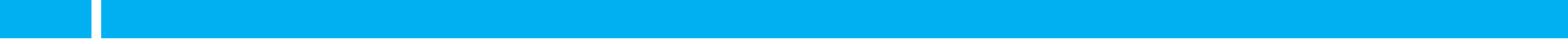


THE LGBT YOUTH EXPERIENCE: BRINGING THE EXPERIENCE TO LIFE

MJJA 2016

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Goals



Language

□ LGBTQIA

There's a Difference?

- Gender
- Sexual Orientation

“My gender who is who I go to bed AS.
My sexual orientation is who I go to bed WITH.”

There **IS** a Difference.

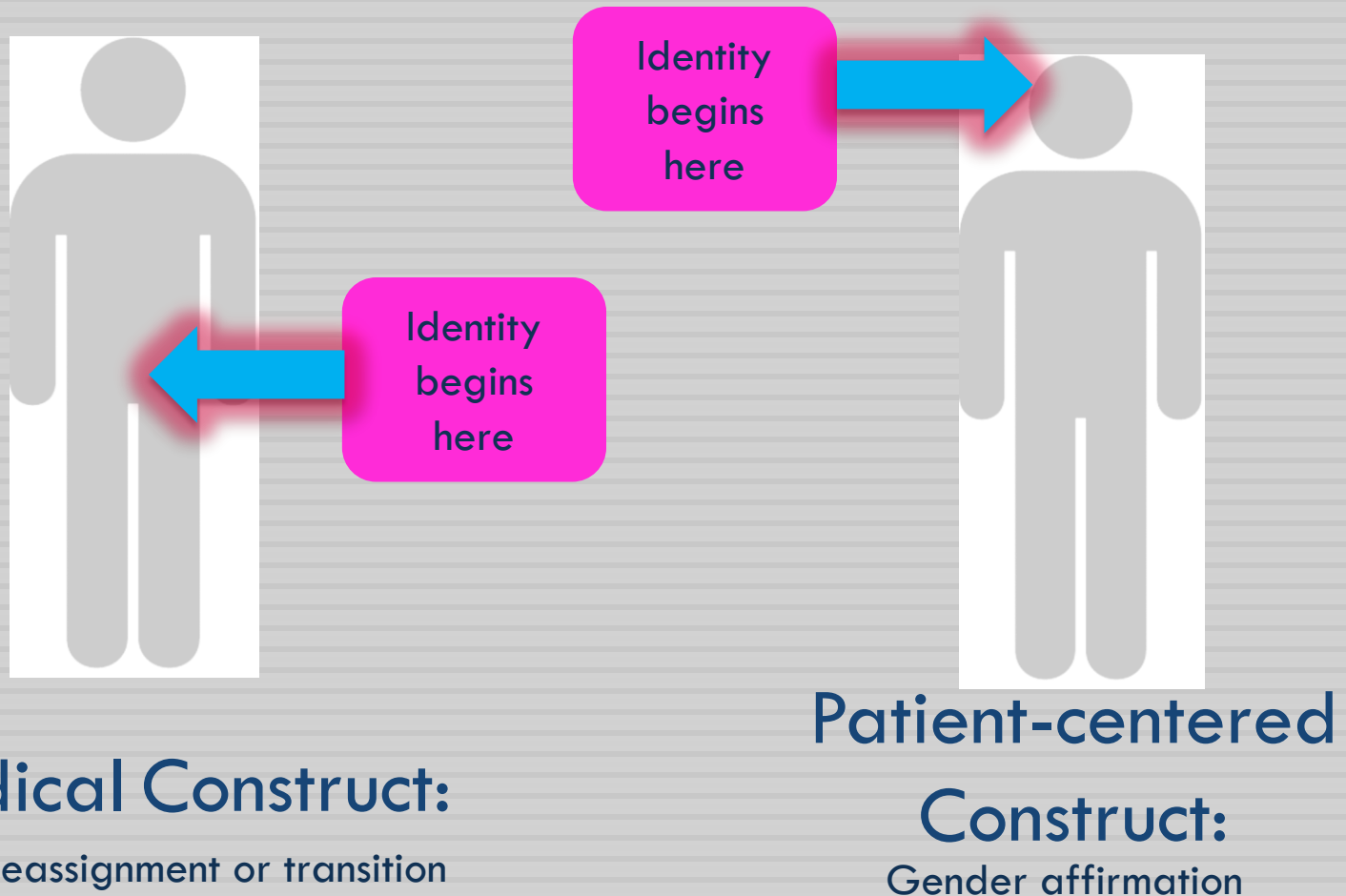
- Unlearning the binary view of gender
- Gender Is:
 - Our bodies (Gender Biology)
 - How we dress & act (Gender Expression)
 - How we feel Inside (Gender Identity)

