LGBTQIA2S+
SUD Peer Best Practices

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LGBTQIA2S+ SUD Peer Best Practices

The Regional Facilitation Center

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Introduction

Very little has been authored on the subject of LGBTQIA2S+ SUD Peer Best Practices. This DACUM analysis was produced through a series of investigative protocols, including: a review of the literature, DACUM workgroup, quantitative peer and supervisor validation survey, and a managerial and administrative validation review.

This best practice analysis is specifically designed for training purposes. Competencies with specific KSA's (knowledge, skills and attitudes) are described in checkboxes for classroom participant self-assessment.

Classroom Directions

This text is designed for in-class training.

1. Review and discuss a competency.
2. Ask each participant to complete the associated self-assessment check box. The self-assessment check box can also be used as an "agency self-assessment" check box.
3. In groups have participants discuss their strengths and areas of needed improvement based on their self-assessment.
4. Facilitate a class discussion around the insights individuals gained through their self-assessment and group discussions.
5. Move forward to the next competency and repeat the process.

Methodology

1. **Stage One: Systematic Review of the Literature**. We identified 55 documents, manuals, credentialing standards, curriculum outlines, etc. specific to and related to the LGBTQIA2S+ peer delivered services. This included <u>A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, & Transgender (LGBT) Individuals</u>, HHS Publication No. (SMA) SMA12-4104, 2012. We identified 10 common practices which were then ranked by frequency of identification within the literature.
2. **Stage Two: DACUM Subject Matter Experts (SME).** The SME were assembled from experienced LGBTQIA2S+ peers, all of whom are in long-term recovery from a substance use disorder. The workgroup analyzed the systematic review and generated best practices, edited language, and developed organizational storyboard attributes to each best practice.
3. **Stage Three: Quantitative Peer & Supervisor Likert Validation Surveys.** The SME developed survey questions for peers and supervisors regarding competencies. Eight peers and supervisors completed the Likert survey and feedback portion of the validation survey, with subsequent edits to competencies/task based on results (mean, median, variance, confidence intervals, margins of error and standard deviation). (Appendix #2)
4. **Stage Four: Qualitative Managerial & Administrative Validation**. Draft document was distributed for validation through managerial and administrative review, with subsequent edits to competencies based on results.
5. **Stage Five: DACUM Curriculum**. Final edits to the LGBTQIA2S+ SUD Peer Best Practices were produced by the SME and curriculum assessment grids were

produced for training and evaluation purposes.

Systematic Literature Review and DACUM Workgroup

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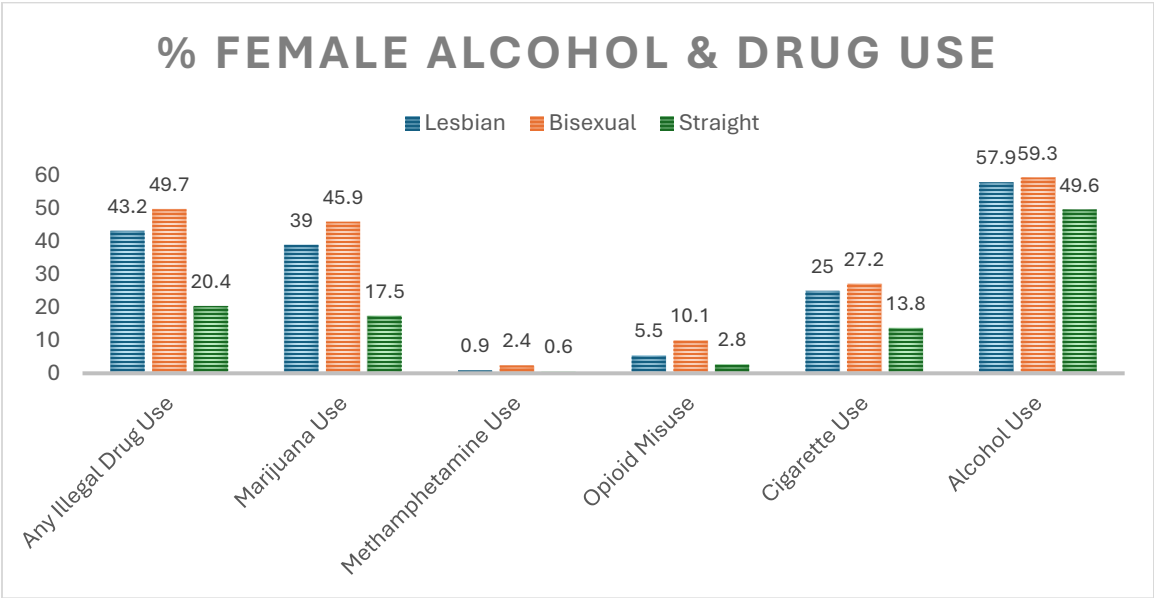
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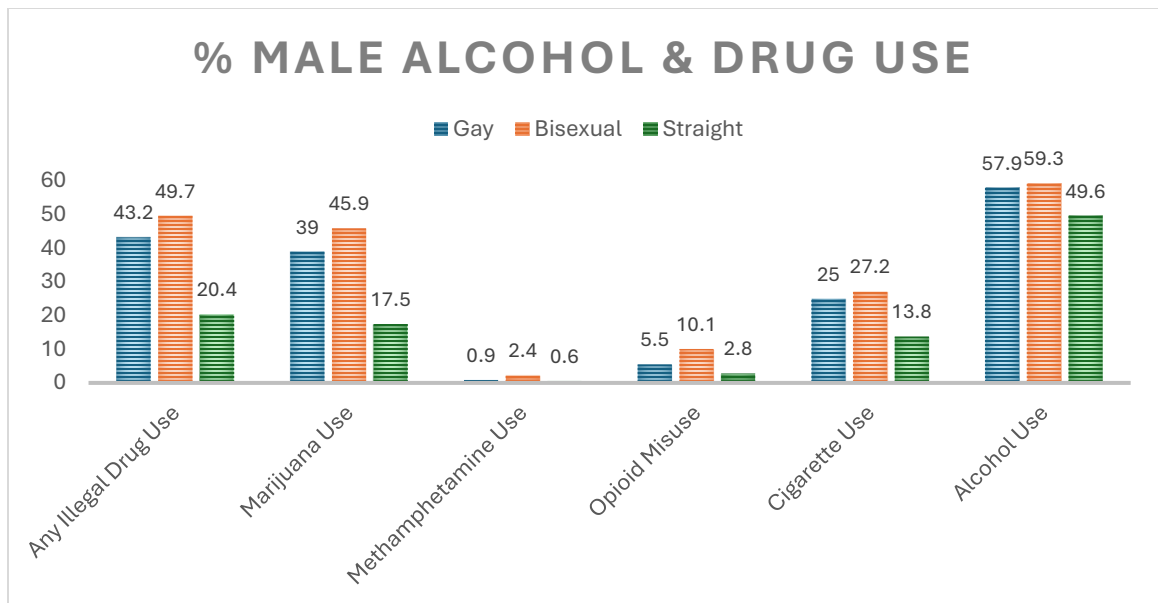
Introduction

The effects of substance use and mental health issues touch every corner of society, from individuals to entire communities. Among those who identify as <u>LGBTQIA2S+</u> — collectively known as sexual minorities — these challenges are even more pronounced, notably higher compared to their heterosexual counterparts. Sexual minorities experience unique stressors that can contribute to adverse substance use and mental health outcomes. People who identify as bisexual may experience additional problems with substance use and mental health due to sexual orientation-based discrimination, bisexual invisibility and erasure, and a lack of bisexual-affirmative support. Challenges faced by members of sexual minorities can be further compounded by the experience of being female or a person of color.

