

LGBTQ+ & Gambling Disorder: A Cultural-Competency Primer

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Presentation Roadmap (with activities/discussions throughout)

- 1) LGBTQ+ Cultural Competency
- 2) LGBTQ+ & Addiction
- 3) LGBTQ+ & Gambling Disorder
- 4) LGBTQ+ & the Gambling Industry
- 5) Advice for Working with LGBTQ+ Clients
- 6) Q & A



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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

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

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Rate your Knowledge

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

Where would you rank your personal knowledge of
gambling disorder?

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

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Cultural Competency Key Concepts

Constructs of Cultural Competence	Definition
Cultural awareness	Self-examination and in-depth exploration of one's own cultural and professional background
Cultural knowledge	Process of seeking and obtaining a sound educational foundation about diverse cultural and ethnic groups
Cultural skill	Ability to collect relevant cultural data regarding the client's problem as well as accurately performing a culturally based physical assessment
Cultural encounters	Encourages the health care provider to directly engage in crosscultural interactions with clients from culturally diverse backgrounds
Cultural desire	Motivation of the health care provider to want to, rather than have to, engage in the process of being culturally aware

(Campinha-Bacote, 2002)

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Moving Beyond “Cultural Competence”

Critiques of cultural competence:

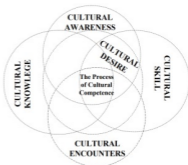
- Can be seen as endpoint rather than a process (Kumagai & Lypton, 2009, Campinha-Bacote, 2002, Wesp et al, 2018, Tervalon & Murray-Garcia, 1998)
- Acknowledges group differences, but not systems of power and oppression (Schill & Caxaj, 2019, Kumagai & Lypton, 2009, Wesp et al, 2018)
- Does not acknowledge power imbalance of healthcare system (Schill & Caxaj, 2019, Kumagai & Lypton, 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 & Lypton, 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

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Lots of models, all agree that this is a **process**, that involves **knowledge**, **practice** and **self-reflection** (models pictured: Campinha-Bacote, 2002; Goforth, 2016)

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Why Cultural Competence?

Estimated number of LGBTQ+ Adults in the U.S.

% LGBT	# LGBT (Total)	# LGB (Total)	# Transgender (Total)
4.5%	11,343,000	10,338,000	1,397,150

LGBT Demographic Data Interactive, 2019

- 2.4 million LGBTQ+ adults over age 50
- Expected to double to over 5 million by 2030

(Campinha-Bacote, 2002)

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Cultural Competency Key Concepts

Term	Definition
Health Disparities	Group specific differences in quality of care received, presence of disease, or health outcomes (Healthy People 2020, Disparities)
Barriers To Healthcare	Obstacles within our health care system that prevent vulnerable patient populations from getting needed health care (Healthy People 2020, Access to Healthcare)
Minority Stress	The theory that unique stressors experienced by minority populations contributes to health disparities (Balkam et al, 2011)
Risk and protective factors	Social, behavioral, and environmental factors that make disease more or less likely (Solar & Irwin, 2010)
Social Determinants of Health	The theory that social conditions are the root cause of health disparities (Solar & Irwin, 2010, Healthy People 2020, Social Determinants of Health)

(Campinha-Bacote, 2002)

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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

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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

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Minority Stress

- **Minority Stress = major discriminatory events and micro-aggressions**
- **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)**

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Cultural Competency Key Concepts

Term	Definition
Privilege	Special power and advantages granted systematically to one group over another, and usually portrayed as default and normal (McIntosh, 1988)
Heterosexism	Discrimination against gay and bisexual people based on assumption that heterosexuality is "normal" and "superior" (Russo, 2014)
Cissexism	Discrimination against transgender people based on assumption that cisgender is "normal" and "superior" (Russo, 2014)
Ageism	Stereotyping, discrimination, and prejudice against people on the basis of age (World Health Organization, Ageing and life-course)

(Campinha-Bacote, 2002)

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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

How are these genders defined?

What exceptions can you think of?



