How can the Mass. Peer Community be a welcoming place to people of all genders and orientations? In these stories, LGBTQQI peers who work in mental health settings talk about their recovery and give tips on working with LGBTQQI persons.
GBLTI And The Peer Movement
By Elder A. Vickie Boisseau

Vickie works at the Central Mass Recovery Learning Community. She co-runs three peer support groups including a GBLTIS (Gay, Bisexual, Lesbian, Transgendered, Intersexed and Straight) group at the Worcester Public Library. Vickie is also the Regional Director of Organization Intersex International www.OIIusa.org. For OII, she does community outreach, advocacy, speaking engagements and peer support.

Ed. Note: This article was written in response to a Voices for Change query on relations between the LGBTQQI+ Community and the mental health Peer Support Community.

Q. Can the Peer Community be a welcoming place to LGBTQQI folks with issues of trauma?

A. Yes there is a whole network of peer support groups like 20 Club, OII (Organisation Intersex International), COS, Sisters, and others whose job is to give peer support from people with lived experience. “Because a lot of the time if you don’t go to a peer support meeting you miss something and that’s the whole concept of coming to these meetings. It’s getting the information you need from someone else who’s been there.” (Nicky 2013) I remember what it felt like growing up without any role models, without any one else like me to talk to and without even knowing any other people in the entire world existed who were anything like me.. I was often the target of various kinds of hazing by other students, including physical violence, from 1st grad through college, because of such a climate of ignorance and isolation. If there had been any other people in any of the schools I’d attended, I could have been spared having to live under that kind of isolation. I would’ve known there are others. I would’ve been able to talk to someone. And we need this everywhere. We need this from elementary school on up. I first knew about myself around age three, so I know children understand themselves whether or not anyone else around them does. If you work as a Peer Support Specialist it’s your job to be there for the other person.

Q. Does the Peer Support Community do things that put-off LGBTQQI people?

A. A lot of GBLTI people don’t go to mainstream peer support groups due to rejection that can happen both from the agency and other participants in the groups. They don’t feel comfortable talking about their trauma about rejection from parents, rape, or abuse because every time they do they have to come out again and risk rejection. A lot of them are still today stigmatized, and pathologized because of their GBLTI status. As an adult I’ve had experiences which have led me to seek emotional counseling. Many of the counselors I tried in the past didn’t understand me because they had no idea about LGBT or intersex people. They had so much of a time trying to understand my gender, my sex and my sexuality that the issues I was there for barely got second place. I’ve had psychologists try to cure me of a duel personality (1 male and 1 female) when in fact I was having difficulty with a different issue. They see GBLTI as the underlying problem when in fact it is the harsh way other people treat us that causes our trauma. When we go to the clinic for help the staff at times use the wrong pronouns or when Jill is waiting in the waiting room the clinician calls out Mr. …. (We are quite interested in getting the mental health system to practice trauma-informed care.)

Q. What questions do LGBTQQI folks have about the Peer Support Community?

A. Will they be accepted for the sex, gender, orientation that they are? Will the psychologist help them get
through their trauma or add to it by trying to cure them of being GBLTI? Will they actually understand what I’m going through or will they miss the point? Will they actually believe what I say happened to me, and what parts I have or don’t have?

Q. Are there areas that our communities have in common?

A. Yes. We both suffer from various traumas in our lives. We all use different coping mechanisms to help us deal with it.

It is generally held among researchers that GLBT persons are more likely to use alcohol and drugs than the general population and more likely to abuse alcohol and drugs, as cited in the Center for Substance Abuse Treatments A Provider’s Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgendered Individuals, (CSAT, 2003). Others in the gay community may use mind altering substances as a way to cope with stressors caused by the tensions of living under the stigma of marginalization. Some of us turn to drugs or alcohol. Others like me turn to support groups to help us deal with all stigma, and ignorance that comes with being GBLTI.

In my life as a speaker, writer and activist on LGBTI issues I often meet other people who come up to me at the end of a workshop to thank me for talking about my stories because it showed them they’re not alone and they can start being open about themselves. Between many of my experiences and experiences with people getting such positive, helping sense of “there are others like me” I can say peer support for LGBTI people is truly important and needed.

