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Queering Sexual Health: The Intersection of Sexual Health and LGBTQ Identities in Worcester, MA

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ABSTRACT

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This research examined what support, services, and programming existed at the intersection of sexual health and LGBTQ identities in Worcester MA. The data analyzed were interviews with professionals in sexual health or LGBTQ related fields as well as the public websites of sexual health or LGBTQ organizations. The researcher examined this data, along with literature on the rise of sexual health and LGBTQ communities, to understand (1) how inclusive sexual health resources in Worcester were and (2) what themes still need to be addressed to make gender and sexuality minorities comfortable seeking sexual health medical aid. The findings indicated that Worcester has made much progress towards inclusion but must focus specifically on trans* inclusion and on a general culture shift through trainings and programming in all organizations. From these findings, the researcher provides recommendations to strengthen sexual health advocacy work in Worcester for Worcester Impact on Sexual Health (WISH).

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Finally, I want to thank my queer community. From the people who came before me, to those who are struggling with their gender identity or sexuality today, you inspire me for being so unapologetically you. Continuing to show up as you are, despite harassment, violence, and threat of death shows me that it is possible to re-center social justice work around the most marginalized. This paper is for us. May we get the sexual health care we deserve.

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Introduction

This paper was inspired by a conversation I had while creating a survey that asked about gender, race, age, class and more demographics for an organization that seeks to create better sexual health outcomes for youth. Under the "gender demographics" section, I ignored the google forms submission that suggested "MEN/WOMEN/OTHER". I used "cis man", "cis woman", "trans woman", "trans man", "gender non-conforming/gender non-binary", "other", defining each term in case they were not easily recognized. While I regretted my use of other, I felt that this was a start to changing the way we collect data. The response from the organization to the inclusion of these categories was hesitant, thinking that this was an unnecessary addition to traditional survey responses. The argument was that none of the surveyed population would need the expanded categories, so why include them? I felt that we could never know if the categories were needed unless we included them (and they were used) plus if we were looking to increase positive sexual health outcomes we must represent that improvement in our own practices. This process was over rather quickly, and the inclusive response categories were ultimately included, but it made me realize that a there were a lot of conversations that still needed to be had before LGBTQ communities could be considered to be fully included in sexual health care, testing, data collection, and support.

Sexual Health encompasses many attributes: identity, body image, healthy relationships, sexual activity, STIs, pregnancy, consent, communication, birth control methods, and gender and sexual orientation. Yet, the sexual health needs of people with historically marginalized gender and sexual identities are often overlooked or brought into the discussion as a way to make something "more inclusive". The problem is that this treats an already stigmatized and marginalized identity as an afterthought, while also prohibiting the expansion of comprehensive sexual health to gender and sexuality minorities whose needs can differ than cis, heterosexual communities.

The way that we treat sexual health today is often about pregnancy protection and understanding reproductive anatomy. People are divided into "boys" and "girls" and brought to different assembly halls in their schools to learn about "wet dreams" or menstruation depending on the room. This not only assumes the gender of the youth based on arbitrary titles at birth, but also reinforces the notion that only girls should worry about menstruation and only boys can have "wet dreams". This divide continues as we grow up, only learning the sexual health related

information that someone else deems we need in an often heteronormative or cis-normative setting. Because LGBTQ existence is inherently tied to sexual health, but also often rendered invisible, understanding people's bodies, sexualities, and health needs whether it applies to you or not is almost never explored. LGBTQ communities, and society as a whole, deserve to have a frank and inclusive sexual health that does not force gender roles and embraces all identities and sexualities instead of working from an already exclusive system. If this topic is not addressed holistically, and from everyone, our community will be on the verge of a public health crisis because of the rise in negative mental health and sexual health outcomes that gender and sexuality minorities experience.

In this paper, I explore to what extent organizations in Worcester understand and adopt practices that demonstrate an intersection between LGBTQ attributes and sexual health education and where needs must still be addressed. Worcester consistently has a 100 score on the Human Rights Campaign's (HRC) "Municipal Equality Index" (MEI). The HRC is a leading organization for LGBTQ equality in America. They measure hundreds of cities across the United States annually. They analyze municipalities on topics of anti-discrimination laws, LGBTQ services, and policies such as trans* inclusive bathrooms in order to understand how LGBTQ inclusivity of a city. Receiving a perfect score of 100 indicates that the City of Worcester is actively working to include LGBTQ communities in policy, services, and laws, and indicates that the needs of sexuality and gender minorities is relevant and necessary to Worcester citizens. This report indicates that Worcester's trans-inclusive anti-discrimination policies are excellent. It does not look at how those policies are actually utilized on the ground or how they affect the daily lives of gender and sexuality minorities. The policies have garnered a perfect score for Worcester, but it must only be a start to the work of true LGBTQ inclusion. This paper uses the MEI to prove that Worcester is ready to think more deeply about the intersection of LGBTQ identities and sexual health.

The research in this paper was aided by a partnership with Worcester Impact on Sexual Health (WISH) to host interviews with key professional players in the world of sexual health and LGBTQ communities in Worcester. WISH is a Task Force working to improve the "educational, economic and social outcomes for Worcester youth by making a positive impact on adolescent sexual health and creating an environment that supports healthy relationships".[1] WISH's members are committed community members, leaders, service providers, community-based

organization, faith leaders, policy-makers, and beyond. This diverse and well-connected task force seeks to advance positive sexual health outcomes for the Worcester community, thus making them an ideal connection in understanding how LGBTQ communities intersect with sexual health in Worcester.

This paper includes a Literature Review of sexual health, and LGBTQ history and development, as well as their connection in Worcester. In this section I also frame the 12 topics that, when utilized fully, support an LGBTQ inclusive sexual health organization. It is followed by a Conceptual Framework that explains the work of WISH, the way this paper frames sexual health, and provides a working glossary of LGBTQ related terms and acronyms that readers may reference. The Methodology section explains how I created my categories and what steps I took to gather my data and recruit interview participants. In the Findings section, I explore the themes, such as a specific need for a trans*-inclusive focus in Worcester as well as a general environmental shift towards gender and sexuality minority inclusion that arose in my interviews and research. I also use the 12 topics to analyze sexual health and LGBTQ organizations from the perspective of someone seeking care to see how many organizations can provide services, education, or support at the intersection of sexual health and LGBTQ identities. Prior to my conclusion, I provide my two recommendations for WISH or anyone else to complete in order to push for LGBTQ inclusivity: professional trainings and a community climate survey. My wish is that this paper will help LGBTQ people get the quality care they deserve when it comes to their sexual health.

Literature Review

The literature used to support this research looks at the two main components of this topic: sexual health and LGBTQ identities. Unfortunately, there was little research that explored the connection of sexual health and LGBTQ identities specifically. This created a major gap between research and practice because sexual health practitioners or LGBTQ professionals do not have much accredited or recognized work for building a best practice theory. This is preliminary research as there is no work that specifically makes this connection between sexual health and LGBTQ identities in theory, neither in Worcester MA no elsewhere in the world. I contextualize the research by providing an overview of the process to establish sexual health as well as a

modest historical understanding of diverse sexuality and gender identities. I also explore modern social and cultural atmospheres surrounding these topics.

The reason that this paper is so important, regardless of someone's own sexuality or gender identity, is because it is fighting for inclusivity for everyone. Audre Lorde's "Sister Outsider" shows how systemic oppression on women, people of color, those with different physical or neural disabilities, religious minorities, and LGBTQ folks often muzzles the lived realities of these identities and seeks to transform the voices of the silenced into activism for intersectional inclusivity by using personal anecdotes as a middle-aged black lesbian woman in the United States. Lorde is establishing the need to make space for marginalized identities in regard to family planning theory, showing that even though this is a topic where everyone could be consulted, specific care for intersectional identities must be considered so that family planning can thrive for all. Specifically, Lorde says "I am not free while any woman is unfree, even when her shackles are very different from my own".[2] These words echo the sentiment of this research. Sexual health services need to be available for everyone in order for everyone to benefit. Since LGBTQ communities have historically either been rendered invisible, or seen as perverse and the "other", it is important to re-center the margins and focus on this identity group.

This focus is urgent. If we do not address the sexual health of LGBTQ communities, we are looking at a public health crisis. The mental health, physical health, social-emotional well-being, and sexual health of more than 10 million Americans[3] are at risk, not to mention the millions of people who are closeted for fear of violence or the allies and community members who also deserve a healthy community. Lesbian, gay, bisexual, or other sexuality minority youth are at an increased "risk for depression, suicide, substance use, and sexual behaviors that can place them at increased risk for HIV" and other STIs according to a youth behaviors survey from 2015. 29% had attempted suicide at least once in year prior to taking that survey, compared to only 6% of their heterosexual peers[4]. In 2014, 80% of youth HIV diagnoses were young gay and bisexual men.[5]

According to the HRC, 42% of LGBT youth indicate they live in a community that does not accept LGBT people, while 26% say their biggest problems are not being accepted by family or school communities. They also report that "LGBT youth are twice as likely as their peers to say

they have been physically assaulted, kicked or shoved"[6] These statistics are often found on modern youth because, according to the Pew Research Center, older Americans are far less likely to be out or come out as LGBT[7]. This can perhaps be attributed to the changing times and the work of LGBTQ advocacy organizations. It is also a testament to how much has changed to make youth feel more comfortable expressing themselves. Ultimately, 77% of LGBT youth say they know things will get better[8], which shows that a cultural shift might actually be possible.