Sex vs Gender

- Sex
 - Hormones, chromosomes, genital and reproductive anatomy, a biological classification
- Gender
 - Concepts of femininity and masculinity, a socially constructed system of classification
- We all have a gender identity
 - For many of us, this matches the sex we were assigned at birth
 - Our gender identity may or may not match our appearance, our body, or others' perception of us

Gender Identity

Fenway Institute (2012)



Development – Gender Identity

- Every person has a gender identity
- Age 3 -Gender identity is generally established early
- For most of us it is consistent with assigned gender at birth
- For others, there is conflict between understanding of self and assigned gender at birth
- Gender Roles – societal and cultural expectations – “How to be a boy/girl” – internalized between ages of 3 and 7
- Children begin to understand gender messages/expectations they receive are very different from what feel internally
 - Learn to hide these feelings to avoid disapproval or punishment

Gender Dysphoria

- A diagnosis
 - Assigned birth gender does not match the internal sense of self

Gender Expansive Language

- ❑ Cis-gender
- ❑ Non-Binary
- ❑ Gender Fluid
- ❑ FtM – Affirmed male/transboy
- ❑ MtF – Affirmed female/trans



Biggest Challenge

- Differentiation between gender as a symptom and gender as expression of self
 - “Ex Post Facto Test – If Children are given permission to express their apparent true gender self and everything seems to settle down, that is a good indicator that the preceding turmoil was indeed about gender and was “cured” by removing the children from the straightjacket of a false gender self, demonstrated by the children’s relaxing and appearing more balanced and secure in most if not all aspects of life.”
 - If they become more agitated, perhaps symptoms are rooted elsewhere

■ Diane Ehrensaft, PhD in gender born, gender made

Sexual Orientation

- ❑ **Lesbian**
 - ❑ An *identity* label for women who may form primary sexual, romantic and/or relational ties to other women.
- ❑ **Gay**
 - ❑ An *identity* label for men who may form primary sexual, romantic and/or relational ties to other men.
- ❑ **Bisexual**
 - ❑ An identity label for people who may form primary sexual, romantic and/or relational ties with either men or women.
- ❑ **Asexual**
 - ❑ An identity label for people who may not form sexual, romantic and/or relational ties with anyone.
- ❑ **Pansexual**
 - ❑ An identity label for people who may form sexual, romantic and/or relational ties regardless of gender and biology.
- ❑ **We *all* have a sexual orientation**
 - ❑ For many of us, this matches the orientation that much of society and media expects us to have.
 - ❑ Our sexual orientation **may or may** not match our behavior, our appearance, our body, or others' perceptions of us.