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LGBTQ+ Cultural Competency

Sex: Genetic and anatomical characteristics with which people are born, typically labeled "male"/"female."

Sexual orientation: A person's emotional, sexual, and/or relational attraction to others.

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.

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>

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LGBTQ+ Cultural Competency

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

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

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

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.

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: A term usually used to refer to specific sexual orientations (e.g., lesbian, gay, bisexual). Note: Some individuals use queer as an alternative to gay in an effort to be more inclusive, since the term queer does not convey a sense of gender. However, depending on the user, the term can have either a derogatory or an affirming connotation.

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

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LGBTQ+ Cultural Competency

Why the "+"?

I = intersex

Q = queer/questioning

A = asexual/aromantic/agender or ally

P = pansexual

D = demisexual



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

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LGBTQ+ Cultural Competency

More identity terminology:

- Aggressive
- Androgynous
- Androsexual
- Bigender
- Bicurious
- Boi
- Butch
- Demigirl
- Demiguy
- Dyke
- Femme
- Fluid
- FtM/F2M; MtF, M2F
- Genderless
- Gender Variant
- Gynesexual
- Lipstick Lesbian
- Metrosexual
- Pangender
- Polyamorous
- Questioning
- Same Gender Loving
- Skillosexual
- Stud
- 3rd Gender
- Transman
- Transwoman
- Two-Spirit

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The Age/Racial Divide for Terminology

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.



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LGBTQ+ Cultural Competency

And there are so many more, such as:

Cross-dresser – a person who wears clothing of a different gender, often heterosexual men who dress in women's clothing. Cross-dressers may or may not be trans identified.

Drag, drag king, drag queen – The performance of one or more genders theatrically. Performers are called drag kings and drag queens.

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)

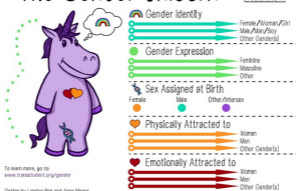
Good resource: <https://www.hrc.org/resources/glossary-of-terms>

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The Gender Unicorn

Graphic by
TSER



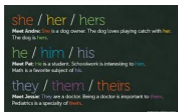
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LGBTQ+ Cultural Competency

Preferred pronouns/name:

Please ask ALL clients about preferred names and pronouns



PREFERRED PRONOUNS:

☐ ASSUME

☐ GUESS

☒ ASK

Good resource: National Center for Transgender Equality – transequality.org

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LGBTQ+ Cultural Competency



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>

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Transitioning and Transition Myths

- The process of transitioning from the gender assigned at birth to the gender an individual identifies with
- Myths:
 - All trans people want to take hormones and have surgery
 - All trans people feel they are in the "wrong" body
 - All trans people want to "pass" for the gender they identify with
 - Gender identity always corresponds with gender expression
 - All trans people are heterosexual



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Your turn to take some action

Turn to the person next to you and introduce yourself with your preferred name and your pronouns:

(she/her/hers)

(he/him/his)

(they/them/theirs)

Or any pronouns your prefer...

Try with a second person...

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If you make a mistake with pronouns

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 pronouns earlier. I know you use he/him. I will be sure to get that right next time."

Practice and do better next time! ☺



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Questions specifically about terminology and/or gender identity?



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Activity

Brainstorm this your neighbors what issues LGBTQ+ folks might face.

Similarities/differences among identities?

- lesbian women
- gay men
- bisexual/pansexual individuals
- transgender individuals
- queer-identified individuals
- intersex individuals

Consider at least the following areas of their lives:

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

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More things to ponder...

What about LGBTQ+ people of color?

What about LGBTQ+ people over the age of 65?

What about LGBTQ+ youth?

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LGBTQ+ Cultural Competency

Issues Faced By LGBTQ+ Folks:

- Fair and Inclusive Workplaces
- Access to Health Insurance
- Access to Culturally Competent Providers
- Freedom from Discrimination
- Safe Schools
- Homelessness
- Family Acceptance
- Welcoming Faith Communities
- Public Service



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LGBTQ+ Cultural Competency

Some Common Myths:

"People choose to be gay, bisexual, or transgender."