Brief History of Sexual Health:

The definition of sexual health is inconsistent, as each source over the last 100 years has illustrated it differently. It often changes based on who you are talking to and having an accepted and wildly read definition could only help to institutionalize the often-stigmatized health concerns. One thing this research needed to establish is what exactly constitutes sexual health? Is it only for someone who has no experience doing sexual acts, making anyone who is sexually active also unhealthy? Or is it about following health practices in sexual acts? For some sexual health does not mean physical sexual activity, but a state of being. While others refuse to recognize its legitimacy at all.

Professors in the Program of Human Sexuality at the University of Minnesota Medical School, Professor Edwards and Dr. Coleman, sought to look at the historic events that required sexual health definitions. They analyzed the World Health Organization (WHO), an organization which operates as an international authority on different health topics from within the United Nations' system. This international organization works to set and maintain the pace of international topics relating to health.[9] In 1975, the first official sexual health definition was presented at a consultation meeting in Geneva. This definition stated that "Sexual health is the integration of the somatic, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love".[10] Edwards and Coleman specifically note that this first definition views sexual health as a positive component that will enhance someone's life, but that it was not until a 1987 report that sexuality was considered related to sexual health. The progress made by WHO institutionalizes sexual health as a worldwide priority, creating a precedent for other organizations to consider sexual health in all of its forms.

Coleman and Edwards also analyzed work by the Sexuality Information and Education Council of the United States (SEICUS) which was convened in 1994 to create new ways of approving adolescent sexual health guidelines for parents, educators, and other professionals. Unlike WHO, SEICUS's definition introduced concepts of gender in a binary, with comments like "both genders" or "ability of women and men".[11] De-gendering the way we discuss sexual health is important to making sure it is accessible to all. The gender binary and use of "men and women" render gender nonconforming people, or trans* folks invisible. For sexual health to be truly inclusive, it must make sure that ways of defining sexual health related terms use gender neutral language and pronouns.

In 2002, the most recent definition of sexual health was established through the WHO in order to consider new sexual health strategies around the world. This definition allowed for the expansion of health to be beyond just physical attributes, without reducing sexuality to a gender binary. It is important to note that the following definition is considered a "working definition" although it has been 16 years since its inception[12] The definition is:

> "Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled".[13]

The debate between whether sexual health was an "ongoing process" or a "state" was continued for this definition, but ultimately decided to keep as a "state" to align with the WHO's definition of general health. While the WHO recognizes that sexual health can be a process, it ultimately is a way of living well physically, emotionally, and mentally while maintaining quality social engagements. It took decades of work, both limiting and broadening sexual health's perception of gender inclusion and sexuality to get to this current working definition. The most recent, 2002 definition from WHO, is this paper's chosen sexual health defection due to its broad, inclusive, and well-received wording and history.

Brief History of Sexuality and Gender Orientations

In theories of oppression, there is a center where members of that identity receive often unmitigated power and privilege. All of the groups beyond that center will always be compared to the center[14]. In identity-based oppressions of gender and sexuality minorities, this is often the case. There are marriages, and then there are gay marriages. There are people, and then there are trans people. These aspects of everyday life are constantly qualified so that gender and sexuality minorities are seen as the other to the norm of straight people and cisgender people. This constant existence as an "other" leads to internal struggling and external prejudice. It makes going through life harder because your very existence is politicized and deemed controversial.

The ways that we perceive gender and sexuality today have been constructed. These systems of oppression were designed and orchestrated to categorize historical differences. In Jonathan Ned Katz's book The Invention of Heterosexuality, Katz invites authors and scholars to explore and expand on the social construction of gender and sexuality, and the increased oppression and prejudice that comes with it. In chapter 2, Katz focuses on how Richard Von Krafft-Ebing and the Mind Doctors tackle the debut of the heterosexual. He says that up until the 1890s, sexual instinct "was generally identified as a procreative desire of men and women" but this notion had started to be challenged.[15] The standard was "men's and women's erotic desire for each other, irrespective of its procreative potential". In this area, once sexual desire was seen as something more than human producing, the idea of sex for simply pleasure and enjoyment became a topic of conversation among European and broader Western scientists. Before one can have the perversion or "bad word", one needs to have a norm to compare it to. In the case of "homosexual" the word "heterosexual" needed to be coined. The earliest-known documented use of the word heterosexual was seen as a prevision of sex, to describe "an abnormal manifestation of the sexual appetite". When sex was once seen and recognized only for procreation, in the late 1890s sexual desire for pleasure was seen as deviant. Deriving pleasure from sex was both something morally reprehensible and Dr. Kraft-Ebbing saw anyone who engaged in it as perverse. According to Katz, the word homo-sexual arrived a little later in the documents as a way of describing the "perverse" act of pleasure sex that would not result in copulation.[16] When the sexual activity for pleasure became more wildly recognized by the scientific and academic communities, also known as the communities that deem what is important in society, the terms

heterosexual and homosexual were developed to stratify these acts and continue to create the "out group".

Katz continues on to describe male patients of Dr. Krafft-Ebing who felt societal pressure to enter into marriage and procreate with a wife even though these men had no sexual-feelings towards women and struggle with the idea that they might be "sick" or "unhealthy".[17] The growing acceptance of sex for pleasure changed the culture of what was deviant from deriving pleasure from sex to men deriving pleasure from sexual acts with other men. These studies were the first of their kind to showcase any kind of sexuality minority studies, but the intersection of sexuality and gender identity could not escape the grasps of hetero, cis-sexism. Only cis-men were studied about their interests in other cis-men. These studies illuminated same-sex-loving acts and then pushed them into the oddity, further stratifying these communities and rendering their needs invisible. By the conclusion of Dr. Krafft-Ebing's studies, the term homosexual was used to describe the deviancy of deriving pleasure from sex within a non-heterosexual partnership with no procreation intent.

Judith Butler, a renowned feminist scholar, writes about performative acts and gender construction in an essay published in Theatre Journal in 1988. This article posited that we preform the construction of boy from "hyper-aggressive" and "with no knowledge of consequences" to "healthily managing anger" and "learns from mistakes" to turn any "boys will be boys" gender in our daily lives. If individuals identify as male, then they accept what sociality deems as masculine. Butler showed throughout her article that "if gender is instituted through acts which are internally discontinuous, then the appearance of substance is precisely that, a constructed identity, a performative accomplishment which the mundane social audience, including the acts themselves, come to believe and to perform in the mode of belief".[18] This work is crucial because it allows for the fluidity of gender expression. Assigning a sex at birth does not mean that a person needs to grow up solely within the confines of gender characteristics. It also means that there is no gendered excuse for when someone causes harm or makes a mistake. The "boys will be boys" response to children bullying on the playground is not valid because the "boy" referred to in the saying is a construction of what society has allowed to exist. Society could switch performative conversations into actual growing moments where everyone is invited to engage and learn.

In terms of gender identity, this also means that our concept of who someone is supposed to be is actually none of our business. If someone internally learns that they do not identify with the sex or gender roles that they were prescribed to, they do not need to. If someone has done the personal labor to see that they are internally discontinuous, as Butler would say, and would like to alter their internal/external gender presentation, then that person should enjoy the right and ability to do so. All variations of gender expression are valid, but only the most traditionally masculine and feminine are recognized because of the intense categorizing of gender in society today.

Anne Fausto-Sterling, a gender scholar, has written about the expansion of our biological sex thoughts. When doctors assign sex at birth, they choose between MALE or FEMALE based on the viewable anatomy of a baby. This has led to limited space for expression when people do not identify with what a doctor chose for them. Fausto-Sterling highlights the emerging sexes by highlighting intersex identities[19]. First, she covers the history of intersex identities. Numerous stories have come to light about infants born with both male and female reproductive systems in various amounts of formation. A doctor would see this a s a horrendous deformity and choose which reproductive system would stay and surgically remove the other. This was often without the parents' consent or knowledge. The family would likely never know that this happened, although in many cases the child would learn about this change when they experienced great complications later on in life. These surgeries can leave horrible scarring and reduce the sexual sensitivity of the area. Many individuals also eventually reject their sex assignment at birth. It is for this reason that a new treatment needs to be developed for birthing plans, as well as a broader understanding of how families raise intersex children in one specific and performative (as butler would indicate) gender.

Ultimately the scholars agree that gender and sex are performative and reduce everyone to very limiting roles. We see masculine and male together, as well as female and feminine. However, the gender expression can be much broader and not tied to one specific sex, and even when we explore that concept of sex we can see a wider array of biological sex options. The act of sexual activity for anything beyond protraction was seen as different and perverse. For gender and sexuality minorities, engaging in sexual acts is almost always for pleasure, not procreation, and therefore it still has a while to go before it is wildly acceptable and no longer seen as the "other".