Development – Sexual Orientation

- Kids recognize same sex or bisexual feelings long before becoming sexually active, some by age 5 (Ryan & Diaz, 2005)
- Adolescents do not need to have a sexual relationship with an opposite-sex or same-sex partner to understand their sexual orientation
- Despite same sex attractions, many young people do not identify themselves as lesbian or gay
- There is no reliable method to determine one's sexual orientation based on appearance or behavior

LGBT Youth

- ❑ Increased risk of victimization and mental illness
 - ❑ Higher rates of substance abuse
 - ❑ High rates of verbal and physical harassment
 - ❑ High rates of homelessness
 - ❑ 1 in 2 youth report negative reaction from parents when they came out
- (NGLTF & HRC, 2012)



LGBT Youth in Missouri

- 9 in 10 heard homophobic remarks used at school
- 32% regularly heard biased language from school staff
- 8 in 10 experienced verbal harassment based on their sexual orientation
- 4 in 10 physically harassed because of sexual orientation
- 93% felt deliberately excluded or “left out” by peers

(GLSEN School Climate Survey, 2011)

“What is the most difficult problem facing you in your life these days?”

~ Growing up LGBT in America HRC Youth Survey Report

LGBT Youth	Non-LGBT Youth
My parents/family not accepting 26%	Trouble with classes/Exams/Grades 22%
Trouble at school/Bullying 21%	College & Career Decisions 17%
Afraid to be out/open 18%	Financial problems/Paying for college/Getting a job 14%
Eating disorders/Self-Harm/Depression/Suicide 14%	Family Stress/Pressure 10%
General Being LGBT 12%	Life Balance 8%
Trouble with classes 9%	General Stress 5%
Lonely 7%	Want a bf/gf/boy/girl problems 5%
Religion leading to lack of acceptance 6%	Family Illness/death 3%
Problems in romantic relationship 6%	Problems with lack of friends/social life 3%
Concerns about college/money for college 6%	Bipolar/Depression/Eating Disorders/Anxiety 3%

Bringing it to Life



HEALTH DISPARITIES

LGBT Health Disparities

- ❑ High rates of homelessness among LGBT youth.
- ❑ Higher risk of HIV and other STD's by Gay men, especially among communities of color.
- ❑ High rates of being overweight or obese among Lesbian and Bisexual females.
- ❑ High rates of HIV/STD's, victimization, mental health issues, suicide and less likely to have insurance for Transgender individuals.
- ❑ Additional barriers of associated with isolation and lack of social services which are culturally competent among LGBT older adults.
- ❑ Highest rates of tobacco, alcohol and other drug use among LGBT populations.

Barriers to Care

- ❑ Lower income
- ❑ Negative experiences in healthcare settings
- ❑ Lack of provider information and knowledge about LGBT health needs and risks
- ❑ Lack of LGBT-specific research, policies and procedures
- ❑ Added discrimination based on race, ability, citizenship, class, etc.

BULLYING AND VICTIMIZATION

Regardless of Actual SO or GI

- Gender variance – those who do not fit societal expectations of gender roles
 - **Perceived** by others to be gay or lesbian
 - Often results in anti-gay harassment and abuse – even when victims are heterosexual
 - Youth are victimized because of what others think they are, despite the reality
 - Same serious negative outcomes
 - Higher rates of suicide

LGBT Youth - Growing up LGBT in America HRC Youth Survey Report

- 2x as likely as non-LGBT youth to say they have been verbally harassed and called names at school.”
- 2x as likely to say they have been physically assaulted, kicked or shoved at school
- >1/2 of LGBT youth say they have been verbally harassed and called names involving anti-gay slurs such as gay and fag.”
- 2x as likely as their peers to have been verbally harassed and called names outside of school as well as to have been physically assaulted outside of school.”

Harassment and Victimization

- Lead to Preference to live on the street
 - 56% of youth interviewed said they stayed on the streets at times because it felt more safe than where they were living (Mallon, 1998)
 - LGBT Homeless youth report the highest rates of
 - Victimization, Risk, Health Concerns
- Homelessness exposes LGBT youth to:
 - Criminal Activity
 - Prostitution, Theft, Drugs
 - Survival Sex – Incarceration, HIV Infection, Violence
 - Increased Victimization
 - Assault, Robbery, Rape

SUICIDE

Talking about Suicide & LGBT Population (Movement Advancement Project)