According to research, sexual orientation and gender identity emerge early in life and do not depend on such factors as home life. People choose how they express themselves, but their underlying sexual orientation and gender identity are not self-selected and are not "lifestyle" choices.

"Being gay or bisexual is a dysfunction that can be cured."

In 2009, the American Psychological Association adopted a resolution stating that "mental health professionals should avoid telling clients that they can change their sexual orientation through therapy or other treatments."

Identifying as LGBTQ+ is not a mental health condition or mental illness. Identifying as LGBTQ+ cannot be cured by psychotherapy or other means. *However, mental health challenges can be brought on by victimization, rejection, isolation, and internal struggles with self-acceptance.*



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15 Minute Break



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

Reflection:

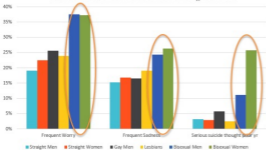
- Notice when you have a biased belief or assumption
- Check your implicit biases by taking an implicit association test for free at <https://implicit.harvard.edu/>
- Ask yourself:
 - “How do my beliefs serve me?”
 - “What are the costs of maintaining or changing my beliefs?”
 - “What could I gain from changing my beliefs?”

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Health Disparity: Mental Health

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



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

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LGBTQ+ & Addiction

Statistics show that LGBTQ+ folks are more than 2x as likely than heterosexual 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

WHY?

- Trauma
- Depression
- Discrimination
- Lack of support
- Internalized homophobia
- Co-occurring disorders
- Need for specialized treatment

“

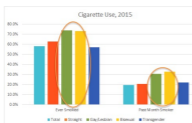
The pain associated with the social stigma of being LGBTQ, of living in a culture that, for the most part, is homophobic and heterosexist, is traumatic.”

– Craig Sloane
psychotherapist and clinical social worker

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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

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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."



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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.

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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



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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.



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LGBTQ+ & Addiction



Internalized Homophobia

- 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 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.

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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

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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.
 - This prevents recovering addicts from feeling like they can let down their guard, which is essential for successful rehabilitation
- 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

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Gambling Disorder

For a diagnosis of gambling addiction, the **DSM-5** states that a person must show or experience at least four of the following during the past 12 months:

1. Need to gamble with increasing amounts of money to feel excitement
2. Restlessness or irritability when trying to stop gambling
3. Repeated unsuccessful attempts to stop, control, or reduce gambling
4. Thinking often about gambling and making plans to gamble
5. Gambling when feeling distressed
6. Returning to gamble again after losing money
7. Lying to conceal gambling activities
8. Experiencing relationship or work problems due to gambling
9. Depending on others for money to spend on gambling



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Discussion

How might the research on addiction apply to Gambling Disorder?

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

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Gambling Disorder

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



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Problem gamblers' brain response to gambling photos

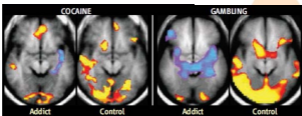


Healthy control participants' brain response to gambling photos

The role of the prefrontal cortex in decision making and gambling addiction



1. Dopamine is a feel-good neurotransmitter that helps govern motivation. Gambling addicts, such as gamblers who cannot stop, have a dopamine system that is overactive.
2. Once dopamine is released, it also tells the brain's reward system to place on other neural cells.
3. ...leading to more of pleasure.



Hooked. Brains of pathological gamblers watching a gambling video resemble those of cocaine addicts watching a cocaine video, with relatively less activation in regions implicated in judgment and motivation. Differences may reflect the toxic effects of cocaine exposure.

Featuring research/images by: Centre for Gambling Research at UBC, 2017; Holden, 2010; Reuter et al., 2005

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Discuss with your Neighbors:

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



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Gambling Disorder



**The Problem
Gambler's Fallacy**



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Gambling Disorder & Comorbidity

Connection with Other Addictions

- Problem gambling is often accompanied by substance use
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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
- Self-control research
- Use of drugs/alcohol/tobacco - co-occurring disorders
- "Invisible" in gambling establishments

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LGBQ+ & Gambling Disorder

Massively understudied (just nine studies published within the last decade)

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

- One study of problem gamblers found that 20%+ identified as LGBTQ+
- 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
- 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
- There is also some evidence that older LGBTQ+ individuals are at a disproportionate rate for problem gambling than their heterosexual counterparts.