Worcester's History of Sexual Health and LGBTQ Inclusion

Worcester, Massachusetts, the second largest city in New England has an incredibly diverse citizen make-up. This has led to many initiatives and focuses on different identity groups in order to make the city as strong and inclusive as can be. When City Manager Edward Augusts became the city manager, he indicated that "improving the city's record LGBT rights" was a huge priority.[20] The city worked to pass protections against discrimination where public accommodation could be found. In 2013, they banned discrimination in city employment while providing medical benefits for transgender folks and ensuring equal family leave. LGBTQ liaisons were added to the city manager's office and the police department to deepen the municipal connection to the community. This work landed Worcester a perfect score on the Human Rights Campaign's "Municipal Equity Index" (MEI).[21] Worcester has consistently achieved a perfect score, achieving the sought after 100 in 2017 because of six bonuses:

1. Enforcement mechanism in Human Rights Commission
2. City provides services to LGBTQ Youth
3. City provides services to LGBTQ Homeless
4. City provides services to LGBTQ Elders
5. City provides services to people living with HIV/AIDS
6. City provides services to Transgender community

It is unclear what services and enforcement is provided, simply that the HRC has verified that these are available. When you search for anything regarding LGBTQ on the recently updated Worcester website you do only find two search results. The first is a link to the contact information for the Worcester Police Forces LGBTQ Liaison, Officer Sharon McQueen. The second link is to a "Know Your Rights" page from the Office of Human Rights with some health, legal, and social support contact information that has not been updated 2016. It's wonderful to see that this is included at all, which shows the needs of gender and sexuality minorities is at the very least recognized as valid. It also shows that there is room to grow.

In 2017, Mayor Joe Petty declared June "WISH Awareness Month" to help raise awareness about sexual health and the work that WISH is doing in Worcester. Having institutionalized responses to the work that WISH is doing is essential to showing that sexual health is a priority to the city. In addition to a Planned Parenthood, the community health clinics

in Worcester can provide sexual health advice, STI testing, and other sexual health related activities to inquiring residents. While there is no standard sexual health curriculum in the public-school systems, WISH is working with the appropriate people to establish this in the near future.

It is clear through all of this that Worcester has actively made the rights of LGBTQ citizens a priority, yet is unclear where they can go for holistic sexual health services and programs in line with the current definition of sexual health from WHO. Focusing on this intersection makes sure that the work done since 2013 is not rendered mute and historically marginalized gender and sexuality identities are not rendered invisible once more.

Institutionally, Worcester is on the cusp of fully embracing inclusive sexual health for the LGBTQ communities. From a community level, there are health clinics, advocacy organizations, and legal aid groups dedicated to providing sexual health services, support, education, and policy in the LGBTQ. It is essential to understand these groups and their work through the lens of the 12 topics (detailed below) in order to ensure that the intersection of sexual health and LGBTQ identities is met with equitable support. This is not something that only people who are part of gender or sexuality minorities need to think about, no it is something that everyone should know and embrace in order to create a happier and healthier city.

This paper studies how the intersection of sexual health supports the LGBTQ identities in Worcester in order to understand how to support this work moving forward. One overarching goal that matches the definition of current definition sexual health is to provide support for physical, mental, emotional, and social well-beings so that every person is in a state of sexual health without. This definition is an important frame, but without specific care to recognize marginalized gender and sexuality identities, their identities could be rendered invisible. Indeed, this paper aims at re-centering that definition so that it starts with LGBTQ identities. Support groups, education organizations, health clinics, legal aid groups and more may consider themselves LGBTQ inclusive, but this is subjective and can lead to drastically different levels of inclusion and acceptance.

Based on the literature review, I developed 12 categories that an organization could have services or programing under that are important to the understanding of sexual health for people of gender and sexuality minorities. These categories, while founded in literature and theory, have

never been used together in practice before. For many of the categories, one might assume that the organization obviously fits that topic, but I would only check it if it explicitly put this as a service or resource. This is because these 12 categories need to be easily apparent to LGBTQ communities when they are seeking services and support as well and assuming could only lead them to false hope and disappointment. These 12 categories serve as a lens for viewing any organization, but particularly those that claim LGBTQ serving or about sexual health. If an organization meets at least 8 of the 12, they are on the road to making an inclusive sexual health experience for gender and sexuality minorities.

1. Condoms:

    This box is checked if condoms are available for free or reduced prices at that given location. One topic that comes up frequently when discussing sexual health education is its purpose. During his time as a doctoral candidate at the University of Indiana, Christopher M. Fisher wrote a powerful paper on the experiences of eight self-identified gay men between the ages of 18-24. Fisher wrote that sexuality education often excludes queer youth because these youth could not get legally married at the time and their sexual needs are never addressed.[22] Often sex education is about pregnancy prevention, with focus on abstinence until marriage or postponement. Evidence-based curriculums such as "Making Proud Choices"[23], "Reducing the Risk"[24], or Planned Parenthood's "Get Real"[25] include teachings of STI & HIV/AIDS prevention as well. These prevention methods tend to be birth control pills, IUDs, and condoms. Even with this perspective, few sexual health curriculums include any focus on pleasure.

    In addition, many sexual health curriculums do not focus on the pregnancy options of people in the LGBTQ community and as such, teenage pregnancies are actually more common for LGBTQ youth.[26] This shocking statistic is attributed to the lack of affinity focus within sexual health. An organization that provides condoms, either the traditional "male" condom, F2C condoms, or dental dams, is an organization that is helping with prevention and protection for people of all gender identities and sexuality orientations.

2. STI & HIV/AIDS Tests:

    STIs (sexually transmitted infections) were once known as STDs (sexually transmitted diseases). The change was made because infection was a more accurate

medical term that also did not come with the same stigma that the word "diseases" evoked. Because protection options are normally geared towards straight, cis individuals, STI protection conversations for GSMs is often an afterthought that has led to myths about STI spread in queer communities. It is for these reasons that a sexual health organization that provides STI tests to anyone is positively influencing the "get yourself tested" trend many health organizations are trying to include[27] [28].

HIV/AIDS stands Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome. for was marked as an epidemic in the summer of 1981 when a "rare lung infection" coupled with other unusual infections indicated immune systems that were not working properly. [29]This epidemic was seen to affect only gay men and was treated as such. When the ignorance of using gender and sexuality minorities as a scapegoat wore off and science began to accept that this auto-immune deficiency could and does affect everyone, a stigma was left behind.[30] It is for this reason that people in the LGBTQ communities are still greatly disenfranchised by the spread of disease and while everyone should get tested, it is important that sexual health serving organizations recognize the difficult decisions to get tested made by LGBTQ communities.

3. PReP:

While there is currently no cure for HIV, there have been magnificent scientific advancements in the world of prevention and spreading. This process is called PReP, or pre-exposure prophylaxis, and when taken consistently as prescribed, can greatly reduce the risk of becoming HIV positive.[31] If there is a chance of getting HIV through sex or drug injection, the daily use of two HIV medicines can reduce that spread by 90% and 70% respectively.[32] Because of the association of HIV and the LGBTQ communities, providing PReP is an important part of maintaining an LGBTQ inclusive sexual health organization.

4. Trans* Support/Advocacy:

While not a physical sexual health characteristic, providing support and advocacy for Trans* individuals and communities fulfills the social, emotional, and mental support that are required to create a sexually healthy individual. Having support groups for people understanding their gender identities separate to what they were assigned to at birth is crucial to becoming the holistic people in their emotional, social, mental, and physical

ways. In MA, the 2018 November election will have a measure seeking to repeal dignity and respect for transgender people in relation to the law protecting their rights to fair treatment in public spaces. This vote may not specifically be targeting sexual acts, but it is targeting the social, emotional, and mental wellbeing of someone's right to exist and therefore must be included in these topics.[33]

5. Resources, Support Groups, Counseling:

   Support groups can impact anxiety, depression, negative thoughts and behaviors, as well as overall well-being for people whose gender or sexuality are not seen in the norm. Providing resources and counseling can help with the mental and emotional growth of a person which will lead them to becoming a sexually healthy individual. Understanding who you are and what boundaries you have is an essential part at healthy communication and relationships with others. It is for these reasons that providing resources, support groups, or counseling at an organization is important to its classification as a sexual health organization.

6. Family Planning & Abortions[34]:

   Part of being sexually healthy is having the appropriate and varied resources required to discuss what happens when someone does, or does not, want an impending pregnancy. Sexual health should include understanding the reproductive process for people who are looking to have a child either through intercourse or artificial insemination. Ensuring that partners of all sexual and gender orientations have opportunities towards family planning is crucial to making sure that sexual health organizations are not solely thinking of reproductive through heterosexual relationships.

