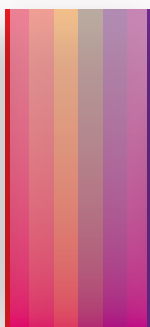




OOGACHAGA
Embracing Diversity
a part of SPACES



QUICK



reference guide
for therapists working with LGBTQ clients

Why did we publish this guide?

Oogachaga is an organisation specialising in providing counselling and support for the LGBTQ communities.

Since 2003, Oogachaga has been working with professionals and volunteers in the social service, healthcare, mental healthcare and other helping professions in Singapore to provide psychosocial education for and about the lesbian, gay, bisexual, transgender and questioning (LGBTQ) community.

In August 2011, Oogachaga conducted its first Internet-based needs survey among social services and health care practitioners to find out the level of understanding and confidence among the professionals when they work with LGBTQ clients. Only 22% of the respondents indicated that they have received some form of training to work with LGBTQ clients. In a focus group discussion that followed the survey, many participants highlighted that they feel anxious working with LGBTQ clients because they are afraid of coming across as being ignorant or insensitive to the issues faced by these clients.

We have prepared this basic guide with the findings gathered from the survey and hope that it can serve as a reference for you as you attend to your LGBTQ clients.

Who should read this guide?

This basic guide is written for professionals and volunteers who are in the social service, healthcare, mental healthcare and other helping professions in Singapore, and are working, or might work with LGBTQ clients. It is written with the understanding that the readers already have basic skills in counselling or in attending to clients who are seeking therapeutic help. You may also like to share the information in this guide with your clients where you deem suitable.

What are our objectives?

We hope that by reading this brief guide, you will:

- A.** Have a better understanding about sexual orientations and gender identities.
- B.** Have increased your awareness of potential LGBTQ issues and be able to initiate discussions with your clients in order to identify in them:
 - any possible thoughts about suicide or self-harm.
 - any mental wellness issues.
 - any sexual behaviours and/or health risks.
 - any substance abuse and/or behavioural issues.

If any of the above surfaces during your sessions, you may then wish to refer your client(s) to the appropriate service providers that we have listed at the end of this guide.

- C.** Gain confidence about when and what to ask an LGBTQ client about sexuality issues.



What do the terms 'LGBTQ', 'sexual orientation' and 'gender identity' mean?

LGBTQ stands for Lesbian, Gay, Bisexual, Transgender and Questioning. In some cases, Q also refers to Queer. Here are some simple definitions:

- **Lesbian** – A woman who is physically and emotionally attracted to another woman.
- **Gay** – A man who is physically and emotionally attracted to another man.
- **Bisexual** – A man/woman who is physically and emotionally attracted to both genders.
- **Transgender** – An umbrella term used to describe a person whose gender identity is different from his/her biological sex. Transsexuals, drag queens and cross dressers fall under this category.
- **Questioning** – A man/woman who is unsure about his/her sexual orientation or gender identity.
- **Queer** – Previously considered as a derogatory term for homosexuals, but has been reclaimed by the community and used generically.

In order to distinguish between the terms 'sexual orientation' and 'gender identity', we need to understand the terms 'sex' and 'gender', which have often been erroneously used interchangeably:

- **Sex** is biological and refers to our genetic makeup, hormones, and anatomy, especially our reproductive organs. On the other hand, **gender** refers to the society's expectations of an individual's role. These expectations shape our perception and behaviour in relation to others as women and men. Our gender also dictates our biological, social, and legal statuses as women and men.
- **Gender identity** is our feeling and expression of our gender and gender roles through our clothing, behaviour, and physical appearance.
- **Sexual orientation** is the term used to describe a person's emotional and physical attraction towards people of the opposite gender, same gender, or both genders.

At this stage, you will realise that the term 'transgender' refers to a gender identity, and should not be confused with one's sexual orientation. That also means that there are transgender individuals who are gay, lesbian or bisexual.



Do all people from the sexual minorities identify with these labels?

Must one be sexually active before he can identify with these labels?