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Transgender & Gambling Disorder

- One study exists that 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 a cisgender.

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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



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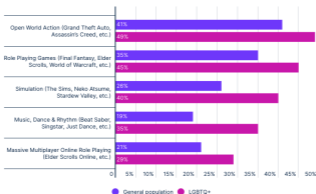
LGBTQ+ Representation in Gaming...



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Gaming type popularity among gamers

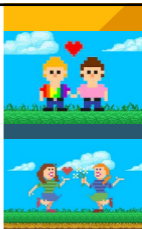


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The digital world has always been a space where opportunities to discuss sexuality and gender can exist

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



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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!

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LGBTQ+ “Friendly” Gambling Establishments

There is some evidence that the gambling industry specifically market to the LGBTQ+ community to gamble at their locations and on their products, claiming to be LGBTQ+ friendly destinations



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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



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Top 5 Gay-Friendly Casinos in the World

Casinos market to gays, lesbians

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What issues may arise for LGBTQ+ within Gambling establishments?



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Suicide Risk

Consider two of the highest suicide risks colliding:

- Nearly half of LGBTQ+ youth considered suicide within the past year
 - 18% made a suicide attempt – 2x the rate of all US teens

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

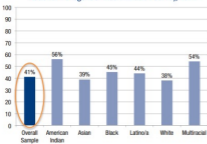
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Attempted Suicide among Transgender People

Suicide Attempt by Race
National Transgender Discrimination Survey, 2011



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

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Reflect...

Couple that with the fact that people with gambling disorder have one of the highest suicide rates of all addictions....

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Advice for Working with LGBTQ+ Clients

- Address experiences of lgbtq+ stress and emotional distress
- Consider the role multiple types of discrimination plays in the development and treatment of the client's addiction
- Addressing co-occurring addictions/disorders
- Not all LGBTQ+ want to disclose their sexual/gender orientation; or feel safe doing so
 - Building positive report with clients and creating a safe environment for sharing of sensitive information could lead to more opportunities for understanding underlying issues based on LGBTQ+ identity
- Ask about preferred pronouns/name for ALL clients
- What "term(s)" should you use? Whatever the client uses.
- LGBTQ+ affirmative treatment programs
- Talking about attending G.A. as LGBTQ+
- Make referrals for issues outside your expertise



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Putting this all into practice:

- Talk to your coworkers about how you can make your work environment safer and more welcoming for LGBTQ people
- Put your assumptions aside when meeting a new person and intentionally try to get to know them as an individual
- Work on using inclusive language – Practice using different pronouns at <https://www.practicewithpronouns.com/>

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ACTIVITY: Scenario

After her partner of 30 years passes away, Sara starts to go to the local casino to escape her loneliness. Her daughter notices that her mom is spending more and more money at the casino and begs her to seek help from a counselor. At her intake, Sara becomes nervous that if she tells the counselor about losing her partner she may be discriminated against, and instead just tells him that she recently lost a close friend.

What are the problems with this situation?

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

How could the counselor create a space or otherwise make Sara more comfortable opening up about losing her life partner?

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Connect with Local LGBTQ+ Organizations

PA Commission on LGBTQ Affairs
Philadelphia Office of LGBTQ Affairs
Pittsburgh Mayor's LGBTQIA+ Advisory Council
The Mazzone Center (Philadelphia LGBTQ Health & Wellbeing)
Attic Youth Center (Phil)
Bradbury-Sullivan LGBT Community Center (Greater Lehigh Valley)
LGBT Center of Central PA
LGBT Center of Greater Reading
Pittsburgh Equality Center
William Way LGBT Community Center (Phil)

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

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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?

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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>

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Questions & Answers

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