The latest National Survey on Drug Use and Health reveals some alarming facts about <u>LGBTQIA2S+ substance use:</u>

- Sexual minority adults were more likely than straight adults to have misused prescription tranquilizers or sedatives in the past year, a pattern similar to the findings for hallucinogen use. The prevalence for sexual minority adults was roughly twice as high as for straight adults.
- Sexual minority adults were at least twice as likely as straight adults to have misused any CNS stimulant in the past year. Roughly similar patterns held for each individual CNS stimulant (cocaine, methamphetamine, or prescription stimulants).
- Sexual minority adults were more likely than straight adults to have had an SUD in the past year.
- Sexual minority adults were more likely than straight adults to have had a DUD in the past year; the same pattern held for any SUD.

% FEMALE ALCOHOL & DRUG USE

% MALE ALCOHOL & DRUG USE

Legend: ■ Gay   ■ Bisexual   ■ Straight

Category	Gay	Bisexual	Straight
Any Illegal Drug Use	43.2	49.7	20.4
Marijuana Use	39	45.9	17.5
Methamphetamine Use	0.9	2.4	0.6
Opioid Misuse	5.5	10.1	2.8
Cigarette Use	25	27.2	13.8
Alcohol Use	57.9	59.3	49.6

Substance Abuse and Mental Health Services Administration. (2023). Lesbian, gay, and bisexual behavioral health: Results from the 2021 and 2022 National Surveys on Drug Use and Health (SAMHSA Publication No. PEP23-07-01-001). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/LGB-Behavioral-Health-Report-2021-2022

The purpose of this training manual is to support peer best practices with the LGBTQIA2S+ population. This manual is created for classroom use highlighting specific competencies that are described in research and scientific literature regarding effective practices with the LGBTQIA2S+ population.

LGBTQIA2S+ SUD Peer Best Practices

1. Peers understand and support LGBTQIA2S+ "Family of Choice"

Family of Origin refers to the biological or legal family that an individual is born into or grows up in. This family may or may not be supportive of an individual's LGBTQIA2S+ identity, and in some cases, may reject the individual due to their sexual orientation or gender identity.

On the other hand, Family of Choice is a term used within the LGBTQIA2S+ community to refer to a group of individuals that a person forms close bonds with, often in response to rejection or lack of acceptance from their Family of Origin. This can include friends, mentors, partners, and others who provide emotional and social support.

Peers within the LGBTQIA2S+ community often understand these dynamics intimately, having potentially experienced similar situations themselves. They recognize the importance of both types of families and can provide support, empathy, and understanding that is sensitive to these unique experiences. This recognition can be a crucial part of providing effective peer services and fostering a sense of belonging and acceptance within the LGBTQIA2S+ community.

The recognition of the importance of "Family of Origin vs. Family of Choice" by peers is a testament to the resilience and solidarity within the LGBTQIA2S+ community. It underscores the value of peer support in promoting mental health and addiction recovery among LGBTQIA2S+ individuals.

LGBTQIA2S+ individuals experiencing family rejection are at higher risk of suicide, self-destructive behavior, and higher rates of substance use. LGBTQIA2S+ peers have long provided informal peer services often becoming a "family of choice".

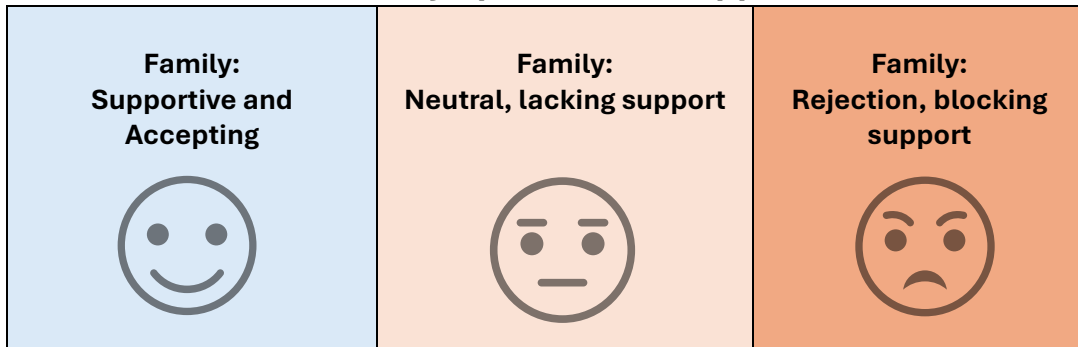## Family Rejection

LGBTQIA2S+ individuals experiencing high levels of family rejection compared to non-rejecting families are:

- ✓ **8.4** times more likely to report having attempted suicide.
- ✓ **5.9** times more likely to report high levels of depression.
- ✓ **3.4** times more likely to use illegal drugs, and
  3.4 times more likely to report having engaged in unprotected sexual intercourse.

Family Spectrum of Support

Family: Supportive and Accepting	Family: Neutral, lacking support	Family: Rejection, blocking support
🙂	😐	😠

Research also shows that LGBTQIA2S+ youth are sensitive to both rejection by their family and peer groups. LGBTQIA2S+ youth experiencing family and peer group rejection experience shame. Research shows that LGBTQIA2S+ youth experiencing shame benefit from Affective-Empathy from peers trained in active listening, and communication skills.

Shame vs. Guilt

Guilt	*"I have done something wrong."*
Shame	*"I am something wrong."*

Researchers have identified two types of empathy: affective and cognitive. Affective empathy skills are sensations and feelings in response to another person's emotions. Cognitive empathy refers to the ability to identify and understand and reflect the concrete experiences and emotions of others.

Best Practice 1: Competencies

☐	"Family of Choice" is an element of peer services, and peer recovery communities often serving as a substitute family for individuals. Peers understand the inherent benefits and risks associated with supporting and facilitating familial-style bonds in communities of recovery. Peers pay special attention in supporting the development of recovery supports, understanding that some clients may experience considerable difficulty in disengaging with "chosen family members who use substances".
☐	Peers maintain professional boundaries while supporting and modeling healthy familial-style bonds within peer communities of recovery. Peers also emphasize the nature, role, and duration of peer services to avoid misunderstandings.
☐	Peers understand the seriousness and significance of rejection for LGBTQIA2S+ youth. Peers understand the inherent emotional vulnerability for all youth, including LGBTQIA2S+ youth, and the increased risks of suicide. Peers take appropriate steps for suicide prevention and intervention and are trained in suicide prevention and intervention skills within their scope of practice.

☐ Peers practice affective-empathy skills with LGBTQIA2S+ youth experiencing rejection and associated impacts. Affective-empathy puts greater emphasis on conveying emotional (vs. cognitive) understanding of a person's experiences.

Affective vs. Cognitive Empathy

Cognitive empathy is the ability to understand another person's perspective and emotions by mentally placing yourself in their situation. It's also known as perspective-taking or empathic accuracy. Unlike affective empathy, which involves feeling another person's emotions, cognitive empathy is more about rationally understanding their thoughts and feelings.

Affective empathy, also known as emotional empathy, is the ability to share and understand the emotional experiences and feelings of others. This type of empathy involves feeling the same or similar emotions as another person, such as feeling sad when you see someone else crying. It allows you to connect with others on an emotional level and respond to their feelings with compassion and care.