   Abortions are a critical part of sexual health care because everyone deserves the opportunity to safely terminate a pregnancy if that pregnancy were unwanted or brought on by violent acts. Sexual health organizations should conduct abortions to ensure the physical, emotional, social, and mental spaces Unfortunately, abortions are often thought of as something exclusively for women, but if someone's gender identity is not associated with their biological characteristics, then it stands to reason that people who do not identify as female can biologically seek an abortion. Providing these services are crucial to a sexual health organization and providing them for everyone is essential to sexual health inclusion.

7. Educational Materials:

    Educational materials can help people who are in the LGBTQ communities to understand what is going on in their lives and bodies, providing the education needed to understand all aspects of the sexual health. However, to create a positive social state of sexual health, culture and environment need to shift so that LGBTQ people are not "othered" or relegated outside of the norm. In this sense, the first step to inclusion is education. These educational materials could explain different experiences of LGBTQ identities, provide terms like this very paper did, or simply refer to health experiences in non-gendered terms. Regardless of the way educational materials are brought into the sexual health clinic, the step towards education is a step towards LGBTQ inclusion.

8. Religious or Spiritual Affiliation:

    Religious affiliation can also evoke different emotions from sexual health seekers. For many in gender or sexuality minorities, religion has excluded them from existence or deemed them devil incarnate. Conversion therapy, an awful discredited experience often conducted by church or religious affiliated mental health institute, tortures individuals who have come out or been outed as LGBTQ until they have deep self-hate and psychological trauma.[36] [37] This horrible experience contributes to the shame and stigma that LGBTQ communities face and often leaves them with negative views or religion or force them to "closet" themselves in order to participate. For some, seeing a religious affiliation might trigger nasty memories or fears and would indicate that they steer clear of that organization. However, for others, an indication of religious or spiritual affiliation coupled with all the other topics of inclusive sexual health described here might mean a religious affiliation they would want to be a part of, thus fulfilling the spiritual dimension of sexual health described by an interviewee. Having this indicator is important so that LGBTQ individuals can make informed decisions about their sexual health care.

9. Legal Aid:

    The law that protects transgender individuals in public spaces in the state of Massachusetts that is on the November 2018 ballot for a repeal vote is exactly the reason that legal aid needs to be considered when thinking about sexual health.[38] When LGBTQ individuals right to exist in public spaces is called into question, all of the states of sexual health could be affected: physical, mental, emotional, and social. Legal support for

discrimination in the work place or bullying at school is essential to the fully inclusive existence freedoms that people face. In addition to this, many Trans* people want to change their name from their dead-name to the name they feel best represents themselves. This process of changing legal sex or name can be taxing, expensive, and incredibly risky to navigate and so when sexual health organizations provide resources to legal aid they are taking care of their populations in a holistic manner. [39] [40]

10. Youth Serving:

    There are laws and situations that are designed to "protect" youth until they are adults that often inhibit youth from getting the sexual health care they need, regardless of gender or sexuality. Many schools do not have comprehensive sexuality education required so students would not be able to learn much about their sexual health selves unless they find other access to that information.[41] In MA, a minor may consent to any treatment except abortions.[42] For those, they must obtain consent from at least one parent or guardian if they are seeking an abortion or they can choose to appear before the Superior Court to receive consent from a Judge. Youth are also subject to confusing persecution if they are in a school that does not have an understanding dress code or the appropriate bathrooms. Ultimately, youth struggling with the intersection of their gender or sexuality with their aging and not having the legal rights to vote or advocate for themselves in regard to their sexual health will need extra support in their physical, emotional, mental, and social sexual health growth.

11. LGBTQ Staff:

    It is wonderful to say that an organization is an LGBTQ inclusive organization. To serve people of gender and sexuality minorities while maintaining top care and support is to be an inclusive sexual health organization. At the same time though, an organization can provide support or care while still perpetuating a climate of intolerance by not having LGBTQ staff members who can symphysis with the patients and participants through the stigma and the experiences. LGBTQ individuals should be involved in the promotion of the inclusive agenda by also providing services and support. At the same time, an organization that does have an employee who is part of an LGBTQ community is not automatically an LGBTQ inclusive space. Hiring one employee is simply a drop of water in what needs to be a very big ocean of change. That one

employee may not be tokenized or treated like a show pony to demonstrate how open and inclusive any organization is, as this only further stigmatizes the experiences of LGBTQ communities. Thus, this is an important topic to show inclusivity when looking at the intersection of LGBTQ identities and sexual health organizations, but it may not be the only topic achieved.

For this topic, however, unless explicitly stated on the websites that the staff or employees of an organization were part of the LGBTQ communities, I could not explicitly check off that any organization had LGBTQ Staff. The paper does not want to assume anyone's identity based on where they work or what they look like for we would be categorizing people in exactly the ways this paper is specifically trying to avoid. In addition, I do not want to "out" anyone that may work at these organizations who did not give explicit permission for their gender identity or sexual orientation to be included in this paper. Therefore, the data in this section will likely be skewed and inaccurate but it is a necessary choice as it is also protecting the identities of vulnerable populations.

12. Safe Space Stickers:

Safe Space Stickers are exactly what they sound like in theory. They are stickers

placed on the doorways of offices and classrooms to indicate that the space people are entering is free of stigma and full of support for LGBTQ communities.[43] The sticker has many variations, although a common sticker is pictured here. They often have a triangle to reclaim the way that Nazi Germany identified LGBTQ people during the Holocaust, or with a rainbow to show LGBTQ pride and diversity.[44] [45]Other forms of the stickers include the colors of the trans* flag to show gender inclusivity specifically in addition to other forms of pride. These are easily recognizable symbols that tell people where to go for support and help if they need it, specifically related to their gender or sexuality. They can also prompt dialogue in classrooms so that teachers have an easy entrance into creating inclusive classrooms.

The problem with these stickers is that it has become normalized that youth-serving spaces or clinic have these stickers without actually thinking about what that might mean. If someone was having a crisis related to their gender or sexuality and went to a perceived safe space indicated by a sticker only to be dismissed or met with undertones of hetero-misogyny or cis-normativity that are present in our daily lives, they would not truly be in a safe space. There have also been reports of students going to what they believe to be a safe space, only to later be penalized for what they shared.[46] Safe space stickers can indicate LGBTQ inclusivity, but it must be done thoughtfully if they actually wants to create safe spaces.

The other issue with understanding if safe space stickers, and what they are supposed to represent in an organization, are available is that they often need to be viewed in real life. In this organizational matrix, the safe space box is only be checked off if the online resources used to analyze them feature a digital version of the sticker. This does not mean that they are not featured, but simply they are undetectable from a virtual perspective.

Conceptual Framework

This paper uses the 2002 definition of sexual health as a framework for the sexual health work analyzed in Worcester. This definition is the most inclusive and widely recognized as well as lays validity of the claim that everyone deserves and has the right to sexual health. The definition is as follows:

"Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled"[48]

This paper also use the terms LGBTQ (Lesbian, Gay, Bisexual, Trans*, Queer) and GSM (Gender Sexuality Minorities) as umbrella terms to cover people with historically marginalized and stigmatized gender and sexuality identities. It is important to note that this paper already assumes the reader understands that LGBTQ people are included and deserve to be included in

WHO's definition of sexual health. This paper does not seek to end homophobia, transphobia, biphobia and beyond and will only be helpful to people that are seeking continuous inclusion. The history of stigmatization and exclusion of gender and sexuality minorities is complex and deep and this paper cannot end that mindset. Instead this paper seeks to show how inclusion can and can continue to happen in Worcester MA as a case study on how this behavior can be institutionalized and replicated.

Methodology

This paper was conceptualized to understand the programming, policies, and educational resources surrounding the intersections of LGBTQ identities and sexual health in the city of Worcester, MA in order to continue fostering an inclusive and sexually healthy city. The findings influenced the recommendations presented to WISH, so that they may be implemented by a committed sexual health task force.

I created two classifications of organizations related to this research that I would use to distinguish my research:

1. Sexual Health Organizations: These would be organizations who in some way provided programming, education, services, or policies around sexual health to their populations or employees
2. LGBTQ Organizations: These would be organizations that provided information, support, programming, or beyond to and about LGBTQ communities. They could be about anything, so long as they were related to gender or sexuality orientation minorities.

These two categories remained classifications throughout the research. They were not just used to describe the people I interviewed, but also the resources I gathered and the services I was able to access. I visited the public resources available about different sexual health organizations or "pride" organizations in Worcester and comprised a matrix of what is available for the intersection of sexual health and LGBTQ communities. This comprehensive list (which can be found in FINDINGS) shows what is easily available to anyone seeking this information and follows the 12 categories detailed in the Literature Review.

This paper employs three types of data collection (1) interviews, (2) observations, and (3) existing documents in order to generate an understanding of sexual health and diverse gender and sexual health observations.

Interviews: Interviews were employed with all groups, as a specific tool to understand where each group stands on the intersection of sexual health and LGBTQ identities. Interviews with these groups tried to highlight where the philosophical and ideological similarities and differences are in approaches to sexual health as well as to what programing or policies are conducted or supported by these different organizations. These created the key depiction of sexual health intersecting with LGBTQ identities while also providing insight into LGBTQ needs in Worcester. The script used to conduct the semi-structured interviews can be found in Appendix A.