Q. What can the Peer Support Community do to support people in LGBTQQI communities with mental health issues?

A. (e.g., dealing with stigma, accessing services, alternative treatments, self-determination in treatment)

We’re all just people dealing with different issues. Treat us like any other peer. Treat us with respect, show true empathy when we tell our stories.

Q. Are there social/cultural norms that the Peer Support Community may not be aware of that regularly affect LGBTQQI people? (Inside or outside the LGBTQQI communities.)

A. I was hoping to include some resources for the Peer Community on Intersexed persons and their concerns:

- Organization Intersex International  www.OIIusa.org
- Online gender-variant community  www.gendersinx.org
- AIS Support Group (for people with one common kind of Intersex condition)  www.aiisgusa.org
- Accord Alliance (support and resources for people with Sexual Development Disorder)  www.accordalliance.org

Outpatient Commitment Hearing
Tuesday, October 22, 2013  9am at the State House in Boston, Room A-1

Support your community and hear more about the proposed “Outpatient Commitment Laws” being looked at by the Massachusetts Legislature. No speaking necessary. Commitment Treatment Orders allow for someone in the community to be required to follow treatment recommendations. The program is expensive and involves coercion. Come out and show strength in numbers!
Successful Transition Included Sobriety: Janice Josephine Carney’s Story

Janice Josephine Carney’s transition began with a suicide attempt in the early 1990’s. Before that she had been a (male) ship-fitter and for many years, a postal worker. She recalled, “I couldn’t get along with people, I drank and drugged. I was married with three kids.” The postal job of sorting mail for carriers’ zip code routes was ideal for an antisocial person who did not want to interact with the world. There was plenty of drinking and drugging on the compound during the night shift. After this job he (she) went out on disability retirement and was on the GI Bill in the Veterans’ Improvement Program. This was an early venture into a peer-run program for veterans with drug and/or alcohol problems with Post Traumatic Stress Disorder. The program was about getting clean and sober, having stable housing and (then) going to school or getting a job.

Carney had begun cross-dressing at home and this caused many fights with his (her) wife. In the 1990’s he (she) had begun talking with his doctors at the VA about being transgendered. Sober for about a year, he (she) was learning to live as a sober person. Having no escape through alcohol made his (her) life as a man difficult though it was equally difficult to contemplate becoming a woman. He (she) made a last suicide attempt one weekend in New Hampshire while home alone. He (she) had been able to dress and act in a way that made her comfortable all weekend but knew that when his (her) family returned, that peace would be gone. This suicide attempt was the beginning of Janice getting to be the person he (she) wanted to be.

He (she) was sent to a hospital in New Hampshire and from there to a VA Hospital in Boston. Although he (she) had heard of cross-dressers and drag kings and queens, he (she) was unfamiliar with the idea of a full-time commitment to changing his (her) life to the opposite sex. He (she) started thinking about and learning more about being a transsexual. His (her) desire to live as a woman was making it difficult to stay sober. A breakthrough came while having a bite to eat with his (her) AA sponsor. While he (she) was admiring the dress worn by one of the women at another table, his (her) sponsor got his attention and asked him (her) what it would take for him (her) to stay sober? Carney replied, “I want to buy a dress!” His (her) sponsor said, “Go buy a dress.”

The next year was a “strong” year for him (her), his (her) second year of sobriety. Going to 4-5 AA meetings a week, he (she) appeared with nails painted, in a feminine hairstyle with earrings. Carney wore women’s clothes and states that he (she) was sort of “andro-looking.” He (she) was separating from his (her) wife.

With her oldest child in high school and the youngest in middle school, Carney’s biggest fear was that she would lose her children’s love and respect. But she also had to consider what it would take to stay sober. Carney was in a close-knit AA group who supported her choice to live as a woman. The next year she went on hormones. Thereafter, from 1999 – 2001, she had various surgeries to transition from male to female.

“As a peer specialist, your job is to help any gender-variant person feel comfortable talking about gender issues if they wish to.”