Not everyone falls into distinct LGBTQ labels. This makes working on sexuality-related issues a challenging and enlightening experience. While it is helpful to have these definitions to guide the therapist and his clients in a discussion about sexuality, there are clients who do not limit themselves to LGBTQ labels. When you are in doubt:

- Ask your client how he/she wishes to be identified in his/her sexual orientation;
- Ask your transgender client how he/she wishes to be identified in his/her gender identity, even if he/she has not undergone sex reassignment surgery.

Sexual orientation is independent of sexual behaviours

This means one does not need to be sexually active to be considered as a gay, lesbian, bisexual and/or transgender person. As a therapist, it would be inappropriate to dismiss your LGBTQ client's self-identification on the sole basis of him/her not being sexually active. Likewise, avoid immediately associating him/her with being LGBTQ once he/she talks about having sexual relations with another person of the same gender.

Apart from the definition of sexual orientation, some clients may identify with the following behavioural terms. They should not be viewed as men or women who are denying their homosexuality or bisexuality.

- **Men who have sex with Men (MSM)** – a man who has sexual relations with another man, but does not identify as gay.
- **Women who have sex with Women (WSW)** – a woman who has sexual relations with another woman, but does not identify as lesbian.



What does it mean to be “in the closet” or to be “coming out”?

When we say someone is closeted or in the closet,

we mean that this person has not disclosed his/her sexual orientation or gender identity to others.

When a person is coming out, he/she begins to identify as an LGBTQ person and/or disclose his/her sexual orientation or gender identity to others. (Figure one shows a coming out model) Coming out can take place at different stages of a person’s life and is a continuous, lifelong experience. There are also different levels of coming out at different settings; some people choose to come out to as many people as possible while others opt to only disclose their sexual orientation or gender identity to close friends, family or colleagues.

Figure One: Basic coming out model



If your client is planning to come out, here are some suggestions for what you can do to help him:

Deciding the right time and space

- Set up a time and place for him/her to make his/her disclosure. Let him/her know that he/she should only come out when he/she feels comfortable. Advise your client against coming out if he/she seems unsure about himself/herself or is angry or in distress.

Finding a supportive ally

- Find a supportive ally who can support him/her in the process. It could be a supportive sibling, relative, teacher or counsellor who can be understanding about his/her sexuality issues or who can be his/her confidant.

Preparing for different types of responses

- Be prepared for a range of responses from the person. Do remember that if an LGBTQ person takes a long time to understand and accept himself/herself, it might not be easy for a person who lived a different life to accept the news.

Setting up safety nets

- Explore a contingency plan with your client if he/she is coming out to someone who is emotionally or financially supporting him/her. At the same time, be concerned about safety issues if the person your client is intending to come out to is likely to have a strong negative reaction.

Some clients are not ready to deal with his/her sexual orientation or gender identity even if you sensed that it is the issue or part of the presenting issue. It is crucial that as a therapist, you begin on common ground with your client and initiate the discussion of his/her sexual orientation only when you sense he/she is ready. If you are the first person that a client comes out to, your positive responses can facilitate a smoother coming out journey and help decrease the risk of maladaptive coping strategies.

What causes phobia of an LGBTQ person?

Phobia of LGBTQ people often stems from being misinformed about the community in general. We all live in a hetero-normative society where we learn, think or understand very little about non-heterosexual behaviours. The LGBTQ community is, more often than not, featured in a bad light in many information sources as these sources usually restrict positive news of the community while reinforcing negative stereotypes. This misleads the mainstream society into developing undue fears about the community.

Here are the various types of phobia towards the LGBTQ community.

- Homophobia – hostility or irrational fears towards gay men.
- Lesbophobia – hostility or irrational fear towards lesbian women.
- Biphobia – hostility or irrational fear towards bisexual men and women.
- Transphobia – hostility or irrational fear towards transgender men and women.

