be afraid of the response

© Michelle L. Mallon, 2024

126

---

---

---

---

---

---

---

---

### Connect with Local LGBTQ+ Organizations



**Some National Hotlines:**  
**Gay & Lesbian National Hotline (GLNH)**  
888-843-4564  
**National Gay & Lesbian Youth Hotline**  
800-347-8336  
**The Trevor Helpline (Suicide Hotline)**  
886-488-7386  
**SAGE National LGBTQ Elder Hotline**  
877-360-LGBT  
**TRANSLINE**  
515-901-7120



127

---

---

---

---


---

---

---

### Activity – share in the chat

What is one thing you’ve learned today that you can bring into your workplace?



128

---

---

---

---

---

---

---

### Rate your Knowledge

On a scale of 1-10 (10 being an expert):

Where would you now rank your personal knowledge of gambling disorder?

Where would you now rank your personal knowledge of LGBTQ+ individuals/community?



129

---

---


---

---

---

---

---



### Some Additional Helpful Resources

- **American Psychological Association:**  
<http://www.apa.org/pi/lgbtSource#2>
- **National Association of Social Workers:**  
<http://www.socialworkers.org/diversity/new/lgbt.asp>
- **SAMHSA:** Top Health Issues for LGBT Populations Information & Resource Kit  
<https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4684.pdf>

130

---

---


---

---


---

---

---



### Questions & Answers



Michelle L. Malkin, J.D., PhD  
Gambling Research & Policy Initiative  
Malkinm20@ecu.edu

131

---

---

---

---

---

---

---