The first year of transition was the hardest, with people looking on her developing femininity and laughing. She was in a support group with fellow veterans while she was transitioning. This helped with Post Traumatic Stress Disorder, but Carney was relieved when she could also join a transgender support group at Fenway Community Health Center. She discovered, however, that people in the veterans’ group were still drinking and people in the transgender group were still drinking and drugging. Janice found the additional assistance of a psychiatrist and therapist to be helpful at that time.

Carney noted that the term Sex Reassignment Surgery was being used less in favor of “Gender-confirming Surgery.” Also, the (Continued on page 5)
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Standards of Care that require the transitioning individual to live in the gender of choice for a year before starting hormones may be changing. Janice is sympathetic to the slower transition period so that many considerations can be dealt with as:
“If you are married; how will you be treated, if you lose your job, how you look (how passable you are), how you will be received, can you live with this, how will you develop?”

Carney thinks a transgender support group is helpful and emphasizes that it’s important to be clearheaded before you make any decision. “Have a year of sobriety and have a serious touch with reality.”

Janice is now a Certified Peer Specialist who works for the Veteran-to-Veteran program at the Boston VA. She would like to help other peer specialists feel comfortable working with transgendered people and help transgendered people feel comfortable using mental health services. What follows are Carney’s reflections on the Peer Specialist job.

As a peer specialist, your job is to help any gender-variant person feel comfortable talking about gender issues if they wish to. The appearance of some peers or their names may be such that their gender is unclear. If you are meeting with a new peer and you are not sure of their gender, in the first conversation politely ask if they prefer Miss or Mister, and what name they prefer. It is important to continue using the proper gender pronoun and name in future meetings.

Transgender culture and politics may affect your relationship at times. For a person to feel their body does not match their gender may be called mental illness by the medical establishment. This process of being determined mentally ill is offensive to some transgendered people. Follow their lead as to how they wish to describe themselves and their mental health needs. In addition, some transgendered people feel discriminated against because although an intersexed condition is listed as a medical condition covered by health insurance, a diagnosis of Gender Identity Disorder is a mental illness for which there is no automatic coverage for attendant medical care.

Transgendered persons who request mental health peer services may have problems with drug or alcohol abuse, sexual trauma or Post Traumatic Stress Disorder. You can be helpful by plainly being open to discussing any of these issues or initially screening for these issues. The above issues can also be considered for TG persons who have come out of military service. Many of these people will be served by Veterans’ Administration Hospitals. It is well to remember that any person in the armed services can be discharged simply for being transgendered. In addition, transgendered veterans may be survivors of Military Sexual Trauma.

Peer Workers Dealing with Gender, Sexuality and Extreme States at the Western Mass Recovery Learning Community

Sean is a young person whose most recent job at the RLC is “community bridging.” He and his fellow bridgers go into local mental hospitals to share the resources and ideas of recovery related to the Western Mass Recovery Learning Community and their own stories. At least one of the hospitals requested peers from the RLC to work with patients at the hospital, and others agreed to it. Sean sees his job as supporting people to find their own strengths and their own voices. He points out, “I think it’s important to distinguish between goal-setting and just talking as humans.”

Among the subjects that come up are emotional difficulties caused by gender issues and/or sexuality as well as gender and/or sexuality issues being mistaken for symptoms. Sean had a long, diffi-
cult passage through the mental health system starting in high school, and began having questions about his gender and sexuality around the same time. Sean sometimes encounters others who are working out issues of gender and sexuality with themselves and those with whom they are in relationships. These people are also negotiating treatment with mental health service providers. For Sean the accomplishment of justice for his new peers imparts some justice to his own history.

Sean has been able to reflect deeply on his experience with gender, orientation and the mental health system. He has been aided by some years’ open and honest discussion with his peers. He spoke several times of the value of having a space and a group of people who wanted to talk about their experience of gender, sexuality and extreme states. One thing that struck me was Sean’s observation that his experience of “being held in the mental health system stunted some of my emotional growth in relating to people.” Sean thinks this might be a common experience.

If the people he encounters in his work have had limited experience with dating or relationships due to long sojourns in the mental health system (in- or out-patient), then negotiating relationships in their preferred gender and/or sexual style might start with trial and error. A person might have feelings for persons of the same sex or might feel an emerging butch, femme or queer identity, and not know how to protect him/her/themselves from low regard for themselves, their family or mistreatment by others. Or, they might mistreat others. Gender-variant people are not alone in having these problems, but they may have more difficulty finding someone with whom it is safe to discuss them, especially in the mental health system.