Observations: I searched all the public information available within these organizations to see how easily gender and sexuality identities intersect or do not intersect with the practice of the organization. Using data from programming observations or visits to resource centers, I fortified my organization matrix of Worcester which included if each organization met any of the 12 topics. This was to determine if organizations were both creating inclusive sexual health spaces and if the LGBTQ communities, who needed those inclusive sexual health spaces, could easily find them.

Existing Documents: Many of these organizations, as well as the local Worcester government, have already publicized data, documents, or brochures that are specifically designed for LGBTQ health, sexual health, or the intersection of it all. I used these data sets to round out the case study, specifically within the Sexual Health Organization Matrix of Worcester, as well as highlight areas of need for LGBTQ specific sexual health programming.

Ultimately, I received IRB approval on March 28, 2018 and began the recruitment and interview process. While my goal was to interview 5 people from 5 different organizations to have a rounded perception, I instead interviewed 4 individuals who wore many hats in Worcester. These 4 people represented 6 organizations that spanned all three categories. From health service-providing agencies to local government and from youth serving organizations to LGBTQ specific support groups, these organizations ran the gamete. Overall, I had representation from 3 specifically sexual health related organizations, from 1 specifically LGBTQ related organization,

and from 2 organizations that addressed aspects of sexual health and LGBTQ identities in some way. More information on these interviews can be found and debrief in the Findings section. It is important to note that I was not asking participants about their gender or sexuality orientation minorities as this research did not have the capacity to support this perspective and I did not want to force anyone out of the closet for the sake of this study. However, information that was available publicly or that participants anonymously and readily disclosed, might be found in the findings sections.

Findings

This research sought to gather information and resources from the different organizations serving Worcester related to the intersections of sexual health and LGBTQ related topics. This is important to know, both to see what is happening in Worcester in general, and also to understand how easily accessible these services and resources would be to someone seeking them. This is a deep dive into preliminary research in order to begin collecting a holistic picture of what is actually happening in Worcester at the intersection of sexual health and LGBTQ identities. It is important to have this preliminary work in order to begin re-centering the sexual health work around marginalized gender and sexuality identities.

The first thing I needed to determine was what it meant to be a sexual health organization and also an LGBTQ serving organization. I started running into questions as I found and examined organizations. If an organization has condoms in a bowl for someone to take, and then had the "Safe Space" triangle sticker on their door, does that make them an LGBTQ inclusive sexual health organization, even if they provide no clinical testing and do literacy programing? How would that hypothetical organization rank next to an organization that specifically did de-gendered abortions and support groups for queer families? Would both of those organizations equally be LGBTQ serving sexual health or were there levels? The 12 topics I developed after an extensive literature review were created to help answer these questions. If an organization were to consider themselves a sexual health organization that was LGBTQ inclusive, they must meet at least 8 of the 12 topics visibly so that any potential individual could seek help.

After interviewing 4 different professionals in Worcester about their experiences with sexual health or LGBTQ related fields, I concluded that the 12 topics were indeed necessary to the inclusive points this paper is attempting to make. When I asked one interview participant

what their definition of sexual health was, their response was very similar to the definition from the WHO. They added one additional state of sexual health to the already physical, emotional, mental and social well-beings. They wanted to add spiritual because they saw the connection of health as physical and more, but especially in a larger and broader connection to spirit.[57] Of course, each of these categories is heavily connected. But adding a spiritual connection can ensure that everyone is supporting their healthiest and more inclusive life. This spiritual affiliation is another way to understand how an organization can provide inclusive sexual health.

Another interview participant confirmed the dangerous line that safe space stickers provide, saying that they did not feel comfortable providing the stickers to everyone in their office. They described experiences they've had with professionals looking for these stickers despite internal office disrespect related to LGBTQ identities. "Years ago, people used to come to me and say, I want a safe space sticker, so I can put it on the outside of the building… I said 'I would love for that to happen, but you still have issues within the departments where staff aren't treating staff with respect… If there are staff who want one … to put one on their office door, that's different".[58] This quote really highlights why it is so easy to be a performative ally and use the sticker, but it is harder to look internally and see if you can actually institutionally help those who seek it. Institutionally helping members of the LGBTQ community access safe, reliable, and comfortable sexual health services is an important part of making sure that there are positive sexual health outcomes for all. These 12 topics, created through literature and confirmed by my findings are a crucial way of making sure we get there.

Next, I applied the 12 topics to a matrix I developed in order to analyze organizations on how inclusive they were. One could view the organizations in relation to one another as well, but they each can stand on their own. The organizations I reviewed were pulled from a variety of sources. The City of Worcester LGBTQ Resources Guide found on the worceterma.gov website was a huge indicator of places to visit. This guide has not been updated since 2015 and so some of the suggested locations have actually closed since it's publish date. It is not fair for people seeking that help to find that resources they were looking for are no longer in service. While LGBTQ issues may have been a topic of interest in 2013 when the city manager was appointed, it is not a static list of resources that can be made long ago and never updated as the lives and experiences of gender and sexuality minorities did not end when the list was published. Other organizations, I learned about during the interviews when the interviewees suggested further

clinics or homes to check out. Finally, some organizations were found through a quick google search using keywords like “sexual health” “lgbtq” “sexuality” “queer” in the context of Worcester MA.

The Sexual Health Organization Matrix can be found on the next four pages.

I reviewed 20 organizations that fell in some ways into my two categories: sexual health and LGBTQ identities. I also included 13 faith-based organizations that claim to be LGBTQ inclusive in honor of one interviewees expanded definition of the sexual health to include spirituality[59], because many people view spirituality as a key component to health and should therefore be included in sexual health, while for others a reference to spirituality or religion can trigger hatred and fear. These organizations had a variety of responses to the categories. Even organizations that I thought were very similar as an average observer turned out to vary greatly in their LGBTQ inclusivity.

It was difficult to tell online, as predicted, about the LGBTQ orientations of the staff members. While this kind of representation would represent an inclusive environment and might even be implied for some of the organizations, I only checked the boxes where this was explicit so as to not to assume, such as a person’s bio referred to them with the they/them/their pronoun series or referred to themselves as a “gay man” in their introduction letter. This decision to not assume could also be jarring for some who are obviously trying to portray themselves as femme, queer, butch, or beyond. For organizations like Worcester Pride or PFLAG of Greater Worcester, it was easy to assume that many of the staff members or even the directors are queer, but without assuming or forcibly outing them I could not say this with certainty. Some may view this as an unnecessary step towards inclusion because it might portray this as assuming everyone is straight. To that argument, I respond that it is not an assumption that anyone is straight or gay or any kind of gender and sexuality minority, but instead to re-center the way we view organizations away from an assumed identity and towards individual agency on their own ability.

Name	Sexual Health	LGBTQ	Condoms	STI & HIV/ AIDS Tests	PReP	Trans* Support / Advocacy	Resources, Support Groups, Counseling	Family Planning & Abortions	Edu. Materials	Religious or Spiritual Affiliation	Legal Aid	Youth Serving	LGBTQ Staff	Safe Space Stickers	NOTES
PFLAG of Greater Worcester		**X**				**X**	**X**		**X**				**NA**	**NA**	Support and resources for families of LGBTQ people and LGBTQ people
Safe Homes		**X**	**X**	**X**		**X**	**X**		**X**			**X**	**NA**	**NA**	Safe space specifically for LGBTQ homeless youth to get support, services, and counseling
WLEN (Worcester LGBT Elder Network)		**X**					**X**		**X**				**NA**	**NA**	Mostly resources and advocacy for aging and elderly LGBTQ folks
AIDS Project Worcester, Inc. (APW)	**X**	**X**	**X**	**X**	**X**	**X**	**X**						**NA**	**NA**	Health agency specifically for people with HIV/AIDS that provides testing, medication, emotional support, and financial support when needed

Name	Sexual Health	LGBTQ	Condoms	STI & HIV/ AIDS Tests	PReP	Trans* Support / Advocacy	Resources, Support Groups, Counseling	Family Planning & Abortions	Edu. Materials	Religious or Spiritual Affiliation	Legal Aid	Youth Serving	LGBTQ Staff	Safe Space Stickers	NOTES
Planned Parenthood	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**			**X**	**NA**	**NA**	Health Center with education and outreach departments that conducts sexual health care, no matter what. They also do trainings and provide educational materials.
Edward M. Kennedy Community Health Center	**X**	**X**		**X**	**X**	**X**	**X**	**x - no abortions**	**X**			**X**	**NA**	**NA**	Community health center that provides comprehensive care, including family planning and specific services for LGBTQ+ people
Family Health Center of Worcester	**X**			**X**				**x - no abortions**				**X**	**NA**	**NA**	Health center that provides access to affordable, high quality, integrated, comprehensive, and respectful primary health care and social services, regardless of patients' ability to pay. No mention anywhere of LGBTQ people