- Suicide is complex
- LGBT people are resilient

Facts

- Suicide is the 2nd leading cause of death for those ages 10 to 24 (CDC)
- Questioning Youth
 - 3x more likely to attempt suicide
- LGB Youth
 - 4x more likely to attempt suicide
 - 4 to 6x more likely to result in injury, poisoning or overdose that requires treatment (CDC)
 - Those who come from highly rejecting families are 8.4x more likely to have attempted suicide compared to their LGB peers who reported no or low levels of family rejection (Family Acceptance Project 2009)
- Transgender Youth (Grossman, A.H. & D'Augelli 2007)
 - Nearly half of young Trans people have seriously thought about taking their lives
 - 24% report having made a suicide attempt
- Each episode of LGBT victimization (physical or verbal harassment or abuse) increases the likelihood of self-harming behavior by 2.5x on average (Impact 2010)
- LGBT youth are disproportionately represented in out-of-home care

LGBT Suicide Risk

- ❑ Deaths by suicide
 - Difficult to know this statistic
- ❑ Ideation and Behaviors
 - 2-6 times higher rates of suicidal thoughts, intent, or attempts
 - Among youth
 - Based on same-sex sexual orientation, identity, or behavior
 - Strongest results = Gay and Bisexual young men (Russell & Toomey, 2012)
- ❑ LGBT populations are vulnerable to suicide
- ❑ At risk for indicators for suicide

Risks specific to LGBT – “Minority Stress”

- ❑ Coming Out – vulnerable
- ❑ Gender Non-Conformity – vulnerable
- ❑ Experiences of discrimination; victimization
- ❑ Homophobic bullying
- ❑ Parental Rejection/Abuse

Risks

- Two Key Suicide Risk Factors for LGBT people
 - Depression
 - Experiences of Stigma and Discrimination
 - Anti-LGBT hostility, harassment, bullying, and family rejection

Protective Factors

- LGBT peer support
 - Having friends who are also LGBT
 - Gay-Straight Alliances at school (Hatzenbeuhler, 2011)
- LGBT Social Support

- LGBT youth suicide attempts
 - Clear desire to die
 - Attempts are moderate to severe in lethality
 - Require medical care

- Notion that LGBT youth are over reporting, exaggerating their desire to die has not been found in the literature
 - We must listen and not minimize

Talking about Suicide & LGBT Population

(Movement Advancement Project)

- ❑ Do emphasize individual and collective responsibility for supporting the well-being of LGBT people.
- ❑ Do encourage help-seeking by LGBT people who may be contemplating suicide, and emphasize the availability of supportive resources.
- ❑ Emphasize the vital Importance of Family Support and Acceptance
- ❑ Don't include details of a suicide death in titles or headlines
- ❑ Don't Describe the method used in a suicide death
- ❑ Don't attribute a suicide death to experiences known or assumed to have occurred shortly before the person died.
- ❑ Don't normalize suicide by presenting it as the logical consequence
- ❑ Don't idealize suicide victims or create a feeling of celebrity
- ❑ Don't use terms like "bullycide"
- ❑ Don't talk about suicide "epidemics"
- ❑ Don't use words like "successful," "unsuccessful" or "failed"
- ❑ Don't say that a specific policy or its absence will in and of itself "prevent suicide"

LGBT Suicide and Social Media

(Movement Advancement Project)

- Excellent for
 - ▣ Expanding public conversations
 - ▣ Promoting the need for family support and acceptance
 - ▣ Encouraging help-seeking
- Can also elevate risk of contagion risk
 - ▣ Speed and brevity make it difficult to communicate the complexity
- Suicide Contagion
 - ▣ Research has recognized a phenomenon of increases in suicidal deaths as a result of certain kinds of public visibility and media coverage about suicide
- Tips
 - ▣ Don't Use Twitter or Facebook to announce news of suicide deaths
 - ▣ Don't give details of a suicide death (means) or the ages/personal details of the victim on Twitter or Facebook
 - ▣ Don't re-post problematic mainstream media headlines on FB or Twitter
 - ▣ Don't talk about suicide epidemics in social media
 - ▣ Be careful how you phrase things on FB