2. Peers Accept SOGI and do not Engage in SOGI Change Efforts

Modern psychological research overwhelmingly shows that efforts to change sexual orientation and gender identity (SOGI) are not only ineffective but also harmful. Individuals who undergo SOGI change efforts are more likely to report poor mental health, engage in hazardous health behaviors, and attempt suicide compared to those who do not. The negative effects of these practices are particularly pronounced when they are experienced during adolescence, a critical period of identity formation. Young people subjected to these practices are at an even higher risk of harm, including an increased likelihood of suicide attempts.

While LGBTQIA2S+ advocates have successfully passed laws banning "conversion" or "reparative" therapies in many U.S. states, members of the LGBTQIA2S+ community may unknowingly engage in similar behaviors that some may consider "SOGI change efforts".

Change efforts peers should avoid might include:

- ✓ **Persuading bisexual, pansexual, non-binary or gender fluid individuals to "just pick one".**
    - o There has been a historical tendency within some segments of the gay and lesbian community to view bisexuality with skepticism. Some gay and lesbian individuals have espoused their belief that bisexual people are "in denial" of their homosexuality, or simply claim bisexuality as a "cover" to avoid the shame of fully embracing their homosexuality. In other words, some gay and lesbian individuals do not believe bisexuality is an authentic sexual orientation.
    - o A 2022 Pew Research Center report, reveals "more Americans identify as bisexual than as gay or lesbian". Moreover, adults under 50 are more likely to identify as bisexual (69%) vs gay or lesbian (31%). The bisexual community appears to be growing compared to previous generations.

- ✓ **Shaming or judging clients for polyamory or multiple partners or attempts to persuade them to "just settle down with someone" in a "healthy relationship".**
    - o Legal gay marriage has been a hard-won battle for many LGBTQIA2S+ advocates. While some people may find fulfillment and recovery support in long-term, monogamous relationships, others may thrive in different relationship structures.
    - o Non-traditional relationships, such as polyamorous relationships, open relationships, or other forms of consensual non-monogamy, can also be healthy and fulfilling. It's crucial for peers and professionals in recovery settings to avoid pathologizing clients' preferred sexual orientations or practices. Everyone's journey to recovery is unique, and what works for one person may not work for another. The focus should be on fostering

authentic and healthy relationships that support the individual's recovery, regardless of the relationship's structure.

- o In other words, suggesting that relationships deviating from traditional marriage-styled relationships are inherently unhealthy, sick or symptomatic of sexual addiction can be harmful and stigmatizing.

✓ **Suggesting to aromantic/asexual individuals "you just haven't found the right person yet".**
- o Asexuality is defined as a lack of sexual attraction to others. Studies of the prevalence of asexuality reveal a range of 0.4%-1.05% of the population (Aicken et al, 2013, Natsal-I, Bogaert, 2004, Yougov, 2015, Wellings, 1994). Most scholars and text routinely report the prevalence rate at around 1% of the population. Asexual and aromantic individuals exist and peers should recognize and honor their choices and avoid trying to "fix people".
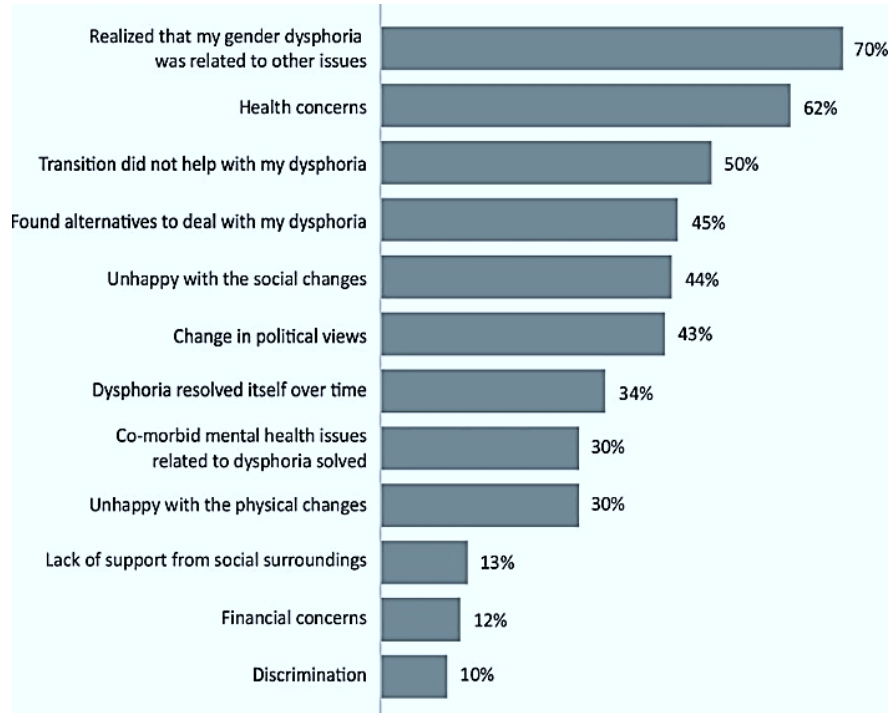
✓ **Persuading individuals to transition or attempting to dissuade people from detransitioning.**
- o Research on detransitioning has been heavily criticized for lack of follow-up and long-term follow up. Some studies show disengagement rates in Gender Affirming Care as high as 30+%, while some post-operative studies show detransitioning and/or "regret" rates as low as 1%. True rates of detransitioning or "transition regret" are unknown as the quality and size of existing research is weak. Moreover, research is equally unclear regarding the percentage of people desiring gender affirming care who have a desire to transition but are unable to access such services.

Gender Affirming Care
✓ The World Health Organization defines Gender Affirming Care as encompassing a range of social, psychological, behavioral, and medical interventions "designed to support and affirm an individual's gender identity" when it conflicts with the gender they were assigned at birth. Gender Affirming Care often involves:
✓ Hormone Therapy
✓ Counseling
✓ Surgeries

- Based on existing research, it appears to suggest there are higher rates of regret/detransitioning among pre-operative individuals vs. post-operative individuals.
- One study of 237 detransitioners revealed various motives for detransitioning (Vandenbussche, 2022):

Motive	Percentage
Realized that my gender dysphoria was related to other issues	70%
Health concerns	62%
Transition did not help with my dysphoria	50%
Found alternatives to deal with my dysphoria	45%
Unhappy with the social changes	44%
Change in political views	43%
Dysphoria resolved itself over time	34%
Co-morbid mental health issues related to dysphoria solved	30%
Unhappy with the physical changes	30%
Lack of support from social surroundings	13%
Financial concerns	12%
Discrimination	10%

Best Practice 2: Competencies

☐	Peers do not engage in SOGI change efforts. Peers respect individuals' SOGI. Peers acknowledge the ambivalence individuals experience, the dissonance this may evoke and how this dissonance can impact recovery efforts.
☐	Peers do not provide sexual therapy or counseling. Therapist trained in these practices are usually graduate and doctoral practitioners trained and certified by AASECT, the American Association of Sexuality Educators, Counselors and Therapists. Instead, peers focus on building recovery capital and connecting clients with mental health professionals if and when desired.
☐	Peers support clients in their choices and avoid giving advice or directions regarding an individual's SOGI.
☐	Peers acknowledge the discrimination and/or stigmatization some individuals may experience inside the LGBTQIA2S+ community and create safe accepting environments for all persons seeking recovery from a substance use disorder.