Internalised homophobia

An LGBTQ person, especially one who is struggling with his/her own sexual orientation or gender identity, can sometimes adopt an internalised homophobic attitude towards another LGBTQ person. This can affect his/her ability to build a helpful connection with other LGBTQ people. It also inhibits his/her help-seeking behaviour such as using an LGBTQ-identified counselling centre or accessing sexual health information related to HIV and sexually transmitted infections.

Impact of homophobia on the LGBTQ community

Phobia of the LGBTQ community can cause psychological stress to the victims, affecting their positive identification with their own sexual orientation or gender identity. Phobia can occur in any form or setting:

- Homophobic jokes and/or derogatory name-calling.
- Physical, verbal, psychological and/or sexual attacks.
- Outing a person with malicious intention.
- Discrimination in educational institutions, workplaces and uniformed services.
- Denial of access to unbiased healthcare, legal and social services.

Homophobia does not just affect LGBTQ people. It also has adverse impacts on:

- Parents, heterosexual partners, family members or friends of LGBTQ people.
- Sexual partners of LGBTQ people by reducing access to safer sexual health information for the LGBTQ people.
- People who are LGBTQ-friendly or are supporting an LGBTQ person.
- People who are **NOT** LGBTQ but their appearances do not fit into gender norms.

In this section, the term 'homophobia' is used to refer to all the four types of phobias (as listed earlier on this page).

Is it true that LGBTQ people are more prone to having suicidal or self-harm tendencies?

A different sexual orientation or gender identity does not place a person at a higher risk of suicidal or self-harm tendencies. However, studies have indicated that due to homophobic discrimination and minority stress, there is a higher prevalence of suicide and self-harm rates among LGBTQ people. Reported self-harm and suicide attempts by LGBTQ people are often associated with:

- Gender non-conformity
- Internalised homophobia
- Social homophobia
- Loneliness
- Lack of social support
- Family rejection
- Knowing an LGBTQ person who has attempted or committed suicide
- Substance abuse
- Other mental health difficulties

Like heterosexual people, self-harm among LGBTQ individuals can manifest in the following forms:

- Cutting oneself
- Overdosing on medication or chemical substances
- Burning one's body
- Pulling one's hair out
- Sticking things into one's body
- Deliberately exposing one to sexually transmitted infections by having unprotected sex



What if my client thinks homosexuality is a mental illness or that it can be changed?

Established international professional organisations such as the American Psychiatric Association, American Psychological Association, and Chinese Psychiatric Association have recognised that homosexuality is NOT a mental illness as early as 1973. Unfortunately, there are some healthcare and social service professionals who have not fully integrated this knowledge in their practice and still hold on to the belief that their patients are not well because of their sexual orientations or gender identities.

However, there are also LGBTQ clients who are actually struggling with mental health illnesses but do not seek appropriate treatment. They may hide their sexuality during treatment, resulting in the ineffectiveness of the medical attention. A possible reason for this could be because they do not wish to live with the double stigma of being gay and mentally unwell. In these instances, you should advise your client to seek LGBTQ-friendly mental health professionals if he thinks he is struggling with a mental illness.

It is common for a client who is struggling with his/her sexuality to want to be “normal” out of fear of rejection from his/her loved ones. He/She may also have internalised information which purports that being gay is a choice and that one’s sexual orientation can be changed. He/She may want you to provide or recommend reparative therapy for him/her. Sometimes, this need for change or reparative therapies may come from concerned family members too.

At this stage, it is important to note that the American Psychological Association states that mental health professionals should avoid misrepresenting the efficacy of sexual orientation change efforts when providing assistance to people distressed about their own or others’ sexual orientation. In the August 2009 report, it was stated that:

- There is insufficient evidence to indicate that sexual orientation is a choice and can be changed.
- Efforts to change sexual orientation are **unlikely** to be successful and they involve some risk of harm to the clients.

What you can do as a therapist:

- Help your client in overcoming his/her own feeling of internalised homophobia, shame and stigma.
- Assist your client and his/her loved ones in understanding about different sexual orientations and/or gender identities.

Should I talk about sexually transmitted infections (STIs) and HIV/AIDS with my LGBTQ clients?