FAMILIES

Family: Your Vital Role

- Protective Factor
 - Family Acceptance
 - Predicts Greater
 - Self Esteem
 - Social Support
 - General Health
 - Protects Against
 - Depression
 - Substance Abuse
 - Suicidal Ideation & Suicidal Behavior
- Family Acceptance is Associated with Positive Young Adult Mental and Physical Health

Family: Your Vital Role Continued

- Clear Association between Parental Rejection Behavior During adolescence and
 - Use of Illegal drugs
 - Consider prescription drugs, substance abuse
 - Depression
 - Attempted Suicide
 - Sexual Health Risk by LGBT young adults

Family: Your Vital Role Continued

- Highly Rejected Children
 - More than 8x as likely to have attempted suicide
 - Nearly 6x as likely to report high levels of depression
 - More than 3x as likely to use illegal drugs
 - More than 3x as likely to be at high risk for HIV and STDs
 - Compared to peers from families that reported no or low levels of family rejection

Family: Your Vital Role Continued

- Reactions which are perceived as Rejection
 - ▣ Preventing child from having LGBT friend
 - ▣ Preventing child from learning about their LGBT identity
 - ▣ Preventing child from participating in a support group
 - ▣ Excluding their child from family events and activities

With Family of Origin

1. Engage, approach, and connect with families and caregivers by meeting them “where they are,” and view each family as an ally
2. Let parents and caregivers tell their story
3. Give families respectful language to talk about sexual orientation and gender identity
4. Educate families on how family rejecting behaviors affect their LGBT child
5. Educate families on how supportive and accepting behaviors affect their LGBT child
6. Families that don’t accept their children’s sexual orientation and gender identity can still support their LGBT children and decrease rejecting behaviors to protect them from harm.
7. A little change makes a difference in decreasing family rejecting behaviors and in increasing support for their LGBT children

Family Centered Interventions

(Ryan & Diaz,
2005)

- Strengthen & Support families of LGBT youth while protecting youth's safety
- Recognize and address need for information and support
- Goal to increase communication & understanding, reduce rejection, repair and preserve family connections
- FAP found that it takes parents two years to become less rejecting and more accepting – may not be timely enough for youth – may sustain irreparable emotional injury during this time
- Knowledgeable providers can really bridge this gap

Intensive Home-based Services

- Familiarity with experience of LGBT youth and their families
- Ensure physical and emotional safety
- Provide support, counseling, & guidance in coping with coming out
- Provide information related to positive adolescent development, human sexuality, and gender identity, and effect on the youth of family acceptance or rejection
- Individual and family counseling to support each person, improve communication, improve functioning
- Help family find local services and resources for ongoing support
- Education of accurate information regarding myths and stereotypes as well as the effect of their behavior on their child's well-being
- Validation for their feelings and guidance towards including their child while maintaining their values and beliefs

When Family is Not Safe

- These kids may lack the social support and connection necessary for well-being
- “Lack of consistent, supportive relationships with adults places youth at a significant disadvantage psychologically, economically and socially (Hair, Jager, & Garrett, 2002).
- Permanence – at least 1 committed adult who provides a safe, stable, and secure parenting relationship, love, unconditional commitment, and lifelong support (Louisell, 2004).
- Shortage of LGBT-affirming family placements
- Multiple rejections leads to difficulty trusting and depending on adults
- This is an area of opportunity for child welfare agencies
- Working closely with LGBT youth to identify important adult relationships
- *LGBT Youth NEED and DESERVE Permanent, loving families
 - They may fear permanence
 - Have difficulty imagining being a part of a family
 - Feel unworthy
 - Unresolved issues with birth family interferes with commitment to another person/family

*Training Permanent Placements/Families