3. Peers understand LGBTQIA2S+ Community & Culture, vs. Performative Allyship

Peers are well-versed in LGBTQIA2S+ issues, lifestyles, communities, and taxonomy. (See Vocabulary Appendix). They steer clear of performative allyship ("lip service") and sincerely support the development of LGBTQIA2S+ specialty services. They advocate for their clients when navigating systems and are familiar with the LGBTQIA2S+ history of recovery, including the foundations of Tradition Three in Alcoholics Anonymous and the contributions of early addiction recovery, lesbian and gay advocates like Marty Mann and Barry Leach.

Performative allyship is a form of superficial activism that prioritizes the appearance of allyship over meaningful action. This can be detrimental by creating a false sense of progress, performative allyship can inadvertently perpetuate inequality.

Allies actively participate in and sponsor events such as Pride Month and cultural festivals. They create platforms for LGBTQIA2S + voices to share their stories and contributions, and work to integrate LGBTQIA2S + history into mainstream recovery education to foster understanding and appreciation. Allies collaborate with organizations to develop inclusive policies, such as offering gender-neutral restrooms, inclusive health benefits, and anti-discrimination clauses. They offer diversity training sessions and create resource groups for support and advocacy within behavioral health services.

Marty Mann

Marty Mann, often referred to as the 'First Lady' of Alcoholics Anonymous, was a lesbian who made significant contributions to the development of the U.S. addiction treatment system. She authored the story 'Women Suffer Too,' in the Big Book of AA. In 1944, Mann organized the National Committee for Education on Alcoholism (NCEA), traveling across the U.S. to educate medical professionals, legislators, businessmen, and the public about alcoholism. Her efforts laid the groundwork for our modern, federally funded treatment system. In 1976, the NCA (National Council on Alcoholism, previously NCEA) organized Operation Understanding, where 50 celebrities and professionals gathered to address the social stigma of addiction. Their testimonies before Congress further cemented the U.S. addiction treatment and recovery system.

To learn more about the LGBTQIA2S+ community review the LGBTQIA2S+ Vocabulary Appendix.

Best Practice 3: Competencies

|	
☐	Peers have knowledge of LGBTQIA2S+ issues, lifestyles, communities, and taxonomy, but refrain from asserting themselves as "experts and authorities." (Review vocabulary appendix)
☐	Peers avoid performative allyship and make meaningful contributions to the development and availability of LGBTQIA2S+ behavioral health services.
☐	Peers are knowledgeable regarding the history and contributions of LGBTQIA2S+ recovery advocates such as Marty Mann and Barry Leach.
☐	Peers advocate for inclusivity and equity in behavioral healthcare services and the larger recovery community.

4. Peers Recognize DEIA LGBTQIA2S+ Intersectionality, and provide Safety, a Safe Environment & Refuge

A recent survey by the Center for American Progress (CAP) reveals that LGBTQIA2S+ individuals of color face discrimination at nearly double the rate of their white LGBTQIA2S+ counterparts. The existence of homophobia and transphobia within ethnic minority communities presents a complex challenge for LGBTQIA2S+ individuals who also identify as racial and ethnic minorities. These individuals grapple with the dual burden of experiencing racial and ethnic discrimination from society at large, while also dealing with homophobia and transphobia within their own racial or ethnic communities, traditionally considered safe havens. Furthermore, research surveys consistently indicate higher rates of homophobia within certain racial and ethnic groups, surpassing the rates observed in the general population. Numerous surveys show the lowest rates of LGBTQIA2S+ acceptance on a variety of measures within the African American/Black community.

Double Consciousness

In 1903, W.E.B. Du Bois introduced the concept of 'double consciousness' to describe the experience of oppressed or marginalized individuals. Today, sociologists extend this idea to 'triple consciousness' when discussing LGBTQIA2S+ individuals of color. The task of maintaining these multiple identities demands significant psychological effort, posing mental and emotional challenges.

Education, ideological differences in views of same-sex marriage

% who ____ allowing gays and lesbians to marry legally

	Oppose	Favor
Total	32	62
White	31	64
Black	41	51
Hispanic	36	60
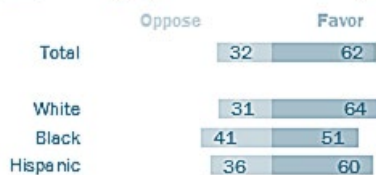
A 2017 Pew Research Center survey showed African Americans/Blacks reported the lowest approval of same-sex marriage.

Peers play a pivotal role in fostering and preserving environments that are safe

and devoid of discrimination. They also prioritize individual privacy when providing these services.

When making referrals, peers demonstrate sensitivity by ensuring they validate the LGBTQIA2S+ competency of the organizations they refer to. This is especially crucial when referring transgender clients to services such as residential treatment or recovery housing.

Additionally, numerous studies have shown that, due to a lack of safe community resources and networks, LGBTQIA2S+ individuals are more likely to resort to social media platforms for behavioral health support. This trend is significantly more prevalent among this group compared to other similar groups seeking mental and emotional support. This research suggests that LGBTQIA2S+ SUD peers may be able to successfully perform outreach and engagement through social media platforms. This practice has long occurred with HIV infectious disease prevention but has yet to evolve with SUD outreach. Programs should be mindful of confidentiality constraints and unencrypted communications if engaging in this practice.

Best Practice 4: Competencies

☐	Peers create and maintain safe trauma-informed spaces for LGBTQIA2S+ clients: o Is the LGBTQIA2S+ location sufficiently private, but also easy for people to locate to attend meetings and peer services? o Is the location accessible? Is there a gender inclusive, single stall washroom available for the meeting? o Is the location in an area where people in community feel comfortable and safe meeting? o Does the facility display LGBTQIA2S+ colors/materials on the walls? o Do the staff monitor the safety of the facility and participants? Are expectations of behavior and nondiscriminatory language posted in a conspicuous space? o Do staff and participants respect each other's confidentiality and anonymity? o Are staff trained and certified in peer support and LGBTQIA2S+ issues, epidemiology of substance use, and co-occurring disorders?
☐	Peers recognize and understand the intersectionality of being in multiple marginalized communities (LGBTQIA2S+, persons of color, persons with disabilities, etc.). Peers understand the psychological distress experienced by individuals maintaining "triple consciousness".
☐	Peers are trained in cultural humility, diversity, equity and inclusion.
☐	Peers perform outreach and engagement which may include contact through social media, or other venues common to the LGBTQIA2S+ community, while being mindful of privacy and confidentiality constraints.

5. Peers Advocate for Equitable Healthcare Access and Specialty Services

LGBTQIA2S+ individuals often face worse health outcomes compared to their cisgender and heterosexual peers, a consequence of discrimination, social disempowerment, and lack of access to relevant services. Peers play a crucial role as advocates within healthcare systems, promoting equitable access. Research clearly indicates that peer advocates and navigators enhance LGBTQIA2S+ healthcare access and engagement, leading to improved long-term health outcomes. Peers support clients in need, helping them engage with HIV care and medications. They are knowledgeable about LGBTQIA2S+ resources and understand the unique challenges faced by the LGBTQIA2S+ community in rural areas, such as avoiding services and inability to access mental health services. Peers also understand the prevalence and nature of substance use rates and co-occurring disorders among LGBTQIA2S+ populations.