In a long and interesting conversation, Sean brought up several other subjects I don’t have the space to cover. Among them were his participation as a facilitator and trainer in a group called “Alternatives to Suicide” (see Western Mass RLC Calendar [http://www.westernmassrlc.org/calendar.html]), gender feelings after getting off psychiatric medications, not getting stuck in grieving time one has lost, and getting off psychiatric medications. I hope that these topics can be covered in future issues of Voices for Change.

In February, 2013, Sean and his co-workers at the RLC started a group called the Sylvia Rivera Peer Support Group. The Group describes itself as “a safe, non-judgmental space to find support and talk with others about extreme states, gender and sexuality.” Sylvia Rivera was a transgender activist who was especially concerned with helping homeless transgender young people. I attended the group on June 20, 2013, at the RLC. The support mentioned by the blurb was evident in the group as people described issues with family or other events in their lives. The group meets on Thursdays from 4:30-6:00pm at the Western Mass Recovery Learning Community, 187 High Street, Suite 303.

Afiya
One man who attended the group, Wyatt, agreed to talk about his role at the mental health peer-run respite in Western Mass. “Afiya” is a three-bed respite for people in a mental health crisis. **Afiya's Mission:** Afiya strives to provide a safe space in which each person can find the balance and support needed to turn what is so often referred to as a ‘crisis’ into a learning and growth opportunity. For more information on Afiya in Northampton, MA, go to: [http://www.westernmassrlc.org/](http://www.westernmassrlc.org/) [www.afiyahouse.org](http://www.afiyahouse.org)

This is Wyatt’s description of his job at Afiya: “As an advocate at Afiya, I offer support and resources and really just be with people during what they self-define as a crisis. If I can relate to specific experiences then I do but I can almost always relate to the feelings that people are having regardless of the actual experience. …We have had a number of folk who have identified with gender and sexuality diversity. If it feels like it may help the connection to disclose my trans status, then I do, and if not, I don’t. It is all so individually based.”

Western Mass RLC can be proud of its knowledgeable, open-minded peer workers and the space they have created for those who are labeled and use services.
Identity Through Community

By Beth Harris

I was born in Florida and am a 53-year-old lesbian living on Cape Cod. I have a daughter that is 30 and two state-adopted grandchildren. I am an artist, activist, friend, sister, gardener, dreamer, and much more.

I was a restless tomboy who loved climbing trees to escape my feelings of not belonging. I experienced many Adverse Childhood Events and Traumas. My bike was my best friend; I tried to ride away my distress. In my early teens, art was my confidant and connection to my secret inner world, held close and tight. I was attracted to girls at eight years old and secretly tucked that away. In my teens, music preserved my life because I felt terrified of my own words. I wrote a paper, for an English course, using only lyrics from my albums. I was proficient at guarding my secret self and appearing to be nothing definable.

By high school, according to society’s gender binary, I accepted a boyfriend yet had interest in my few girlfriends. I did not understand my feelings except that they were BAD. I did not allow myself more than a fleeting second of feeling anything. I slept with the loathing of a life defined by external oppressive influences that had no connection to me.

Having a boyfriend, then husband, and all that this entails, both re-traumatized and diminished me. I knew no other alternative. The social norms of the 1970's Americana had a huge impact on my self-defining process. I got married, had my daughter, and then divorced after two years. I became a single parent and moved to San Francisco. I made friends, who were all gay, and homophobia was still rampant within and outside the community. I was now internalizing more homophobia and the norms within the gay community. One horribly damaging message was that I had already broken the rules of a "true" lesbian. I had been with a man. I was still left with a terrifying yearning that had no home.