Yes, even though we have mentioned earlier that sexual orientation or gender identity is independent of sexual behaviours and not all LGBTQ people are sexually active. If you have gained enough trust from your client for him/her to disclose his/her sexual orientation and/or gender identity to you, you are probably in a good position to talk about STIs and HIV/AIDS with your client.

In our society, most people are largely reserved when it comes to talking about sex. Access to LGBTQ-specific information on STIs is not readily available through the mass media or schools, and discussions on sexual health concerns with educators, families or friends can be daunting. If the person is exploring sexually, this lack of access to proper sexual health information can increase their risk of contracting STIs.

If you feel that you are not able to provide the right information, you can refer your clients to reliable resources of HIV information and testing. In Singapore, Action for AIDS provides affordable HIV and Syphilis testing as well as information on how to protect oneself against HIV and other sexually transmitted infections. It will also be helpful if you or your agency can receive appropriate training on LGBTQ-specific sexual health training.



Should I talk about substance abuse and behavioural addictions with my LGBTQ clients?

Studies have shown that many LGBTQ people struggle with their sexual orientation and/or gender identity, and in the process, develop maladaptive behaviours as a way to cope with the shame, stigma and discrimination related to their sexuality. These could result in:

- Drug abuse
- Alcohol abuse
- Sex Addiction
- Love Addiction
- Gambling Addiction
- Eating disorders

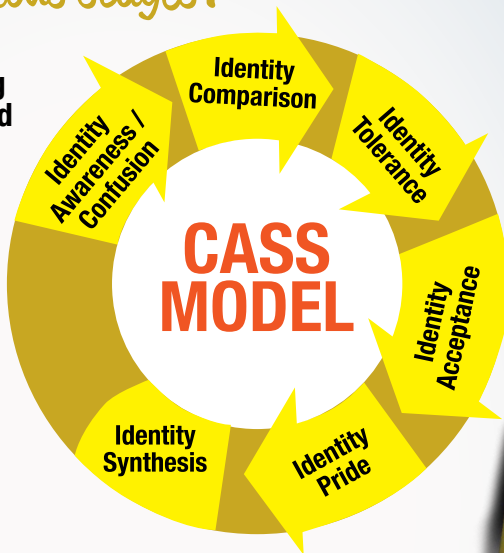
Many of these not only impact the psychological health of a person, but also place them at a higher risk of deficiencies in their physiological and sexual health. For example, the use of drugs or alcohol could potentially impair one's ability to use protection during sex. Sex and love addictions could also expose a person to greater risks of contracting STIs as he/she is more likely to have more sexual partners. Indirectly, it also affects the safety of their heterosexual or same-sex sexual partners.

It is important to note that most LGBTQ people are not automatically at risk for these abuses and addictions and you should not immediately associate an LGBTQ client with these issues. However, like a person with mental health issues, a client may choose not to reveal the fact that they have these maladaptive behaviours for fear of being doubly stigmatized.

You could help your client in building positive life-coping skills or make professional referrals to specialised agencies. In Singapore, WECARE Community Services is an LGBTQ-friendly community-based organisation specialised in dealing with addictions.

What are the stages of sexual orientation identity and how should I respond at the various stages?

It is quite a nerve-wrecking experience when you attend to an LGBTQ client for the first time. Here, we use the CASS model of Gay and Lesbian Identity Formation to illustrate what your client might tell you and what you can do at different stages. This model is developed by Vivienne C. Cass and is published in Journal of Homosexuality in 1979.



Identity Awareness/Confusion

Your client may present the following behaviours:

- First awareness of homosexual thoughts, feelings and attraction.
- Client feels confused about his/her experiences.
- Men may separate emotional involvement from sexual contacts.
- Women may have deep relationships that are non-sexual, though emotionally intense.

Possible responses from you:

- Explore internal positive and negative self-judgment.
- Help your client to understand there is a range of different sexual behaviours.
- Check any possibility of sexual health risk behaviours.
- While you do not want to tell him/her if he/she is LGBT or not, avoid telling him/her that it is a phase and that it WILL go away.