Disparity in Focus

Contemporary research shows, LGBTQ+ people are at greater risk of or are more likely to have:

- *Suicide and suicidal thoughts*
- *Mood disorders, anxiety disorders and eating disorders*
- *Substance use disorders*
- *Tobacco use*
- *HIV/AIDS, HPV, Cancer, including breast cancer*
- *Lesbians are more likely to experience obesity*

LGBTQ+ less likely to have:

- *A primary care provider*
- *Health insurance*

Overall, LGBTQ+ individuals have poorer health outcomes compared to the heterosexual population.

Best Practice 5: Competencies

☐	Peers advocate for equitable health and behavioral health services for their LGBTQIA2S+ clients.
☐	Peers understand the lack of specific LGBTQIA2S+ services outside of metropolitan areas and become knowledgeable regarding organizations, individual providers, and mutual aid groups who provide accommodations, sensitivity and awareness of LGBTQIA2S+ issues.
☐	Peers are knowledgeable regarding healthcare and behavioral health care issues facing LGBTQIA2S+ individuals.

6. Peers recognize the importance of LGBTQIA2S+ "Many Pathways to Recovery"

Peers are cognizant of the impacts of heterosexism and marginalization. They recognize the significance of sensitivity when making referrals to community mutual aid groups. It's crucial to acknowledge that some clients might feel uneasy in mutual aid meetings that are predominantly heterosexual or cisgender. As a result, peers are well-informed about mutual aid support groups in the community that are friendly and welcoming to the LGBTQIA2S+ community.

Additionally, it's important to consider that some clients may have had adverse experiences tied to their religious upbringing. Consequently, they might prefer to steer clear of mutual aid groups that evoke these past experiences. For example, the emphasis on spirituality or 'god talk' in 12-step meetings might deter certain clients. Research, including a study conducted by Greenwood in 2023, has demonstrated that SMART Recovery can be an effective intervention for individuals within the LGBTQIA2S+ community. For those who are hesitant to join mutual aid groups perceived as Judeo-Christian, other recovery groups could present a more appealing recovery option for some LGBTQIA2S+ individuals.

In the 1990s, harm reduction public sexual health practices and syringe exchange programs were critically important to the safety of the LGBTQIA2S+ community during the HIV epidemic when AIDS was claiming over 50,000 lives annually. Peers understand various "definitions of harm reduction" used in health care, SUD treatment, recovery communities, and the public. Peers recognize the diverging beliefs about harm reduction strategies and maintain a position of objectivity while focusing on supporting clients in healthy lifestyles.

Best Practice 6: Competencies

☐	Peers are well-informed about mutual aid support groups in the community that are friendly and welcoming to the LGBTQIA2S+ community,

	☐	Peers are sensitive to the adverse childhood experiences some LGBTQIA2S+ related to their religious upbringing.
	☐	Peers are educated in the science of Harm Reduction, such as SAMHSA's Harm Reduction Framework, and educate clients in benefits of Harm Reduction strategies. Peers explain risks associated with drug and alcohol use, especially overdose risks, educate clients on overdose reversal interventions, and celebrate clients who reduce use and/or engage in safer use practices. Peers explain the benefits of abstinence-based treatment and recovery practices, including abstinence-based medication assisted treatment, but refrain from shaming clients still engaging in substance use.

7. Peers inspire Hope, Optimism, and Help-seeking Behavior, Peers are Positive LGBTQIA2S+ Role Models as Members of a Community

Peers share their experiences, which include addiction recovery, experiences of marginalization, dual or triple consciousness, and when appropriate, experiences regarding suicidal thoughts and feelings. These experiences are commonplace among LGBTQIA2S+ populations. By sharing their story of recovery, survivorship, strength, and empowerment, peers inspire hope. Through their nonjudgmental acceptance of their clients, they provide inspiration and support for change.

Peers play an educational role and facilitate help-seeking behavior. They are sensitive to the experiences of those in early recovery, including feelings of ambivalence, self-doubt, lack of self-efficacy, and fears. During these difficult times, peers provide encouragement.

Peers serve as positive role models of recovery. They model the gentle unification of multiple social identities, demonstrating how to be the same authentic person in all settings. Peers show how to engage with the community at large, including advocacy efforts. They help clients connect with a society and systems they may have once completely rejected. Lastly, peers model healthy communication skills, optimistic thinking, hopefulness, and emotional regulation, becoming a model individuals may wish to emulate.

Best Practice 7: Competencies

☐	Peers share their experiences, including addiction recovery, marginalization, dual or triple consciousness, and if appropriate, experiences regarding suicidal thoughts and feelings.
☐	Peers facilitate help-seeking behavior.
☐	Peers model emotional regulation and unification of multiple social identities, demonstrating how to be the same authentic person in all settings. Peers model community engagement and communication skills, inspiring optimism and hopefulness.

8. Peers maintain Confidentiality and take special care with Private Healthcare Information

Peers exercise sensitivity when documenting information in client records. Research indicates that clients from the LGBTQIA2S+ community are more likely to have engaged in activities such as prostitution, kink/BDSM, and may have potential exposure to HIV. A study conducted in 2008 revealed that 64% of BDSM participants identified as LGBTQ2AI+. According to the CDC, 63% of individuals with HIV are gay and bisexual men.

Peers respect the privacy of information shared by clients and protect those confidences unless a release of information is requested or required. Given the small size of the LGBTQIA2S+ recovery community, peers are aware of the impact of prior relationships with clients, their chosen friends, and family, and take special care to protect the confidences of clients. Peers actively promote anonymity and confidentiality among all LGBTQIA2S+ clients to ensure they have a safe and secure space to engage in mutual support.

Best Practice 8: Competencies

☐	Peers exercise sensitivity when documenting information in client records, especially regarding infectious disease due to the stigma associated with STIs.
☐	Peers recognize that the LGBTQIA2S+ recovery community is small with exceptionally close relationships with their "family of choice", peers respect the privacy of information shared by clients and protect those confidences.

9. Peers are Cognizant of Boundaries and Burnout

Peers establish and enforce boundaries and behavioral guidelines. These expectations are clearly communicated and upheld by peers, supervisors, client group members, and volunteers. They maintain time and place boundaries and clarify their availability as a peer mentor, especially during off-duty hours.

Peers adhere to ethical practices and recognize their duty of care towards clients. They understand that the focus of any peer support interaction should always be on the needs of the participant. It's important for peers to recognize personal needs and utilize a structured process, such as supervision or debriefing, to manage them effectively. This ensures the maintenance of self-care. Peers should be aware of signs that they are becoming too involved or that the person seeking help is becoming too dependent on them and identify ways to manage the situation.

One of the impacts of inefficient boundaries is burnout, which is defined as a prolonged response to chronic emotional and interpersonal stressors. Burnout is characterized by three dimensions:
- **Exhaustion**: Feeling tired and emotionally drained.
- **Cynicism**: Making critical and derogatory remarks about clients, the agency, and recovery.
- **Inefficacy and Inefficiency**: Being unable to maintain support of clients, complete work tasks, often including documentation, time sheets, and follow-up with clients.

Best Practice 9: Competencies

☐	Peers discuss boundaries with staff and supervisors.
☐	Peers are aware of the symptoms of burnout, including, but not limited to: Exhaustion, Cynicism, Inefficacy and Inefficiency.