I felt extreme discontent with the social manual on gender and identity I was ingesting and following. I made no move towards my desires. I felt I had no right because there was a "code" in the gay community. I did not want another external force defining my needs. I was shackled with terrorizing shame as my gay community was now becoming the force of my oppressive cultural norms. So, I went to school, took Women’s Studies, Social Psychology, got As, felt stupid, got therapy, was hospitalized, and then trapped in the Mental Health rip tide for almost 30 years. Now, the "Mental Patient" handbook code was my next buffet of norms. By age 26, I learned to fulfill my identity of a "mentally ill" person. It was my first sense of identity beyond the straight facade I had fled. My coming out as "mentally ill" was intertwined with coming out about my sexual orientation. I would tell some professors of my mental and emotional struggles and would talk with my girlfriends about how insecure I felt about being or not being gay. But, never did I let them cross over. They must be keep parallel, I thought, to prevent a double stigma from crushing my fragile emerging identity. I realized, through a lonely process, that I could be defined. I thought I was not a lost cause since I was worthy of being defined by others! Over time the insights, intuitions, skills, confidence and questioning my true identity, would aid my becoming empowered. I could learn to define, choose and live by my own values, beliefs and dreams. I began my journey of challenging, dismissing and resisting the internalized and the outward oppressions.

My first action was asking to be on the gay psychiatric ward at San Francisco General Hospital when I presented to the ER. Yes, they have a ward like that, and it was there that I began a tumultuous merging of the two identities. I found solace. I saw and interacted with other people struggling with belonging, dual stigmas, socially oppressive and traumatizing norms, and a desire to break free of being defined by the 'other'. It is funny irony now but that was my hope spark.

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My second action was helping to create a Gay Straight Alliance at San Francisco State that included posting flyers everywhere, even at the Disability Support Office. A mixture of people came together in a compassionate space and we were all being transformed. There it was "Peer Support", (supporting someone struggling with a particular issue by someone who has had similar experience) happening every Tuesday and Friday, at a location we choose, with decorations we created and with a mutual agreement of guidelines we pounded out together. I knew nothing, outwardly, of the "Peer" movement in Mental Health in 1990, although it did exist.

Today, I find that being gay has not worked so well in my Recovery community. I think partly because of internalized oppression and shame based stigmas and partly because of not creating alliances. I believe all of us have mistakenly dumped our internalized oppressions on each other maybe in futile attempts to purge ourselves. There is a lack of education, information, and more importantly a lack of personal contact with a LGBTQQI identified person. Many peer specialists have had little contact with LGBTQQI identified people. I believe our biases and learned social norms exacerbate this judging and rejecting of one another with our lack of awareness and rigid beliefs. The intent is to connect but at times we end up offending and harming each other. Until we can gain insight, accept, and break free of all the shame and pain, we will not become the inclusive, compassionate and accepting communities we so often profess we are already. This, I believe, includes the LGBTQQI community, the Mental Health Human Rights Peer communities and the community that overlaps both of these groups. What is this community? I have more questions than ideas. I have had the good fortune of finding such a community but behind locked doors. When forced to be together at the "gay" unit of a psych ward in San Francisco, under distress, we all found connections that bonded us. We threw out the rules, the playbook, codes and oppressions. We found compassion in our common humanity, even though we challenged, interrupted and argued ideas.

"Bridging the Gap" is not only possible but I have experienced the bridging and am the evidence that it is more than probable!

After becoming a CPS (Certified Peer Specialist) and WRAP Facilitator (one gay friend there), and attending the MA Leadership Academy (more LGBTQQI identified people gathered for a small focus group; progress), I can see the HOPE. I am sharing what I have learned. We can create space to allow others (on their own terms) to tell their story, share their self-defining process, and listen with a willingness to unlearn what no longer serves any positive impact, we can support the unique success and dreams of an inclusive community. Together, I, you, we can create an accessible, and diverse community that embraces our individuality and works together to create more opportunities for all sexual orientations to feel welcomed in the Recovery Peer Movement and Vice versa. The LGBTQQI community need discard their useless biases and embrace all people fighting for their Human Rights. One day, I believe we will become one united Human Rights Alliance and gather our Allies so we can march, speak in public, and/or create anything, side by side and shoulder to shoulder.

Today, I live with the woods and a pond in my backyard. I look up and appreciate the trees that were my first wellness tool, with my feet firmly grounded on the earth, and holding hope tightly, gently, and openly.