Identity Comparison

Your client may present the following behaviours:

- Strong self-denial of sexuality or compartmentalised sexuality.
- Accept homosexual behaviours (sometimes sexual) but maintain heterosexual identity in what can be described as a double life.
- Display signs of internalised homophobia.
- Self-alienation which leads to isolation.

Possible responses from you:

- Assist in developing your client's definition of sexual orientation.
- Help your client understand how different his/her life could be once he/she identifies as LGBTQ.
- Help with anger management and coping skills.
- Check on your client's emotional safety and take note of any suicidal or self-harm behaviour.
- Provide information on LGBTQ such as sexual health, material about sexuality or community supportive resources.

Identity Tolerance

Your client may present the following behaviours:

- Acknowledgement of own sexuality.
- Starting to seek out fellow LGBTQ people but are likely to prefer small group interactions, or less public LGBTQ spaces.

Possible responses from you:

- Provide LGBTQ-related resources such as information on sexual health, sexuality and community support.
- Explore the feeling of shame stemming from heterosexism.
- Check on your client's physical, emotional and sexual safety.
- Help your client cope with homophobic reactions from others if he/she is starting to come out or express his/her own sexuality.

Identity Acceptance

Your client may present the following behaviours:

- Attaches positive connotation to own sexuality.
- Increases contact with other LGBTQ people.
- Willingness to partake in larger social events.

Possible responses from you:

- Continue to dispense any feelings of shame.
- Provide information on where, when, to whom and how your client can disclose his/her sexual orientation and/or gender identity.
- Help your client cope with homophobic reactions from others if he/she is starting to come out or expression of his/her own sexuality.

Identity Pride

Your client may present the following behaviours:

- Views himself/herself as part of the LGBTQ community.
- Reduced interaction with heterosexual/straight people.
- Perceive the society as divided into LGBTQ / heterosexual.
- Conflicts with non-accepting people might increase.

Possible responses from you:

- Deal with incongruent views that ALL heterosexual/straight people do not respect, understand or reject LGBTQ people.
- Explore anger management issues; develop skills for coping with reactions and responses to disclosure of sexual orientations/gender identities.
- Resist being defensive because your client may tend to think you are either on his/her side or against him/her.

Identity Synthesis

Your client may present the following behaviours:

- Integrate one's sexual identity with oneself.
- Bridge understanding between different groups of different sexual orientations/gender identities.
- Cease to define space, life or social interaction according to sexual orientations/gender identities
- May seek help because of issues indirectly related to sexuality.

Possible responses from you:

- Avoid focusing on sexuality but be mindful that sexuality can be part of presenting issues.
- Support your client's integration of sexuality and self.
- Look out for any anger issues towards heterosexual/straight people.

What else

can I do to better support LGBTQ clients?

Your client might take a while before he/she is comfortable and trust you enough to disclose his/her LGBTQ identity. Although your fundamental skills as a therapist will help you to build the trust, creating a supportive space will naturally encourage your client to feel comfortable enough to talk about his/her sexuality.

A safe and supportive environment can be created by:

- Resisting heterosexual assumptions while using appropriate language for inclusivity.
- Using gender-neutral terms such as 'spouse', 'partner' and 'significant other' instead of 'husband', 'wife', 'boyfriend' and 'girlfriend'.
- Maintaining strict confidentiality about the content discussed in your sessions including fields such as 'sexual orientation' and 'gender identity' in the intake form to acknowledge LGBTQ clients' needs.
- Promoting the understanding of LGBTQ people among fellow therapists. You should also include non-clinical staff such as receptionists or office administrators in these trainings because they are also integral in fostering a safe space.
- Posting LGBTQ-related posters, stickers or symbols such as a small pink triangle or a rainbow flag in your office.
- Leaving publications and other resources pertaining to sexuality or LGBTQ sexual health in your main counselling office or waiting area. A copy of Oogachaga's **What's Out Here** guide is a good start.

How can Oogachaga help you and your agency?