10. Peers perform outreach in LGBTQIA2S+ Neighborhoods, Venues, Events and Online

Peers conduct outreach in neighborhoods and areas where individuals from the LGBTQIA2S+ community reside, including areas where LGBTQIA2S+ houseless individuals may be found. They engage in outreach and harm reduction efforts at a variety of LGBTQIA2S+ venues and events. Some of these harm reduction outreach efforts may take place in LGBTQIA2S+ houseless camps, bars, clubs, or even sex clubs. Peers, who represent recovery services, may also engage individuals in online venues. Research has shown that individuals from the LGBTQIA2S+ community are far more likely to seek support online compared to other avenues of support. With this research in mind, LGBTQIA2S+ peer programs consider their online presence and availability in communities and social media.

Best Practice 10: Competencies

☐	Peers engage the LGBTQIA2S+ community in places where they reside and congregate.
☐	Peers may also engage LGBTQIA2S+ online, in platforms where individuals may seek support.

- **Advocate** (noun & verb): 1. An individual who actively engages in the promotion of social equity for a group that is marginalized. This individual is committed to the eradication of intolerance and undertakes the responsibility of educating others about the issues faced by the marginalized group. 2. The act of fervently supporting or advocating for a specific cause, with a particular emphasis on efforts to end intolerance or educate others. This involves using various strategies and platforms to raise awareness, influence policy, and effect change.
- **Agender (adjective):** Refers to a person who has minimal or no connection to the traditional system of gender, does not align personally with the concepts of either man or woman, and/or perceives themselves as existing without gender. This term is sometimes also referred to as gender neutrois, gender neutral, or genderless.
- **Ally** (noun): This term is typically used to describe a straight and/or cisgender individual who supports and respects members of the LGBTQIA2S+ community. An active ally is characterized not only by holding these beliefs but also by taking supportive actions to express them. These actions can include advocacy, education, and other forms of active support for the LGBTQIA2S+ community.
- **Androgyny** (noun): This term refers to a gender expression that incorporates elements of both masculinity and femininity. It represents a blend or balance of traits traditionally associated with men and women, and can be expressed in various ways, including appearance, behavior, or identity.
- **Androgynous** (adjective): Occasionally used interchangeably with "intersex" to describe a person with both female and male anatomy, typically referred to as "androgyne".
- **Androsexual** (adjective): Refers to an individual who is primarily sexually, romantically, and/or emotionally attracted to men, males, or masculinity.
- **Aromantic** (adjective): Refers to an individual who experiences little or no romantic attraction to others and/or lacks interest in romantic relationships or behavior. Aromanticism exists on a continuum, ranging from those who experience no romantic attraction or desire for romantic activities, to those who experience low levels or romantic attraction only under specific conditions. Many of these different places on the continuum have their own identity labels (such as demiromantic). Sometimes abbreviated to "aro", pronounced like "arrow".
- **Asexual** (adjective): Refers to an individual who experiences little or no sexual attraction to others and/or lacks interest in sexual relationships or behavior. Asexuality exists on a continuum, ranging from those who experience no sexual attraction or desire for sex, to those who experience low levels or sexual attraction only under specific conditions. Many of these different places on the continuum have their own identity labels (such as demisexual). Sometimes abbreviated to "ace".
- **Bicurious** (adjective): A term describing someone who has a curiosity about experiencing attraction to people of the same gender/sex, similar to questioning.
- **Bigender** (adjective): Refers to a person who fluctuates between traditionally "woman" and "man" gender-based behavior and identities, identifying with both genders, or sometimes identifying with either man or woman, as well as a third, different gender.
- **Binder** (noun): An undergarment used to alter or reduce the appearance of one's breasts, worn similarly to a sports bra. Binding (adjective): The process, sometimes daily, of wearing a binder. Binding is often used to change the way others perceive one's

anatomical sex characteristics and/or as a form of gender expression.

- **Biological Sex** (noun): A medical term used to refer to the chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as female, male, or intersex. Often referred to as simply "sex," "physical sex," "anatomical sex," or specifically as "sex assigned at birth."

- **Biphobia** (noun): A range of negative attitudes (e.g., fear, anger, intolerance, invisibility, resentment, erasure, or discomfort) that one may have or express toward bisexual individuals. Biphobia can come from and be seen within the LGBTQ community as well as straight society.

- **Biphobic (**adjective): A term used to describe actions, behaviors, or individuals who demonstrate elements of this range of negative attitudes toward bisexual people.

- **Bisexual** (noun & adjective): A person who experiences attraction to some men and women, or a person who experiences attraction to some people of their gender and another gender. Bisexual attraction does not have to be equally split or indicate a level of interest that is the same across the genders an individual may be attracted to. Often used interchangeably with "pansexual."

- **Butch** (noun & adjective): A person who identifies themselves as masculine, whether it be physically, mentally, or emotionally. 'Butch' is sometimes used as a derogatory term for lesbians, but can also be claimed as an affirmative identity label.

- **Cisgender** (adjective): A gender description for when someone's sex assigned at birth and gender identity correspond in the expected way (e.g., someone who was assigned male at birth and identifies as a man). A simple way to think about it is if a person is not transgender, they are cisgender. The word cisgender can also be shortened to "cis."

- **Cisnormativity** (noun): The assumption, in individuals and in institutions, that everyone is cisgender, and that cisgender identities are superior to trans* identities and people. Leads to invisibility of non-cisgender identities.

- **Cissexism** (noun): Behavior that grants preferential treatment to cisgender people, reinforces the idea that being cisgender is somehow better or more "right" than being transgender, and/or makes other genders invisible.

- **Closeted** (adjective): An individual who is not open to themselves or others about their (queer) sexuality or gender identity. This may be by choice and/or for other reasons such as fear for one's safety, peer or family rejection, or disapproval and/or loss of housing, job, etc. Also known as being "in the closet." When someone chooses to break this silence they "come out" of the closet.

- **Coming Out** (noun): The process by which one accepts and/or comes to identify one's own sexuality or gender identity (to "come out" to oneself). As a verb, it refers to the process by which one shares one's sexuality or gender identity with others.

- **Constellation** (noun): A term used to describe the arrangement or structure of a polyamorous relationship.

- **Cross-dresser** (noun): Someone who wears clothes of another gender/sex.

- **Demisexual** (adjective): Describes individuals who experience little or no sexual attraction until a strong romantic connection is formed, often within a romantic relationship.

- **Down Low** (adjective): Typically refers to men who identify as straight but secretly have sex with men. The term "Down Low" or "DL" originated in, and is most commonly used by, communities of color.

- **Drag King** (noun): Refers to someone who theatrically performs hyper-masculinity.