Transformation Center Library
By Gabrielle Matukas

The Transformation Center has established and maintained a lending library. In the past six months, we created an Online Catalog that leads browsers on our website to an array of literature on recovery, empowerment and other mental health resources, including a substantial file of links to peer support, peer advocacy and research information.

As caretaker of this library, I encourage you to come to visit 98 Magazine Street in Roxbury and browse our collection or visit our (Continued on page 10)
Allies: How to Join with Diverse Groups or Individuals for Mutual Benefit

On May 14, 2013, Valeria Chambers of the Transformation Center attended and helped to run a Multicultural Leadership Academy put on by the Transformation Center. Her perspective on La Verne’s workshop is drawn from her experience of bringing diverse groups together and helping communities to learn to associate and talk to each other.

Q. Why would we in the peer movement want allies?
A. In 2009, Ms. Saunders defined allies as “Those who surround us with love, faith, and belief in ourselves and our abilities. They don’t drive the agenda and they shield us from oppressors.”

Although people with mental health conditions are more accepted by the general public now than even 10 years ago, misinformation still abounds, and remains the cause of oppression that shows up in many hurtful ways, including poor health and poverty. Allies for people with mental health conditions accept our leadership and direction in what will be helpful for us to be liberated from this oppression.

We also want allies so our peer movement will be more diverse. We at the Transformation Center have wondered how we can attract and keep other groups as allies, and have participated in workshops, and have altered our practices toward this end. Our Taskforce on Accessible Peer Support also holds forums and trainings involving many groups with whom we have relationships. We receive input from these groups on ourselves as well as themselves, which allows us to expand our knowledge of cultures and conditions.

Q. How are allies established?
A. At work or in private life, one might become drawn to a group and think, “They have so much to offer the world! What can I do to support them?” We might feel, “They have value in and of themselves.” This could be the kind of draw that tells us we would like to have this group as an ally.

Approaching a potential ally can be as simple as asking this group, “What can I do to support you?” From here, a conversation may start. The person or the group asking is not constrained to comply with any request made. Negotiation can be part of the relationship. Also, the person/group asking to be supportive may not become engaged in work. They may be asked to inform about resources or make a contact available to the new ally.

Q. How does one interact with an ally (situations may vary)?
A. At the beginning of the relationship with your potential ally, the most important thing you can do is listen and convey that “I need to be taught

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It is important not to make assumptions. Be open; let go of preconceived notions.

**Q. Why is diversity important in the peer movement?**

**A.** As we have observed at the Transformation Center, many of the people who could be our peers are not “at the table”. Many people who have experiences of mood swings, trauma, or extreme states can end up withdrawn from the community and with diminished hope for the future. Our movement could let people know about resources and opportunities, expose them to new ideas for maintaining wellness, and provide them with hope in learning that others have gotten better and they can too. There are also individuals and groups – sometimes the same people who are living with unmet needs – who can teach us about ourselves as well as about themselves, and bring us to resources we may not know about.

We at the Transformation Center have learned that information about potential ally groups can come from many sources; for example books, movies, or friends. Our time-honored trainer, La Verne Saunders, has suggested that after we learn as much as we can about the new person or group, we reflect on what we have learned and ask ourselves, what has meaning/relevance/significance for me? Valeria elaborates: “There is a kind of paradox here in that at the beginning of the relationship I am asked to focus on the potential ally and leave aside what I think, want, or need. But, after a while, I may bring myself back into the picture. I, with my hopes, values and needs will be the other end of the relationship, so it makes sense for me to consider what the connections are between me and the other person or my group and the other group. “

The connection of allies to the LGBTQIQI+ (Lesbian, Gay, Bisexual, Transgendered, Queer, Questioning, Intersexed plus other gender experience) issue of *Voices for Change* is apparent, though how the Transformation Center connects to the LGBTQIQI+ communities may be new to some readers. We refer people to several Recovery Learning Communities (RLCs) that have LGBTetc gender experience programs or groups, some of which are described in this issue. We attend events at the RLCs. We have had several Leadership Academies on developing allies and working with multicultural groups. For more information, see our website, www.transformation-center.org

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Online Catalog at www.transformation-center.org

Feedback that we have thusfar received is that people appreciate the opportunity to discover books that promote recovery, offer skills and provide hope.