Name	Sexual Health	LGBTQ	Condoms	STI & HIV/ AIDS Tests	PReP	Trans* Support / Advocacy	Resources, Support Groups, Counseling	Family Planning & Abortions	Edu. Materials	Religious or Spiritual Affiliation	Legal Aid	Youth Serving	LGBTQ Staff	Safe Space Stickers	NOTES
Worcester Pride		**X**				**X**						**X**	**NA**	**NA**	Organizes the annual family-friendly Pride Parade and other events throughout the year for Worcester's LGBTQI+ community
GLAD (Gay & Lesbian Advocates & Defenders)		**X**				**x**						**X**	**NA**	**NA**	Advocacy and legal defense organization for LGBTQ people in New England and nationally
GLBTQ Domestic Violence Project		**X**				**x**	**x**						**NA**	**NA**	Stopped providing services December 31, 2015.
National LGBT Health Education Center		**X**				**X**	**X**		**X**			**X**	**NA**	**NA**	provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, and transgender (LGBT) people

Name	Sexual Health	LGBTQ	Condoms	STI & HIV/ AIDS Tests	PReP	Trans* Support / Advocacy	Resources, Support Groups, Counseling	Family Planning & Abortions	Edu. Materials	Religious or Spiritual Affiliation	Legal Aid	Youth Serving	LGBTQ Staff	Safe Space Stickers	NOTES
MA Trans Political Coalition		**X**				**X**							**NA**	**NA**	Coallition of community members across MA to host trainings and advocate for Trans inclusion
Worcester Police Department											**X**		**NA**	**NA**	This police office has one officer that serves as the LGBTQ community liaison
Community Legal Aid						**X**					**X**		**NA**	**NA**	Provides legal aid and support for discrminiation and housing issues in Worcester
LGBT Asylum Support Task Force		**X**				**X**				**YES**	**X**		**NA**	**NA**	Task force started by Haden Park Congregational Church to help LGBTQ people seeking asylum in the US
MA Commission Against Discriminatio n						**X**			**X**		**X**		**NA**	**NA**	Government commission that supports LGBTQ folks in anti descriminatio n
Health Awareness Services of Central MA			**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**	Organization not found

Name	Sexual Health	LGBTQ	Condoms	STI & HIV/ AIDS Tests	PReP	Trans* Support / Advocacy	Resources, Support Groups, Counseling	Family Planning & Abortions	Edu. Materials	Religious or Spiritual Affiliation	Legal Aid	Youth Serving	LGBTQ Staff	Safe Space Stickers	NOTES
Seven Hills Foundation						**X**	**X**		**X**			**X**	**NA**	**NA**	Health and human servcis non profit that provides support and programming for Trans* youth
You, Inc						**X**	**X**		**X**			**X**	**NA**	**NA**	Health and human servcis non profit that have support and programming for Trans* youth
Worcester Department of Public Health													**NA**	**NA**	Organizes health equity programming, services, and policies for the city of Worcester
Faith Communities															
Unitarian Universalist Church										**Yes**					
First Unitarian Church										**Yes**					
Hadwen Park Congregational Church										**Yes**					
Lake View Congregational Church UCC										**Yes**					
United Congregation Church										**Yes**					

Name	Sexual Health	LGBTQ	Condoms	STI & HIV/ AIDS Tests	PReP	Trans* Support / Advocacy	Resources, Support Groups, Counseling	Family Planning & Abortions	Edu. Materials	Religious or Spiritual Affiliation	Legal Aid	Youth Serving	LGBTQ Staff	Safe Space Stickers	NOTES
Wesley United Methodist Church										**Yes**					Unclear where on this website they say they are open and affirming
First Baptist Church										**Yes**					
All Saints Episcopal Church										**Yes**					
Temple Emanuel Sinai										**Yes**					Unclear where on this website they say they are open and affirming
Congregation Beth Israel										**Yes**					Unclear where on this website they say they are open and affirming
Trinity Luthern Church										**Yes**					
New England Synod										**Yes**					
The Woo Church										**Yes**					The website is down and it is unclear whether they say they are open affirming

An anecdotal analysis of the data matrix follows, but there were many interesting findings that ultimately came from the matrix:

- Of the 20 organizations I reviewed, 12 were clearly LGBTQ focused and inclusive organizations. 4 were clearly sexual health focused with appropriate physical services, programs, and procedures. Ultimately, only 3 were identified as claiming to be both sexual health and LGBTQ related
- Only one organization, Planned Parenthood, explicitly contained 8 of the 12 topics.
- The two organizations specifically run through a local Worcester government agency that indicated sexual health or LGBTQ connections collectively earned only 1 check from the 12 topics. The Worcester Police Department earned that one check for legal aid help through their LGBTQ Liaison, while the Department of Public Health had no visible sexual health or LGBTQ inclusivity.
- 15 of the 20 sexual health organizations provided some sort of Trans* support and advocacy work
- Only 1 organization, Planned Parenthood again, indicated that they provided family planning care that included abortions
- 9 of the 20 organizations indicate that they have youth serving programs
- Only 3 organizations indicated they provided condoms
- Of the 13 faith-based organizations that claimed LGBTQ inclusivity through the Worcester LGBTQ Resource Guide, only 9 of them clearly stated this inclusion on their own websites or social media pages.

Family Health Center of Worcester (FHCW) and Edward M. Kennedy Health Center (EMK) both do similar work in Worcester, providing health care to Worcester residents and families, both in their big centers and in school-based health clinics. When comparing the two on the sexual health matrix, however, the two could not be further from the same. I discovered that FHCW has no mention of any of the LGBTQ related key words on their website. Even on their HIV testing landing page, their page makes no mention of LGBTQ folks, a population disproportionally and historically affected by HIV. EMK, on the other hand, has a designated committee made up of staff whose task is purely LGBTQ inclusion in their health system, from

training doctors to be more intentional with the names they call, questions they ask, and pronouns they use to evaluating the patient experience.[60]

When City Manager stated and proclaimed that Worcester would be an inclusive city for gender and sexuality minorities, his staff worked hard to make sure the city measured up to the HRC's MEI, and that departments were informed of these historically marginalized identities. He established a community liaison within the Worcester Police Department, as well as asked the city council to vote on anti-discrimination for public accommodation. Even the Department of Health and Human Services created a "know your rights" page. With all of these focused, intentional efforts starting in 2013, I included the Worcester Police Department (WPD) and the Department of Public Health in the matrix to represent the resources on a municipal level. I was disappointed to learn then that WPD's only resource or support for this is the name of LGBTQ Police Community Liaison, Officer Sharon McQueen, and her phone number and e-mail address. There was no information on why someone would contact this person or what kind of support they could offer. When Officer McQueen was appointed in 2016, Police Chief Steven Sargent announced "Officer Sharon McQueen will be able serve as a valuable resource for Worcester's LGBTQ community members by focusing on public safety needs as well as addressing concerns and encouraging feedback"[61] but there has been little information on what that position does or how it can best used. Because of an already uncomfortable power dynamic that is associated with the police, it is unclear what community outreach this position has accomplished.

The Department of Public Health was included because they focus specifically on building a healthy community in Worcester through health equity. In 2015, they conducted a community health assessment (CHA)[62] to inform the Community Health Improvement Plan (CHIP)[63]. The health of LGBTQ communities as well as sexual health broadly in the city of Worcester firmly falls under the guise of DPH. However, currently DPH has no grants or programs working specifically for sexual health or LGBTQ communities, even though they would like to.[64] According to one interviewee, DPH has purchased the evidence-based sexual health curriculum "Making Proud Choices" for Worcester Public Schools but they are not yet in use. They also share only one grant writer with other Worcester departments, making it harder to find the financial support to expand this inclusion. Instead of re-centering the marginalized, DPH has a desire to expand their inclusion in terms of health equity, their community resources page,

which guided many of the explored resources for this paper has not been updated since 2015 and as such many of the organizations have closed.

Condoms are a crucial part of fostering safe and healthy sexual activity, yet it seemed that only the organizations that specifically do sexual health related services have this available. Support groups, education, or advocacy work is somehow done at almost every organization as seen through a digital lens, but the themes that emerged from the interviews indicated that a focus on Trans* inclusion and a serious cultural and environmental shift is needed to focus on the inclusion of sexual health in Worcester.

Transgender rights: The interviews, the literature, and the Worcester Organizations indicated a need to focus specifically on transgender rights as they all believed that this would be an area of key interest moving forward. Even 75% of the sexual health or LGBTQ inclusive organizations indicated that they had Trans* Support and Advocacy programming, services, or policies in their organization. This is a topic that has gained more national notoriety in the past few years. Transgender activists and allies have been fighting simply for the right to exist at the gender they know themselves to be, and MA is no exception. An interviewee from Planned Parenthood indicated that they provide gender neutral sexual health services and note that they have the trans* flags next to the rainbow pride flag on many posters and flyers. They continued on to say that Planned Parenthood League of Massachusetts will soon be rolling out gender-affirming hormone therapy. They revealed, however this process will not roll out in Worcester yet as they do not have the appropriate clinical support to accommodate this sensitive service.[65] The representative from DPW said that they expected topics of bathrooms and gender-neutral schooling to come up more and more as we progressed because of its national reach.[66]

One interviewee from EMK described how their organization grew to focus specifically on trans* inclusivity. This interviewee described a time many years prior when a clinician in one of their health centers asked how to work with the "gay populations"[67] when after a bit of prodding, it was uncovered that they did not have the known language for transgender patients that were seeking help. This propelled the organization to start their own internal review of LGBTQ inclusivity and encouraged them to offer staff trainings and professional development opportunities. They even have posters and signs up in their clinics to make Trans* people feel more welcomed and have nurses prepared to acknowledge that insurance might have someone's

"deadname" but it is not the name they should use to refer to the patient.[68] This type of inclusive thinking reflects the process that should be made. Until an organization is built for LGBTQ communities instead of factoring them in after, true inclusivity will not be realized.