- **Drag Queen** (noun): Refers to someone who theatrically performs hyper-femininity.
- **Dyke** (noun): Often refers to a masculine-presenting lesbian. While it can be used derogatorily, it is also affirmatively reclaimed by some lesbians and gay women as a positive self-identity term.
- **Emotional Attraction** (noun): A capacity that evokes the desire to engage in emotionally intimate behavior (e.g., sharing, confiding, trusting, inter-depending), experienced in varying degrees (from little-to-none to intense). It is often conflated with sexual attraction, romantic attraction, and/or spiritual attraction.
- **Feminine-of-Center; Masculine-of-Center** (adjective): Terms indicating a range of gender identity and expression for individuals who present, understand themselves, and/or relate to others in a generally more feminine/masculine way, but don't necessarily identify as women or men. Feminine-of-center individuals may also identify as "femme," "submissive," "transfeminine," etc., while masculine-of-center individuals may often identify as "butch," "stud," "aggressive," "boi," "transmasculine," etc.
- **Feminine-Presenting; Masculine-Presenting** (adjective): Terms used to describe someone who expresses gender in a more feminine/masculine way. These are often confused with feminine-of-center/masculine-of-center, which generally include a focus on identity as well as expression.
- **Femme** (noun & adjective): Refers to someone who identifies themselves as feminine, whether it be physically, mentally, or emotionally. This term is often used to refer to a feminine-presenting queer woman or people.
- **Fluid(ity)** (adjective): Generally used with another term attached, like gender-fluid or fluid-sexuality, fluid(ity) describes an identity that may change or shift over time between or within the mix of the options available (e.g., man and woman, bi and straight).
- **FtM / F2M; MtF / M2F** (abbreviation): Refers to a female-to-male transgender or transsexual person and a male-to-female transgender or transsexual person, respectively.
- **Gay** (adjective): Describes individuals who experience attraction solely (or primarily) to some members of the same gender. This term can refer to men who are attracted to other men and women who are attracted to women. It can also be used as an umbrella term to refer to the queer community as a whole, or as an individual identity label for anyone who is not straight.
- **Gender Binary** (noun): The concept that there are only two genders, male and female, and that every person is one of these two.
- **Gender Expression** (noun): The external display of one's gender, which can include clothing, grooming, demeanor, social behavior, and other factors. This is generally understood on scales of masculinity and femininity and is also referred to as "gender presentation."
- **Gender Fluid** (adjective): A gender identity best described as a dynamic mix of boy and girl. A person who is gender fluid may always feel like a mix of the two traditional genders, but may feel more man some days, and more woman other days.
- **Gender Identity** (noun): The internal perception of one's gender, and how they label themselves, based on how much they align or don't align with what they understand their options for gender to be. This is often conflated with biological sex, or sex assigned at birth.
- **Gender Neutrois** (adjective): See "agender."
- **Gender Non-Conforming** (adjective): 1. A gender expression descriptor that indicates a non-traditional gender presentation (e.g.,

masculine woman or feminine man). 2. A gender identity label that indicates a person who identifies outside of the gender binary. This is often abbreviated as "GNC."

- **Gender Normative / Gender Straight** (adjective): Describes someone whose gender presentation, whether by nature or by choice, aligns with society's gender-based expectations.

- **Genderqueer** (adjective): 1. A gender identity label often used by people who do not identify with the binary of man/woman. 2. An umbrella term for many gender non-conforming or non-binary identities (e.g., agender, bigender, genderfluid).

- **Gender Variant** (adjective): Describes someone who either by nature or by choice does not conform to gender-based expectations of society (e.g., transgender, transsexual, intersex, genderqueer, cross-dresser, etc).

- **Gynesexual / Gynephilic** (adjective): Describes being primarily sexually, romantically, and/or emotionally attracted to women, females, and/or femininity.

- **Hermaphrodite** (noun): An outdated medical term previously used to refer to someone born with a combination of typically male and female sex characteristics. This term is considered stigmatizing and inaccurate. See "intersex."

- **Heteronormativity** (noun): The assumption, in individuals or institutions, that everyone is heterosexual and that heterosexuality is superior to all other sexualities. This leads to the invisibility and stigmatization of other sexualities. For example, when learning a woman is married, asking her what her husband's name is. Heteronormativity also leads us to assume that only masculine men and feminine women are straight.

- **Heterosexism** (noun): Behavior that grants preferential treatment to heterosexual people, reinforces the idea that heterosexuality is somehow better or more "right" than queerness, and/or makes other sexualities invisible.

- **Heterosexual/Straight** (adjective): Describes individuals who experience attraction solely (or primarily) to some members of a different gender.

- **Homophobia** (noun): An umbrella term for a range of negative attitudes (e.g., fear, anger, intolerance, resentment, erasure, or discomfort) that one may have toward LGBTQIA2S+ people. The term can also connote a fear, disgust, or dislike of being perceived as LGBTQIA2S+. Homophobic (adjective): A word used to describe actions, behaviors, or individuals who demonstrate elements of this range of negative attitudes toward LGBTQIA2S+ people.

- **Homosexual** (adjective & noun): Refers to a person primarily emotionally, physically, and/or sexually attracted to members of the same sex/gender. This term is considered stigmatizing (particularly as a noun) due to its history as a category of mental illness and is discouraged for common use (use gay or lesbian instead).

- **Intersex** (adjective): A term for a combination of chromosomes, gonads, hormones, internal sex organs, and genitals that differs from the two expected patterns of male or female. This term was formerly known as hermaphrodite (or hermaphroditic), but these terms are now outdated and derogatory.

- **Lesbian** (noun & adjective): Refers to women who are primarily attracted romantically, erotically, and/or emotionally to other women.

- **LGBTQIA2S+; GSM; DSG** (abbreviation): Shorthand or umbrella terms for all folks who have a non-normative (or queer) gender or sexuality. There are many different initialisms people prefer. LGBTQIA2S+ stands for Lesbian, Gay, Bisexual, Transgender, and Queer and/or Questioning (sometimes people add a "+" at the end to be more inclusive);

GSM stands for Gender and Sexual Minorities; DSG stands for Diverse Sexualities and Genders. Other options include the initialism GLBT or LGBT and the acronym QUILTBAG (Queer [or Questioning] Undecided Intersex Lesbian Trans* Bisexual Asexual [or Allied] and Gay [or Genderqueer]).

- **Lipstick Lesbian** (noun): Usually refers to a lesbian with a feminine gender expression. Can be used in a positive or a derogatory way. It is sometimes also used to refer to a lesbian who is assumed to be (or passes for) straight.
- **MSM / WSW** (abbreviation): Stands for men who have sex with men or women who have sex with women, to distinguish sexual behaviors from sexual identities. For example, just because a man is straight, it doesn't mean he's not having sex with men. This term is often used in the field of HIV/Aids education, prevention, and treatment.
- **Mx. / "mix" or "schwa"** (noun): An honorific (e.g., Mr., Ms., Mrs., etc.) that is gender-neutral. It is often the option of choice for folks who do not identify within the gender binary. For example, Mx. Smith is a great teacher.
- **Outing** (verb): The involuntary or unwanted disclosure of another person's sexual orientation, gender identity, or intersex status.
- **Pansexual** (adjective): Describes a person who experiences sexual, romantic, physical, and/or spiritual attraction for members of all gender identities/expressions. This term is often shortened to "pan."
- **Passing** (adjective & verb): 1. Refers to trans* people being accepted as, or able to "pass for," a member of their self-identified gender identity (regardless of sex assigned at birth) without being identified as trans*. 2. Refers to an LGB/queer individual who is believed to be or perceived as straight.
- **PGPs** (abbreviation): Stands for preferred gender pronouns. Often used during introductions, becoming more common as a

standard practice. Many suggest removing the "preferred," because it indicates flexibility and/or the power for the speaker to decide which pronouns to use for someone else.