Oogachaga has published a series of free informative materials which you can display or use at your workplace. One of these publications is our **What's Out Here guide**, which is a comprehensive listing of LGBTQ and LGBTQ-friendly resources in Singapore.

Oogachaga has also organised various programs for the LGBTQ community which your clients might find useful for their personal development. These programs and events create a safe, accepting and non-sexual environment for LGBTQ individuals to socialise and support one another. We also provide specialised training on LGBTQ issues for professionals in helping professions in Singapore.



Further referral for your clients

If you have discussed with your LGBTQ client on any of the following issues and felt that your client needs further help, these are some agencies you may wish to consider referring him/her to:

[For all LGBTQ-related issues](#)

Oogachaga Counselling and Support (OC)

Oogachaga Hotline 6226 2002 (7pm to 10pm on Tue to Thu and 2pm to 6pm on Sat)
41A Mosque Street Singapore 059519 • admin 6224 9373
contact@oogachaga.com • www.oogachaga.com • www.congregation.sg

Counselling and Care Centre

536 Upper Cross Street #05-241 Hong Lim Complex, Singapore 050536,
Tel: 6536 6366 Email: info@counsel.org.sg | www.counsel.org.sg

[For transgenders who are seeking psychiatric advice](#)

Tsoi Clinic

Tanglin Shopping Centre #06-02 19 Tanglin Road Singapore 247909
Tel: 6734 5191

[For suicidal thoughts and thoughts on self-harm](#)

Samaritans of Singapore (SOS)

10 Cantonment Close #01-01 Singapore 080010
Hotline: 1800-221 4444 (24 hours daily), email befriending service - pat@samaritans.org.sg
www.samaritans.org.sg

[For mental wellness issues](#)

Singapore Association of Mental Health (SAMH)

139 Potong Pasir Avenue 3 #01-136 Singapore 350139
Tel: 6255 3222 Email: samhhq@singnet.com.sg | www.samhealth.org.sg

[For sexual behaviours and health risks](#)

Action for AIDS (AFA)

HIV and syphilis test clinic (Tue and Wed 6.30pm to 8pm, Sat 1.30pm to 3.30pm and \$30.00 for each test)
35 Kelantan Lane #02-01 Singapore 208652
Tel: 6254 0212 Email: info@afa.org.sg | www.afa.org.sg

Department of STIs Control Clinic (Men's Sexual Health Clinic)

DSC clinic runs a men's health clinic on Wed 8am to 11am and a women's clinic on Wed 8am to 11am/1pm to 4pm and Fri 1pm to 4pm. Please call 6293 9648 to fix an appointment.
31 Kelantan Lane Singapore 200031
Tel: 6293 9648 | www.dsc-sexualhealth.com.sg

[For substance abuse](#)

Singapore Anti-Narcotics Association (SANA)

2 Sengkang Square #05-01 Singapore 545025
Tel: 6732 1122 Email: sana@sana.org.sg | www.sana.org.sg

[For addictive behavioural issues](#)

WECARE Community Services (WECARE)

11 Kampong Bugis #02-08 Singapore 338988
Tel: 6471 5346 Email: admin@wecare.org.sg | www.wecare.org.sg





Thank You...

We hope you found this guide a useful starting point in working with your LGBTQ clients. We trust that you have a better understanding on sexual orientations and gender identities and have gained some confidence on when and what to bring up for discussion as you work with your LGBTQ client.

Training for professionals

If you are interested in additional training for yourself or your agency, please feel free to email us at contact@oogachaga.com. We will also provide updates on our programs on www.oogachaga.com and www.congregaytion.sg.

Remember :

*You do not need to be an LGBTQ person
to be an LGBTQ-friendly therapist.*





Oogachaga Counselling and Support (OC)

Oogachaga Hotline : 6226 2002

Operates from 7.00pm to 10.00pm on Tue to Thu and
2.00pm to 6.00pm on Sat

41A Mosque Street Singapore 059519

- admin 6224 9373 • contact@oogachaga.com
- www.oogachaga.com • www.congregaytion.sg

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