While Trans* inclusivity is an important cause that all interviewees seemed to agree on, it is important to note that no one mentioned the use of de-gendering medical practices or understanding pronouns beyond the perceived cis-normative gender binary. An important step towards inclusivity is absolutely about the right to exist in public. However, even if it's seen as a formality, we need to fight for inclusive, de-gendered health forms so that people of all gender and sexual minorities can seek proper sexual health care. One way to do this is to switch to "they" or "patients" and "clients". It makes no difference to someone whose gender has never been called into question or has never had to defend the gender they know they are, but when shifting the language to be gender neutral like that, the most marginalized are finally centered.

Cultural and Environmental Shifts: All interviewees agreed that while things might seem alright on the surface, there is still a culture that needs to shift through the following ways:

Organizations need to focus internally: One interviewee recognized that sometimes a boss or leader might not "get it"[69] and should never be pressured to teach the entire employee base on how to grow. Instead they should pay for employees to go to trainings or bring in speakers for professional developments. We talked about how this is a key way of growing an organization to be more inclusive for the staff and the people the organization serves, regardless of the actual services provided by the organizations. A focus internally would also help organizations accurately provide safe spaces stickers for their clients and demographics as well as actively ensuring a good work place for LGBTQ staff. These were the two topics hardest to capture on the sexual health and LGBTQ inclusion matrix because it is basically impossible to understand the physical culture through the websites without assuming.

There need to be LGBTQ inclusive programs, curriculum, and materials, everywhere: One interviewee mentioned the growth and cycles of language as a way of measuring acceptance and culture shifts, citing this very paper as a sign of progress towards total acceptance. register intersectionality of identities: "there is an LGBTQ contingency in every group"[70] recognizing that

the interests and needs of gender and sexuality minorities vary beyond that specific identity. People can be a part of the Black Lives Matter movement and also identify as part of the LGBTQ movement and that is a balance that they live in their lives but also something that both communities have to support. This means that any subject matter or type of service must have a way to support different and historically marginalized identities.

Finally, one theme that appeared throughout every interview and on the website was that there was no single organization focusing on the intersection of sexual health and LGBTQ communities that met all 12 inclusive categories. Planned parenthood came closest, with Edward M. Kennedy Community Health Center coming in a close second. Meeting every category is undoubtedly hard for any one organization but it could possible through partnerships and referrals. Keeping pamphlets or allowing referrals allows for the physical, spiritual, mental, emotional, and social well-beings of gender and sexuality minorities seeking sexual health.

Recommendations

Professional Trainings

If the push for inclusivity starts internally, as so many interviewees have suggested, then it is paramount to provide resources for this internal shift. As one interviewee mentioned, some directors just do not "get it"[71] when it comes to inclusivity while others are interested in listening to their staff to make the best decisions for the future of the organization.[72] Possible training topics include:

- Language and de-gendering work
- How to administer proper quality of care
- How to run support groups for families, friends, etc
- Sensitivity trainings

Create an LGBTQ Inclusion Measuring Tool

The 12 Topics that this paper uses to assess if an organization is LGBTQ inclusive in relation to sexual health work is a great step in re-centering gender and sexuality marginalized identities. However, it is just a preliminary analysis. This paper should be used as a mobilizing call so that a culturally sensitive tool is created that will help assess the LGBTQ inclusivity of

any given organization or business. The research led to two solutions, a Measuring Inclusion Tool (MIT) and the City Climate Survey.

Measuring Inclusion Tool (MIT)

This is a tool that should be used to evaluate the current needs and inclusion levels. The Alberta Urban Municipalities Association has done a wonderful job at creating such a tool for all of Alberta, Canada[73]. This published tool measures five levels of inclusion: Invisible, Awareness, Intentional Inclusion, Strategic Inclusion, and Cultural Inclusion and then shows how to quantitatively and qualitatively reach each indicator. They measure each indicator in topics of leadership and accountability, resources available, community organizations, education, employee engagement and more. This tool is an expansive and easy to follow way of assessing how accessible and inclusive a city might be. Something like this tool could be generated and used to look beyond the Municipal Equality Index that Worcester currently has.

City Climate Survey

I propose that WISH works with Worcester to develop a city climate survey on sexual health. This would be an expansion of the work done in this paper following the organization matrix. It would have every health clinic, non-profit, health and human resource organization, and more participate in a pulse-taking research opportunity to truly see what areas need the most focus in order to maintain an environment shift. Questions would be a mixture of multiple choice and open ended. They would be similar to the Community Health Assessment (CHA) that is put out by DPH every three years only with questions related to LGBTQ identities and inclusion in different services, specifically sexual health. They could include variations of the following questions:

- Do your programming or services cover any of the following topics?
    - Sexual Health
    - Sexuality
    - Body Image
    - Healthy Relationships
    - STIs & HIV/AIDs
    - Teenage Pregnancy

    - Protection/Prevention Options
    - LGBTQ issues
- How comfortable would you be if [insert LGBTQ identity] visited your business with their partner?
    - From very uncomfortable to very comfortable, include neutral
- Do you know where to go for sexual health services and support?
    - If yes, where?
- Do you know where to go for LGBTQ services and support?
    - If yes, where?

Focus on Trans* Rights:

As all of the interviewees mentioned, becoming trans* inclusive through services provided and language used is a critical part of increasing LGBTQ inclusion. However, at this moment in time it needs to be specifically focused on because the right to exist in public spaces is currently under legal question. Across America, people are debating about who has the right to use a bathroom. The November 2018 ballot in MA will feature a vote on this very measure, with conservatives hoping to reverse the necessary acceptance of Trans* people. The following are ways for WISH, or anyone who is interested, can focus on these issues to create a more sexually healthy city

a. Partner with Trans*-serving groups and provide the support needed for those missions. Freedom For All Massachusetts needs support in making sure people vote YES on the impending ballot. They need help phone banking, door knocking, getting people to sign the pledge and ultimately casting their votes. This is an easy and tangible way to get involved.
b. Ensure that all future surveys, publications, and registration forms have gender neutral or trans* inclusive language. This is a small change that will not affect the data or message of your organization, but it will make sure that anyone reading it knows you support Transgender rights. By slowly changing surveys from male/female/other to an actually representative assortment, you could also be shifting the culture of how gender and sexuality minorities have historically been excluded.

Culture/Environment Shift:

Worcester, and WISH specifically, are in a unique position. The general theme picked up from the interviews and research is that things are not necessarily bad for LGBTQ communities right now, but they are also not great. In order to focus on ways to make existing better, it is crucial to focus on the subtle ways our culture and environment "other" or marginalize LGBTQ folks. It takes years and a lot of hard work to change the environment, but as all one interviewee stated, "Once people start doing this work, more will follow!"[74] The very acceptance of this paper indicates a shift in academic framing, allowing queer education to be legitimized. However, we cannot wait around and hope for passive LGBTQ inclusivity, not when it comes to our overall sexual health or identities.

Terms:

In order to truly be inclusive, we need to create an environment that learns the language that represents the identities they want to include. They must intententially read and understand the work in order to start a framework of re-centering the most marginalized. To do this, organizations and individuals alike must learn the terms. However, these definitions are constantly changing and shifting, with words that were once commonplace now seen as highly offensive in the community. Merriam-Webster is a leading "provider of language information"[75] and has taken this role to consistently update their definitions on sexual and gender orientation minorities. No word is ever completely defined and finished, especially when it comes to something so personal as to one's own identity. Finding the language to express yourself, though, is an important reason to keep trying.

I have created a list, seen below, of words and definitions as they currently stand today. This list is important to understand when thinking about the complexity of the sexual health needs of LGBTQ communities. These definitions are not all encompassing, and someone who self-identifies with any one of these might say the words are all wrong. After consulting with blogs, academic sources, and LGBTQ professional organizations, these are the definitions that are most widely reached at this time. They are affected by pop culture, societal acceptance, politics, and beyond. These definitions come from a combined variety of sources[76] [77]: itspronouncedmetrosexual.com[78], the Human Rights Campaign[79], GLAAD[80], *How Sex Changed* by Joanne Meyerowitz[81], *GIRL: Love, Sex, Romance, and Being You* by Karen Rayne.[82]

The inclusion of these terms inside the actual paper, as opposed to an attachment or appendix is an intentional addition. Many people have the straight, cis privilege to not understand different gender and sexuality minorities or can claim they are an ally without understanding the different ways LGBTQ communities occupy the world. Labels can be pejorative or degrading, but by personally claiming the terms before LGBTQ communities are announcing their presence in legitimate ways. Pushing the terms to an appendix, instead of focused in the conceptual framework, would continue to render these identities invisible instead of positioning gender and sexuality minorities in the center. It is not my intention to say that these are the standing definitions for the rest of time, but instead that they identify with the majority of LGBTQ individuals at this time. This list is also not exhaustive by any means and there are many identities and definitions missing.