- **Polyamory** (Polyamorous) (noun): Refers to the practice of, desire for, or orientation toward having ethical, honest, and consensual non-monogamous relationships (i.e., relationships that may include multiple partners). This term is often shortened to "poly."
- **Queer** (adjective & noun): 1. An umbrella term used to describe individuals who don't identify as straight and/or cisgender. 2. Historically used as a slur to refer to someone who isn't straight and/or cisgender. Due to its historical use as a derogatory term, and how it is still used as a slur in many communities, it is not embraced or used by all LGBTQIA2S+ people. The term "queer" can often be used interchangeably with LGBTQIA2S+ (e.g., "queer people" instead of "LGBTQIA2S+ people").
- **Questioning** (verb & adjective): Refers to an individual who is unsure about or exploring their own sexual orientation or gender identity.
- **QPOC / QTPOC** (abbreviation): Initialisms that stand for queer people of color and queer and/or trans people of color.
- **Romantic Attraction** (noun): A capacity that evokes the desire to engage in romantic intimate behavior (e.g., dating, relationships, marriage), experienced in varying degrees (from little-to-none, to intense). This is often conflated with sexual attraction, emotional attraction, and/or spiritual attraction.
- **Same Gender Loving** (SGL) (adjective): Sometimes used by some members of the African-American or Black community to express a non-straight sexual orientation without relying on terms and symbols of European descent.
- **Sex Assigned at Birth** (SAAB) (abbreviation): A phrase used to intentionally recognize a

person's assigned sex (not gender identity). Sometimes called "designated sex at birth" (DSAB) or "sex coercively assigned at birth" (SCAB), or specifically used as "assigned male at birth" (AMAB) or "assigned female at birth" (AFAB). For example, Jenny was assigned male at birth, but identifies as a woman.

- **Sexual Attraction** (noun): A capacity that evokes the desire to engage in physically intimate behavior (e.g., kissing, touching, intercourse), experienced in varying degrees (from little-to-none, to intense). This is often conflated with romantic attraction, emotional attraction, and/or spiritual attraction.

- **Sexual Orientation** (noun): The type of sexual, romantic, emotional/spiritual attraction one has the capacity to feel for some others, generally labeled based on the gender relationship between the person and the people they are attracted to. This term is often confused with sexual preference.

- **Sexual Preference** (noun): The types of sexual intercourse, stimulation, and gratification one likes to receive and participate in. Generally, when this term is used, it is being mistakenly interchanged with "sexual orientation," creating an illusion that one has a choice (or "preference") in who they are attracted to.

- **Sex Reassignment Surgery** (SRS) (noun): Used by some medical professionals to refer to a group of surgical options that alter a person's biological sex. "Gender Confirmation Surgery" is considered by many to be a more affirming term. In most cases, one or multiple surgeries are required to achieve legal recognition of gender variance. Some refer to different surgical procedures as "top" surgery and "bottom" surgery to discuss what type of surgery they are having without having to be more explicit.

- **Skoliosexual** (adjective): Describes being primarily sexually, romantically, and/or

emotionally attracted to some genderqueer, transgender, transsexual, and/or non-binary people.

- **Spiritual Attraction** (noun): A capacity that evokes the desire to engage in intimate behavior based on one's experience with, interpretation of, or belief in the supernatural (e.g., religious teachings, messages from a deity), experienced in varying degrees (from little-to-none, to intense). This is often conflated with sexual attraction, romantic attraction, and/or emotional attraction.

- **Stealth** (adjective): Refers to a trans person who is not "out" as trans, and is perceived/known by others as cisgender.

- **Straight** (adjective): Describes a person primarily emotionally, physically, and/or sexually attracted to some people who are not their same sex/gender. This is a more colloquial term for the word heterosexual.

- **Stud** (noun): Most commonly used to indicate a Black/African-American and/or Latina masculine lesbian/queer woman. Also known as 'butch' or 'aggressive'.

- **Third Gender** (noun): Refers to a person who does not identify with either man or woman, but identifies with another gender. This gender category is used by societies that recognize three or more genders, both contemporary and historic, and is also a conceptual term meaning different things to different people who use it, as a way to move beyond the gender binary.

- **Top Surgery** (noun): This term refers to surgery for the construction of a male-type chest or breast augmentation for a female-type chest.

- **Trans*** (adjective): An umbrella term covering a range of identities that transgress socially-defined gender norms. Trans with an asterisk is often used in written forms (not spoken) to indicate that you are referring to the larger group nature of the term, and specifically including non-binary identities, as well as

transgender men (transmen) and transgender women (transwomen).

- **Transgender** (adjective): 1. A gender description for someone who has transitioned (or is transitioning) from living as one gender to another. 2. An umbrella term for anyone whose sex assigned at birth and gender identity do not correspond in the expected way (e.g., someone who was assigned male at birth, but does not identify as a man).
- **Transition / Transitioning** (noun & verb): Referring to the process of a transgender person changing aspects of themselves (e.g., their appearance, name, pronouns, or making physical changes to their body) to be more congruent with the gender they know themselves to be (as opposed to the gender they lived as pre-transitioning).
- **Transman; Transwoman** (noun): An identity label sometimes adopted by female-to-male transgender people or transsexuals to signify that they are men while still affirming their history as assigned female sex at birth (sometimes referred to as transguy). An identity label sometimes adopted by male-to-female transsexuals or transgender people to signify that they are women while still affirming their history as assigned male sex at birth.
- **Transphobia** (noun): The fear of, discrimination against, or hatred of trans* people, the trans* community, or gender ambiguity. Transphobia can be seen within the queer community, as well as in general society. Transphobic (adjective): A word used to describe an individual who harbors some elements of this range of negative attitudes, thoughts, intents, towards trans* people.
- **Transsexual** (noun and adjective): A person who identifies psychologically as a gender/sex other than the one to which they were assigned at birth. Transsexuals often wish to transform their bodies hormonally and surgically to match their inner sense of gender/sex.
- **Transvestite** (noun): A person who dresses as the binary opposite gender expression ("cross-dresses") for any one of many reasons, including relaxation, fun, and sexual gratification (often called a "cross-dresser," and should not be confused with transsexual).
- **Two-Spirit** (noun): An umbrella term traditionally within Native American communities to recognize individuals who possess qualities or fulfill roles of both genders.
- **Ze / Zir / "Zee", "Zerr" or "Zeer"** (pronouns): Alternate pronouns that are gender-neutral and preferred by some trans* people. They replace "he" and "she" and "his" and "hers" respectively. Alternatively, some people who are not comfortable/do not embrace he/she use the plural pronoun "they/their" as a gender-neutral singular pronoun.

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Appendix: Standard Deviation and Variance

A group of LGBTQIA2S+ peers evaluated a set of best practices, assessing each item's significance, clarity, and accuracy. Utilizing a Likert scale, the group quantified their evaluations based on standard deviation and variance. Upon review, items 2, 5, 9, and 10 were identified for further consideration and editing.

1. Peers recognize and facilitate LGBTQIA2S+ "Family of Origin vs. Family of Choice"	0.37	0.16
2. Peers Accept SOGI (Sexual Orientation and Gender Identity) and do not Engage in SOGI Change Efforts	**0.74**	**0.66**
3. Peers understand LGBTQIA2S+ Community & Culture vs. Performative Allyship	0.37	0.16
4. Peers Recognize DEIA LGBTQIA2S+ Intersectionality and provide Safety, a Safe Environment & Refuge	0.37	0.16
5. Peers Advocate for Equitable Healthcare Access and Specialty Services	**0.74**	**0.66**
6. Peers recognize the importance of LGBTQIA2S+ Many Pathways to Recovery	0.37	0.16
7. Peers inspire Hope, Optimism, and Help-seeking Behavior, Peers are Positive LGBTQIA2S+ Role Models as Members of a Community	0.00	0.00
8. Peers maintain Confidentiality and take special care with Private Healthcare Information	0.00	0.00
9. Peers are Cognizant of Boundaries and Burnout	**0.74**	**0.66**
10. Peers perform outreach in LGBTQIA2S+ Neighborhoods, Venues, Events and Online	**0.74**	**0.66**