VOCABULARY	
Asexual	Used to escribe experiencing little to no sexual attraction. A person can also be aromantic, indicating that they do not experience romantic attraction. This is on a continuum from experiencing no sexual attraction or desire to sometimes experiencing attraction and desire depending on the very specific circumstances
Bisexual	Describes a person who is emotionally, physically, and/or sexually attracted to people of their gender and another gender (typically seen as men and women)
Cisgender	A person whose gender identity aligns with the biological sex assigned at birth
Closeted	A term that refers to individuals who are not open (to themselves or others) about their sexuality or gender identities. This may stem from a fear for their safety or potential social repercussions
Coming out	The process that someone takes to announce and accept their sexuality and/or gender identity. For many, this is a continuous process as the default in society is cisgender and straight and so every new situation requires some sort of “outing” process. For others, they are only out in certain settings and remain closeted in others
Gay	Someone who is emotionally, physically, and/or sexually attracted to members of the same sex and/or gender. Often used as an umbrella term to refer to anyone that does not identify as heterosexual

Deadname	This refers to the name given at birth that reflects an incorrect identity, related to gender identity and expression. This can be changed legally but is often hard and expensive.
Gender Binary	A theory that there are only two genders and every person is with one of those two: male or female
Gender Identity	The internal and personal perception of one's gender, as well as how they label themselves. This might not alight with the sex identity assigned at birth. Common gender identities: woman, man, genderqueer, gender non-conforming etc.
Gender non-conforming	A gender identity descriptor that indicates a non-traditional gender presentation, often outside of the binary
Heterosexual	Also referred to as "straight", this is a person who is primarily emotionally, physically, and/or sexually attracted to members of the opposite sex
Homophobia	Umbrella term to reference negative attitudes, violence, and prejudice that members of the LGBTQ community may face. (Bisexual and transgender individuals can also experience biphobia and transphobia specific hate). This also can be experienced inwardly (internalized homophobia) by someone who identifies as queer
Homosexual	A "medical" term to mean someone who is primarily emotionally, physically, and/or sexually attracted to members of the same sex/gender groups. However, this term is considered highly stigmatized and offensive. It has a history in as a mental health illness classification until 1973 and inclusion in Don't Ask, Don't Tell U.S. Military policy.
Intersex	Umbrella term that refers to people born with reproductive or sexual anatomies and/or a chromosome pattern that cannot be classified as male or female. Once referred to as "hermaphrodite" but this term is highly offensive today.
Lesbian	Sometimes the preferred term for women who are emotionally, physically, and/or sexually attracted to other women
Outing	The involuntary, consensual, or unwanted act of disclosing someone else's sexual orientation, gender orientation, or intersex status to a someone else
Pansexual	A sexuality term that refers to someone who experiences emotional, physical and or/sexual attraction for members of all gender identities/expressions. Shortened to "pan"
Passing	When someone perceives a trans person as a member of their self-identified gender identity (regardless of sex assigned at birth) without

	identifying them as trans OR when an LGB/Q person is perceived to be straight. This term is often subjective to the person observing and it not always a positive experience
Polyamory	An umbrella term that refers to the practice of, desire to, or orientation towards having ethically, honest, and consensual non-monogamous relationships with multiple partners. This could mean an open relationship, a more than two people engaging in romantic/sexual relationships or many other set ups.
Queer	A word to describe individuals who do not identify as straight or cisgender. Can be used to describe non-normative gender or sexual identities and sometimes is used as a political identity. However, it was often used as a derogatory term and is not embraced by all members of the LGBTQ community because of that history.
Questioning	Represent an individual or time in someone's life where they are unsure about or exploring their own sexual orientation or gender identity.
Straight	A person primarily emotionally, physically, and or/sexually attracted to people who are not their same sex/gender.
Trans*	An umbrella term referring to a range of identities that transgress socially defined gender norms. The Asterix is used to show the larger group nature of the term but when speaking, you do not say that Asterix. A Trans* person can have any sexual orientation
Transgender	A person who lives as a member of a gender other than that assigned at birth based. A person does not have to transition to identify as transgender
Transitioning	The is used to refer to when a trans* person changes their bodily appearance to be more congruent or in harmony with their identified gender/sex. This can mean reconstruction surgery or hormone treatments
Two Spirit	An umbrella term traditionally used and accepted by Native American people to recognize individuals who possess qualities or fulfill roles of both genders
Pronouns	A nomenclature that identifies a person in speech and indicates their gender identity
He/Him	Used by male-identifying people
She/Her	Used by female-identifying people

They/Them	Gender-neutral pronouns preferred by trans* people. Recommended to use before assuming the gender pronouns of someone.
Ze/ Zeir	Alternative gender-neutral pronouns preferred by trans* people
Mx.	Pronounced *mix* or *schwa* – this is a gender natural title-honorific. Ex: Mx. Smith is a great teacher
ACRONYMS	There is no correct initialism. It varies by person/region and will often evolve over time. These are the definitions for the acronyms that informed this paper and were majorly accepted at the time.
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer / Sometimes people use a + at the end in an effort to be more inclusive
FtM/F2M or MtF / M2F	Female-to-male/ Male-to-female transgender or transsexual persons
GSM	Gender and Sexual Minorities
DSG	Diverse Sexualities and Genders
MSM / WSW	Men who have Sex with Men / Women who have Sex Women – Distinguishes behavior from identity and is often used in HIV/Aids education, prevention, and treatment
PGPs	Preferred Gender Pronouns - many suggest "preferred" be removed because it gives the power to someone else to decide on the appropriate pronoun
QPOC, QTPOC	Queer People of Color, Queer Trans People of Color
SAAB	Sex Assigned at Birth
SGL	Same Gender Loving
SRS	Sex Reassignment Surgery
GNC	Gender Non-Conforming
DSD	Differences of Sex Development – Sometimes used to describe Intersex people

Conclusion

Ultimately, there are a lot of resources at the intersection of sexual health and LGBTQ communities, but none that can do everything. From support groups to gender-affirming hormone therapy, STI/HIV testing to advocacy and educational materials, a variety of organizations are doing it all to a certain degree. This spread out, unfocused, gathering of resources do not provide a holistic intersection of sexual health and LGBTQ communities because it does not allow gender and sexuality minorities to receive complete sexual health treatment. If we want to make sure that sexual health is accessible to all, we need to make sure that this state of physical, emotional, mental, social, and even spiritual well-beings can be met for all, like many organizations have begun to do. To move forward, I suggest professional trainings, a focus on trans* advocacy and awareness, and an overarching pulse-detection of the inclusivity of Worcester on a level broader than this research paper. It is essential that work going forward is non-gendered and moves beyond the antiquated "men and women", "he or she" dialect that gets trapped in unnecessary gender binaries.

Worcester has made tremendous efforts to center the LGBTQ communities, but it is important that this effort does not tapper off. There is so much left to be done at the intersection of sexual health and LGBTQ identities. If we stop now, without the cultural shift and full inclusion that this paper pushes for, then these identities that have advocated for visibility will be rendered invisible once more. We do not want negative mental health outcomes to rise or to see an uptick in STI diagnoses. We must continue to push for the re-centering of sexual health around marginalized gender and sexuality minorities, we will avoid the threat of public health crisis. By queering sexual health, we can truly make Worcester a more sexually health place for adolescents and adults alike.

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Appendix A – Semi-Structured Interview Script

"Thank you for meeting with me to talk about your organizations programming, policies, or educational resources for the intersection of LGBTQ identities and sexual health. I remind you that everything you say here will be kept confidential as your name will not be recorded with your interview. All data collected will be for my own research purposes in order to understand and recommend programming, policies, or educational resources for Worcester Impact on Sexual Health going forward.

You may have a broad understanding of the topics to follow, or you may not have thought about them much at all. I encourage you to be as open as possible when answering the questions.

The World Health Organization defines sexual health as "a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity… For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled" (WHO, 2002).

1. Do you agree with this definition? Would you add or take away any points?
2. Who do you think sexual health affects?
3. What, if any, programming does your organization do achieve your definition of sexual health?
4. What, if any, policies does your organization enact to support your definition of sexual health?
5. What, if any, educational resources does your organization provide to contribute to your definition of sexual health?
6. What do you think the sexual health needs of LGBTQ identified people are? Do you think your programming, policies, and educational resources address these needs?
7. What ways can sexual health programming, policies, and educational resources be employed to help LGBTQ identified people?

Thank you very much for your participation. Do you have any questions, or would you like to add anything?

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